

Epic Build Defect Reference Guide by Module

Prelude | CPOE | Willow | Bridges |
Resolute | TechFitFlow.com

Quick-reference for the most common build defects by Epic module. Each entry shows: defect description, root cause, diagnostic steps, and the test that detects it. Use during IVT defect triage and pre-go-live build review.

PRELUDE / REGISTRATION - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
EMPI duplicate patient records created	Threshold calibrated for wrong population; default not adjusted	1. Run EMPI match simulation on production data before go-live. 2. Measure false positive and false negative rates. 3. Adjust threshold until both rates are within tolerance.	Run 4-case EMPI test: exact match, near match (minor variation), non-match (similar demo), deliberate dup. All four must produce expected outcome.
Coverage record pointing to wrong payer plan	Migration mapping not validated; legacy payer name mapped to wrong Epic plan	1. Pull 100+ migrated coverage records. 2. Compare each to legacy source record. 3. Verify 270 eligibility query returns expected response for each payer.	Trigger 270 eligibility for a sample of migrated coverages. Confirm 271 returns active coverage for each.
ADT A04 not reaching downstream systems after registration	Bridges interface inactive or test-mode hold timer left on	1. Register test patient. 2. Check Bridges Interface Monitor for A04 in outbound queue. 3. Confirm ACK received from each downstream system. 4. If no ACK - check receiving endpoint. If no message - check interface activation and hold timers.	Register test patient and monitor Bridges Interface Monitor for A04 within 60 seconds.

CADENCE / SCHEDULING - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
Provider template not generating appointment slots	Template inactive for date range, wrong department, or appointment type mismatch	1. Open provider template. 2. Confirm active date range includes search date. 3. Confirm department on template matches search department. 4. Confirm appointment type on slots exactly matches appointment type used in search.	Search for availability for the provider in each appointment type. Confirm slots appear for all expected types.
SIU S12 not delivered to RIS or patient platform	IFC record inactive or appointment type not configured to trigger SIU	1. Book test appointment of the specific type. 2. Monitor Bridges SIU queue immediately. 3. If no message - check appointment type SIU trigger setting. 4. If message but no ACK - check receiving system endpoint configuration.	Book one appointment of each appointment type and confirm SIU S12 fires and is ACK'd.

CPOE / ORDERS AND CDS - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
Order routing to wrong department queue	Routing rule table missing the ordering department and order type combination	1. Place test order from the relevant dept. 2. Immediately check expected receiving queue. 3. Check Bridges ORM message to confirm order transmitted. 4. Open routing rule table for that dept-order type.	Place one order of each order type from every relevant ordering department. Check receiving queue immediately after each.
CDS alert firing for clinically irrelevant scenario	Alert deployed without P&T; scope review; broadest scope used by default	5. Add missing routing rule. 1. Measure alert override rate during IVT. 2. Any alert with >80% override rate is a scope problem. 3. Present override data to P&T; committee. 4. P&T; determines suppression, passive advisory, or retention as hard stop.	Track override rate for every CDS alert during Cycle 2 IVT. Flag all alerts exceeding 80% for P&T; review.

Order set content not matching clinical protocol	Order set built without physician/pharmacist review; defaults not adjusted	1. Open order set in test environment with clinical champion. 2. Compare each order against source protocol document. 3. Correct dosing defaults, frequency, and medication options to match protocol.	Clinical champion reviews order set in test environment against source protocol before IVT.
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CLINDOC / NURSING DOCUMENTATION - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
Wrong flowsheet loading for the care area/unit	Flowsheet assignment record linked to wrong department ID	1. Assign test patient to a specific bed. 2. Open nursing flowsheet immediately. 3. If wrong flowsheet - open flowsheet assignment master. 4. Verify dept ID in flowsheet assignment matches dept	After bed assignment for each unit type, open flowsheet. Confirm correct unit-specific flowsheet loads.
Note sign does not fire charge event	Documentation template not linked to charge trigger in template configuration	1. Sign test note using specific template. 2. Check charge lag report within 5 minutes. 3. If no charge - open template configuration. 4. Confirm charge trigger field is populated. 5. If blank - add charge	Sign a note of each type during IVT. Check charge queue within 5 minutes of every note sign.
SmartPhrase not resolving when typed	SmartPhrase is in Draft status, has restrictive context filter, or trigger text has a typo	1. In SmartPhrase management, confirm status is Published. 2. Confirm context filter allows provider's dept/role. 3. Test the trigger text exactly as configured - period vs no period matters.	Test each SmartPhrase trigger in the test environment with a provider account in the correct department.

