Introduction

The objective of the Custodian Assessment Report is to summarize information on the entire data management process, custodial responsibilities, privacy requirements and the specific data migration and retention options available to a clinic. This report is designed to assist the clinic in making informed decisions and to identify deployment risks and mitigation strategies surrounding data management. The Custodian Assessment also includes a review of the current physician office processes to assist the clinic and 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 from paper medical records to an EMR solution in order to meet the legal obligations as a custodian under the *Health Information Act*, and to 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 the identification of pertinent and relevant patient data to be scanned or keyed into the electronic medical record and long-term paper record retention options.

Custodians who currently are not using an EMR and plan to implement one of the EMR solutions often have data saved in electronic billing and scheduling systems in addition to the data in paper records. Custodians may want to consider moving some of the data from the outgoing billing and/or scheduling systems to the new EMR solution. The custodian also needs to have a plan in place for the retention/archiving of existing electronic and paper records. Professional requirements around the protection of patient privacy and medico-legal liability aspects need to be considered when undertaking a project of this nature.

Clinic Current State and Clinical Practices Overview

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

Review of Current Physician Office Systems

The purpose of the review of the current physician office systems is to gather information regarding the current usage of any electronic systems requiring data migration.

Current State Summary	
Describe Current Manual Systems and Name EMR Systems	Encounter Notes ☐ Paper Charts Only ☐ Hybrid Process Billing ☐ EMR only ☐ Other Scheduling ☐ EMR only ☐ Other Provide detail for items check marked Hybrid or Other:

Current State Summary		
Number of Years Physician has Used:	Billing Software:	Scheduling Software:
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 they using: Frequency of backups:	
Previous Electronic Systems		
Other Electronic Interfaces	☐ Yes ☐ No Notes:	

Data Transfer Options

The purpose of this section is to outline the options for transferring data and to capture selected options. Some of the elements in the table below will be addressed by a partial migration of existing data. Other elements will need to be captured by creating a transition plan involving abstraction of data or other strategies allowing the physicians and clinic to have the maximum data available at go-live and in the months following.

Data Element	Strategy	Impact	Notes (Actions/ Decisions)
Data Migration (Electronic Elements) ❑ Lab Results ❑ Demographics ❑ Other:	Extract and migrate from existing physician office system	• Clinic Disruption • Learning of new software • Costs	Migration of scheduler required for a full year of appointments (specialist)
Billing (includes Alberta Health, private, third party and WCB)	❑ Retain 6 months licensing of legacy vendor ❑ Enlist third party to create searchable pdf historical billing file after 6 mos ❑ Allow licensing of legacy vendor to expire after 6 mos	• Possible changes in workflow • Additional cost for extended licensing	
Migration of clinic Data Elements (paper)			
❑ Scheduler	❑ Re-key future appointments in new scheduling software	• Additional HR resources required • Redundant systems for short term	
❑ Demographics	❑ Alberta Health one time demographics import ❑ Migrate Data ❑ Re-key or collect demographics (if migration and one time import is not an option)	• Potential for data from Alberta Health download to be incorrect • Additional HR resources required	
❑ Lab Results ❑ Diagnostic data	❑ One time download of last 6 mos of Lab Data ❑ Migrate labs from outgoing vendor ❑ Scan most recent results from each paper chart as patient is seen in initial 3–6 months	• Additional HR resources required • May require a full chart abstraction strategy	
Transfer of Paper Charts to Electronic Medical Records ❑ Progress Notes ❑ Medications ❑ Existing diagnostic data (e.g., Bone density, MRI and x-ray results ❑ PT History	❑ Determine relevant data required from patient paper charts	• Physician and staff time	
	❑ Select or flag items to re-key or scan into QSP software	• Physician and staff time	
	❑ Re-key vital data such as PT history, allergies, etc.	• Physician and staff time	
	❑ Choose not to transfer any data and start with a fresh electronic chart	• Physician and staff time to access old charts when needed	
	❑ Scan all existing paper charts	• Significant HR resources and data space required	

Data Element	Strategy	Impact	Notes (Actions/ Decisions)
Data Retention	☐ Review options and workflow impact of onsite and offsite storage of paper charts	• Physician and staff time to access old charts	
	☐ Review options for digitizing of all paper data	• Additional HR resources required or • Involvement of third party services	
	☐ Determine method of retention of migrated data (SQL database, pdf, ASP hosting, or stand-alone station with full read-only database)	• Physician time	
	☐ Determine a policy and procedure for destruction of paper charts as per CPSA requirements	• Physician time	

Unique Usage Considerations

The following table outlines the unique elements of the practice and elements not addressed by the transfer of patient data (ToPD) to be discussed with the vendor during the deployment stage.

Consideration	Unique Usage and Decisions
Does the clinic use prenatal charts or growth charts? Are the prenatal charts open and archived? Are they paper or electronic?	
Are there unique scheduling issues?	*Specialist with 2 years fully booked schedule.* *Surgeon schedules or schedules on clinic EMR.*
How are deceased patients indicated?	*Made inactive in EMR? Change in Status? Date in death field? Will not migrate. Clinic must be prepared. How are charts marked deceased? Address as part of retention strategy.*
Does the clinic rely on referring physician Practitioner Ids in EMR?	*Specialists* *Will not migrate. Determine strategy for rekeying or use of download from Alberta Health.* *Request (a quote) this field be included in migration.*
Do the clinic use messaging and tasking, especially future tasking in the EMR?	*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?	*Often end up in vague fields like "other, misc".*
Were there problems with previous migrations (e.g., ghost notes or lost data)?	*Indicate from what system and describe issues felt from previous migrations.*
Is the clinic using the EMR for any research, studies or clinical trials?	
Are there any custom fields created by outgoing vendor?	*May likely be demographic customizations.*
Are there any fields used for something other than their intended use?	
Has the clinic modified their physician database?	*Most do, with extensive notes including wait lists, fax first/ phone first, and subspecialties.*
Does the clinic have an extensive third party billing database?	
Are there paper charts with multiple chapters requiring abstraction into the vendor software?	
Does the clinic maintain any manual lists, e.g., wait list or booked MRI visits that must be kept or keyed into the vendor software?	
Are there any manual processes that would likely be incorporated into vendor software?	*Identify any business processes that may change once vendor software is implemented.*

Disclaimer

It is 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