Epic Beaker Frequently Asked Questions
Updated 7.17.26

Critical Result Notifications

Who receives the critical result push notification — the ordering provider, the nursing team, or both?
Automated push notifications of critical results only go to all nurses currently signed into the patient's treatment team at that moment. **No notifications are sent to providers.**

Is the critical results notification change inpatient only, or does it also affect outpatient/ambulatory results?
Inpatient only — no change to the ambulatory clinic process.

If a nurse acknowledges the critical result notification, does that stop the lab from calling — even if the nurse's attempt to reach the covering provider (e.g., via secure chat or page) never actually connects?
Correct — once the notification is marked as acknowledged, the lab will not call. Responsibility then shifts to the acknowledging nurse to ensure the covering provider is actually informed, consistent with current closed-loop communication practices.

Will the escalation process for notifying covering/rounding physicians (e.g., for surgeons) stay the same (i.e., nurse contacts the appropriate covering provider). Yes — nursing's existing **notification** process is unchanged; the notification is simply an added front-end step, and the lab's standard fallback (calling the unit) still applies if no one acknowledges within 10 minutes.

Can the organization track and assess the real-world impact of this notification workflow at a system level, given anticipated complaints and potential patient safety issues (e.g., providers on vacation who've disabled notifications)?
Yes, this should be logged as an iCARE to track these events as they occur (provider harm, patient harm, or team harm).

Does the separate "bell" reminder feature — where a provider flags a specific lab order (not necessarily a critical result) to be notified when that result is finalized (e.g., a BMP) — change under Beaker?
Expected to stay the same, since this feature is understood to be inherent to Haiku/Epic rather than tied to Beaker. The team agreed this needs to be formally confirmed given how heavily it's used.

Adding Labs to Existing Specimens

Will the add-on feature recognize "held" specimens as well?
Yes — if a specimen has already been received by the lab and is appropriate for the test being ordered, the system will allow the new test to be added to that specimen.

If there's no extra blood/specimen available, how would a provider know a new draw is needed rather than an add-on?
If no "add specimen" flag/yellow highlight appears in the order cart, that means no eligible specimen exists and a new draw will be required.

Is there logic built in to confirm the correct tube type is available for a given add-on test (e.g., preventing a chemistry test from being incorrectly added onto a CBC tube)?
Yes — Beaker is expected to correctly match tube type to test and will not allow an inappropriate add-on. The system will flag available specimens, but the provider must actively click "use existing specimen" — it won't default or assume automatically.

When adding on a lab test to an existing specimen, is the system smart enough to know whether the tube type is appropriate for the test being added (e.g., could a CMP incorrectly be added onto a tube drawn for a CBC)?
Beaker should link the collected specimen to the tests being ordered and prevent inappropriate add-ons.

Order Window / Priority Question Changes

Why is the "priority" (routine/stat/add-on) question being removed from the lab ordering window?
Because Beaker will automatically show whether an eligible specimen is available for add-on, making the separate priority/add-on question unnecessary. "Stat" is being folded into the frequency question instead, simplifying the order process overall.

Lab Status Tracking / Visualization

Will there be a way to see the real-time status of a lab specimen after it's been ordered (i.e., where it is in the testing process)?
Yes — a new visualization ("pizza tracker") will show the status of a specimen through testing, expected to be available in the active orders/order summary section. It's not yet confirmed whether this applies to all tests or only some.

Will historical (Cerner) lab results still be visible in Epic alongside new Beaker results, in the same location/format?
Yes — results prior to August 1 (i.e., generated from Cerner lab information system)will not

change n Epic and results starting August 1 (i.e, from Beaker) will appear in the same folders in Results Review as where they appear now. There should be no change to how providers navigate to trend results over time, and results before and after August 1 will appear in the same trend graphs. .

Will Beaker improve lab tracking overall, including for calls made directly to the lab about specimen status?
Yes — Beaker gives the lab a far more granular, trackable view of specimen status compared to Cerner, enabling better real-time communication when providers or nursing call to check on a lab.

ED / Trauma — Rainbow Draws

How will the rainbow draw workflow change in the ED and trauma settings?
Each individual tube drawn now requires its own order (previously, tubes were drawn and held without individual orders).

This is a nursing-driven workflow change — providers don't need to enter these orders themselves, though they may see them appear in quick orders and active orders.

For trauma, a single rainbow tube lab order will be available in the quick orders list that, when selected, prints all needed colored tube labels at once**.**

Preference Lists & Saved Order Sets

Will providers need to rmanually update order sets and personal favorite orders lists to account for new lab component names under Beaker?
Generally no — the goal is aone-for-one swap of old Cerner orders with new Beaker orders, using the same lab component names so the change is invisible to the end user. Order sets are being updated with the new orders (though saved personal versions of order sets may need to be updated by the user; as always, an alert will be shown in Epic when there are .

