# PHYSICIAN BUILDER AND INFORMATICS TEAM

2025

BAPTIST HEALTH®

## A message from Brett Oliver, MD, chief medical information and AI officer

Healthcare continues to evolve at an unprecedented pace, and 2025 was a year of meaningful progress for Baptist Health as we strengthened our clinical foundation while accelerating responsible innovation.

Across our system, we focused on turning strategy into action by simplifying workflows for clinicians, scaling digital tools that add value, and applying artificial intelligence thoughtfully to support high-quality, patient-centered care.

From Epic optimization and virtual care expansion to disciplined AI governance and emerging clinical AI use cases, our efforts were guided by a single principle: Technology should make care better, safer and easier for both patients and care teams.

This annual report highlights the collaborative work behind those advancements and the people who made them possible. I'm grateful to our clinicians, operational partners and technology teams who continue to lead with purpose, curiosity and accountability as we shape the future of care at Baptist Health.

**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 480 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 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. It 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 Medical Group has approximately 900 physicians and 1,040 advanced practice providers offering care in 84 specialties. Baptist Health's physician network also includes more than 2,200 independent physicians.

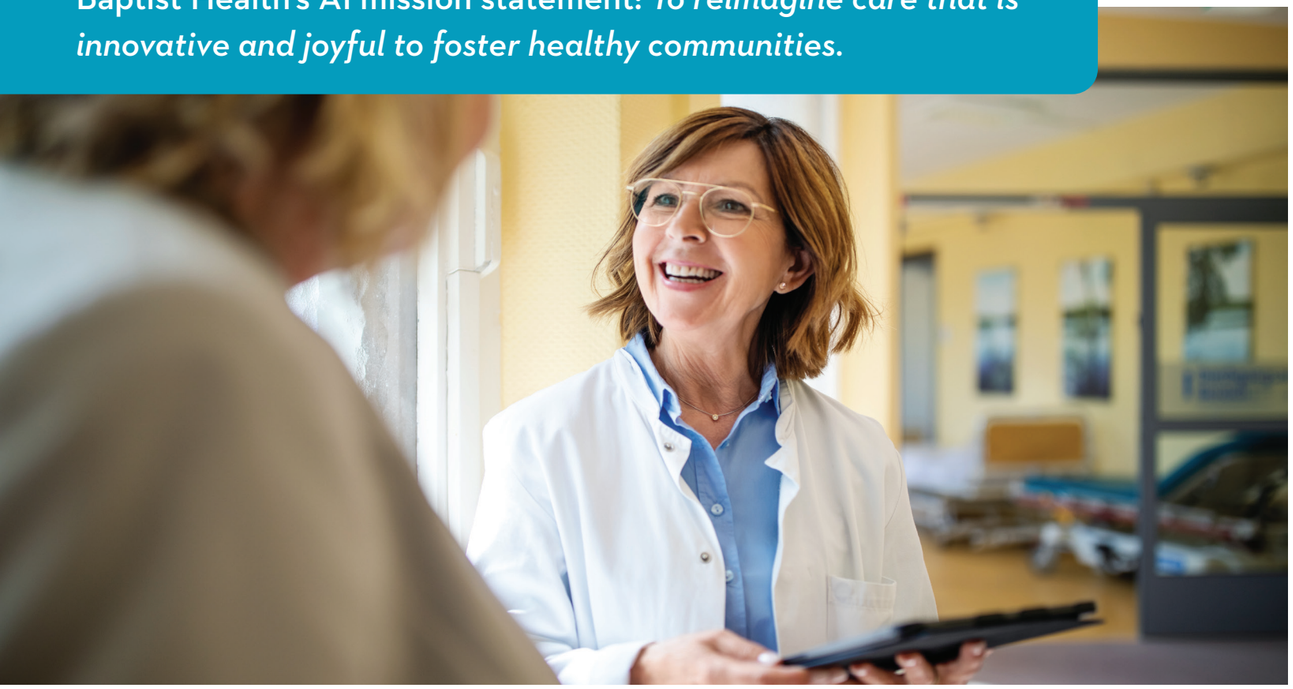






## Artificial intelligence at Baptist Health

**Baptist Health's AI mission statement:** ***To reimagine care that is innovative and joyful to foster healthy communities.***



Artificial intelligence (AI) continues to populate much of the technology news, with its capabilities increasing and improving rapidly. As a result, the role of AI is growing in significance even as healthcare providers navigate an ever-changing patient care delivery landscape.

To ensure the system remains at the forefront of innovation, Baptist Health is committed to exploring the full potential of this technology.

Work continues toward the responsible adoption of AI tools that can advance care and lessen the cognitive burden on physicians, advanced practice providers and staff, and teams are actively developing processes and procedures to integrate the technology into operational and clinical workflows.

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 Health can ensure patient safety, confidentiality and equity.



2025

## Generative AI in clinical practice: *What clinicians should know*

**The relevance of GenAI in daily care**

Generative AI tools like ChatGPT act as advanced "text-and-pattern engines," trained on massive datasets not to understand meaning but to predict the next best word, image or action. When combined with clinical expertise, these tools become valuable assistants, but without oversight, they may produce confidently incorrect results.

Unlike FDA-cleared diagnostic AI, which analyzes clinical data and undergoes regulatory review, GenAI focuses on generating content. Using GenAI will likely become as common as smartphones, and — particularly in healthcare — it's crucial to use it safely.

### Clinical benefits

- **Ambient documentation:** Tools such as DAX and Dragon Copilot can ease notetaking, summarize encounters, and increase time spent directly with patients.
- **Faster information synthesis:** GenAI quickly summarizes guidelines, suggests differential diagnoses, outlines management plans and drafts letters, saving valuable time.
- **Patient communication support:** It helps create messages at suitable literacy levels, translate medical terms, and clarify complex topics.
- **Image and signal pattern assistance:** With FDA approval, AI assists in radiology, cardiology, dermatology, pathology and ophthalmology by detecting patterns that might otherwise be missed, especially when clinicians are fatigued.
- **Workflow optimization:** Automated scheduling, triage and inbox management can reduce repetitive work and cognitive strain.

