Electronic Health Record (EHR) Implementation Go-Live Planning Checklist

Checklist

Provided By:

The National Learning Consortium (NLC)

Developed By:

Health Information Technology Research Center (HITRC)
Doctor's Office Quality Information Technology (DOQ-IT)

NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (*REC*, *Beacon*, *State HIE*) and through the *Health Information Technology Research Center (HITRC)* Communities of Practice (CoPs).

The following resource is an example of a tool used in the field today that is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

DESCRIPTION

The go-live planning checklist is intended to aid providers and health IT implementers in planning for EHR implementation. It can be used to plan for the EHR system go-live event and to identify any issues that need to be addressed beforehand. The checklist will help eliminate some of the "gotcha's" that often occur on the first day of system implementation.

This resource includes the following checklists: Go-Live Planning Checklist, Several Days Before Go-Live Checklist, Day Prior to Go-Live Checklist, and Day of Go-Live Checklist.

The EHR project team should review the checklists and incorporate any provider-specific items.

INSTRUCTIONS

- The project manager, administrator, and/or members of the HIT steering committee should use this checklist to validate that everything on the list has been performed.
- Accompany the go-live checklist with a rehearsal of the go-live day. Use a test environment to actually perform each of the application's functions. This can include staff role-playing activities to make sure they know what to say to a patient or their family members when they get ready to use the system, how to contact the help desk or help function in the system, and much more.
- Go-live generally refers to the first day the system will actually be used in a production mode by at least one user. The definition of go live can have ramifications on payment, where a payment milestone must be met on the first day of going live. The last payment to the vendor should not be made at the go-live date, but at some time after going live and ideally after everyone is live and accustomed to using the system. This ideally should be the time of the acceptance test.

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1   Go-Live Planning

☐ Set a date with vendor for go-live during a time that is the least busy as possible.

☐ Use the go-live date to plan all aspects of the implementation, scheduling backwards from that date. Allow for contingencies.

☐ Determine your rollout strategy. Some offices go-live with a portion of physicians at a time or all physicians using limited functionality. This can result in duplicate effort and patient safety risks. For go-live day and for a period of time after, schedules should be lightened.

☐ Plan to notify other key individuals, third parties, and other vendors (e.g., physicians, labs, billing company) of go-live date when it appears certain and request their support or at least their patience. For e-prescribing, check with the most frequently used pharmacies that they are prepared to receive electronic transmission of prescriptions. If they are not, request that they seek assistance from their corporate headquarters (95% of all retail pharmacy chains are certified for e-prescribing, but not all local pharmacies have made the transition).

2   Several Days Prior to Go Live

☐ Review evidence from testing:
  - ☐ Network: devices, connectivity, security
  - ☐ Hardware: computers, monitors, navigational devices, cables, printers, scanners, servers, universal power supply (UPS), storage, back-up server
  - ☐ Interfaces: lab, radiology, billing/clearinghouse, admission/discharge/transfers as applicable, other
  - ☐ Software:
    - ☐ Unit testing to ensure all system build is complete for:
      - ☐ Screens
      - ☐ Templates
      - ☐ Reports

    - ☐ System testing to ensure data pass from one function to another:
      - ☐ Tasking
      - ☐ Ordering
      - ☐ E-prescribing
      - ☐ Backup

☐ Check workflow and process improvements

  - ☐ Ensure changes to workflows and processes are documented and practiced.
  - ☐ Ensure that the chart conversion and pre-load process has begun or is completed, depending on chosen process.
  - ☐ Distribute devices to staff and ensure they know how to use them. Issue a certificate for training completion or have another celebratory process at this time.
  - ☐ Obtain sign off on each workflow and process map for the new HIT from each user for each process they will be performing. This reinforces the training already provided.

☐ Review policy for use and achievement of goals with key stakeholders and reaffirm. Make any necessary changes if software precludes accomplishing goals. Also, set appropriate expectations that not everything will go perfectly on go-live day but that the office will be fully staffed, with the vendor standing by as applicable, to do everything possible to provide assistance.

☐ Review staff schedules

  - ☐ Adjust schedules so those going live have a lighter patient load than normal. Expect that each staff member will take a bit longer to use the new EHR with each patient for a period of time.
  - ☐ For the initial phase, you may assign a super user and/or vendor representative to accompany each of those in the small group of initial users in the field for the first day or two
  - ☐ Mid-morning and mid-afternoon check-ins and buffer-breaks should be provided for staff to

       catch up if necessary

- ☐ Plan a mid-day "huddle" to evaluate progress and to offer support
- ☐ Plan end-of-shift debriefing for new users to identify and address any issues and to celebrate getting through the first day!
- ☐ As more users go-live, you may be able to handle more new users at a time. Scheduling may depend on distances, baseline user skills, etc.

