

IVT Analyst Responsibility Matrix

This matrix defines exactly what each analyst role owns during IVT execution. Ambiguity at handoff points is the primary cause of IVT defects being missed. Every analyst must know their IVT handoff confirmation and monitoring responsibilities before Cycle 1 begins.

SECTION 1 - ANALYST IVT RESPONSIBILITIES BY ROLE AND PHASE

Analyst Role	Pre-IVT Responsibility	During Scenario: Owns	Handoff Confirmation Required	Monitors in Real Time	Defect Ownership Rule
Prelude / Registration	Verify test patient data in integrated env. Confirm coverage records active. Confirm EMPI thresholds.	Patient registration, EMPI search, coverage creation, consent workflow	ADT A04 confirmed transmitted to all downstream systems before clinical workflow step begins	Bridges Interface Monitor: A04 delivery count and latency. Coverage eligibility 271 response.	Owns all defects in Prelude registration, EMPI matching, and ADT A04 configuration
Cadence / Scheduling	Confirm provider templates active for test scenarios. Confirm appointment types configured.	Appointment booking, slot validation, SIU message delivery	SIU S12 confirmed transmitted to RIS and patient engagement platform after booking	SIU interface monitor. Downstream scheduling system receipt. Appointment type on visit.	Owns all defects in template slots, appointment types, SIU message configuration
Grand Central / Bed Mgmt	Confirm bed master complete. Confirm bed request form attributes match bed records.	Bed request receipt, bed assignment, ADT A01 trigger, bed status transitions	ADT A01 confirmed to all downstream systems (lab, pharmacy, ADC) within latency SLA after bed assigned	Grand Central bed status. Bridges ADT A01 delivery. ADC cabinet update timing.	Owns all defects in bed master config, bed request routing, ADT A01 trigger
CPOE / Orders	Confirm order routing rules active. Confirm order sets built and clinically reviewed.	Order placement, order set use, CDS alert behavior, order routing	Order appears in correct downstream queue (LIS, RIS, pharmacy) within expected window after order placed	LIS order queue (with Beaker analyst). RIS order queue (with Radiology). Pharmacy queue (with Willow analyst). CDS alert log.	Owns defects in order routing rules, order set content, CDS alert configuration
Beaker / Laboratory	Confirm LIS interface active. Confirm test code mappings complete for all scenario lab tests.	Lab order receipt in LIS, specimen collection steps, result posting, critical value alerts	Lab result confirmed posted to correct Epic result component within expected window after LIS verification	LIS order queue. Result component in Epic. Critical value alert delivery in-basket. Bridges ORU message.	Owns defects in LIS routing, result component mapping, critical value alert configuration
Willow / Pharmacy	Confirm pharmacy routing rules for test departments. Confirm ADC cabinet-to-bed mapping complete.	Pharmacy verification queue, ADC dispense, BCMA barcode mapping, medication charge	BCMA barcode scan succeeds for all test medications. ADC cabinet updated within SLA of ADT A01.	Willow verification queue. ADC cabinet status. BCMA scan result. eMAR administration record.	Owns defects in pharmacy routing, ADC cabinet config, BCMA NDC mapping, med charge triggers

ClinDoc / Nursing	Confirm flowsheet assignments per unit. Confirm documentation templates load for care areas.	Nursing flowsheet data entry, provider note signing, advance directive display, template loading	Correct flowsheet loads after bed assignment. Note sign triggers correct charge event.	Flowsheet column display correctness. Provider note sign workflow. Charge trigger on note sign. eMAR documentation.	Owens defects in flowsheet-to-unit assignment, note template config, advance directive display
Resolute / Billing	Confirm CDM items for all scenario service types. Confirm charge trigger status per service.	Charge trigger validation, CDM code accuracy, payer plan routing, charge review queue	Charge appears in charge queue within SLA of each clinical action (order, procedure, note sign)	Charge lag report (near-real-time). Charge review queue. CDM CPT code on each charge. PB vs HB routing.	Owens defects in charge trigger status, CDM configuration, payer plan routing rules
Integration / Bridges	Confirm all interfaces activated. Disable all test-mode hold timers. Document baseline message counts.	Monitor ALL interface messages during every scenario - ADT, ORU, ORM, SIU, DFT	Every ADT and result message confirmed received by every relevant downstream system after each clinical action	Bridges Interface Monitor continuously: message counts, error queue, queue depth, ACK receipt for all active interfaces.	Owens interface defects. Collaborates with module analysts on defects that span module-interface boundary

SECTION 2 - RACI MATRIX FOR KEY IVT ACTIVITIES

R=Responsible, A=Accountable, C=Consulted, I=Informed. When multiple roles share R, sequential handoff confirmation is required.

IVT Activity	PM	Prelude	Cadence	GC	CPOE	Beaker	Willow	ClinDoc	Resolute	Integration	Clinical SME
Test script development	A	R	R	R	R	R	R	R	R	C	C
Env preparation / interface activation	A	I	I	I	I	I	I	I	I	R	I
Scenario execution (sequential)	A	R	R	R	R	R	R	R	R	R	R
Interface monitoring during scenarios	I	I	I	I	I	I	I	I	I	R	I
Defect logging	A	R	R	R	R	R	R	R	R	R	C
Defect severity classification	R/A	C	C	C	C	C	C	C	C	C	C
Defect remediation	A	R	R	R	R	R	R	R	R	R	I
Defect verification after fix	A	C	C	C	C	C	C	C	C	R	C
Cycle exit criteria assessment	R/A	C	C	C	C	C	C	C	C	C	R
Clinical SME acceptance sign-off	A	I	I	I	I	I	I	I	I	I	R
Go-live readiness decision	A	C	C	C	C	C	C	C	C	C	R