

# Epic Prelude & Grand Central - Go-Live Readiness Checklist

Registration | ADT | Bed Management | HIPAA | TechFitFlow.com

Every gate requires a named owner and confirmed sign-off date before go-live approval. EMPI, ADT, and bed master failures create cascading problems across clinical, operational, and billing systems. Incomplete gates here affect every downstream module.

## EMPI CONFIGURATION AND PATIENT IDENTITY

	Gate Item	Owner	Sign-off Date
<input type="checkbox"/>	EMPI probabilistic matching algorithm thresholds reviewed with Epic implementation consultant	_____	_____
<input type="checkbox"/>	Pre-go-live EMPI match simulation run against production-equivalent patient data	_____	_____
<input type="checkbox"/>	False positive rate (incorrect auto-merges) measured and within acceptable tolerance	_____	_____
<input type="checkbox"/>	False negative rate (missed matches creating duplicates) measured and within acceptable tolerance	_____	_____
<input type="checkbox"/>	EMPI potential match review queue configured and staffed - reviewer assigned before go-live	_____	_____
<input type="checkbox"/>	Duplicate patient record merge workflow configured - supervisory confirmation required before merge	_____	_____
<input type="checkbox"/>	Patient record merge audit trail configured - all merges logged with user, timestamp, and reason	_____	_____
<input type="checkbox"/>	Merge restriction configured - front-line staff cannot merge without supervisory override	_____	_____
<input type="checkbox"/>	Patient overlay prevention: two-factor identity verification (name + DOB) required at registration	_____	_____
<input type="checkbox"/>	EMPI tested with exact match, near-match, non-match, and deliberate duplicate scenarios	_____	_____
<input type="checkbox"/>	High-volume encounter types (ED walk-in, scheduled outpatient) each tested with EMPI workflow	_____	_____

## PATIENT REGISTRATION WORKFLOW - PRELUDE

	Gate Item	Owner	Sign-off Date
[ ]	Registration field configuration reviewed with registration leadership - required vs optional per encounter type	_____	_____
[ ]	ED registration fields minimized to essential fields only - unnecessary required fields removed	_____	_____
[ ]	Scheduled outpatient registration includes full demographics, guarantor, and coverage fields	_____	_____
[ ]	Guarantor relationship options configured for all relevant patient-guarantor scenarios (self, parent, spouse)	_____	_____
[ ]	Coverage record configuration reviewed - payer plan records in Resolute exist for all major payers	_____	_____
[ ]	Coverage priority order (COB) workflow tested for patients with multiple insurance coverages	_____	_____
[ ]	Consent workflow configured: treatment consent, HIPAA NPP acknowledgment, financial responsibility	_____	_____
[ ]	Advance directive status field confirmed connected to clinical alert display in clinical modules	_____	_____
[ ]	Patient consent re-verification rules configured per encounter type (new vs return visit)	_____	_____
[ ]	Prior authorization capture workflow tested - auth number links to encounter and claim in Resolute	_____	_____
[ ]	Registration workflow tested by registration staff for each encounter type before go-live	_____	_____

#### ADT MESSAGE CONFIGURATION AND BRIDGES INTERFACES

	Gate Item	Owner	Sign-off Date
[ ]	All Bridges test-mode hold timers and message delays DISABLED before go-live - confirmed by integration analyst	_____	_____
[ ]	ADT A01 (admit) tested - message reaches all receiving systems within expected latency	_____	_____
[ ]	ADT A02 (transfer) tested - ADC cabinet updates, nursing unit worklist updates correctly	_____	_____
[ ]	ADT A03 (discharge) tested - bed released, ADC reconciled, billing triggered	_____	_____
[ ]	ADT A04 (register) tested - patient visible in lab, radiology, and scheduling downstream systems	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	ADT A08 (demographic update) tested - all receiving systems receive updated demographics	_____	_____
[ ]	ADT A11 (cancel admit) tested - patient removed from all systems that received A01	_____	_____
[ ]	ADT A13 (cancel discharge) tested - billing account reopened, bed reassigned correctly	_____	_____
[ ]	PID segment field mapping confirmed per receiving system vendor spec for each ADT event type	_____	_____
[ ]	PV1 segment: attending provider, patient class, room/bed populated correctly for A01 and A02	_____	_____
[ ]	ADT message filtering configured - each system receives only applicable event types	_____	_____
[ ]	ADT interface stability monitoring established - baseline message counts per hour documented	_____	_____
[ ]	Integration analyst assigned to Interface Monitor for first 72 hours post go-live	_____	_____

