



## TAB Helps Health Care Provider Move to Electronic Records

### Business Issue

A patient's record is more than just a file, it's an extension of the patient, and safeguarding the integrity of these files while making them accessible is a critical part of providing good health care. The use of electronic records has made this task simpler and more efficient, and many industry leaders have recently begun the move to electronic health files. But the move presents a serious challenge; preparing your existing collection and facility to accommodate electronic records is a time consuming and resource intensive project.

### Decision Made

This was top of mind for a North American Regional Health Care Provider (RHCP) that had made the decision to move to electronic records. They immediately began to look for a partner that would help them ensure a seamless transition within a tight deadline, while minimizing the possibility of error in the process. They wanted one organization that could handle every aspect of implementing their electronic health record strategy, while simultaneously standardizing records management practices across the four major hospitals and numerous clinics they managed. They also wanted a records management system in place that would continue to work and grow with them when the conversion process was finished. After extensive initiative planning and research, they chose TAB.

### Do it Once, Do it right

The TAB team met with the Health Records team from the RHCP to design a plan that would prepare them for the implementation of the new electronic health record strategy. From the very beginning, their mantra was "Do it once, do it right."

At the core of the project was the need to streamline all of the RHCP's Health Record information. Due to significant growth, the existing filing system was fast approaching capacity, and every single file would have to be converted from the existing eight digit site-based health number to a new, ten digit regional health number. This way, both the new files created electronically on a going forward basis and the existing files would all use the regional health number system.

For the project to be successful, keeping active files accessible at all times would be paramount. The conversion would start with the critical collections such as those in the Admissions and Coding departments, where all records are generated. The conversion was further complicated because it would have to be completed in designated off peak periods. So together they created 24-7 workflow that relied on constant communication between both teams. This in turn would help

Get everyone involved to see each file as a person, a key step in facilitating a "zero-tolerance" approach to error.



### Standardizing: The Foundation

TAB recommended an automated, streamlined end-tab labeling system that would standardize all files. A one-strip label was designed that would contain all the information necessary to identify the chart, including a volume number, the existing health record number, the new regional health record number, as well as the year and the site specific code to signify the hospital where the files were created.

### The Right Tool

The scale of this conversion required software robust enough to search the RHCP's entire database with fast and accurate results. TAB's file tracking software was a perfect fit. Due to the data extract available to the RHCP, the database couldn't provide the Volume Number or Year, so TAB custom designed a version of the software to allow these fields to be manually updated. This helped ensure every label had all data once printed.

### Site Preparation and Space Planning

Ensuring that the converted files could be properly accommodated was critical. TAB conducted a series of site visits, producing CAD drawings of the space that factored in future growth, detailed out the terminal digit filing design, and mapped out work flows.

It was decided that in order to achieve the required yearly linear file inches for file-back, a number of stored files would be sent off site. TAB oversaw this move for the RHCP, sending approximately 10,000 boxes of files offsite from one site alone. Every one of the archived records was entered into the RHCP's offsite tracking system.

The remaining files then had to be moved and shifted as per the new plans and work flows. The TAB team executed a number of interfiling projects to do this, and in the process tracked the existing files on site, using the RHCP's own software.

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### **TAB Conversion Team**

To implement the conversion strategy, TAB assembled a mobile conversion team. Designed to be a self-sufficient hub of the process, the team would provide the printers, label stock, software, and personnel necessary to complete the job. To ensure the continuance of the day to day activities of the RHCP's sites, TAB conducted the conversion outside of normal business hours.

### **Quality Control, Security & Privacy**

The success of a file conversion depends on total accuracy. You have to be able to account for and verify every file at every stage of the process. To ensure this, TAB employed a multi-layer auditing structure. Once the conversion team pulled an existing file from the shelf, it would be referenced against the RHCP's database, and the old number confirmed against the newly assigned number. Privacy laws dictate that there can be no names on the end tab. TAB's chart re-labeling staff would verify the name within the chart and confirm the correct number had been assigned to the correct file. Converted files would be audited a third time during the file-back process to ensure that the newly labeled files were correctly interfiled according to the new terminal digit order. As a security precaution, the RHCP's database would be uploaded into TAB's file tracking software on-site, and the receiving hard drive would never be left unattended. As further assurance of privacy, the conversion team would use the RHCP's database in a stand-alone capacity without using any internet or network connection.

### **The Conversion**

The bulk of conversions were done outside of critical peak periods of operation. In each case a data systems engineer was brought in to oversee the shutting down of all of the internal health records systems. The RHCP's cross referenced list of existing charts for each hospital was then successfully uploaded into the software overnight. When this was completed the conversion team went into action and began to process all records in a particular collection. Each time the conversions were completed with all files correctly labeled, re-filed into the new terminal digit order and back in their respective places, so the RCHP staff were able to pick up where they left off.

### **A Job Well Done**

With the completion of the RHCP project in a tight timeline and with the integrity of every file intact, TAB's ability to provide a "one stop" methodology for organizations moving to electronic records was proven successful. Approximately 500,000 records were converted during the project, an impressive feat. According to the Director of the Health Records team, "The TAB team worked extremely well with our people to get this project done right. Quality control was critical, and they achieved this beyond our expectations. With a single point of contact, the communication between the two groups was excellent, and I think critical to the success of the project."

In TAB, the RCHP found a partner that provided them with expertise in everything from overall conversion strategy, site preparation and conversion teams to file labels and tracking software. With TAB's expertise, the RHCP went from having a paper based RM system that was at capacity to a fully functional Electronic Health Record strategy that would grow as they did. With their leading edge records management system in place, the RHCP has been able to further improve the already outstanding level of care they provide to their clients.



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