



INFORMATICS TEAM ANNUAL REPORT

2024



BAPTIST HEALTH®

A message from Brett Oliver, MD, chief medical information officer

I am so proud of the work our informatics team has done here at Baptist Health. From our Training and Support team to our physician informaticists, our team strives to make each technology the most useful and intuitive possible.

This annual report serves to highlight a few projects the team has been involved in over the past year. It just scratches the surface of all the work done, but it does provide a sense of the many areas our team serves. Please reach out if we can help you and your team.



A handwritten signature in black ink, appearing to read "Brett Oliver".



MISSION

Baptist Health demonstrates the love of Christ by providing and coordinating care and improving health in our communities.

SHARED VISION

Baptist Health will lead in clinical excellence, compassionate care and growth to meet the needs of our patients.

FAITH-BASED VALUES

Integrity, Respect, Compassion, Excellence, Collaboration and Joy.

COMMITMENT TO PATIENT SAFETY

Continuously improve patient outcomes through a culture of safety and clinical excellence.

About Baptist Health

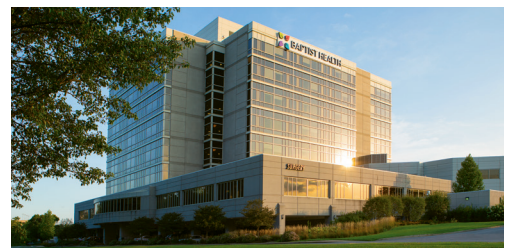
Founded in 1924 in Louisville, Kentucky, Baptist Health is a full-spectrum health system dedicated to improving the health of the communities it serves. The Baptist Health family consists of 10 hospitals, employed and independent physicians, and more than 470 points of care, including outpatient facilities, physician practices and services, urgent care clinics, outpatient diagnostic and surgery centers, home care, fitness centers, and occupational medicine and physical therapy clinics.

Baptist Health's eight owned hospitals include more than 2,300 licensed beds in Corbin, Elizabethtown, La Grange, Lexington, Louisville, Paducah, Richmond and New Albany, Indiana. Baptist Health also operates two joint venture hospitals: the 410-bed Baptist Health Deaconess Madisonville in Madisonville, Kentucky, with Deaconess Health System based in Evansville, Indiana, and the Baptist Health Rehabilitation Hospital, a 40-bed inpatient rehabilitation facility with Encompass Health, based in Birmingham, Alabama.

Baptist Health employs more than 24,000 people in Kentucky and surrounding states.

Baptist Health is the first health system in the U.S. to have all its hospitals recognized by the American Nursing Credentialing Center with either a Magnet® or Pathway to Excellence® designation for nursing excellence.

Baptist Health's employed provider network, Baptist Health Medical Group, has more than 1,820 employed providers offering care in 78 specialties, including approximately 860 physicians and over 950 advanced practice clinicians. Baptist Health's physician network also includes more than 2,000 independent physicians.

