EHRs as the Business and Legal Records of Healthcare Organizations. Appendix B: Checklist for Transition to the EHR (2010 update)

Editor's note: This checklist combines and updates the October 2004 practice brief appendix "The Strategic Importance of Electronic Health Records Management: Checklist for Transition to the EHR" and the June 2005 practice brief "A Checklist for Assessing HIM Department Readiness and Planning for the EHR."

This checklist assists in the transition from paper to an electronic health record (EHR) that will serve as a legal medical record for the organization. Whether paper or electronic, an organization's health information system must meet certain standards to be considered a legal business record. This checklist will help organizations and HIM departments prepare for going paperless and ensure that they can get rid of the paper after the EHR implementation.

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, downtime, confidentiality, and printouts and reports for disclosure purposes.

Organizational Perspective

- **Executive-Level Committee (ELC):** Form an executive-level committee to review and approve the change to a fully electronic system and obtain executive-level support that will review and approve the migration.
- **Steering Committee:** Form a steering committee that is empowered by the ELC, management, and all members of the organization to establish and implement policies and procedures required to manage the change to a paperless system from start to finish.
- **Legal Health Record Policy:** Review and revise their legal health record policy. The policy should be comprehensive and describe each step involved in the transition, which may mean planning for a hybrid environment (both paper and electronic).
- **Project Plan:** Develop a comprehensive plan of actions and milestones that details each step involved in the move to a fully electronic system. The plan should contain a definitive date for the completion of the migration and should detail individual departmental or divisional rollout dates.
- **Certification:** Ensure the EHR is certified as defined by the Office of the National Coordinator for Health Information Technology.
- **Health Information Exchange (HIE):** Organizations should determine potential partners for HIE efforts, investigate local HIEs or any other statewide HIE. They should:
    - Find out which clinical systems the HIEs currently are using.
    - Determine if the organization's EHR will be interoperable with the local HIE efforts.
    - Consider the following when setting the date and defining the process for the HIE: Is it for all patients seen after a certain date? For all documents created after a certain date? For all patients discharged or admitted by a certain date? Will all areas of the organization transition at once or individually? Will the organization transition according to unit or document type (e.g., laboratory then radiology then transcription)?
    - Develop a comprehensive data map of all organizational workflows and processes that may be affected by the transition to an electronic system. This data map should address both administrative and clinical work flows.
    - After an organizational review of these data maps, consider appropriate steps to reengineer and redevelop workflows, as appropriate.
    - Develop comprehensive processes and procedures that address the conversion of paper-based documents to an electronic form.

- Begin to streamline current paper processes by automating forms and documents and store them on a document management portal as a first step.
- Determine which forms and documents eventually will be eliminated with an EHR.

- Develop a communications plan that provides the organization with a clear understanding of the change process involved in moving toward a fully electronic system. The plan should address the responsibilities of all individuals within the organization (clinical and nonclinical staff). Education and information tasks should be incorporated into the plan. Consider the use of letters, posters, fliers, e-mail, or presentations with a clear message of the change. Review the practice brief "Understanding the HIE Landscape," available in the AHIMA Body of Knowledge at www.ahima.org.

HIM Operations Perspective

- **Leadership:** Determine who needs to be involved in planning the EHR migration and evaluating its effect on the HIM department. The project team should include members representing all segments of the HIM department.
- **HIM Functionality:** Document the organizational and proposed system processes for amendments, corrections, authentication, backups, and downtime. Will the system provide all the necessary HIM functionality? Will it be phased in or a single installation? Will support be provided locally or remotely?
- **Site Visits:** 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 Project Plan:** 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 according to 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.
        - Consider using a certified and experienced project manager.

- **Change Management:** Develop strategies for culture shift 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," available in the AHIMA Body of Knowledge at www.ahima.org.
        - Consider implementing a keyboarding or computer class for all employees well in advance to prepare them for training on the EHR.
        - Consider developing and administering a survey for input to determine readiness of clinical staff.

- **Communication Plan:** 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.

- **Staffing Plan:** Develop a staffing plan for the implementation of the EHR.

    - Estimate the hours required to carry out each task, once implementation tasks have been identified.
    - Consider paying a bonus to staff members whose jobs will disappear as part of the migration so they will continue their employment through the time when their jobs end so that qualified staff members are retained to perform tasks required during migration.
    - Plan for temporary or part-time staff members who may be required to conduct simultaneous, regular departmental business and the additional tasks required for migration activities. Review the practice brief "e-HIM Practice Transformation," available in the AHIMA Body of Knowledge at www.ahima.org.

