EMR Pre-Implementation Considerations

The EMR Program and TELUS Health will provide a needs assessment designed to ensure a smooth transition – examining your physical space, hardware, networking, training requirements and data migration needs. Each assessment depends heavily on the information provided by each clinic to tailor the implementation to your practice. The detailed needs assessment will begin shortly following your implementation Kick-Off Meeting. A more general assessment may also be performed in collaboration with your EMR Advisor in advance of this meeting.

Please review the suggestions below and take care to review your work processes and clinic needs in preparation for the transition.

Approach

1. Document & evaluate your current practices, some examples of things to consider

    i)   Appointment types and duration
    ii)   Favorite prescriptions
    iii) Favorite requisitions
    iv)   Letter style
    v)   Documentation of clinical notes (e.g., SOAP notes)

2. Identify important workflows, some *examples* are below

    i)   Routine Visit
    ii)   Complex visits (prenatal, well baby)
    iii) Preventative Care
    iv)   Chronic Disease Management
    v)   Referral Management
    vi)   Procedure follow-up
    vii) Consult/Letter back
    viii) INR
    ix)   WCB
    x)   Vitals
    xi)   Triage/pre-screening
    xii) Billing
    xiii) Bloodwork
    xiv) How do you manage multiple location work (e.g., hospital and clinic)

3. Identify roles in your clinic and who does what - some examples are below

    i)   Reminder calls
    ii)   Appointment booking
    iii) Billing
    iv)   Rooming patients
    v)   Vaccines

4. Physical space considerations for training, examples below

    i)   Do you have a training room that can fit everyone? Pandemic restrictions may apply.
    ii)   Is there a TV or wall for the TELUS Trainer to project on?
    iii) Is there WiFi or high-speed internet connection available?
    iv)   Can clinic participants easily access a computer for individual exercises?

5. Computer literacy considerations

Are you and your staff comfortable/familiar with using technology and accessing the internet as we assume basic computer and peripheral hardware literacy? If not, please see the Computer Skills Guide available for download on the EMR Program website: [Getting Started with the EMR | Government of Prince Edward Island](#)

6. Technical considerations

The EMR Program and TELUS Health will work with you to examine your physical space, hardware, and networking capabilities against technical requirements for deploying the CHR. Example considerations that will be discussed with you in more detail:

i) Computers: How many? Where? Plan for use of physical space? Do they meet the technical requirements?
ii) Printers: Where should they be located?Do they meet the technical requirements?
iii) Scanners: If you do not already have a robust scanner, TELUS Health can provide recommendations for scanner specifications.
iv) Fax: The CHR will provide e-fax functionality, and all costs associated are included in the contract. During the needs assessment, this will be discussed and at that time determined if your current fax contract may be redundant.
v) Internet: do you have it, are there hardwired hookups for front desk, exam rooms and other required locations for provider laptops, if using WiFi does it reach all areas of your practice space, is it at least 10Mbps?

7. Other

i) Identify your Clinic Lead – essentially the Lead/key contact for your deployment of the CHR.
ii) The EMR Program will provide standard messaging for communication with patients regarding the patient portal functions and what it means to them. Patient email addresses and preferred method of electronic engagement (e.g., email, SMS) will be required for some functions.
iii) Ensure all clinic staff have emails that are accessible and appropriate to use for CHR for passwords resets, and other administrative functions, etc.

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Data Migration Considerations

Data migration is the process of loading existing clinical information, whether on paper or stored in another computerized system, into the CHR, to provide continuity of patient information. Data migration will be a combination of manual (data entry by clinic staff) and electronic processes (performed by TELUS Health and **validated** by clinic staff) depending on what you are currently using.

The timing of obtaining this file will depend on the time required by your current software application provider from date of request to delivery of the electronic file. It is recommended that you speak with your existing provider regarding how long it might take to obtain the file.

For iCore and Practimax, the EMR Program with your consent will secure a copy of your billing and scheduling data, as applicable.

Migration from Paper Sources

Through this process, clinics with recurring patients most often decide to selectively load information as patients return to the clinic. Referral-based clinics with fewer encounters per patient, often choose to start just with new patients.

