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Author: Dr. Girirajtosh Purohit

EHR MIGRATION CHECKLIST

From Paper to Digital — A Complete Transition Toolkit for Healthcare Organizations

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Migration Phases	Checklist Items	Risk Categories	Data Classifications	Verification Layers

How to use this checklist: *Work through each phase sequentially. Check off items as they are completed. Assign a team owner to each phase. Keep this as a living document — update it as workflows or system capabilities evolve.*

1 PRE-MIGRATION PLANNING

Objective: Identify scope, resources, risks & priorities

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Inventory All Data**	List all structured and unstructured data: • **Structured:** demographics, appointments, medications, labs, billing codes, templates, order sets • **Unstructured:** free-text notes, scanned documents, paper charts, visit narratives
☐	**Map Workflows & Hidden Workarounds**	Identify every workflow and manual workaround including hidden fields and staff-dependent practices (e.g., schedulers tracking authorizations in spreadsheets, nurses using hidden fields for immunizations).
☐	**Form Transition Team**	Assemble a cross-functional team with **protected time and decision-making authority**: • **Clinical:** Providers, nurses, care coordinators • **Operational:** Front desk, billing, admin staff • **Technical:** IT team, EHR vendor support
☐	**Define Migration Goals**	Clarify success criteria across four dimensions: **patient safety**, **operational efficiency**, **regulatory compliance**, and **future growth** (telehealth, RPM).
☐	**Document Everything**	Create written records of all assumptions, decisions, and data maps. Undocumented assumptions are the #1 source of migration errors.

EXPERT TIP: Staff often rely on hidden fields and informal processes outside formal system documentation. Conduct direct interviews with each role — do not rely solely on system reports.

2 DATA CLASSIFICATION & TRANSFORMATION

Objective: Determine migration approach for each data type

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Categorize All Data**	Assign every data type to one of four migration categories (see table below). No category should be left unassigned.
☐	**Define Transformation Rules**	Create field-level mapping tables between legacy and new EHR fields. Standardize lab codes to LOINC; normalize medication statuses; deduplicate problem lists.
☐	**Plan Manual Recreation Items**	Identify complex unstructured notes and paper charts that require human intervention. Assign clinical staff to review and recreate these records.

Data Classification Reference

CATEGORY	DEFINITION	EXAMPLES	APPROACH
Direct Transfer	Fields that move unchanged	Demographics, provider lists, appointment history	Automated export/import
Transform & Cleanup	Data requiring standardization or deduplication	Problem list deduplication, LOINC code mapping, lab normalization	Automated + clinical review
Archive	Older/inactive records in read-only format	Historical charts, closed episodes	Structured archive in new system
Manual Recreation	Critical data requiring human intervention	Complex free-text notes, paper charts with clinical context	Clinician review & manual entry

3 DATA EXTRACTION

Objective: Safely remove data without losing clinical context

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Extract in Small Batches First**	Start with small representative batches to verify extraction rules before running full-scale migration. Review each batch with clinical and operational staff.
☐	**Choose Compatible Export Formats**	Export from legacy system in compatible formats: **CSV, HL7, FHIR, or database dump** — matched to what the new EHR can ingest.
☐	**Preserve Clinical Context**	Ensure every record carries its clinical narrative: • Diagnoses with associated clinical notes • Medications with start/stop dates and reasons • Labs with reference ranges and ordering context
☐	**Maintain Extraction Logs**	Keep a detailed log of every extraction batch — date, record counts, transformation rules applied, reviewer sign-off. These logs are essential for auditing and troubleshooting.

CRITICAL WARNING: A medication recorded as "Amoxicillin 500mg" with a stop date buried in free text may be interpreted as indefinitely active in the new system — a direct patient safety risk. Clinical staff must review every medication record.

4 DATA IMPORT & VERIFICATION

Objective: Ensure accuracy and usability in the new system

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Import Batches into New EHR**	Load data carefully in batch increments — do not attempt a single bulk import without prior batch-level verification.
☐	**Layer 1 — Automated Verification**	Run automated counts and compare against source system totals: • Total patient count • Total encounter / visit count • Medication record count • Lab result count • Allergy record count
☐	**Layer 2 — Spot Checks**	Manually verify a statistically representative sample of critical records — check that key fields are present, correctly formatted, and carry accurate data.
☐	**Layer 3 — Clinical Review**	Have clinicians confirm that migrated charts maintain the original clinical narrative and context. If the story doesn't make sense, the migration isn't done.
☐	**Resolve Discrepancies & Retest**	Adjust import and transformation rules for any discrepancies found. Rerun affected batches and repeat all three verification layers before proceeding.

VERIFICATION CHECKLIST: Medications include stop/start reasons ✓ Labs include reference ranges ✓ Notes are complete and searchable ✓ Duplicate records removed ✓

5 IMPLEMENTATION ROLLOUT

Objective: Transition users without operational disruption

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Select Rollout Strategy**	Choose the approach that fits your organization's risk tolerance and capacity: • **Full Rollout:** All staff switch on the same day — faster timeline, higher initial disruption • **Phased Rollout:** Department-by-department or provider-by-provider — reduces stress, requires parallel operation
☐	**Communicate the Plan**	Brief all staff on the timeline, what to expect on go-live day, escalation contacts, and support resources. Over-communicate — ambiguity causes anxiety.
☐	**Run Parallel Operations (if phased)**	For phased rollout, ensure the legacy system continues operating smoothly for departments still on the old EHR. Establish clear data sync protocols between both systems.
☐	**Ensure IT & Team On-Call Standby**	Have IT team, vendor support, and transition team members available on-site or on-call during the go-live period. Do not go live on a Friday without weekend support coverage.

