

Checklist for Assessing HIM Department Readiness and Planning for the EHR

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A recent practice brief noted that “the decision to go paperless involves having enough confidence in the electronic system to let go of the paper system. This includes ensuring that the system handles amendments, corrections, authentication, backups, down time, confidentiality, and printouts and reports for disclosure purposes.”¹

The purpose of this checklist is to look more specifically at what should be addressed in an HIM department preparing for migration to the EHR. Throughout, it provides references to further reading that will help assess the department’s readiness for the transition. (The references are collected with full citations at the end of the article.) While many additional resources are available, those cited here will provide a solid basis for understanding the process of ensuring that the HIM department is ready to move forward.

The list below is predicated on an assumption that the organization has decided to migrate to an EHR. Additionally, it presumes that the decision has been made to eliminate the paper-based record.

Getting Started

1. Determine who needs to be involved in planning the EHR migration and evaluating its impact on the HIM department. The project team should include members representing all segments of the HIM department.
2. Document the organizational and proposed system processes for amendments, corrections, authentication, backups, and down time. Will the system provide all the necessary HIM functionality? Will it be phased in or be a single installation? Will support be provided locally or remotely?
3. Visit other sites using the system selected, if possible. Visits should include interviews with representatives from HIM departments to identify advantages and disadvantages realized and surprises (both pleasant and problematic) encountered during installation.

HIM Department Plan

4. Based on the organizational project plan for implementing the EHR system, develop a comprehensive HIM department project plan of actions, milestones, and rollout (go-live) dates for implementation of the EHR system.
 - The HIM department plan must include every step involved in the migration to the proposed system. There must be concrete dates for the completion of all tasks required and clear assignment of responsibility for each step.
 - When developing the plan, consider the rollout plan for the organization. Will the proposed system begin with all patients seen, treated, admitted, or discharged on a specific date, or will the transition be by document type?
 - Determine executive-level support that will review, approve, and fund work of the migration project.
 - Oversee development of forms and clinical documentation templates and views.
5. Develop strategies for change management that focus on the human side of the change that will accompany the implementation.
 - Consider the inherent resistance by staff and physicians to the change. Include managing expectations of staff and physicians in the strategy.
 - Anticipate dealing with physicians and others who may refuse to participate in electronic documentation processes. Develop scripting that can assist departmental staff in difficult discussions with resistant physicians or

- staff.
 - Identify EHR physician, nurse, and departmental champions who can assist with the change, communication strategy, and rollout.
 - Consider use of techniques for visioning the future of the HIM department with staff to help them understand the future of the work they do. See the article “Visioning e-HIM: A Process for Imagining—and Anticipating—HIM’s Future.”
6. Develop a communication plan that keeps staff and organizational leaders updated with a clear understanding of the status of the HIM department’s plan for migration to the EHR.
- Regularly address concerns and issues that may affect the rollout of the project and steps that are being taken to remedy potential delays.
 - Identify responsibilities for communications about the status of the departmental project.
 - Update the HIM department staff regularly about organizational progress toward the implementation date.
7. Develop a staffing plan for the implementation of the EHR.
- Once implementation tasks have been identified, estimate the hours required to carry out each task.
 - For staff whose jobs will disappear as part of the migration, consider paying them a bonus to continue their employment through the time when their job ends in order to retain qualified staff to perform tasks required during migration.
 - Plan for temporary or part-time staff that may be required to simultaneously conduct regular departmental business and the additional tasks required for migration activities.
8. Develop an education plan on new or changed processes for both HIM department and other organizational staff and physicians.
- Consider the use of letters, posters, videos, Intranet sites or pages, brown-bag sessions, demonstrations in physician and clinical lounges, fliers, and e-mail.
 - Messages may include information about specific changes and how to perform required tasks.
9. Prepare a functional analysis comparing the current and proposed systems.
- The analysis should compare all required functionality in the current paper-based or hybrid health record system with the proposed system. Document where the proposed system functionally does and does not match the current system.
 - For detailed information, see the practice brief “The EHR’s Impact on HIM Functions.”
10. Evaluate the results of the current and proposed EHR solution.
- Study any current functions that are not accommodated in the proposed system. Determine whether there will be a need for the function in the future or whether the outcome of the current function will be available in a different way.
 - If the function must continue and is not part of the proposed system, identify whether new software or hardware be will be needed or a manual process will continue.
 - Determine if existing or new software or hardware can be interfaced with the proposed system if necessary. Identify costs incurred and funding needed.
11. Develop or update comprehensive HIM department workflows and processes that will be affected by migration to the new system. Review the process workflows and consider appropriate steps to re-engineer and redevelop them.
12. Develop policies, processes, and procedures for the migration. Processes should include detailed processes required throughout the conversion from paper-based documents to the electronic format.
13. Review and revise the definition of the organization’s legal health record policy. This may entail multiple revisions as the migration progresses through the paper, hybrid, and electronic environments.
14. During transition, consider developing a grid or matrix that describes where and how to find specific document types (e.g., history and physical exam forms, operative reports, discharge summaries, physician orders, test results). Refer to the practice brief “The Complete Medical Record in a Hybrid EHR Environment.”