### Risks physicians and advanced practice providers may face

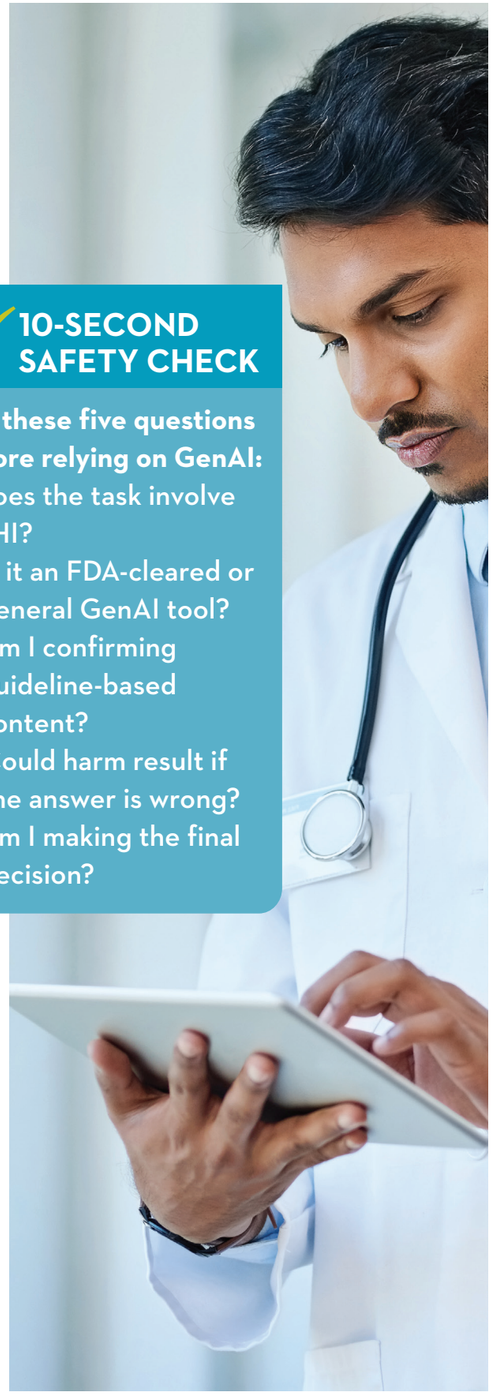
- **Hallucinations (convincing but inaccurate answers):** Always verify information; do not assume accuracy.
- **Poor source transparency:** Some AI lacks citation, a significant issue in medicine.
- **Outdated data:** Many models have data cutoffs, potentially missing recent guidelines or treatments.
- **Bias and equity issues:** All training data carries bias, impacting outputs.
- **Privacy risks:** Entering patient-identifiable data into unapproved tools risks HIPAA violations, regardless of the network.
- **Automation complacency:** Overreliance on AI reduces clinical vigilance; regularly reference original chart data to stay intuitive.

## Appropriate and inappropriate uses of GenAI

**Appropriate:**
- ✓ Drafting initial documentation
- ✓ Creating patient education materials
- ✓ Summarizing lengthy communications or chart notes
- ✓ Reviewing evidence (with verification)
- ✓ Brainstorming diagnostics or strategies
- ✓ Writing administrative documents

**Inappropriate:**
- ✗ Making final clinical decisions
- ✗ Medication dosing or complex titration decisions
- ✗ Interpreting patient-specific labs or imaging without FDA-cleared tools
- ✗ Making predictions or risk assessments (unless validated tools are used), e.g., "How likely is a PE?"
- ✗ Deciding admissions or treatment solely based on GenAI output
- ✗ Any activity involving protected health information (PHI) outside approved enterprise products

**Practical safeguards for physicians**
- Use only IT-approved tools. Never input PHI or organization-specific details into unvetted systems.
- Treat AI as you would a medical student. Provide detailed instructions, thoroughly check its work, and document your clinical reasoning.
- Verify all clinical content against trusted sources like UpToDate, the Centers for Disease Control and Prevention or specialty guidelines.
- Beware of "hidden laziness." If the AI seems overly confident, simplistic or agreeable, dig deeper.
- Maintain your role in the physician-patient relationship. GenAI can help you communicate but cannot provide care itself.
- For medico-legal safety, avoid suggesting the AI made clinical decisions.
  - **Appropriate use:** "Draft a letter explaining the medical necessity of a biologic; revise for accuracy and tone."
  - **Caution/verification needed:** "Recommend medication dosing based on age, renal function and weight."



**✓ 10-SECOND SAFETY CHECK**

**Ask these five questions before relying on GenAI:**
1. Does the task involve PHI?
2. Is it an FDA-cleared or general GenAI tool?
3. Am I confirming guideline-based content?
4. Could harm result if the answer is wrong?
5. Am I making the final decision?

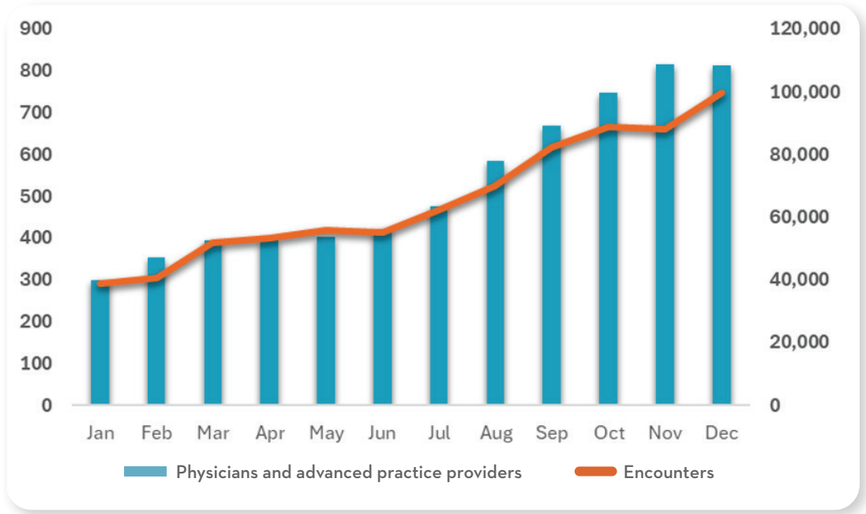




## AI and Digital Health initiatives at Baptist Health

**DAX Copilot**
In 2025, Baptist Health successfully secured enterprise licensure for the DAX Copilot program, following a year of limited licenses in 2024. Additionally, the program's reach was expanded from outpatient settings to include urgent care, inpatient/hospital settings, emergency departments and physical therapy.

The statistics illustrate this rapid growth (see chart). This expansion has yielded remarkable results for clinicians, including an improvement for many in same-day chart closures, a decrease in time spent on notes, and an increase in relative value units (RVUs) without additional requests from providers.




