

EMR Outcomes Self-Assessment

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Introduction

This self-assessment can help you see how your electronic medical record (EMR) can improve your ability to care for patients, both as individuals and as populations with specific medical conditions. As your clinic uses more of your EMR's functionality, you will benefit from the power of your EMR.

This tool helps you assess your current EMR use and identify your goals for future use of the EMR.

How does it work?

It should take 15 to 25 minutes to complete the assessment.

The assessment consists of three main areas:

- *Patient Care Processes*
- *Clinic Operations Management*
- *Population Care Processes*

For each area:

- Select the choice or choices that best describe(s) your clinic's current situation by clicking in the appropriate box or boxes.
- Responses may result in more than one choice being selected.

Select Purpose

Please state the reason for taking this assessment:

- As a personal evaluation of my EMR use
- On behalf of my organization to evaluate our collective EMR use

Patient Care Processes

Registration and Attachment

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use a paper system for patient registration and associated documentation.		
1	<input type="checkbox"/> We complete the patient registration using the EMR system.	<input type="checkbox"/> Registrations will be completed in the EMR.	Improves ability for complete up-to-date patient demographics across the organization.
2	<input type="checkbox"/> We use the EMR to attach patients to providers based on set business rules.	<input type="checkbox"/> EMR will be used to attach patients to providers based on business rules.	Improves ability to track patients through patient rostering.
3	<input type="checkbox"/> We identify and link registrations with family relationships, as well as custody and guardian arrangements in the EMR.	<input type="checkbox"/> Registrations will be linked with family relationships as well as custody and guardian arrangements in the EMR.	Providers will have up-to-date contact information for patients.
4	<input type="checkbox"/> We create reports of providers in the clinic who have provided care to a patient to monitor continuity of care.	<input type="checkbox"/> Reports of providers in the clinic who have provided care to a patient will be created to monitor continuity of care.	Patient panel reports can be used to inform providers of their patient populations and for population health management.
5	<input type="checkbox"/> We create standard ways of putting information into the EMR to ensure the accuracy of the demographic information.	<input type="checkbox"/> Standard ways of putting information into the EMR will be applied to demographic information.	Increases standardization of data entry leading to quality and integrity of the information in the EMR.

Scheduler

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> All the scheduling is paper based.		
1	<input type="checkbox"/> We use the EMR system for basic scheduling.	<input type="checkbox"/> Basic scheduling will be carried out using the EMR.	Decreases the manual effort involved in appointment scheduling, follow up and patient inquiries.
2	<input type="checkbox"/> We use vendor installed (generic) appointment templates within the EMR.	<input type="checkbox"/> Vendor installed (generic) appointment templates will be used.	Improves timeliness of, and flexibility in, appointment scheduling based on patient and provider preferences and availability.
3	<input type="checkbox"/> We use the EMR to attach patient visit alerts, visit notes, recall events and pre-appointment tasks to appointment booking.	<input type="checkbox"/> Patient visit alerts, visit notes, recall events and pre-appointment tasks will be attached to appointment booking.	Improves the efficiency of patient visits through increased patient and clinic preparedness.
4	<input type="checkbox"/> We use appointment templates tailored to the needs of our clinic.	<input type="checkbox"/> Customized appointment templates will be used.	Improves the efficiency of patient visits through increased patient and clinic preparedness.
5	<input type="checkbox"/> We use the EMR scheduler to inform waitlist management.	<input type="checkbox"/> The EMR scheduler will be used to inform waitlist management.	Improves access to clinic through data informed changes to clinic scheduling processes.

