

# Scanning Charts into an EMR: Questions to Guide Your Action Plan for Conversion



Most managers long for the end of paper charts and the day when all of our data is at our fingertips. Lost charts waste so much time and effort in the practice that an EMR seems destined to offer major improvements in efficiency. But getting converted from paper charts to EMR can be a rocky road, with one of the biggest obstacles being scanning current patient paper charts.

There is no single accepted best practice for scanning charts into an EMR, as a conversion game plan must be specific to each individual practice and coordinated with the new record's training and go-live.

Every group has to decide which date range and type of charts to scan prior to go live, and additionally which data points will need to be preloaded (or sometimes called "back-loaded").

To assess your group's situation and develop your document and data-capture plan, consider the following for your group.

1. What type of patient visits are normally seen?
  - very limited number of visits (example: plastic surgery)
  - limited number of visits surrounding a care episode (example: orthopedics)
  - recurring visits, multiple per year (example: primary care)
  - annual visits over multiple years (example: gynecology)

2. What is the gap between the visit being scheduled and the patient being seen?
  - Months
  - Weeks
  - Days
  - Hours
3. Which patient charts will be scanned?
  - All
  - Seen in the past year, two years, five years, etc.
  - Patients with a specific diagnosis
  - Patients scheduled for appointments in the two weeks before go-live
4. What portion of the charts will be scanned?
  - Last visit
  - Last test reports
  - Last year of visits and tests
  - Procedure and OR reports
  - Advance directives
5. What data will be pre-loaded or backloaded?
  - Past medical history, problem list, medication list, allergies
  - Last episode of care
  - Last 3 months, 6months, one year
  - Last two years
6. Do you have any current capacity for scanning and/or data backloading?
  - Current medical records, front-desk staff, or clinical staff
  - Current prn or seasonal staff
  - Temporary Staff
  - Outsourced
7. How will scanned and/or backloaded data be identified and distinguished?
  - Filing scanned and unscanned charts separately
  - Wrapping the scanned charts with a colored file folder
  - Stamping the scanned documents (date/initials)

- Inserting a colored strip of paper into the chart identifying the stage of the scanning
  - Inserting a scanning log into the chart
8. What will you do with the chart once it is partially electronic?
- Scan the balance of the chart outside the EMR and shred the chart
  - Keep the chart stored onsite
  - Store the chart offsite

Answering these questions will help you to determine the right plan for you and your group to scan your paper into an EMR.

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