Chart Migration and Scanning Checklist

Checklist

Provided By:

The National Learning Consortium (NLC)

Developed By:

Health Information Technology Research Center (HITRC)

*The material in this document was developed by Regional Extension Center staff in the performance of technical support and EHR implementation. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within. The REC staff developed these materials based on the technology and law that were in place at the time this document was developed. Therefore, advances in technology and/or changes to the law subsequent to that date may not have been incorporated into this material.*

National Learning Consortium

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionalsworking towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC’s outreach programs ([*REC*](http://www.healthit.gov/providers-professionals/regional-extension-centers-recs), [*Beacon*](http://www.healthit.gov/providers-professionals/beacon-community-centers), [*State HIE*](http://www.healthit.gov/providers-professionals/state-health-information-exchange)) and through the [*Health Information Technology Research Center (HITRC)*](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__rec_program/1495) Communities of Practice (CoPs).

The following resource is an example of a tool used in the field today that is recommended by “boots-on-the-ground” professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

Description & Instructions

The Chart Migration and Scanning Checklist is intended to aid providers and health IT implementers during the EHR implementation process. When implementing an EHR, you will need to determine what information from the paper records you need to import into your new EHR. There are several aspects to consider when you make this decision, for example: Do you want to be able to search on the data after it is entered or only view it? For which patients is it most critical to have information in your new EHR? How will you handle information that you receive in non-electronic form? How much time and money do you want to commit to this process?

You can make the initial decision at one of two times, before you select your EHR or after you have made your EHR selection.

If you determine what information to enter into the EHR before you select one, you will be able to work with the vendor to determine the most appropriate method get the information from the paper record into the EHR, i.e., scan or manually enter. You will also be able to ensure that items critical to your practice are captured in a manner that is consistent with your practice.

*Note: Even if you have determined the information you want to enter into the EHR prior to selection, you will need to work with your vendor to determine what is actually feasible in the EHR you select.*

If you make the determination after your selection, you will be able to extract the information from the paper record in the format necessary for the EHR. You will also be able to identify data fields in the EHR that do not match your practice standards and decide whether the EHR needs to be modified to meet your needs or a modification to your current practice is required.

The key issue is that as a practice you give careful consideration to the information you migrate from your paper record system to your new EHR. The tools included in this document will assist you with this transition.

This document contains two sections: 1) Scanning and Preload Worksheet and 2) Chart Migration Facesheet.

* The Scanning and Preloading Checklist helps the practice identify answers to the questions related to what information you want to have in your new EHR when you begin using it. Use it to identify which documents, information and format should be available in the new EHR system.
* The Chart Migration Facesheets can be used to help document and formalize a plan for migrating charts into a new EHR system. Use it to organize data from paper charts for pre-loading into an EHR system.

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# Scanning and Preload Checklist

To use this checklist, follow the steps below:

1. Identify who will complete the worksheet based on knowledge of chart scanning
2. Complete worksheet
3. Review the worksheet with the EHR Project Team
4. Formulate the chart migration plan based on the worksheet and other potential practice guidelines
5. Build in checkpoints and milestones to celebrate progress
6. Communicate the plan to practice staff
7. Initiate plan to migrate information to EHR

## Administrative items

1. What is your “go-live” date? Click here to enter a date.
2. Will scanning and manual preloading (hand data entry) be initiated before “go-live” date?

| Goal | Check |
| --- | --- |
| Yes |  |
| No, if no then when? Click here to enter a date. |  |

1. What is the target timeframe for:

Scanning paper charts Click here to enter text.

Manually preloading paper chart information Click here to enter text.

1. How many people will be dedicated to scanning into batches? Click here to enter text.
2. How many people will be dedicated to sorting documents from the batches into patient records? Click here to enter text.
3. How many scanning workstations will be available? Click here to enter text.
4. How soon after a document arrives in the practices do you want providers to be able to view them in the EHR? Click here to enter text.
5. Who will be responsible to create new procedures related to scanning documents into the EHR? Click here to enter text.
6. What are the practice’s goals for EHR implementation? Check all that apply to practice.

