

## “Going Live”

### What does it mean to “Go Live” with PSYCKES in your ED/CPEP?

**Your “Go Live Day” is the day when your plan for PSYCKES use goes into effect. It is the day when using PSYCKES becomes the way you do business.**

- PSYCKES procedures are put into effect.
- There are clear expectations for PSYCKES use.
- People are held accountable for adhering to the new procedures.

To some extent, “going live” is a state of mind. Change doesn’t happen overnight. Some people will use PSYCKES before “go live” day. Some people may take longer to start using it. But it is meaningful to set a “Go live” date. Staff should be informed of the date and should know what it means.

Before “Go Live Day”	After “Go Live Day”
“Oh, how great, you checked PSYCKES.”	“Your chart is incomplete; the PSYCKES clinical summary is missing.”
“Hey, do you have a minute to get this client’s PSYCKES consent signed? Do you know who’s around that has consent module access to enter the consent into PSYCKES?”	“I am supposed to enter consent in the consent module and print the clinical summary, so the person who checks the client into the ED has to pass me the signed consent.”

### Prerequisites for “Going Live:”

- PSYCKES procedures have been developed and approved.
- Staff have been trained on the new procedures and on PSYCKES. They know what is expected of them and how to fulfill their responsibilities.
- PSYCKES access has been obtained for those who need it to fulfill their responsibilities.
- Concrete items are in place to support the new procedures – e.g., Consent forms are accessible in a designated place and/or have been incorporated into initial paperwork.

### Best Practices for “Go Live Day:”

- Inform staff in advance of the “go live” date.
- Designate “super-users” who can help their peers if they have questions.
- Provide user support in the ED for 1-2 days. This is a significant investment of time but is worth it.
- Keep a list of issues that arise, both in using PSYCKES and in the PSYCKES workflow (e.g., do the planned procedures work with overnight/weekend staffing patterns?), and address issues promptly so staff do not become discouraged.

### After “Going Live:”

- Monitor PSYCKES use (using PSYCKES “Consent Log” report and internal hospital data): Volume of use relative to volume of Medicaid patients seen? Which staff members? Appropriate use (e.g., signed consent whenever possible, not all emergency access)?
- Hold people accountable: if staff are not using PSYCKES as expected or are not fulfilling responsibilities to support PSYCKES use, let them know that it is now an expectation.
- Offer continuing support, training and troubleshooting.