EHR Data Migration Checklist

1. Pre-Migration Strategic Planning

Executive Sponsorship and Project Governance

- ☐ Executive sponsor named in writing, with budget authority and escalation power
- ☐ Clinical, technical, and operational leads named with time commitments
- ☐ Governance committee defined: cadence, decision rights, escalation paths
- ☐ External advisor or migration partner identified if no in-house experience

Scope Definition and Documentation

- ☐ Source and destination EHR platforms documented, including version
- ☐ Sites, departments, and specialties in scope vs. out of scope
- ☐ Historical data depth decisions: migrate, archive, or retire
- ☐ Custom build approach per element (convert/redesign/retire)
- ☐ Integration footprint understood at category level

Go-Live Readiness Criteria

- ☐ Readiness criteria documented per category, with validation tolerance
- ☐ Clinical sign-off authority identified for each criterion
- ☐ Specific go/no-go decision points named, with decision-makers
- ☐ Rollback plan defined for the case where go-live cannot proceed
- ☐ Communication plan to clinicians prepared

Initial Compliance and Risk Assessment

- ☐ HIPAA gap analysis completed against current source system controls
- ☐ Business Associate Agreement scope drafted for migration partner
- ☐ Information blocking analysis initiated under 21st Century Cures Act
- ☐ State-specific requirements documented (42 CFR Part 2, behavioral health, HIV)
- ☐ Initial risk register established with named owners per risk

2. Data Discovery and Audit

Source System Inventory

- ☐ Data volume baseline by category (structured, unstructured, financial, audit)
- ☐ Custom build inventory: order sets, smart phrases, rules, reports, templates
- ☐ Historical data depth documented year by year
- ☐ Source system data dictionary reviewed against actual production data
- ☐ System administrators and original implementation staff interviewed

Integration Footprint Mapping

- ☐ Every HL7 v2 interface documented: direction, format, frequency, owner
- ☐ Every FHIR endpoint documented, including patient-facing app dependencies
- ☐ HIE participation confirmed (Carequality, CommonWell, regional HIEs)
- ☐ E-prescribing, lab, radiology, device, telehealth integrations documented
- ☐ Quality reporting registry connections documented (CMS, MIPS, specialty)

Data Quality and MPI Audit

- ☐ Duplicate patient records identified, flagged, queued for clinical review
- ☐ Provider records audited for accuracy and active status
- ☐ Insurance and contract records reconciled against current payer relationships
- ☐ Problem list, medication list, and allergy data quality reviewed
- ☐ Data convention inconsistencies across acquired sites documented

Historical Data Scope Decisions

- ☐ Migrate vs. archive vs. retire decision documented per data category
- ☐ Archival vendor evaluated if any data is archiving rather than migrating
- ☐ Audit log retention strategy confirmed for HIPAA compliance
- ☐ Retention requirements documented per regulation
- ☐ Legacy system decommissioning timeline drafted

3. Mapping, Cleansing, and Validation

Field and Semantic Mapping

- ☐ Field-level mapping documented for every structured data type in scope
- ☐ Semantic mapping rules documented (ICD-10-CM to SNOMED CT, source to destination)
- ☐ USCDI standards compliance confirmed for destination data structures
- ☐ Custom build mapping decisions documented per element
- ☐ C-CDA document handling defined for historical record portions

Test Environment and Test Migration

- ☐ Test environment provisioned, mirroring production controls and integrations
- ☐ Test data set defined (representative sample or production clone)
- ☐ Test migration executed end-to-end before production scheduled
- ☐ Test results documented against validation criteria from Section 1
- ☐ Mapping gaps identified and resolved before production scheduling

Validation Criteria and Sign-Off

- ☐ Clinical end-users identified for workflow validation
- ☐ Validation scenarios written for each major specialty and workflow type
- ☐ Parallel testing window defined, source and destination both operating
- ☐ Sign-off authority documented per data category, captured in writing
- ☐ AI-assisted validation tooling configured if used
- ☐ Failure thresholds set per category, with explicit escalation paths
- ☐ Re-validation process defined for any failed test scenarios

4. Go-Live and Post-Cutover

Cutover Window Preparation

- ☐ Cutover date and window finalized, read-only periods and downtime defined
- ☐ Communication to all users at 30 days, 14 days, 7 days, 24 hours pre-cutover
- ☐ Manual workflow procedures documented and distributed for downtime
- ☐ Final data sync executed and confirmed against cutover plan
- ☐ Cutover command center staffed with named reps from IT, clinical, RCM, compliance

Day 1 Through Day 7 Monitoring

- ☐ Help desk staffed at 3-5x normal coverage for first 72 hours
- ☐ Daily claim rejection report against pre-migration baseline starting Day 1
- ☐ Clinician workflow exception reports collected daily
- ☐ Integration health checks executed daily across all external connections
- ☐ Daily project status meeting with executive sponsor through Day 7
- ☐ Open issues spreadsheet maintained with resolution status and owner

30/60/90-Day Reconciliation

- ☐ Day 30: AR aging vs. baseline, integration audit, clinician feedback
- ☐ Day 60: Quality reporting validation, custom build review, cost review
- ☐ Day 90: Full data integrity audit, full integration audit, retrospective
- ☐ Support ramp-down plan executed against actual ticket volume

Legacy System Decommissioning

- ☐ Retention windows confirmed for all data categories before decommissioning
- ☐ All HIE, registry, and external interfaces confirmed functional on new platform
- ☐ Read-only legacy system access maintained for defined retrieval period
- ☐ Decommissioning approved by executive sponsor, compliance, and IT in writing
- ☐ Source system data backup retained per documented retention plan