



The Office of the National Coordinator for
Health Information Technology

Chart Migration and Scanning Checklist

Checklist

DESCRIPTION & INSTRUCTIONS

The Chart Migration and Scanning Checklist is intended to aid providers and health IT implementers during the EHR implementation process. When implementing an EHR, you will need to determine what information from the paper records you need to import into your new EHR. There are several aspects to consider when you make this decision, for example: Do you want to be able to search the data after they are entered or only view them? For which patients is it most critical to have information in your new EHR? How will you handle information that you receive in non-electronic form? How much time and money do you want to commit to this process?

You can make the initial decision at one of two times: before you select your EHR or after you have made your EHR selection.

If you determine what information to enter into the EHR before you select one, you will be able to work with the vendor to determine the most appropriate method get the information from the paper record into the EHR—i.e., scan or manually enter. You will also be able to ensure that items critical to your practice are captured in a manner that is consistent with your practice.

Note: Even if you have determined the information you want to enter into the EHR prior to selection, you will need to work with your vendor to determine what is actually feasible in the EHR you select.

If you make the determination after your selection, you will be able to extract the information from the paper record in the format necessary for the EHR. You will also be able to identify data fields in the EHR that do not match your practice standards and decide whether the EHR needs to be modified to meet your needs or a modification to your current practice is required.

The key issue is that as a practice you give careful consideration to the information you migrate from your paper record system to your new EHR. The tools included in this document will assist you with this transition.

This document contains two sections: (1) Scanning and Preload Checklist and (2) Chart Migration Facesheet.

- The Scanning and Preload Checklist helps the practice identify answers to the questions related to what information you want to have in your new EHR when you begin using it. Use it to identify which documents, information, and format should be available in the new EHR system.
- The Chart Migration Facesheets can be used to help document and formalize a plan for migrating charts into a new EHR system. Use it to organize data from paper charts for preloading into an EHR system.

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1 Scanning and Preload Checklist

To use this checklist, follow the steps below:

1. Identify who will complete the worksheet based on knowledge of chart scanning.
2. Complete worksheet.
3. Review the worksheet with the EHR Project Team.
4. Formulate the chart migration plan based on the worksheet and other potential practice guidelines.
5. Build in checkpoints and milestones to celebrate progress.
6. Communicate the plan to practice staff.
7. Initiate plan to migrate information to EHR.

1.1 ADMINISTRATIVE ITEMS

1. What is your “go-live” date? [Click here to enter a date.](#)
2. Will scanning and manual preloading (hand data entry) be initiated before the go-live date?

Goal	Check
Yes	<input type="checkbox"/>
No – if no, then when? Click here to enter a date.	<input type="checkbox"/>

3. What is the target timeframe for:
 - Scanning paper charts: [Click here to enter text.](#)
 - Manually preloading paper chart information: [Click here to enter text.](#)
 - How many people will be dedicated to scanning into batches? [Click here to enter text.](#)
4. How many people will be dedicated to sorting documents from the batches into patient records?
[Click here to enter text.](#)
5. How many scanning workstations will be available? [Click here to enter text.](#)
6. How soon after a document arrives in the practices do you want providers to be able to view them in the EHR? [Click here to enter text.](#)
7. Who will be responsible for creating new procedures related to scanning documents into the EHR? [Click here to enter text.](#)

8. What are the practice's goals for EHR implementation? Check all that apply to practice.

Exhibit 1 Goals

Goal	Check if 'Yes'
2.1 Become a paperless office	<input type="checkbox"/>
2.2 Become an office with less paper	<input type="checkbox"/>
2.3 Move paper charts offsite (storage)	<input type="checkbox"/>
2.4 Eliminate chart pulls for visits	<input type="checkbox"/>
2.5 Eliminate chart pulls for messages	<input type="checkbox"/>
2.6 Reduce document filing time	<input type="checkbox"/>
2.7 Implement a document imaging management system	<input type="checkbox"/>
2.8 Interface with lab	<input type="checkbox"/>
2.9 Interface with hospital	<input type="checkbox"/>
2.10 Interface with radiology	<input type="checkbox"/>
2.11 Redesign current systems	<input type="checkbox"/>