**Total encounters using DAX Copilot**
- 2024: 160,000
- 2025: 787,000

**Number of physicians and advanced practice providers who attempted DAX Copilot use**
- 2024: 275
- 2025: 1,013

**General improvements**
- 20% decrease in time in notes
- 11% decrease in pajama time
- 8% decrease in time spent in the electronic health record in general
- 5.5% increase in RVUs
- 9% increase in encounters
- 2% increase in Press Ganey results
- 100% provider satisfaction survey results in ease of use, lower cognitive burden, and disappointment if DAX Copilot was no longer available

Taking a deeper look into these improvements, nearly three-quarters of individuals (72%) demonstrated measurable improvement, indicating a broad and consistent downward shift across the population rather than isolated gains. When combining those who improved with those who remained stable, nearly 98% of individuals avoided meaningful deterioration, reinforcing that the overall trend strongly favored improvement or maintenance rather than decline.

Several new tools to complement DAX Copilot were also piloted. The first is **Dragon Copilot**, which integrates familiar tools from Dragon dictation with DAX Copilot, offering features such as InfoAssist, querying, note summarization, after-visit documentation and more.

Additionally, the Digital Health team launched a private preview of **Canary Speech**, embedded within DAX Copilot. Canary Speech uses thousands of vocal biomarkers to help providers better screen for cognitive and behavioral health issues or concerns.

Plans also call for **integrating ambient orders into the DAX Copilot program**, allowing providers to simply open their encounter to see any order verbalized ready to sign within the EHR.

**Video visits**

In 2025, Baptist Health wrapped up a project demonstrating the capability of a hybrid care model. A pilot group of physicians and advanced practice providers transitioned from offering primarily in-person care to allowing larger schedule blocks for video visits.

This model provides a convenient option for patients who prefer not to drive to an appointment and allows them to avoid time in the waiting room. It also offers providers the flexibility to work from home, helping to decrease burnout and allowing for a better work/life balance.

When performed properly, video visits and other telehealth methods can be done more efficiently than standard in-person visits. Based on cycle time data, the average time spent charting by a clinician following a video visit is nearly zero compared with five minutes for typical in-person visits. Also, clinicians spend an average of eight minutes with patients during video visits compared with 14 minutes for an in-person visit.

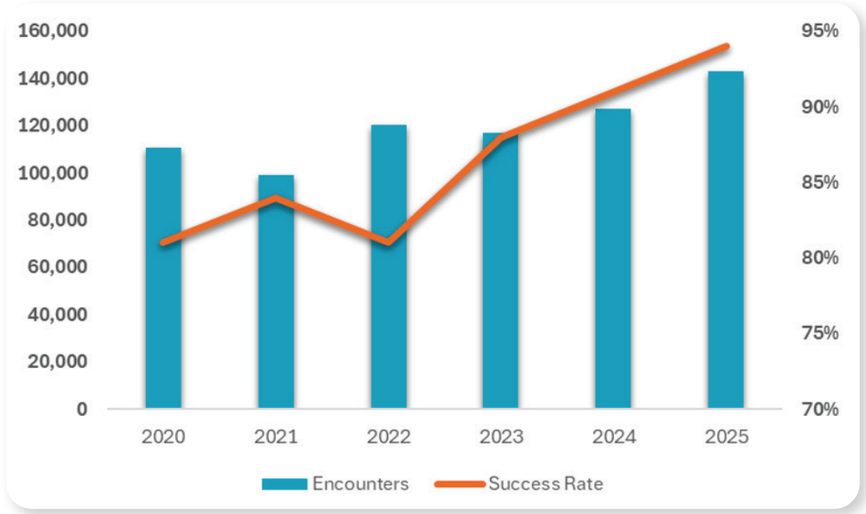
Baptist Health also saw its highest number of video visits since their adoption in 2020. In 2025, physicians and advanced practice providers saw **143,000 patients** using video visit technology, a **12.5% increase** from 127,000 in 2024. This is a **28.9% increase** from 111,000 in 2020.

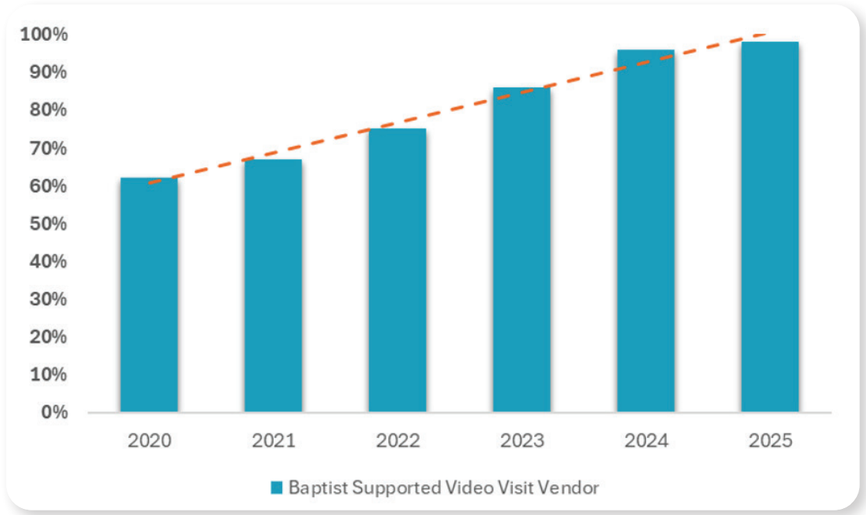
These increases can be tied directly to the Digital Health team's efforts to reeducate providers on the capabilities of video visits and to the adoption of **Twilio**, Epic's native video visit platform. With Twilio, providers have access to new, convenient tools, such as direct join links via text or email, picture in picture and screen sharing.





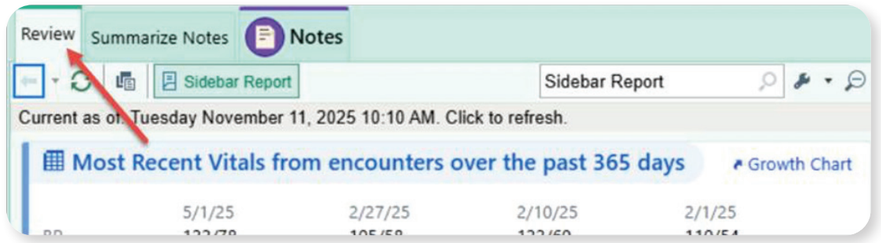
Video visit connection rates have improved each year, reaching a new high of **94%**. Plus, the adoption of appropriate video visit vendor use climbed to **98%** this past year, attributed in part to clinicians having a more enjoyable and predictable experience.