15. Review contracts for current and future HIM department functions (such as overflow transcription, coding, release of information), as well as contracts for hardware and software. Determine if contracts will be maintained and whether changes are needed to support migration to the proposed EHR system. Lack of compliance with contract timelines for amendments can be very costly and may result in unnecessary chaos for all parties involved.
16. Identify training requirements for HIM staff.
 - Develop plans for training staff to learn new functionality in the selected system.
 - For staff whose jobs will change significantly or disappear during the migration to the EHR, offer career counseling and training as appropriate for new jobs that may emerge.
17. Plan budgetary impact of the migration. Clearly identify, budget, and obtain funding for items such as hardware, software, remodeling, training, and replacing or augmenting staff during migration. If contract alteration or elimination for software or hardware will result in costs, enumerate them.

Regulatory and Accreditation Requirements

18. Research applicable state and federal regulations (e.g., defining the electronic record, retention of records, electronic signatures) and accreditation standards. Refer to the practice brief “Checklist for Transition to the EHR.”
19. Review the Federal Rule of Evidence, Article VIII. The EHR should meet the federal and state rules of evidence to stand as a legal business record. For a summary of the rules of evidence, review the practice brief “Maintaining a Legally Sound Health Record.”
20. Seek the advice of peers working through the same processes and issues in the local community, as well as state and national communities. Join various AHIMA Communities of Practice focused on migration to the EHR, such as e-HIM, Enterprise Imaging, and HIPAA: Computer-based Patient Record.

Content

21. Comprehensively evaluate HIM department responsibilities and functions related to content of the EHR. Health records in every state still require business processes such as a determination of when the record is complete, whether transcribed documents will be displayed in the EHR prior to sign-off, how amendments or corrections are made, and when cosignatures may be required. Refer to the practice brief “Checklist for Transition to the EHR.”

Format and Forms

22. Investigate issues regarding format in the proposed system. Forms bring special challenges for most EHR implementations, and development of and adherence to forms standards are critical to the success of implementing an EHR. The appearance of electronic versions of forms can contribute greatly to the success or difficulty of transitions to the EHR.
 - Determine if paper forms scanned at discharge or clinical documentation templates (or views) will be used. Will a combination of scanned paper and clinical templates be employed?
 - If an inventory of forms does not already exist, create a list of chart forms already in use. Involve other departments such as nursing in this process.
 - Determine which forms will no longer need to be multipart following implementation of the EHR.
 - Determine which reports may be COLD-feeds to the EHR (e.g., laboratory and radiology results, dictation, and EKG images).
 - Determine if bar codes or optical character recognition will be used.
 - Collaborate early and often with nursing managers, unit and ward clerks, and ancillary department managers.
 - Collaborate with the printer to transition forms to electronic formats (e.g., tiff and PDF).
 - Prepare a list of all electronic systems currently in use and definitions of the reports that are generated from these systems. Ensure that the data captured in existing forms and used in reports will be captured in the EHR.
 - Attention should be paid to format of forms in both online and printed states. Placement of bar codes (if used) should be consistent to minimize disruption. Margins should be appropriate for the form.
 - For printed formats, black ink should be required. Colored paper forms and use of Addressograph should be eliminated as early as possible in the migration (due to poor reproducibility).

- Refer to the practice brief “Checklist for Transition to the EHR.”

