Introduction

The Custodian Assessment report summarizes information about a clinic's entire data management process, custodial responsibilities, privacy requirements and the specific data migration and retention options available. It provides the information required to make appropriate data management decisions, and to identify deployment risks and mitigation strategies surrounding data management. The Custodian Assessment also includes a review of the current electronic medical record (EMR) usage to assist the clinic and EMR vendor with the transition. The following report summarizes the findings of the assessment.

Custodian Assessment Meeting Participants

Participant	Role

Custodianship Strategy

Every physician (custodian) and clinic require a custodianship strategy when transitioning to an EMR system or moving from one EMR to another. Custodians must meet legal obligations under the *Health Information Act* and maintain adequate records according to guidelines established by the College of Physicians & Surgeons of Alberta (CPSA). It is the sole responsibility of the physician to make decisions related to data management, including data extraction, conversion, loading and records retention.

Clinic Current State and Clinical Practices Overview

The purpose of this section (page 2) is to assess and document the custodian's current state to help the clinic identify critical data management considerations and the associated risks.

Data Transfer Options

The data transfer options section (page 3) outlines the options available for transferring data and lists the options selected for the clinic. Some of the elements in the data transfer table can be addressed by a complete migration of existing data. Other elements will need to be captured by creating a transition plan that involves the abstraction of data or other strategies that allow the physician(s) and clinic to have the maximum data available at go-live and in the following months.

Unique Usage Considerations

The unique usage considerations (page 5) outline the unique elements of the practice and elements not addressed by the transfer of patient data (ToPD). These elements should be discussed by the physician (custodian) and the EMR vendor.

Clinic Current State and Clinical Practices Overview

Describe Current Manual Systems and Name EMR Systems	Encounter Notes ☐ EMR only ☐ Other Billing ☐ EMR only ☐ Other Scheduling ☐ EMR only ☐ Other Provide detail for items marked Other:	
Number of Years Used by Physician:	Billing Software:	___ years
	Scheduling Software	___ years
	EMR Software:	___ years
Storage of Paper Charts	☐ All onsite ☐ All offsite ☐ Some onsite, some offsite Notes:	
Billing System Vendor Name:		
Billing System Vendor Product Name and Version Number:		
Data Mining of Billing Records	☐ Yes ☐ No	
Billing Review Detail	AHC Billing: ☐ Manual ☐ Electronic Third party: ☐ Manual ☐ Electronic Private: ☐ Manual ☐ Electronic WCB: ☐ Manual ☐ Integrated ☐ Online (WCB Website)	
Scheduling System Vendor Name and Version Number:		
Number of Weeks or Months Appointments are Scheduled in Advance:		
Billing Systems Data Storage	☐ Local server ☐ Remote server hosted by vendor (web-based or ASP) Notes:	
Scheduling Systems Data Storage	☐ Local server ☐ Remote server hosted by vendor (web-based or ASP) Notes:	
Backup Procedures	☐ Offsite - What company: ☐ Onsite **-** What devices are being used: Frequency of backups:	
Previous Electronic Systems		
Other Electronic Interfaces	☐ Yes ☐ No Notes:	

Data Transfer Options

Data Element	Strategy	Impact	Notes (Current Decisions)
Migration of Electronic Encounter Notes ❑ Progress Notes ❑ Medications ❑ Existing diagnostic data (e.g. Bone density, MRI and x-ray results ❑ PT History, Allergies, Problem Lists, etc.	❑ Extract and migrate from existing physician office system ❑ Fresh start – enter data manually from the go-live date and not attempt migration of previous data ❑ Partial migration (encounter notes only) and re-key vital data such as PT history, allergies, etc.	• Clinic Disruption • Learning of new software • Additional costs	
Billing (includes Alberta Health, private, third party and WCB)	❑ Retain six months licensing of legacy vendor ❑ Enlist third party to create searchable pdf historical billing file after six months ❑ Allow licensing of legacy vendor to expire after six months	• Possible changes in workflow • Additional cost for extended licensing	
Migration of Schedule	❑ Re-key future appointments in EMR scheduling software ❑ Request custom extraction	• Additional HR resources required • Redundant systems for short term	
Migration of Demographics	❑ Re-key or collect demographics (if migration and one time import is not an option) ❑ One time Alberta Health demographic download ❑ Extract and import all existing data	• Additional HR resources required • Potential for data from Alberta Health download to not be as current as existing system • Must review test extract to identify any misdirected fields	
Data Retention	❑ No on-site paper charts ❑ Review options and process workflow impact of on-site and off-site paper chart storage	• Physician and staff require access to old charts	
	❑ Review options for digitizing of all paper data	• Involvement of third party software	
	❑ Determine method of retention of migrated data ❑ Searchable pdf file ❑ SQL database	• Physician time	

Data Element	Strategy	Impact	Notes (Current Decisions)
Data Retention (cont.)	❑ Virtualizing old database ❑ Full copy (secondary copy) of database to be stored off site		
	❑ Determine a policy and procedure for destruction of paper charts as per CPSA requirements	• Physician time	
Data Archiving Options	❑ Review any procedures that will affect retention of electronic charts in the ASP server with EMR vendor ❑ Determine any pre-migration archiving that can be done prior to migration	• Physician and staff time	

Unique Usage Considerations.

Consideration	Unique Usage and Decisions
Does the clinic use Prenatal Charts of Growth charts? Are the prenatal charts open and archived? Paper vs. Electronic?	
Are there unique Scheduling Issues? (e.g., Specialist with 2 years fully booked scheduler, surgeon schedules or schedules on clinic EMR.)	
How are deceased patients indicated? (e.g., Are they made inactive? Change in Status? Date in death field? These will not migrate. Clinic must be prepared to address as part of retention strategy.)	
Does the clinic rely on referring physician Practitioner IDs? (Specialists will not migrate. Determine strategy for re-keying or use of download from Alberta Health. Request this field be included in migration and obtain a quote.)	
Do the clinic use messaging and tasking, especially future tasking? (e.g., Future tasks do not appear on task lists, they are held in memory and appear just prior to recall time.)	
What fields does the clinic use to indicate booking comments? Also, what other demographic elements are unique to this clinic, such as email addresses, alternate contacts, warnings or alerts? (These often end up in vague fields like ‘other’ or ‘misc’.)	
Were there problems with previous migrations (e.g., ghost notes)? (Indicate from what system and describe issues experienced in previous migrations.)	
Is the clinic doing any research, studies or clinical trials?	
Are there any custom fields created by outgoing vendor?	
Are there any fields used for something other than their intended use?	
Has the clinic modified their physician database? (Most clinics do, with extensive notes including wait lists, fax first/ phone first and subspecialties, unless they manage manually.)	
Does the clinic have an extensive third party billing database?	
Are there any custom databases the clinic relies upon?	
Does the clinic collect yearly prescription renewal fees for patients needing phone in prescriptions? If yes, how is this managed with the EMR?	
Are there paper charts with multiple chapters requiring abstraction into the vendor software?	

Disclaimer

While this custodial assessment provides data management assistance to physicians, it remains the responsibility of the physician(s) to make decisions related to the implementation of an EMR. Physicians are expected to perform their due diligence in the selection of an EMR that best meets their needs.

Document History

Version	Author(s)	Date	Changes