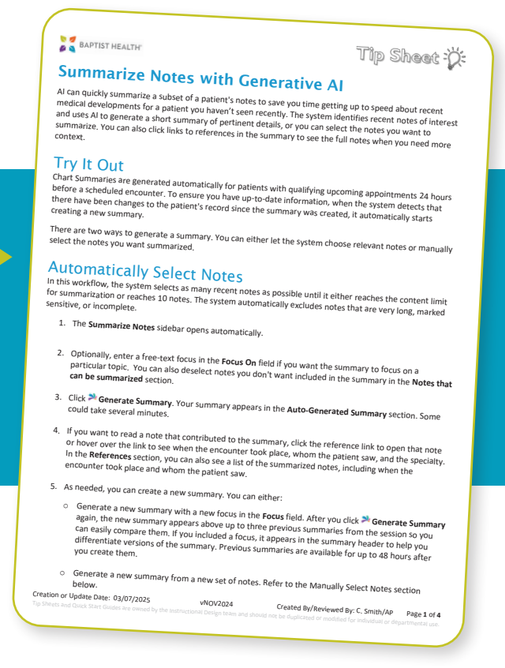



**Smart Impression**
Microsoft Smart Impression is a generative AI tool that creates draft impressions and recommendations for radiologists, learning and using their personal dictation style. This project was brought live within the Microsoft PowerScribe tool already in use at Baptist Health and has proven to save time and decrease cognitive load. All sites now have this tool available.

If the Summarize Notes activity opens automatically in the sidebar activity and a clinician prefers another tab to be the default activity that opens, users can Drag and Drop the preferred activity to be the first tab on the sidebar (see screenshot).




**Click here for a tip sheet** with more details about generating summaries, focusing on topics, selecting specific notes, and providing feedback on the feature.



BAPTIST HEALTH

Tip Sheet

## Summarize Notes with Generative AI

AI can quickly summarize a subset of a patient's notes to save you time getting up to speed about recent medical developments for a patient you haven't seen recently. The system identifies recent notes of interest and uses AI to generate a short summary of pertinent details, or you can select the notes you want to summarize. You can also click links to references in the summary to see the full notes when you need more context.

### Try It Out

Chart Summaries are generated automatically for patients with qualifying upcoming appointments 24 hours before a scheduled encounter. To ensure you have up-to-date information, when the system detects that there have been changes to the patient's record since the summary was created, it automatically starts creating a new summary.

There are two ways to generate a summary. You can either let the system choose relevant notes or manually select the notes you want summarized.

### Automatically Select Notes

In this workflow, the system selects as many recent notes as possible until it either reaches the content limit for summarization or reaches 10 notes. The system automatically excludes notes that are very long, marked sensitive, or incomplete.

1. The **Summarize Notes** sidebar opens automatically.
2. Optionally, enter a free-text focus in the **Focus On** field if you want the summary to focus on a particular topic. You can also deselect notes you don't want included in the summary in the **Notes that can be summarized** section.
3. Click **Generate Summary**. Your summary appears in the **Auto-Generated Summary** section. Some could take several minutes.
4. If you want to read a note that contributed to the summary, click the reference link to open that note or hover over the link to see when the encounter took place, whom the patient saw, and the specialty. In the **References** section, you can also see a list of the summarized notes, including when the encounter took place and whom the patient saw.
5. As needed, you can create a new summary. You can either:
   - Generate a new summary with a new focus in the **Focus** field. After you click **Generate Summary** again, the new summary appears above up to three previous summaries from the session so you can easily compare them. If you included a focus, it appears in the summary header to help you differentiate versions of the summary. Previous summaries are available for up to 48 hours after you create them.
   - Generate a new summary from a new set of notes. Refer to the Manually Select Notes section below.

Creation or Update Date: 03/07/2025 vNOV2024 Created By/Reviewed By: C. Smith/AP Page 1 of 4







# Summarizing notes with GenAI

**Start with a generated draft reply**
To give clinicians a head start when responding to patient medical advice messages, In Basket shows a generated draft reply. Draft replies are generated by a machine learning model that reviews the latest message sent by a patient and relevant patient details to predict how a provider might respond.

Draft replies appear for use within Patient Medical Advice Request messages in In Basket. They are meant as a starting point for replying to patients.

**How draft replies are created**
In Basket uses a machine learning model to process a patient's message and generate text that might be appropriate as a response. In Basket sends the patient's message and relevant details as a prompt to the model and asks it to suggest a natural language response based on the information provided.

Not all patient messages will have a generated draft reply. For example, the model might be unable to determine a useful response to messages that don't need a response, like a message of gratitude or acknowledgement.

**Important points to remember**

- The drafted reply might not always provide appropriate advice and must not replace clinical judgment. Clinicians should review all messages to verify that advice and information is clinically appropriate for the patient and properly addresses their message.
- The model that generates draft replies is not intended to diagnose, prescribe treatment, or serve as a substitute for clinical judgment. Draft replies might not fully address patient messages that contain multiple questions or relate to information that is not in the patient's chart.
- Using the drafted text does not complete any other actions in the system. For example, if a clinician uses a draft reply to respond to a question about renewing a medication order, that clinician might still need to reorder a medication for the patient.
- Draft replies are only created for messages sent in English.

