

# Dress Rehearsal Runbook & Cutover Checklist

Data Conversion | Interfaces | Access |  
Go-Live | TechFitFlow.com

Dress rehearsal is not a repeat of UAT. It is a timed simulation of go-live day operations. Every step has a named owner and a time window. If a step cannot be completed in its window during rehearsal, the cutover plan needs to change.

## PHASE 1: PRE-CUTOVER READINESS (T-48 HOURS)

	Gate Item	Owner	Target Time	Confirmed
[ ]	All UAT Critical defects confirmed resolved - zero open criticals entering dress rehearsal	PM	T-48hr	_____
[ ]	All UAT High defects resolved or formally accepted with documented workaround	PM	T-48hr	_____
[ ]	Clinical leadership UAT sign-offs obtained from all service lines	PM / CNO	T-48hr	_____
[ ]	Production environment infrastructure confirmed - server health checks passed	Epic Tech	T-48hr	_____
[ ]	Legacy system read-only access confirmed for post-go-live historical reference	IT Ops	T-48hr	_____
[ ]	Downtime procedure packets printed and delivered to all care areas	Ops Lead	T-48hr	_____
[ ]	Super-user floor deployment schedule confirmed - names, units, shifts for first 14 days	Training Lead	T-48hr	_____
[ ]	Command center location, equipment, and analyst shift assignments confirmed	PM	T-48hr	_____
[ ]	Go/No-Go decision meeting scheduled for T-24hr with clinical and IT leadership	PM	T-48hr	_____

## PHASE 2: DATA CONVERSION (T-24 HOURS TO T-8 HOURS)

	Gate Item	Owner	Target Time	Confirmed
[ ]	Legacy system frozen for data extract - no new registrations or scheduling after freeze	IT Ops	T-24hr	_____
[ ]	Data extract from legacy system initiated - demographics, coverage, appointments	Conversion Team	T-24hr	_____
[ ]	Data transformation completed - field mapping confirmed, special characters handled	Conversion Team	T-18hr	_____

	Gate Item	Owner	Target Time	Confirmed
[ ]	Data load to Epic production environment initiated	Conversion Team	T-16hr	_____
[ ]	Record count reconciliation: Epic patient count matches legacy count within 0.1%	QA Analyst	T-12hr	_____
[ ]	Sample validation: 200 patient records spot-checked for name, DOB, MRN, coverage	Reg Super-User	T-12hr	_____
[ ]	High-activity patients verified: top 20 patients by appointment volume confirmed correct	Reg Lead	T-12hr	_____
[ ]	Coverage validation: top 10 payer groups confirmed pointing to correct Epic plan records	Billing Analyst	T-10hr	_____
[ ]	Appointment migration: scheduled appointments for next 30 days confirmed in Cadence	Scheduling Lead	T-10hr	_____
[ ]	Data conversion sign-off obtained from registration and scheduling leadership	Conversion PM	T-8hr	_____

**PHASE 3: INTERFACE ACTIVATION SEQUENCE (T-8 HOURS TO T-2 HOURS)**

	Gate Item	Owner	Target Time	Confirmed
[ ]	ADT interface activated - test A04 fires and received by all downstream systems	Integration Analyst	T-8hr	_____
[ ]	Lab (LIS) order interface activated - test STAT CBC placed and received in LIS	Integration + Beaker	T-7hr	_____
[ ]	Lab result (ORU) interface activated - test result posted and visible in Epic	Integration + Beaker	T-7hr	_____
[ ]	Radiology order interface activated - test XR order received in RIS worklist	Integration + Rad	T-6hr	_____
[ ]	Radiology result interface activated - test read result visible in Epic in-basket	Integration + Rad	T-6hr	_____
[ ]	Pharmacy ADC interface activated - patient adds to ADC cabinet after ADT A01	Integration + Pharm	T-5hr	_____
[ ]	BCMA scanning confirmed working for test medications in production	Pharmacy Analyst	T-5hr	_____
[ ]	Billing/charge interface activated - test charge appears in charge review queue	Integration + Billing	T-4hr	_____
[ ]	All external partner interfaces activated and confirmed by receiving organization	Integration Analyst	T-3hr	_____

	Gate Item	Owner	Target Time	Confirmed
[ ]	Bridges Interface Monitor baseline established - all expected message counts documented	Integration Analyst	T-2hr	_____
[ ]	Full interface activation sign-off by integration analyst before proceeding	Integration Analyst	T-2hr	_____

**PHASE 4: USER ACCESS AND SYSTEM READINESS (T-4 HOURS TO T-1 HOUR)**

	Gate Item	Owner	Target Time	Confirmed
[ ]	Sample user access: 1 user per role per department logs in and accesses Epic correctly	IT / Help Desk	T-4hr	_____
[ ]	Nursing super-users confirm correct department, unit, and patient list visibility	Nursing SUs	T-3hr	_____
[ ]	Provider super-users confirm correct patient list, schedule, and CPOE access	Provider SUs	T-3hr	_____
[ ]	Pharmacy staff confirm correct verification queue and ADC access	Pharmacy SUs	T-2hr	_____
[ ]	Registration staff confirm correct registration screens and EMPI search functionality	Reg SUs	T-2hr	_____
[ ]	Epic help desk confirmed staffed and escalation path to Epic on-call confirmed	Help Desk Lead	T-2hr	_____
[ ]	Command center communication channel confirmed - all analysts responding	PM	T-2hr	_____
[ ]	Paper downtime materials distributed to all care areas - nurses confirm receipt	Ops Lead	T-2hr	_____
[ ]	Downtime procedure drill completed with at least one nursing unit	Training Lead	T-1hr	_____

**PHASE 5: GO / NO-GO DECISION GATE (T-1 HOUR)**

	Gate Item	Owner	Target Time	Confirmed
[ ]	Clinical readiness GO: CNO, CMO, Pharmacy Director, Rev Cycle Director all confirm GO	Exec Sponsor	T-1hr	_____
[ ]	Technical readiness GO: all interfaces stable, production system performance normal	Epic Tech Lead	T-1hr	_____
[ ]	Data conversion GO: sign-off obtained, no open data quality issues	Conversion PM	T-1hr	_____

	Gate Item	Owner	Target Time	Confirmed
[ ]	User access GO: no unresolved access issues for any user role type	IT Lead	T-1hr	_____
[ ]	Zero unresolved Critical defects from IVT, UAT, or dress rehearsal	PM	T-1hr	_____
[ ]	Go-live officially declared by Executive Sponsor - time recorded	Exec Sponsor	T-0	_____

**PHASE 6: GO-LIVE EXECUTION AND FIRST 24 HOURS**

	Gate Item	Owner	Target Time	Confirmed
[ ]	Epic live - all users begin working in production environment	All	T+0	_____
[ ]	Integration analyst monitors Bridges Interface Monitor continuously for first 4 hours	Integration Analyst	T+0 to T+4	_____
[ ]	Nursing super-users on every active unit for first 8-hour shift	Nursing SUs	T+0 shift 1	_____
[ ]	Provider super-users available in each department for first 2 shifts	Provider SUs	Shifts 1-2	_____
[ ]	Command center status call every 4 hours - all analysts report defect count	PM	Every 4hr	_____
[ ]	Day 1 patient volume and charge capture monitored for unexplained gaps	Billing Analyst	T+24hr	_____
[ ]	Day 1 ADT message volume reconciled against expected baseline count	Integration Analyst	T+24hr	_____
[ ]	Post-go-live issue log reviewed and triaged - P1 issues escalated immediately	PM	T+24hr	_____