On

VERSION HISTORY

[Use the table below to track the development and changes to the EMR and Data Migration Plan. Begin by entering a version number, the name of the author implementing the version, the date of the version, the name of the individual approving the version, the date that particular version was approved as well as a brief description of the reason for creating the revised version.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Version #** | **Implemented**  **By** | **Revision**  **Date** | **Approved**  **By** | **Approval**  **Date** | **Reason** |
| 1.0 | <Author name> | <mm/dd/yyyy> | <name> | <mm/dd/yyyy> | <reason> |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

[Insert appropriate disclaimer(s)]

Introductory Notes

[This document is a template for the migration of data in a community care setting. It is meant to be a template and is by no means an exhaustive project plan. This document is a complement to the EMR and Data Migration guide, a copy of which can be found at TBD]. It is not mandatory to use this specific template. You may already have one developed within your practice or, your EMR vendor may provide you with the other templates to track and manage the project.

EMR migrations are not linear. The process will vary depending on your practice size, type, location and even the vendors involved. It may take anywhere from a few weeks to over eight months depending on the complexity of the migration. As such, this document may not cover all considerations for your EMR Migration. However, following a structured process as shown in the EMR and Data Migration guide and utilizing tools such as this EMR Migration Project Plan will help ease this process.

**How to use this document**

This template includes instructions on how to use this document, standard boilerplate text, and fields that should be replaced with the values specific to your migration project. Please refer to the table of contents for additional detail.

* Blue italicized text enclosed in square brackets ([text]) provides instructions to the document author, or describes the intent, assumptions and context for content included in this document.
* Before submission of the first draft of this document and circulation around your practice, delete this “Notes to the Author” page and all instructions to the author, which appear throughout the document as blue italicized text enclosed in square brackets.(“[Text]”)]
* Delete the “sample” text embedded within the watermark of this document

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# 

# PURPOSE OF THE EMR AND DATA MIGRATION project PLAN

[Describe the purpose of the EMR and Data Migration Project Plan. Summarize the purpose of the document, the scope of activities that resulted in its development, the intended audience for the document, and expected evolution of the document. Some examples are provided below]

* *[This EMR and Data Migration Plan is a description of the goals, vision, preparation, vendor selection, implementation and post go-live considerations and specifications for the migration from one EMR 1 to EMR 2.]*
* *[The intended audience of the* *[Your Practice Name] EMR and Data Migration Plan is the practice, EMR vendors as well as all associated project teams.]*

# 

# PLANNING

In the first phase of the EMR and Data Migration, six (6) to eight (8) months before Go-Live, consider outlining the following detail:

## PRACTICE OBJECTIVES

Describe objectives of your EMR Data Migration. For example, what do you want your practice to look like once the EMR migration is complete?

* *[Insert description of the first objective.]*
* *[Insert description of the second objective.]*
* *[Add additional bullets if necessary]*

Engage your practice. What are some key messages for practice staff on the vision for the EMR migration? Who will lead the EMR migration?

* *[Insert approach for the engagement of practice staff]*
* *[Insert the vision and specific goals that practice staff can identify with]*

Analyze your practice. Identify any gaps between your practices current state and the desired future state with the EMR.

* *[List patient flow gaps in your practice]*
* *[List and identify gaps in point of care, such as with forms and documents on patient visits]*
* *[List the gaps in the flow of information in and around your office]*
* *[List the gaps in the flow of documents in and around your office]*
* *[List any other opportunities for practice workflow improvement]*
* *[Insert additional detail as required]*

Prepare your data.

* *[Assess your Data. Refer to Section 1.4 of the EMR and Data Migration Guide]*
* *[Identify and list the type of data that is to be migrated and the data that is not.]*
* *[Outline your current EMR vendors EMR migration support clause]*
* *[Current version of your EMR software]*

Review Privacy and Security Considerations

* *[Outline your existing privacy policy and any improvements to be made]*
* *[Outline your obligations as a Health Information custodian under PHIPA]*
* *[Insert additional detail as required]*

## EMR AND DATA MIGRATION SCOPE

[Provide a rationale for the Migration and a general description of the boundaries of the data Migration effort. This may include, but not be limited to, specific practice functions affected and functions/data not affected.]

* *[Measurable targets: List the targets and what your practice like to achieve as a result of this EMR and Data migration]*
* *[Insert description of the second item.]*

ROLES AND RESPONSIBILITIES

[List all stakeholders and document their roles and responsibilities in the Migration process.]

* *[List the first stakeholder.]*
* *[List the second stakeholders]*
* *[Add additional bullets as necessary]*

ASSUMPTIONS

[This section identifies the statements believed to be true for the EMR and Data Migration.]

