Tips for Keeping Your EHR Implementation On Track Amid the COVID-19 Pandemic
To Our Valued Clients:

We understand the incredible strain the COVID-19 crisis has put on your organization, and we know your Epic EHR implementation might not receive the attention necessary to keep it on track. Impact Advisors has compiled a list of strategies—outlined by project phase—you can utilize to prevent your Epic implementation from falling behind schedule.

Phase I. Prework

- Continue to leverage Foundation as your decision-making baseline and/or use content from trusted reference sites on the Epic Community Library to drive initial content. This approach can free up operational SMEs now, when they are more valuable to other COVID-19 activities. They can be pulled in after this crisis has subsided to validate/verify the content.
- Always do the “heavy lifting” before bringing operational resources to the table, shortening demos to focus decisions and providing clear options, pros/cons, and a single recommendation.
- Leverage advisory partners to help drive decisions where Epic might initially present too many options.

Phase II. Workflow Walkthrough and Configuration

Workflow Walkthrough

- Consider virtualizing attendance for the larger walkthrough to orient SMEs to the system and flows; virtualize breakout sessions as you are able.

Build

- Complete all build remotely, conducting any readiness or system demonstrations via teleconference.
- Leverage open-line teleconference sessions for key decision-making meetings and interactive build sessions to foster collaboration.

Phase III. System and User Readiness

Technical Dress Rehearsal (TDR)

- Consider testing a sub-set of devices and then training end-users at the site to complete the remaining portion themselves.
- Determine the device testing threshold at which you are willing to go-live.
- Screen TDR resources for any exposure or signs of illness before having them go into a unit or practice.
- Plan remote/teleconference sessions for key events such as “day in the life” and workflow walkthrough sessions.
Abstraction and Conversion/Shadow Charting

- Train abstraction and appointment conversion users via teleconference.
- Set up a remote support command center/structure for users who will be offsite.
- Schedule dry runs in training or testing rooms with remote support to limit the amount of people interacting in the same space.

Phase IV. Training and Go-Live

Remote Training Plan

- Deliver a remote training curriculum via a teleconference platform, with each classroom having its own channel. Blackboard-type software can be used to track progress of students from the instructor’s workstation.
- Provide testing opportunities of any remote software, if users are working from home for the first time or utilizing new/additional solutions.
- Provide current training facilities as labs where users can take any available class via computer with headphones.
- Offer small, onsite personalization labs with in-person support.
- Post recordings of classes to your Learning Management System for users to take on-demand, realizing that users will still have to complete EUPA to prove competency.
- Focus on improved triaging of end users to identify previous experience with Epic, and fast-track a cohort of end users through training who require only a basic/shortened curriculum.

Command Center

- Move the command center offsite.
- Establish a remote / virtual command center in Verona for Epic staff.
- Create separate teams that only interact with each other virtually.
- Anticipate and prepare for employee Super Users being pulled back into service and therefore unable to assist with providing “at the elbow” (ATE) support during go-live. Consider augmenting ATE support with a third-party company specializing in go-live support.
- Identify opportunities to provide support to end users virtually – via teleconference, open bridge lines, etc.
- Implement a targeted, competency-based, go-live support strategy utilizing experienced “at the elbow” support teams who can teach and then confirm end users who become competent with priority workflows.
- Add a centralized training or Super User call line to minimize additional people in the clinical spaces. Ensure the call line is staffed with enough people to answer the “how to” questions in real-time.
- Determine a threshold regarding a potential loss of resources that would cause an inability to go-live.
- Validate that backfill resources initially identified for go-live are still available.

**Other / General Tips**

- Establish a COVID-19 Task Force to outline various resource categories across the system (including operations and IS) and monitor the depletion of resources for the project due to illness or inability to otherwise work.

- Ask all employees to notify the organization if they or a family/household member have traveled out of the country or to a high-risk zone. Implement self-quarantine policies and limit visiting hours and hospital access (even requiring that food deliveries be picked up outside of the hospital building).

- With the increasing likelihood of a remote workforce for implementations (of any size), establish a centralized PMO function with online workplans, reporting and diligent monitoring with experienced project management resources where possible.

- Lay out new, effective virtual meeting guidelines to support evolving approaches to adapt to the “new normal” of a teleworking environment.

- Due to the huge influx of workers suddenly working remotely, most if not all teleconference systems are experiencing bandwidth and other technical issues. Consider starting meetings at off-times, such as 5 minutes before or after the hour or half hour. This will offset the volume impact and avoid busy signals.