- Prepare by updating your Patient's CPP
- Consider who will be responsible for entering this information into the system and when.
- Do you want or need to train staff to enter CPP info?
- Identify key patients who are seen frequently
- Starting fresh in the CHR means you will likely need to reference aspects of the paper records (that weren't entered into the CHR) for a period of time post go-live.
- Some providers may need to temporarily maintain any paper waitlists that were not converted to the CHR.

Migration from Electronic Sources

Practimax and iCore

Patient Demographics

Patient demographic records from iCore and Practimax will be matched to records from the provincial Client Registry. Once matched, the Client Registry data will be the source of truth for the basic elements (i.e., name, date of birth, gender, Health Card number, address, telephone number), but other demographic elements (not part of the CR) will be populated from your existing scheduling and billing system.

To ensure the maximum number of matches, ensure name, date of birth, gender, and Health Card number are up to date prior to the migration. Unmatched records will create duplicates that will require resolution.

Patient demographic data from your existing system and not part of the CR should also be updated prior to migration (e.g., email, SMS, preferred method of communication and/or electronic engagement, etc.).

Upon completion of the import of your patient demographics, the assigned data migration analyst will work with the **Clinic** to test the outcome of the import by examining and comparing a significant sample of files to ensure completeness and correctness of the data.

Billing

Historical billing data will be migrated from iCORE and Practimax (read-only). To prepare for this migration of billing data, seek to reconcile as many bills as possible prior to go-live. TELUS will assist you through this process but there are some things you can prepare prior to project kick off:

- Balance accounts receivable, outstanding bills are paid or written off
- Do you bill in multiple different areas, do you need both information sources?
- Plan to keep your existing billing system running for a period of time post go-live

Clinical Data Migration from Existing EMRs

With the exception of iCore and Practimax, you (with the support from the PEI EMR program), will be responsible for obtaining an electronic file/extract from your EMR providers by submitting a formal request to your current EMR provider for an encrypted copy (electronic file) of all patient demographics and billing.

Data Migration services include importing full EMR data either in imaged or discrete format from a source system (OSCAR, Accuro, MedAccess). The EMR Program and TELUS will assist you through this process but there are some things you can prepare prior to project kick off:

- Sign off open items – messages, visits, tasks, scanned documents to review, letters
- Important address book entries (e.g., pharmacies, other providers, hospitals are noted)
- Multiple charting sources, is each source going live at different times?

Time Expectations

The Program and TELUS will support you extensively through the process and after go-live you, but staff (especially the Clinic Lead) should be prepared to invest time to ensure a smooth transition to the new way of delivering patient care.

Time commitments are extremely variable between clinics; the below is intended as a **general** guideline for clinics with <= 3 prescribing providers coming from an EMR practice. Generally, practices migrating existing EMRs require more effort **prior** to go-live than primarily paper-based clinics. Whereas, primarily paper-based clinics require more time **post** go-live.

Project Planning: 8-12 hours; 12-14 weeks prior to go-live

Data Migration & System Customization: 12-16 hours; 6-8 weeks prior to go-live

Training: 24 hours; Week of go-live

Post Go-live: 4-6 hours; 4-5 weeks post go-live

Potential Data to Update Prior to Migration

- Patient Count

Demographics
- Birth date
- Address(s)
- Health card Info
- Email/Phone Numbers
- Medicare status/ expiry dates
- Additional Information
- Pharmacies
- Patient number vs Chart number vs MRN number (make sure these are consistently stored/entered)
- Alerts
- Primary Provider
- Other-emergency contact info

Appointments/Visits/Schedules
- Schedules - delete obsolete ones, record ones that need to migrate over
- Sign off visits
- Sign off other open items such as tasks, letters, messages, reviewed correspondence including labs, DI anything else scanned

Bills
- Private Bills - get them paid
- Resolve open Medicare bills (i.e., fix errors, get cough up on behind billings)

CPP
- Family History
- Problem list
- History of Past Health
- Medications (Try to not enter: dose, duration, quantity, refill as free text)
- Allergies
- Immunizations
- Preventative Care
- Personal History
- Reminders
- Risk Factors
- Procedures

Other
- Attachments - scan attachments such as insurance claims (or other documents you wish to include) prior to migration
- Address Book - take stalk of what you may need entered in the CHR (major provincial contacts such as hospitals, pharmacy, other provider offices will be there for you)
- Waitlists - try to stay on top of triage and appointment bookings