* *[Insert description of the first assumption.]*
* *[Insert description of the second assumption.*
* *[Add additional bullets as necessary]*

CONSTRAINTS

[This section identifies any limitation that must be taken into consideration prior to the Data Migration from the old to the new product or IT system. Describe any limitations or constraints that have a significant impact on the Migration effort such as:

* *[Identify the types of data may not be migrated to the new EMR?]*
* *[Identify any constraints with respect to the availability of practice staff to participate in the EMR migration]*
* *[Insert description of a constraint.]*
* *[Add additional bullets as necessary]*

RISKS

[Describe any risks associated with the data Migration and proposed mitigation strategies. Include any risks that could affect Migration feasibility, technical performance of the converted system, the Migration schedule, costs, backup and recovery procedures, etc.]

* [Insert description of the first risk.]
* [Insert description of the second risk.]
* [Add additional bullets as necessary]

TRANSITION PLAN

* *[List the provisions for access to data in the old EMR after the EMR migration is complete.]*
* *[Outline your old vendors’ approach to provide your practice with copies of the patient records for future reference]*

# 

# EMR VENDOR SELECTION

Note: A more detailed EMR Vendor Selection Guide is available at <http://bit.ly/1TdELX0>. Please review for additional detail.

EMR SELECTION TEAM

[Provide a list of the team members within the EMR Selection team. Also, include contact information, roles and information. Please see section 2.2 of the EMR and Data Migration guide for additional details.]

PROSPECTIVE EMR VENDORDEMONSTRATIONS (FUNCTIONAL TESTING)

[Use the sample reference guide below as a boilerplate of questions to ask EMR vendor reference sites. The table below includes sample questions you can ask the reference site, to understand their experience with the EMR you are considering. Use the column on the left to score the response from 1-10 with 10 being the highest]

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **1 to 10 or NA** |
| **General** | | |
| 1 | Business Continuity and Disaster Recovery – Have you ever had a disaster or loss of data from which you had to recover? How effective was the EMR vendor in this process? |  |
| 2 | Security – Are you satisfied with the security and privacy? |  |
| 3 | Interoperability – Overall technical effectiveness of OLIS, HRM, community lab results interfaces? |  |
| 4 | Patient registration effectiveness? |  |
| 5 | Patient appointment and physician scheduling process effectiveness? |  |
| 6 | Billing submission and reconciliation plus Financial reporting effectiveness? |  |
| 7 | Posting scanned documents to patient chart? |  |
| 8 | Training – Overall effectiveness prior to and post Go Live? |  |
| 9 | Implementation – Overall effectiveness, timeliness? |  |
| 10 | Data Migration – Overall effectiveness? What EMR did you migrate from? |  |
| 11 | Performance – Overall effectiveness of system performance (speed)? |  |
| 12 | Quality of EMR product – Overall quality of the EMR application? Is it bug free? |  |
| 13 | Vendor Support – How effective is the vendor in providing support for your questions and problems post Go Live? |  |
| 14 | EMR availability – How available is the EMR? (downtime) |  |
| 15 | Ability to create custom Letters / Forms / Handouts / Favourites? |  |
|  | Overall Score: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Workflow** | | **1 to 10 or NA** |
|  | | | |
| 1 | | Creation of and monitoring Referrals? |  |
| 2 | | Preventative Care Management? |  |
| 3 | | Medication Management? (Rx, drug interaction, integration with pharmacies) |  |
| 4 | | Encounter Notes? |  |
| 5 | | Managing chronic diseases? |  |
| 6 | | Teaching Unit Functionality? (support of residents and learners.) |  |
| 7 | | Do you have a patient portal? If so, how effective is it? |  |
| 8 | | Communication of patient activities through EMR |  |
|  | | Overall Score: |  |

Please review Appendix D for Sample User Scenarios to test prospective vendor products

TEST SAMPLE DATA EXTRACTS AND SCENARIOS

[In addition to the functional testing activities in the previous section, prepare sample practice scenarios. Use these to gain a better understanding of the prospective EMR products you are considering. A sample scenario is provided below for your reference.

VENDOR PROFILE

[As a part of your research, request vendors to provide you with some or all of the following detail

* *A brief resume for project managers, trainer(s) and IT implementation resources.*
* *Corporate marketing information that summarizes solutions offered, financials, geographic markets covered, and the overall size of the company (an annual report may offer this detail).*
* *Number of physicians in Ontario using the EMR in their practice setting (not just billing and scheduling)*
* *Support locations and the number of employees dedicated to support (e.g. telephone support, typical response times, etc.).*
* *Systems and modules to interfaces currently in use in Ontario, such as pharmacies, patient portals, laboratories and even OntarioMD′s Hospital Report Manager (HRM).*
* *References for other practices with whom the vendor may have performed a migration or done business with before]*

VENDOR SUBMITS PROPOSAL TO YOUR PRACTICE

The vendor proposals should outline the following:

**EMR**

* *[Hardware needed for servers, workstations, printers, keyboards and peripherals]*
* *[Bandwidth requirements (i.e. data transfer rate), including upload/download specifications]*
* *[Pricing and details of software ownership and licensing for both physicians and support staff]*
* *[Detailed pricing of any third party software or services required to make the EMR functional]*
* *[Costs for read-only access to the EMR if you decide to maintain the old EMR after the migration]*
* *[The anticipated Go-Live Date - the date when the new EMR becomes fully operational]*
* *[The vendor′s standard approach to EMR migration (Are both EMRs available during the migration or is it a “big bang” where the new EMR is turned on and the old one switched off?)].*
* *[The vendors approach to making a read-only copy of your EMR available for review, after the EMR migration, including any associated costs].*

**Data**

* *[A written assessment of your practice data and its suitability for migrating to their EMR database]*
* *[A description of the type of data and EMR features that may or may not be migrated ]*
* *[Obtain estimates of EMR migration costs (What is included and what are the costs for what is not included?) For example, some vendors may charge an hourly/daily rate for services provided]*
* *[Prospective dates for a test EMR migration]*

**Service and Support**

* *[The location of the functional and data testing (this may be virtual or in person at the practice].*
* *[Service support availability from the vendor, detailed training schedules and costs]*
* *[Outline any clauses in the new EMR vendor contract around data extracts and data migration]*
* *[Outline privacy and security considerations. What provision(s) is the prospective EMR vendor willing to make to ensure that patient data is not compromised during and after the EMR migration. Please review section 2.3 for additional detail.]*
* *[Outline the Business Continuity and Disaster recovery plans for your EMR migration if defined]*
* *[A description of the triage process for handling EMR and data issues encountered during the migration]*

**Third Party Contracts**

* *[Service support availability and schedules for third party vendors. Review Section 2.6 of the EMR and Data Migration guide for additional information on third party contracts]*

**Migration Approach and Transition Plan**

[Describe the approach to extract, transform/cleanse and load data from the source to target destinations during the Migration/migration process. Consider and address the items in this section and/or appropriate subsections, if applicable:

* *[Identify if the Migration process is to be implemented in phases or stages, and if so, identify which components will undergo Migration in each phase.]*
* *[Identify and describe parts of the Migration process that will be performed manually.]*
* *[Identify criteria for a Go/No-Go decision if challenges are encountered with the EMR migration.]*
* *[Identify whether data availability and use should be limited during the Migration process.]*
* *[Describe security and privacy controls required for the Migration process.]*
* *[Describe the disposition of obsolete or unused data that is not converted]*
* *[Are both the new and old EMRs available after the EMR Migration? (This allows staff can gradually get accustomed to the new EMR. If some data is missing or if the staff is unfamiliar with a workflow, they can easily revert to the old EMR to verify.)]*
* *[Outline the plan for the transition of the practice during the migration including practice staff schedules, practice capacity, patient appointments and other logistics].*
* *[Consider setting aside time before the practice opens for staff to get comfortable with logging in, looking at charts and handling incoming calls.]*

SIGN CONTRACT WITH VENDOR

[Review the approval section at the bottom of this document as well as Section 2.7 of the EMR and Data Migration Plan]

# sample MIGRATION SCHEDULE

[Outline a schedule of Migration activities, which have to be completed by your practice, the EMR vendor and any other contributors. Show the required tasks in chronological order, with beginning and ending dates of each task, the key person(s) responsible for the task, dependencies, and milestones. If appropriate, tables and/or graphics may be used to present the schedule. Ensure that this information is appropriately integrated into the overall project schedule. The schedule should be as comprehensive as possible; however, the schedule may be revised as needed. Rather than providing this schedule in the table below, the schedule may be added as an Appendix and may be developed in a project management too such as Microsoft Project.]

Table 1 Migration Schedule

| Task # | Task Description | Begin Date | End Date | Key Person(s) Responsible | Dependencies | Milestone |
| --- | --- | --- | --- | --- | --- | --- |
| <task #> | <task description> | <mm/dd/yy> | <mm/dd/yy> | <name(s)> | <task #(s)> | <Yes/No> |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# IMPLEMENTATION AND DATA MIGRATION GO-LIVE

TRAINING SUPPORT

* *[Identify the training requirements and allocations for your practice]*
* *[Schedule first training session]*
* *[Schedule second training session]*
* *[Schedule third training session]*
* *[Will additional training time be required?]*

PREPARE FOR IMPLEMENTATION

[Identify and document tasks to prepare your practice for the final migration]

* *[Documents the login information, passwords and other data for all practice staff using the EMR*
* *[Begin to populate the issue log checklist in Appendix D]*

Prerequisites

* [Describe all preparatory and/or initiation processes that must be completed prior to data Migration. Describe specific data preparation requirements].

Backup Strategy

* [Describe how the source EMR and target data will be created and managed prior to any manipulation or migration].
* [Also, describe a schedule for backups that may occur incrementally while preparing, moving, and manipulating the data.]

DATA QUALITY ASSURANCE AND MAPPING

Provide a high-level mapping of the data and data types to be converted or migrated to the new system (e.g., the amount, type, and quality of the data; the original and target sources and formats; and any cross-reference complexities.)]