**GRAND CENTRAL BED MASTER AND BED MANAGEMENT**

	Gate Item	Owner	Sign-off Date
[ ]	Bed master physical audit completed - every bed in Epic matches hospital floor plan exactly	_____	_____
[ ]	All departments/units configured with correct service type (medicine, surgery, ICU, OB, peds)	_____	_____
[ ]	Bed count per unit confirmed against facilities management and nursing administration	_____	_____
[ ]	Isolation bed attributes configured: contact, droplet, airborne - confirmed with infection control	_____	_____
[ ]	Telemetry bed attributes configured and matched to monitoring equipment inventory	_____	_____
[ ]	Bariatric bed attributes configured per facilities management bed capacity inventory	_____	_____
[ ]	Observation bed type configured separately from inpatient beds per CMS billing requirements	_____	_____
[ ]	Bed request form configured: isolation type, telemetry, ICU level, admitting service fields	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	Bed request attribute vocabulary confirmed consistent with bed master attribute values	_____	_____
[ ]	Bed coordinator workflow tested: bed request received, reviewed, assigned, patient notified	_____	_____
[ ]	Bed turnover workflow tested: discharge triggers dirty status, housekeeping notified, clean marked	_____	_____
[ ]	EVS/housekeeping integration tested if separate environmental services system used	_____	_____
[ ]	Grand Central capacity dashboard validated - total beds, occupied, available counts correct	_____	_____

**INSURANCE ELIGIBILITY AND COVERAGE VERIFICATION**

	Gate Item	Owner	Sign-off Date
[ ]	270/271 real-time eligibility tested for top 10 payers - coverage populates in patient account	_____	_____
[ ]	Medicare 271 response parsing configured and validated - benefit segments populate correctly	_____	_____
[ ]	Commercial payer 271 parsing configured per payer - deductible, copay, out-of-pocket populate	_____	_____
[ ]	Eligibility trigger points confirmed: scheduling, check-in, and registration workflows	_____	_____
[ ]	Inactive coverage response handling tested - 271 inactive member response updates account correctly	_____	_____
[ ]	Coverage migration sample validated - top 10 payers confirmed pointing to correct Epic plan records	_____	_____
[ ]	Secondary coverage COB order tested for Medicare + supplement and commercial dual-coverage scenarios	_____	_____
[ ]	Prior authorization workflow tested: auth captured in Prelude, flows to claim in Resolute	_____	_____

**HIPAA PRIVACY AND ACCESS CONTROLS**

	Gate Item	Owner	Sign-off Date
[ ]	Patient directory opt-out workflow configured and tested - opted-out patient not confirmed to callers	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	Patient directory opt-out alert displays to registration staff for opted-out patients	_____	_____
[ ]	Sensitive patient flagging: behavioral health patients restricted per privacy officer specification	_____	_____
[ ]	VIP patient flagging configured - access restrictions and notifications per hospital policy	_____	_____
[ ]	Domestic violence / law enforcement custody patient protections configured and tested	_____	_____
[ ]	Break-the-glass access: authorized roles defined, override reason required, audit trail confirmed	_____	_____
[ ]	Break-the-glass post-access review workflow configured - privacy officer notified of access events	_____	_____
[ ]	HIPAA Notice of Privacy Practices acknowledgment required at first registration - tested	_____	_____
[ ]	Patient consent audit trail confirmed: who obtained consent, when, and for which encounter	_____	_____
[ ]	Privacy officer has reviewed and signed off on all HIPAA-related Prelude configuration	_____	_____
[ ]	Role-based access controls for registration staff reviewed - minimum necessary access confirmed	_____	_____

### DATA CONVERSION AND MRN STRATEGY

	Gate Item	Owner	Sign-off Date
[ ]	MRN strategy decided: legacy MRN retained in Epic or new Epic MRNs assigned - decision documented	_____	_____
[ ]	Cross-reference (XREF) table configured for all source system identifiers mapped to Epic MRN	_____	_____
[ ]	Patient demographic conversion sample validated: name, DOB, gender, address, SSN for 500+ records	_____	_____
[ ]	Special character and non-standard name format handling confirmed (apostrophes, hyphens, diacritics)	_____	_____
[ ]	Coverage record migration validated: top 10 payers confirmed with correct plan mapping	_____	_____
[ ]	Record count reconciliation completed: Epic patient count matches legacy source count	_____	_____

	Gate Item	Owner	Sign-off Date
[ ]	High-volume source systems individually reconciled - no source system population missing from Epic	_____	_____
[ ]	EMPI pre-match run against converted data - duplicate records from conversion identified and resolved	_____	_____
[ ]	Historical archive system accessible from Epic patient chart if full history not migrated	_____	_____

**GO-LIVE OPERATIONS**

	Gate Item	Owner	Sign-off Date
[ ]	Registration operations lead assigned to go-live command center	_____	_____
[ ]	ADT integration analyst assigned to Interface Monitor watch for first 72 hours	_____	_____
[ ]	Super-users identified: registration desk, bed coordination, house supervisor for every shift	_____	_____
[ ]	Downtime registration procedure documented, printed, and distributed to all registration areas	_____	_____
[ ]	Paper registration form available and staff trained for system downtime	_____	_____
[ ]	Escalation path confirmed: super-user > Prelude build analyst > Epic support	_____	_____
[ ]	Post-go-live EMPI duplicate monitoring: daily duplicate queue count tracked for first 30 days	_____	_____
[ ]	ADT message volume baseline vs go-live volume monitored daily for first week	_____	_____