Referral/Consult

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use a paper system/word processor for referral and consult letters.		
1	<input type="checkbox"/> We use the EMR to pre-populate referrals using vendor installed (generic) templates.	<input type="checkbox"/> Referrals will be pre-populated by the EMR using vendor installed (generic) templates.	Reduces manual effort required to create referrals.
2	<input type="checkbox"/> We use drop down lists for frequently used specialists when creating referrals.	<input type="checkbox"/> Drop down lists will be used for frequently used specialists when creating referrals.	Improves efficiency of referral creation.
3	<input type="checkbox"/> We use provider registries to complete referrals (e.g., programs, specialists).	<input type="checkbox"/> Provider registries will be used to complete referrals (e.g., programs, specialists).	Increases efficiency and accuracy of provider identification and of appropriate available programs.
4	<input type="checkbox"/> We review consult letters within the EMR and sign them off electronically.	<input type="checkbox"/> Consult letters will be reviewed within the EMR and signed off electronically.	Improves referral and consult turnaround time.
5	<input type="checkbox"/> We use the EMR to reconcile referrals and their associated consults. <input type="checkbox"/> We use the EMR to attach files to consults and tag them with appropriate words.	<input type="checkbox"/> Referrals and associated consults will be reconciled. Attached files will be tagged with appropriate key words.	Improves ability to track patients through the referral consult process.

Assessment and Treatment

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use a paper record to manage patient encounters and/or care events.		
1	<input type="checkbox"/> We record patient encounters in the EMR.	<input type="checkbox"/> Encounters will be recorded in the EMR.	Reduces the time required to take patient histories and makes notes more easily readable.
2	<input type="checkbox"/> We use the problem, medication and allergy list functionality in the EMR.	<input type="checkbox"/> Problem, medication and allergy lists will be used in the EMR.	Provides a quick and efficient glance at key patient medical information. Information is searchable.
3	<input type="checkbox"/> We use vendor-installed templates and systems such as pick lists in the EMR.	<input type="checkbox"/> Vendor-installed templates and pick lists will be used.	Increases efficiency of the assessment and treatment process.
4	<input type="checkbox"/> We use SOAP notes (or equivalent) and tailored templates in the EMR for charting purposes whenever possible. <input type="checkbox"/> We use the EMR to allow other care providers (e.g., chronic disease nurse) to contribute to patient care records.	<input type="checkbox"/> SOAP notes (or equivalent) and tailored templates will be used in the EMR for charting purposes. <input type="checkbox"/> The EMR will allow other care providers, (e.g., chronic disease nurse) to contribute to a patient care record.	Increases quality of the data stored in the EMR. Streamlines sharing of health information within care settings.
5	<input type="checkbox"/> We have programmed (automated and integrated) clinical practice guideline elements into the EMR (e.g., reminders for foot care and eye exams for patients with a diagnosis of type 2 diabetes).	<input type="checkbox"/> Clinical practice guideline elements will be programmed (automated and integrated) into the EMR (e.g., reminders for foot care and eye exams for patients with a diagnosis of type 2 diabetes).	Enhances clinical decision making and improves quality of care through timely access to patient information.

Assessment-Ordering and Receiving DI

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use a paper-based system for DI requisitions, results and patient instructions.		
1	<input type="checkbox"/> We receive the DI results manually (paper-based or fax) and then scan them into the EMR.	<input type="checkbox"/> Results will be received manually (paper-based or fax) and scanned into EMR.	Improves completeness of patient information.
2	<input type="checkbox"/> We receive the DI results electronically, although the receiving provider signs off on a paper record.	<input type="checkbox"/> Results will be received electronically. Doctors will sign off on the paper record.	Decreases the manual effort in managing DI results
3	<input type="checkbox"/> We review DI results in the EMR and sign them off electronically. <input type="checkbox"/> We attach DI results to a patient record within the EMR.	<input type="checkbox"/> DI results in the EMR will be reviewed and signed off electronically. <input type="checkbox"/> DI results will be attached to a patient record in the EMR.	Reduces missing /misplaced DI test results.
4	<input type="checkbox"/> We use the EMR to attach DI results to a patient record and tag with appropriate key words.	<input type="checkbox"/> DI results will be attached to a patient record and tagged with appropriate key words.	Improves patient follow up, monitoring and tracking rates.
5	<input type="checkbox"/> We generate DI reports using previous results in the EMR to inform the patient care plan.	<input type="checkbox"/> DI reports will be generated using previous results in the EMR to inform the patient care plan.	Improves ability to see patient results longitudinally, enabling improved clinical decisions based on changes to a patient's condition over time.

