Electronic Health Record Implementation Plans
- *Executive Summary - OneCare Epic Communications Plan, Jan. 16, 2013*
- *Franciscan Clinic Go-Live Communications Plan Waves 1-4, May 2, 2013*

Executive Summary - OneCare Communications Plan, Epic Jan. 16, 2013

Situation:

Internal communications: Franciscan staff, physicians and other providers must be informed and engaged to ensure successful adoption of the electronic health record (EHR). Going to a paperless system offers real patient safety and quality of care benefits that our staff embraces, but it also changes the tools and workflow of nearly every care provider. This is the largest behavioral change we have asked of our staff and at go-live the change will happen literally overnight as we switch onto OneCare Epic. Our communications challenge is to prime our internal audiences for training and adoption; to manage their expectations of the system and to inform them about how their job will change.

External communications: Implementation of an electronic health record will impact our patients in two ways; initially, they will experience some growing pains and changes in the admitting/registering process and their providers will be using a computer to document their condition. They may even experience greater delays in getting in to see their doctor because we will be reducing volumes to clinics for several weeks during implementation. Ultimately, however, they will experience the benefits of being able to see their health record and interact more easily with their clinic/physician online.   Our challenge is to manage patient expectations during implementation, and educate and encourage their adoption of MyChart. While the benefits of and EHR are clear, they do not offer a great market distinction for Franciscan as our main competitors have already implemented EHR. To distinguish Franciscan from the competition, we must tell a larger story of changing healthcare that positions Franciscan as a leader in shaping the healthcare of the future.

Goal: To support the successful implementation of OneCare Epic at Franciscan Health System as measured, in part, by the organization getting back to pre-go-live financial benchmarks within 6 weeks of electronic health record go-live.

Strategy:

Internal: Using existing channels and multiple methods, communicate a cascade of key messages delivered in the sequence of work leading up to and beyond our go-live dates. We will break down our communications to just the most important facts at the most appropriate time to enhance understanding and acceptance. This will be enhanced with an OneCare Epic internal go-live promotion that will increase the drumbeat for change, emphasize key messages and prepare staff for go-live. For hospitals, this promotion will start in January. For clinics, the promotion will begin 3 months in advance of their individual go-lives.

External: An external awareness campaign to patients that will begin four to six weeks prior to and continue post go-live at each location. Additional promotion of MyChart to patients and the community is not covered in this plan, but will be developed.

Stakeholders:

Staff.
Messages may differ among the following:

- Clinical
- Nonclinical
- Hospital: SJMC, SFH, SCH, SAH and SEH
- Hospital-based outpatient
- Clinic

Physicians.
Messages may differ among the following:

- General Medical Staff
- FMG Physicians
- FIT / FAST
- Cardiothoracic Surgeons/Cardiology
- Emergency and trauma
- Radiologists
- Surgeons/anesthesiologists
- Independent Physicians

Patients and Families.
Messages may differ among the following:

- Clinic
- Outpatient service
- Hospital

Key Message: Elevator Speech

While our key message will be modified for various audiences, the simple "elevator speech" that we hope all our stakeholders will be able to repeat is this. This is a message that can be conveyed in staff training materials and practiced as part of their "homework," along with other patient-related scripting.

At Franciscan, we're building stronger relationships between patients and their doctors, while creating safer healthcare through the use of a single electronic health record for each of our patients. This secure online record is available to both you and your doctor anytime, anywhere. It gives quick access to patient health history in emergencies; it reduces the need for patients to repeat themselves to providers; and, it allows for a simple, one-family bill for services.

Timeline:

Regular Communications	Pre-Go-Live Promotion	Go-Live Communications	Post Go-Live Communications
May - Jan., 2012	Jan. - June, 2012	1st Three Weeks	Optimization MyChart

Milestones and messages following strategies provide more specific timing.