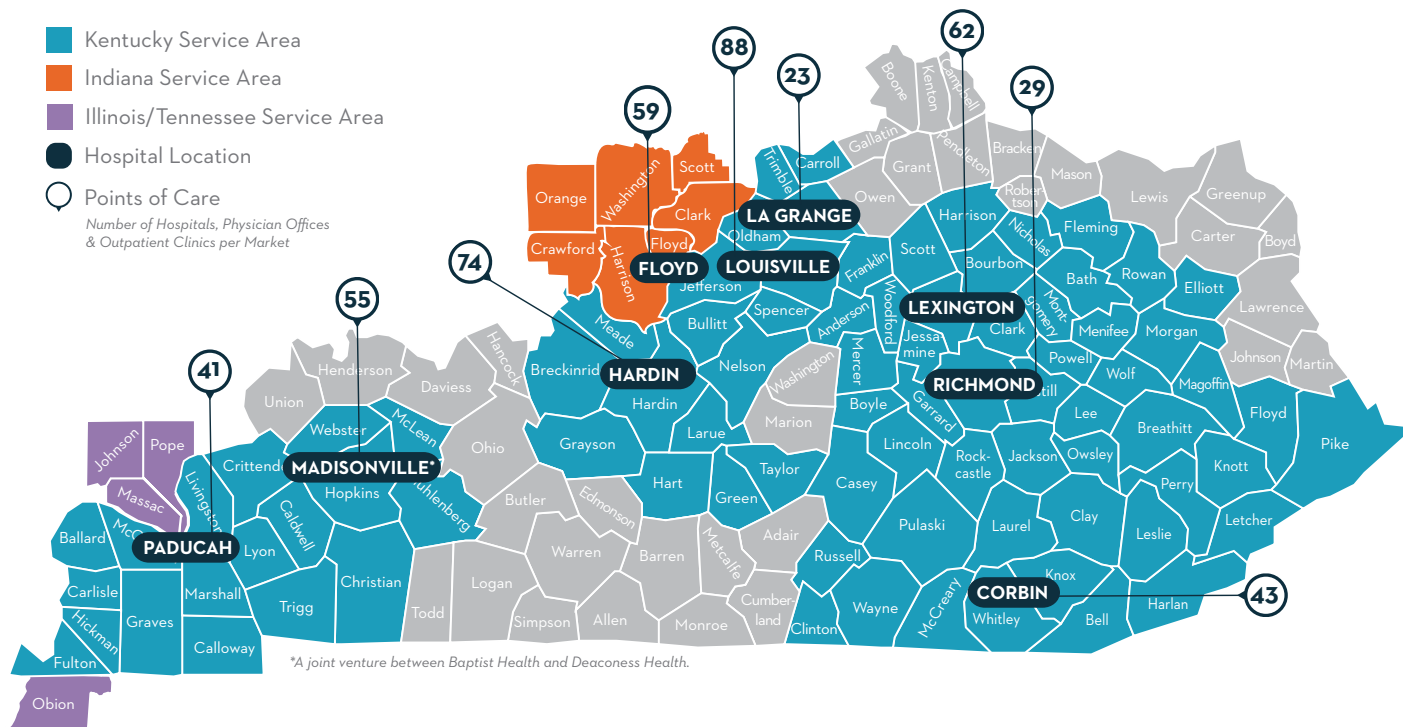


Baptist Health Medical Group Physician Practice Integration/Training and Support

The mission of the **Physician Practice Integration/Training and Support team** is to provide the best training and support possible to Baptist Health Medical Group physicians and staff. Local teams in each market not only train and support their own practices, but they are also part of a larger systemwide effort to provide the best customer service experience to all end users. Staff work together daily, regardless of location, and are all involved in collaborative efforts with other departments to help ensure end users have the tools and resources they need to facilitate excellent patient care.

Team member responsibilities include classroom training, virtual training, technical dress rehearsals, customer support (phone, email, Cherwell), new practice go-live support, new provider at-the-elbow support, provider personalization and workflow efficiencies, end user workshops (OnBase, referrals, claim edits, etc.), super user groups, training video creation, Epic upgrade support and more.

The training and support team provides services across Kentucky and in parts of Indiana.



By the numbers

BHMG NEW HIRE TRAINING:

- Providers - 330
- Staff - 1,988
- Classes trained - 1,480

EPIC MASTERY – PROVIDER:

- 154 provider roundings
- 93 practices visited across 25 specialties

EPIC MASTERY – CLINICAL:

- 18 clinic roundings
- 33 staff assessed

TARGETED WORKSHOPS:

- Referrals - 12 sessions (6,153 attendees, 976 unique)
- OnBase
- Claim edit work queue
- Overdue results
- Epic 'Study Halls'

Feedback for this team is overwhelmingly positive.

BHMG PRACTICE AND PROVIDER SUPPORT:

- Practice acquisitions - 6
- Net new practices - 12
- New satellite offices and clinic moves - too many to count
- Ongoing practice rounding
- At-the-elbow support for new and existing providers

PROJECTS, CHANGES AND ENHANCEMENTS REQUIRING TRAINING ON NEW WORKFLOWS

- OR optimization (Louisville)
- E-consents
- Online scheduling
- Hub to Relay
- Cashless/checkless system
- Medication ePA/Cover My Meds pilot
- Medicare Advantage Plan changes
- DAX
- Epic upgrades
- Registration improvement project
- Order mode reeducation

Epic Mastery program: *What our providers are saying*

“Excellent program. A gem on the mountain of Baptist [Health] programs of support. Knowledgeable and pleasant throughout.”

“Just a new click and I’m twice as fast with my charting. I truly appreciate the help.”

“This is a great program and resource. Kudos to the team!”

“Recommend to all providers a few months after starting.”

“A great resource! My personalized templates, paired with using Dragon, have reduced my charting time and increased my charting detail. Thank you!”

“‘Looking forward to charting to practice the new Epic features I learned.’ I have never heard a provider say they were looking forward to charting, so I think that comment is very telling. Thanks to this team for being so available and flexible.”

“It was a great experience. He was very patient and really focused on areas that helped me the most in my daily work.”

The Physician Practice Integration/Training and Support team

Gayle Thomas, associate vice president,
Physician Practice Integration

Lori Peterson, internal communication
specialist

Clay Cox, application and system analysis
specialist

Kat Hensel, program specialist

Josh Stewart, director, BHMG Training and
Support

Jason Mullins, manager, BHMG Training and
Support

Joy Murdoch, manager, BHMG Training and
Support

Kendra Slayton, manager, BHMG Training and
Support

Lisa Tevis, manager, BHMG Training and
Support

Ashley Erwin, application support analyst – lead

Angela May, application support analyst – lead

Terry Skipworth, application support analyst –
lead

Mary Brunner, application support analyst –
senior

Glen Casanova, application support analyst
– senior

Mike Johnson, application support analyst –
senior

Charlene Neal, application support analyst –
senior

Arlene Bagley, application support analyst –
intermediate

Holly Baker, application support analyst –
intermediate

Damien Bell, application support analyst –
intermediate

Stephanie Blain, application support analyst
– intermediate

Payton Blankenship, application support analyst
– intermediate

Lori Cichanowicz, application support analyst
– intermediate

Latosha Colwell, application support analyst
– intermediate

Katelyn Crane, application support analyst –
intermediate

Brittany Hawkins, application support analyst
– intermediate

Elizabeth Marcum, application support analyst
– intermediate

Amanda Thurman, application support analyst
– intermediate

Logan Van Hoose, application support analyst
– intermediate

Emily Vincent, application support analyst –
intermediate

Brandi Walker, application support analyst –
intermediate

Matthew Warner, application support analyst
– intermediate

Dustin Williams, application support analyst
– intermediate

Brittany Worthy, application support analyst
– intermediate

Sarah Cash, application support analyst –
associate

Latisha Malloy, application support analyst –
associate

LaTosha Stevenson, application support analyst
– associate

Elizabeth Herbert, application support analyst
mastery – intermediate

Kaylan Mcfee, application support analyst
mastery – intermediate

Sarah Parrott, application support analyst
mastery – intermediate

Chad DeLancy, application support analyst
mastery – senior

James Julian, application support analyst
mastery – lead

Artificial intelligence at Baptist Health

The mission statement for Baptist Health's artificial intelligence (AI) efforts is **to reimagine care that is innovative and joyful to foster healthy communities.**

As Baptist Health navigates the ever-changing landscape of healthcare, the role of artificial intelligence is growing in significance. AI continues to populate much of the technology news, including in healthcare.