Assessment-Ordering and Receiving Labs

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use a paper-based system for lab requisitions, results and patient instructions.		
1	<input type="checkbox"/> We use the EMR to pre-populate lab requisitions and patient instructions, which are printed and provided to a patient. <input type="checkbox"/> We receive the lab results manually (paper-based or fax) and then scan them into the EMR.	<input type="checkbox"/> Requisitions and patient instructions will be pre-populated by the EMR, printed and provided to a patient. <input type="checkbox"/> Results will be received manually (paper-based or fax) and scanned into EMR.	Improves completeness of patient information. Decreases manual effort needed to obtain and provide information for lab requisition.
2	<input type="checkbox"/> We receive the lab results electronically; the receiving provider signs them off on a paper record.	<input type="checkbox"/> Results will be received electronically; provider will sign off on a paper record.	Decreases the manual effort in managing lab results.
3	<input type="checkbox"/> We review lab results within the EMR and sign them off electronically. <input type="checkbox"/> We attach lab results to a patient record in the EMR.	<input type="checkbox"/> Lab results will be viewed within the EMR and signed off electronically. <input type="checkbox"/> Lab results will be attached to a patient record in the EMR.	Decreases the manual effort in managing lab results.
4	<input type="checkbox"/> We trend lab results in the EMR to support clinical decision making and/or patient education.	<input type="checkbox"/> Lab results will be trended in the EMR for clinical decision making and/or patient education.	Improves ability to see patient results longitudinally, enabling improved clinical decisions based on changes to a patient's condition over time.
5	<input type="checkbox"/> We generate reports using longitudinal lab results in the EMR to inform the patient care plan.	<input type="checkbox"/> Reports will be generated in the EMR using longitudinal lab results to inform the patient care plan.	Improves ability to see patient results longitudinally, enabling improved clinical decisions based on changes to a patient's condition over time.

Medication Management

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We complete all prescription activities on paper.		
1	<input type="checkbox"/> We use the EMR to produce, print and provide prescriptions (where appropriate) to a patient.	<input type="checkbox"/> Applicable prescriptions will be produced by the EMR, printed and provided to a patient.	Decreases manual effort required to create and renew a prescription.
2	<input type="checkbox"/> We incorporate standard guidelines into the EMR for allergy warnings, intolerances and contra-indications.	<input type="checkbox"/> Standard guidelines will be incorporated in the EMR and used for allergy warnings, intolerances and contra-indications.	Enhances prescription safety.
3	<input type="checkbox"/> We use user-defined medication favourites in the EMR.	<input type="checkbox"/> User defined medication favourites will be used in the EMR.	Increases efficiency and effectiveness of prescribing processes.
4	<input type="checkbox"/> We generate reports or graphs on patient medications (e.g., strength optimization, review on effectiveness of medications, compliance/adherence) through the EMR.	<input type="checkbox"/> Reports or graphs will be generated through the EMR on patient medications (e.g., strength optimization, review on effectiveness of medications, compliance/adherence).	Allows for pro-active reviews of patient medications.
5	<input type="checkbox"/> We use the EMR in conjunction with PIN (including active use and management of filters) and view prescriptions from other providers.	<input type="checkbox"/> EMR prescribing will be used in conjunction with PIN (including active use and management of filters) and prescriptions from other providers will be viewed.	Improves access to full medication history, minimizes duplications and allows for better patient medication management.