WILLOW / PHARMACY - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
Medication order routing to wrong pharmacy queue	Routing rule missing dept-medication type combination	1. Place test order from the specific department. 2. Check expected pharmacy queue. 3. Open routing rule table for that dept-medication type. 4. Add missing routing rule. 5. Retest.	Place one medication order of each type from each ordering department. Confirm it routes to the correct queue.
BCMA barcode scan returns medication not found	Physical medication NDC not mapped in Willow drug barcode table	1. Scan barcode in test BCMA session. 2. Note NDC returned by scanner. 3. Search for that NDC in Willow drug barcode master. 4. If absent - add NDC to drug record's NDC list.	Physically scan barcode of each medication used in IVT testing. Confirm all scans succeed before go-live.
ADC cabinet not updating after patient admit	ADT A01 latency or ADC bed-to-cabinet mapping gap	1. Admit test patient. 2. Check Bridges for A01 and ACK from ADC. 3. If A01 acknowledged but ADC not updated - check bed-to-cabinet assignment. 4. If A01 delayed - check Bridges hold timer.	Admit test patient to each unit type. Confirm ADC cabinet updates with patient medications within SLA.

BRIDGES / INTERFACES AND ADT - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
PID segment field mismatch in ADT messages	Epic's PID format does not match receiving system's HL7 spec	1. Extract raw HL7 message from Bridges Interface Monitor. 2. Compare PID segment field by field against receiving system's HL7 interface spec. 3. Add Bridges transform rule to reformat mismatching fields.	Extract raw HL7 message for each ADT event type. Compare PID.3, PID.5, PID.7 format against each receiving system vendor spec.

Messages accumulating in Bridges error queue	Receiving system returning NACK or network connectivity failure	1. Open Bridges error queue. 2. Examine NACK error code from first failed message. 3. Address field format issue. 4. Reprocess queued messages. 5. Configure monitoring alert for queue size threshold.	Configure Interface Monitor error queue alert before go-live. Monitor queue count hourly for first 72 hours.
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RESOLUTE / BILLING AND CHARGE CAPTURE - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
Charge not firing for clinical action	Wrong charge trigger status or template not linked to charge event	1. Check charge lag report. 2. For missing order charges - open CDM item and review trigger status field. 3. Compare to expected trigger for the service type. 4. If trigger status wrong - correct it. 5. If trigger correct but charge missing -	For each order and documentation type, complete the clinical workflow and check charge queue within 5 minutes.
Duplicate charges for the same service	Multiple trigger status levels configured for same order or two analysts configured same CDM item separately	1. Pull charge report for specific order type. 2. Identify duplicate CDM items for same encounter. 3. Open CDM configuration. 4. Inspect all charge trigger points. 5. Remove the incorrect trigger while retaining clinically appropriate one.	Pull charge report after each IVT scenario. Flag any CDM item appearing more than once per order.

COGITO / REPORTING AND ANALYTICS - COMMON BUILD DEFECTS

Defect Description	Root Cause	Diagnostic Steps	Prevention Test
Report shows stale data despite recent clinical actions	Report built on Clarity table on nightly ETL; needs near-real-time extract	1. Identify Clarity table queried by report. 2. Check ETL schedule for that table. 3. If nightly and near-real-time needed - change ETL schedule. 4. This is infrastructure config, not report logic.	Place clinical action. Wait for extract window. Check report. If data missing - identify ETL schedule gap.
Shipped CMS measure report uses wrong metric definition	Epic's shipped report denominator or timestamp source differs from CMS specification	1. Open CMS published measure specification. 2. Compare denominator, numerator, and exclusion logic field by field against report. 3. Document any discrepancy. 4. Rebuild affected logic before go-live.	Run report against test data. Manually calculate metric using CMS spec. Compare results. Any variance requires investigation.