

Willow Inpatient

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
AMS Patient Lists	Today, patient reviews are consistent in outcome and managed through a task list in Cerner, without a columnar display. In future state, end users will utilize the antimicrobial stewardship patient list to monitor patients.	<ul style="list-style-type: none"> Pharmacy Bugsy 	●	😊		✓	
Antibiogram Reporting	Currently, Cerner Analytics collects and summarizes information using Excel. In the future, ASP Leads will generate and review the antibiogram report using the Epic system.	<ul style="list-style-type: none"> Pharmacy Bugsy 	●	😊		✓	
Indications of use	In the current state, MLH doesn't use ordering questions and requires forms to be filled out for some meds. In the future state, the forms will be turned into order questions. Order questions will capture indications of use in the order composer when an order is placed.	<ul style="list-style-type: none"> Pharmacy Bugsy Orders 	●	😊		✓	

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Consults	Today, consults are worked through a populated task list. In the future state, Pharmacy will manage consults from the patient lists activity.	<ul style="list-style-type: none"> Pharmacy 	●	😐		✓	
Creatinine Calculations	Currently, there is no minimum cap on serum creatinine for adults. In future state, the Cockcroft-Gault will be used to calculate creatinine clearance for patients 18 and older. Schwartz will be used to calculate creatinine clearance for patients younger than 18. Creatinine clearance calculations will look back 3 days for a lab result. The minimum serum creatinine will be set to 0.8. Educate on effects below 1 creatinine.	<ul style="list-style-type: none"> Pharmacy Orders Nursing 	●	😐		✓	
In Basket	Currently, pharmacists do not receive alerts when new allergies are entered. In the future state, they will be notified of significant changes in weight or BSA. They will also receive a notification when a new allergy that interacts with their current medication is entered.	<ul style="list-style-type: none"> Pharmacy 	●	😊		✓	

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I-Vents (Interventions)	Today, adults place sticky notes on tasks (Similar function to I-vents). In future state, I-vents will be used to track all pharmacy interventions. Pharmacy interventions allow your pharmacists to track events so they can be referenced and reported on. If pharmacists are not already trained to document their clinical interventions consistently, ensure they are. I-Vents appear only to pharmacists, not other clinicians.	• Pharmacy	●	😊		✓	
Patient Education	In current state, there is no tab for education in the task list. In future state, Pharmacy will continue to provide patient education. Ensure training on how patient education is completed in Epic. Education topics will be automatically added to the patient's education activity based on the orders active on the patient.	• Pharmacy	●	😐		✓	
Patient Lists	In the current state, adult patient are group by floor through patient lists. In the future state, “patient lists” means something different in Epic. End users will utilize system lists to group patients the organization has chosen to monitor. Pharmacists can add system lists to their My Lists for patient monitoring.	• Pharmacy	●	😊		✓	

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Scoring Systems	Today, scoring systems are not utilized. In future state, End users will use scoring systems to generate a score based on patient-specific indicators such as assessments, I-vent, medications, and labs.	• Pharmacy	●	😊		✓	
Alternatives	Currently, there are no alternative alerts in Cerner. This process is done manually. In the future state, MLH will have a dynamic alternative that appears when a clinician tries to order a prior-to-admission or soft-delted medication (no longer available) that points to related formulary medications.	• Pharmacy • Orders	●	😐		✓	
Medication Warning Filtering	Today, Medication Warning Filtering cannot happen at the end user level. In future state, end users will be allowed to filter warnings with severity levels of very low, low, medium, and high. Filtered warnings will remain filtered for 180 days. Available override reasons are "Benefit outweighs risk", "Per protocol", "Inaccurate warning", "Does not apply to patient", and "md aware, will monitor".	• Pharmacy • Orders	●	😊		✓	

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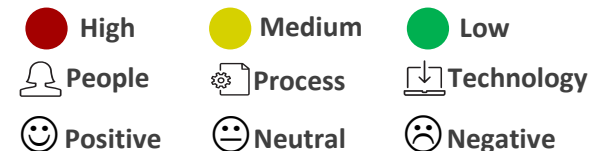
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ADS Override Pulls	In current state, MLH does not have a concept equivalent to override lines on the MAR. In the future state, Nursing will document and reconcile override pulls on the MAR. Nurses will pull components on override from an Omnicell cabinet and then document the administration. The nurse will then use the MAR action of 'override pull' to resolve the pulls without charging the patient.	<ul style="list-style-type: none"> Pharmacy Nursing 	●	😊		✓	
Automatic waste charging in dispense prep and CNR	Today, Technicians enter waste on medication during compounding in Cerner manually. In future state, Epic will calculate waste in CNR and dispense prep manually.	<ul style="list-style-type: none"> Pharmacy 	●	😊		✓	
Automatic waste charging on MAR	Currently, Nursing documents narcotic waste in Omnicell, but not on MAR. In the future, Epic will automatically calculate waste on the MAR. Nursing will continue to document narcotic waste manually. Automatic MAR calculation will be used as a backup for narcotic waste.	<ul style="list-style-type: none"> Pharmacy Nursing 	●	😊		✓	