6 STAFF TRAINING & ADOPTION

Objective: Equip staff with efficiency and confidence

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Scenario-Based Training**	Train on real clinic workflows — not just system features: • Check-in: late arrivals, insurance verification • Complex visit documentation • Lab ordering and results reconciliation • Medication refills with stop/start dates • Charge capture and claim submission
☐	**Train on Missing/Unclear Data Protocols**	Ensure every staff member knows what to do when they encounter a record that looks incomplete or incorrect post-migration. Clear escalation path prevents patient safety errors.
☐	**Provide Post-Go-Live Mentorship**	Assign super-users or EHR champions to each department for ongoing support. One-time training is not sufficient — sustained mentorship drives real adoption.
☐	**Reduce Visit Volume During Critical Phases**	Adjust scheduling where operationally feasible during go-live week and the first 2–4 weeks post-migration to allow staff to build confidence without extreme pressure.

EXPERT TIP: Address fear directly. Staff worry about losing familiar data, learning during busy hours, and making care errors. Continuous communication, clear escalation paths, and safe feedback spaces are as important as the technical steps.

7 POST-GO-LIVE MONITORING & CONTINUOUS IMPROVEMENT

Objective: Identify and resolve issues quickly; rebuild system trust

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Monitor Workflow Performance**	Track error rates, bottlenecks, and rework incidents. Monitor billing error rates and claim submission delays as leading indicators of migration quality issues.
☐	**Gather Staff Feedback Systematically**	Create a structured feedback loop — regular check-ins, anonymous surveys, or departmental debriefs. Actively collect staff input on usability, missing data, and workflow gaps.
☐	**Apply Quick Fixes Immediately**	Address small, identified problems on the same day or within 24 hours. Track larger, systemic issues in a formal issue log with assigned owners and resolution timelines.
☐	**Refine Workflows**	Use the migration as an opportunity to simplify: eliminate redundant steps carried forward from the legacy system, reduce workaround reliance, and redesign workflows to match the new EHR's strengths.
☐	**Periodic Data Integrity Reviews**	Schedule recurring reviews (monthly for first 6 months, then quarterly) of data accuracy, workflow efficiency, and staff satisfaction metrics.

8 CULTURAL INTEGRATION & STRATEGIC ALIGNMENT

Objective: Reconnect the EHR to clinical purpose and enable growth

DONE	TASK	DESCRIPTION / ACTION REQUIRED
☐	**Reconnect EHR to Clinic Purpose**	Ensure staff trust and confidence is restored. The EHR must be perceived as reducing unnecessary work, providing reliable information, and supporting real workflows — not creating new burdens.
☐	**Align Workflows with Care Delivery**	Confirm all daily workflows are directly aligned with how care is actually delivered — not how the old system worked. Eliminate any remaining workarounds.
☐	**Enable Strategic Growth Capabilities**	Leverage the new EHR to unlock capabilities unavailable in the legacy system: • Telehealth and remote patient monitoring (RPM) integration • Enhanced analytics and reporting • Expansion to new locations or service lines • Improved patient portal and engagement tools
☐	**Make This a Living Document**	Update this checklist as workflows evolve, system capabilities expand, or regulatory requirements change. Archive completed versions for audit purposes.

EXPERT ADVICE: Keep this checklist visible and accessible to all members of the transition team. Use it as a living document, updating as workflows or system capabilities evolve. Migration is complete when the EHR is a trusted tool — not just when data has been transferred.

EHR MIGRATION RISK REGISTER

RISK CATEGORY	RISK	LEVEL	MITIGATION STRATEGY
Data Integrity	Missing records, incorrect lab values, incomplete medication histories, duplicate demographics	HIGH	Batch testing, three-layer automated + manual + clinical verification
Clinical Safety	Inaccurate data leading to wrong clinical decisions; missing medication stop dates causing adverse drug events	HIGH	Preserve clinical context in extraction; include unstructured notes; verify with clinicians
Operational	Billing errors, delayed claims, misrouted referrals, productivity loss during adaptation	MEDIUM	Phased rollout option; train on real workflows; monitor parallel operations
Cultural / Staff	Resistance to change, increased fatigue, reduced trust if migration appears error-prone	MEDIUM	Cross-functional team, continuous training, acknowledge stress, integrate feedback loops

KEY QUESTIONS BEFORE GO-LIVE

- ✓ **Data:** Have all three verification layers passed for all data batches?
- ✓ **Clinical:** Have clinicians confirmed charts tell the original story?
- ✓ **Medications:** Do all records include stop/start dates and reasons?
- ✓ **Labs:** Do all results include reference ranges and ordering context?
- ✓ **Staff:** Has every role completed scenario-based training?
- ✓ **Support:** Is IT and vendor standby confirmed for go-live?
- ✓ **Rollback:** Is a rollback plan documented and tested?

POST-MIGRATION SUCCESS METRICS

- → **Data Integrity:** Zero critical data gaps; all charts clinically coherent
- → **Staff Adoption:** EHR perceived as reducing work, not adding burden
- → **Workflow Efficiency:** Redundant steps eliminated; workarounds reduced
- → **Billing Accuracy:** Claim error rates at or below pre-migration baseline
- → **Patient Safety:** No adverse events attributable to migration data errors
- → **Compliance:** Full regulatory alignment maintained throughout
- → **Growth Ready:** New capabilities (telehealth, RPM) enabled and operational

FINAL THOUGHT

"Successful EHR migration is deliberate, structured, and collaborative. Clinics that follow a continuous roadmap — from assessment and data classification to training, verification, and post-go-live monitoring — ensure that data is preserved accurately; staff workflows are optimized; patient care remains uninterrupted and safe; and the new EHR becomes a trusted tool rather than a disruption."

— Dr. Girirajtosh Purohit | OmniMD Digital Healthcare Innovators