Tactics/Communication Channels:

Regular Communications May – Dec. 2012
Internal: Staff and Physicians

One-on-One Communications
- Utilize OneCare Epic project team members to regularly communicate to our stakeholders in standing meetings, to include, but not be limited to:
    - Monthly site-based and FMG manager meetings
    - Select med staff meetings and FMG physician meetings
    - Nurse Councils
    - Medical office staff meetings
    - Hospital Patient Advisory Councils (will cycle through their meetings in Jan./Feb.)
    - Franciscan Experience Teams (cycling through meetings in Jan./Feb.)

- Provide regular talking points for our leaders to share (frequency increasing to weekly/biweekly as needed).
    - FHS and FMG managers/leaders
    - Physician leaders
    - Physician liaison staff

- Provide OneCare Epic application demonstration opportunities for both hospital and clinic.
    - Presentations being held at all hospitals and at first-wave clinics. (Demos are being done with the model version. We are emphasizing it is the model/not the FHS version).
    - Physician presentation/demos are being held once a month for six months prior to go-live at each clinic.
    - Physician presentation/demos will be held at all four hospitals on a regular schedule starting in late January when the FHS version of Epic is available.
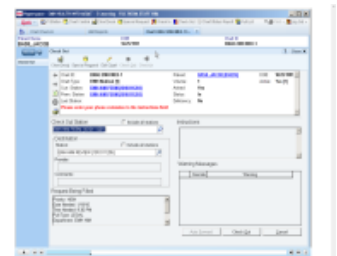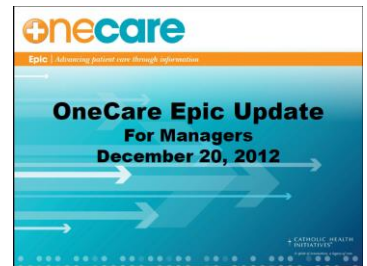
Electronic
- Weekly updates on OneCare Epic portal on FHSConnect
- Weekly updates on Medical Staff OneCare Epic site on FHSHealth.org
- E-newsletters (OneCare Epic updates included in each edition)
    - Leader (weekly) to Leaders
    - Horizons/Momentum (weekly/monthly) to all staff
    - E-Update (monthly) to physicians
    - Connections (monthly) to physicians – going to every 2 weeks as implementation draws near
    - Hospital newsletters (monthly)
    - OneCare Epic physician e-updates

Specialty Communications
- Conversations with Cliff (Make Epic a topic every 4-6 weeks)
- Stephen Spare MD quarterly letter to FMG (include Epic as a mention)
- Inspire publication to nursing staff (Include Epic stories)

Pre-Go-Live Communications Jan – June (or 3 months prior for clinics)

Staff Pre-Go-Live Promotion

Utilize above mentioned communications channels, but add the following:
- Count-down clocks in hospital cafés -- will customize graphics

- Themed posters/flyers for lead-up to implementation at both hospitals and clinics. Poster themes are:
  - Benefits (focus on safety)
  - Change
  - More than a health record (patient access, billing, MyChart, etc.)
  - Training
  - Dress Rehearsals
  - Go-live

  Posters/flyers will be located in break rooms, display cases near cafés and on easels in 3-4 key staff traffic areas. Clinics will post in break rooms.


- Updates in flexi-signs in cafés and physician lounges where there is room (hospital only). Signs are in nice stands similar to the gift shop signs. Plexiglas holder in the center allows message to change out.

- Use of reader boards in cafés and (at SJMC) break rooms to carry updates.

- Use of computer pop-up messages during training registration period to encourage registration for classes.

- Select direct mail
  - Postcard to homes regarding registration for training.
  - Letter from leaders to encourage before go-live.

- Go-Live Information kits for managers/leaders to use with staff. Provide leaders with information to prepare them for go live and a checklist of what needs to be done to ensure success.