1.2 CHART SPECIFICS

1. Which paper charts will be scanned? (Check one.)

Exhibit 2 Scanned Charts

Charts	Check if 'Yes'
All	<input type="checkbox"/>
Patients seen in past 5 years	<input type="checkbox"/>
Patients seen in past 3 years	<input type="checkbox"/>
Patients with chronic conditions	<input type="checkbox"/>
Other: Click here to enter text.	<input type="checkbox"/>

2. Information in the manual chart can be scanned or manually backloaded into the new EHR. Scanned documents usually cannot be data-mined—a copy of the document scanned will appear as a snapshot in the record. Backloaded information is able to be data-mined. Which information will be scanned and which will be backloaded?

Exhibit 3 Scanning Specifics

Information	Scanned	Manually Backloaded
Medications	<input type="checkbox"/>	<input type="checkbox"/>
Previous labs	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>

Information	Scanned	Manually Backloaded
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Previous tests	<input type="checkbox"/>	<input type="checkbox"/>
Referrals	<input type="checkbox"/>	<input type="checkbox"/>
Problem lists	<input type="checkbox"/>	<input type="checkbox"/>
Office visit notes	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Consultation letters	<input type="checkbox"/>	<input type="checkbox"/>

3. For previous tests, how far back do you want the information (volume estimation) to be entered into the EHR?

Exhibit 3 Previous Tests

Test	Most recent	6 months	1 year	5 years	ALL
EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI/MRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. For previous labs, how far back do you want the information (volume estimate) to be entered into the EHR?

Exhibit 4 Previous Labs

Test	Most recent	6 months	1 year	5 years	ALL
Lipid profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Most recent	6 months	1 year	5 years	ALL
Hematology/coag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A1c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro/cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How will scanned documents be indexed (sections) in the EHR?

Exhibit 5 Indexed Documents

Documents	Most recent on top	Most recent in back	Other
Lipid profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI/MRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MVA forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/school PEs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Radiology (all reports). Describe order: [Click here to enter text.](#)
6. Who will be responsible for overseeing the scanning process? [Click here to enter text.](#)
7. Who will actually scan the documents? (Check all that apply.)

Exhibit 6 Staff Responsible for Scanning

Scanner	Check if 'Yes'
Staff	<input type="checkbox"/>
Temporary staff	<input type="checkbox"/>
Scanning service	<input type="checkbox"/>

8. In what order will the paper charts be scanned? (Select one.)

Exhibit 7 Scanning Order

Order	Check if 'Yes'
Newest first	<input type="checkbox"/>
Oldest first	<input type="checkbox"/>
Based on appointment schedule	<input type="checkbox"/>
1 week prior to patient appointment	<input type="checkbox"/>

Once a document is scanned, what will happen to the paper form? [Click here to enter text.](#)

9. Who will be responsible for overseeing the manual preloading process? [Click here to enter text.](#)

10. Who will actually manually backload the information designated into the EHR? (Check all that apply.)

Exhibit 8 Staff Responsible for Backload

Resource	Check if 'Yes'
Receptionist	<input type="checkbox"/>
Medical Assistant	<input type="checkbox"/>
Nurse	<input type="checkbox"/>
Physician	<input type="checkbox"/>
Physician Assistant	<input type="checkbox"/>
Other: Specify Click here to enter text.	<input type="checkbox"/>

11. In what order will the information be manually backloaded? (Select one.)

Exhibit 9 Backload Order

Order	Check if 'Yes'
Newest first	<input type="checkbox"/>
Oldest first	<input type="checkbox"/>
Based on appointment schedule	<input type="checkbox"/>
1 week prior to patient appointment	<input type="checkbox"/>

