Legacy System Retirement Checklist

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Use this checklist before retiring a legacy EMR/EHR. Do not write PHI on public web forms — share system names and facility counts only until a BAA is in place.

Scope & inventory

- ■ List every legacy EMR/EHR, departmental system, and interface in retirement scope
- ■ Confirm data retention obligations (state, CMS, payer, malpractice)
- ■ Identify live vs historical modules and cutover windows
- ■ Document facility count and shared vs local instances

Extraction & mapping

- ■ Define extract formats (CCD, FHIR, flat files, proprietary DB dumps)
- ■ Assign HIM owners for field mapping acceptance
- ■ Flag high-risk domains: meds, allergies, problems, notes, imaging pointers
- ■ Plan sample validation sets before full conversion

Archive & access

- ■ Choose archive model (read-only viewer, EHR-embedded, hybrid)
- ■ Define role-based access and break-glass procedures
- ■ Plan patient identity matching to the target enterprise EHR
- ■ Set SLAs for retrieval during go-live and first 90 days

Retirement gate

- ■ Confirm legal hold and export readiness before power-down
- ■ Run parallel access period with documented exit criteria
- ■ Revoke vendor licenses and decommission interfaces only after sign-off
- ■ Hand off annual support package for archive viewer and exception tickets

Next step: Send CareConnext the source system name for a fixed-fee archive assessment — admin@carecnx.com · (206) 734-4577 · 7209 Lancaster Pike, Hockessin, DE 19707