- Go-live Kick-off series. Three 90-minute meetings at each hospital to bring in-depth information and a chance for managers to ask questions of project team directors. Will be held at the following intervals:
  - Roughly 120 days
  - 60 days
  - 30 days

- Epic Premiere event held to unveil the new system to leaders and subject matter experts will be held in March – roughly 90 days before go-live.
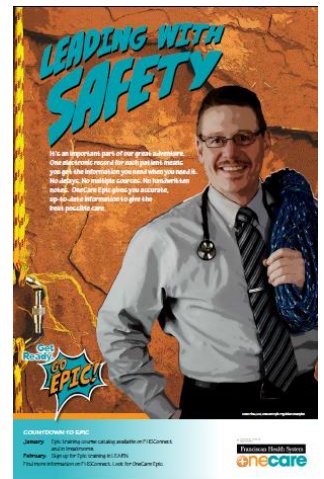
Physician Pre-Go-Live Communication

Utilize the communications channels outline in May – Dec. communications, but add the following:

- Increased frequency of Connections e-newsletter to every 2 weeks with OneCare Epic content. (all physicians)

- Monthly talking points and short slide deck for provider specialty chiefs, experts and others to use in standing meetings. (all physicians)
    - We have asked these physician representatives to be a conduit for information back to their section meeting or other meetings with colleagues as part of their role with the project.
    - Updates and talking points are emailed directly to this group of approximately 100 physicians/providers.

- Flexi-signs in main physician lounges. Signs are in nice stands similar to the gift shop signs. Plexiglas holder in the center allows message to change out. (hospitals)

- Themed promotional posters in physician lounges.

- Special information tables near physician main entrances at hospitals (such as by medical staff office/physician lounge at SJMC) for communications pushes during: training registration, learning labs, Cyber Cafés for preferences creation and go-live.

- Series of chart flyers to encourage registration for training and preference creation.

- Direct mail to physicians regarding training registration and go-live.
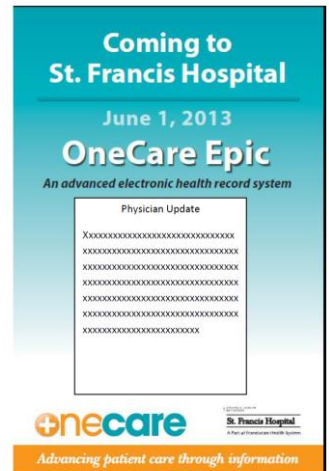
OneCare Epic Pre-Go Live Patient Education Effort

During the months and weeks leading up to go-live, we have an opportunity to inform our patients of the good things to come.

- Health! quarterly community magazine
    - Announce electronic health record and MyChart in winter edition
    - More descriptive, larger story to come out in Spring edition

- Website
    - Build out pre-go-live page that gives more information on the electronic health record/MyChart for use in conjunction with release of Spring Health! and its article on MyChart.
    - Create look of MyChart; create link from MyChart to FHShealth.org

- Direct mail
    - Letters to primary care patients alerting them to benefits of new system and encouraging them to set needed regularly scheduled appointments early to avoid delays during go-live.
    - Letters to patients of specialists who treat chronic conditions with same key points as above.

OneCare Epic Pre-Go Live Vendor/Partner Communications

Send out a series of information emails to our partner:

- Skilled nursing homes
- Materials vendors
- Payor partners
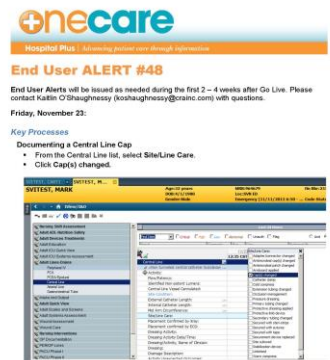
Go-Live Communications
Just prior to and for the first three weeks of go-live

Hospital June 1 Go-live: Staff/Physician Communications

Communication needs change dramatically during go-live. Our challenge is to be prepared to follow the needs as they arise and respond with accurate and timely information.

- As previously mentioned, all staff/physicians will receive a go-live letter from leadership with key information and encouragement.

- Recommend May site-based managers meetings be devoted to OneCare Epic deployment information.

- Go-live webinar for FIT, ED, and any other hospital-based provider.

- All manager pre-go-live webinar the week before go-live. Run through Command Center information and address questions.

- Go-live webinar or meeting for all SuperUsers.

- Work with nursing leaders to identify need, preference and location for getting Go-Live Alerts for staff. Some options include:
    - "White boards" or other Bulletin boards. Huddles can be held around white boards. Alerts posted on boards. Command Center contact information, etc. can be posted on white boards.   SuperUsers and managers "own" the white boards and use to facilitate communication.
    - Communication binders at unit desks. Again, a location for Command Center information, Alerts, etc.

