# Discharge Documentation Module Project Go-Live: Lessons Learned

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## Introduction

On November 2, 2011, a large academic medical center went live with a new Discharge Documentation Module. The Module's goals were to create a web-based, multi-disciplinary tool that would promote communication and collaboration amongst all disciplines, create a clear, user friendly document for patients and support safe transitions for patients going home with services or to facilities. The lessons we learned throughout every stage of the Go-Live process provided us with valuable data that will be incorporated into our future Go-Live planning.

## Methods

Testing of the application occurred over a three month span of time and was conducted by our IS team in a Quality Assurance (QA) environment. During the testing period, we experienced IS staff turnover, diminishing our resources and creating a time crunch for the IS Analysts.  Testing was done mainly in a QA environment, minimal testing was done in production.

Our training plan had multiple phases, the first phase was for Super Users to receive twelve hours of training and for clinical nursing staff members who would be "Unit Champions" to receive four hours of Super users facilitated one hour classes for Nurse and Health Professional End Users and "Unit Champions" were expected to provide on-unit support to their respective units. All Nurses were required to take a one hour Computer Based Training (CBT) prior to attending a "drop in" session. Physicians were required to take the 1 hour CBT and received support via a team of Physician Super Users.

## Results

There were many challenges in the first days of Go-Live, most notably, the some testing that passed in QA, did not pass in production. Access to a testing environment that more accurately reflects production or more aggressive testing in production would have identified more issues prior to go-live.

Clinicians were minimally involved in the testing process, so testing did not adequately allow for a broader perspective of the clinician workflow and usage of the Module.

There was confusion about the role responsibilities of the Champions and many units were not staffed appropriately to handle the increased workload. Super Users were the most helpful resource; however, their limited number caused long waits for assistance at time of need.

## Conclusion

Thorough testing using full workflow scenarios in a production environment would have caught the most major technical issues prior to go live. During training, we would have benefitted from imparting to the leadership the magnitude of the anticipated changes to practice and workflow and encourage them to prepare accordingly.  In hindsight, our "Command Center" should have had a structured Rapid Communication Plan in which Group Pages are used to alert end users to issues and solutions in real time.

Our most positive lesson learned was the vital importance of the right support staff. Our Super Users were an amazing group and the face of this project during Go-Live. Since our rocky start, the Discharge Module has been a great success, with nurses pleased with the content of data, multi-disciplinary design and the expedience of documentation.