PulseGuard Pilot Checklist — ED & Urgent Care

No PHI in development or demos. Read-only first. EMR: _____ Facilities in scope: _____ Pilot length: 60–90 days Go-live target: ______ Review points: Day 30 / Day 90 Primary champions: Clinical ______ IT ____ Quality/Risk _____ Security Success criteria: ≥______% closed-loop; ≥_______% documented disclosure; culture closure ≤ _____ h; median time to antibiotic change ≤ _____ h 1) Legal & Compliance BAA executed (pilot scope) • InfoSec questionnaire approved • Data-flow & architecture on file • No PHI in dev/demos • DUA if required • Retention agreed (default 12 months) 2) Integration (read-only via Redox) Connections: Patient, Encounter, DiagnosticReport, Observation/micro • Transport and allowlist/VPN in place Mapping rationale documented • Validate 10-20 sample encounters pre-prod • Writebacks deferred until site approval 3) Configuration Incidentals lexicon set (eg nodule, aneurysm, adrenal/renal/hepatic lesion, thyroid/ovarian/pancreatic cyst, gallbladder Severity ladder & SLAs: Urgent 24 h, Routine 7–14 d Lab watch: pending-at-discharge, culture finals Ownership routing and escalation ladder • Templates: disclosure, safety-net, MyChart, call scripts RBAC roles and facilities list 4) Training & Change Management Quickstart 1-pager delivered • 30-min sessions for clinicians and nurse leads Kickoff email from clinical champion • Support channel and office hours set • Daily owner for queue hygiene in week 5) Go-Live (Day 0) Feeds live, dashboard populated • Create and close 3 test tasks (disclosure, message, order) and verify audit trail MFA enforced, permissions confirmed, audit logs recording 6) Checkpoints & Exit Day 7 tuning complete • Day 30 KPI review • Day 90 KPI review Export pilot report with KPIs, timeline, lessons learned, config snapshot Production plan or decommission per policy

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