

Considerations When Transitioning to an Electronic Medical Record

Whether using paper or electronic records, Providers have a professional and legal responsibility to securely store and retain patient records. There are various policies and guidelines from the College of Physicians and Surgeons (PEI), Health PEI and the Canadian Medical Protective Association (CMPA) and from the College of Registered Nurses of PEI to guide what is expected of you. This document is intended to summarize the considerations with managing your patient charts as you transition from one EMR to another or from paper to EMR. This is not intended to be a policy. Relevant policies are referenced throughout the document for your awareness and adherence.

Records Management Policy

CMPA recommends physicians have and maintain a records management policy outlining the retention and destruction of the health records.

The PEI College of Physicians and Surgeons has a Retention of Records Policy that Fee-For-Service Providers may adopt.¹

Salaried, contract and locum physicians must follow:

- *Health PEI Record Information Management (RIM) Policy, and*
- *Associated retention and disposition schedules.*

Contact a Health PEI Records Information Management (RIM) Coordinator by emailing healthpeiRIM@ihis.org for questions on the management of your records.

Patients have a legal right under the *Health Information Act* to access their own records.

- Fee-For-Service Providers, processes for this are addressed in the College's Retention of Records Policy.
- Salaried, contract and locum physicians must follow: *Health PEI Access, Disclosure, and Correction of Personal Health Information.*

Records Retention Requirements

According to the College of Physicians and Surgeons of PEI Retention of Records Policy, Fee-For-Service Providers are required to keep patient records for 10 years after date of last entry/death or 10 years after the patient reaches the age of majority.

Salaried, contract and locum physicians must keep patient records in accordance with the *Health PEI Record Information Management (RIM) Policy*, and associated retention and disposition schedules. The retention period varies depending on the type of chart (i.e. child vs. adult,

¹ Retention, Access, and Transfer of Medical Records, The College of Physicians and Surgeons, <https://www.cpspei.ca/wp-content/uploads/2019/12/Retention-of-Records-Nov-42019.pdf>.

deceased). Contact a Health PEI Records Information Management (RIM) Coordinator by emailing healthpeiRIM@ihis.org for questions on the retention of your records.

Retaining records is required for continuity of patient care, liability reasons, patients access to charts, tax and auditing purposes.

This applies to those transitioning from paper to an EMR, from an electronic solution to a new EMR and to those leaving practice.

Legacy Solutions: Transitioning from an electronic solution to the Provincial EMR

If you are transitioning from an electronic solution to a new EMR, you are required to store and keep your patient and billing records from the old electronic solution as per the applicable retention and disposition schedules. To achieve this, you should:

1. Request a copy of your billing and patient data, in a format that can be easily searched, from the vendor of your legacy system (vendors will charge a fee for this service.)
2. Once received and validated, request written confirmation that the vendor has deleted the data from their system (decommissioning a legacy solution).
3. Store the patient data (recommend utilizing a secure storage service).

It is recommended that notation is made in patient charts in the Provincial EMR solution that additional information exists in the patient's paper chart and/or in the copy of records from the former electronic solution, for the purpose of ensuring patient information is complete and accurate.

Note: See below note re: Scanning.

Legacy Billing Solution:

PEI Medicare requires Providers to **maintain their legacy billing solution for 1 year** in order to complete claim reconciliation and adjustments. If a provider should choose to not maintain their legacy billing solution for this period, they may be opting to forgo any potential money lost for monitoring claims that require appeal or resubmission that were originally transmitted from their legacy system.

At the end of that one-year period (and as part of decommissioning their legacy solution), it is recommended that the Provider obtain a copy of their billing data for their records (as noted in the above section). In the event of an audit by Canada Revenue Agency, you may be required to produce historical billing data.

Transition from Paper to EMR

It is not common practice to bring over the entire patient chart into a new EMR. Physicians are advised to keep patient charts, as per the retention and disposition schedules and policies, as well as a point of reference for continuity of patient care For Health PEI salaried, contract and locum physicians, active patient paper charts must be kept onsite for 3 years.

NOTE - SCANNING: If you scan information into the new Provincial EMR, this scanned copy is not considered the original record. You can not shred paper that contains personal health information after scanning into the EMR. The paper record is the original record and must be retained in the patient's paper chart as per applicable retention schedules. This also applies to any information received in paper format (e.g. faxed or mailed documents) and scanned into the Provincial EMR on a go-forward basis. Please contact healthpeiRIM@ihis.org for more information.

Records Secure Storage

For Health PEI salaried, contract and locum physicians, contact healthpeiRIM@ihis.org as your semi-active records may be eligible for storage at the provincial record centre.

For Fee-For-Service Providers, there are various organizations that offer professional medical record storage for paper and electronic records.²

- Docudavit 1-888-781-9083
- Iron Mountain 1-800-899-4766
- Record Storage & Retrieval Services (RSRS) 1-888-563-3732

Destroying Patient Records

Upon the end of the retention period of records, approval for destruction must be obtained (Health PEI records only) and proper destruction processes must be followed. Please contact healthpeiRIM@ihis.org for information on the destruction of records.

For Fee-For-Service Providers, "The College recommends that physicians destroy medical records by supervised cross-shredding or incineration of all paper medical records. If patient records are stored on a computer hard drive, the hard drive itself should be either crushed or wiped clean with a commercial disk wiping utility and any back-up copies and other storage means also destroyed at the same time. Physicians should maintain a list of each record that is destroyed, with a description of the time period covered in the record."³

Transitioning of Practice

In the event of retiring, ending their practice or otherwise the end of a Provider's career in Prince Edward Island, a Provider may terminate their personal responsibility as custodian of a patient's medical records by transferring complete custody and control of the records to another custodian, to a regional health authority or, in case of death, to another person who is legally authorized to hold the record, such as an executor.

² Note – the organizations below are not endorsed or otherwise recommended by the Government of Prince Edward Island or Health PEI but are included below for information sharing. Use such services at your own risk.

³ Retention, Access, and Transfer of Medical Records, The College of Physicians and Surgeons, <https://www.cpspei.ca/wp-content/uploads/2019/12/Retention-of-Records-Nov-42019.pdf>.