- **Education Plan:** Develop an education plan on new or changed processes for both the HIM department and other organizational staff and physicians. Consider the use of letters, posters, videos, intranet sites, 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.
- **Gap Analysis:** Prepare a functional analysis comparing the current and proposed systems. Evaluate the results of the current and proposed EHR solutions. 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," available in the AHIMA Body of Knowledge at www.ahima.org.
    - 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.

- **Workflow:** 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 reengineer and redevelop them.
- **Policy and Procedures:** 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.
- **Contracts:** 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 costly and may result in unnecessary chaos for all involved.
- **Training:** Identify training requirements for HIM staff.

    - Develop plans for training staff to learn new functionality in the selected system.
    - Offer career counseling and training, as appropriate, for new jobs that may emerge for staff members whose jobs will change significantly or disappear during the migration to the EHR.

- **Budget:** Plan the budgetary effect of the migration. Clearly identify, budget, and obtain funding for items such as hardware, software, remodeling, training, information security, 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

Consider federal and state laws, as well as regulatory requirements (e.g., defining the electronic record, retention of records, electronic signatures, requirements of the legal electronic record, etc.).

- **State Regulations**: Research applicable state and federal regulations (e.g., defining the legal electronic record, retention of records, electronic signatures) and accreditation standards such as Joint Commission standards (e.g., standard IM.2.20 addresses data integrity, IM.2.30 addresses continuity and disaster recovery for both hard-copy and electronic records) and the Commission on Accreditation of Rehabilitation Facilities.
- **Federal Regulations:** Research federal laws (e.g., HIPAA, Privacy Act of 1974, if they apply to the organization, and the Health Information Technology for Economic and Clinical Health [HITECH] Act).
    - Review the Federal Rules of Evidence, Article VIII. The EHR should meet the federal and state rules of evidence to stand as a legal business record. Review the practice brief "Maintaining a Legally Sound Health Record," available in the AHIMA Body of Knowledge at www.ahima.org, for a summary of the rules of evidence.
    - Research applicable Food and Drug Administration regulations, including 21 Code of Federal Regulations (CFR) 11: Electronic Record and Electronic Signatures, Food and Drug Administration Guidance for Industry: Computerized Systems Used in Clinical Trials, and 45 CFR 46: Protection of Human Subjects.
    - If appropriate to your facility, review the applicable federal conditions of participation (e.g., defining the electronic record, retention of records, electronic signatures), including:
        - 42 CFR 2: Conditions of Participation for Drug, Alcohol, and Substance Abuse
        - 42 CFR 418: Conditions of Participation for Hospices
        - 42 CFR 482: Conditions of Participation for Hospitals
        - 42 CFR 483: Conditions of Participation for Long Term Care Facilities
        - 42 CFR 484: Conditions of Participation for Home Health Agencies
        - 42 CFR 485: Conditions of Participation for Rehabilitation
- **Network:** Seek out professional peers who may be working through this same issue in the local community, as well as your state and national communities. Join different AHIMA Communities of Practice (e.g., e-HIM, Enterprise Imaging, HIPAA: Computer-based Patient Record).
    - Join the customer forums on your vendor's Web site, if available, to communicate with other similar facilities.

Form Identification and Transition

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.

- **Format:** Consider the following questions regarding format:
    - Consider before-and-after formats comparing the paper document to the computer-generated document. Is there a comparable electronic version of each document?
    - Will the organization realign roles and responsibilities for existing committees (e.g., will the forms committee approve the format of the electronic record)?
    - How should the record be organized?
    - Is the information in the record organized for efficient retrieval of needed data? Is it readable?
    - Can the record be brought to paper in a readable format?
    - Are there customizable views for different groups of users (e.g., clinical view, HIM view, audit view)?
    - If alerts and reminders are part of a legal medical record, are they viewable? Printable?
    - Plan for auditor access to the record online without the ability to see or search for other patient records an auditor is not privileged to view. How will the auditor be trained to use the system?
    - How will staff members be trained to read through the online record to find information?
    - If copies need to be printed out of the system, ask if the system can label print reports to include a prominent watermark or label with information about disposing of the copy or print the report on colored paper.

- How will the organization integrate paper from outside the facility? Will it be scanned immediately or kept in a temporary paper folder for a time?
- 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 used?
- 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 after implementation of the EHR.
- Determine which reports may be COLD-feeds to the EHR (e.g., laboratory and radiology results, dictation, and electrocardiographic 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., TIFFand 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.
- Pay attention to the 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 (due to poor reproducibility) as early as possible in the migration.

- **Patient Information Matrix:** During the transition, consider developing a grid or matrix that describes where and how to find specific document types (e.g., history and physical examination forms, operative reports, discharge summaries, physician orders, test results). Review the practice brief "Managing the Transition from Paper to Electronic Health Records," available in the AHIMA Body of Knowledge at www.ahima.org.