**DIGITAL HEALTH TEAM**

**Nick Sarantis,** system director
**Scott Ritter,** ambulatory operations manager
**Kelly Pittman,** education coordinator
**Kim McGinnis,** product specialist

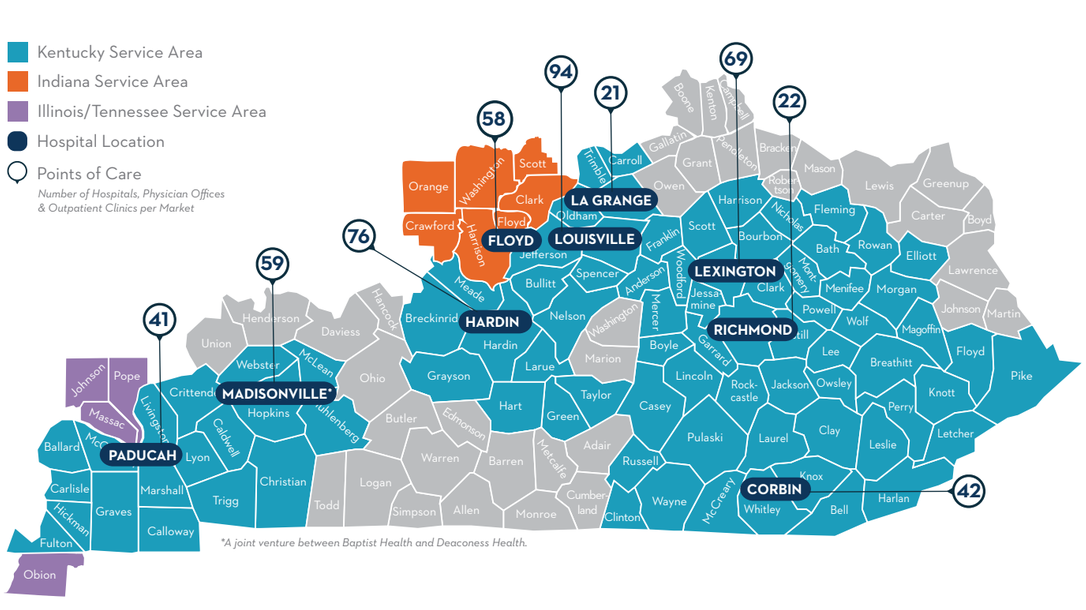
# Baptist Health Medical Group Physician Practice Integration/ Training and Support

The Physician Practice Integration/Training and Support team provides training and support 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 collaborate with other departments to help ensure end users have the tools and resources they need to facilitate patient care.

Team member responsibilities include classroom training, virtual training, technical dress rehearsals, customer support (phone, email, Cherwell), new practice go-live support, new physician and advanced practice 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.


Kentucky Service Area
Indiana Service Area
Illinois/Tennessee Service Area
Hospital Location
Points of Care
Number of Hospitals, Physician Offices & Outpatient Clinics per Market
94
58
21
69
22
76
59
41
42
LA GRANGE
FLOYD
LOUISVILLE
LEXINGTON
HARDIN
RICHMOND
MADISONVILLE*
PADUCAH
CORBIN
Orange
Crawford
Washington
Scott
Clark
Floyd
Harrison
Jefferson
Bullitt
Meade
Breckinridge
Hardin
Nelson
Spencer
Anderson
Woodford
Jessamine
Clark
Bourbon
Scott
Franklin
Fayette
Madison
Boone
Kenton
Campbell
Gallatin
Carroll
Grant
Owen
Trimble
Oldham
Henry
Shelby
Mercer
Boyle
Garrard
Lincoln
Rockcastle
Jackson
Owsley
Perry
Knott
Letcher
Harlan
Bell
Knox
Whitley
McCreary
Wayne
Clinton
Russell
Pulaski
Laurel
Clay
Leslie
Adair
Casey
Taylor
Green
Marion
Larue
Hart
Grayson
Ohio
Butler
Edmonson
Warren
Barren
Metcalfe
Cumberland
Monroe
Allen
Simpson
Logan
Todd
Christian
Trigg
Calloway
Marshall
Graves
Carlisle
Hickman
Fulton
Obion
Ballard
McCracken
Massac
Livingston
Caldwell
Lyon
Crittenden
Webster
Hopkins
McLean
Muhlenberg
Union
Henderson
Daviess
Hancock
Johnson
Pope
Boone
Kenton
Campbell
Gallatin
Carroll
Grant
Owen
Trimble
Bracken
Mason
Robertson
Nicholas
Bath
Menifee
Morgan
Rowan
Fleming
Lewis
Greenup
Carter
Boyd
Elliott
Lawrence
Johnson
Martin
Floyd
Pike
Breathitt
Magoffin
Wolf
Powell
Lee
Estill
Jessamine
Woodford
Anderson
Spencer
Jefferson
Bullitt
Meade
Breckinridge
Hardin
Nelson
Washington
Marion
Larue
Taylor
Green
Casey
Hart
Grayson
Ohio
Butler
Edmonson
Warren
Barren
Metcalfe
Adair
Cumberland
Monroe
Allen
Simpson
Logan
Todd
Christian
Trigg
Calloway
Marshall
Graves
Carlisle
Hickman
Fulton
Obion
Ballard

# *What students are saying*

"I have gone through multiple training courses, and this was the best one."

### PHYSICIANS AND ADVANCED PRACTICE PROVIDERS

- "This has been the best training for an EHR that I have participated in. My trainer was kind and friendly, but also extremely competent at using Epic and sharing helpful tips and tricks. I enjoyed my time learning from her and feel much more confident in my ability to chart now."
- "I have gone through multiple training courses, and this was the best one."
- "The trainer was super outgoing and personable. Great instructor!"

### CLINICAL STAFF

- "The trainer made it very clear and easy to understand how to navigate through Epic. I am confident that I will be able to navigate on my own now."
- "The trainer was phenomenal. I never felt judged or unheard when asking questions regarding the course."
- "I was very appreciative for the laid-back environment. Our trainer was very helpful and attentive to us."

"I was very appreciative for the laid-back environment. Our trainer was very helpful and attentive to us."

"The trainer was fun, relatable and kind throughout the entire course while also maintaining the time we had and keeping us engaged."

### FRONT DESK

- "The trainer was phenomenal! I learned so much in the first full three days with her. It is so helpful that these training courses are in person."
- "The trainer was fun, relatable and kind throughout the entire course while also maintaining the time we had and keeping us engaged."
- "The trainer answered all our questions, was very patient and super sweet, and made the training class a fun environment."





### REFERRALS

- "I just wanted to say that my new referral coordinator has been very impressed with the Epic training your team provided. She came to us from another organization and said the training is a 'night-and-day' difference. The other organization did all virtual, and she wasn't allowed to ask questions. She learned so much from your training and appreciated the in-person involvement."
- "The trainer did an excellent job explaining referrals. The session was very thorough, well-organized, and easy to follow. She explained the 'why' behind the process, not just the steps, which made everything click."
- "Everything was very clear and taught very well. Questions were welcomed. The trainer was very helpful throughout the whole process."

"Everything was very clear and taught very well. Questions were welcomed. The trainer was very helpful throughout the whole process."