**DATA MIGRATION INSPECTION CATEGORIES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Category** | **OMD Spec** | **Notes** |
| 1 | Patient Demographics | Y |  |
| 2 | Family History | Y |  |
| 3 | Past Health | Y |  |
| 4 | Problem List | Y |  |
| 5 | Risk Factors | Y |  |
| 6 | Allergies and Adverse Reactions | Y |  |
| 7 | Medications and Treatments | Y |  |
| 8 | Immunizations | Y |  |
| 9 | Labs Results   * CML * Gamma-Dynacare * Lifelabs * Alpha | Y |  |
| 10 | Appointments   * Past to chart * Future to chart * Future to Provider Schedule | Y |  |
| 11 | Physician Notes (Pt encounters) | Y |  |
| 12 | Reports Received (attachments) | Y |  |
| 13 | Care Elements (height, weight, smoker status, bp, etc.) | Y |  |
| 14 | Alerts |  |  |
| 15 | Requests: labs, referrals, forms, etc. | N |  |
| 16 | Drawings / sketches | N |  |
| 17 | Forms: Antenatal, Rourke, etc. | N |  |
|  |  |  |  |
| 18 | Address Book:   * Physicians * Pharmacies * 3rd party * Insurance | N |  |
| 19 | Billing | N |  |

TEST FIRST DATA EXTRACT

* *[Place request for first data extract from old EMR vendor].*
* *[Identify the types of data quality problems that may occur, including but not limited to the following considerations:*
* [Data that will be migrated over].
* [Data that may not be migrated over].
* data redefinitions (e.g., changes in patient data such as dates and measurement values);
* garbled content (e.g., multiple uses for a single field, freeform text values, corrupted data, un-initialized data);
* missing data;
* *Describe the strategy to be used to ensure data quality before and after all data Migrations.*
* *Describe the manual and/or automated controls and methods to be used to validate the Migration and to ensure that all data intended for Migration have been converted.*
* *Describe the process for data error detection and correction, and the process for resolving anomalies and any associated costs.]*

VALIDATE SECOND DATA EXTRACT

This step requires the use of an issue log, a sample of which can be found in Appendix E.

* *[Provide a cross reference of the input (source) data that is to be converted to the resultant output (target) data. Provide transformation/cleansing rules for each data element and any other additional considerations.*
* *Use the Issue Log can be used to record data quality challenges as you come across them.*
* *Use the Issue Log to outline issues that can be cleared up*
* *Use the Issue Log to outline issues that cannot be cleared up and the course of action for such.*
* Translation of literal value(s) to literal value(s)
* Default null to literal value
* Empty field processing (i.e., null to space or space to null)
* Formulas (i.e., simple equations and mathematical expressions)]

MIGRATE THE FINAL DATA EXTRACT

* *[Address and outline any outstanding issues in the issue log].*
* *[Outline the plan for the transition over to the new EMR. Please refer to Section 3.5 of the EMR and data migration guide for additional information].*
* *[Summarize what went well and what did not go as well with the migration].*
* *[Schedule a date for the close-out meeting].*
* *[Maintain a record of the total number of records extracted from the old EMR and the number brought over to the new EMR].*
* *[Organize and schedule the sign off and a conference call or meeting to discuss the outcomes of the migration with stakeholders].*

# Appendix A: EMR and DATA MIGRATION PLAN approval/sign off

The undersigned acknowledge they have reviewed the EMR and Data Migration Plan and authorize the <Project Name> project. Changes to this Data Migration Plan will be coordinated with and approved by the undersigned or their designated representatives.

*[List the individuals whose signatures are required. Examples of such individuals are Lead Physician and Project Manager(s). Add additional lines for signature as necessary. Although signatures are desired, they are not always required to move forward with the EMR migration.]*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: |  |  |  |

# APPENDIX B: REFERENCES

*[Insert the name, version number, description, and physical location of any documents referenced in this document. Add rows to the table as necessary.]*

The following table summarizes the documents referenced in this document.

|  |  |  |
| --- | --- | --- |
| **Document Name and Version** | **Description** | **Location** |
| <Document Name and Version Number> | [Provide description of the document] | <URL or Network path where document is located> |
|  |  |  |

# APPENDIX C: KEY TERMS

[Insert terms and definitions used in this document. Add rows to the table as necessary].

The following table provides definitions for terms relevant to this document.

|  |  |
| --- | --- |
| **Term** | **Definition** |
| [Insert Term] | [Provide definition of the term used in this document.] |
| [Insert Term] | [Provide definition of the term used in this document.] |
| [Insert Term] | [Provide definition of the term used in this document.] |

# APPENDIX D: Sample user scenario for vendor demonstrations

[The text below is a sample (optional) template provided courtesy of the Summerville Family Health Team. You may choose to maintain this section as a separate document, while you coordinate EMR functional demonstrations with prospective EMR vendors. Please refer to Section 2.2 of the EMR and Data Migration guide for additional information. The intent is that this document will be prepared and sent to the prospective vendors in advance of the demonstrations].

