Go-Live Planning

Although many activities may remain to complete on the implementation plan before final "Go-Live", a detailed plan for the actual Go-Live event should be planned and developed at the earliest opportunity. Many of the Go-Live tasks will take time to prepare for, and all activities must be carefully coordinated to merge seamlessly into a successful Go-Live event. Critical tasks to be addressed in the final Go-Live plan include:

1. Scheduling the Go-Live Date

Establishing a realistic, achievable Go-Live date is a common challenge for physician practices. By the time the system has been selected, most individuals within the practice are excited and ready to move forward with full production use. However, the implementation activities in terms of process redesign, system configuration and testing are essential for system success and cannot be skipped without serious consequences. The planned Go-Live schedule should include a sufficient implementation period (often 4 – 5 months depending on phases of implementation) and the final Go-Live date should be planned to coincide with a slower period of practice activity. Avoid holidays and Monday Go-Live dates if possible, as well as unusually busy periods such as flu season.

2. Adjusting Practice Schedules

Reduced patient visit schedules will be necessary during initial weeks of Go-Live to lesson the levels of stress for physicians/clinicians and other office staff as they work through "learning curve" issues with the system, tools, and new processes. Visit lengths should be extended during this time to accommodate slower clinical processes while building competencies. As skills and comfort with the system and tools increase, visit lengths can be gradually shortened, and visit volumes can be increased, until normal schedules are resumed. These scheduling restrictions will cause some disruption and initial revenue loss during the initial weeks or months of system use. However, once full competence with the system is achieved, you can expect significant improvement in practice efficiency in a very short time to make up for this initial loss.

3. Communicating with Patients about Go-Live

The implementation of an EHR will not only affect the individuals within your practice, but will have a major impact on your patients. Some patients will be excited about your advances in technology and will want more information about features and capabilities that involve them. Others will be apprehensive about the security and controls for their medical data and will want an opportunity to discuss and resolve these concerns. Make sure to keep patients appropriately and enthusiastically informed about your implementation process. Communication, providing them with a basic understanding of your EHR plans and schedule and informing them in advance of temporary Go-Live schedule adjustments, will help to win their cooperation and support for this exciting implementation.

4. Determining Support Staff Schedule Adjustments

It is important to ensure that there is adequate support staff (both vendor staff and well-trained practice staff) available to assist the physicians/clinicians and other staff with use of the system during the initial two to five days of Go-Live. Each physician/clinician should have a system-knowledgeable resource readily available to assist them with the use of the system and related

tools, and support them as needed with other activities as they work through new clinical and system processes. Ancillary departments will also require some support in processing orders and results, but this is typically less intensive than the support required by physicians/ clinicians, nursing staff, and front desk personnel. If multiple sites are scheduled to Go-Live on the system, it will be necessary to assure sufficient support across locations.

5. Completing Final Chart Conversion "Cut Over" Tasks

While medical chart conversion activities have been proceeding throughout the implementation period, patient visits and events have continued. Changes to previously converted charts must be updated and new patient charts must be added to the conversion work queues. A plan should be developed for "cutting over" to electronic data for some or all portions of chart reference and update. While conversion of some charts may extend beyond the Go-Live date, all charts for patients scheduled to visit the clinic in the early days of new system use must converted and verified, and procedures for handling non-converted charts for urgent walk-in patients must be established and tested prior to the schedule Go-Live date.

6. Preparing Cheat Sheets & Quick Reference Guides

"Cheat Sheets" or quick reference tools are invaluable to new system users and can be a life-saver during the initial days of Go-Live. These tools can be small, pocket-sized lists of instruction reminders for key system functions (e.g., writing a new prescription, reviewing lab results, locating a patient file) that clinicians can carry with them, or can be larger, laminated sheets that are posted near terminals that highlight the specific activities for that area (e.g., reception functions vs. nursing station functions). Each area should have direct input into the quick reference items most valuable to them, and each list should be verified for accuracy and completeness prior to the final Go-Live date.

7. Conducting a "Dress Rehearsal"

The best final training and testing of your EHR system and processes is to conduct a "dress rehearsal" of proposed EHR system use by office physicians/clinicians and staff using a set of mock patient visits, office calls (e.g., patients, pharmacies, other physicians, etc.) and other common daily activities. Ideally, this rehearsal is conducted several days prior to Go-Live in order to allow some time for system and process adjustments, if necessary, before the actual Go-Live event. Select and use real-life examples from recent visits and activities as scripts for this dress rehearsal, with each clinician and staff member playing their actual role for a portion of the rehearsal. It is helpful to have staff and clinicians also play the role of patients for a portion of the rehearsal to give them an opportunity to view processes from a patient perspective. The dress rehearsal should be immediately followed by a debriefing session where everyone is encouraged to discuss challenges and suggest improvements to processes, cheat sheets, and other materials.

8. Reviewing and Testing Go-Live Contingency and Communication Plans

Although significant planning and effort have been put into to assuring the smoothest possible Go-Live of the EHR system, it is important to take the time to think through potential issues, outside of the normal control of the project, that could arise to cause challenges. This may include events such as power outages, illnesses of key resources, major hardware failure, etc., that may require the postponement of final Go-Live. While contingency plans should be in place and tested for all reasonable urgent events, it is also important to clearly define what will be done if a challenge

occurs beyond the scope of these contingency plans. Specifically, decisions need to be made as to who has authority to make the call to abort the Go-Live process, and how will this be communicated throughout the practice. All staff should understand how to proceed with their work responsibilities if the Go-Live date is postponed.

9. Distributing Security Passwords

Typically, system users will have used temporary testing and/or training passwords for implementation activities, training sessions, and practice in the days leading up to Go-Live. One to two days before the live date, the project team will need to distribute "live" passwords to the production environment. Earlier distribution increases the opportunity for either forgetting/losing passwords or for accidentally logging on to the production environment when practicing. Each password should be tried and confirmed the day prior to Go-Live.

10. Checking the "Go-Live" Check List One Last Time

Holding a brief "all staff" meeting the evening before Go-Live to run through final readiness checklists and respond to last minute questions is recommended. The implementation team members will want to reconfirm all last-minute production environment settings and recheck devices, telecommunication connections, and other hardware. All vendors have a final check list they use to confirm readiness for Go-Live. Your project manager will want to walk through this list with the vendor just prior to Go-Live.

11. Pulling the Switch

Finally, the Go-Live date arrives and your EHR system is ready to use. Take a deep breath, log on to the system and begin your work day. Despite the best planning and support, some challenges will arise, but you will be able to work through them and move forward. Stay positive and keep going!

12. Celebrating

Be sure to take the time to acknowledge all you have learned and done. Take time to celebrate your success.