- Work with non-clinical department leaders to ensure their staff has similar communications resources, although they are more likely to be able to use the go-live web portal for updates than nursing staff.

- Create go-live portal that can be access by all FHS and non-FHS staff during go-live. CHI is currently creating this portal by repurposing a part of the **CHIOneCare.net** website. This portal can be accessed directly or through FHSConnect, but we have to have one location where all staff and contractors can get the same information.

- Communications staff will need to cover the Command Centers.
    - There will be one main command center in the Regents building and one hospital-based command center at each hospital.
    - The command centers will be open 24-7 for 3 weeks.
    - Communication coverage is expected for:
        - Weeks 1: 5:30 a.m. – 8:30 p.m.
            - We anticipate we will need 5 communications team members during this week to cover the command centers and provide breaks as needed.
                - Joyce Glavish, Donell Martinez are currently scheduled…CHI has 15 hospitals going live June 1, so there are fewer CHI resources available.

- ▪ Weeks 2: 5:30 a.m. – 8:30 p.m.
  - We anticipate 3 communications team members should be able to handle the second week.
- ▪ Week 3: 6 a.m. – 6 p.m.
  - We anticipate 2 communications staff can handle week three.

- During first three weeks of Go-Live, communications staff will:
  - Attend SuperUser huddles at command center (each shift) and Command Center twice daily call-in reports.

  - Work with analysts/trainers to develop, get approval and distribute **Alerts** throughout the day as needed when issues arise. Report on/distribute Alerts at SuperUser Huddles.

  - Craft daily **Flash Reports** to provider leaders and users with updates on common issues, status updates and tips and trips for using the system.

  - Post Alerts and Flash Reports to go-live web portal.

  - Maintain regular updates in weekly leader and staff publications.

Hospital June 1 Go-live: Patient Communications
- Easel posters and/or flyers in Plexiglas in key patient areas, including waiting areas with message regarding "We are implementing a new electronic health record that will improve the way we care for you…"

- Letter from administration regarding go-live activities placed in each occupied room the day prior to go live and in each cleaned room for the first three weeks of go live. These will be distributed by EVS staff.

- MyChart brochure will be available in waiting areas.

- Bill inserts will be created to explain single billing. (Pending our ability to do with Conifer.)

- Meal tickets should be available in each dept./unit for service recovery if necessary.

Clinic Wave Go-live: Staff/Physician Communications

Communications needs will be somewhat simpler with the clinic go-lives, but there will still be a Command Center in place and needs for ongoing communications support throughout the year. The clinics will go live in a series of waves, with little to no breaks between the go-lives.

- As previously mentioned, all staff/physicians will receive a go-live letter from leadership with key information and encouragement.

- Recommend Wave manager/medical director meeting be devoted to deployment information.

- Go-live webinar or meeting for all SuperUsers.
- Work with clinic managers to identify need and location for getting Go-Live Alerts to clinical and non-clinical staff. Some options include: online portal, white boards, communication binders.

- Communications staff will need to cover the Command Center.
    - Command center will be located at Regents building
    - Anticipate that it will function for each wave a least two weeks post go-live, but in reality it will be in constant standup as we progress through clinic go-lives.
    - Need at least one communications person (Joyce) to man command center. Will need relief staff trained to provide backup/planned breaks.

- During first two weeks of Go-Live, communications staff will:
    - Attend Command Center call-in reports.
    - Work with analysts/trainers to develop, get approval and distribute **Alerts** throughout the day as needed when issues arise. Report on/distribute Alerts to SuperUser and clinic managers.
    - Craft daily **Flash Reports** to provider leaders and users with updates on common issues, status updates and tips and trips for using the system.
    - Post Alerts and Flash Reports to go-live web portal.
    - Maintain regular updates in weekly leader and staff publications.

