Guide to Implementing Electronic Health Records (EHR)

7 Best Practices to Help Ensure the Success of Your EHR Implementation

Inside...you will find proven processes, tools, and techniques for implementing EHR. See how to avoid the common pitfalls and take the steps to help ensure your EHR success.
Introduction

When it comes to implementing Electronic Health Records (EHR), the benefits can be huge. EHR can help you raise the level of care you provide to your patients. And, if done well, it can also lead to major improvements in practice efficiency, cost reduction and revenue. Ask any practice that has successfully implemented EHR and they’ll tell you - they would never go back to paper!

As significant as the benefits are, so is the magnitude of the project you’re undertaking. Studies show that as many as 50% of all EHR implementations fail. Failure might mean that it failed completely; more likely, it’s that the move to EHR was a painful journey which, in the end, simply didn’t meet the practice’s expectations.

Either way, to ensure your implementation is successful you need to treat the project with the care and respect it deserves.

10 Most Common EHR Implementation Pitfalls

1. EHR software can’t be customized to practice needs
2. Lack of 100% buy-in by doctors
3. Electronic workflows not well-defined in advance
4. Not enough practice time for staff & doctors
5. No plan for continuous updates
6. Underestimating initial cost of going electronic
7. Lack of measurable goals
8. Doctor’s use of EHR is not made mandatory
9. No penalties for staff not following the plan
10. If Clinicans Don’t Use It, Nothing Else Matters!

While there is no one “best way” to ensure you’ll have a successful implementation, there certainly are some best practices and processes that have worked well for others.

Our intent with this guide is to share these best practices to help you avoid the most common implementation pitfalls. Based on our experience helping thousands of practices move to EHR, we’ve compiled some of the specific steps and tasks that EVERY practice should consider in order to help guarantee success. And, we’ve included useful tools (e.g., samples, checklists) and points to resources you can actually use before and during implementation.

EHR Best Practice #1
Make it a “Team” Sport

Too often practices underestimate the time and complexity required to implement an EHR system and don’t properly allocate enough of the right resources to keep the project on track. To avoid this pitfall, create an Implementation Team and nominate a Project Manager.

The role of this team will be to:
1. Manage the implementation process
2. Create a specific implementation plan
3. Create a project timeline and use it to manage

If you have multiple locations, ensure that members of those office teams are represented. Taking this step not only helps ensure that everyone is “on board” with the move to EHR but, just as importantly, helps ensure the practice’s needs are taken into consideration.

As for your Project Manager, consider appointing a clinician and NOT a lower-level employee. Successfully integrating EHR into your practice requires a detailed knowledge of your practice’s processes. The more knowledge your Project Manager has, the more smoothly the move from paper to electronic is likely to go.

Other recommendations for managing your EHR project:

- Clearly define the goals for what you want the EHR to do and make decisions based on these goals. Ensure your Project Manager sets aside specific time to coordinate pre-implementation decisions, meets regularly with the implementation team and performs all of the other tasks needed to keep the project moving forward.

- Consider visiting other offices with the software of your choice to discuss implementation.

- Meet weekly to refine the implementation plan and discuss needs.

- Welcome staff and clinicians to voice their concerns and fears about the implementation process so that they can be taken into consideration.

- Create a positive environment and get everyone excited about the implementation.

- Develop a timeline that everyone can access, so that everyone knows where you are in the process and everyone knows what they’re supposed to be doing.

See Addendum A for a sample EHR Project Timeline (pg. 8)
**EHR Best Practice #2**  
**Analyze Everything & Don’t Be Afraid of Change**

One of the most important steps in the EHR implementation process (and even after you have implemented EHR) is to consider your business processes and the many ways that EHR impacts these processes.

In many cases, the impact is neither positive nor negative, but simply requires that you consider how your processes need to be modified to accommodate the electronic flow of data. In many cases however, reconfiguring business processes leads to (often dramatic) improvements in efficiency.