Exhibit 1 Goals

|  |  |
| --- | --- |
| Goal | Check if ‘Yes’ |
| 2.1  Become a paperless office |  |
| 2.2 Become an office with less paper |  |
| 2.3 Move paper charts off site (storage) |  |
| 2.4 Eliminate chart pulls for visits |  |
| 2.5 Eliminate chart pulls for messages |  |
| 2.6 Reduce document filing time |  |
| 2.7 Implement a document imaging management system |  |
| 2.8 Interface with lab |  |
| 2.9 Interface with hospital |  |
| 2.10 Interface with radiology |  |
| 2.11 Redesign current systems |  |

## Chart Specifics

1. Which paper charts will be scanned(Check one)?

Exhibit 2 Scanned Charts

|  |  |
| --- | --- |
| Charts | Check if ‘Yes’ |
| All |  |
| Patients seen in past five years |  |
| Patients seen in past three years |  |
| Patients with chronic conditions |  |
| Other: Click here to enter text. |  |

1. Information in the manual chart can be scanned or manually backloaded into the new EHR. Scanned documents usually cannot be data mined – a copy of the document scanned will appear as a snapshot in the record. Backloaded information is able to be data mined. Which information will be scanned and which will be backloaded?

Exhibit 3 Scanning Specifics

|  |  |  |
| --- | --- | --- |
| Information | Scanned | Manually Backloaded |
| Medications |  |  |
| Previous labs |  |  |
| Hospitalizations |  |  |
| Allergies |  |  |
| Previous tests |  |  |
| Referrals |  |  |
| Problem lists |  |  |
| Office visit notes |  |  |
| Immunizations |  |  |
| Consultation letters |  |  |

1. For previous tests, how far back do you want the information (volume estimation) to be entered into the EHR?

Exhibit 3 Previous Tests

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Most recent | 6 months | 1 year | 5 years | ALL |
| EKG |  |  |  |  |  |
| Echocardiogram |  |  |  |  |  |
| Stress test |  |  |  |  |  |
| Mammography |  |  |  |  |  |
| PAP smear |  |  |  |  |  |
| Colonoscopy |  |  |  |  |  |
| Bone density |  |  |  |  |  |
| MRI/MRA |  |  |  |  |  |
| CT scan |  |  |  |  |  |
| PFTs |  |  |  |  |  |
| X-rays |  |  |  |  |  |

1. For previous labs, how far back do you want the information (volume estimate) to be entered into the EHR?

Exhibit 4 Previous Labs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Most recent | 6 months | 1 year | 5 years | ALL |
| Lipid profile |  |  |  |  |  |
| Metabolic |  |  |  |  |  |
| Hepatic function |  |  |  |  |  |
| Electrolytes |  |  |  |  |  |
| Renal function |  |  |  |  |  |
| Hematology/coag |  |  |  |  |  |
| Chemistry |  |  |  |  |  |
| A1C |  |  |  |  |  |
| Thyroid |  |  |  |  |  |
| Immunology |  |  |  |  |  |
| Urinalysis |  |  |  |  |  |
| Micro/cultures |  |  |  |  |  |

1. How will scanned documents be indexed (sections) in the EHR?

Exhibit 5 Indexed Documents

|  |  |  |  |
| --- | --- | --- | --- |
| Documents | Most recent on top | Most recent in back | Other |
| Lipid profile |  |  |  |
| Laboratory tests |  |  |  |
| MRI/MRA |  |  |  |
| CT scan |  |  |  |
| X-ray |  |  |  |
| Hospital reports |  |  |  |
| Consult reports |  |  |  |
| Referrals |  |  |  |
| MVA forms |  |  |  |
| Work/school PEs |  |  |  |
| Letters |  |  |  |
| HIPAA forms |  |  |  |

* 1. Radiology (all reports) Describe order Click here to enter text.

1. Who will be responsible for overseeing the scanning process? Click here to enter text.
2. Who will actually scan the documents (Check all that apply)?

Exhibit 6 Staff Responsible for Scanning

|  |  |
| --- | --- |
| Scanner | Check if ‘Yes’ |
| Staff |  |
| Temporary staff |  |
| Scanning service |  |

1. In what order will the paper charts be scanned (Select one)?

Exhibit 7 Scanning Order

|  |  |
| --- | --- |
| Order | Check if ‘Yes’ |
| Newest first |  |
| Oldest first |  |
| Based on appointment schedule |  |
| One-week prior to patient appointment |  |

Once a document is scanned, what will happen to the paper form? Click here to enter text.

1. Who will be responsible to oversee the manual preloadingprocess? Click here to enter text.
2. Who will actually manually backload the information designated into the EHR (Check all that apply)?