Clinic Go-live: Patient Communications
- Easel posters and/or flyers in Plexiglas in key patient areas, including waiting areas with message regarding "We are implementing a new electronic health record that will improve the way we care for you…"
- MyChart brochure will be available in waiting areas and exam rooms.
- Bill inserts will be created to explain single billing. (Pending our ability to do with Conifer.)

Post Go-Live Communications

Additional communications will be needed post go -live to continue communicating updates and improvements to the system, as go-live itself is really just Day One of the real work in making this system optimized for our use. There will also be work around the adoption of MyChart and its promotion to patients. Currently we are just in the discussion phases of these future needs.

Milestones/Messages

Key activities associated with upcoming months are blocked out in orange. Some activities will have several components lasting over several months, such as testing (which includes application and integrated testing) and training (which just takes more than a month). This is provided to give a sense of the message that will be carried in the channels described in the strategies section. First Wave Clinic activities are shown in orange as these are still to be confirmed.

Messages	1/13	2/13	3/13	4/13	5/13	6/13	7/13	8/13
Clinic Schedule announced.	■							
Training Catalog Released	■							
Testing Continues	■	■	■	■				
Inpatient staff promotional campaign Jan - June	■	■	■	■	■			
Hospital physician demos start		■						
Hospital Manager Go-Live Kick-Off Series		■		■	■			
Training Registration begins		■						
Content Review Complete			■					
Epic Premiere with all SMEs @ Convention Center			■					
Device Installs complete at hospitals			■					
Training Registration Follow-up			■					
Training Curriculum Published			■					
Inp/Clinic Super User Training				■				
Inp End User Training				■	■			
Inp Technical Dress Rehearsal				■				
Inp Workflow Dress Rehearsals					■			
Physician Learning Labs					■			
Physician Preference Build Sessions in Cyber Cafés					■			
Inp Go-Live						■		
1st Wave Clinic Technical Dress Rehearsal				▨				
1st Wave Clinic Training					▨			
1st Wave Clinic Dress Rehearsal					▨			
Pilot Wave Clinic Go-Live						■		
1st Major Wave Clinic Go-Live						■	■	

Summary:

We began our communications work last spring, making increasing use of the existing intranet/website, e-newsletters and meetings.   Special activities, such as application demonstrations for hospitals and clinics are underway to prepare staff and physicians for the training which will start in April. Communications through all channels are stepping up in frequency and complexity of message. A heightened drumbeat of messages and special OneCare Epic promotional materials will be rolled out to staff and physicians starting in January. And, just prior to and post go-live, we will communicate with patients to inform them of our project and progress.

Franciscan Clinic Go-Live Communications Plan Waves 1-4, May 2, 2013

Overview
Franciscan clinics will go live on the Epic electronic health record in four waves beginning on June 3. The June 3 implementation is less than 30 days away. This initial go-live was expedited just three weeks ago from an earlier go-live date of July 22.

We have been preparing staff through an intensive Organizational Change Management program and regular communications in the standard Franciscan communications channels including Leader, Horizons; E-Physician Update and at regular updates at the FMG monthly managers meetings and at recent Regional Business Meetings and Medical Director Meeting attended by the physicians.

Currently front end/patient access staff members are less familiar and comfortable with the changes ahead than their clinical colleagues. Physicians in Wave 1 are in various stages of readiness, but those who require more help to shift to a computer-based system have been identified for additional support. More targeted, responsive communication is needed to bring all groups to a state of go-live readiness.

With the advance in the go-live dates for Wave 1 and Wave 2 (June 3 and July 8 respectively), we have pushed ahead key communications tactics that had been planned on a longer timeline and we have instituted some additional communications strategies.

This is an overview of those strategies and tactics, with a timeline of activities for Waves 1 through 4.

Overall strategy:
Using existing channels and multiple methods, communicate targeted key messages delivered in the sequence of work leading up our go-live dates. We will break down our communications to just the most important facts at the most appropriate time to enhance understanding and acceptance. There will be both ongoing communications in general channels and wave-specific communications directly to just the wave stakeholders. Wave-specific communications is targeted to start 8 weeks prior to each Wave go-live, with the exception of Wave 1 which had a shortened timeline.

