Clinical Advisory Group Decisions

April 17-24, 2025

EPIC JOURNEY

Clinical Advisory Group Decisions: 4/17-4/24

Physician/App Advisory Group (4/17)

1. **One note template, per note type, per specialty or subspecialty**
   Why: Streamline documentation for residents and faculty, allow specialties to manage and unify templates. Epic allows providers to modify and save variations on the note templates to accommodate personal documentation style.

2. **Progress notes will be structured to view with subjective and objective sections collapsed**
   Why: Allow providers the option to view important information first without scrolling

3. **All Inpatient progress notes will incorporate Diagnosis-Aware Notes**
   Why: New functionality in Epic which seamlessly incorporates Diagnoses/Problem List into the note, able to update real-time

4. **Inpatient progress notes will include a statement that lab/imaging results have been reviewed, in lieu of pulling in actual results each day**
   Why: Gives providers the option to shorten and streamline the note, without including excessive information already present in other sections of the chart

Clinical Advisory Group Decisions: 4/17-4/24

Physician/App Advisory Group (4/17): Continued

5. **Copy Previous functionality will be used with note attribution**
    Why: Efficient and appropriate use of Copy Previous saves time, and daily changes will be attributed and monitored per policy.

6. **Shared hospital course will be utilized by inpatient providers on discharge**
    Why: The discharge summary will be done by one provider and will reflect the patient's hospital course related to all sp**ecialties**

7. **Medical students will have access to the same note types as physicians and residents**
    Why: Medical students can contribute to documentation and need the same note types as all providers for education purposes

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Inpatient Advisory Group (4/17)

1. **We will consolidate to one third-party alarm manager across entities and integrate alerts in Epic**

    Why: to have a clear escalation pathway within alarm manager and reduce complexities of managing third-party applications and interfaces

2. **We will consolidate third-party on-call scheduling applications across entities and integrate into Epic, for end users to be able to view the schedules within Epic's On-Call Finder activity.**

    Why: Enables all entities to view on-call schedules within On-Call Finder, utilize Secure Chat, and reduce work efforts of managing multiple third-party applications and interfaces.

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Ambulatory Advisory Group (4/23)

1. *Front Desk and Clinical Support Staff (e.g., MAs) will collect the patient's preferred pharmacy. Nurses would not be expected to confirm the patient's preferred pharmacy.*

   Why: patient's preferred pharmacy is updated prior to the provider seeing the patient.

   Prior to go-live, we are exploring patient's preferred pharmacy as part of data conversion efforts.

2. *Clinical Support Staff / MAs should be responsible for refill requests.*

   Why: Appropriate routing, minimize provider In Basket messages

3. *UAB Health System will leverage Epic's Foundation System Refill Protocols.*

   Why: >100 classes of meds with evidence-based protocols

(Awareness) Clinical Support Staff (MAs / Nurses) will be able to approve refills per protocol, based on current policies and procedures.