At Baptist Health, work continues toward the responsible adoption of clinical and administrative tools that can advance care and lessen the cognitive burden on providers and staff.

Baptist Health is committed to leveraging this technology to its fullest potential and is actively developing processes and procedures to integrate AI into operational and clinical workflows and ensure the system remains at the forefront of innovation.

In choosing AI tools, Baptist Health is prioritizing practical solutions that add value and advance the clinical and business goals of the system. By considering transparency, trust, fairness and bias, Baptist can ensure patient safety, confidentiality and equity.

Moving forward, physician involvement and insights will be crucial in shaping a future where AI enhances the delivery of patient care.



AI governance and enablement

Baptist Health has established an **AI governance model** and an **AI Enablement Center** to prioritize initiatives and implement AI endeavors across the system.

The system also updated its AI oversight committee charter and, as part of the governance model, launched a portfolio lead pilot program to provide leads over hospital operations, HR, pharmacy, finance and clinical verticals. Visit the [AI governance SharePoint site](#) to learn more.

The goal of the AI Enablement Center is to facilitate cross-functional unity and scalable best practices in AI across Baptist Health.

Key tasks of AI Enablement Center

- 1. Define and manage AI intake processes**
Establish clear procedures for identifying, evaluating and onboarding AI projects across Baptist Health. This ensures a structured approach to AI adoption and alignment with organizational goals.
- 2. Manage AI project prioritization**
Implement a systematic method for assessing and ranking AI initiatives based on their potential impact, feasibility and alignment with Baptist Health's strategic objectives.
- 3. Develop AI literacy planning and training**
Create comprehensive educational programs to enhance AI literacy among staff, fostering a culture of innovation and enabling effective utilization of AI technologies throughout the organization.

More information is available on the [AI Enablement Center SharePoint site](#).

AI currently in use at Baptist Health

Ceribell with Clarity™ AI – seizure detection
Clinical note summarization (pilot)
Coding assistant (pilot)
Detection of pulmonary nodules (Riverain™ Technologies)
Icometrix – used to help manage patients with multiple sclerosis
Imbio – helping to identify COPD patients who could benefit from a pulmonary valve

Intraoperative AI – augmented reality
Murf AI – AI voice generator; text to realistic studio quality speech
MyChart patient message reply (pilot)
Preoperative diagnosis-fracture detection (BoneView by Gleamer)
Radformation – assistance in radiation oncology
RapidAI stroke care

Digital Health initiatives at Baptist Health

Scheduled video visits

A long-standing challenge within Baptist Health is encouraging providers to adopt the appropriate video vendor for scheduled video visits. The appropriate routes are Twilio or Tyto for ambulatory or Zoom for certain inpatient visits.

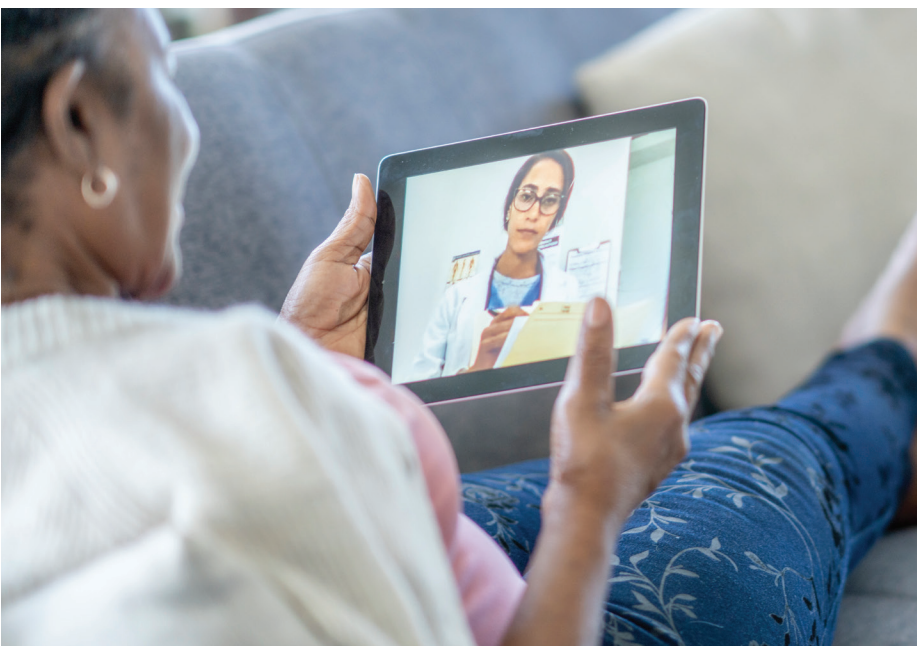
Other vendors providers could use include Doximity, FaceTime or Google Meets. However, since Baptist Health does not have business associate agreements with these vendors, they are considered a risk for security and compliance.

By targeting high outside vendor users and departments, in calendar year 2024, Baptist Health averaged only **2.8%** external use compared with **12.2%** in CY 2023. This was done by reeducating providers on appropriate use, teaching them new functionalities they were not aware of, and finding alternate workflows for unique situations that are still compliant.

Urgent Care Video Visits

Urgent Care Video Visits continue to be offered to Baptist Health Anthem plan members at no cost to the patient. Baptist Health been able to suppress copays and ensure an appropriate professional billing build has been put into place to drop the charges for these visits.

The team, which consists of 10 providers, is operational 24/7/365, including holidays.