Key Audiences:

Staff
- Front office
- Back office
- HIM
- Billing

Physicians/Providers
- Primary Care/Prompt Care
- Specialists

Patients and Families

Key Message: Elevator Speech

While our key messages will be modified for various audiences, we hope key staff will be able to share the simple this basic message:

At Franciscan, we're building stronger relationships between patients and their doctors, while creating safer healthcare through the use of a single electronic health record for each of our patients. This secure online record is available to both you and your doctor anytime, anywhere. It gives quick access to patient health history in emergencies; it reduces the need for patients to repeat themselves to providers; and, it allows for a simple, one-family bill for services.

Ongoing Communications

These channels must be maintained during go-live in addition to the specific go-live communications efforts outlined below.

Updates Via Meeting/In-person Communications
- Utilize OneCare Epic project team members to regularly communicate to our stakeholders in standing meetings, to include, but not be limited to:
  - Monthly FMG manager meetings (including manager webinars)
  - Select med staff meetings and FMG physician meetings
- Through updates in Leader and Wave Communications, provide information that clinic managers can share with staff and physicians.
- Continue OneCare Epic application demonstrations and Organizational Change Management visits to each clinic.
  - A series of presentations are held for staff at each clinic by OCM in sequence with the timing of their go-live.
  - A series of physician/provider demos are also held at each clinic.

Electronic Newsletters and Updates
- Wave 1 Communications targeted to physicians, managers and staff comes out each Thursday.
- E-newsletters (OneCare Epic updates included in each edition)
  - Leader (weekly) to Leaders
  - Horizons/Momentum (weekly/monthly) to all staff
  - E-Update (monthly) to physicians. OneCare Epic physician e-updates sent monthly so that physicians are getting an e-newsletter update every 2 weeks on Epic.
2. Weekly or more frequent updates on OneCare Epic portal on FHSConnection

Event/Special Activity Communications
- Invitations regarding events such as Go Live Readiness Assessments
- Ad-hoc communication regarding urgent information related to training, for example, that may not be able to wait for Leader/Horizons

Specialty Communications
- Stephen Spare MD quarterly letter to FMG (include Epic as a mention)
- Operational readiness manager webinars as needed
- Conversations with Cliff

Go-Live Communications

In the 8 weeks (or less for Wave 1) leading up to a Go-Live Wave, the following communications tactics will be implemented in addition to ongoing communications strategies:

- **Weekly Wave-Specific Communications** will be sent out in weeks 1-8 of all waves, with the exception of the shortened timeline for Wave 1. Key messages will be adjusted as needed, but are outlined as follows for Wave 1:

  Week 1: Week of April 22
    - Epic training, Dragon training, hardware update
  Week 2: Week of April 29
    - Announce kick off meetings
    - Provide information on in-clinic signage for patients and patient letter
  Week 3: Week of May 6
    - Scheduling conversion overview (starts May 17)
    - Technical dress rehearsals (start May 13)
    - End user training – Playground information
  Week 4: Week of May 13
    - Workflow dress rehearsals (start May 20)
    - Downtime process information
    - (for managers) Letter to visiting reps to discourage visits during go-live
  Week 5: Week of May 20
    - Explain go-live support model
      o Partner with super users
      o Central command center
      o Extra people in clinics
      o Tickets – not all issues are created equal
    - Front end staff go-live (scheduling conversion)
  Week 6: Week of May 27
    - Final reminders for go-live

- **A set of staff-oriented promotional posters** will be provided to clinic managers focusing on 1) the benefits of Epic for patient safety and 2) the benefits of change for our system.

- **A patient letter will be sent out** to all patients of primary care and of specialists who care for people with chronic condition to let patients know 1) that we are going to a new EHR, 2) encouraging patients to schedule regular visits well in advance and, 3) setting expectations around go-live.

- **A set of patient-facing "Pardon our Progress"** communications will be provided to clinic managers to help our patients understand what we are doing:
  o Easel posters for waiting areas
  o $8^1/_2$ x 11 flyers in Plexiglas holders for exam rooms
  o Staff scripting related to "pardon our progress," so they will be better able to speak to patients about what we are doing and ease any issues related to potential go-live-related delays in the clinic.

