

# ALBERTA NETCARE PORTAL

## Reviewing Your Business Process Requirements Quick Reference

Before implementing a new electronic medical record (EMR), it is important to review the clinic's business process requirements to help:

- Identify the clinic's unique needs.
- Identify potential changes to operational processes when transitioning to an EMR.
- Determine which EMR will provide the best match for the clinic
- Identify unique or sufficiently different characteristics that distinguish the clinic from what may be considered typical clinic workflows and operations.
- Identify and document information about the functions the clinic requires in the EMR.

Once the clinic's business requirements are defined, provide them to the EMR vendors being considered to help the vendor understand the specific requirements and demonstrate how their EMR can meet the defined needs. Once an EMR is selected, the clinic requirements are used to:

- Configure the EMR solution.
- Customize the implementation approach and training.
- Ensure the implementation process supports the clinic workflow and business requirements.

## WHAT PROCESS REQUIREMENTS SHOULD BE REVIEWED?

The purpose of the review is to identify key functional areas unique to the operations of a clinic and areas of potential change in clinic processes due to the implementation of an EMR. Consider including the following items to be reviewed, and be sure to identify any requisitions, templates, forms or other documents used to support each requirement.

### CLINIC REQUIREMENTS

#### PATIENT REGISTRATION AND ATTACHMENT

- Current business processes
- Rules for attachment
- Information validation

#### SCHEDULING APPOINTMENTS, RESOURCES, STAFF

- Special tools to manage staff or physician scheduling (If the clinic has current tools - were they developed/used by an individual, the clinic or the primary care network?)
  - examples: Recalls, Internal alerts, Wait list

#### REFERRALS AND CONSULTS

- Current business processes
- Templates, auto populated with files, specialist information and automatic signature (specify volumes)

### ASSESSMENT AND TREATMENT

- Current business processes
- Special charting needs
- Alerts/reminders for recall, retesting, foot care, etc.
- Concurrent access to a patient record by different healthcare providers in the group
- Need or desire to access a consolidated view of the patient to support patient care where the record has been contributed to by providers in various locations across the group
- Use of medical devices which do or which are intended to integrate with the EMR
- Access to the EMR (office, home, hospital, patient home, remote, other)
- Patient handouts, medical illustration tools and auto-populated forms such as WCB or specialized services

**NOTE:** The information in this fact sheet is provided for education and guidance only and is not intended to replace expert advice. Physicians are responsible for making informed decisions to meet their medical-legal obligations.

## CLINIC REQUIREMENTS - CONTINUED

### ORDERING AND RECEIVING DI/LABS

- Current business processes
- Electronic receipt?
- Trending analysis to support decision making (graphs)
- Order sets
- Netcare

### MEDICATION MANAGEMENT

- Current medication management business processes
- PIN (Pharmaceutical Information Network)
- Triplicates?
- Approach to medication list management

- User-defined medication scripts
- Special graphing (e.g., INR versus Coumadin graphs)
- Alerts for allergies, intolerances, contraindications
- Non-conforming prescriptions (e.g., compounds, orthotics)

### CARE PLANNING AND PATIENT CARE PROCESS

- Current practice
- Special tools in the EMR to assist with care planning (e.g., monitor overdue appointments)
- Templates currently in use for this activity
- Extent to which the clinic needs to share your patient information with other allied health professionals

## OPERATIONS MANAGEMENT

### BILLING

- Current practice, specialized tools
- Service codes entered into the EMR by physician, drop down menus of frequently used codes
- Diagnosis entered and EMR associates it with the proper billing code
- System flags for special billing (additional time, special charges)
- Review of billing patterns to predict resource needs

### SECURITY

- Current practice
- User-based access to EMR, grouped by functional role, context-based access (based on location, time, functional area)

### PRIVACY

- Current policy in place
- Assign account privileges, monitor access, use audit function

### HEALTH INFORMATION MANAGEMENT

- Current storage of patient registration (paper, electronic, EMR)

- If EMR, use of discrete fields, check for duplicates, verify information, deactivate old files

### HEALTH WORKFORCE PLANNING

- Current practice (e.g., plan without an EMR, use EMR to list resources, use EMR for staff planning, forecast future demand)
- Plans to offer different services or use different types of care providers in the near future

### EQUIPMENT AND FACILITIES MANAGEMENT

- Ability to book rooms or equipment in advance (by EMR or paper)

### INFORMATION TECHNOLOGY

- Identity of super user(s)—the “point person” in the clinic regarding EMR questions
- Additional network requirements (online patient education, Telehealth, streaming patient information requirement for any preliminary site assessments the vendor may perform)

### TASK MANAGEMENT

- Handling phone messages, tasking recalls, internal and external clinic communication

## POPULATION HEALTH PROCESSES

### PREVENTATIVE SCREENING

- Handouts (paper, EMR)
- Alerts, schedule reminders
- Reviewing health status of patient population and tailoring prevention programs

### EVALUATION, IDENTIFICATION AND MONITORING

- Special tools to manage evaluations, identification and monitoring of patient populations
- Ability to share reports with primary care network or use for research purposes

### OTHER KEY CONSIDERATIONS

Include other key considerations, especially about known key functional risks and business process flow changes.

#### BUSINESS PROCESS CHANGES

- Desired data input method, for example, laptops or voice dictation
- Electronic faxing capabilities including prescriptions (specify volumes)
- Increased ability to receive diagnostic test results
- Ability to do referrals electronically or check a wait list
- Better clinic communication and task management
- Improved monitoring of population health or recalls
- Ability to submit requisitions electronically or book an operating room in the hospital
- Remote access

#### KEY FUNCTIONAL AREAS

- Remote access
- Faxing and scanning (specify volumes)
- Wireless connectivity
- Billing
- Labs
- Demographics
- Orphaned physicians
- Outgoing EMR system

Additional information on selecting and implementing an EMR can be found at:  
<http://www.albertanetcare.ca/LearningCentre/EMR-Support-Services.htm>