DTO
Doctors Technology Office

A GPSC initiative

t. 604 638-5841
e. DTOinfo@doctorsofbc.ca

www.doctorsofbc.ca/doctors-technology-office

EMR Data Conversion
Checklist

This guide is intended for clinics who are considering switching EMR systems and is to be used in conjunction with the **How to Prepare For An EMR Data Migration** guide. Migrating clinical data to another EMR, whether it is the same or a different system, is a time-consuming and complex process that will vary depending on your practice size, data quality and EMR vendors. The goal of this checklist is to help set expectations about the steps involved and to minimize the impact on clinical workflows and quality of patient care. It should be referred to and updated throughout the conversion process. Your EMR vendor(s) may also have support tools available and/or required documentation and should be discussed with them directly. For more information, guidance, or support you can contact the **Doctors Technology Office**.

LAST UPDATED: JUNE 30, 2022

EMR Data Conversion Checklist

TASK	YES	NEED ACTION	N/A	NOTES
I have received a consultation session with the Doctors Technology Office. (Requests can be made by emailing DTOinfo@doctorsofbc.ca)	☐	☐	☐	
I have reviewed my current EMR vendor contract to check whether it includes a data migration support clause and the vendor's obligations for data exports.	☐	☐	☐	
I have assigned a Clinical and Admin lead from the clinic for the project.	☐	☐	☐	
I have contacted both my current and future vendors and provided as much notice as possible about my pending data conversion.	☐	☐	☐	
I have confirmed the costs of data extraction and importation with both vendors.	☐	☐	☐	
I have drafted a migration schedule with contingencies and confirmed the timelines with both vendors, including how much time is required for data export/import, whether the data migration will occur at once or in phases, and whether there will be a time when neither system is available **(see Appendix A: Key Dates)**.	☐	☐	☐	
I have planned for how I will manage my practice when my EMR is not available and how the data will be entered post-implementation, with an additional time buffer for potential delays or unexpected issues.	☐	☐	☐	

TASK	YES	NEED ACTION	N/A	NOTES
I have discussed with both vendors what data is available for conversion, including whether the entire record or only a portion (e.g. past 2 years) will be pulled, and what it will look like in my new EMR **(see Appendix B: Data Elements Summary)**.	☐	☐	☐	
I have requested a sample data extract from my current vendor.	☐	☐	☐	
I have tested the data extract with my future vendor, including the 'final result' of all data elements and common scenarios or workflows to understand how many clicks/key strokes will be required to complete tasks.	☐	☐	☐	
I have confirmed with my current EMR vendor how long the original data files will be accessible and any costs for accessing the original data.	☐	☐	☐	
I have confirmed the costs of data extraction and importation with both vendors.	☐	☐	☐	
I have developed a plan for restoring any data that will not be migrated but is required for managing my practice, including the specific data elements, templates, responsible personnel and timelines (i.e. some elements may require manual data entry post-implementation).	☐	☐	☐	
I have discussed with my vendor which reports I should print off before the conversion (e.g. financial reports, list of chronic disease patients, etc.) **(see Appendix C: Data Preparation)** The Practice Support Team can assist with this process, please reach out to the DTO to arrange assistance. (Requests can be made by emailing DTOinfo@doctorsofbc.ca)	☐	☐	☐	

TASK	YES	NEED ACTION	N/A	NOTES
I have discussed with both vendors how my financial information will be transferred and what related tasks may need to be completed in the originating system before the transfer.	☐	☐	☐	
I understand the requirements to maintain the integrity of the original patient record, and if necessary, I have made arrangements to store data that will not be migrated using alternative means (see the CMPA Electronic Records Handbook for more guidance on what needs to be included in a medical record).	☐	☐	☐	
I have discussed with both vendors what training and support will be provided during the transition and any associated costs.	☐	☐	☐	
I have reviewed the quality of the patient data in my current EMR and taken steps to ensure that it is as robust and complete as possible.	☐	☐	☐	
I have referred to my Data Sharing/Inter-Physician Agreement to ensure I abide by the principles for record ownership, custody and enduring access (refer to the CPSBC Practice Standard and CMPA Handbook for guidance).	☐	☐	☐	
I have requested a documented EMR conversion plan from both vendors outlining the above items, including services, training/support, testing, costs, timelines, issue resolution strategies, and sign off requirements.	☐	☐	☐	