- **A set of patient-facing communications related to MyChart** will be provided to clinic managers including:
    - MyChart brochures
    - MyChart easel posters for waiting rooms
    - MyChart scripting for staff

- **A thank you letter from Dr. Spare and Dr O'Connor will be sent to staff and physicians** in each wave thanking them for their efforts and congratulating them on their work.

- **Wave Go-Live Kick-Off Events** will be held at each clinic in the last two weeks leading up to the go-live (last week for Wave 1). The Kick-Off Event will include:
    - "Almost Live" update to provide staff and physicians with final review of 1) issue resolution process and 2) expectations around go-live. It is meant to be a time of both support and celebration.
    - Two half-hour presentations will be held so all staff can attend. Then Epic Certified Trainers will remain for drop-in questions, demonstrations and help for 2-4 hours (depending on location size). Goodies will be provided!

- **Go-Live Care Packages for each of the clinics.** To include bags of M&Ms and other goodies, inexpensive giveaways and other morale boosters for the first week of go-live.

- **1st Go-Live Ceremony with** opening prayer and then "throw the switch" with VIPs and clinic staff to highlight the first go-live. Photographed and documented for internal and CHI use. Event will be held at one clinic TBD, however, all other clinics will be provided with a simple kit/instructions for holding a brief recognition ceremony for their own clinic to include:
    - Manager/Medical Director talking points for staff
    - The prayer
    - Noise makers or another way to signal "the start of go-live" TBD

- During Go-Live, Communications will operate out of the main Command Center and will expand duties to include the creation of:
    - **Daily Flash Reports**. The Daily Flash report is a recap of the daily activities of go-live. It is where we report out our measures of success and where we give a high level round up of the key issues and fixes that have occurred in the past 24 hours.
    - **End-User Alerts.** When an issue is raised that has broad implications, the problem and its solution is captured in an End-User Alert that is then sent out to the clinics via email for posting, is posted on our OneCare site & FMG IT Alert site, and is sent to the clinic command center for distribution to Super Users. These Alerts come out on an as-needed basis and may happen frequently during the first few days.
    - **Daily Debriefs (conference call) will be held by the Command Center Lead** twice a day to review status of top issues. Communications will support, but not lead.
        - 10am and 4pm (tentative)
        - Attendees: Clinic Managers: Super Users, Key clinic staff as necessary, Command Center management and team representatives
    - **Daily executive review** is tentatively planned for 11:30 am and SLT would be invited to that call. Again, this would be held by the Command Center Lead.

Wave 1 Go-Live Communications Timeline (shortened)

Week 1: April 22
- Special communications sent to all FMG staff/all FMG providers from Dr. Field regarding key operational issues related to the new implementation schedule and schedule reductions.
- **First Wave 1 Weekly Communication** sent out to Physicians/Managers/Staff from Dr. Field. Key topics were: Epic training, Dragon class, hardware update and more
- Meeting notice sent for 30 Day GLRA

Week 2: April 29
- **Wave 1 Weekly Communication.** Key topics are: Passwords, Clinic signage and patient letters, kick-off meetings and more.
- Recap of 30 Day GLRA sent to participants
- April 29 Super User training starts.

Week 3: May 6
- **Wave 1 Weekly Communication**. Key topics will be: TNI, Scheduling conversion; technical dress rehearsals, abstraction and MyChart.
- **Staff (safety/change) and patient (pardon progress) posters** and staff scripting sent to clinics.
- **Patient letter** mailed to all primary care patients.
- Abstraction begins at the clinics.

Week 4: May 13
- **Wave 1 Weekly Communication**. Key topics will be: Workflow dress rehearsal , Downtime process information, and more.
- Scheduling conversion; technical dress rehearsals, scanning and abstraction, MyChart and more.
- **Patient communications/staff scripting related to MyChart** will be delivered to clinics.
- **Dr. Spare "thank you and congratulations" letter** mailed to all Wave 1 staff and physicians.
- Technical Dress Rehearsal start May 14.
- May 17 End-User training starts.