Policies and Procedures

- **Policy and Procedure:** Consider the following issues related to policy and procedures:

  - Do organizational policies need revision in response to issues identified with going paperless?
  - Address retention for electronic records. It is critical to verify how long documents or data are readily available from various systems. Do the electronic data go away after a couple of years? How long will data be kept online? After archiving, how will the data be retrieved?
  - If a record must be thinned, how will the organization go about it? How will this information be retrieved?
  - What is the downtime (manual backup system) policy and procedure? Will documents completed while the system is down be part of the legal medical record? Will they be scanned into the record?
  - Will printing be restricted? Unrestricted printing means the organization is not paperless. Determine where copies may be printed in the organization and methods to be used for copy disposal. Will there be an audit trail to identify users who have printed reports from the system?
  - How will access to the systems be addressed for staff members and physicians (staff and nonstaff)?
  - How will privacy and security issues be addressed?

Content and Data Integrity

Comprehensively evaluate HIM department responsibilities and functions related to the content of the EHR. Query each clinical department head to determine if any medical devices or instruments are in use in their area but are not interfaced with 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 before sign-off, how amendments or corrections are made, and when cosignatures may be required.

Considerations to assess EHR functionality and areas to be addressed by HIM policy include the following:

- Is the patient identification obtained and embedded in each document in the EHR, and is it being done according to facility policy (e.g., the organization's master patient index has an algorithm to determine accurate patient identification or devices or other data-capture mechanisms require complete and accurate patient identification)?

- Can patient information be accessed and retrieved efficiently and legibly?
- Does documentation indicate the exact date and time of the recording of the event and the name of the documenter? Is this information viewable? Printable?
- How will versioning of the electronic record process work? How will the original unaltered version and edits be maintained? How can the organization tell whether the report has been edited? Will the organization be able to retrieve it?
- How long after an entry has been made can the documentation be corrected or amended? Amendment rules should be similar to those for paper records. The change, date and time, and author of the change should be viewable and printable.
- The rule for correcting data and reports should be the same for paper and electronic systems. Evidence of the correction with the date and time and author of the change should be viewable and printable.
- If a patient requests an amendment or correction, how will it happen in the EHR system? Will the information be scanned or imported as a text file into the record?
- How will the organization know the record is finalized or completed on the system? Paper or paperless, record completion business processes still will be needed. How will temporary documentation (e.g., preliminary findings, draft reports, unsigned and authorized reports) be identified clearly?
- What is the data validity and completion process?
- Will physicians complete records online? How will they know to do that? Will they be given a break on suspensions during the learning curve and still be in compliance with Joint Commission standards?
- Will the EHR system allow electronic signatures that meet state and federal laws? Is the signature viewable? Printable?
- Will the EHR system allow required cosignatures (e.g., students, residents, nurse practitioners)? Is the signature viewable? Printable?
- How will documentation reviews be performed (e.g., medical record reviews)?
- Have individuals who do data abstraction, utilization review, or auditing been trained to identify where to find information?

Privacy and Confidentiality

Strong privacy programs are required as EHR systems are implemented, taking into account federal and state laws, including e-discovery, to ensure appropriate access, use, and disclosure of health information. Sound privacy and confidentiality practices lead to more effective management of health information, contributing to safe, high-quality patient care.

- Evaluate the 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.
- Consider the following confidentiality issues:
    - Will patients have online access to their medical records? If not, the organization will have to print the record for their review.
    - How will the release of information be completed? Can the record be attached to an e-mail, faxed, stored on a CD, or printed? Review HIPAA requirements.
    - Is the system HIPAA compliant?
    - Should nurses and other caregivers be restricted to viewing information for only the patients on the unit where they are assigned?
    - What about physician access to records when he or she is not recorded as a treating physician (e.g., consultants, referring physicians, physicians doing committee reviews, researchers)? Can any physician on staff have access to any patient record?

Consider the needs of privacy and security when data from the EHR are exchanged beyond the confines of the organization (e.g., HIE or across the continuum of care).

- What responsibility will the HIM manager have regarding HIE?
- What policies and procedures will be included in the consent management process?
- Investigate the federal and state requirements on transfer of data between providers.
- Investigate accreditation requirements.
- Educate staff on transfer of data policies.
- Consider meaningful use privacy and security provisions such as patient access to protected health information in electronic format, notification of breaches, restrictions for disclosure to services paid out of pocket, etc.

