Epic Beacon Oncology - Go-Live Readiness Checklist

Treatment Plans | Dosing | REMS | Safety | TechFitFlow.com

Every gate requires a named owner and confirmed sign-off date. Beacon carries the highest patient safety stakes of any Epic module. No treatment plan activates without oncology pharmacist sign-off. No exceptions.

TREATMENT PLAN LIBRARY GOVERNANCE AND SCOPE

	Gate Item	Owner	Sign-off Date
[ ]	Treatment plan library scope defined - complete list of protocols to be built at go-live approved by oncology leadership	_____	_____
[ ]	Protocol source documents obtained for every treatment plan (NCCN, cooperative group, institutional protocol)	_____	_____
[ ]	Treatment plan governance process documented: who reviews, who approves, update timeline for NCCN changes	_____	_____
[ ]	NCCN update monitoring workflow established before go-live - assigned owner and response time defined	_____	_____
[ ]	Tumor board or oncology committee has reviewed and approved the treatment plan library scope	_____	_____
[ ]	Treatment plan naming convention standardized across all tumor types and lines of therapy	_____	_____
[ ]	Line of therapy designation (1L, 2L, etc.) confirmed per oncologist preference for each regimen	_____	_____

TREATMENT PLAN DOSING ALGORITHM VALIDATION

	Gate Item	Owner	Sign-off Date
[ ]	Every BSA-based treatment plan: BSA formula (Mosteller/DuBois) confirmed with oncology pharmacist	_____	_____
[ ]	Every BSA-based treatment plan: maximum dose cap values verified against source protocol document	_____	_____
[ ]	Every weight-based treatment plan: actual vs ideal vs adjusted body weight policy confirmed	_____	_____
[ ]	Carboplatin AUC treatment plans: GFR source (measured vs estimated) confirmed per protocol	_____	_____
[ ]	Carboplatin AUC treatment plans: GFR estimation method (CKD-EPI/MDRD/Cockcroft-Gault) confirmed	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	Carboplatin AUC treatment plans: GFR cap at 125 mL/min configured and validated	_____	_____
[ ]	Fixed-dose treatment plans: dose value verified against protocol, not estimated from BSA	_____	_____
[ ]	All dose cap values in every treatment plan documented in the treatment plan review record	_____	_____
[ ]	Obese patient BSA calculation policy confirmed - actual body weight per ASCO 2012 guideline unless exception	_____	_____
[ ]	Dosing calculation validation completed: manual calculation vs Beacon output for 3+ test patients per TP	_____	_____
[ ]	Edge case test patients included: high BSA (dose cap test), low GFR (renal dose adjustment), standard BSA	_____	_____

TREATMENT PLAN CLINICAL REVIEW AND SIGN-OFF

	Gate Item	Owner	Sign-off Date
[ ]	Every treatment plan reviewed by oncology pharmacist against source protocol document - line by line	_____	_____
[ ]	Pharmacist review checklist used for every TP - dosing, administration parameters, supportive care	_____	_____
[ ]	Every treatment plan reviewed and signed by attending oncologist for clinical accuracy	_____	_____
[ ]	Nursing review of infusion sequence, pre-medication order, and reaction management protocol completed	_____	_____
[ ]	Structured review checklist completed and filed for every treatment plan - retained for audit	_____	_____
[ ]	No treatment plan activated without all three reviews: pharmacist, oncologist, and nursing	_____	_____
[ ]	Treatment plan review completion tracked in build tracker - 100% completion required before go-live	_____	_____

LAB HOLD ALERTS AND CYCLE MANAGEMENT

	Gate Item	Owner	Sign-off Date
[ ]	Every lab hold threshold in every treatment plan verified against source protocol value	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	Lab hold alert testing: ANC hold tested with values at, above, and below threshold	_____	_____
[ ]	Lab hold alert testing: creatinine / GFR hold tested with boundary values	_____	_____
[ ]	Lab hold alert testing: LFT (bilirubin, ALT, AST) hold tested with boundary values	_____	_____
[ ]	Lab result component mapping confirmed: Beacon hold logic pulls from correct Beaker result component	_____	_____
[ ]	Lab result timing window confirmed: how recent must a result be to count for pre-cycle clearance	_____	_____
[ ]	Dose modification table (CTCAE-based): all dose levels (100%, 75%, 50%) configured per protocol	_____	_____
[ ]	Dose level selection workflow tested: oncologist selects dose level, Beacon calculates modified dose correctly	_____	_____
[ ]	Cycle scheduling workflow tested: inter-cycle interval enforced, next cycle date calculates correctly	_____	_____

