





Banks have armored trucks. You have Enterprise Health.



Better care relies on better information, and nowhere is that more important than occupational health — where you're responsible for not just your workforce, but also for its impact on the health and well being of the company.

Data is at the center of all you do. So we get your apprehension. The idea of making sure you safely, securely move what you need — all of it — and have access to what you require at whenever future points dictate can be daunting.

We're here to reassure you. We got this.

We've migrated **80+ systems** to Enterprise Health in the past five years.



Here's how it works: data migration process overview



1. Questionnaire and discovery: identify legacy data sources, kinds of data, stakeholders and SMEs; discuss workflow to determine what data you **need** to migrate vs. what data you **want** to migrate — discrete, non-discrete.



YOU LIKELY DO NOT NEED EVERYTHING AS DISCRETE DATA

"We referenced non-discrete data some in the first 3 months after onboarding, rarely in the next 3 months, and almost never after a year. I wish we would've gone live in half the time and migrated more summary documents."

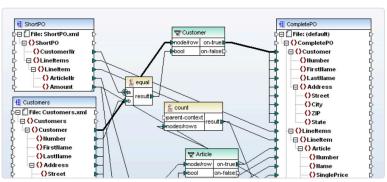
2. Scope agreement: finalize what/how to migrate, budget, project plan and timelines, responsibilities.

3. Data acquisition and analysis: confirm NDAs are in place and data may be shared, create/acquire backup and transfer data to Enterprise Health. Enterprise Health analyzes the data, performs an initial mapping and confirms mapping with you.

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	2	Status =	Legacy Database / Interface =	Legacy Module	EH Module / Short Desc =	Migrate How? ≂	Discovery Notes ः
	3		PeopleSoft	Health Card: Vitals	Vitals	Discrete	* This is part of the portal currently associated with the PS Health Card
	4		PeopleSoft	Health Card: HS Next Due Dates	Panel Status	Discrete	* This is part of the portal currently associated with the PS Health Card
	5		PeopleSoft	Health Card: HS Historical Dates	Panel Status	Discrete	* This is part of the portal currently associated with the PS Health Card
	6		PeopleSoft	Health Card: Immunization Details	Immunizations	Discrete	* These look like they may be reasonably discrete with freetext limited to comments * This is part of the portal currently associated with the PS Health Card
	7		PeopleSoft	Health Card: Immunization Details	Orders	Discrete	* These look like they may be reasonably discrete with freetext limited to comments * This is part of the portal currently associated with the PS Health Card
	8		PeopleSoft	Health Card: Allergy Details	Allergies	Discrete	* Discrete and only 5 values possible (easy to map)
Ī	9		PeopleSoft	Questionnaires: Annual Assessment	Questionnaires	Discrete	Questions stored discretely in PeopleSoft This is part of the portal currently associated with the PS Health Card
	10		PeopleSoft	Questionnaires: M95	Orders	Discrete	* Questions not stored discretely. Just a record that the questionnaire was taken and
	11		PeopleSoft	Questionnaires: Drug Hazard	Orders	Discrete	* Questions not stored discretely. Just a record that the questionnaire was taken and
	12		PeopleSoft	Questionnaires: Influenza Participation F	Questionnaires	Discrete	Questions stored discretely in PeopleSoft This is part of the portal currently associated with the PS Health Card
	13		PeopleSoft	Questionnaires: Injuries	Summary Docum	Non-Discret	* Not sure what this is. I found this note from my first day of notes.
	14		PeopleSoft	Case Management	Cases	Discrete	OSHA 300A reporting Injuries, BBP exposures Freetext injury location Hans 10/26 via email: We have no flag in PSFT to denoted a closed incident. Need
	15		PeopleSoft	Case Notes	Documents	Non-Discret	* Freetext SOAP notes * Physical Therapy, Ergonomic data, contact notes, etc All notes are freetext and b
	16		PeopleSoft	Diagnoses / Conditions	Conditions	Discrete	* 39 discrete / distinct diagnoses in PeopleSoft * Nothing is ICD coded
	17		PeopleSoft	Nature of Injury / Body Part	NIBP	Discrete	* We haven't discussed this as legacy data yet as of 11/8/17, but there are discrete N

4. Initial mapping: new databases, known databases — about 40% of the migrations Enterprise Health does are from homegrown or custom-developed databases.





- **5. Cycling:** Clone a sandbox, migrate, validate, remediate and *repeat*; one or more cycles with migrated data in the Enterprise Health sandbox for client SMEs and users to be hands-on, supported by Enterprise Health deployment specialists.
- **6. Dress rehearsal:** Same process as above, but everything is timed to create a detailed cutover plan with all action items.
- **7. Final cutover and support:** Performed over the course of a few days or a weekend, depending on complexity/availability; production Enterprise Health system is loaded with the latest set of legacy data.



POST GO-LIVE SUPPORT

Hypercare support continues for 1-4 weeks after cutover; Enterprise Health experts remediate post-go-live issues if required.

Is migration a must?

Our answer is a confirmed "yes."

Whether it's required or not, there are four key reasons to migrate legacy data to a new Enterprise Health system.

1

Regulations and compliance

OSHA, NIOSH, country- or state-level, public- or private-sector

2

Seeding workflows and employee health

Historical notes and results in one system, health surveillance memberships established, next due dates preconfigured

3

Baseline data for trends

Laboratory data, audiometric baselines, pulmonary function testing

4

Reporting

Historical and trending

No matter where your data lives, we have the experience, expertise and technology to **safely, securely and seamlessly** migrate it to your new Enterprise Health system.

- Legacy occ health EMRs
- Ambulatory EMRs
- Homegrown databases
- Excel spreadsheets
- Shared network drive of PDFs, images or Word documents
- Paper charts

No matter where your data is, we'll move it to where it belongs: Enterprise Health. **We got this.**