Policies and Procedures

23. Address issues related to organizational and departmental policy and procedures to ensure identification of issues related to going paperless.
- In addition to day-to-day issues such as thinning large health records and procedures during down time, it is critical to verify how long documents or data will be readily available from the proposed system. Is the electronic data easily available after a couple of years? How long is data kept online? After archiving, how is it retrieved?
 - Document required retention periods that may vary among EHR content items (e.g., images versus documents).
 - For additional detailed information, refer to the practice brief “Checklist for Transition to the EHR.”
 - Unrestricted printing is equivalent to being paper-based and risks having printed copies thrown in wastebaskets after use. Refer to the practice brief “The Complete Medical Record in a Hybrid EHR Environment. Part III: Authorship of and Printing the Health Record.”

Privacy and Confidentiality

24. Evaluate privacy and confidentiality of the selected system for compliance with organizational and HIM department policies and procedures. Revise as appropriate.
- Review HIPAA, state, federal, and accreditation requirements to ensure compliance with privacy and confidentiality requirements.
 - Review organizational and departmental policies regarding patient access to health records, release of information, clinical access to protected health information, and document compliance with the EHR system selected.
 - For detailed information, refer to the practice brief “Checklist for Transition to the EHR.”

Hardware and Software

25. Determine if there is sufficient hardware available to carry out organizational and HIM department functions.
- Plan for access points by physicians, nurses, other caregivers, and nonclinical reviewers required to carry out activities previously conducted physically within the HIM department, such as signing records or reviewing quality indicators.
 - Determine if remodeling will be required to accommodate necessary hardware and plan accordingly.
 - For detailed information, refer to the practice brief “Checklist for Transition to the EHR.”
26. Determine whether hardware or software is required to support HIM department functions outside the scope of the proposed EHR system (see 9, above).
- Determine whether existing hardware and software external to the EHR system are compatible with the proposed platform and software.
 - Ensure that contracts are reviewed and amended appropriately (see 15, above).
 - For detailed information, refer to the practice brief “Checklist for Transition to the EHR.”
27. Document system down time for back-up, upgrade, and disaster-recovery processes.
- Define acceptable times for system backups and upgrades and ensure that HIM staff is aware of down-time procedures.
 - Participate in regular disaster-recovery process testing to ensure that data recovered are complete and accurate.

Interfaces

28. Plan for interfaces critical to HIM functions, such as ADT.

- Test the interfaces. Be involved in both design and testing phases.
- Ensure that the frequency of data transfers is appropriate to the function (e.g., MPI should be updated in real time, not in batch mode).
- Document reconciliation processes following system down time.
- Develop processes to ensure that changes in the master patient index are reconciled in the EHR. If manual processes are required, only a small number of persons should be involved in making changes.

Lessons Learned

Many lessons have been shared by professionals who are in various stages in their journeys toward achieving the electronic health record. Take advantage of the resources listed below, especially the practice brief “Checklist for Transition to the EHR,” which articulates nine important lessons learned that should be considered when planning the migration to an EHR.

Note

1. AHIMA. “Checklist for Transition to the EHR.” *Journal of AHIMA* 75, no. 9 (2004): 80C.

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Prepared by

Cassi Birnbaum, RHIA, CPHQ

Paul Gustafson, RHIA

Terri Hall, RHIT, CPC

Susan P. Hanson, MBA, RHIA, FAHIMA

Carol Melvin, RHIA

Carol Ann Quinsey, RHIA, CHPS

Acknowledgments

Cathy Brown-Smith, RHIT

Connie Calvert, RHIA, CCS

Bonnie S. Cassidy, MPA, RHIA, FAHIMA, FHIMSS

Michele D'Ambrosio, MBA, RHIA
Kathy Downing, RHIA, CHP
Marcia Duncan, RHIA
John Eckmann, MPH
Elisa Gorton, MAHSM, RHIA
Kerry Heinecke, RHIA
Lynne Henderson, RHIA
Carol Hermesen, RHIT
Maribeth Hernan, RHIA, CHP
Karl Koob, RHIA
David Mozie, PhD, RHIA
Sandra Nunn, MS, RHIA, CHP
Cecilia Plata, RHIA, CHP
Pam Ross, RN, CCS-P
Patty Thierry Sheridan, MBA, RHIA
Yvette Sylvester, RHIA, FHIMSS
Anne Tegen, RHIA
Cecilia Thomson, RHIA
Belinda Wiegand, RHIA
Pat S. Wilson, RT (R), CPC
Ann Zeisset, RHIT, CCS, CCS-P

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