



WHITE PAPER

Best Practices for an EHR Go-Live

SEVEN BEST PRACTICES TO ENSURE GO-LIVE SUCCESS





Best Practices for Going Live with EHR

The go-live event, which marks the launch of a new system such as Electronic Health Records (EHR), is a milestone in a hospital's IT modernization program. It is the culmination of significant investments of time, effort and money, and its success will be measured in staff adoption, impact on the finances and the value it brings to the patient. The consequence of an unsuccessful go-live is considerable.

To ensure that the go-live goes smoothly the U.S. Department of Health and Human Services [Health Resources & Services Administration](#) recommends planning, testing, training and piloting the system before rolling out. "Preparation for go-live should cover all aspects of the implementation with adequate time allocated for becoming familiar with the new tasks and support resources available during the entire period," HRSA says. This includes testing to ensure all EHR builds are complete, that hardware, software and network interfaces are compatible, and that backup and downtime procedures are in place. This also includes time to ensure that staff is trained and on new applications and have access credentials.

But hospitals do not have to tackle the rollout alone. An experienced go-live team should be on-hand to facilitate the transition. As many as 300 people can be at a hospital for a couple of weeks to help smooth the implementation and push the adoption of the new technology. These are navigational experts in the specific EHR being implemented. Preparation for this support is very detailed and starts with understanding the current culture and attitude of the providers and clinical staff as it relates to moving to the new EHR. In addition, there needs to be an understanding of the logistics, schedule, and project coordination teams associated with the go-live project.

With so much on the line, it is crucial for hospitals to understand the process and make decisions about the level of autonomy that support teams and consultants will have. Planning and analysis should include:

- ▶ Headcount to start the go-live project
- ▶ Duration of the go-live project
- ▶ Budget, including expenses for the project.
- ▶ How to identify the Super Users and if they will be dedicated to go-live support or split their go-live support and patient care.



Finally, before engaging a contractor to provide go-live support, the hospital must define what results it expects at the end of the day from the go-live team. The following best practices help hospital leaders achieve the most from a go-live engagement and ultimately lead to a more successful EHR roll-out.

BEST PRACTICES 1: BUDGET FOR THE RIGHT PARTNER

It is important to set up a budget for go-live planning early in the process. Based on the number of end users being supported, go-live projects can range from a handful of resources to hundreds of support people. Whether the project requires a handful of people or hundreds, it is important to have a good estimate of expenses to keep costs under control. Having a single resource work one week performing inpatient support can average a total of \$6,500. Expenses average from \$1,300 to \$1,500 per resource, per week based on the market.

The possible range of cost associated with go-live support highlight the need to include some room in the budget for more resources. Budgeted capital can always be returned if unused, but it's harder to get more during the roll-out if money runs out. The company selected to provide go-live support should be able to assist in an estimated project cost.

When selecting a partner for go-live support, hospital leaders should understand that the lowest cost is not necessarily the way to choose a contractor. Partnering with a company that provides a low estimate up-front often results in cost overruns later, as well as in difficulties in recruiting and retaining critical support staff for the go-live date. Other considerations when selecting a go-live partner are to make sure the vendor has the capacity needed for the job and to make the selection sooner rather than later. This can improve the chances of a successful rollout. To receive accurate proposals and make the best choice of contractor, hospitals must provide potential bidders with a complete timetable and list of essential go-live support activities—another reason to emphasize upfront planning.

BEST PRACTICES 2: FOCUS ON RESOURCE ALLOCATION AND SCHEDULING

Effective resource allocation requires knowing how much support staff is needed per hospital user. Many hospitals use a ratio of one support person for every two physicians, and one for every three or four other clinicians and non-clinical staff. Generally, more specialized jobs require greater technical support than routine administrative roles. Determining ratios and arriving at final figures requires analyzing where staff is working and what functions are being supported in each area. The size of the project will determine the lead time the go-live vendor will need to properly prepare for the engagement. Usually, 30 days is needed for smaller projects, but 3 or 4 months is commonly required for larger go-live engagements that entail more than 100 resources.



