Chart Abstraction Guidance: Transferring Data From Old Records To Unity Charts
Recommendations Spring 2017

The Production domain for Unity is now live and available for entry of chart data on our patient population. With the Go Live delay, we have an enhanced opportunity to populate our Unity charts with medical history before the eventual implementation date. **We recommend all clinics begin this activity as soon as personnel have been trained.** Here are some comments and suggestions.

There is no sugarcoating it: This can be exhausting, time-consuming work. But it is also a rarely encountered practice improvement opportunity. Our current state includes fragmented records spread among various clinics and hospitals, and these may hold incompletions and contradictions. Moving data into our Unity charts presents a chance to bring all of this information together into a clear and concise record. So yes, this is work. But we (and our patients) will get out of it what we put into it.

Old documents, test results, vital signs, etc., from Soarian and prior EHRs are being migrated directly into Unity. You’ll have intuitive access to all of these. What we need to manually populate in our Unity charts is *structured data*. This is the information that spans encounters, and is the living medical history for the patient.

Structured Data is:

- Problem List
- Surgery/Procedure History
- Social History
- Family History
- Pregnancy History
- Medication List
- Allergy List
- Immunizations

Here are some considerations when planning and performing data abstraction from old records into Unity charts. For a more detailed review of the data entry process, see [Abstracting Old Records Into Unity](http://hos.usouthal.edu/unity/clinical.aspx) on our Unity intranet site.

**GENERAL**

- The best data transfer will be accomplished by personnel with clinical expertise. The primary provider for the patient would be the ideal person to do this, by doing a complete chart review and data population. However, this may not be practical, given the amount of the work while needing to continue day-to-day activities.

An alternative is to utilize other personnel—MAs and other office staff, temporary workers, summer students, etc.—to perform selected aspects of the data transfer. Many of these people
can be trained and given scripted instructions on how to safely review and input 1-2 of the structured data elements, instead of tacking the whole chart. When there are uncertainties about data, these can be flagged to ask providers. Utilizing current office personnel, potentially paying overtime for this activity, serves another purpose: They will develop valuable fluency using Unity.

- A check-off list indicating completion of each structured data element is recommended, especially when the activity is to be shared among a number of different people. It will also be useful to leave a dated note about data transfer on the Unity chart. A simple way to do this is through Communicate on the toolbar, saving a note to chart. This would also be a way to notify the patient’s primary provider that this activity has been completed, and is ready for review.

- Since our patients often see more than one USA provider, recognize that someone else may have already performed data transfer. So check for this. If structured data is already present, just see if you have any further details to add or clarify.

- When admitting a patient who has no structured data on the Unity chart to the hospital, you’re essentially doing an history and physical from scratch. Interview the patient and review the last H&P in Soarian, last note in the old EHR, and/or paper chart at office, to create the most complete medical history possible.

- When non-providers are used to transfer data into Unity charts, providers should perform a final review of the chart, updating as necessary. It would be useful to document this as a chart note as mentioned above.

And realize there may be ongoing patient care between the time of chart abstraction and the first encounter in Unity. So another vetting of the chart by the provider at that first encounter should take place.

- There is a Data Reconciliation tool in Unity to help migrate data from old summary documents into Unity, but it can be cumbersome to use. So it will usually be easier to transfer data by simply reviewing old records. (More information on this Data Reconciliation tool is included in the Abstracting Old Records Into Unity document mentioned above.)

**PROBLEM LIST**

- Enter chronic problems, not billing diagnoses.

- Avoid redundancies.

- Recognize that it doesn’t have to be life-threatening to be a chronic problem. Allergic rhinitis and eczema may belong on the list just as much as heart disease and hypertension.

- The IMO search box on the Problem List is the best and easiest way to search for problems.
**PAST SURGERY/PROCEDURE HISTORY**

- The procedure search can be frustrating to use at times. If you’re not having luck, remember this is one place where free text entry may be the best option—especially for non-specific procedures where details are not known, like “back surgery.”

**SOCIAL HISTORY**

- Enter details as available and appropriate. Realize that pediatric details may differ substantially from those appropriate for adults.

- For patients age 13 and over, enter at least tobacco and alcohol history, if it can be discerned from previous records.

**FAMILY HISTORY**

- Focus on positive family histories. Negative histories are often most pertinent in the context of the present illness, but some EHRs create an artificially long and useless negative family history, so you may not wish to spend time transferring those.

**PREGNANCY HISTORY**

- Cerner’s EHR doesn’t give us a good way to record summaries GPtpal pregnancy histories. The only direct way to record pregnancy histories is to record the details of each pregnancy, which will often not be known or discernible from previous records.

- The best approach is probably to enter pregnancy on the problem list, with Classification = Historic, Status = Resolved, and enter the details, e.g. G8Pt5p0A3L5, in the Comments box.

**MEDICATION LIST**

- Medication lists in the previous EHR may be awash in outdated prescriptions that were never discontinued, like short courses of pain meds or antibiotics. Try to transfer only current, active prescriptions.

- Previous records may not include all dosing and instructions details. But recording at least the medication name is better than nothing.

- Transfer medications to the Unity chart using the Document Medication by Hx approach. (They can be converted into prescriptions as appropriate by the provider going forward.)

**ALLERGY LIST**

- Allergy lists in previous records often include a lot of “allergies” that are just minor side effects or intolerances (e.g., nausea) that are not actual allergies. When the previous record makes this absolutely clear, enter these in Unity using a more appropriate “Type,” such as
Intolerance or Side Effect, listing the reaction. But if there is any doubt, enter it as Type = Allergy and ask the provider for clarification.

- If old records indicate there are no allergies, don’t just leave the allergy list in Unity blank. Enter No Known Allergies or No Known Drug Allergies as appropriate.

**IMMUNIZATIONS**

- Transfer vaccines and dates as listed in the previous record. It is reasonable to enter only the last flu vaccine, and for adults only the last tetanus vaccine.

- This may be an instance where the Data Reconciliation tool in Unity will be helpful, though it can still be tedious to use. So you may still find it easier to transfer vaccine history by reviewing the previous record or ImmPrint.

- Going forward, note that while immunizations we enter in Unity will upload to ImmPrint, they will not download from ImmPrint in the near future. So we can’t count on ImmPrint to be an automated way to transfer vaccination records into our Unity charts.