

## NTRACS Burn v5 Implementation Plan

The Burn v5 Implementation Plan is designed to communicate the process by which all Burn users will implement the v5 software. As part of the implementation plan, Digital Innovation will be providing data conversion and installation processes for each of the hospitals.

### **Implementation Process:**

The implementation process is designed to address several key objectives:

- Ensure hospitals are fully trained on v5 prior to using for production data entry.
- Allow hospitals to run both v3 and v5 registries concurrently while data is being converted into the v5 format and until hospitals are comfortable with using v5.
- Ensure the v5 software is installed and configured properly before hospitals begin to use for production data entry.
- Stage the data conversion step so that it will allow hospitals to begin using v5 prior to having all data converted.
- Ensure data is properly converted with hospital involvement to validate the converted data prior to importing into the v5 registry. The data conversion will occur in two stages. The first stage is a dry run on the database which will be used for the validation process. The second stage is the final cutover of data.

### **Software Deployment and Installation**

1. The NTRACS v5 Burn software, including the DI Report Writer will be shipped prior to the ABA User Conference. The shipments will be staggered across several weeks.
2. Burn centers can begin to install the software upon receipt of the CD. DI's technical support department should be contacted with any questions related to the installation. DI's support staff can be reached at [ntracssupport@dicorp.com](mailto:ntracssupport@dicorp.com) or 800-435-3590.

### **Go Live with Data Entry**

1. Hospitals should NOT begin to use Burn v5 until they have received training.
  - a. Training on v5 is being offered at the ABA's Annual User Conference.
  - b. After the conference, DI and the ABA will be providing information on training to those centers that were not able to attend the conference.
2. Data entry can begin in v5 while the v3 data is in the process of being converted. During this transition time, hospitals would be running both v3 and v5. v3 would be used to close out existing records. v5 would be used to add new records, based on a pre-determined cut over date.

## **Data Conversion**

1. Data conversions will begin the week of April 14<sup>th</sup>.
  - a. Conversions will be handled on a first come first serve basis, with priority being given to those sites that are attending the training sessions at the ABA user conference.
  - b. Hospitals are asked to contact Andy Copes at DI to schedule the conversion. Andy can be reached at [acopes@dicorp.com](mailto:acopes@dicorp.com) or 800-435-3590 x 225.
2. Hospitals will provide DI with an initial copy of their existing Burn v3 database.
  - a. This step is a dry run of the data conversion process where DI and the hospital will work together to finalize the conversion.
  - b. Hospitals can continue data entry in v3 during this period.
  - c. The data base should be burned to a CD and express mailed to DI.
  - d. Note: If needed, DI will sign the hospital's data confidentiality agreements (BAA).
  - e. All data received at DI will remain strictly confidential and will be destroyed once the hospital has verified the converted data.
3. DI will run the conversion process on the initial cut of data.
  - a. During this step, DI will work with each hospital to define unique menu mappings between their v3.5 and the v5 data dictionary.
  - b. Mapping requests will be sent back to each hospital's contact so that each participating hospital can have input into creating its menu mapping spreadsheet.
  - c. DI will use the mapping spreadsheet to complete the data conversion for the hospital.
4. Hospitals will test and validate the initial round of converted data and DI will provide the converted data back to the hospital for its validation.
5. Initial Data Conversion Sign Off
  - a. Once the hospital has signed off on the initial data conversion, then the final data conversion will be scheduled.
  - b. The final conversion should occur in conjunction with the hospitals plan to fully cut over to v5.
6. Hospital will provide DI with the final copy of its NTRACS v3 database. When the final data is provided to DI, hospitals will discontinue adding or modifying data in v3.
7. DI will run the conversion programming on the final data and provide a data file back to the hospitals. DI will assist the hospitals to load the final converted data into the v5 software.