The first step is to perform a detailed analysis of your current processes:

▪ Pay attention to and look for steps, actions and sub-processes that you would ordinarily take for granted.
▪ Analyze the flow of data, paper documents, and patients. These are all inter-related and lead to either an efficient or a sloppy practice.
▪ Look for opportunities for improved efficiency. Use the tools available in your EHR system to design new work flows and develop a plan to transition to them.
▪ Spend the time to actually shadow patients through the practice. Do this for a number of different appointment types.
▪ Be detailed in your analysis and document EVERY discrete action or process.
▪ Consider creating literal “roadmaps” of your physical facility, data, document and patient flow.
▪ Watch for peripheral hardware or systems that might have to interact with your new system, including bar code printers, bar code readers, printers and external data transfer.

See Addendum B for a Checklist of Common Business Processes (pg. 10)

The next step is to create new processes which take advantage of the things you do well and incorporate new processes (or altered processes) to help improve efficiency and allow you to incorporate electronic data flow:

▪ Let one of your goals be to handle things only once and input data only once.
▪ Accept that your staff WILL have to do things differently and it will take time for them to get comfortable with the changes.
▪ Consider making changes to your physical facility to best accommodate EHR and electronic data flow (see further facility consideration in the next section).

▪ Now is a good time to consider upgrading diagnostic equipment. This is especially important if your current equipment does not support some level of integration with your EHR software.
▪ Think about physical changes in your exam rooms to accommodate computers/monitors.
▪ Since the data will now be electronic, you might need to make computers available in more places and available to personnel who might not have needed their own computer in the past - a small investment compared to the efficiency gains.

**Planning for Office facility modifications:**
Along with analyzing your business processes, now is a good time in the project to plan for the changes to your office facilities that inevitably result from implementing EHR. Some of the changes you’ll need to consider:

**Patient & staff areas:** Have a good understanding of what the patient and staff flow will be when the EHR system is functioning in your existing space. This is essential for planning where to put the new EHR equipment.

**Computer placement:** Computers will need to be in a location or convenient in the office so that staff can easily look up or enter data into the record. Also consider if you need printers where staff members will be handing printed materials to patients.

**Additional power & network wiring:** Depending on where the hardware needs to be placed, will you need to run additional electrical and network wiring? Will other areas need to be created?

**Exam room considerations:** How is the computer going to be positioned to still allow eye contact between the clinician and patient?

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**EHR Best Practice #3**  
**Have an IT Plan**

With the move from paper to electronic records comes an inescapable reliance on information technology (IT) infrastructure. Make sure you not only have the right hardware and enough of it, but also plan for how you will handle such IT concerns as server availability and data security.

**Hardware selection and installation**
There are many hardware options for you to choose from - hardwired desktop computers, mobile notebooks, and touch screens or tablet devices. Review and test the latest models. Compare the advantages and disadvantages of each. Also consider who will be using them and how they will be used:
Will you need ergonomic arms? These allow monitors, keyboards and mice to be clamped onto a desk top or mounted to a wall to enable them to swing out or be tilted to a more convenient surface. Will you use scribes? What is the best equipment for them to use?

To help you manage and become familiar with all of the new hardware (and software) you will be adding to your office, do what most IT companies do: Set-up a small, off-site test installation of the server, workstation, printer and scanner to test the use of all of the products together. You can also use this to view and practice on the software.

Finally, install all of the hardware you’re going to be deploying about a month prior to going live. This will give you and your staff the opportunity to become accustomed to computer use and the technology.

Other IT concerns

Redundancy: You need to have redundancy in your server to ensure you always have access to records. This means planning for additional hard drives, power supplies, and other vital components in the event of a failure.

Security: As you set-up your EHR system, carefully consider who on your staff should have access to which data. This will allow you to set-up the appropriate login rights to maintain security.

Equipment Interfaces: How do you want data transferred from equipment? Are you utilizing interfaces? There are a number of equipment interfaces available that facilitate paperless entry. Or do you want to continue with data entry?

Backup System: Have multiple methods of backup and recovery. Test your backup system several times before going live.

EHR Best Practice #4
Make the Software Fit First

One of the surest roads to EHR failure is to try to force your practice to adapt to EHR software designed to support the “average practice.” It simply won’t work. As you evaluate EHR systems, seek out solutions which are flexible and allow you (not just your EHR vendor) to easily customize all parts of the software.