Week 5: May 20
- **Wave 1 Weekly Communication**. Key topics will be: go-live support model, scheduling conversion (front staff will be live) and more.
- **Go-Live Care Packages** delivered to each of the clinic.
- Scheduling conversion/front desk goes live on Epic for scheduling
- Workflow Dress Rehearsals start May 22.

Week 5: May 27
- **Wave 1 Weekly Communication**. Key topics will be: final reminders.
- **Go-Live Kick-Off Events** held at each clinic.

June 3 – Go-Live
- **Go-Live Ceremony**
- **Daily Flash Reports created** and sent out for the first 3 weeks of Go-Live
- **End-User Alerts created** and sent out for the first 3 weeks of Go-Live
- **Daily briefings will be held** for the first 3 weeks of Go-Live (or for as long as the Command Center stays open)

Wave 2-4 Go-Live Communications Timeline*

Week 0 (varies per wave): Week of May 6 (Wave 2), July 1 (Wave 3), and Aug. 12 (Wave 4)
- **Special Wave notice sent to Managers regarding training registration** of staff and physicians and password reset tool.

Week 1: Week of May 13, Aug. 5, Sept. 16
- **Wave Weekly Communication** sent out to Physicians/Managers/Staff from Dr. Field. Key topics were: Epic training, Dragon class, hardware update and Patient letters.
- **Patient letters sent out** for primary care (Wave 2) and patients of specialist who care for those with chronic conditions (Waves 3&4)
- **Staff (safety/change) and patient (pardon progress) posters** sent to clinics.

Week 2: Week of May 20, Aug. 12, Sept. 23
- **Wave Weekly Communication**. Key topics are: Transcription/TNI, Clinic signage, kick-off meetings and more.

Week 3: Week of May 27, Aug. 19, Sept. 30
- **Wave Weekly Communication**. Key topics will be: Scheduling conversion, abstraction & more.
- Wave 3&4 Super User Training

Week 4: Week of June 3, Aug. 26, Oct. 7
- **Wave Weekly Communication**. Key topics will be: technical dress rehearsals, MyChart, & more.
- **Patient (pardon progress) posters** and staff scripting sent to clinics.
- End User training starts Wave 2. (And Super User Training Wave 2)

Week 5: Week of June 10, Sept. 5, Oct. 14
- **Wave Weekly Communication** sent out. Key topics will be: Workflow dress rehearsal , Downtime process information, and more.
- **Patient communications/staff scripting related to MyChart** will be delivered to clinics.
- **Dr. Spare "thank you and congratulations" letter** mailed to all Wave staff and physicians.
- End User training starts Wave 3&4.

Week 6: Week of June 17, Sept. 9, Oct. 21
- **Wave Weekly Communication**. Key topics will be: scheduling conversion (front staff will be live) and more.
- **Go-Live Care Packages** delivered to each of the clinic.

Week 7: Week of June 24 , Sept 16, Oct. 28
- **Wave Weekly Communication**. Key topics will be: go-live support model,
- **Go-Live Kick-Off Events** held at each clinic.

Week 8: Week of July 1, Sept. 23, Nov. 4
- **Wave Weekly Communication**. Key topics will be: final reminders.
- **Go-Live Kick-Off Events** continue to be held at each clinic.

Go-Live: July 8, Sept. 30, Nov. 11
- **Go-Live Ceremony**
- **Daily Flash Reports created** and sent out for the first 3 weeks of Go-Live
- **End-User Alerts created** and sent out for the first 3 weeks of Go-Live
- **Daily briefings will be held** for the first 3 weeks of Go-Live (or for as long as the Command Center stays open)

*The Wave 2-4 timeline still needs to be populated with key dates for the various waves: technical dress rehearsals, workflow dress rehearsals, abstraction and schedule conversion dates. Not all of these dates are known at this time, but we are reaching out to get updates from the project team leads on these milestones.

Next Steps

Upon the addition of the key milestones for Waves 2-4 described above, we will lay out all the wave activities that need to occur in a master calendar in addition to the sequential go-live schedule shared above. The date for completing this calendar is May 10, with the understanding that many dates for Waves 3 & 4 may still not be available for several weeks.