EHR Data Migration Checklist

Conversion from a paper medical record or legacy electronic medical record (EMR) to a new electronic health record (EHR) is a large undertaking for a health system and requires careful planning and evaluation of the best process for your organization to follow. Migrating healthcare data and ensuring its availability presents unique and significant challenges. It is critical to have accurate patient data available to clinicians after an EMR conversion.

How can the adoption of a new EHR affect patients?

- Lack of accurate data can impact clinical decision making in care and treatment planning.
- Missing or incomplete listing of medications or allergies can lead to prescription errors and adverse reactions.
- Inaccurate or missing data may result in loss of trust in the provider.
- Increased visit times and lower satisfaction.
- Additional unnecessary services due to gaps in historical information.

How can the adoption of a new EHR affect clinicians?

- Disruption of clinical workflow.
- Increased time spent on charting and not patient care.
- Reduction in the number of patients seen and subsequent impact on revenue.
- Lack of availability of patient information slows down acceptance of the new EHR.
- Downstream impact on quality reporting and outcome studies.

About Ciox Health

Ciox Health, a leading health technology company, simply and securely connects healthcare decision makers with the data and hidden insights in patient medical records. Ciox has been helping hospitals, clinics, and physician practices with converting from legacy medical record systems to new EHRs since 2010. Our **Ciox EHR Preload Abstraction Services** reviews legacy medical record system(s) (paper or EMR) and abstracts key data elements into the appropriate fields in the new EHR, saving you time and potential loss of revenue while maintaining quality and trust from all adopters. **Contact us at solutions@cioxhealth.com**

CRITICAL POINTS TO CONSIDER FOR A SUCCESSFUL EHR DATA MIGRATION:

Before you begin, make sure all-important stakeholders (i.e. executive champion, physician, IT, health information management, nursing, practice manager) are represented on the implementation steering committee.

LEGACY DATA

- ☐ In what system(s) does the critical legacy patient information reside?
- ☐ Will legacy system(s) be sunset, and the data archived, or will it be available for review only by the patient care providers?
- ☐ Does the new EHR vendor have existing compatible system interfaces, or will custom interfaces need to be written?
- ☐ Which data can be mapped from the legacy system to the new system and be electronically migrated with a high level of accuracy and repeatability?
- ☐ How will patient information from existing legacy paper systems get into the new EHR?
- ☐ What legacy data does not match the requirements of the new system and cannot be moved by interface (e.g. surgical history with details such as dates of procedure and necessary comments such as stent locations)?
- ☐ Which data is unstructured and may not be able to electronically migrate to the new system (e.g. moving free text that states patient is a smoker into the field in the new system that relates to smoking habits)?

PATIENT DATA

Which data elements must be available for the next patient visit?

- ☐ Problem List
- ☐ Allergies
- ☐ Medications
- ☐ Immunizations
- ☐ Past Medical History
- ☐ Past Surgical History
- ☐ Family History
- ☐ Social History
- ☐ Health Maintenance
- ☐ Vitals
- ☐ Other (e.g. Pertinent Labs)

Do physicians in different specialties have different patient data requirements (e.g. OB/GYN need pregnancy history)?

Will any special patient types need to be prioritized?

DATA QUALITY PLAN

How will the data quality be monitored and what tools will be used?