Once your EHR software is installed, and before you go much further down the path of installing it on everyone’s computers, have your Implementation Team evaluate what customization will be required to your EHR software by taking the following steps:

Step 1: Thoroughly review your software exam screen setup. It’s essential that all stakeholders spend time going through all parts of the EHR software, including reviewing:

- All exam layouts
- All drop-down lists, libraries and pop-ups
- The optional “EHR Notes” sections where additional information can be entered such as recommendations, test findings, etc.
- Assessment & Plan pick lists
- Complaints and HPI list
- Any other information gathered by your EHR software, including printouts, exam summaries and letters

Step 2: Customize the set-up to meet your specific practice needs. Now that you’ve taken the time to completely review all aspects of your EHR system, have your Implementation Team agree on all changes that need to be made. This includes tailoring exam screens, lists and EHR outputs to accommodate individual clinician preferences and to meet specific specialty requirements.

Step 3: Schedule Practice Sessions. Once, and only once, you’ve customized your EHR system, you can begin to have all clinical staff practice with real patient data. A good method is to meet in the afternoons and use paper charts generated during the day as examples for your practice sessions. The practice sessions accomplish several things:

- You’re able to identify problems or areas of confusion, and then implement necessary changes.
- You’re able to become proficient with the use of the EHR module without the added pressure of having a patient sitting in front of you in the exam chair.
- You’re getting real medical record info loaded into the EHR records.
- Your speed and accuracy will improve rapidly.

Some practices find utilizing practice sessions for a couple of weeks useful, while others find they need to do them for as long as 30 to 60 days. Regardless of what time period you choose, you’ll know you’re ready to “go live” when your entire staff is comfortable with the process and you’ve worked out the majority of changes that are necessary to make the EHR software fit your own unique needs.

One more point about practice sessions: You should go through your complete patient flow using simulated patients and real data. In this set-up, you go beyond simply entering the data into the EHR, and actually practice through the entire patient visit, from check-in to check-out. You should simulate different kinds of visits, especially if your practice has a number of sub-specialties.
**EHR Best Practice #5**

**Plan for the Paper**

What should I do with my old paper charts? The answer to this question depends a lot on the amount of time you have available prior to implementation, your budget, your staffing, and the needs of clinicians.

Usually, the answer involves one of two methods or some combination of the two: scanning charts and/or pre-loading pertinent data.

Before either process is started, all old records and records of deceased patients or patients who have moved should be purged. However you choose to handle this important function, be sure to carefully document the process you create. This makes it easier for everyone to know exactly who should be doing what and when they should do it.

- **Let’s look at the options:**

  **Scanning**
  Determine what will be scanned in and when it will be scanned. Will you scan as patients come in or will you do this prior? Is it only recent data? If scanning all patient data, then how recent? Is it only patients within the past 2 years? Do you want to buy more expensive multi-sheet scanners or single-sheet scanners?

  **See Addendum C for a sample scanning protocol (pg. 11)**

  **Drawbacks to scanning:**
  - Scanning can be VERY time-consuming.
  - Scanned documents are merely images which must be viewed and can’t be entered into database fields.
  - Scanned data can’t be merged into consult letters, follow-up letters, or exam summaries.

  **Specific Actions to Consider:**
  - Which scanner(s) to use.
  - Scanner ROI - A more expensive, high-speed scanner could save you 100’s of hours.

- **Preloading Data**
  With this method, you would determine the most important information that you have in paper charts and pre-load this information into your EHR. The patient and family history, medications, problem list, vitals, alerts, and testing history are among the data clinicians often choose to pre-load.

  **Drawbacks to pre-loading:**
  - Pre-loading data will take some time.
  - Clinicians will have to decide what is most important.

  **Specific Actions to Consider:**
  - Create “Pre-load Data” Template.
  - Determine what information from previous exams needs to be pre-loaded.
  - Add pre-load flags to Patient Demographic screen and/or paper chart (i.e., “Scanned”, “Electronic”, Chart off-site”)

**NOTE:** No matter which method (or combination) you choose, the clinicians must review the data that has been scanned or pre-loaded and determine if everything needed is available to them. If not, you need a protocol for scanning/pre-loading any additional information.