REMS COMPLIANCE AND HIGH-ALERT MEDICATION SAFETY

	Gate Item	Owner	Sign-off Date
[ ]	All REMS-required medications identified in treatment plan library (lenalidomide, thalidomide, etc.)	_____	_____
[ ]	REVLIMID/THALOMID REMS: prescriber certification check configured and tested	_____	_____
[ ]	REVLIMID/THALOMID REMS: patient enrollment verification configured and tested	_____	_____
[ ]	REVLIMID/THALOMID REMS: monthly pregnancy test requirement enforced for FCBP patients	_____	_____
[ ]	REVLIMID/THALOMID REMS: contraception counseling documentation required and configured	_____	_____
[ ]	REMS attestation workflow tested: order cannot complete without all required REMS documentation	_____	_____
[ ]	Other REMS agents reviewed with oncology pharmacy - all applicable REMS workflows configured	_____	_____
[ ]	Intrathecal chemotherapy route isolation confirmed: IT medications not visible in IV order lists	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	High-alert chemotherapy: dual pharmacist verification workflow configured and tested	_____	_____
[ ]	Hard-stop dose limits configured for all agents where protocol defines a maximum single dose	_____	_____
[ ]	ISMP high-alert medication guidelines reviewed with pharmacy - all applicable safeguards implemented	_____	_____

SUPPORTIVE CARE, ANTIEMETICS, AND GROWTH FACTORS

	Gate Item	Owner	Sign-off Date
[ ]	Every treatment plan: emetogenic risk classification confirmed (HEC/MEC/LEC/MEC) per ASCO/NCCN	_____	_____
[ ]	Antiemetic protocol matches emetogenic risk: HEC regimens have 3-drug protocol (5-HT3 + NK1 + steroid)	_____	_____
[ ]	Antiemetic orders include pre-chemo, day-of, and post-chemo (take-home) antiemetic schedule	_____	_____
[ ]	G-CSF (filgrastim/pegfilgrastim) febrile neutropenia risk classification confirmed per NCCN	_____	_____
[ ]	Pegfilgrastim timing configured: day after last chemo, not same day as chemotherapy	_____	_____
[ ]	Filgrastim start day and duration configured correctly relative to chemotherapy completion day	_____	_____
[ ]	Tumor lysis syndrome prophylaxis configured for high-risk regimens (aggressive lymphoma, ALL, CLL)	_____	_____
[ ]	Hydration orders configured for nephrotoxic agents (cisplatin) - volume and rate verified	_____	_____
[ ]	Steroid premedication orders (paclitaxel, docetaxel) confirmed for duration and dose	_____	_____
[ ]	Supportive care orders reviewed by oncology pharmacist for all treatment plans	_____	_____

INTEGRATIONS: WILLOW, BEAKER, AND PHARMACY WORKFLOW

	Gate Item	Owner	Sign-off Date
[ ]	Beacon chemotherapy orders route to oncology pharmacy Willow queue - not general pharmacy queue	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	Oncology pharmacist role permissions confirmed in Willow for chemotherapy verification	_____	_____
[ ]	IV compounding workflow connected to Beacon treatment plan order if IV robotics used	_____	_____
[ ]	Pharmacy verification workflow tested end-to-end: treatment plan order signed, queued, verified, released	_____	_____
[ ]	Beaker lab component mapping validated for all lab hold result types (ANC, creatinine, bilirubin)	_____	_____
[ ]	Lab result pull timing validated: Beacon retrieves most recent result within correct time window	_____	_____
[ ]	HL7 FHIR MedicationRequest and CarePlan resources tested if external oncology platform integration required	_____	_____
[ ]	Cancer registry (NAACCR) data extract tested if tumor registry integration is in scope	_____	_____

GO-LIVE OPERATIONS AND SAFETY MONITORING

	Gate Item	Owner	Sign-off Date
[ ]	Oncology pharmacist with build access assigned to go-live command center	_____	_____
[ ]	First-week supervised ordering: oncology pharmacist reviews every treatment plan activation for week 1	_____	_____
[ ]	Super-users identified: oncology nurse, pharmacist, and physician for every shift during first 30 days	_____	_____
[ ]	Paper downtime chemotherapy procedure documented, reviewed by pharmacy, and distributed	_____	_____
[ ]	Downtime procedure practiced with oncology nursing staff before go-live	_____	_____
[ ]	Post-go-live dose calculation audit: 100% of cycle 1 orders reviewed by oncology pharmacist for 30 days	_____	_____
[ ]	Treatment plan error reporting process established - clear path to pause and correct a live TP	_____	_____
[ ]	Epic on-call Beacon support confirmed available 24/7 for first 72 hours post go-live	_____	_____