

Clinical Advisory Group Decisions

June 9 - June 20, 2025



Project Decisions

Physician/App Advisory Group (6/18/25)

- **The Authorizing Provider, Attending Provider, and PCP (if documented in Epic) will receive post-discharge results**
 - Why: Increased visibility to results released after discharge, including microbiology, pathology, and lab
- **Staff will have the ability to manually enter external results in the flowsheet (specialty areas doing this today)**
 - Why: Outside labs will be available in the normal lab workflow
- **Critical results will follow current protocol, with the addition of a push notification to Haiku**
 - Why: Critical results need to be communicated quickly with multiple avenues to enhance patient care



Project Decisions

Inpatient Advisory Group (6/12/25)

- **Patient wristband identifiers will be Foundation fields:** ☐ Name, Preferred Name ☐ HAR ☐ MRN ☐ DOB ☐ Location Abbreviation ☐ CSN ☐ Admit Date • **Barcode:** ☐ CSN
Why: Reduce identification errors and standardize across facilities



- **Physicians, APPs, nursing, social work, case management, PT/OT/SLP, RT, dietitians, and pharmacists may contribute to AVS instructions**
Why: Post-discharge education is multidisciplinary across facilities
- **All Foundation languages will be enabled**
 - Why: All nationalities are treated at UAB facilities

Project Decisions

Ambulatory Advisory Group (6/17/25)

- **Expiration Date will be required for documenting in-clinic medications**
 - Why: Continue current workflow, patient safety protocol
- **Clinics doing barcode scanning for clinic-administered medications will continue, and clinics not doing barcode scanning will continue current state**
 - Why: Continuity for medication administration in clinic
- **PDMP OPA will be suppressed and will not fire upon every scheduled medication prescription**
 - Why: Reduce alert fatigue, providers are responsible for checking PDMP regularly
- **Different roles at each facility will receive and review EPCS Security Requests**
 - Why: Continuity of current state
- **Controlled substance agreement will be available for providers prescribing ongoing controlled substances (working on standardized agreement throughout enterprise)**
 - Why: Protects providers and patients, state law