What should I do with the paper data that comes into the office? As one of the implementation tasks, analyze the various categories of test results, hospital paperwork and other information that flows into the office each day and decide how to manage them. If this information has not been electronically merged into the EHR, then you will need to scan in these documents.

Determine the best types of scanners to use that meet your volume requirements, provide the resolution necessary, and that fit your budget. You’ll need to create specific processes for receiving this data and for getting the documents scanned into the EHR.

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**EHR Best Practice #6**

**There’s No Such Thing as Too Much Training**

As any practice that has had a bumpy transition to EHR and they will tell you that two of the biggest mistakes they made were 1) Not enough training and 2) Not enough time for training. Avoid this pitfall by creating a comprehensive training plan for your implementation which answers the following key questions:

- **Who needs to be trained?** Who will be posting and coding the exam visits? Conduct an initial in-house
basic skills assessment to determine areas of strengths and weaknesses for your staff.

Who will do the training? Basic skills training can often be performed in-house by your staff. Using the “training-the-trainer” method, have one of your “power-users” train others in need of basic training. For detailed application-specific training, it is well worth the investment to bring your EHR vendor in to train. They should take into consideration the size, location and other staff training issues. Power-Users should be identified and given opportunities to train intensely with your vendor prior to going live. If there are any major changes in workflow, then either documentation or presentation of this should be produced prior to training.

After initial training, allow plenty of time to use the program before going live. Clinicians and staff should practice familiarizing themselves with the program from their home computers or before/after hours on the office computers using vendor-supplied online and tutorial training. It is also suggested that the office have several computers available so that staff can practice, using actual patient charts. Be sure to review and compare notes on individual issues that arise during your practice sessions.

EHR Best Practice #7
EHR is a Process Not an Event

So you’ve finally arrived at the day - the “go live” day - when you flip the switch from paper to electronic. But, remember, implementing EHR is a process, not an event. Plan that even after going live, your implementation team will need to meet for many months, possibly less frequently, but these meetings should continue.

Some additional recommendations to make the transition period go more smoothly:

- Have your vendor trainer, the in-house trainer or ‘power-user’ and project manager present at your live-day.
- Schedule lightly for the first week or so to allow for a few more minutes between each patient.
- Some practices choose to use EHR initially only for new patient visits or some other sub-set of their full patient load; but this isn’t necessarily the best method. If you’ve gone through all the considerations in this document, planned accordingly, practiced appropriately, and lightened your schedule, you should have few problems entering all patients’ visits into the EHR right from the start.
- Be sure you have a contingency plan for times when problems occur with the EHR or something else that you haven’t planned for. Try to avoid falling back on paper charts if you can, but if you must, enter data on paper and then complete the EHR at the end of the day.
- Displaying signage in the office to explain the use of a new computer system is sometimes helpful.
- Keep everyone positive, stay focused, and all of your planning and hard work will pay off.