"The trainer was fabulous. Explained what was needed and took time to listen. Love the hands-on training."

### OVERALL

- "This class was much needed. The trainer was amazing, and I feel renewed in my role after taking this class!"
- "The trainer was fabulous. Explained what was needed and took time to listen. Love the hands-on training."
- "This is my first time working in a medical environment. I have a lot to learn, but this class made learning the material fun and engaging for us."
- "The training was very informative. I loved how the trainer asked multiple times throughout the process if anyone had any questions."
- "Our trainer was awesome, as always! She was very encouraging and made sure to answer any questions I had. She didn't make me feel rushed or overwhelmed."

**Epic Companion program**
During the summer of 2025, the Epic Super User program was relaunched as the Epic Companion program. The program's focus is to strengthen Epic workflow efficiency and in-clinic support across Baptist Health Medical Group.

As part of the relaunch and rebranding, the Epic Companion program will strive to further engage with end users who serve as first line Epic support, new hire mentors, and local resources for upgrades and updates within their practices. Participants are expected to maintain strong Epic knowledge, share preferred workflows, and support peers on an ongoing basis.

| EPIC COMPANION GROUPS | NUMBER OF USERS |
|---|---|
| Ambulatory front desk | 143 |
| Ambulatory clinical support | 148 |
| Ambulatory provider | 66 |
| Urgent Care front desk | 22 |
| Urgent Care clinical support | 19 |
| Urgent Care provider | 10 |
| Practice manager | 71 |
| Referrals | 109 |
| OnBase | 100 |

**How to contact Baptist Health Medical Group Training and Support**

**Hardin**
270.979.2464
BHMGEpicSupportHardin@BHSI.com

**Corbin**
606.523.8658
BHMGEpicSupportCorbin@BHSI.com

**Lexington and Richmond**
859.260.5328
BHMGEpicSupportLexington/Richmond@BHSI.com

**Louisville, La Grange and Floyd**
502.301.8550
BHMGEpicSupportKentuckiana@BHSI.com

**Paducah**
270.575.2300
BHMGEpicSupportPaducah@BHSI.com

**Baptist Health Medical Group Physician Practice Integration leadership team**

**Gayle Thomas**, associate vice president

**Josh Stewart**, statewide director and manager, Paduch market

**Joy Murdoch**, manager, Louisville, La Grange and Floyd markets

**Jason Mullins**, manager, Corbin market

**Lisa Tevis**, manager, Lexington and Richmond markets

**Kendra Slayton**, manager, Hardin market

**Kat Hensel**, program specialist





## Service line optimization and enhancements

**Ambulatory/Primary Care**
The service line holds a biweekly meeting with Physician Builders to discuss MyChart issues impacting physicians/APPs, including enhancements, NOVA Notes, and other new projects.

**Cardiology**
HeartFlow fractional flow reserve computed tomography (FFRCT) provides integrated anatomical and lesion-specific physiologic data from a single scan, offering insights previously available only through invasive procedures. In 2025, the service went live at multiple sites, including Baptist Health's Hardin, Lexington, Louisville, Richmond and Paducah hospitals.

**Emergency Medicine**
**Gleamer BoneView**, an AI diagnostic aid for fracture detection on plain film X-rays, is assisting with emergency department throughput and disposition. It is being used for reading plain-film X-rays in the ED, where overnight radiology reads are often delayed.

This technology is live in Baptist Health's Corbin, Paducah and Richmond hospitals, and there are plans to expand. The real world experience in the current hospitals has demonstrated **~33% reduction in overnight read times and earlier ED disposition**, particularly on nights and weekends.

**Hospital Medicine**
A hospitalist Epic work group meets monthly to review upgrade items, submitted enhancements and suggestions.

**Imaging**
Microsoft Smart Impression is a generative AI tool that creates draft impressions and recommendations for radiologists using their personal dictation style. Integrated into Microsoft PowerScribe already in use at Baptist Health, the tool has saved time and reduced cognitive load. It is now available at all Baptist Health sites.

**OB/GYN**
An OB service line subcommittee, chaired by **Heath Brown, MD**, meets monthly to address provider Epic issues and order sets.

**Oncology**
The **Epic AURA network** enables Baptist Health to order procedures and labs performed by external resulting agencies. Supported test types include order-based tests, specimen-based tests, and discrete genomic variant results for genetic testing.

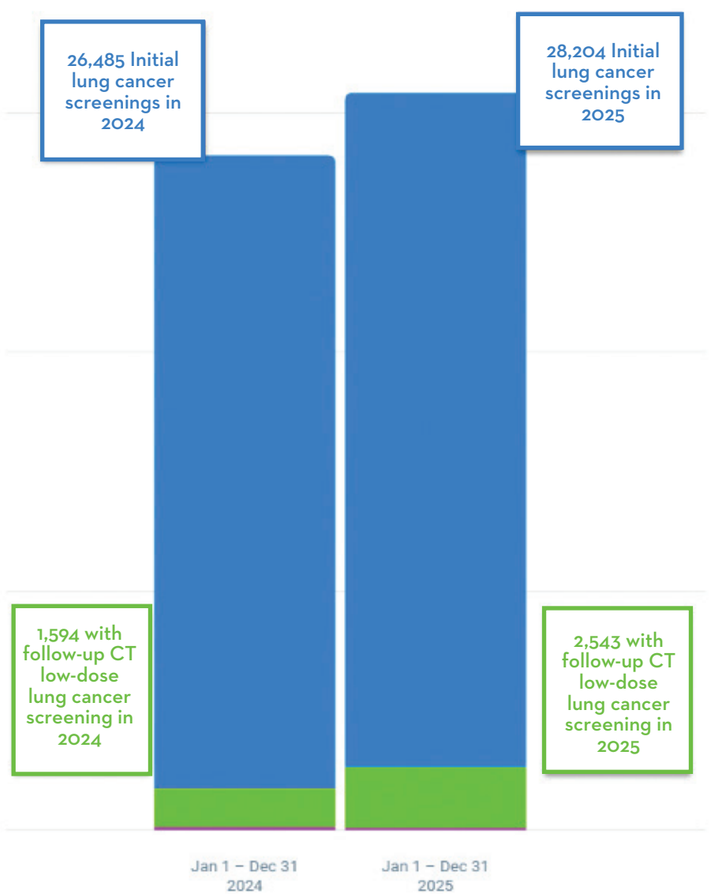
In 2025, Baptist Health IT completed a project at the request of the Oncology service line to bring four specialty oncology labs live on the AURA network, including Caris, Foundation, Guardant and Tempus.