Care Planning

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use a paper-based system for care planning.		
1	<input type="checkbox"/> We use EMR-generated data to inform care plans.	<input type="checkbox"/> EMR data will be used to inform care plans.	Increases availability of patient information to create care plans.
2	<input type="checkbox"/> We complete the care plans in the EMR with physician and patient sign off.	<input type="checkbox"/> Care plans will be completed in the EMR with physician and patient sign off.	Reduces manual effort required to create care plans.
3	<input type="checkbox"/> We use the EMR system tools in conjunction with care plans to ensure that the care plans are being followed (e.g., integrating the care plan with the scheduler for ongoing appointments or generating reminders associated with the care plan).	<input type="checkbox"/> EMR system tools will be used in conjunction with the care plans to ensure that the care plans are being followed (e.g., the care plans will be integrated with the scheduler for ongoing appointments or generating reminders associated with the care plan).	Promotes patient adherence to care plans.
4	<input type="checkbox"/> We use the EMR to help relevant care providers track patient progress across care plans and monitor overdue clinical services.	<input type="checkbox"/> The EMR will be used to help relevant care providers track patient progress across care plans and monitor overdue clinical services.	Enhances ability to develop and monitor care plans through multidisciplinary contributions.
5	<input type="checkbox"/> We systematically manage patient care plans. We apply a future services list by populations in the care plans (e.g., mammography every two years for all women 50-69) and tailor them on an individual basis (e.g., patients with a history of breast cancer—mammography every year starting at age 40).	<input type="checkbox"/> Patient care plans will be systematically managed. Future services list will be applied by populations in the care plans (e.g., mammography every two years for all women 50-69) and tailored on an individual basis (e.g., patient with a history of breast cancer—mammography every year starting at age 40).	Enhances ability to develop and refine care plans based on patient responsiveness and/or adherence to treatment.

Operational Management

Billing

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We enter billing information into a third party system.		
1	<input type="checkbox"/> We use the EMR, however, billing is recorded on paper and manually entered into a third party billing system.	<input type="checkbox"/> Care setting will use the EMR, however billing will continue to be recorded on paper and manually entered into a third party billing system.	No benefit identified.
2	<input type="checkbox"/> We use the EMR to enter service codes and diagnostic codes.	<input type="checkbox"/> Service codes and diagnostic codes will be entered into the EMR by the physician.	Improves coding and charge capture.
3	<input type="checkbox"/> We enter diagnoses into the EMR allowing it to be associated with the relevant fee code.	<input type="checkbox"/> Diagnoses will be entered into the EMR so that the EMR associates diagnosis with fee code.	Increases timeliness and accuracy of billing process through integration with activity in the EMR.
4	<input type="checkbox"/> We use the EMR to flag events that require billing corrections (e.g., need to bill for additional time, special charges).	<input type="checkbox"/> Care setting in the EMR will react to system flags that billing corrections are needed (e.g., need to bill for additional time, special charges).	Improves reimbursement turnaround time.
5	<input type="checkbox"/> We use the EMR to produce billing pattern reports that allow us to predict resource needs.	<input type="checkbox"/> Care setting in the EMR will react to system-produced reports that will be used for reviewing billing patterns and prediction of resource needs.	Creates capability for billing activity to be used for planning wider clinic activities.

Security

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We have policies for access to and protection of health and business information.		
1	<input type="checkbox"/> We have user-based access to the EMR.	<input type="checkbox"/> Care setting in the EMR will have user-based access controls (vendor-installed [generic] access rights assigned to each user).	Ensures that only physician office staff have access to patient information.
2	<input type="checkbox"/> We have role-based access controls where users are grouped by functional area in the EMR (e.g., the permissions to perform certain operations are assigned to specific roles).	<input type="checkbox"/> Clinic will have role-based access controls where users will be grouped by functional area in the EMR (e.g., the permissions to perform certain operations will be assigned to specific roles).	Ensures that groups of users can access data and functionality that is appropriate to their assigned role.
3	<input type="checkbox"/> We have context-based access in the EMR where rights are assigned or restricted based on the situation of the transaction (e.g., location, time, functional area).	<input type="checkbox"/> The EMR will have context-based access where rights will be assigned or restricted based on the situation of the transaction (e.g., location, time, functional area).	Improves control over data access in both temporal and geographic terms.

