

# Epic Orders / CPOE Implementation Checklist

Build Validation | BPA Governance | Interface Testing | Post-Go-Live Monitoring

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## HOW TO USE THIS CHECKLIST

Work through each section in order. Complete unit testing before integrated testing.

Each checkbox = one verifiable action item. Assign an owner and target date.

Items marked [COMPLIANCE] carry regulatory risk if skipped.

Review the full checklist again after each Epic upgrade cycle.

Health System / Project		Go-Live Date	
Epic Environment		Analyst Name(s)	
Modules in Scope		Last Review Date	

## 1 ORDER SET BUILD VALIDATION

- Order Set catalog reviewed and approved by clinical service line champion
- All order set items mapped to active order records in Epic
- Pharmacy has activated all referenced medication records in Willow  
*[COMPLIANCE] Inactive medications will silently fail at order entry*
- Lab (Beaker) has activated all referenced test procedures
- Radiology (Radiant) has activated all referenced imaging orders
- Campus-specific availability validated for multi-campus builds  
*Verify each order record is active per campus/department*
- Order frequencies and doses confirmed with pharmacy and clinical leads
- Mandatory vs. optional vs. defaulted-on items verified per clinical intent
- Cosign rules enabled for all verbal/telephone order types  
*[COMPLIANCE] CMS Conditions of Participation requirement*
- Order Set change freeze date enforced - no additions after build freeze
- Order Sets reviewed against current evidence-based clinical guidelines
- Named service line owner documented for each Order Set
- Order Set build in PLY (Playground) completed before migration to CERT/PROD
- Content Management ticket created for build migration

## 2

## PREFERENCE LIST CONFIGURATION

- Preference List type assigned correctly (Procedures / Medications / Lab / Imaging)
- Lists scoped to correct security class or department profile
- No duplicate Preference Lists created - existing lists modified where possible
- Preference List Composer build reviewed for each specialty
- All list items reference active order records (cross-check with pharmacy/lab)
- Ownership of each Preference List documented (team/service line)
- User-level Preference List permissions confirmed per security class
- Lists tested in correct encounter type (inpatient vs. ambulatory)
- Post-upgrade plan documented for Preference List maintenance

## 3

## BEST PRACTICE ADVISORY (BPA) GOVERNANCE AND BUILD

- Each BPA has a named clinical owner documented
- Each BPA has a defined success metric (e.g., reduced missed follow-ups)
- BPA request evaluated against Four Rights: Message / User / Time / Workflow
- Criteria records scoped to specific encounter types - not global
- Criteria records scoped to specific provider types where appropriate
- BPA trigger timing tested: Open Chart vs. Navigator vs. Header Notification
- AND/OR/NOT logic validated in Criteria record linkage
- Base record display text reviewed for clinical clarity (no jargon)
- Actions on BPA Base record tested (single order, link, none)
- Positive test: BPA fires correctly for qualifying patients
- Negative test: BPA does NOT fire for out-of-scope patients  
*[REQUIRED] Most implementations skip negative testing*
- BPA Cube reporting tool enabled and baseline data captured
- BPAs dependent on lab data validated against interface readiness
- High override-rate threshold defined (recommend 90%) for retirement review
- BPA approval process documented and enforced for new submissions
- Quarterly BPA review cadence scheduled with clinical informatics team
- BPAs deferred to post-go-live tracked in optimization backlog

## 4

## ORDER TRANSMITTAL AND INTERFACE VALIDATION

- Outgoing HL7 ORM interface configured for each ancillary system
- Lab orders route correctly to Beaker or external LIS via HL7 ORM
- Radiology orders route correctly to Radiant (RIS) via HL7 ORM/SIU
- Medication orders transmit to pharmacy dispensing queue via Willow/HL7
- Dietary orders interface to food service system validated
- Incoming HL7 ORU (result) messages return and file correctly to Epic chart
- MLLP TCP/IP connection settings verified per ancillary system specs
- Acknowledgment (ACK) and negative acknowledgment (NACK) handling configured  
*[COMPLIANCE] Unmonitored NACK queues are a silent failure risk*
- Message queue monitoring dashboard operational before go-live
- Interface failure escalation workflow documented and distributed
- Ask-at-Order-Entry (AOE) prompts mapped correctly to LIS/RIS field expectations
- ICD-10 diagnosis code mappings validated for all radiology orders  
*[COMPLIANCE] CMS medical necessity requirement for outpatient imaging*
- External LIS order code mapping maintained and version-controlled
- Order routing rules tested for correct department queue assignment
- Bridges interface monitoring alerts configured for on-call team

## 5

## SECURITY CLASS AND COMPLIANCE VALIDATION

- Security classes configured - no demo environment defaults in production  
*[COMPLIANCE] HIPAA requires role-based access controls*
- Each provider role tested with a test account assigned to their security class
- Providers cannot view order types outside their clinical scope
- Cosign routing validated for verbal and telephone order types  
*[COMPLIANCE] CMS 24-48 hour cosign requirement*
- Cosign requests route to correct provider (ordering vs. supervising)
- High-alert medications flagged in Willow for CDS alert at order entry  
*[COMPLIANCE] Joint Commission NPSG medication safety requirement*
- Duplicate therapy detection enabled and tested for key medication classes
- Dose range validation active and tested for high-risk medications
- Full audit trail verified - order placed/modified/cancelled timestamps captured
- Drug-drug interaction checks reviewed for clinical appropriateness

- Drug-allergy checks validated with test patient allergy records

## 6 TESTING PHASE COMPLETION

- Unit testing complete - all individual build components tested in isolation
- Unit test defects documented, resolved, and re-tested
- Integrated testing complete - order-to-ancillary end-to-end flow validated
- All interfaces tested in CERT environment with realistic test patients
- UAT sessions completed with physicians, nurses, pharmacists
- UAT defects triaged (go-live blocker vs. post-go-live fix)
- Performance testing conducted during peak simulated load
- Regression test suite created and stored for post-upgrade use
- Downtime order entry procedures documented and distributed to clinical staff
- Downtime order reconciliation workflow tested and signed off
- Go-live support coverage plan (on-call analysts) documented

## 7 POST-GO-LIVE MONITORING AND ONGOING GOVERNANCE

- Interface message queue reviewed daily for first 30 days post-go-live
- BPA override rates reviewed at 30-day and 90-day marks
- BPAs with >90% override rate flagged for redesign or retirement
- Order Set usage reports reviewed - low-use sets evaluated for retirement
- Preference List feedback collected from providers and actioned
- Epic upgrade release notes reviewed before each bi-annual update
- Post-upgrade regression testing executed against stored test suite
- Stale BPAs retired and documented in governance log
- Security class audit completed after each organizational role change
- ICD-10 mappings reviewed against updated CMS guidance annually  
*[COMPLIANCE] Annual CMS ICD-10 code updates may affect radiology routing*
- Clinical champion engagement maintained for Order Set content currency
- All post-go-live optimization work tracked in formal backlog

NOTES / ISSUE LOG		
Date	Item / Issue	Owner / Status
