CURASYNC SOLUTIONS EXECUTIVE BRIEF No. 001
Why Go-Live Is an Operational Event, Not an IT Event

August 2026 | Executive audience

Executive Problem

EHR implementation and transition change clinical workflows, communication, professional roles, coordination, and governance.[4,5]

For this brief, operational readiness refers to preparedness of the organization, its teams, workflows, support processes, and safety practices for EHR activation.

Executive Summary

EHR transition literature describes implementation as a complex organizational and sociotechnical change, rather than solely a technology change.[5]

Implementation literature identifies organizational readiness, leadership engagement, implementation climate, available resources, access to knowledge, end-user involvement, training, support, and workflow as relevant implementation-context factors.[1-3,8]

Organizational readiness for change is defined as a shared psychological state in which organizational members are committed to implementing a change and confident in their collective ability to do so.[2]

EHR-transition research identifies useful practices before, during, and after go-live, including communicating the rationale for change, understanding baseline workflows, personalizing training and support, investing in internal support, addressing challenges, and continuing investment after activation.[5]

Executive Insight

> ***Technology can be activated overnight. Organizations cannot.***

Evidence Snapshot

Theme	Representative evidence
Organizational readiness	Organizational readiness includes shared commitment to implement change and shared confidence in collective capability.[2]
Implementation context	The Consolidated Framework for Implementation Research includes leadership engagement, implementation climate, available resources, and access to knowledge and information within the inner setting.[3]
EHR-transition practices	EHR-transition research identifies personalized training and support, robust internal support, proactive response to challenges, and continued investment after go-live as recommended

Theme	Representative evidence
	practices.[5]
Health IT safety	The SAFER Guides provide structured guidance for assessment of EHR-related safety practices and organizational responsibilities.[7]

What the Literature Shows

1. Implementation changes the operating system of care

EHR transitions are described as complex organizational changes that affect care delivery.[5]

A qualitative study of a large-scale EHR transition found that a new EHR could change how users understand professional roles, how tasks are distributed, and how employees communicate and assist one another.[4]

Executive Implication. Govern go-live as an enterprise operating event. Clinical operations, nursing, medical staff leadership, patient safety, finance, and IT should share responsibility for readiness and stabilization.

2. Readiness is a collective and contextual

Organizational readiness for change reflects both shared commitment to a proposed change and shared confidence in the organization's collective ability to implement it.[2]Organizational members' collective efficacy is shaped by their appraisal of task demands, resource availability, and situational factors.[2]

CFIR identifies leadership engagement, implementation climate, available resources, and access to knowledge and information as implementation-relevant constructs within the organizational inner setting.[3]

Executive Implication. Do not infer organizational readiness from a completed project plan. Test whether leaders and frontline teams share the same priorities, decision rights, available support, and the resources needed to execute the change.

3. Workflow preparation and end-user support extend across go-live

A rapid umbrella review identified governance culture, end-user involvement, training, support, resourcing, and workflows as key organizational factors in successful EHR implementation.[1]

In a multisite qualitative study of EHR transitions, participants recommended communicating the rationale for change, understanding baseline workflows, and planning customization before go-live.[5] The same study identified personalized training and support, robust internal support, proactive response to challenges, and continued investment after go-live as practices that supported EHR transition.[5]

Executive Implication. Organizations can validate high-risk workflows with frontline users before activation and use findings to identify escalation pathways, support needs, and unresolved operational risks.

4. Safety and support require continuing operational oversight

An evaluation of EHR end-user support used real-time feedback and iterative adjustment to refine the go-live support model.[6]

The SAFER Guides organize recommended EHR-safety practices across organizational, infrastructure, and clinical-process domains.[7]

Executive Implication. During activation and stabilization, monitor user needs, workflow disruption, escalation patterns, and safety-critical processes. Adjust support and operational response as new issues emerge.

Executive Discussion Guide

- Which clinical and operational workflows have been tested under realistic conditions before activation?
- Do leaders and frontline teams understand decision rights, escalation pathways, and available support?
- What support model will remain in place through stabilization?
- Which workflow, communication, and safety processes require heightened monitoring after go-live?

Executive Bottom Line

The cited literature describes EHR implementation as an organizational and sociotechnical process that involves readiness, leadership, workflows, end users, training, support, resources, and safety-related practices.[1-8]

For executive leaders, go-live should be managed as an operational event supported by technology implementation activities- not as an IT event imposed on operations.

References

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