URGENT CARE VIDEO VISITS

16,408 CY23

20,727 CY24



26.3%
INCREASE IN
VISITS



E-visits

In January 2024, the team learned the e-visit vendor, BrightMD, had been acquired by another company, and it was necessary to transition to a new vendor. Although there was a short time frame to complete discovery and analysis on current options (by August), the team quickly accomplished this, deciding on Fabric Health as the new vendor.

The project kicked off June 17, and even with the abbreviated timeline, Baptist Health transitioned to the new vendor Aug. 8. This was done in a two-stage process with an initial transition to Fabric's browser version. Then, within a month, Fabric was fully integrated into Epic.

Fabric has shown a desire to grow in the medical space, with many other options that could help Baptist in additional areas. The company also supplies Baptist Health's CareFinder tool.

Virtual provider pilot

Baptist Health Medical Group leadership agreed on a pilot for select providers to start a "hybrid" schedule that would include at least one full block of telemedicine-dedicated visits.

- The providers were given at-home workstations so they can perform the visits there.
- Six providers were selected, with at least one representing each market.
- New visit types were created so a better diversity of patients fill the slots.

Though still in its infancy, starting in September 2024, more growth has been seen in fill rates, and this pilot will continue as more is learned. The hope is to be able to expand this option to other providers or expand the current hours to allow for more telehealth-dedicated blocks.

Allowing providers to work from home and continue to see patients could assist with opening more exam rooms for patients who need to be seen in the office.

TytoCare

The partnership progressed in 2024 by growing TytoClinic reach, as well as the ability to more easily get TytoHomes to patients.

TytoClinics

TytoClinics expanded to an additional four schools in Oldham County, nine additional Urgent Cares, 10 additional Primary Care practices in Paducah, and in one occupational medicine facility. The total reach and use in 2024 was **40 TytoClinics** throughout the system.

The TytoClinics in Urgent Care locations have been a great success, now being offered universally in all 19 brick and mortar Urgent Cares. In 2024, there were **nearly 2,700 completed TytoClinic visits** with the bulk coming from Urgent Care locations.

TytoHome

A challenge for TytoHome has been the possibility that the price point of the product could prohibit its use for patients who could truly benefit from its use. In 2024, Baptist started a loaner program to provide select patients a TytoHome at no cost to them.

A patient caseload from specifically trained and qualified providers was used, which led to **over 700 devices being sold or loaned out in 2024**.

New functionalities

In late 2024, **previsit exams** went live. This new Tyto functionality allows patients to perform all physical exams prior to their appointment times. Then, when the provider connects, they can quickly and more efficiently conduct the video visit by reviewing the already-completed exams.

Previsit exams have the potential to save providers a large amount of time, as physical exams often take the most time during Tyto visits. In early 2025, an **asynchronous option** will be added for Tyto visits. This will allow for a sort of

remote patient monitoring where a provider can place a standing order in Epic for a patient to perform the Tyto physical exams on their own for the provider to review at a convenient time.

DAX Copilot

The Nuance DAX program had a huge year in 2024. In February, Baptist Health transitioned from the former version, DAX Full Service, to the new and completely AI version called **DAX Copilot**.

This new version:

- Eliminated the need for human scribe contractors
- Reduced note turnaround time from hours to seconds
- Improved provider adoption
- Improved note consistency
- Increased licenses at no additional cost
- And more

It also allowed for a complete Haiku and Epic integration of DAX, resulting in a more streamlined version.

The nearly 100 providers using DAX Full Service were transitioned to DAX Copilot by May, and new providers began being onboarded to the program. By the end of 2024, over 300 licenses were claimed by providers. Both the Mastery and Dragon training teams have been crucial to this rapidly expanding use.

DAX Copilot has been constantly updating, and providers can now apply their unique style to notes via the styling tool, receive instant coaching for how their recorded visit went, see a full transcript of the visit, give instant AI feedback and more.

This will be expanding soon within Urgent Cares and will be expanded to emergency department use as well. Inpatient and nursing are on Nuance's horizon, which could also benefit Baptist Health.

DAX Copilot: *What our providers are saying*

"DAX is truly making a difference in our work and home lives ... more so than anything I have seen in my 8-plus years with Baptist Health."

"Well, I'm in love with DAX!"

"Thank you so much for getting this set up for me. I got to use it on my last patient yesterday, and I am blown away and excited. It worked like a charm!"

"I just wanted to take a minute to say thank you. I have been using DAX all day, and this is a real game changer for me. I am actually completing my notes!"

"October 24th, the day I was trained on DAX and the day my life changed!"

"It takes an hour and a half off my workday."

"I just jumped in and used DAX Copilot today for 19 patients and finished immediately. Wow! Life-changing!"

"Thank you so much for the kick in the pants. I just used it for the first time and am now kicking myself for sitting on it for so long."

Baptist Health website

The Digital Health sections of Baptist Health's website went through a comprehensive update. As a result, patients can now be more easily directed to the level of care that is most appropriate for their condition, as well as learn about each of Baptist Health's digital offerings.

The Digital Health team includes:

Nick Sarantis, system director

Scott Ritter, ambulatory operations manager

Kelly Pittman, education coordinator

Kim McGinnis, product specialist

Achievements: Ambulatory teams



Ambulatory – clinical projects and improvements

[MyChart assigned Edinburgh depression inventory for postpartum visits](#)

The Edinburgh screen now appears as required documentation for all antenatal, labor and delivery and postpartum patients. Details include:

- The Edinburgh screening is required upon admission and, if not documented, displays as overdue after four hours of admission.
- The Edinburgh weekly assessment appears under “Required for this shift” seven days after the initial screen was taken.
- The Edinburgh PPD1 appears under the “Required for this shift” message 24 hours postdelivery.