12. How many outside documents come into the practice every week?

- a. Mail: [Click here to enter text.](#)
- b. Fax: [Click here to enter text.](#)
- c. Email: [Click here to enter text.](#)

13. How will the new documents received every day be handled?

- a. Who is responsible to receive? [Click here to enter text.](#)
- b. Who is responsible to scan and index? [Click here to enter text.](#)

14. What is the timeline for documents to be scanned into the EHR after receipt by the office?

[Click here to enter text.](#) Hours – days

15. What types of documents come into the practice? (Check all that apply.)

Documents	Check if 'Yes'
Lab results	<input type="checkbox"/>
Test results	<input type="checkbox"/>
Images	<input type="checkbox"/>
Consults	<input type="checkbox"/>
Other – Specify: Click here to enter text.	<input type="checkbox"/>

16. Where do the documents come from? (Check all that apply.)

Source	Check if 'Yes'
Hospital – Specify: Click here to enter text.	<input type="checkbox"/>
Hospital – Specify: Click here to enter text.	<input type="checkbox"/>
Hospital – Specify: Click here to enter text.	<input type="checkbox"/>
Hospital – Specify: Click here to enter text.	<input type="checkbox"/>
Lab Quest	<input type="checkbox"/>
Labcorp	<input type="checkbox"/>
Hospital Lab	<input type="checkbox"/>
Other Lab – Specify:	<input type="checkbox"/>
Outside providers	<input type="checkbox"/>
Patients	<input type="checkbox"/>

17. Which documents will be interfaced with the EHR?

Document
Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.

Document	Mail	Fax
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

18. Which documents come into practice by mail or fax?

2 Chart Migration Facesheet

This template should be used to organize data from paper charts for preloading into the new EHR system. This form is used to gather the information you need in your EHR for easier data entry.

1. Pull the charts you want to enter into the EHR.
2. Complete one sheet for each record you want to upload into the EHR.
3. Use facesheet to enter information into EHR.
4. Validate data entry.

Patient Name:

DOB:

Exhibit 10 Problem/DX List

Description	Onset Date
Ex: Hypercholesterolemia	2003
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.

Exhibit 11 Immunizations

Immunization ¹	Date Given
Tetanus	Click here to enter a date.
Pneumovax	Click here to enter a date.
Hep B	Click here to enter a date.
Meningitis	Click here to enter a date.
Influenza	Click here to enter a date.
MMR	Click here to enter a date.
Polio	Click here to enter a date.
HIB	Click here to enter a date.

Exhibit 12 Flowsheet

Description	Value
Height	Click here to enter text.
Weight	Click here to enter text.
Blood Pressure	Click here to enter text.

¹ Expand as needed to include other immunizations.

Description	Value
Cholesterol	Click here to enter text.
HDL	Click here to enter text.
LDL	Click here to enter text.
Triglyceride	Click here to enter text.
Pap Smear	Click here to enter text.
Mammogram	Click here to enter text.
Bone Density	Click here to enter text.
HgbA1c	Click here to enter text.
Sigmoidoscopy	Click here to enter text.
Colonoscopy	Click here to enter text.
Hemocult	Click here to enter text.

Exhibit 13 Medication List

Description/Dose	Sig	Start Date
Ex: Lipitor 20mg	1 po qd	5/5/2005
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.

Exhibit 14 Allergies

Description	Onset Date	Reaction
Ex: Penicillin	1995	Hives
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.

Description	Onset Date	Reaction
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.

Exhibit 15 Histories

PHM	Surgical History	FMH
Click here to enter text.	Click here to enter text.	Click here to enter text.

Exhibit 16 Social Hx

Status	Answer
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Children	Click here to enter text.
Employment Status	Click here to enter text.
Tobacco Use	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Previous
	Amount: Click here to enter text.
Alcohol Use	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Previous
	Amount: Click here to enter text.