Post-Go-Live Audit Checklist

Is the EMR delivering what was promised, or quietly draining time and money? Use evidence you already have: the Evaluation Scorecard, your contract, the Issue log and your Phase 0 baselines. Plan on under an hour.

Audit point: ☐ 90 days ☐ 6 months ☐ Annual	Date:	Completed by:

A. Six audit areas

Status: ✓ on track ! watch × problem. Baseline comes from Phase 0 of the Timeline.

Area	Check	Evidence	Baseline	Now	Status
Promises	Each must-have live and working as demonstrated; roadmap items delivered on their dates	Scorecard tab 3; contract exhibits			
Productivity	Visits per clinician per day; documentation time per note; after-hours note signing	Phase 0 baseline; EMR reports			
Revenue cycle	Days in A/R; denial rate; clean claim rate; time to post payments	Phase 0 baseline; billing reports			
Cost	Actual spend vs quoted; EMR cost as a share of net collections (section B)	Scorecard tab 7; invoices			
Vendor	Response and resolution times; issues fixed by vendor vs worked around; customer success access as contracted	Issue log summary; contract			
Staff	Did it reduce their workload, or move it somewhere else?	Staff pulse; huddles; section D			

B. Cost self-check

	Item	Value
1	Annual EMR cost: every seat, add-on and per-use fee (fax, outcomes, patient engagement, payments)	$
2	Net collections for the same 12 months (cash received)	$
3	EMR share of net collections = line 1 ÷ line 2	%
4	Add-on test, per add-on: annual cost ÷ net collections per visit = visits per year it must add or save to break even	visits
5	Seats licensed vs clinical FTE (more than 1.2 seats per FTE: look for unused or non-clinical seats)	vs

Reading line 3. Our estimate from published PT EMR prices and public revenue-per-visit figures puts most independent practices around 0.5% to 1.5% of net collections, roughly 1% typical. Above 1.5%, check revenue per clinician FTE before blaming the vendor: low visit volume or low net rate per visit raises the share as much as a high price does. This is a derived range, not a published survey. Sources are listed in the Evaluation Scorecard, tab 7.

C. Silent productivity drains

These rarely show up in a vendor report. Look for each one, mark it, and note where you saw it.

Drain	Present?	Where / note
Data entry turned into data verification: auto-filled or AI-generated content clinicians now proofread	☐ Y ☐ N	
Workarounds: shadow spreadsheets, sticky notes, a second system kept "just in case"	☐ Y ☐ N	
Duplicate entry: the same information typed into the EMR and billing, the portal or payer websites	☐ Y ☐ N	
Click creep: workflows that got longer after an update	☐ Y ☐ N	
New roles: someone who has quietly become the EMR's support person	☐ Y ☐ N	
AI features that made something worse (for example, longer intake and lower completion). Can they be turned off?	☐ Y ☐ N	

D. Ask staff what they do outside the system

Ask in a huddle or a short survey. Anything kept outside the EMR is time the EMR should have saved.

Task	Outside the EMR?	Who	Time per week
Waitlist management	☐ Y ☐ N		
Patient balance calculations	☐ Y ☐ N		
Plan of care signature tracking and faxing	☐ Y ☐ N		
Looking up past treatments	☐ Y ☐ N		
Intervention templates or high-frequency wording kept elsewhere	☐ Y ☐ N		
Outcome measures on paper instead of in the system	☐ Y ☐ N		
Online intake that doesn't flow into the patient record in a usable way	☐ Y ☐ N		

E. Disposition

Overall	Next step
☐ **On track**	Keep the audit schedule.
☐ **Fix with vendor**	List the items, with dates:
☐ **Escalate in writing**	To whom: _____ By when: _____ What must change:
☐ **Consider leaving**	Compare the cost of staying with the cost of switching over 12 to 24 months. Use the Exit checklist in the 90-Day Timeline Template.

Next audit date: _____