Addition of e-cig question to rooming checklist

The primary care rooming checklist shows whether the vaping/e-cig status has been reviewed during the visit. If use was previously documented, user must mark as reviewed to obtain a green check mark.

Integration of MyChart patient history responses

Work is ongoing with Ambulatory during physician builder meetings to improve patient history questionnaires and refine how they integrate with/ present to physicians in Epic.

HPI questionnaires in MyChart

The Ambulatory team is working on various history of present illness (HPI) questionnaires to improve their validity to the appointment and cohesiveness of how it is presented to patients in MyChart.

'Grateful patient' button

The "grateful patient" button is a navigator/ flowsheet to mark a grateful patient for Baptist Health Foundation follow-up for story sharing and donations. The Foundation has partnered with providers to help identify grateful patients, and a new FYI flag in Epic makes the process easy. The flag indicates to the Foundation that these patients are good candidates to contact.

Synoptic surgical oncology documentation

The team has created tools to document and track the American College of Surgeons Commission on Cancer's (CoC) requirements for surgical oncology documentation standards.

Creation of provider videos for workflows

A catalog of videos is available for physicians to learn about new workflows and other topics. New videos have been added to the "Here's How" video catalog, found here: [Browse Lessons - WeLearning \(Epic.com\)](#).

Ambulatory - operational/administrative projects and improvements

ART - MyChart message response

Epic's ART MyChart message response functionality can assist responding providers with replies to patient messages using AI generative drafts. The functionality does not auto reply; instead, it suggests a reply to improve efficiency.

MyChart Messages – best practice

The Ambulatory team is doing work surrounding messaging abuse and how to handle MyChart patient-initiated messages appropriately. Improvements have been made to the system regarding patient options, routing messages to the appropriate queue for follow-up, and addressing patients who abuse the messaging (appointment requests, advice requests, etc.). In addition, the team has implemented improvements in appointment request message handling via the merge from InBasket to work queues.

Auto-completion of thank you messages

To help care teams keep up with an ever-growing volume of patient medical advice messages, InBasket is now configured to automatically complete responses that contain only a simple expression of gratitude. Based on an analysis of messages from several organizations, Epic was able to determine that these messages constitute around 4% of patient medical advice messages. When clinicians view conversations in Chart Review or other places in the system, auto-completed thank you messages appear in the conversation with an indication that it was not shown as a new message in InBasket.

Other InBasket optimization

This includes research and contact review with outside organization workflows, as well as continued efforts to optimize InBasket functionality.

Achievements: Inpatient environments



Inpatient - clinical

New design for VTE prophylaxis order sets, BPAs

There is a new design for venous thromboembolism (VTE) prophylaxis in order sets and best practice advisory notifications. VTE sections of order sets have been updated to prevent duplication of orders. This new design will only require order selection if there are no active VTE prophylaxis orders in place. Ordering providers should know that:

- If pharmacologic prophylaxis is active, the mechanical prophylaxis section will be presented but not required.
- If mechanical prophylaxis is active, pharmacologic prophylaxis will be presented but not required.
- If pharmacologic and mechanical prophylaxis are active, no VTE prophylaxis section will show in the order set.

BestPractice Advisory - OrderSet, Nicole

Action Needed (1)

Patient May Not Have "VTE Prophylaxis Not Indicated" Order & Active Order for VTE Prophylaxis

Review Current VTE Prophylaxis Orders

Remove the following orders?

VTE Prophylaxis Not Indicated: Contraindicated; Active Cancer (3)
Indicate Reason for No VTE Prophylaxis: Contraindicated PADUA Risk Assessment: Active Ca...

Discontinue the following orders?

heparin (porcine) 5000 UNIT/ML injection 5,000 Units
5,000 Units, Subcutaneous, Every 8 Hours Scheduled, First dose on Tue 5/7/24 at 2245 Indic...

The VTE BPA has been updated to allow for the removal of active orders. All orders triggering the BPA can be acted on inside the BPA.

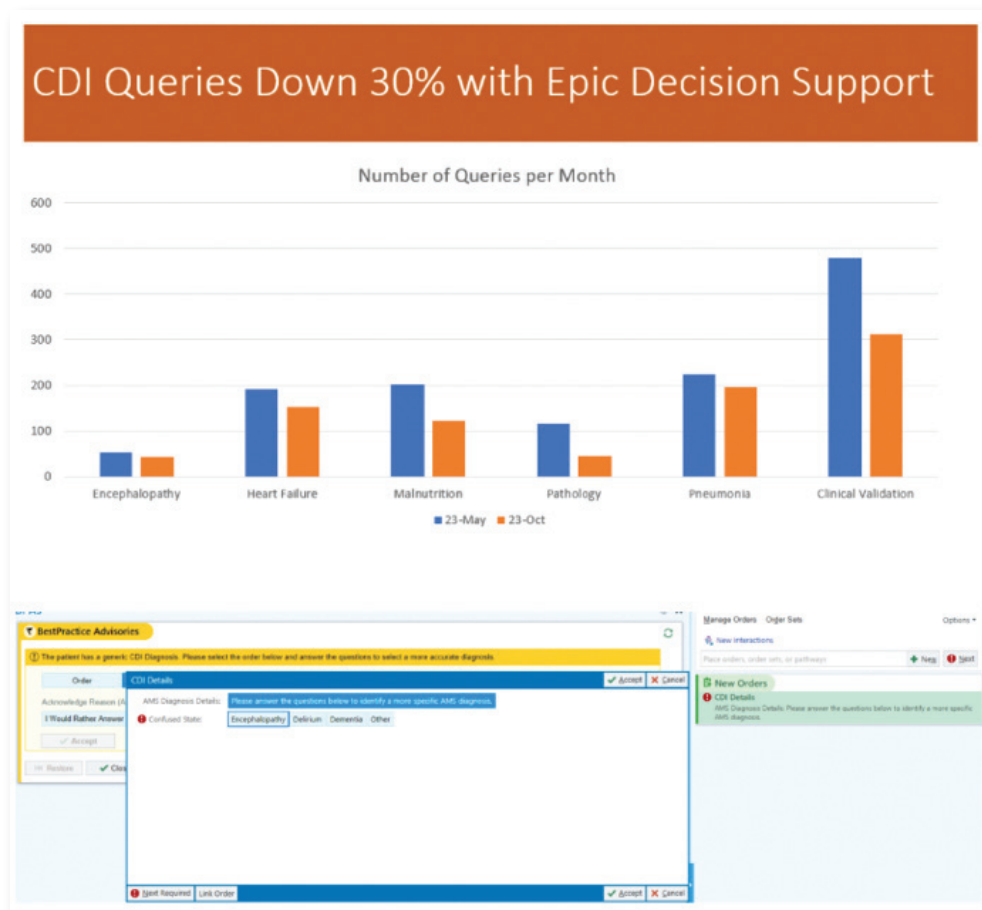
CDI queries decrease by 30% with Epic decision support

