

Features describe clinical or operational outcomes - not build tasks. Stories follow the user story format with Epic-specific workflow context. Definition of Done must include clinical SME validation, not just build task completion.

SECTION 1 - FEATURE EXAMPLES BY EPIC MODULE

Module	Feature Description (Outcome-Based)	Acceptance Criteria Summary	PI Fit?
Willow/BCM A	Enable all inpatient nurses to administer medications via BCMA scan with <60 second documentation time and zero workarounds	1. BCMA scan succeeds for all formulary NDCs. 2. Negative test (wrong patient) blocks correctly. 3. Administration documents in real time to eMAR. 4. Charge fires within 5 min. 5. ICU CNS sign-off.	YES
CPOE/CDS	Enable hospitalists to place evidence-based sepsis bundle from a single order set with correct weight-based dosing defaults	1. Order set opens and all bundle orders present. 2. Weight-based dosing calculates correctly for standard and renal-adjusted weights. 3. CDS alert fires at SIRS criteria. 4. Order set completes in <3 minutes. 5. CMO sign-off.	YES
Bridges/ADT	Enable real-time patient movement notification to all downstream systems (LIS, RIS, ADC) within 60 seconds of ADT event	1. A01/A02/A03/A04 messages confirmed in all downstream systems within 60 sec. 2. Bridges error queue: zero messages. 3. ADC cabinet updates after A01 confirmed.	YES
ClinDoc	Enable ICU nurses to complete nursing assessment in one flowsheet within 15 minutes of patient assignment	1. Correct ICU flowsheet loads immediately after bed assignment. 2. All required JC documentation fields present. 3. Flowsheet completes without leaving the page. 4. ICU charge nurse sign-off.	YES
Resolute	Enable revenue cycle to capture charges for all inpatient E/M visits within 24 hours of note signature	1. E/M charge fires on note sign (not submit). 2. Single charge per visit (no duplicates). 3. Charge appears in review queue within 5 min of note sign. 4. Rev cycle director sign-off.	YES
Cogito/Clarity	Enable quality team to run 30-day readmission rate report in <5 minutes with results matching CMS HRRP methodology within 1%	1. Report runs in <5 minutes for 3-month dataset. 2. Readmission rate validated against manual calculation from Clarity. 3. READMISSION_FLG definition documented and approved by CMO.	YES
FHIR/Bridges	Enable prior auth submission to BCBS via FHIR Da Vinci PAS endpoint directly from Epic CPOE for all covered service types	1. FHIR PA request fires from CPOE order placement. 2. CoverageEligibilityResponse received within 30 seconds. 3. PA status visible in chart. 4. BCBS production test: 10 real orders confirmed received.	Needs split

SECTION 2 - USER STORY FORMAT GUIDE FOR EPIC TEAMS

Module:	CPOE/Orders
Story:	As a hospitalist using Epic CPOE, when I place an order that requires prior authorization, I want the system to retrieve coverage requirements from the payer in real time, so that I can see PA requirements before I submit the order and avoid ordering non-covered services without PA documentation.

Acceptance Criteria:	1. Coverage requirements display within 30 seconds of order entry 2. Requirements include: PA needed (Y/N), required documents, payer contact 3. If PA required: system prompts PA initiation or shows existing PA status 4. Test with BCBS and UHC payers confirmed 5. PO validates end-to-end in test environment with super-user
HIPAA Note:	FHIR BAA confirmed; scope limited to patient/Coverage.read
Module:	Willow/BCMA
Story:	As a inpatient nurse using Epic BCMA on a mobile device, when I scan a patient wristband followed by a medication barcode, I want the system to confirm the 5 rights and allow me to document administration in one step, so that medication administration documentation takes less than 60 seconds and the eMAR is updated in real time.
Acceptance Criteria:	1. Patient wristband scan confirms identity within 2 seconds 2. Medication barcode matches active order (right drug, dose, route, time) 3. 5 rights confirmation screen displays - no additional navigation required 4. Administration documents and eMAR updates without screen change 5. Negative test: wrong patient blocks administration immediately
HIPAA Note:	PHI accessed for treatment purpose - minimum necessary confirmed

SECTION 3 - DEFINITION OF DONE (DOD) FOR EPIC STORIES

	DoD Requirement
<input type="checkbox"/>	Epic build configuration completed in the test/preproduction environment - not in production
<input type="checkbox"/>	Unit-level analyst test completed: analyst confirms the build produces the expected workflow outcome
<input type="checkbox"/>	Story-level acceptance test completed: PO or super-user demonstrates the clinical workflow end-to-end
<input type="checkbox"/>	Acceptance criteria confirmed: every acceptance criterion has a pass/fail result documented
<input type="checkbox"/>	No Critical or High defects open against this Story
<input type="checkbox"/>	If Story involves PHI access: HIPAA minimum necessary review confirmed and documented
<input type="checkbox"/>	If Story involves security template change: privacy officer review obtained before Done is declared
<input type="checkbox"/>	If Story involves an interface change: Bridges Interface Monitor confirms message transmitting correctly
<input type="checkbox"/>	If Story involves a charge trigger: charge lag report checked and charge fires correctly
<input type="checkbox"/>	If Story involves a FHIR API connection: BAA status confirmed for connected application
<input type="checkbox"/>	Build change documented in the team's change log with date, analyst, and Story reference
<input type="checkbox"/>	PO has accepted the Story in the sprint review