

Clinical Advisory Group Decisions

June 23 – July 4, 2025



Project Decisions

Physician/App Advisory Group (7/2/25)

- **Nurses and pharmacy techs will assist with Med History; Physicians, APPs, and residents will complete medication reconciliation (Inpatient)**
 - Why: Consistent with current practice, retains continuity
- **Admission Med Rec metric definition will be the percentage of admissions where admission medications were reconciled within 24 hours**
 - Why: Patient safety initiative, existing policy
- **Admission orders placed on patients in the ED will be signed and held**
 - Why: Floor nurses can activate when patient arrives on unit (does not apply to boarded ED patients)
- **The Restart from Previous Admission Navigator will look back 30 days**
 - Why: Makes entering of previous orders more efficient



Project Decisions

Physician/App Advisory Group (7/2/25)

- **We will not use MAR hold to enforce med reconciliation for level of care transfers**
 - Why: Consistent with current practice, retains continuity. Note transfers to surgical departments will be reviewed in SPOM workgroup
- **Discharge med rec definition will be percentages of discharges where hospital medications were reconciled**
 - Why: Patient safety initiative, existing policy
- **Patients may opt out of communication preference for admission notifications**
 - Why: Consistent with current practice, patients have the right to determine if providers are notified
- **Registration will collect patient notification preferences**
 - Why: Consistent with Epic recommendations



Project Decisions

Physician/App Advisory Group (7/2/25)

- **Providers may opt out of ADT notifications**
 - Why: Some specialties may not need this, consistent with current practice
- **Primary Care physicians will receive notification of ADT events**
 - Why: Consistent with current practice, certain specialties (Nephrology, Transplant, etc., may have special considerations)

Project Decisions

Inpatient Advisory Group (6/26/25)

- **Canceled for this week**

Project Decisions

Ambulatory Advisory Group (7/1/25)

- **E-consults will continue in Epic (40 specialties with billing associated)**
 - Why: Important for quick answers to clinical questions
- **Clinic room numbers will be included in the Epic build and clinic triage process**
 - Why: Continue current state, keep up with patients' locations
- **We will follow Foundation metrics for :**
 - Allergies reviewed
 - Medication list reviewed
 - History reviewed
 - Problem List reviewed
 - Visit diagnoses matching Problem List diagnoses
 - Percentage of clinic visits closed same day
 - Why: Monitor and assist providers and staff who are struggling with workflow as quickly as possible

