Executive Summary

Go-Live and Support Analysis

When implementing health information technology (HIT), the term "go-live" refers to the point at which the new software becomes available. To ensure a smooth transition to the new Electronic Health Records (EHR) system, it is essential to have a well-defined schedule in place that ensures all necessary resources are available during the initial implementation period (HealthIT, 2019). This will help minimize any potential disruptions and ensure a successful go-live. The company can benefit from using a go-live planning checklist to help schedule the HIM technology deployment go-live date as efficiently as possible (HealthIT, 2019).

As part of the implementation plan, the go-live checklist can be used to identify any issues that need to be fixed before the implementation. With the help of this checklist, difficulties that frequently arise on the first day of deployment can be avoided (HealthIT, 2019). The organization must accomplish a few crucial tasks before the implementation goes live. These tasks comprise thorough testing of the HIM technology, training the staff in the technology system application and updated policies and procedures, ensuring that all employees have created their respective usernames and passwords, conducting a simulation of a complete patient visit, posting signs in offices and hallways to inform patients about the go-live, and requesting their cooperation and patience throughout the process to ensure a successful implementation for both the employees and the organization (HealthIT, 2019).

Identify System End-Users

Throughout the implementation process, before new software can go live, it is important to create a plan and documentation for end-users. In order to create health information systems (HIS) that benefit physicians and facilitate their daily tasks, end users must be involved in the

process (Martikainen et al., 2020). In creating a support plan, it will ensure that the end-users utilize the programs. The end-users include physicians, nurses, and other clinical staff. Faith Olson of Vila Health believes there should be more training for nursing staff regarding the go-live system. The training will ensure that the end-users know how to utilize the software, but according to Faith Olson, scheduling training has been challenging.

According to Martikainen et al., 2020, although physicians and nurses are open to contributing to developing health information systems (HIS), there appears to be a shortage of effective methods for incorporating their input. Significantly, these healthcare professionals comprise the largest demographic of end users, yet they are unable to exert their preferred level of influence on HIS development. Healthcare organizations must acknowledge the value of clinician involvement and provide them with the opportunity to maintain their clinical duties (Martikainen et al., 2020).

Best Practices

Healthcare organizations need effective leadership to prevent HIT implementation failure, necessitating further research into leaders' roles (Laukka et al., 2020). There are some key thoughts to consider supporting the implementation of HIT systems. According to Cresswell et al., 2013, to ensure the success of HIT systems, it is essential to follow these key components: establish a clear understanding of the problem or problems that the technology is intended to help with, foster agreement, weigh your options, select systems that are both affordable and meet clinical needs, make appropriate plans, do not forget about the infrastructure, train staff, monitor progress over time, maintain the system, and persevere. Following these key components will benefit the support of the implementation process and system upgrades.

Procedures to Address HIM System Downtime

HIM systems may experience downtime and require procedures to maintain functionality while ensuring smooth clinical operations and patient safety. The downtime for HIT systems at Villa Health will be addressed using consistent monitoring and alerts, a system response plan, and collaboration with the software suppliers during backup and reset. Constant system monitoring and alerting will ensure potential issues are identified on time. In addition, the system incident response plan will identify incidents and the IT staff responsible for addressing them as soon as possible. In case of system incidents, the IT staff at Villa Health will collaborate with the suppliers to back up and reset the system.

The abovementioned procedures will minimize organizational risk, maintain uninterrupted clinical operations, and ensure patient safety. By monitoring system incidents and alerts, the organization will maintain operations by addressing the incidents aptly to avoid delays. According to Sutton et al. (2020), clinical operation delays are associated with patient safety issues like misidentification and medical errors. Therefore, the procedures will minimize patient safety issues. The procedures may be associated with challenges such as additional costs. For instance, there needs to be full-time IT support staff to implement the procedures, thus requiring additional salaries and wages.

Conclusion

Designing a comprehensive go-live and ongoing support plan for Villa Health requires several recommendations to be put in place. First, comprehensive training for all staff is required to ensure they have the necessary skills and knowledge. Secondly, pilot testing is essential to ensure learning and identify issues before implementation. A post-implementation evaluation should also be conducted to gather feedback for improvement. Ongoing support will require

constant monitoring, incident reporting, and vendor collaboration. In case of incidents, backup

and recovery are essential to prevent data loss.

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