**Instructions for Vendors**

Thank you for responding to our RFP and committing to your presentation and demonstration on <date>. The location of the event will be: <practice address>.

This document will assist you in your preparations for the presentation/product overview and scenario based demonstration. As we have mentioned previously, this evaluation process is seen as extremely important to the Summerville Family Health Team. The entire selection team will attend the demonstrations. Participants will include physicians, nurse practitioners, nursing, allied health professionals, and administrative staff.

**Vendor Demonstrations Format**

**Part 1 - Formal Presentation and Product Demonstration**

Vendors are asked to prepare a 45 minute formal presentation and product overview. The formal presentation/product overview will:

* Describe company profile
* Highlight Ontario experience
* Describe at a high level the solution proposed for Summerville
* Review partners providing additional services (if applicable)
* Future product roadmap
* Provide a brief general overview and demonstration of the EMR product (bearing in mind that the scenario below is extensive)

**Part 2 – Scenario based demonstration**

A 120 minute scenario based demonstration along with question and answer will follow the presentation. You will find the detailed user scenario below (page 4). To ensure the demonstration is as effective as possible, vendors are asked to:

* Review demonstration data below (page 4) and ensure that data has been input into your product to accurately reflect the scenario so that we can complete the scenario properly.
* Provide any supporting materials you may feel are beneficial to help participants through this evaluation process

**Next Steps**

Continue to send any questions regarding this process to:

**<Enter practice contact person name and email>**

Thank you for your interest and time in responding to our RFP.

**User Scenario**

**Data entered prior to scenario**

**Providers** – 1 reception, 1 nursing, Dr. Schwarz, Dr. Smith

**Results -** 1 lab result with a Hb of 110 for Dr. Jones

1 scanned in consult note from Gastroenterology for Dr. Jones

**Patient’s mother**: Sarah Lambert

Address: suite 211 – 190 Main St.

Mississauga, ON

L5L 1T4

Home 905-456-7890

**Fatigue order set –** CBC, Lytes, Glucose, Cr, B12, TSH, Ferritin, Monospot

**Data entered during scenario**

**Patient**: Hannah Lambert

DOB 7/7/1950 (age 64)

Cell 416-223-4560

Work 416-597-9045

NOK Jane Green 416-789-0234

**Hannah’s Previous Medical History**

Crohn’s Disease dx’d age 30

Renal Colic – dx’d 10 years ago

Appendectomy as a child

**Hannah’s Family History**

Father - Early onset CAD (MI age 45)

**Meds**: Tramadol 1-2 tabs q4-6h prn started by Dr. Jones 2 years ago

**Allergies**: Amoxil

**Hannah’s screening tests**:

Most recent Mammo was Feb. 2, 2011

Most recent PAP was November 23, 2013

**User Scenario: New Patient to the Practice**

Hannah Lambert has moved to Mississauga to live with her mother, Sarah Lambert. Hannah has been ‘feeling down’ lately and is wondering if an antidepressant medication might help. Sarah’s doctor, Dr. Schwarz, has agreed to take on Hannah as a new patient.

Hannah calls Summerville to set up an appointment. The receptionist gathers the minimum information required to open a new record. While creating the new record, the receptionist is notified by the system there is already another Hannah Lambert that is a patient at this practice.

The receptionist recognizes that a longer, 30 minute, appointment is needed (the default is a 10 minute appointment slot). Hannah tells the receptionist that she is only available Tuesday morning and Wednesday afternoons. The receptionist finds the next available appointment meeting those criteria and books the patient.

When she arrives at the practice, Hannah stops first at the registration desk where the receptionist asks Hannah for her demographic information. Hannah states she is living with her mother and the receptionist uses the address and home phone from the mother’s chart to populate Hannah’s record. Hannah also provides her work phone and cell phone number as well as a next of kin, her sister Jane. On saving the information, the receptionist receives a reminder that this patient needs to sign a roster form and a consent related to storage and release of information. The patient states that she would like to make sure her ex-boyfriend, Jeff, who is a social worker at another site, CANNOT view her record. The record is locked down so that Jeff cannot access it.

The clinic nurse now sees on her schedule that the patient is ready to be brought into the exam room. As this is a new patient, the nurse enters information regarding past medical history, family history, current meds, risk factors and recent screening tests. (See above for detail). She also enters the patient’s vitals into the EMR and puts Hannah into Dr Schwarz’s exam room.

Dr. Schwarz opens the patient’s record is notified that the patient is overdue for her mammogram.