Conclusion
Implementing EHR is one of the single best investments you can make for the well-being of both your patients and your practice. Hopefully this guide has given you the steps and information you need to avoid the pitfalls and successfully implement EHR. For more information about EHR implementation best practices or how to select the best EHR system for your practice, we encourage you to visit Compulink’s website - www.compulinkadvantage.com, or give us a call at 800.456.4522.
### ADDENDUM A: SAMPLE EHR IMPLEMENTATION TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Who’s Involved</th>
<th>Item</th>
<th>Time Needed</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 10</td>
<td>Form EHR Implementation Team (suggested members: Clinicians, Technicians, Scribes, Billing, Check-In/Checkout staff)</td>
<td>• Assign a project manager (point person for communication with vendor)</td>
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<tr>
<td>March 12</td>
<td></td>
<td>EHR Team views EHR Training / Tutorials</td>
<td></td>
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<tr>
<td>March 13</td>
<td>Managers meeting to discuss patient flow &amp; distribution of implementation duties:</td>
<td>• Review current workflow / protocols and identify changes needed</td>
<td></td>
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<td></td>
<td></td>
<td>• Document workflow changes</td>
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<td></td>
<td></td>
<td>• Test / Practice workflow changes</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Determine who will review EHR drop-down lists, EHR Notes, Printed output, Screen layouts, etc.</td>
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<td></td>
<td></td>
<td>• Determine access / sign-off rights required</td>
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<td></td>
<td></td>
<td>• Discuss hardware options</td>
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<tr>
<td></td>
<td></td>
<td>• Review billing / posting procedures</td>
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<td></td>
<td></td>
<td>• Assign training / tutorial by duties</td>
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<td></td>
<td></td>
<td>• Confirm equipment interfaces desired</td>
<td></td>
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<tr>
<td>March 15</td>
<td></td>
<td>Finalize modifications to appointment schedules (to ensure reduced patient volume for Live Days)</td>
<td></td>
<td></td>
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<tr>
<td>March 17</td>
<td></td>
<td>Staff registers for EHR training/tutorials</td>
<td>90 minutes</td>
<td></td>
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<tr>
<td>March 18</td>
<td>Implementation Team &amp; IT staff finalize hardware selection</td>
<td>• Exam rooms@Main Loc installed and tested by 4/6</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Exam rooms@Satellite Loc installed and tested by 4/7</td>
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<tr>
<td></td>
<td></td>
<td>• Printer, Scanners &amp; other peripherals installed and tested 4/8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 20</td>
<td>Scanning charts/data pre-load protocol completed</td>
<td>Revisions to EHR notes, assessment &amp; plan tables completed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Who's Involved</th>
<th>Item</th>
<th>Time Needed</th>
<th>Completed</th>
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</thead>
<tbody>
<tr>
<td>March 21</td>
<td></td>
<td>Staff registers for second viewing of EHR training</td>
<td>90 minutes</td>
<td></td>
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<tr>
<td>March 26</td>
<td></td>
<td>EHR Team Meeting - finalize changes to current processes &amp; procedures</td>
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<tr>
<td>March 28</td>
<td></td>
<td>EHR Team Meeting - review progress, current areas of concern, screen updates</td>
<td></td>
<td></td>
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<tr>
<td>April 5</td>
<td></td>
<td>EHR Team Meeting:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Schedule internal training on new procedures for chief complaint / HPI</td>
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<td></td>
<td></td>
<td>• Review of patient flow</td>
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<td></td>
<td></td>
<td>• Status of all customization changes</td>
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<tr>
<td></td>
<td></td>
<td>• Review new clinical procedures</td>
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<tr>
<td></td>
<td></td>
<td>• Scanning procedure defined</td>
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<tr>
<td>April 9</td>
<td></td>
<td><strong>ALL CUSTOMIZATIONS / MODIFICATIONS SHOULD BE COMPLETED BY 12:00 NOON ON THIS DAY</strong></td>
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<tr>
<td>April 10</td>
<td></td>
<td>Equipment interfaces installed / tested, access to exam room computers &amp; trained on usage</td>
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<tr>
<td></td>
<td></td>
<td>• Scenarios for training - Use a broad range of real patient charts as examples</td>
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<tr>
<td>April 9-11</td>
<td></td>
<td><strong>EHR Practice using sample patient scenarios</strong></td>
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<tr>
<td></td>
<td></td>
<td>(NOTE: This process could take much longer. You should take the time necessary to ensure that clinicians and staff are proficient with the software before you go live.)</td>
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<tr>
<td>April 13</td>
<td></td>
<td>Pre-enter data from paper charts for next week's patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 14</td>
<td></td>
<td>Scan in information from paper charts for next week's patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 16</td>
<td></td>
<td><strong>LIVE WITH EHR!</strong></td>
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<tr>
<td>April 16-20</td>
<td></td>
<td>At the end of each day, review process / software changes needed</td>
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<tr>
<td>April 20</td>
<td></td>
<td>Live week review of EHR implementation / define actions needed</td>
<td></td>
<td></td>
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<tr>
<td>April 23</td>
<td></td>
<td>Back to normal appointment schedule for templates</td>
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</tbody>
</table>
ADDENDUM B: PROCESS CHECKLIST

