

Conversion of Paper Records to Electronic Protocol

Introduction:

Despite the transition to the EMR in all ICHA sites, there remain a number of sites with paper records. In some sites, these are necessary to ensure communication with non-ICHA/non-FHT staff, but in most the paper records are no longer needed. Paper records pose a problem in terms of security of storage, and also mean the information is not readily available to all. In light of this, the virtual office will start to work to convert paper records to the EMR. The protocol described is based on the guidance from the CPSO as quoted below:

(taken from CPSO Policy Statement #4-12 on Medical Records)

When making the transition from paper to electronic records, physicians must ensure that patient care and appropriate record-keeping practices continue without interruption and that patients' personal health information is protected. Physicians may choose to convert all existing paper charts into electronic form, or retain their paper charts and begin entering patient information into the EMR on a subsequent basis. Physicians are responsible for ensuring the integrity of the data that have been converted into electronic form. This includes verifying that documents have been properly scanned and that the entire patient record is intact upon conversion, including all attached notes and handwritten comments. Physicians should establish specific procedures for converting files and document these procedures in writing.

Scanning Documents

When a physician converts paper records into an electronic format, the original paper records may be destroyed in accordance with the principles set out in this policy, provided that:

- Written procedures for scanning are developed and consistently followed;*
- Appropriate safeguards are used to ensure reliability of digital copies;*
- A quality assurance process is established, followed, and documented (e.g., comparing scanned copies to originals to ensure that they have been accurately converted); and*
- Scanned copies are saved in "read-only" format*

Procedure For Converting Paper Charts to Electronic Charts

- 1) Notification will be made to the physicians involved and the Site Coordinator that the process of conversion of charts will be started, either off or on-site (see below) as determined by the Privacy Officer.
- 2) The off-site process will have ICHA staff collecting the paper records, and transporting them securely to the ICHA office.
- 3) Documents will be scanned as 'read-only file' to the EMR and checked by the scanner for quality and completeness (legibility, completeness of record, document positioning is right side up, no duplications)
- 4) The order of documents scanned will be such that the most current record is on top. The order of documents to be scanned into the chart will be:
 - Progress notes
 - Prescription copies
 - Consultation notes
 - Lab
 - Diagnostics
 - Other (forms, etc)
- 5) Documents will be attached to the correct patient and the appropriate progress note title: Document name will be: Chart_Site_Dates (e.g. Chart_WR_2009-12)
- 6) Peer will review that documents have been scanned in their entirety, meet all quality standards (legibility, correct patient attached to the correct patient chart, right side up, no duplications)
- 7) Once peer has reviewed that scanned documents coincide with paper documents, peer will acknowledge record in the EMR as having confirmed quality check.
- 8) Paper documents can now be destroyed using a cross-cutting scanner. Note is made in the EMR that paper record has been securely destroyed.
- 9) The process is expected to take no more than Thirty (30) days to complete.

On-site procedure

At the discretion of the ICHA Privacy Officer, charts may be scanned or faxed directly from the Site and sent to the Virtual Office. Normally staff would do this from the Virtual Office, unless the PO approves someone from the Site to do so under ICHA supervision. When done on-site, images may be mailed from a ONE-mail account to another, or faxed from a secure fax at the Site to the ICHA office fax. The procedure will follow the one above, except that the peer checker will also need to be on-site to compare with paper record. At least one individual amongst the team must be ICHA staff.