Principles for establishing how Provider Care Teams are set up in Epic to identify current responsible provider member(s) of patient care team.

This more specifically refers to the ability for all caregiver professionals to identify the provider(s) within the admitting provider team who is/are currently and directly responsible for a patient.

Related to this issue, Epic has the ability to identify <u>Provider Care Teams</u> designed specifically to let any medical professional know who is taking care of the patient, and the methodology for setting up how best to structure those Patient Care Teams in Epic is under review and consideration.

Discussions have been held within the Department of Medicine we have identified 2 standards that we feel should guide how such Patient Care Teams are created in Epic. These recommendations have been agreed upon after reviewing the interrelated concepts of (1) patient centered care, (2) best communication practices, (3) patient care quality, (4) Catholic Health guiding pillars, and (5) principles of harm and error reduction. With Epic's capabilities - including secure chat - and the need for seamless and timely communication between key healthcare team members, certain standards should be met that facilitate how all our healthcare professionals communicate about patient care issues throughout Catholic Health.

1. **Nursing staff and other non-provider hospital personnel** (on-site) need to be able to identify correctly which provider they should be contacting at any point in time on the primary treatment team. Whichever provider or group of several providers is "assigned" to each patient at that time needs to be recognizable, correct, and reachable through either through secure chat or other equivalent process. These professionals are typically located either directly on the patient's unit, or close by within the institution. In addition to nursing, other disciplines located on site may need to know whom to contact about a patient including pharmacy, care management, therapy departments, laboratory, dietary, spiritual care, and others.

2. **Medical staff members** (both on-site and remote) have an entirely different workflow as well as reasons they need to identify the responsible provider. There are specific situations in which **Consulting Providers, Report and Procedural Providers**, and **Primary Care Physicians** on the medical staff also need to be able to identify who is the appropriate responsible member(s) of the primary treatment team whenever they need to contact such. Some examples of the report and procedural providers include physicians who interpret imaging, echocardiograms and other cardiac procedures, as

well as other interpreted results and reports. It also includes providers who perform procedures wherein the results need to be communicated directly to the treating provider. Each of these three groups of providers is frequently working remotely from the patient care floor not on the patient care floor at the same time as the treating provider. Often the need for one of these 3 groups of medical staff members to contact the responsible provider is of high clinical importance. Being unable to identify the correct individual on the team is a serious problem with respect to patient care safety, timeliness of care, efficient use of resources, and patient care quality.