



# NEWS

## Savvy scanning strategy boosts EMR success

**Continuum Medical finds success with less paper.**

BY ISSIE RABINOVITCH, PhD

In September 2005, Continuum Medical Care, a new clinic in West Vancouver, opened its doors to patients – but work had begun months earlier. Even before Continuum moved into its modern 6,500 square foot medical facility, it had decided to be as paperless as possible and to implement an EMR solution with software from Wolf Medical Systems, of Vancouver. Things went well. In November 2006, Continuum received the Gold Award of Excellence for Customer Care by the Canadian Information Productivity Awards Program (CIPA) for its EMR implementation.

Continuum made many decisions along the path to its successful implementation and use of an EMR system. Its scanning strategy was a small but important part of the puzzle and that's what we focus on here.

Continuum serves 45,000 patients and employs 12 family practitioners, 15 rotating specialists, and about 10 allied healthcare providers, making it one of the largest medical practices in British Columbia. Of the family practitioners, 10 had existing practices but only two were using EMR systems. Everyone came to the new clinic with their charts, of course, and initially Continuum was a paper-based practice.

It was decided that there would be no back scanning. On Sept. 5, scanning of lab forms, referral letters, and

other important documents commenced. Flatbed scanners were used at first, but they were soon replaced by two compact Fujitsu ScanSnap scanners, one on each floor of the clinic.

According to Joanne Sullivan, Continuum's office manager, "Each day there is a five-inch stack of paper to scan." Scanning takes place throughout the day and everyone pitches in. The scan is automatically saved as a PDF file on the server. Then the file is linked, manually, to the patient's record in the Wolf software. Continuum's fax server saves faxes to the same server; they too are linked to a patient's record.

Doctors read lab reports, faxes, and letters on a monitor. "They never see paper," says Sullivan. Initially, the paper was kept for many weeks before being shredded. Now, paper is kept for just one week. That's how long the doctors have to check the quality and accuracy of scans. Ms. Sullivan stressed that the responsibility lies with the doctors, and

not the people performing the scans.

The scanning procedures have resulted in faster searches for documents and more space in the clinic. OCR was attempted initially, but it was abandoned when it didn't work well. Storing documents as images linked to patient records has met the needs of the doctors at Continuum.

Scanning in mono is faster and generates smaller PDF files. According to Sullivan, the only planned upgrade is the addition of a third ScanSnap.

The new ScanSnap will have some improvements over the ones currently in service. According to Steve Oblin, Imaging Marketing Manager at Fujitsu Canada, the latest model uses ultrasonic means to detect when two sheets are fed through at the same time.

Oblin mentioned that he has spoken with many small clinics that make good use of scanning to reduce their piles of paper, even without EMR systems.

Alexandra Best, Marketing Director of Wolf Medical Systems, provided some suggestions based on her company's extensive experience. Here are several:

- Scanning is not the best solution for patient information that needs to be searchable. Progress notes, prescriptions, vital signs, nurses' notes, and all other handwritten or transcribed documentation should be entered into the EMR – and not scanned.
- Make sure that information on Encounter sheets is current for quick manual entry of medications, allergies, vaccinations, surgeries, long term problems, family history.
- If you want to scan, gather current visit record entries and scan into chart using "Medical Summary" as the keyword. This enables physicians to view this visit record information quickly at the time of a patient's first electronic visit.



**Dr. J. Larsen, Dr. B. Kelpin, and Office Manager J. Sullivan**