Dr. Schwartz talks with Hannah about her symptoms and documents the history in the EMR. She completes a PHQ-9 score to objectively assess disease severity. Dr Schwartz also uses the “SIGECAPS” mnemonic to help document the aspects of the mood issue. She asks the patient if she has had any blood work recently and the patient indicates she shad some done at a walk in clinic last month. Dr Schwarz queries OLIS to retrieve the lab results. (NB: We recognize that this query cannot actually be executed but we would like to see the process for querying OLIS)

Dr. Schwartz makes a diagnosis of depression and enters it into the EMR. She considers treatment and decides to access the CANMAT guidelines for treatment of Depressive Disorders. Dr. Schwarz counsels Hannah about her depression and prescribes a 1 month supply of Paxil 10mg daily for 1 week then increase to 20 mg daily thereafter. Dr. Schwarz reads the drug interaction info between Paxil and Tramadol and overrides it. Dr. Schwarz makes a referral to the Summerville FHT ‘Manage your Mood’ program and to a community Psychiatrist Dr. Jones. . He includes the chart note, the CPP and any investigations with the referral to Dr. Jones. Dr. Schwartz sends a task to Reception to book the appointments.

Dr. Schwarz determines that the patient needs to be off work for the next 2 weeks. The patient advises Dr. Schwarz that she needs a note for work regarding the absence. The clinic policy is to charge $20 for this. Dr. Schwarz creates the work note and reception is notified to invoice the patient.

Hannah asks Dr. Schwarz for a refill of her Tramadol. She mentions that she has had some fatigue since starting it and Dr. Schwarz checks the product monograph to see if this is a common side effect. Dr. Schwarz shows the patient a pain scale and records the patient’s pain level. She also orders her standard ‘fatigue’ order set (see below). A patient handout authored by Dr. Schwarz on depression is printed out for the patient.

Dr. Schwarz advises the patient she is overdue for her Mammogram and orders the Mammogram.

Dr. Schwarz bills an A007. The EMR reminds Dr. Schwarz that a roster code Q200 and a new pt fee Q013 have not been billed. Dr. Schwarz orders these.

Dr. Schwarz recommends appointments be made to follow up with the NP and with the social worker. The patient requests that these be made on the same day if possible to minimize time off work. The patient returns to Reception who books the appointments with NP and SW.

Over lunch, Dr. Schwarz reviews some new lab results in her INBOX. One result shows hemoglobin of 110. Dr Schwarz wants to determine if the anemia is new or chronic. She also reviews a consult note from the Gastroenterologist which was received by mail and scanned into the EMR. Today, Dr, Schwarz is covering for Dr. Smith and she checks his INBOX to review his results. She signs off a lab result of Dr. Smith’s.

Finally, Dr. Schwarz wants to know how she is doing in terms of her mammogram screening rates for her practice. She runs a report to identify all eligible patients who are overdue for their mammograms as she wants to contact these patients to have the test completed.