# Physician builder projects for ambulatory and inpatient clinical improvements

**Ambulatory**

- e-Consults went live for Endocrinology.
- Tele-consults planned for Louisville Endocrinology.
- Created migraine documentation and treatment forms and built an MTOQ-5 assessment tool.
- Rebuilt the low-dose CT chest order for lung cancer screening to simplify the ordering process, which led to an increase in the number of procedures ordered.

**Number of procedure orders by procedure order**
(between 1/1/2024 and 12/31/2025 by year)



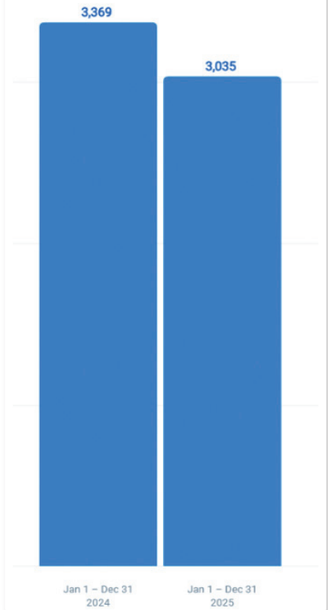




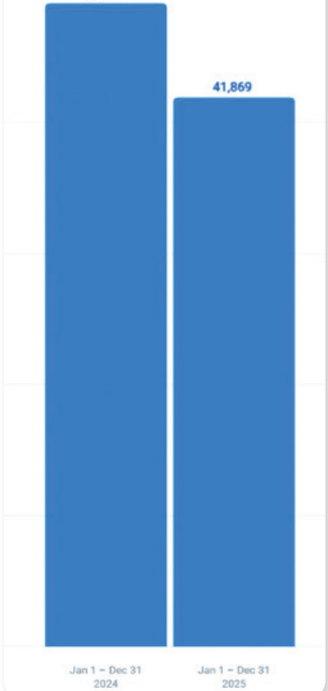

**Ambulatory continued**

- Built an endovenous laser ablation smart form for a new vascular practice.
- Finalized a health maintenance build to remove most modifiers and rely on rules-based topics.
- Revised the telehealth note to remove unnecessary verbiage while still meeting coding requirements.
- Added a pediatric health maintenance nutrition and activity topic to improve revenue and regulatory compliance.
- In Basket – inappropriate insurance and PBM-related advice emails were filtered out of physician inboxes.
- Updated medication protocols to add "historical providers," reducing the risk of unintended refills by medical assistants.
- Participation in Epic Notes Braintrust and Problem-Oriented Braintrust committees.
- Updated the Tdap build to reduce accidental administration to Medicare patients. 14.6% less people got Tdap immunizations in 2025 compared with 2024, with a 10% decrease in Medicare patients from 3,369 in 2024 to 3,035 in 2025.

**Number of Medicare patients receiving Tdap immunization**
(between 1/1/2024 and 12/31/2025 by year)




**Number of all patients receiving Tdap immunization**
(between 1/1/2024 and 12/31/2025 by year)



**Surgical**

- Developed tools to support surgeons in meeting Commission on Cancer accreditation standards, including alert banners for required operative note documentation in cancer resections and workflows to ensure completion of smoking cessation therapies for newly diagnosed cancer patients.
- Added a plain language consent field to consent forms; personalized order sets improved usability.
- Implemented an OPA for penicillin allergy stewardship to encourage appropriate perioperative antibiotic selection.
- General Surgery is now using penicillin allergy decision support; OB and Neurosurgery adoptions are in testing.
- Rolled out e-Consents systemwide for case-request–driven surgeries, endoscopies and cardiology procedures.
- Case request review to better translate postoperative bed needs (ongoing).
- Added Caprini thrombotic risk assessment.
- Enhanced perioperative venous thromboembolism (VTE) prophylaxis in order sets.
- Built an alert banner/OPA for perioperative VTE prophylaxis refusal.
- Added smart forms and reference links for appropriate antithrombotic start/stop timing.

**OB**

The **Blue Band project** identifies deliveries with any component of hypertension with an FYI flag (gestational hypertension, chronic hypertension in pregnancy and preeclampsia) with best practice advisories to fast-track treatment when blood pressure is in the severe range per national guidelines published by the Maternal Taskforce on Hypertension. The project also tracks recommended maternal follow-up in three days for the severe range and seven days for stable hypertension at discharge.

All patients with the FYI flag received robust education on hypertensive disorders complicating pregnancy including stroke, cardiomyopathy, pulmonary edema, etc. The service line is tracking system response rates and timing statewide for compliance with recommendations from the Taskforce.

***Baptist Health's build was presented at the National Perinatal Taskforce's quarterly meeting, and several systems have adopted it.***

**Other projects:**

- Built order set for safer dosing of magnesium to prevent seizures in women with high-risk pregnancies complicated with preeclampsia.
- Completing revisions in the Maternal Sepsis bundle per Taskforce Guidelines.





**Pharmacy**

- Implemented perioperative antibiotic decision support enhancements.
- The Medication Reconciliation committee standardized workflows, expectations and regulatory/IT updates.
- Work is ongoing with Medication Safety, Pharmacy & Therapeutics and Infectious Diseases councils.
- Assisted with decision support for Kentucky Statewide Opioid Stewardship (KYSOS) metrics.
- Built smart form to support perioperative anticoagulation selection.
- Developing a single source of truth for blood pressure treatment limits.
- Reviewed antibiotic duration display and system settings in preference lists.
- Leapfrog updates tested, improving scores across all facilities.

