EHR IMPLEMENTATION & IT WORKFORCE STAFFING

14 Analysts, 48 Hours, One Chance to Get It Right: Epic Go-Live Surge Support at an Academic Medical Center

How APSIS deployed a certified Epic team on a two-day call and helped a 600-bed academic medical center cut post-live ticket volume by 62% in 16 weeks

Service Area	Organization Type	Engagement Length	Outcome
Epic Implementation — Go-Live & Optimization	**Academic Medical Center (600+ beds)**	**16 Weeks**	**62% reduction in post-live help desk tickets**

THE SITUATION

The CIO of a 600-bed academic medical center had a go-live date that wasn't moving. The Epic implementation had been two years in the making. The go-live command center was built. The training schedule was complete. The cutover plan was set.

Three weeks before go-live, the organization's staffing picture changed. Four at-the-elbow support analysts — specialists who would have walked the floors during go-live helping staff navigate Epic in real time — pulled out. Two took positions elsewhere. One had a family emergency. One had a certification issue surface in a background check. Four analysts down with three weeks to go-live is not a staffing problem. It's a risk event.

The CIO's team made three calls that week. APSIS was one of them. Two other firms said they could have someone in four to six weeks. APSIS said 48 hours.

> *"We weren't just looking for warm bodies with Epic certifications. We needed people who could walk onto our floors cold, read a clinical environment, and support nurses and physicians who were encountering the system for the first time. APSIS understood the difference immediately."*
>
> — CIO, Academic Medical Center

THE DEPLOYMENT

APSIS deployed 14 Epic-certified analysts across the organization within 48 hours of the initial call. The team covered clinical modules across the primary care, inpatient, surgical, and emergency service lines. Each analyst was pre-vetted: Epic certification current, background cleared, healthcare environment experience confirmed.

The analysts didn't show up on go-live day. They arrived five days before cutover to participate in the organization's final training sessions, walk the units, meet the charge nurses, and understand the workflows specific to this organization before they had to support them under live conditions.

That five-day pre-positioning period proved decisive. When go-live began, the APSIS analysts weren't strangers navigating an unfamiliar hospital. They were familiar faces in units that knew them — a distinction that made the difference between staff feeling supported and staff feeling abandoned.

WHAT THE WORK ACTUALLY LOOKED LIKE

At-the-elbow support during an Epic go-live sounds straightforward. The reality is more demanding. Physicians and nurses encountering a new EHR during an active patient care shift are under stress. They don't have time for a tutorial. The support role requires someone who can read body language, recognize when a user is about to give up, step in before frustration becomes an error, and fix the problem in under 90 seconds without disrupting patient care.

The APSIS team was trained for this. They averaged 45+ user interactions per analyst per shift during the first week. They documented every recurring issue — a practice that became critical in the post-live optimization work that followed.

The Challenge

- 4 Epic analysts lost 3 weeks before a non-negotiable go-live date
- Replacement needed fast — other firms quoted 4–6 weeks
- High clinical complexity — academic medical center with surgical and ED volumes
- Post-live adoption lagging in 3 departments by Week 4
- Help desk ticket volume unsustainably high 30 days after go-live

The APSIS Approach

- 14 credentialed Epic analysts deployed within 48 hours of initial call
- Team pre-positioned 5 days before go-live for unit familiarization
- Shift coverage across inpatient, surgical, ED, and primary care service lines
- Documented recurring issues during go-live to inform structured optimization sprint
- 16-week workflow redesign and targeted retraining program in underperforming departments

THE OPTIMIZATION WORK THAT FOLLOWED

The go-live itself was successful by every standard measure. But the APSIS team's documentation during the first week surfaced something important: three departments were generating a disproportionate share of help desk tickets, and the issues weren't random. They were clustered around specific workflows that had been designed without full input from the clinicians who would use them.

APSIS proposed — and the CIO agreed — to extend the engagement through a structured 16-week optimization program. The work involved workflow redesign sessions with department leads, targeted at-the-elbow retraining for the staff generating the highest ticket volumes, and a series of build adjustments submitted through the organization's Epic governance process.

By week 16, post-live help desk ticket volume was down 62% from the go-live peak. The three departments that had been struggling were among the strongest performers in the organization's Epic adoption metrics.

RESULTS

14
Analysts deployed
Within 48 hours of initial call

62%
Ticket volume reduction
16 weeks post go-live

5 day
Pre-positioning window
Before cutover for unit familiarization

WHAT THIS DEMONSTRATES ABOUT APSIS

This engagement wasn't unusual for APSIS — it's representative. The ability to deploy credentialed, healthcare-environment-ready analysts in 48 hours is an operational capability that takes years to build: a deep bench, rigorous pre-vetting, and the clinical domain knowledge to match the right analyst to the right environment.

The optimization work that followed reflects something equally important: APSIS consultants come in to solve the problem in front of them, but they're trained to look for the second-order problem hiding behind it. The ticket volume wasn't just a support issue. It was a workflow design signal — and catching it early, when it could be fixed with targeted retraining rather than a costly rebuild, was the difference between a successful implementation and a struggling one.

APSIS CAPABILITIES DEMONSTRATED

EHR Implementation & Staffing

- 48-hour credentialed analyst deployment
- Epic go-live at-the-elbow support (all modules)
- Pre-positioning and unit familiarization methodology
- Go-live documentation and issue pattern analysis
- Post-live workflow redesign and optimization

Differentiators Proven

- Rapid deployment where others said weeks, APSIS said 48 hours
- Clinical domain awareness — analysts readable in care environments
- Issue documentation during go-live informing systematic optimization
- 16-week program delivery without disrupting clinical operations
- Outcome tied directly to measurable adoption improvement

ABOUT APSIS SOLUTIONS INC.

Apsis Solutions Inc. is a Tampa-based healthcare IT consulting and technology operations firm delivering enterprise-grade results at independent firm value. We serve health systems, academic medical centers, federal agencies, and prime contractors as a capable prime vendor, strategic subcontractor, and managed services partner.

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