NB: Please see the table below to indicate objectives of each portion and vendor notes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Scenario section** | **Narrative** | **Objectives** | **Notes to Vendors** |
| Background | Hannah Lambert has moved to Mississauga to live with her mother, Sarah Lambert. Hannah has been ‘feeling down’ lately and is wondering if an antidepressant medication might help. Sarah’s doctor, Dr. Schwarz, has agreed to take on Hannah as a new patient. |  | See data to support scenario section above |
| Opening a new chart | Hannah calls Summerville to set up an appointment. The receptionist gathers the minimum information required to open a new record. While creating the new record, the receptionist is notified by the system there is already another Hannah Lambert that is a patient at this practice. | * Demonstrate minimum data to open a new record * Demonstrate duplicate record checking and notification |  |
| Booking an appointment | The receptionist recognizes that a longer, 30 minute, appointment is needed (the default is a 10 minute appointment slot). Hannah tells the receptionist that she is only available Tuesday morning and Wednesday afternoons. The receptionist finds the next available appointment meeting those criteria and books the patient. | * Demonstrate booking a non-default appointment type * Demonstrate searching for an appointment that meets specific criteria | Vendor may want to indicate if criteria sets can be stored and quickly re-run (find next available evening appointment for a specific provider?) |
| Arriving a new patient | When she arrives at the practice, Hannah stops first at the registration desk. The health card is swiped and validated. The receptionist asks Hannah for her [demographic information](file:///C:/Users/Jide.Falodi/OneDrive/EMR%20and%20Data%20Migration%20Guide/Local%20Settings/Infoway/Life%20of%20the%20Lambert's/EHRS%20Blueprint%20v2%20ERA%20Report/_9_5_1d2a0489_1124051808526_392803_2118Report.html#Demographic_data#Demographic_data). Hannah states she is living with her mother and the receptionist uses the address and home phone from the mother’s chart to populate Hannah’s record. Hannah also provides her work phone and cell phone number as well as a next of kin, her sister Jane. She also advises the receptionist that she is POA for her mother and requests that this be added to her mother’s record. | * Demonstrate use of family member’s info to rapidly populate new patient’s chart * Demonstrate entry of additional demographic info | If health card swipe and validation cannot be performed in demo environment then describe the process  If the EMR has a special section for advanced directives please highlight this |
| Notification and privacy | On saving the information, the receptionist receives a reminder that this patient needs to sign a roster form and a consent related to storage and release of information. The patient states that she would like to make sure her ex-boyfriend, Jeff, who is a social worker at another site, CANNOT view her record. The record is locked down so that Jeff cannot access it. | * Demonstrate reminders/alerts for reception on saving registration data * Demonstrate process to apply patient privacy requests by individual user | Vendor may wish to mention other ways chart may be locked down (by role, by data type, other) |
| Viewing the schedule | The clinic nurse now sees on her schedule that the patient is ready to be brought into the exam room | * Demonstrate how patient state is reflected on schedule | Vendor may want to indicate all the state changes (booked, arrived, in room, etc….) |
| Populating the CPP | As this is a new patient, the nurse enters information regarding past medical history, family history, current meds, risk factors and recent screening tests. (See above for detail). She also enters the patient’s vitals into the EMR and puts Hannah into Dr Schwarz’s exam room. | * Demonstrate how previous medical, surgical and family hx as well as meds, risk factors and previous preventative care screening maneuvers are entered into the CPP | See above for detail regarding values to be loaded |
| Decision support | Dr. Schwarz opens the patient’s record is notified that the patient is overdue for her mammogram. | * Demonstrate alerts and/or visual indicators on opening a chart |  |
| Encounter capture | Dr. Schwartz talks with Hannah about her symptoms and documents the history in the EMR. She completes a PHQ-9 score to objectively assess disease severity. Dr Schwartz also uses the “SIGECAPS” mnemonic to help document the aspects of the mood issue. | * Utilize a standardized scoring sheet for symptom scoring * Utilize a acronym to support documentation * Demonstrate multiple modes of capturing encounter information (templates, canned text, free text, other) * Demonstrate how an inter-disciplinary note is captured |  |
| OLIS Integration | She asks the patient if she has had any blood work recently and the patient indicates she shad some done at a walk in clinic last month. Dr Schwarz queries OLIS to retrieve the lab results. (NB: We recognize that this query cannot actually be executed but we would like to see the process for querying OLIS) | * Demonstrate how OLIS is queried | We do NOT expect a query to be actually submitted but describe how results return ( how quickly, into chart or into INBOX or both, are results trendable with private lab results etc…) |
| Entering a new Diagnosis | Dr. Schwartz makes a diagnosis of depression and enters it into the EMR. | * Demonstrate how new dx are entered | Highlight coding options and naming options if any (I.e. can different names map to same code, can different coding systems be used) |
| Evidence based care | She considers treatment and decides to access the CANMAT guidelines for treatment of Depressive Disorders. | * Demonstrate how guidelines can be accessed from EMR | If guidelines can be embedded (not just linked to) please describe how this works |
| Write a prescription | Dr. Schwarz counsels Hannah about her depression and prescribes a 1 month supply of Paxil 10mg daily for 1 week then increase to 20 mg daily thereafter. | * Demonstrate entry of a medication * Describe use of ‘favorite medication lists’ that may be used for this and how they are edited | May want to demonstrate writing rx from favorite list and writing rx from full reference list of meds |
| Drug-drug interactions and override | Dr. Schwarz reads the drug interaction info between Paxil and Tramadol and overrides it.  She creates a narcotic contract and pt signs it. | * Demonstrate how a drug-drug interaction is indicated to the user * Demonstrate how the interaction is overridden if required * Demonstrate how to create/refill a controlled substance prescription which meets legislative and college requirements * Describe how narcotic contract can be completed | Optional : Describe if user can turn off a particular drug-drug interaction so that it no longer fires an alert  Describe how narcotic contract can be completed  Advise users if drug-disease interactions are fired as well? |
| Create referrals | Dr. Schwarz makes a referral to the Summerville FHT ‘Manage your Mood’ program and to a community Psychiatrist Dr. Jones. He includes the chart note, the CPP and any investigations with the referral to Dr. Jones. | * Demonstrate both internal (within the FHT) and external (outside the FHT) referrals * Demonstrate how to edit the referral note and add other chart information to the external referral |  |
| Creating a task | Dr. Schwartz sends a task to Reception to book the appointments. | * Demonstrate how task is created and sent to another user | If this is automatically done as part of creating the referral please advise |
| Creating a work note and invoicing the patient | Dr. Schwarz determines that the patient needs to be off work for the next 2 weeks. The patient advises Dr. Schwarz that she needs a note for work regarding the absence. The clinic policy is to charge $20 for this. Dr. Schwarz creates the work note and reception is notified to invoice the patient. | * Demonstrate how work notes are created * Demonstrate how reception is notified of the charge * Demonstrate how reception creates the invoice | Highlight any automation in the process (i.e. can creating the note automatically also create the invoice?:) |
| Refill request – pt initiated | Hannah asks Dr. Schwarz for a refill of her Tramadol | * Demonstrate how to refill a medication from the med list | Comment on how the process differs when request is pharmacy initiated |
| Review drug monograph | She mentions that she has had some fatigue since starting it and Dr. Schwarz checks the product monograph to see if this is a common side effect. | * Demonstrate access to a medication monograph |  |
| Graphics for documentation | Dr. Schwarz shows the patient a pain scale and records the patient’s pain level. | * Demonstrate use of visual analogue pain scale to document intensity of pain |  |
| Order sets | She also orders her standard ‘fatigue’ order set (see below) | * Demonstrate how several test can be ordered in a group | Vendor may choose to describe at a high level whether order sets can be made at a user, site or enterprise level |
| Patient handouts | A patient handout authored by Dr. Schwarz on depression is printed out for the patient. | * Demonstrate finding and printing patient information | Mention what formats are supported |
| Order a diagnostic imaging test | Dr. Schwarz advises the patient she is overdue for her Mammogram and orders the Mammogram. | * Demonstrate use of an order form to order a diagnostic imaging test |  |
| Billing entry | Dr. Schwarz bills an A007. The EMR reminds Dr. Schwarz that a roster code Q200 and a new pt fee Q013 have not been billed. Dr. Schwarz orders these. | * Demonstrate how to order common OHIP codes * Demonstrate billing reminders |  |
| Follow up appointments | Dr. Schwarz recommends appointments be made to follow up with the NP and with the social worker. The patient requests that these be made on the same day if possible to minimize time off work. Dr. Schwarz puts the note on hold to complete it later. The patient returns to Reception who books the appointments with NP and SW. | * Demonstrate how appointments with 2 providers can be coordinated on same day |  |
| Results review | Over lunch, Dr. Schwarz reviews some new lab results that have arrived in her INBOX. One result shows hemoglobin of 110. Dr Schwarz wants to determine if the anemia is new or chronic. As the anemia is new she sends a note to the receptionist to recall the patient. | * Demonstrate how to rapidly compare new results to previous * Demonstrate how to create a task based on an abnormal result | Describe how results and other chart documents could be faxed directly from the EMR |
| Scanned document review | She also reviews a consult note from the Gastroenterologist Dr. Smith which was received by mail and scanned into the EMR. The note indicates that a repeat colonoscopy is due in 3 years. Dr. Schwarz sets a reminder to book this in November 2017. | * Demonstrate reviewing a scanned document * Demonstrate setting a reminder for a future task | Describe what formats are supported |
| Covering for another provider | Today, Dr, Schwarz is covering for Dr. Smith and she checks his INBOX to review his results. She signs off a lab result of Dr. Smith’s. | * Demonstrate how one provider reviews results for another provider who is away | Describe what happens to the result after Dr. Schwarz signs off on it. Does it remain in Dr. Smith’s INBOX when he returns? |
| Reporting and patient contact | Finally, Dr. Schwarz wants to know how she is doing in terms of her mammogram screening rates for her practice. She runs a report to identify all eligible patients who are overdue for their mammograms as she wants to contact these patients to have the test completed. | * Demonstrate how to query a practice for compliance with a screening test * Demonstrate both canned and ad hoc querying if possible * Demonstrate or describe what options the system has to contact pts * Describe and/or demonstrate if patient portals or secure email can be used for the recall task |  |