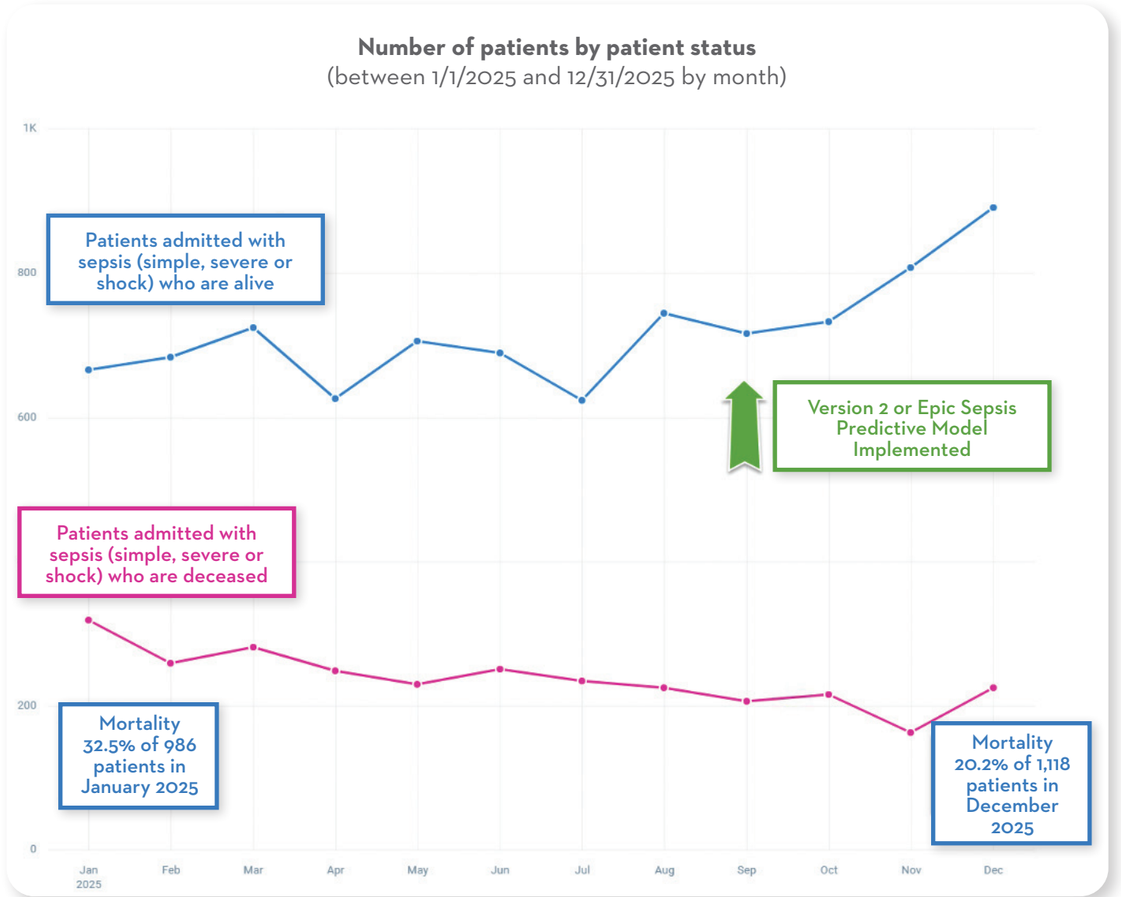
| LEAPFROG SCORES | 2023 | 2024 | 2025 |
|---|---|---|---|
| CORBIN | 85 | 58 | 94 |
| FLOYD | 80 | 75 | 94 |
| HARDIN | 76 | 63 | 87 |
| LA GRANGE | 68 | 70 | 81 |
| LEXINGTON | 75 | 69 | 84 |
| LOUISVILLE | 75 | 71 | 90 |
| PADUCAH | 76 | 52 | 97 |
| RICHMOND | 74 | 69 | 80 |

All eight facilities performed better in Leapfrog scores. Gains were appreciated with increased passive information, including lab values, Beers criteria for medications, recommending lab monitoring and pharmacy protocols.

The only increased interruptive alerts were for severe QT-prolonging medications and end-stage disease contraindications, such as cirrhosis and intracranial hemorrhage.

The differences in facilities despite systemwide standards for decision support are due to local formularies and allowed alternatives that differ per facility.

### Quality
Reviewed sepsis decision support with abstractors and implemented predictive analytics Version 2.




### Nursing
- Clinical Council participation.
- Resource Councils engagement.

### Regulatory
- Document review for Therapy Plans of Care.
- Violent restraint documentation and Our Practice Advisory (OPA) for physician and advanced practice provider review.

### Revenue
- Optimized Physician Advisor (PA) interface (improve workflows and nomenclature and add different review types for case conferences and upcoming TEAM Episodes).
- Updated Physician Advisor program dashboard (work with analysts to build out click reports from PA interface).
- Added Physician Advisor AI access to expedite chart review.



### Revenue continued
- Built Physician Advisor status review tools.
- Built Physician Advisor clinical review tools.
- Built Physician Advisor post-acute review tools.
- Working on Physician Advisor clinical scoring tools (in process).
- Added PA documentation requirements per billing request to assist with appeals.
- Updated Case Management patient list column to reflect PA review status in real time.
- Case Management patient list prioritization tool.
- Evaluated outside vendor AI tools for utilization management review (InterQual, MCG, etc.).

### Therapy
Optimized Activity Measure for Post-acute Care (AM-PAC) scores to populate nursing tasks, encouraging highest level of mobility.

### IT Services
- Reviewed Nova Notes upgrades and provided recommendations.
- Reviewed all downtime forms for disaster recovery.
- Reviewed OPAs due for triennial review.
- Supported new Round Table for order set review.

### AI Tools
- Participated in AI Oversight and Digital Health committees.
- Implemented DAX Copilot across ambulatory, inpatient, emergency and urgent care settings.
- Dragon One AI Note Summary for ambulatory visits.
- AI Hospital Course summaries for inpatient visits.
- Draft Replies for patient-related In Basket messages live for select physicians, advanced practice providers, and all medical assistants.
- Implemented AI Text Assistant to adjust format and language level for recipients.

### MyChart
Built patient-friendly immunization names.

## System-level committees and service lines
- Provided live feedback, demonstrations and communication of decisions across Surgery, Cardiology, Infectious Diseases, Emergency Medicine, Hospital Medicine, Critical Care, Thoracic, Stroke, Neurology and Primary Care service lines.
- Updated neuro tools, teleneurology and stroke forms.
- Built a heart failure synopsis to track vitals, results, procedures, labs and medications across encounters.
- Built a dual antiplatelet therapy scoring tool.
- Adjusted the $CHA_2DS_2$-VASc OPA to reduce firing frequency.
- Created a standardized emergency department note with hyperlinks to key activities.
- Built and implemented percutaneous coronary intervention (PCI) smart forms for left heart catheterizations.

## 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,** medical director of ambulatory and surgical informatics
**Heath E. Brown, MD**
**Andrew Morton, MD**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