Multiple Epic tools have been implemented to capture specific diagnoses using BPAs to document the details in an order. A 30% decrease in queries was appreciated after just five months of the project.

Accurate documentation of appropriate acuity, specificity and underlying etiologies of comorbid conditions helps improve publicly reported scorecards for multiple specialties across the Baptist Health system. Placing the order during a hospital stay helps providers who have current knowledge of a patient to answer the pending questions and avoid the pending CDI query after discharge.

The order serves two purposes:

- Adds the appropriate diagnosis to the problem list.
- Captures details to the diagnosis in an order that coders can use for clinical specificity.



Beta-lactam general surgery quality/antibiotic stewardship workflow

To improve antibiotic prescribing and use to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance, a Beta Lactam Allergy Details best practice advisory was added to the preadmission testing and pre-op workflow for patients with a penicillin allergy. This new BPA will be displayed only if the patient has a documented penicillin allergy to gather specifics about the allergy for display to surgeons to assist with antibiotic decisions.

Service line order set revisions

The Inpatient team has completed multiple order set revisions in coordination with Baptist Health's service lines. These include:

- A scoring tool navigator that provides a single location to access scoring tools (such as HAS-BLED, Chads2VASc, etc.), with smart phrases to document.
- A tele-neurology and neurology consult navigator.
- Perioperative workflow enhancements, including:
 - GLP-1 warnings (appear under projects below)
 - Haiku pre-op history and physical (HandP)
 - Surgery scheduling project - Louisville (appears under Inpatient - operational/administrative)
 - Anticoagulation in prep for surgery navigators
 - VTE quality measures
 - Review of upgrades and settings prior to and after upgrades to evaluate consistency in workflows and assist in communications of changes
 - General Surgery ICU admission order set issue, created order set version of post-op vent bundle for specific providers (Corbin)

Other accomplishments in the Inpatient clinical area

- Addressed note bloat with specific providers based on Signal data in Epic
- Simplified lumbar puncture (LP)/cerebrospinal fluid (CSF) orders for Radiology/Neurology
- Admission and discharge medication reconciliation banners and event monitoring
- Nuance Precision Imaging Network
- Hamburg admission workflow
- Palliative BPAs for Baptist Health Louisville Emergency Department
- Reviewed Cardiology quality metrics in orders, order sets and BPAs
- Simplified ED spine algorithm for radiology studies

Inpatient operational/administrative

Clinical Documentation Integrity (CDI) work

This work included the creation of CDI banners, BPAs, and orders-driven workflow for core diagnosis (pneumonia, sepsis, encephalopathy, acute myocardial infarction, heart failure). It is now possible to specify a diagnosis by placing an order, and multiple BPAs have been rolled out to capture diagnosis details in an order as physician documentation. This combined effort of the CDI and Epic teams is decreasing CDI queries after discharge.

This order displays pertinent data to review and lessen cognitive burden. When the order is placed, there is no need to query the provider after discharge (when the patient's details are more difficult to recollect). Currently, there are orders for pneumonia, heart failure, myocardial infarction, pneumonia and encephalopathy, with sepsis coming next.

Accurate diagnosis capture is an asset for accurate patient descriptors, quality metrics and reimbursement, and CDI has seen significant decreases in the number of clinical validation queries they have had to submit. Soon there will

be an even sleeker build to incorporate all these details into one BPA, housing one order, which is restricted to only display which diagnosis requires an answer. It will also be available prior to discharge.

OR Marketplace optimization

Baptist Health Louisville launched an initiative in April 2024 to enhance visibility of available time in its operating rooms. The goals of the project were to pinpoint and make available unused time, to transparently let surgeons/schedulers find and fill time, and to provide the ability to schedule precisely, minimizing unused time between cases. The plan is to bring all remaining hospitals live on OR Marketplace in calendar year 2025.

Since go-live of the OR Marketplace optimization project on April 2:

- There were 1,593 “runs” of Marketplace via Epic, Haiku, and EpicCare Link.
- 52 time requests have been sent via new tools to hold time for cases to be added.
- 219 blocks have been released via new tools that were linked to underutilization notifications.
- 406 cases were performed in manually released time. Prior to project go-live, the average was 231 cases performed in manually released time.
- The OR was able to provide morning hours for the Endo in-house room 12 of 22 business days in April and was on track for 14 of 22 business days in May.

E-consent project

To enhance procedural safety and communication, Baptist Health implemented a new workflow for creating the operative consents for surgical procedures performed in Baptist Health hospitals. This workflow allows the transition from paper to electronic surgical consents.