☐ Check training

- ☐ Every user has completed basic computer navigation, keyboarding, and other applicable training; provide refresher if necessary
- ☐ Every user has completed the training necessary to use the EHR; remedy immediately if not
- ☐ Every user has a user ID and password, and they remember them
- ☐ Role play with every user who will be using EHR at point of care to assure process is comfortable, and simulate use of EHR for a staff member playing role of patient
- ☐ Plan with the support team what to do if things go really wrong
    - ☐ Have paper process backup ready in the event of downtime or significant system issues
    - ☐ Identify situations or points where go-live needs to be stopped

☐ Notify patients of impending go-live a few weeks in advance of when their first visit after go-live will occur. This may be in the form of a brochure given to the patient at a previous visit, a mailed announcement, a small article in the local newspaper, or even a phone call if necessary.

3 Day Prior to Go-Live

☐ To the extent feasible, provide something special for new users. This may be a coupon for a special cup of coffee or anything else that is affordable and demonstrates support and appreciation for their efforts.

☐ Update the telephone message and post signs to say the organization is implementing a new computer system and request patience for any delays.

☐ Verify schedule for go-live day, including calling each new user to check readiness, speak with the help desk staff, super users, etc.

☐ Verify readiness

    ☐ Have new users check that their computers are working, will be fully charged, that they have the help desk number to call, etc.
    ☐ Have each new user connect to your network:
        ☐ All user IDs and passwords have been tested by each individual assigned a user ID and password (this verifies the user has access to this information and that the connection works)
        ☐ Check for speed
        ☐ Any wireless "dead spots" have been identified with appropriate signage
        ☐ Test the secondary Internet Service Provider (ISP) connection
        ☐ E-fax capability works, if necessary
    ☐ All computers, including those on wireless, can connect to applicable printers
        ☐ Including printer designated to print prescriptions for Medicaid and Schedule II drugs on tamper-proof paper
    ☐ Charts for next day have been pulled and prepped, including applicable data abstracted to EHR as chart conversion procedure dictates

☐ Review escalation procedures to follow in the event of a problem.
    ☐ First level support staff
    ☐ Second level vendor staff
    ☐ Third level organization management
    ☐ Fourth level vendor management (only for designated individuals)

☐ Review which staff within your organization has the authority to make/approve critical system changes on the fly.

☐ Reinforce that time should be taken for buffer-breaks, huddles, debriefing, etc.

4 Day of Go-Live

4.1 STAFF

☐ Staff has been trained on any new EHR policies and procedures and has signed off indicating that they understand the new policies and procedures.

☐ Staff has completed EHR application training (education session sign in logs have been verified).

☐ All morning staff has been instructed to arrive to work 30 minutes early to prepare for the first patients.

☐ Staff has performed a "system walk through" of a patient visit from beginning to end, allowing questions to be answered and minor glitches to be corrected.

4.2 THE PRACTICE

☐ Appointment times/schedules have been modified to allow for the EHR learning curve.

☐ Signs have been placed around the practice to let patients know that an EHR is being implemented and requesting patience with delays.

☐ Phone tree message has been updated with an informative message stating that the practice is implementing a new EHR and requesting patience with delays.

☐ Go-live day "break area" has been established with snacks and drinks for the staff.

☐ Expectations have been set that the go live day might not be perfect, but we will get through it if everyone does the best job they can.

4.3 APPLICATION

☐ All users have signed on to the EHR system with their user names/passwords.

☐ Everyone can log on and has the correct privileges.

☐ The EHR build is complete and has been signed-off on.

☐ The EHR has been tested and has been signed-off on.

☐ Paper reports/forms that will be generated out of the EHR have been tested

4.4 SUPPORT

☐ Support escalation procedures (procedures that define what actions will be taken in the event there is a problem, who will manage the problem internally, and if necessary, who will report the problem to

the vendor) have been completed and are in place. The escalation plan has been communicated to all staff and to the vendor.

☐ The practice support team has been trained and is aware of their roles/functions for go live.

☐ Morning, noon and evening support team "huddles" have been established to check in and review issues.

☐ A point person has been identified and will be available to make critical system changes on the fly.

☐ Your EHR vendor has been notified of your live event and is on site or on standby for support.

4.5   BACKUPS AND DOWNTIME

☐ System backups have been tested and validated. Offsite storage of backups has been arranged.

☐ Downtime procedures have been established and are ready to go, if necessary.

☐ Paper copies of all patient forms, templates, etc., have been made available in the event of a system failure.

4.6   CONNECTIVITY

☐ All PCs have been checked and the EHR application can be accessed.

☐ Wireless PCs/connections have been checked and areas without connection or "dead spots" have been identified.

☐ If you are using an ASP connection, redundant lines have been checked.

☐ EHR system faxes have been tested and are working.

☐ EHR system interfaces have been tested and are working.

☐ All PC's/wireless devices can connect to a printer and print from the EHR.