Privacy

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We have policies for access to and disclosure of individually identifying health information.		
1	<input type="checkbox"/> We have EMR user account privileges and temporary access delegation is monitored.	<input type="checkbox"/> We will have user account privileges and temporary access delegation in the EMR will be monitored.	Improves flexibility in assigning and removing access to information.
2	<input type="checkbox"/> We monitor EMR data access and disclosure logs.	<input type="checkbox"/> We will monitor EMR data access and disclosure exception reports.	Improves ability to monitor data access and disclosures.
3	<input type="checkbox"/> We regularly use the audit function to review access to data in the EMR across the user profiles.	<input type="checkbox"/> We will use the audit function to review data access profiles across the enterprise at defined intervals.	Improves control over data access in both temporal and geographic terms.

Health Information Management

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We do not use an EMR to store patient registration information or records.		
1	<input type="checkbox"/> We store patient registration information in a structured format (discrete data fields) in the EMR.	<input type="checkbox"/> Patient registration information will be stored in a structured format (discrete data fields) in the EMR.	Improves ability to store and manage health information electronically and reduces the duplicates of patient records.
2	<input type="checkbox"/> We run reports to look for duplicates in patient registrations in the EMR.	<input type="checkbox"/> Reports will be used to look for duplicates in patient registrations in the EMR.	Increases the ability to reconcile patient records against a wider database and further eliminates potential duplicates.
3	<input type="checkbox"/> We verify and deal with duplicate patient information in the EMR to ensure that each patient has one record.	<input type="checkbox"/> Duplicate patient information in the EMR will be verified and dealt with to ensure that each patient has one record.	Ensures that electronic information from feeds outside the clinic (such as lab or diagnostic imaging) is correctly matched to each patient.
4	<input type="checkbox"/> At each patient encounter, we verify patient contact information and ensure it is correct and up to date in the EMR.	<input type="checkbox"/> Patient contact information will be verified at each encounter and ensured it is correct and up to date in the EMR.	Correct and up to date contact information facilitates patient health screening or population health activities.
5	<input type="checkbox"/> We deactivate a patient record in the EMR so it is no longer presented during routine searches and reports; the record is accessed through special searches and reports.	<input type="checkbox"/> A patient record will be deactivated in the EMR so it is no longer presented during routine searches and reports; the record may be accessed through special searches and reports.	Correct and up to date patient information facilitates health screening or population health activities.

Health Workforce Planning

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
<input type="checkbox"/>	N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We perform all workforce planning without an EMR.		
1	<input type="checkbox"/> Human resources are listed and identified in the EMR scheduler but the scheduler is not used for workforce planning.	<input type="checkbox"/> EMR scheduler will be used for basic human resource scheduling. Human resources will be identified in the EMR, however actual availability (e.g., leave, out of office times) will not be incorporated into the scheduler.	Reduces manual effort required to schedule resources.
2	<input type="checkbox"/> We use the EMR scheduler for staff planning on a regular basis.	<input type="checkbox"/> EMR scheduler will be used to plan short-term work force needs.	Enhances use of resources as a result of more effective scheduling.
3	<input type="checkbox"/> We use the EMR scheduler to forecast future staff capacity and demand usage.	<input type="checkbox"/> EMR scheduler will be used for predictive analysis and planning (e.g., modeling future capacity/demand trends).	Increases ability to plan for future staffing based on past resource utilization.