RESOURCES

CPSBC Medical Records:

https://www.cpsbc.ca/files/pdf/PSG-Medical-Records.pdf

CMPA Electronic Records Handbook:

https://www.cmpa-acpm.ca/static-assets/pdf/advice-andpublications/handbooks/com_electronic_records_handbook-e.pdf

Doctors of BC EMR Data Portability:

https://www.doctorsofbc.ca/sites/default/files/dtohealthtechnologyguide-emrdataportablityaugust2018.pdf

APPENDIX A: KEY DATES

TASK	PLANNED DATE (TO BE FILLED IN)
Vendor training:	
Extract sample data:	
Date of scheduled Data Validation:	
Last day of data entry in current EMR:	
Final day to submit billing claims in current EMR	
Extract full data set:	
First day of data entry in new EMR:	

APPENDIX B: DATA ELEMENTS SUMMARY

DATA ELEMENT	QUESTIONS TO ASK YOUR VENDORS/ THINGS TO CONSIDER	NOTES
Patient Demographics	• Am I using any standard fields in a unique way? • Have I customized any fields? If so, notify the vendor	
Patient Status	• Do I use a status created specifically for my practice? e.g. 'home bound', 'care home', 'registered'. If so, notify the vendor	
Primary Provider/MRP	• Is it this section populated fully and correctly for all patient records that are expected to be transferred for the appropriate provider?	
Patient Summary/Profile		
Allergies	• Will the alerts functionality for contraindications recognize the allergy entries?	
Medications	• Will the medications need to be re-entered in the new systems to renew them?	
Problem Summary	• Will the diagnostic codes transfer in a usable/searchable format? • Will the problem descriptions and any additional information be easily displayed in the new system?	
Social, Medical, & Family History	• Will all data captured in tick boxes and drop down fields transfer? E.g. smoking status, alcohol/tobacco use, DNR status • Will procedure codes transfer?	
Measures	• Will I be able to review all previous measures? e.g. BPs, height/weight	

DATA ELEMENT	QUESTIONS TO ASK YOUR VENDORS/ THINGS TO CONSIDER	NOTES
Encounter Notes	• What will happen to all the links in the encounter notes (e.g. flow sheets, lab orders, etc.) and will they show?	
Documents	• Will all files that were scanned or electronically received be transferred? • How will they be categorized and labelled?	
Forms	• How will forms attached to patients transfer? • Will the new vendor have all required form templates available?	
Results	• Will results be graphable or shown in the cumulative view?	
Billing History	• Where will the billing history appear? • Will it be readable/searchable by the new software's search functionality?	
Recalls	• Will reminders transfer? e.g. recalls, interventions, tasks, follow-ups, alerts/notes on patient specific charts	
Customizations	• Will forms, templates, or other documents that I have customized still be available?	

Appendix C: Data Preparation

DATA ELEMENT	QUESTIONS TO ASK YOUR VENDORS/ THINGS TO CONSIDER	COMPLETE?
Complex Care Billing	• All complex care = 14050, 14051, 14052, 14053, 14075. • Entered Last date billed before sending to physician.	☐
Reports	• Active smokers • Diabetes (250) • Hearth Failure (428) • Hypertension (401) • COPD (491, 492, 493, 494, 496) • Ischemic Heart Disease (414) • Chronic Kidney Disease (585) • Osteoarthritis (715) • Frailty (V15) • Alcohol Dependence Syndrome (303) • Drug Dependence Syndrome (304) • Anxiety Prevalence (300) • Depression Prevalence (311) • Dementia Prevalence (331.0)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Report	• All complex care = 14050, 14051, 14052, 14053, 14075. • Entered Last date billed before sending to physician.	
Duplicate Patients	• Search for duplicate patients and merge them	
Recalls	• Print off your recalls lists	
Financials	• Run accounts receivable • Try to reconcile as many as possible	