UNIVERSITY HOSPITAL
Newark, New Jersey

CLINICAL ENHANCEMENT DOCUMENTATION FRAMEWORK: SECTION 1

BEGIN here if you are a Practice Manager or local Super User/designee documenting a clinical enhancement request

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Practice Information

1) Department Name: Click here to enter text.

2) Requesting Provider(s): Click here to enter text.

3) Requesting Practice Manager/ Designee(s): Click here to enter text.

4) Contact Phone Number: Click here to enter text.

Clinical Enhancement Qualification

1) Type of Enhancement Request: Clinical Content Modification

   - If Other, Please Specify: Click here to enter text.

2) Reason for Enhancement Request: Regulatory Change

   - If Other, Please Specify: Click here to enter text.

3) Select the scope of impact this clinical enhancement request will have: Choose an item.

   - Please briefly describe the clinical enhancement requests and its benefits: Click here to enter text.

Practice Manager/Designee/Super User Validation

1) Can this clinical enhancement request be reasonably achieved through existing Epic build or current documentation accelerators (Smartsets, notewriters, macros, preference list, letters templates, etc.).   Yes ☐   or   No ☐

   a. If yes, Practice Manager must keep track of …….
   b. If no, please explain the steps taken to reach this conclusion.
   Click here to enter text.

STOP here if you are a Practice Manager/designee/Super User. If you feel this is a valid clinical enhancement, please escalate to IST via email (**epicenhancerequest@uhnj.org**) for feasibility assessment and scoping and use the following **Subject line: Epic Enhancement Request**

IST Representative: Feasibility Documentation

1) Based on due diligence, this clinical enhancement request is:

    Feasible ☐   Not Feasible ☐

2) Based on due diligence, this clinical enhancement/change request will take **_____** hours to implement.

ATTACHMENT A — CLINICAL ENHANCEMENT DOCUMENTATION FRAMEWORK: SECTION 2

BEGIN here if you are part of the Epic Clinical Workgroup reviewing this clinical enhancement request.

Use the framework below to review the clinical enhancement request received from Tier 1 to complete the following two steps:

» **Step 1:** Decide if the clinical enhancement request should be escalated to "Epic Steering Committee"

» **Step 2:** If approved to escalate to "Epic Steering Committee", provide justification for the clinical enhancement request for "Epic Steering Committee" to consider.

Step 1: Clinical Enhancement Request Decision

1) Select the scope of impact this clinical enhancement request will have: Choose an item.

2) Using Table 1 below as a guide, select the level of comfort UH has in customizing this type of clinical enhancement: Choose an item.

3) Using documentation from the practice manager/superuser/designee and the answers to the questions above, decide if the clinical enhancement request will be approved by Tier 2 and escalated to Tier 3 or denied.

- Approved and Communicate to Tier 1 ☐

- Approved and Escalated to Tier 3 ☐

- Denied and Communicated to the practice ☐

Step 2: Justification for Clinical Enhancement Request

1) Select the guiding principles below that this clinical enhancement request achieves and provide supporting detail.

   Improves Provider Efficiency☐

   Click here to enter text.

   Improves Staff Efficiency☐

   Click here to enter text.

   Improves Consumer Engagement ☐

   Click here to enter text.

   Improves Financial Performance ☒

   Click here to enter text.

STOP here if you are part of Ambulatory Executive Leadership or its designee(s). If you feel this is a valid clinical enhancement, please escalate to Tier 3 -Epic Ambulatory Steering Committee.

Table 1 — Clinical Customization Comfort Framework

The table below clarifies the level of comfort UH has with customization of the listed areas/functionality within Epic. This table should be used as a tool by Tiers 2 and 3 to qualify and evaluate clinical enhancement requests.

Epic Area/Functionality	Level of Comfort With Change/Customization
1 — Clinical Encounter	
Family/Social/Medical History	high comfort level – Ok to request medium comfort level – may affect but ok to request low comfort level – affecting other areas – not ok to request
Safety/Quality Alerts	
HPI/ROS Templates (notewriter)	
HPI/ROS Templates (plain text)	
Orders	
Point-of-Care Testing	
Specialty Encounter Templates	
Screening Tests/Resulting	
Procedure Orders and Documentation	
Ancillary Resulting/Device Integration	
Flowsheets	
Physical Exam Templates	
2 — Nonclinical Encounter	
Patient Portal / Communication	
Procedure Scheduling	
Patient Case	
3 — Clinical Inbox	
Task Assignments	
Shared/Practice Roles	