Equipment and Facilities Management

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We perform all of the equipment and facilities management without an EMR.		
1	<input type="checkbox"/> We use the EMR scheduler for basic scheduling and planning. Equipment and facilities are known, but not booked against the schedule.	<input type="checkbox"/> EMR scheduler will be used for basic scheduling and planning. Equipment and facilities will be known, but not booked against the schedule.	Reduces manual effort required to schedule facilities and equipment.
2	<input type="checkbox"/> We use the EMR scheduler for short-term planning of equipment and facilities needs, as well as scheduling maintenance.	<input type="checkbox"/> EMR scheduler will be used for short-term planning of equipment and facilities needs, as well as maintenance scheduling.	Improves use of equipment and facilities as a result of more effective scheduling.
3	<input type="checkbox"/> We use the EMR scheduler to model future capacity and demand trends for equipment and facilities.	<input type="checkbox"/> EMR scheduler will be used to predict current and future equipment and facility requirements.	Increases ability to plan for future investments based on past equipment and facilities utilization.

Population Health Processes

Preventative Screening

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
	<input type="checkbox"/> N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use paper-based screening tools as well as pre-printed health promotion/education materials.		
1	<input type="checkbox"/> We use EMR screening tools and print relevant health information.	<input type="checkbox"/> EMR-based screening tools will be used and relevant health state information printed from the EMR.	Improves access to relevant and up to date screening tools and print materials.
2	<input type="checkbox"/> When we access a patient record, a screening message may be displayed based on age, sex, problem, etc. This screening is tailored to a specific need of the patient.	<input type="checkbox"/> EMR screening tools will be used when accessing patient records and displayed based on age, sex, problem, etc. Screening will be tailored to the specific needs of the patient.	Encourages consistent screening to each demographic group (as appropriate).
3	<input type="checkbox"/> We use EMR screening tools to generate and schedule reminders.	<input type="checkbox"/> EMR screening tools will be used to generate and schedule reminders.	Increases ability to be proactive with preventive screening.
4	<input type="checkbox"/> We use the EMR to create and customize screening tools based on health state and using relevant clinical practice guidelines.	<input type="checkbox"/> EMR screening tools will be used for creating and customizing screening parameters based on health state and referencing of relevant clinical practice guidelines.	Improves ability to prompt activities and track status of patients against clinical practice guidelines.
5	<input type="checkbox"/> We use EMR screening tools to proactively review the health status of the patient population and tailor our prevention programs to meet the needs of the patients. For example, we create a report of overdue clinical services for given patient population, such as diabetic foot exams, and act on it.	<input type="checkbox"/> EMR screening tools will be used to review health status of the patient population on a proactive basis and tailor prevention programs to meet the needs of the patient population. For example, we will create a report of overdue clinical services for a given patient population and act on it.	Enhances ability to consistently provide personalized screening for each patient.

Evaluation, Identification and Monitoring

Select your current and desired future state of your EMR use.

	Where You Are	Where You Want To Be	Benefits
<input type="checkbox"/>	N/A. Does not apply to my position or unable to answer		
0	<input type="checkbox"/> We use paper charts to evaluate, identify and monitor patient populations.		
1	<input type="checkbox"/> We use the EMR to segment the patient population based on a combination of demographics, billing codes, provider and/or multiple clinical markers (e.g., women seen by Dr. Smith who have diabetes and whose last test for HgA1C >7).	<input type="checkbox"/> The EMR will be used to segment the patient population based on a combination of demographics, billing codes, provider and/or multiple clinical markers (e.g., women seen by Dr. Smith who have diabetes and whose last test for HgA1C >7).	Increases ability to segregate and report on patient population groups.
2	<input type="checkbox"/> We use the EMR to create and assign patients to clinical sub-groups within a population (e.g., diabetes patients with HgA1C <7, HgA1C >7 and <9, etc.).	<input type="checkbox"/> The EMR will be used to create and assign patients to clinical sub-groups within a population (e.g., diabetes patients with HgA1C <7, HgA1C >7 and <9, etc.).	Increases ability to manage patient population.
3	<input type="checkbox"/> We use the EMR to provide patient and disease specific reminders.	<input type="checkbox"/> The EMR will be used to provide patient and disease specific reminders.	Improves capture of complete patient population record.
4	<input type="checkbox"/> We use relevant clinical practice guidelines in the EMR to define the patient groups and sub-groups.	<input type="checkbox"/> Relevant clinical practice guidelines will be used in the EMR to define patient groups and sub-groups.	Improves ability to monitor patient population based on provincially suggested best practices (e.g., Toward Optimized Practice recommended clinical practice guidelines).
5	<input type="checkbox"/> We use the EMR to report on and share information about patients and patient groups. This can include reporting on adherence to care plans among care providers (e.g., care providers' rate of mammography among their identified target population).	<input type="checkbox"/> We will use the EMR to report on and share information about patients and patient groups. This can include reporting on adherence to care plans among care providers (e.g., care providers rate of mammography among their identified target population).	Increases ability to identify and monitor vulnerable patient groups and track provider actions). Improves ability to monitor and track clinic population health over time.