A go-live event also can benefit from in-house help in the form of Super Users—clinical staff who have been pre-trained on the new applications to help instruct co-workers and drive adoption. Because of their regular job responsibilities, Super Users might not be available at all times. Administrators need to decide how these personnel will be dividing their time between their regular jobs and go-live support. But they can continue to be a valuable resource for support and instruction after temporary go-live support team has completed their work.

Resource allocation also requires prior planning. This activity includes application vendor resources, Super Users, contractor staff, and administrators. Specifically, hospital leaders need to understand how these resources provide the appropriate support to the appropriate areas. For example, the Emergency Department is fast-paced and high demand, and might have less time for training, so will require more support. Scheduling and allocating resources in advance can help organizations know that the right coverage is available for a successful go-live.





Pre-Go-Live Activities

If there is one certainty in any go-live event, it is that everyone will have to anticipate challenges. So hospitals must prepare before the go-live date. The following established best practices can help:

BEST PRACTICES 3: PLAN, TRAIN AND COMMUNICATE

The right partner with good project management skills can help with planning and scheduling, communication and training. Setting priorities is critical for scheduling. If some EHR systems do not allow a physician to work before completing training, they must be identified so they can receive needed training before the go-live. Using an online system for scheduling rather than spreadsheets can be more flexible and efficient for everyone involved.

Vendor personnel working on the launch will also have to be trained on the hospitals' workflow, processes and environment. These vary from one organization to another, and training should be done as early as possible so it can be completed before the go-live begins.

By the go-live date, all users who have not successfully completed training should be identified and plans made to complete their training. Most clinical personnel will start to become proficient with a new system only after they have used it several times under guidance from the go-live support team.

Align the Right Players

Hospitals should designate a project leader who will be communicating with all stakeholders. This person will be the liaison between C-level executives and tactical project leads. This will enable coordination between stakeholders so that the hospital, vendors and contractors can have the people in place to ensure the needed level of support is present for clinical, operational and administrative functions.

Coordination also will be needed to support on-boarding prior to the go-live date. This will ensure that all requirements are met, such as needed immunizations and certifications for persons working in medical environments. Addressing this in advance can help avoid unnecessary delays in putting go-live support in place.

Optimistic and Realistic Communication

Hospitals must plan to communicate effectively not only with internal staff, but also with the public. Internally, there should be clear lines of communication and responsibility. In both internal and public communications the tone of the message should be positive but realistic. Don't paint too rosy a picture. Instead communicate the goals of the EHR implementation and



acknowledge that there will be bumps on the road, along with information about how those challenges will be addressed. This better manages expectations and can help stakeholders to better anticipate the realities of a go-live event.

The public, who are the hospital's customers, should also be informed of the plans and progress. This can include automated messages and notifying patients when confirming appointments that there are going to be extra people on hospital floors during the transition as part of an improvement program.

BEST PRACTICES 4: PRACTICE, SCHEDULE AND PERFORM DUE DILIGENCE

It's important to perform a technical dress rehearsal before the go-live date, allowing clinicians to try the system before it is used with real patients. A scaled-back clinical schedule in the first weeks of the rollout can also help things run more smoothly. A 50-percent schedule reduction can go a long way toward easing the stress of the rollout.

Access management should also begin before the go-live date. Authorizations, identity proofing when necessary, and credential provisioning should be done early enough so access can be tested before the go-live. This can reduce the number of help desk requests when the new EHR system becomes live.

Lastly, make sure that all client software is installed properly, works properly and that all hardware is configured properly before training begins. And don't forget security, which is absolutely essential in an EHR system. Change all default passwords on servers or network equipment, and make sure users do not share passwords and credentials.

BEST PRACTICES 5: WELL-DEFINED ESCALATION PLAN AND QUICK REFERENCE WORKFLOW CHANGES

Some problems will inevitably be found during rollout, and plans must be made and communicated for escalating help requests when a problem is beyond the ability of a go-live team member to address it. A well-defined escalation plan speeds up fixes and reduces frustration.