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Bulk Charge	In current state, Medications that are used during surgery but are not documented in SurgiNet Anesthesia must be manually charged. Items charged on dispense (mostly bulk items) which are not actually dispensed or used must be manually credited. In future state, the code narrator will be used for crash carts and medications used in surgery that aren't captured via OneStep meds. Bulk charge will be used as backup and in other niche situations.	• Pharmacy	●	😊		✓	
Charge on Dispense for Bulk Items	Today, bulk items are charged on dispense. In the future state, bulk items will be charged upon disposal after the first administration. Subsequent administrations won't incur a charge. The first administration after a new dispense will trigger a charge.	• Pharmacy	●	😊		✓	
Charge Workqueue Monitoring	Currently, pharmacy directors and operations managers work through x over charge and x over quantity workqueues. There will be an additional work queue for \$0 charges in the future, which the Pharmacy director and operation managers will monitor.	• Pharmacy	●	😊		✓	

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Charging Errors	In current state, pharmacy technicians who review charging errors, don't have a prescriptive way to review charge errors. Each facility's pharmacy department is currently responsible for monitoring their charges. In future state, the IT team will monitor Epic errors related to the build via InBasket and review missing HCPCS and invalid NDCs.	• Pharmacy	●			✓	
ADS Load Labels	In the current state, no automated ADS load labels are printed. In the future, pharmacy will print ADS load labels in central pharmacy to indicate that the ADS cabinet needs to be stocked. This label is printed when a medication should be dispensed from an ADS cabinet but is not currently loaded in the ADS. A technician can load the medication in the cabinet, and the dispensing location will automatically update.	• Pharmacy	●			✓	
Compounding and Repackaging	Today, label printing and outlining the compound contents varies across different sites. Tracking lot numbers and expiration dates is a manual process. MLH will utilize CNR to compound and repackage medications in the future state. This label is generated from the CnR activity and is intended for application on repackaged medications. It does not contain specific dosage or patient-related information.	• Pharmacy	●			✓	

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Continuous Orders	In the current state, nursing puts in a med request (request for dispense), which comes up in the technician equivalent of the verification queue. In the future state, Pharmacy will use InBasket, the Trigger Fill list, and automated dispensing to handle medication orders. InBasket Communication: Nurses have the ability to send messages directly to the pharmacy to request doses for medications that are administered continuously. Trigger Fill List: The pharmacy team can use the trigger fill list to monitor and manage the ad-hoc dispensing of continuous medications. Automated Dispensing System: The system is set up to automatically print labels 90 minutes before a continuous medication is due to run out, based on the Medication Administration Record (MAR).	<ul style="list-style-type: none"> • Pharmacy • Nursing 	●			✓	
Dispense Logic	Today, any amount QTY of drug can be dispensed from ADS at a given time. In the future state, the maximum number of tablets an ADS can dispense is four; if more than four are required, Epic will bypass the ADS and direct the request to a satellite or central pharmacy.	<ul style="list-style-type: none"> • Pharmacy • Nursing 	●			✓	

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Dispense Prep	In current state, there is no process for dispense prep. In the future state, the activity of dispense preparation will take place. This will be used by pharmacy technicians to document the preparation of a patient-specific dispense - typically mixtures. Dispense prep tracks the lot number and expiration date if the barcode contains that information. Additionally, it ensures accurate NDCs are scanned for use.	• Pharmacy	●	😊		✓	
Dispense Queue	There is no current state process related to dispense queue for most sites. Dispense Queue functions similarly to the carousel queue in University and Le Bonheur. In future state, all medications but STAT doses and re-dispenses will be sent to the Dispense Queue.	• Pharmacy	●	😊		✓	