Some common processes to review:

☐ Check-In - Forms, actions, documents
☐ Handoff from Check-In to Clinic
☐ Clinical documentation
  ○ Pre-test / H & P
  ○ Exam itself
  ○ Orders (in-office testing and offsite testing). Includes reviewing the data generated by your diagnostic testing equipment and lab results, documenting that the results have been reviewed, and acting on the results as appropriate. It may also involve reviewing charts, signing reports and placing them in the chart, and communicating medical advice to the patient.
  ○ Medications
  ○ Handling refills - Includes responding to requests for refills that arrive by multiple methods - phone messages, faxes, e-mails, etc. It also involves reviewing the clinical records for these patients to render a clinical decision.
  ○ Handling documents that come in from outside the practice - Includes reading, singing and filing the tens or even hundreds of documents that arrive every day by mail and fax, including X-ray reports, correspondence from consultants, consultants or referring clinicians, old records, disability forms requested by patients, hospital records, emergency room reports, etc.

☐ Billing/Coding/Posting of charges and diagnosis
Includes creating and managing patient accounts, inputting demographic information, billing for services, processing accounts receivable and posting payments.

☐ Scheduling - includes making appointments for patient visits, confirming appointments and acknowledging patients as they arrive.

☐ In-office Messaging - Some method must exist for passing messages between staff and physicians. This includes phone messages from patients, phone or other messages about patients, e-mails with patients or in-house e-mails.

☐ Documentation of all patient interactions
Includes documenting summary information (e.g., past medical history and review of systems), disease-management flow sheets and the like. It also includes generating de novo prescriptions for patients as they are seen.

☐ Generation of correspondence
☐ Data/Patient handoff (to retail POS/surgery scheduling, follow-up Appointments, etc.) - You need to think about the changes to your existing processes that EHR will allow. For example, can data be transferred directly to other parts of the software? You’ll need to have processes in place for handling this and for placing orders.

New processes that need to be created:

☐ Scanning/loading data from old paper charts
  □ Who will do this?
  □ When will it be done?
☐ Destroying/Storing old paper charts
☐ How will you notify your staff or clinicians that a patient is ready?
☐ Confirmation that charges were posted (no longer using a fee sheet)
Scanning Procedures

Charts will be pulled and placed in the area below the “To Be Filed” charts, and sorted by the day the patient is to be seen.

The front desk will then take the stack of charts over to the computer to scan. It is EXTREMELY important to have the correct patient with the scanned documents. Verify name and date of birth on each chart with the information on the patient screen.

Rules for Scanning:

- Last 3 exams regardless of date
- All special testing (MRI’s, X-rays, etc.)
- All correspondence with other doctors/clinics
- Progress notes for past two years
- Tracking sheets
- Prior HIPAA Acknowledgements and Financial Obligation policy sheets
- Arrival Sheets for last three years
- School Exams
- Informed Consents
- Release of records from other offices

Once scanning of chart is complete:

- On the bottom right of each page that is scanned, stamp “SCANNED” and the date and your initials.
- Use the pull-down menu in the software to tag as “Electronic Chart”.
- Stamp “SCANNED” on the outside of the chart.
- The charts will be available to the clinician performing the exam, who is to confirm that everything necessary has been scanned into the software. If something else needs to be scanned, the chart should be taken back to the front desk.
- Place in the file bin by day of week of appointment (Mon-Sat). All charts are put in a box at checkout and quality checked. At this time we check the “Off Site” box on the patient’s demographic screen. Take charts and file them alphabetically in the back in boxes that say “off site”. They can go to storage 1 week after patients have been seen.
- Scanned charts are to be stored separately from un-scanned charts in storage. Make sure they are labeled clearly.
About Compulink
Established in 1985, Compulink is the industry leader in fully customizable, ONC Certified Electronic Health Records (EHR) and Practice Management solutions for ambulatory provider organizations. Backed by the industry’s best support, free online training and money-back EHR Success Guarantee, Compulink Advantage is designed to help you improve efficiencies, boost revenue and deliver better patient care.
For more information, visit www.compulinkadvantage.com.