Frequently Asked Questions

What is the purpose of the EMR Outcomes Self-Assessment?

The self-assessment was developed to assist your clinic in optimizing the full functionality of the EMR by capturing your current level of EMR use and planned future use through questions in 16 different areas of functionality.

When is the self-assessment used?

The assessment can be used at any time, but it provides most value when it is introduced early in the EMR selection process and updated once you are using the EMR.

Who can use the self-assessment?

It is most beneficial to have the person who is responsible for or knowledgeable about each of the 16 areas complete the parts of the assessment that apply to his or her role. You can skip an area of the assessment by choosing "Does not apply to my position or not able to answer."

How can the results be interpreted?

All paper-based processes are labeled as Phase 0. You can advance from Phase 1 to Phase 5. Depending on the size and type of your practice not all EMR features may be relevant to your practice setting.

What do you do with the results?

The results of the self-assessment provide a snapshot of your current use and awareness of future capabilities. The results can identify areas where you need support for your ongoing EMR use and your training needs. The tool can be used periodically to gauge EMR advancement. You may choose to use the results in strategic and operational planning.

How can the tool be applied within different clinic settings?

Transitioning from paper

For clinics transitioning from a paper-based medical record system, the result of this self-assessment can be used to determine future goals in using an EMR as well as demonstrate available functionality and associated benefits of EMR use.

Individual and multi-physician clinics

The self-assessment can be applied to a wide variety of clinics including individual and multi-physician clinics.

There may be some characteristics that are not applicable. In general, as the complexity of the organization increases, the number of applicable characteristics in the assessment increases as well.

Primary Care Networks

The self-assessment can also be applied to a primary care network (PCN) setting. The results can be used to align individual clinic EMR use and goals to relevant PCN-wide business goals and objectives.

How are consistent and repeatable results achieved?

By following the recommended use of the self-assessment, consistent and repeatable results will be generated, regardless of who is completing the assessment and in what context. This will allow trending of one's own practice or PCN over time to demonstrate achievements and progress made.

