Clinical Advisory Group Decisions

September 16-30, 2025

Direct Email Addresses for Providers

Order Holds and Unholds

Patient Expiration

Results Routing for Residents

Project Decisions

Physician/App Advisory Group (9/18/25)

- **Jot notes in mobile Epic applications will remain visible for 30 days**
  - Why: Epic recommendation, consistent with other UAB Medicine retention policies

- **Provider direct email addresses from all sites will be shared for external communication purposes**
  Why: Consistent with current state

- **For direct email locations, we will share primary site and locations where we expect external referral to be received**
  Why: Consistent with current state

Project Decisions

Physician/App Advisory Group (9/18/25)

- **Physicians will use the Orders Management activity to hold and unhold medications**
  Why: Situations arise where manual MAR hold orders are needed:

  HOLD:
  - Change in vital signs
  - Post-Procedure
  - Pre-Procedure
  - NPO
  - Loss of IV access
  - Fluid Imbalance
  - Other

  UNHOLD:
  - Vital signs normalized
  - NPO discontinued
  - IV access restored
  - Fluid status change

Project Decisions

Inpatient Advisory Group (9/18/25)

- **Nurses will have their own navigator for patient expiration**
  Why: Need specific documentation

- **Nurses and unit clerks will do ADT functionality to trigger request to transfer to morgue, etc. Providers will have extra step to document cause of death, date, and time**
  Why: Declaration of patient expiration is critical for family

Project Decisions

Ambulatory Advisory Group (7/15/25)

- **ProcDoc may file charges from residents in Primary Care Exception Clinics (Pending confirmation with billing team, charges would be billed to attending)**
  Why: Residents submit charges in these clinics, would be supervised

- **External lab results will be entered discretely for specific clinics/specialties**
  Why: Continue current state for Transplant, etc., maintain trending of labs
  Note: LabCorp and Quest will be integrated with Epic

- **Clinic names and room numbers will be incorporated into the Rooming process**
  Why: Quickly identify patient locations on the Epic schedule, continue current state for many clinics

- **UAB and all other facilities will not use "Incident To"**
  Why: Compliance risk with narrow definition, not allowed in provider-based clinics

- **IProc will be used for discrete documentation of in-clinic tests (EKG, PFTs, USG, etc.)**
  Why: Providers are currently reading and billing these in many clinics (St. V, Med West, etc.)