Hardware and Software

- Define your organization's hardware platform. For example, is the organization using a high-availability platform or a stand-alone platform? Is there a redundant or mirrored database? Is there a system server?
- Define the backup processes, including media, retention, restoration of files, and rotation cycles. Test the processes on a periodic basis.
- Define the disaster-recovery processes and the acceptable downtime.
- Be aware of your organization's hardware and software maintenance windows, as well as hardware and software upgrades.
- Determine whether there is sufficient hardware available to carry out organizational and HIM department functions.
    - Plan for EHR access by physicians, nurses, other caregivers, and all nonclinical personnel, such as reviewers, with the need for access.
- Determine if remodeling will be required to accommodate necessary hardware.
- Manage the hardware and software budget for the department (e.g., additional printers, supplies, workstations, software licenses).
- Determine which hardware and software are required to support HIM department functions outside the scope of the proposed EHR system.
    - 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.
- Document system downtime for backup, upgrade, and disaster-recovery processes.
    - Define acceptable times for system backups and upgrades.
    - Ensure that HIM staff members are aware of downtime procedures.
    - Participate in regular disaster recovery process testing to ensure that data recovered are complete and accurate.

Security and Risk Management

- Conduct a comprehensive risk assessment, taking into consideration best practices as defined by the National Institute of Standards and Technology, HIPAA, and HITECH.
- Develop an overall security management framework.
- Once systems are implemented, conduct a security audit to determine the security state.
- Document roles and responsibilities and access rights.
- Determine best methods for access and identity management.
- Take into consideration securing all levels of data, including data at rest, data in motion, data used, and data disposed.
- Consider revising business associate agreements, adding security expectations as defined by your organization's security management framework.

Interfaces

- Plan for interfaces for any system or device that is not part of the EHR.
    - Is there an interface for the master patient index to the EHR system so that medical record numbers merged in the index will be merged automatically in the EHR system? Or will staff members have to go in and out of different systems to keep the medical record numbers accurate?
    - Is the interface unidirectional or bidirectional?
    - Ensure that the frequency of data transfers is appropriate to the function (e.g., the master patient index should be updated in real time, not in batch mode).
    - Document reconciliation processes after system downtime.
    - 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

As the saying goes, "experience is the best teacher." Here are some lessons learned by other HIM professionals as they have made the transition from a paper-based system to an EHR:

- Take the time to visualize the workflow of all HIM functions supporting a paperless health record. You will experience a number of aha moments. This is critical to the planning phase. To be successful, you will have to map the transition from paper to paperless by carefully considering all the changes that may or will occur. Encourage your staff to assist you in this visualization process. Continuously asking "what if?" will allow you to discover many of the important issues during the planning stage.
- During the planning stage, identify which clinical data will be needed for any population reports. Be sure these data are being discretely populated in the EHR. Often, the report desired cannot be generated because the data were not captured, stored, or retained for that purpose. There are many instances in which the HIM department or other departments maintained logs of patients; each of these logs should be able to be created and maintained as part of the population reports.
- It will be equally important for other members of the implementation team to visualize the changes in their workflows. HIM professionals can provide invaluable insight for the clinical team members in assisting them to consider all issues affecting the clinical workflow and going paperless.
- If the record is moved from the active database to an archival database, check that all of the record is retrievable in the same format and does not require special programming to retrieve or print it.
- Be actively involved in testing the backup. Do not wait until the system has crashed and needs to be restored to find out that the backup does not work adequately.
- When implementing a new electronic record system, do not forget to have the project plan include the printing of all reports. Some systems are sold as paperless and do not have reports developed to be printed out of the system if necessary.
- When a new data element is created in the system, make sure that the new information is viewable and printable. Some systems take additional programming to get the new data into a viewable or printable format.
- If you are going paperless in several different systems (e.g., radiology, physician order entry), evaluate the hardware needs in each department to ensure that all staff members can access the system as appropriate to their job functions. Some systems have licensing limitations and could cause access restrictions.
- Ensure that system updates occur on the server and do not require manual intervention on each computer or desktop. Imagine having to visit every computer or user each time a change is made. Likewise, verify that one installation grants application access to all profiles on that computer.
- Many forget about security during a large-scale project such as an EHR implementation. Keep security as part of the entire process to determine its current state, what will need to be in place in the future, and then ultimately validating that the environment is secured.

For additional references, review AHIMA's practice briefs available in the AHIMA Body of Knowledge at www.ahima.org.

Back to practice brief

References

For additional resources, seek out professional peers working through the same issues. Review the e-HIM practice briefs and search the AHIMA Body of Knowledge. Join AHIMA Communities of Practice such as e-HIM, Enterprise Imaging, and Computer-based Patient Records.

All references are available online in the AHIMA Body of Knowledge at www.ahima.org.

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