Exhibit 8 Staff Responsible for Backload

|  |  |
| --- | --- |
| Resource | Check if ‘Yes’ |
| Receptionist |  |
| Medical Assistant |  |
| Nurse |  |
| Physician |  |
| Physician Assistant |  |
| Other: Specify Click here to enter text. |  |

1. In what order will the information be manually backloaded (Select one)?

Exhibit 9 Backload Order

|  |  |
| --- | --- |
| Order | Check if ‘Yes’ |
| Newest first |  |
| Oldest first |  |
| Based on appointment schedule |  |
| One-week prior to patient appointment |  |

1. How many outside documents come into the practice every week?
   1. Mail: Click here to enter text.
   2. Fax: Click here to enter text.
   3. E-mail: Click here to enter text.
2. How will the new documents received every day be handled?
   1. Who is responsible to receive? Click here to enter text.
   2. Who is responsible to scan and index? Click here to enter text.
3. What is the timeline for documents to be scanned into the EHR after receipt by the office?

Click here to enter text. Hours – days

1. What types of documents come into the practice (Check all that apply)?

|  |  |
| --- | --- |
| Documents | Check if ‘Yes’ |
| Lab results |  |
| Test results |  |
| Images |  |
| Consults |  |
| Other: Specify Click here to enter text. |  |

1. Where do the documents come from (Check all that apply)?

|  |  |
| --- | --- |
| Source | Check if ‘Yes’ |
| Hospital – Specify: Click here to enter text. |  |
| Hospital – Specify: Click here to enter text. |  |
| Hospital – Specify: Click here to enter text. |  |
| Hospital – Specify: Click here to enter text. |  |
| Lab Quest |  |
| Labcorp |  |
| Hospital Lab |  |
| Other Lab – Specify: |  |
| Outside providers |  |
| Patients |  |

1. Which documents will be interfaced with the EHR?

|  |
| --- |
| Document |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

1. Which documents come into practice by mail or fax?

|  |  |  |
| --- | --- | --- |
| Document | Mail | Fax |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Chart Migration Facesheet

This template should be used to organize data from paper charts for pre-loading into the new EHR system. This form is used to gather the information you need in your EHR for easier data entry.

1. Pull the charts you want to enter into the EHR
2. Complete one sheet for each record you want to upload into the EHR
3. Use facesheet to enter information into EHR
4. Validate data entry

Patient Name:

DOB:

Exhibit 10 Problem/ DX List

|  |  |
| --- | --- |
| Description | Onset Date |
| Ex: Hypercholesterolemia | 2003 |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |

Exhibit 11 Immunizations

|  |  |
| --- | --- |
| Immunization[[1]](#footnote-1) | Date Given |
| Tetanus | Click here to enter a date. |
| Pneumovax | Click here to enter a date. |
| Hep B | Click here to enter a date. |
| Meningitis | Click here to enter a date. |
| Influenza | Click here to enter a date. |
| MMR | Click here to enter a date. |
| Polio | Click here to enter a date. |
| HIB | Click here to enter a date. |

Exhibit 12 Flowsheet

|  |  |
| --- | --- |
| Description | Value |
| Height | Click here to enter text. |
| Weight | Click here to enter text. |
| Blood Pressure | Click here to enter text. |
| Cholesterol | Click here to enter text. |
| HDL | Click here to enter text. |
| LDL | Click here to enter text. |
| Trigylceride | Click here to enter text. |
| Pap Smear | Click here to enter text. |
| Mammogram | Click here to enter text. |
| Bone Density | Click here to enter text. |
| HgBA1c | Click here to enter text. |
| Sigmoidoscopy | Click here to enter text. |
| Colonoscopy | Click here to enter text. |
| Hemoccult | Click here to enter text. |

Exhibit 13 Medication List

|  |  |  |  |
| --- | --- | --- | --- |
| Description/ Dose | Sig | Start Date | |
| Ex: Lipitor 20mg | 1 po qd | | 5/5/2005 |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
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| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | | Click here to enter a date. |

Exhibit 14 Allergies

|  |  |  |
| --- | --- | --- |
| Description | Onset Date | Reaction |
| Ex: Penicillin | 1995 | Hives |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
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| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |

Exhibit 15 Histories

|  |  |  |
| --- | --- | --- |
| PHM | Surgical History | FMH |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Exhibit 16 Social Hx

|  |  |
| --- | --- |
| Status | Answer |
| Marital Status | Single  Married  Divorced  Widowed |
| Children | Click here to enter text. |
| Employment Status | Click here to enter text. |
| Tobacco Use | Yes |
| No |
| Previous |
| Amount: Click here to enter text. |
| Alcohol Use | Yes |
| No |
| Previous |
| Amount: Click here to enter text. |

1. Expand as needed to include other immunizations [↑](#footnote-ref-1)