

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Depression and Suicide Screenings and Precautions	Currently, MLH does not document PPD. In future state, Nursing will have access to PPD from both the Navigator and Flowsheets. It will display in the L & D manager and GB. Both screenings will require documentation before discharge.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Maternal Emergency Narrator	Currently, Maternal Emergency Narrator is documented on paper. In future state, nurses will document postpartum hemorrhage or other maternal emergencies in the Maternal Emergency Narrator in real-time.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Age of Viability	In the current state, any demise is documented in the delivery summary in Cerner. In the future state, the operational definition of the age of viability will be clearly established at 20 weeks. This definition aligns with medical guidelines.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😞		✓	

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PPH	Currently PPH is not used today. In future state, nursing will have access to PPH from both the Navigator and Flowsheets. It will display in the L&D manager and GB.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Electronic Charging	Currently, MLH utilizes paper billing that then goes to billing to be entered. In future state, Nurses will use Charge Capture to select charges for triage, labor, delivery, and Supply Capture for supplies.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Document Delivery	Currently, L&D Nurses document the delivery. Nurses, not midlevels, will electronically document the delivery in the delivery summary. Once all documentation is complete, the delivery summary will be signed. Information can be added in a future state once the delivery summary is signed.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	

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Delivery Summary	In the current state, MLH does not pend a baby inside Cerner. In the future, newborn care procedures will be streamlined: labels for cord blood, Vitamin K, and erythromycin will be auto-generated for charts and labs. Baby medications will also be prepared and linked to the baby's arm band. The Labor & Delivery nurse will be responsible for these tasks as delivery approaches, as recommended by Epic.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Newborn Naming Convention	Currently: JaneGirlDoe naming convention is used. In the future, Newborn baby Wizard has been set up by ADT / Grand Central to perform the correct naming convention agreed upon by the organization. On the L&D Baby Naming form, you can configure an automatic newborn naming scheme for your organization. This scheme gives users an easy way to determine which newborns have not yet received names.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Delivery Summary Documentation	In the current state, the recovery period is generally 2 hours. In a future state, nursing staff will require to mark the baby as delivered in the Delivery Summary within a 3-hour window. The summary must be promptly signed to facilitate the automatic transfer of all relevant information to the baby's pediatric history and the mother's obstetric history.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	

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Pend/Admit from Delivery Summary	They do not currently Pend a baby in Cerner. In future state, all deliveries will be documented electronically using the Delivery Summary. When a delivery is about to happen, the nursing staff can start recording information for the baby by "pending" the baby.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Electronic Fetal Monitoring	There is no current process for electronic fetal monitoring. In future state, MLH will utilize OBIX for EFM, a new system for end users.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😐		✓	
Breastmilk Scanning/Barcoding	In the current state, labels allow for all additives/fortifiers to be present on the barcode. In future state, base order will display on a 2x1 label along with a barcode to scan as a patient identifier. Order details for additives/fortifiers and concentrations will be viewed from Epic and will not appear on the label.	<ul style="list-style-type: none"> • Lactation Staff • Nursery Techs 	●	😞		✓	

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NST, BPP OB Diagnostics performed in Labor and Delivery	Currently, Nurses do not write a note. The fetal strip is reviewed by 2 clinicians who sign off on the review in the system. In future state, Nursing can enter the results from NSTs directly in the Triage Admit Navigator under OB Diagnostics. There is a place for a second clinician review if the NST results are Reactive. They have the ability to write a procedure note and send to the Provider's Inbasket but that is not our workflow for Nursing. They will not write a procedure note.	<ul style="list-style-type: none"> • Nurse • L&D • IP OB Providers 	●	😊		✓	
MFTI	In current state, MFTI is not used. In future state, nursing will have access to MFTI from both the Navigator and Flowsheets. It will display in the L&D manager, and the navigator section will be visible while the L&D status is Triage.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Lactation Consultants	Current state process does not exist. In the future state, Lactation consultants and postpartum nurses will complete lactation documentation using the flowsheets. The lactation consultants will write a lactation note and manually complete the consult order. Lactation notes can easily be shared between mom and baby to ensure documentation can be viewed in either chart.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	

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Lactation Status BPA	In current state, lactation status BPA is not used. In the future state, MLH will use this BPA. Users responsible for lactation assessments and documentation will see a BestPractice Advisory (BPA) if a patient has a problem list diagnosis or a visit diagnosis that indicates the patient is lactating, but the lactation status has not been correctly set. It provides an activity link to where the lactation status can be set.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😐		✓	
Discharge Screenings	Today, newborn screenings required are CCHD, Metabolic, and car seat. In future state, screenings, including hearing screens, car seat screens, and heart screening, will be performed in Epic.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Emergent C-Section and Emergent Non C-Section	In the current state, L&D Nurses and Clerks have access to create a quick case, but the workflow is for Nursing to create them. In future state, buttons on the toolbar of the L&D Greasboard and L&D Manager will allow for both emergent CS and Non-CS cases to be created on the fly. Also, inside the delivery summary, they will make a case for an emergent CS.	<ul style="list-style-type: none"> • Nurse • L&D • Unit Clerks/AA • IP OB Providers 	●	😊		✓	
Case Creation	Current state process does not exist. In the future state, cases will be created by Unit Clerks on the Snapboard. Emergency cases can be created using the emergency C-section button in an emergent case.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😐		✓	