Baptist Health Louisville was the pilot site for this new workflow. Phase one, which went live Feb. 13, was to take away the requirement to enter an

Obtain Consent order for surgeries performed in the hospital’s main operating room (Main OR), outpatient surgery center (OSC), endoscopy (Endo) or cardiovascular (CVOR). Other Baptist Health hospitals have now adopted this workflow.

In October, the current Obtain Consent order was phased out and removed from the pre-op order sets for procedures performed in the Main OR, Endo, OSC and CVOR departments. During Phase 1, nursing staff used the Procedure Description in the Case Request order and stopped using the Obtain Informed Consent order to manually complete/handwrite the consent for the patient to sign.

The BHMG Epic Training and Support and Epic Mastery teams (employed providers) and CIT (for affiliates) assisted remotely in updating specific order set personalizations impacted by the change (see image showing the Order Sets and Pathways screen):

- Personalizations of the Obtain Informed Consent Description were copied to the Case Request Order Procedure Description field, since this is the field nursing will use to create the consent.
- Once an order set has been updated remotely as described, a message appears upon opening the order set for the first time. Although the message will appear under every order, only the Case Request Order Procedure Description will have changed.



E-consent project: Phase 2 (other hospitals)

Beginning in the spring of 2025 (exact date to be determined), operative consents will be auto generated and printed from Epic using the Procedure Description field in the Case Request order, as well as demographic information on the patient record. At that time, it will be essential that the Case Request Procedure Description reflects what should be in the consent.

Addition to the hospitalist handoff printout report

Fishbone Visualization for the basic metabolic panel (BMP) and complete blood count (CBC) were added to the Hospitalist Handoff Printout Report. This can be used as an alternative to the patient list printout used during rounding.

Other accomplishments

Enabled note type quick action buttons

BPA for patient collection for AFib study in Louisville

Transfer Center go-live work

Work on Epic skills/efficiencies/resources to help Wellness Council address burnout

Service line enhancements

Service line meetings

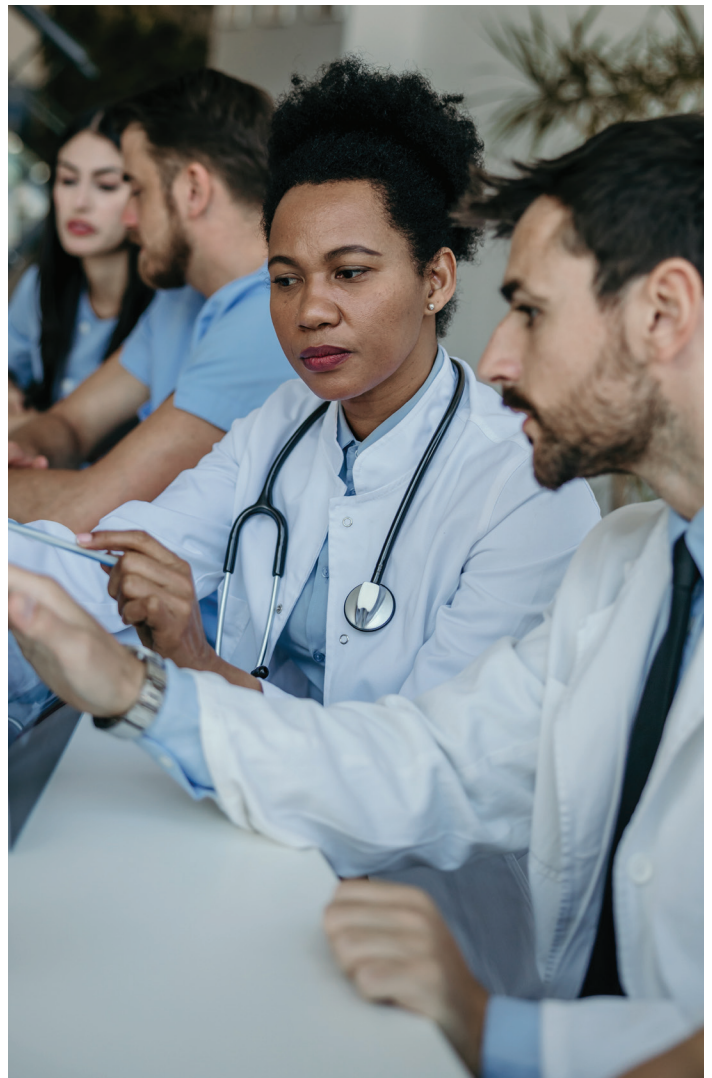
Baptist Health service line committees serve as a voice to identify specialty needs for workflow and quality inpatient care. Physician builders attend these meetings to give updates on Epic build projects, assist with workflow decisions, and identify problems that could be improved with Epic enhancements.

The following represent some of the accomplishments in some of the service lines.

Anesthesia – A display and Our Practice Advisory (OPA) was built to warn providers and instruct patients on the recommendations to hold GLP-1 medications prior to anesthesia.

Cardiology service with Epic workgroup –

Computed tomography angiography (CTA) order sets have been built, with updates to cardiac catheterization order sets to encourage and capture quality standards. OPAs have been implemented and adjusted to capture HEART,



TIMI and CHAD-VASc scores as well as required medications for goal-directed therapy for heart failure, including new recommendations for SGLT-2 inhibitors.

Hospitalist with Epic workgroup – This service line meets monthly to review upgrade items and enhancements that have been submitted and then receive suggestions. Adjustments have been made to OPAs, order sets and SmartLinks for notes. A new observation order set has been implemented, which requires a “prepare for discharge” order in partnership with the Performance Advisory Office, to decrease the observation length of stay.