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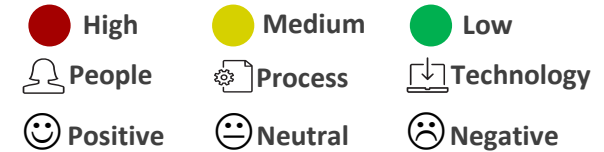
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Dispense Track	In current state, there is no process for dispense tracking. In the future state, dispense tracking will take place which allows pharmacists, technicians, and nurses to track medication dispenses from the dispense pharmacy to the floor. Technicians can send multiple doses at the same time by putting all of the doses in a bin, plastic bag, folder, tube, cart, or other container and then deliver the container to the floor. To keep track of which doses were sent in a given container, technicians can scan a container barcode to open the container in the Dispense Tracking activity, and then scan the barcode for each dose they put in the container. When the doses arrive at the nursing unit, the receiving user can scan the container barcode to mark them all as received simultaneously. Nurses will receive dispenses using Rover on iOS or Android. Using the iPhone or Android's camera, or a barcode scanner that encases the iPod Touch or iPhone, the unit clerk, or a receiving nurse, scans the barcode of each container and dispense and indicates that they've been received.	<ul style="list-style-type: none"> Pharmacy Nursing 	●	😐		✓	

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Medication Autoverification	In the current state, the term “Autoverify” in Cerner does not have the same meaning as in Epic. Historically, "Autoverify" meant that once a Provider placed an order, it was automatically verified. In the future state, it's crucial to note that certain medications, specifically Transdermal Fentanyl, along with orders from Treatment or Therapy Plan and high-risk medications for pediatrics in the Emergency Department, will never autoverify.	• Pharmacy	●	😐		✓	
Argatroban Infusion Ordering and Administration Process	Currently, there are no clinical calculators within Cerner. In the future state, MLH will use the FS argatroban calculator, in MAR administration.	• Pharmacy	●	😊		✓	
Heparin Infusion Ordering and Administration Process	Today, there is no equivalent clinical calculators in Cerner. MLH will use the FS heparin calculator in future state.	• Pharmacy • Nursing	●	😊		✓	

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Insulin Infusion Ordering and Administration Process	Today, there is no equivalent clinical calculators in Cerner. In future state, MLH will use the FS insulin calculator.	<ul style="list-style-type: none"> Pharmacy Nursing 	●	😊		✓	
Pharmacist Verification	In the current state, dual verification for chemo medications is a paper-based process. In future state, Chemo medications will be dual verified in Epic. The same pharmacist can complete a second verification, dual verification is called out in the verify queue and pharmacists queue and Popup appears if the medication is auto-verified, signaling a second verification is still manually required.	<ul style="list-style-type: none"> Pharmacy 	●	😊		✓	
	Currently, pharmacists verify multiple types of order changes in Cerner. In the future state, Adults and Peds will see changes to-Administration instructions, order end dates, rate-based doses, PCA parameters, Cyclin TPN parameters. Peds pharmacists will see Discontinued orders and Held/un-held orders.	<ul style="list-style-type: none"> Pharmacy 	●	😐		✓	

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Compounding and Repackaging Checks	Currently, technicians and pharmacists manually sign off on the medication label to denote that they have checked the medication. In the future, during CNR activity, technicians and pharmacists will sign off on medications. Signatures will be automatically printed on the medication label and recorded in Epic.	• Pharmacy	●	😊		✓	
Medication Recipes	Current state, medication recipes are not standardized. In future state, medication recipes will be standardized.	• Pharmacy	●	😞		✓	
Medication Reconciliation Process	Today, the Medication Reconciliation Process is similar to the ED track board, but the process to reviewing patients is different. End users will use patient lists and the ED TrackBoard to monitor medication reconciliation in the future state.	• Pharmacy	●	😊		✓	

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Shortages Management	In the current state, end users use alternative alerts to inform end users that medications are on shortage. In the future state, end users will use a combination of alternatives in Epic and the shortage medication list. The pharmacy will manage the medication list. This will change again when we go live with Willow Inventory.	• Pharmacy	●	😐		✓	
TPN Hang Time	In the current state, adults have a hang time at 9pm and Peds at 8pm. In future state, the TPN hang time will be standardized across adult and pediatric hospitals for 9 pm.	• Pharmacy • Nursing	●	😐		✓	
TPN Orders	In the current state, detailed TPN orders are not entered onto the patient's chart. In the future state, users will utilize a third-party to compound IV nutrition (Baxter). However, they will still need to enter detailed orders into Epic. This is required so Epic can track macronutrients and salts that the patient has and warn the ordering Provider during order entry if ingredients exceed limits due to osmolarity, volume, solubility, etc.	• Pharmacy • Orders	●	😞		✓	