Glossary

Term	Definition
Affiliates	An individual employed by a custodian; a person who performs a service for the custodian as an appointee, volunteer or student under a contract or agency relationship with the custodian; and a health services provider who has the right to admit and treat patients at a hospital as defined in the Hospitals Act. Source: Health Information Act Guidelines and Practices Manual 2011, page 16.
Assessment/Treatment	The encounter/care event that takes place between the provider and the patient; it may or may not occur in person.
Billing	The recovery of costs for medical care that takes place within the physician office, clinic or primary care network setting.
Care Planning	The specific, separate documentation of course of care that relates to patient care. May also be called a care plan flow sheet.
Clinical Best Practice Guidelines	Any clinical guidelines that the user wishes to adopt to automate their processes. These can include recommendations from associations, physician societies, organizations, regions, etc.
Consult/Referral	A request from one practitioner that another practitioner render a service with respect to a specific patient.
Custodian	A health services provider, individual, board, panel, agency, corporation or other entity designated as a custodian in the Health Information Act (HIA) or regulations for compliance with the HIA. Custodians under the HIA include: <ul style="list-style-type: none"> • Physicians and surgeons • Pharmacists • Optometrists • Opticians • Chiropractors • Midwives • Podiatrists • Denturists • Ambulance operators • Registered nurses • Dentists and dental hygienists • Hospital boards • Provincial health boards • Alberta Health <p>Source: <i>Health Information Act</i>, Section 1(1)(f)</p>
Equipment and Facilities Management	The business processes used in interaction and oversight of the equipment involved in the diagnosis, treatment and monitoring of patients. Equipment can either be stationary or mobile. Facility refers to the physical (clinic) site and its parts.
Health Information Management	The management of patient registration information and records.
Health Workforce Planning	Human resources planning.
Medication Management	Prescribing and actions that promote the safe and effective use of medications that help patients to achieve the targeted outcomes from medication therapy.

Term	Definition
Operations Management Category	Represents process areas that are specific to the operational and managerial aspects of a physician office.
Order Set	The prefilled ordering template or electronic protocol that is derived from evidence-based best practice guidelines.
Ordering and Receiving DI	The ordering of diagnostic imaging tests and the receipt of the results.
Ordering and Receiving Labs	The ordering of lab tests and the receipt of the results.
Patient Care Processes	Represents the process areas that are specific to patient encounters.
Patient Rostering/Paneling	The assignment of a patient to a specific provider.
Pharmaceutical Information Network (PIN)	An information management systems that links physicians, pharmacists, hospitals and other authorized healthcare providers, giving them confidential access to patient medication histories, and equipping them with decision-support tools for prescribing, dispensing and enabling electronic prescriptions.
Population Care Processes	Representation of process areas that are specific to the management of the patient population within that practice setting.
Preventative Screening	The proactive patient screening for disease and other possible ailments.
Privacy	<p>In the context of healthcare privacy, the right of an individual to be able to control access to as well as the collection, use and disclosure of his/her information. Privacy refers to how health information is protected from external sources and how it is monitored to control access as well as the collection, use and disclosure of patient health information.</p> <p>Privacy is part of the framework of legislated human rights in Canada that helps perpetuate a free and democratic society. In general, it can be defined as the right to be free from surveillance and to determine whether, when, how, and to whom, one's personal or organizational information is to be used and disclosed.</p> <p>In specific, privacy can be divided into four categories:</p> <ul style="list-style-type: none"> • Privacy of the person • Privacy of personal behavior • Privacy of personal communications • Privacy of personal data
Referral/Consult	A request from one practitioner that another practitioner render a service with respect to a specific patient.
Registration and Attachment	The registration of a patient, typically to obtain demographics; attachment refers to the assignment of a particular patient to a specific provider.
Role-Based Access	A system by which EMR users are grouped by functional area and provided access to the EMR based on the user's role.
Scheduling	Patient scheduling
Security	How the EMR is structured to ensure that the right provider has the appropriate access to patient information. Health information security means protecting the health information from unauthorized access, use or disclosure.
Smart Tools	Data entry tools (checklists, pick lists, templates).
Tagging	The assignment of keywords and/or search terms to an attached document with the EMR.
Templates	A standard form with pre-defined fields that can be generic or user-customized.

Term	Definition
Temporary Access Delegation	An account privilege type in which the user is temporarily allowed access to another user's account.
Transfer of Patient Data (ToPD)	The process of moving patient data from an existing EMR to a new EMR. The Health Information Standard Council of Alberta has identified over 300 data elements in a medical summary that support the continuity of patient care. ToPD is the format used to transfer the medical summary into the new EMR.
Treatment/Assessment	The encounter/care event that takes place between the provider and patient; it may or may not occur in person.