**Other questions you may be asked by users at the demonstration:**

1. Demonstrate the level of integration between the clinical management system and office productivity tools (e.g., word processing, spreadsheet accounting, email). For example:

* Mail merge patient and physician information into a word processing document. (This may have already been demonstrated by the reference or recall letters.)
* Attach a word processing document within a patient’s electronic medical record.
* Move accounting information into spreadsheet applications.

1. Demonstrate how the CMS application supports both internal reporting and exporting of data
2. Demonstrate what offerings the vendor has in the way of patient access (e.g. can a patient book their own appointments online? Can they see their lab results?)

# APPENDIX E: SAMPLE issue loG

[These are two sample issue-logs to gather, document and respond to challenges encountered during the EMR migration. This template can be replicated in a “Microsoft Excel” document for better portability and ease of use. Populate this table as required to record new EMR and data issues as they occur].

SAMPLE 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Issue ID Number** | **Issue Name** | **Area of EMR** | **Originator** | **Submit Date** | **Description** | **Priority** | **Status** | **Business Impact** | **Business Severity** | **Expected Resolution Date** | **Assigned To** | **Suggested Solution** | **Progress** | **Comments** |
| 001 | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> | <text> |
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SAMPLE 2

| Source | Source Data Element | Destination | Target Data Element | Transformation/ Cleansing Rules | Notes |
| --- | --- | --- | --- | --- | --- |
| <Source Location (e.g., System/File/ Database Table, etc.> | <Source Data Element Identifier (e.g., SSN)> | <Target Location (e.g., Database Table)> | <Target Data Element Identifier (e.g., Member ID)> | <Describe data transformation that is to occur, including any data cleansing.> | <Describe any timing constraints or anything unique about the Migration.> |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Note: Screenshots can also be captured within the issue log to illustrate what the errors or challenges are.