
Implementation:
Transition and Conversion

Transitioning your existing information system to a new system brings many challenges to your organization. Hidden costs, maintaining patient care, adjusting workflow and employee buy-in must all be kept in mind with the transition.

In many cases you may be purchasing a new system to replace archaic systems, integrate existing systems, or streamline the workflow processes. When considering transferring data from your existing system to your new system you should keep some points in mind;

- Clean up of data can and should be accomplished prior to conversion and implementation. For example,

A system may have "Cleveland Clinic" entered into as a referral source, it may also be in the system as "Clev. Clinic" as a provider and Clev Clinic Foundation as well. They all are the same entity but each record may contain different or more complete and accurate information. Which one is the master?

Some patients, caregivers and providers may be contained in the system under separate ID numbers. Some may have the same ID number as others in disparaged systems. When you are transferring these resources to the new system, will you manually renumber all resources?

- Generally, you will always want to change your data to a new and better schema and correct flaws from the outdated system. Just because you had to set things up in a convoluted way just to get it to work in the old system does not mean that you have to set it up the same way in the new system.
- Well thought out, planned cross-referencing early in the effort ensures the conversion process can move along without interruption. One example may be charge codes. In the old system it may have required that the charge codes were 3 digits and numeric and in the new system you may have the option of using 8 characters and alphanumeric. In this example you must plan to associate the old and new codes in a cross-reference file to insure that all the data associated with the old codes is associated with the new codes.

Another factor in deciding how to transition your data from one system to another may be the topology of your current information systems.

- Do you have multiple existing systems in use? Are any or some of them integrated with each other? Do you want any to integrate to the new system? This information helps set the conversion scope or scope of the conversion effort.
- Are any of the systems old DOS applications and technology that use proprietary file systems? Do any use industry standard formats like SQL? This gives an indication of the level of effort needed for conversion.
- How many patients do you have? (Residents, physicians, caregivers, referral sources, family members, insurance plans, supply codes, vendors, employees, general ledgers, chart of accounts, trust accounts). How many of the above are active, inactive or should be deleted? If you are planning on moving to a single database for your information you will need to consider a numbering schema, clean up of obsolete or incorrect data, and consider which information can or can't be transitioned to a new information system. Automated conversion accomplishes this task much more easily than manual conversion.

Transitioning your data also ensures continuity with existing practices, meaning less confusion for staff.

Choices for transition of data

1. *Hire temporary workers to key in your data.* These workers although sometimes less expensive have hidden costs of their own. They must be trained on the new system. Your key staff then requires thorough review of the data entry. Usually this is a more thorough method, but preparation time for cross-referencing and setup is still needed. Access to the go-live data is at risk. There is a lot of paperwork and chances to miss items with data entry clerks that are not familiar with your data and residents.
2. *Have your current staff key the information into the new system.* Unfortunately, this is what most software vendors consider "training". This is a long and frustrating job for your employees that takes them away from their key roles/jobs.

If information is converted manually, information will need to be printed out of the old system, scrubbed and cleaned up and then re-entered in the new system. Although cumbersome, this task could be easier if it could be done on-line, both systems side by side keying from one window to next, if both systems are similar.

Change to a new system will be difficult enough for many employees without requiring them to enter a whole set of data on top of their regular responsibilities, and then have to keep both systems updated and synchronized until the change over to the new system. Rather, let your best staff review and add to the results of a thoughtfully planned conversion effort, rather than force them to enter everything completely from scratch.

3. *Have your information converted.* Data is going to be transitioned one way or another. By having a transition plan, a conversion and data management team your implementation will be much smoother with:
 - Quicker cutover time. Saves time and headaches. Information is there and ready to access
 - Ensures continuity - less confusion and time spent by staff
 - Set the stage for success by better utilization of the new system.
 - More complete data converted. Some software vendors will tell you they have an import utility. Most of the time what is imported is the basic name, number and demographics of your patient. With a complete conversion, you could also receive diagnosis, contacts, schedules, notes etc.

Automated conversions ensure accuracy. They are easily reviewed and audited should questions arise. You can quickly request minor changes, updates and audit lists at little project cost.

Your data is a valuable asset that needs to be protected and managed so it can provide you with all the benefits you need. Success is essential because failure of the project is so expensive. A good project and transition management team will help ensure the success of your project, and data conversion is part of a basic transition management effort.