Emergency medicine – Emergency Medicine has partnered with the Performance Advisory Office to make site visits to assess Baptist Health ERs to

evaluate Epic adoption and assist with workflow to be more streamlined and standardized.

EP Council – OPAs have been adjusted to capture CHAD-VASc scores and assisted with capturing patients who have cardiac devices and return a positive blood culture to assess for device removal.

Imaging – What the ED sees has been cleaned up when ordering spine radiology studies. The lumbar puncture (LP) order set has been optimized for easier ordering and decreased duplication of cerebrospinal fluid (CSF) studies.

Neurology – A stroke navigator has been built that collects discrete data for stroke assessment.

System committees

Decision support

In the past year, Baptist Health added breast MRI for high-risk patients to increase the number of appropriate breast MRIs ordered. An “x-orders” was added to improve ordering efficiency for a variety of problems, including tick, abnormal liver function, amenorrhea, and topical steroid equivalencies order panels.

In addition, Health Maintenance was updated to include Due Soon dates so that ambulatory staff can quickly see when preventive and screening services are not only past due, but also due soon. A glucagon BPA was built to notify providers if a patient is on insulin but has not had a glucagon injection also prescribed.



MyChart team

The most common diagnoses patient-facing forms have been updated, including diabetes mellitus (DM), hypertension (HTN) and hyperlipidemia (all available forms were updated), so patients have fewer clicks, and questions are pertinent. SmartForms for physicians and advanced practice clinicians were also updated for efficiency and appropriateness.

Additionally, the team has created a new Primary Care follow-up form for common diagnoses (HTN, DM, etc.), further improving the patient-facing forms by reducing the number of questions patients need to answer with follow-up visits.

CDI projects

An Our Practice Advisory displayed during admission and at discharge captures details of the top seven CDI queries. The OPA updates the problem list with details that satisfy CDI to appropriately capture severity of illness. A newly built dashboard displays response trends, and new SmartPhrases allow specialists to capture comorbidities for populations.

Epic Nursing Clinical Council

This council participates in suggestions, review and implementation of all changes designed to affect inpatient nursing, which are bundled quarterly.

CIT leadership

Enhancements, upgrade materials, and end user needs are reviewed weekly.

Infection Council

This council has accomplished CSF study simplification, applying antimicrobial suggestions to all antimicrobial orders.

Best practice advisory committees

The physician builders sit on the BPA discussion groups for both ambulatory and inpatient workflow. This includes review of current best practice advisories to make improvements and decrease unnecessary interruptions in workflow. Several interruptive BPAs have been identified and removed and/or adjusted to improve provider satisfaction. These committees also review BPA enhancement requests and evaluate the appropriateness and the correct workflow and structure of BPA build.

Physician builder/Mastery team workgroup

The physician builders meet to identify strategies to improve education and workflow. Topics such as new clinic implementation, documentation improvement, and health maintenance improvements have been discussed. This committee ensures they are aware of new builds (like the updated Medicare templates) and has requested builds to help physicians be more efficient.

Digital Health advisory committee

The Digital Health advisory board meets monthly to discuss various aspects of digital health improvement throughout the Baptist Health system. Telehealth, which includes video visits, Tyto visits, and other technological advancements that affect patient care, has been a major focus.

Regional leadership committees

Staff physicians regularly present an “Epic tips and tricks” series highlighting shortcuts and deficiency workflows for providers.

Performance Advisory Office – other Inpatient projects

Discharge tools – tools, time tracking and medication reconciliation

Observation management – storyboard, limiting nursing documentation

Admission medication reconciliation – standardize workflow and definitions, revising new build with upgrade

Heart Failure clinical pathway – 2022-23

Glucommander – 2022-23

iPASS – 2024-25

Service line projects

Surgical GLP-1 medication warnings

The increased use of GLP-1 receptor agonists for both weight loss and for diabetic management has posed a health risk for patients undergoing general anesthesia. These medications need to be held prior to surgery to prevent a delay in gastric emptying, which could cause an aspiration risk for patients undergoing anesthesia even if they are NPO (nothing by mouth) after midnight.

New tools were created to display warnings within the prep for surgery, PAT, pre-op and anesthesia navigators to warn providers and nurses a patient is taking medications. Warnings appear at the time of case scheduling, with printable patient instructions for schedulers/surgeons to provide.

PAT nurses also have warnings to instruct patients to hold these medications before surgery. Anesthesia and preoperative nurses' warnings help to ensure each patient has been informed and allow for case cancellation if a patient is still on these medications.

Surgical penicillin allergy stewardship

Antibiotic stewardship is one of the quality metrics for the surgical service line. This includes

using cephalosporins preoperatively instead of broader-scope antibiotics.

However, there was concern that when a patient has a penicillin allergy, there could be cross-reactivity to cephalosporins. Research shows that, in most cases, cephalosporins are safe.

As a result, Baptist Health created an Epic workflow for nursing staff to collect data about the specifics of medication reactions so penicillin allergy details can be shown to the surgeon, and cephalosporins, when appropriate, can be given safely.

National committees

A number of physicians represent Baptist Health on national committees, including:

- American Academy of Otolaryngology – Head and Neck Surgery® Informatics committee
- Epic Tips/Tricks presentation at AAO-HNS 2023 Annual Meeting
- Epic's Otolaryngology Specialty Steering Board (John Resser, MD, serves as chair)

Physician builders

Kathryn E. Woody, medical director, inpatient informatics

Reggie Lyell, MD, ambulatory physician champion

Britta Maciuba, MD, ambulatory physician champion

Andrew Parks, MD

Kathy A. Nieder, MD

James Wright, MD

John Resser, MD

Heath E. Brown, MD

Andrew Morton, MD