A small number of retired orders will automatically drop off personal order preference lists, and there is a short list (<15) of newly created orders that replace existing orders and may need to be manually added as favorites. The exact list of affected orders was being compiled and is planned for distribution starting July 15, continuing through and after go-live via SharePoint and direct communications.

Go-Live / Cutover Logistics

What is the exact cutover schedule, and will there be any downtime for physicians?

- Cutover begins at 12:01am Saturday, August 1 (confirmed explicitly at Emanuel after some confusion about whether it was Saturday or Sunday).
- Orders can be placed normally from 12:01am until 3am. Between 3–4am, all ordering will be locked down to migrate systems over to Beaker; providers will see a pop-up stating orders are unavailable and should follow standard downtime procedures during this window.
- Epic itself remains fully up throughout, including for patient registration in the ED and elsewhere — no registration downtime at any point.
- Full functionality resumes at 4am.

Does the 3am–4am order lockout apply to all orders (e.g., medications) or just lab orders?
Intended to be lab orders only, since Legacy controls this configuration.

If a provider anticipates needing to place an order close to 3am, what should they do?
Try to enter it before 3am so there's a digital record; otherwise it must be handled manually via downtime paper processes between 3–4am.

Will the lab be available during the cutover window if a provider needs to call with an urgent issue?
Yes — the lab remains fully functional and available by phone throughout cutover, with Epic team members providing at-the-elbow support in the lab during the transition.

If physicians or APPs encounter issues around or after 4am on go-live day, who can they contact for help?
Trained nursing super users will be available at the unit level to log tickets. A command center will operate 24/7 for two weeks, staffed by roughly 30 people, triaging tickets through the standard Legacy help desk system — training issues get routed to the training team, and technical issues get dispatched for a fix (in person or remote).

Will patient discharges be affected on go-live morning?
Possibly — discharges may be slightly delayed on the morning of August 1 since lab processes (including phlebotomy) will be running on a brand-new system for the first time; the situation is expected to normalize quickly.

Is there an optimization/follow-up phase planned after go-live?
Yes — the project continues with an optimization phase through the end of the year,

particularly to address issues (e.g., critical results notification kinks) identified via iCare reports after go-live.

Will morning lab draws all resume at once at 4am, risking a backlog?
This is a recognized concern; additional lab staffing is being added to manage volume, and morning draws won't start until Beaker cutover is fully confirmed complete (the team ran practice cutovers in advance to validate the 4am target).

Diagnostic Assistant & Result Formatting

Is Diagnostic Assistant changing?
No — Diagnostic Assistant is for outpatient orders only, and outpatient testing/diagnostic assistance is unaffected by this change.

Will result formatting change?
Only for anatomical pathology — formatting will change there, expected to be an improvement, since discrete, reportable data elements will now be available that aren't captured today.

Pathology Department Impact

Will the pathology department be affected by this changeover, given ongoing staffing challenges?
Pathologists themselves are not moving systems — they'll remain on their current platform (unaffected by Beaker), and transcription support will stay in place for a few months to help stabilize the department. However, the department is facing a critical staffing low right around the same time as go-live (losing two pathologists on August 1), driven by broader Legacy/LabCorp/Sonic issues unrelated to Beaker. Physicians were asked to submit iCare reports or flag delays via email if pathology turnaround times affect patient care, so the impact can be documented and addressed.

Provider Education & Communication

What additional education or resources are being provided to physicians beyond these MEC meetings?
In-Epic tip sheets will be available (via a button) summarizing exactly what's changing for providers. Updates are also being distributed via SharePoint, newsletters, and direct communications from Beth, with content continually updated as new questions come in.

Will the Medical Staff meeting be recorded for those unable to attend?
Uncertain — Legacy generally doesn't record these meetings, and it wasn't confirmed

whether this specific meeting could be recorded. As an alternative, the team is considering recording just the PowerPoint presentation and posting it to SharePoint.

System Ownership & Governance

Who owns Beaker — Legacy or LabCorp?
Legacy fully owns the system, supported by roughly a dozen internal IT team members. LabCorp's role was providing content validation (an eight-month process) to ensure current tests would run correctly on the new system.

Will LabCorp's phone/support staff also be up to date on new lab-tracking capabilities at go-live, given that tracking has historically been a pain point?
Yes — tracking is covered in both super-user training (8 hours) and end-user training (4 hours, in person), and new tracking dashboards/boards are being added in the lab.

Since Legacy owns Beaker outright, will the organization have more flexibility to make future changes (e.g., to critical value notifications) compared to the current Cerner setup?
Yes — expected to be easier going forward, since the current Cerner environment involves more disconnected processes; future changes will follow standard Legacy procedures for updates and new tests.