Another good tip is to conduct resolution planning, which includes a specified procedure for identifying and addressing hardware and software issues, and identifying personnel responsible for each kind of problem. Information on fixes for known issues should also be disseminated as they are identified, so fewer problems have to be escalated. This information should include system changes made as problems are discovered and addressed.

BEST PRACTICE 6: LEADERSHIP FROM ABOVE

When approaching a go-live, leadership support is essential. Go-lives are about instituting change, and change is hard. A successful go-live is ultimately defined by the acceptance of



the new system from the clinical, administrative and operational staff. Understanding the reasons for, and benefits of the change, as well as communicating that support staff is there to help, can reduce resistance and improve acceptance.

Leadership should make it clear to staff that go-live teams are there to help them navigate the system, to help them bridge gaps between the old workflow and the new EHR, and to help keep the focus on patient care during the process.

BEST PRACTICE 7: ADDRESS CHALLENGING WORKFLOWS

Not all workflows are alike. In a healthcare environment, there are some that are more sensitive and complex than others and some that are critical to the health and well-being of patients. These will differ in each hospital, but high-impact processes must be identified well in advance of the go-live date to ensure adequate planning and training. These high-impact processes include:



Blood Banks: Easy to overlook, this is an area on which lives depend. It should be addressed early and thoroughly.



Medication Reconciliation: It is critical for hospitals to know and keep track of medications each patient is taking, both before admittance and those prescribed by the hospital staff. Hospitals need to determine well before the go-live date who has the final word in reconciling medications, where this data is housed and how access is managed.



Patient Movement: Patients can move throughout the hospital during a stay for different procedures. Tracking this movement can be challenging but is essential for ensuring proper care and efficient hospital operations. If a patient in the emergency department is taken to radiology, a process is needed to ensure that the ER bed isn't filled while the patient is being x-rayed. The go-live team should have an office resource to assist with tracking patient movements.



Level of Care: This workflow entails the changes in service a patient receives during a stay. A patient coming in through the emergency room and moving to the intensive care unit (ICU) or a medical floor is receiving different levels of care. It is important to correctly document these stages for medical and administrative reasons as well as for billing.



Patient Transport: This covers how patients are physically moved through the system and is related to patient movement and level of care. Staff moving patients must be trained on new systems.



Phases of Care: This covers the phases of the care from admission to end of service, including the length of stay that is related to the initial diagnosis. This can be challenging to learn and can require extra training.



Anti-Coagulation & Dialysis: These blood-related services are complex in nature, critical to patient survival, and require precise and specific documentation that will be included in the EHR. Attention must be given to this during training.



Discharge to Other Facilities: Moving patients to post-hospital services such as a skilled nursing facility can be complex. Go-live teams must be familiar with the discharge process ahead of time.



Code Blue and all code activations: Special attention should be given to emergency response. This includes documenting activities and patient focus.



Downtime: What to do if the computer goes down? Procedures should be documented in advance, with copies on every floor and office.



Code status: Patient status, such as Do Not Resuscitate (DNR) orders and the level extraordinary efforts approved to prolong life, are critical to patient care and must be documented in new systems.



Patient Confidentiality-The Health Insurance Portability and Accountability Act (HIPAA): Special attention should be given to understanding and maintaining patient confidentiality and how it will be ensured in the new system.

Understanding the level of detail necessary in planning a successful go-live can help hospitals and clinics successfully implement new applications with a minimum of disruption. The result will be achieving your desired outcome and providing the best patient care.

CONCLUSION

The go-live event marks the launch of a new system such as an EHR, and with the proper preparation this milestone in a hospital's IT modernization program can result in total adoption. The key to implementing the best practices is to understand the importance of partnering with an effective go-live team.

The go-live is the culmination of significant investments of time, effort and money, and its success will ultimately be measured in improved patient focus. To ensure that the go-live goes smoothly, planning, testing, training and due diligence before rolling-out the new EHR is essential for hospitals to perform.

The tasks can appear daunting but by budgeting appropriately, properly allocating resources, effectively training and communicating, establishing escalation plans and addressing challenging workflows with visible leadership support hospitals can take great strides in ensuring they have a successful EHR go-live event.

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