



Merging CPS databases

Two Clinics Want to Merge - How Do We Merge Their EMR Databases

Presenters

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Business problem:

Our clinic had acquired another clinic. We needed to merge the databases, minimizing any loss of clinical content.



Challenges:

- Developing common workflows
- Administration - creating users, appointment types, etc.
- Clinical content - encounter forms, flowsheets, handouts, etc.
- Clinical data - Problems, medications, allergies, immunizations, histories, etc.
- Documents - narratives, images, PACS pointers, lab reports, discharge summaries, consultation notes, other letters, etc.



Challenges:

- Insurance carriers
- Patients existing in both systems
- Duplicate patients in one or both systems
- Mapping of table values (doctor id, lab codes, vital signs, etc.)




Approach - Direct load

- Primary benefit - the old data retains the same internal linking and appearance to users will still be the same.
- CPS to CPS merge allows a direct load
- Map locations, doctors, users, patients
- Document types, appointment types



Approach - interface load (LinkLogic HL7 + encounter form)

- Any EMR to CPS or C-EMR
- Mapping everything - Lab mapping tool
- Clinical data - load obs terms 
 - Lose connection from obs term to document first entered
- Encounter form for loading problems, medications, allergies
- Document format - can source system export a document in clean format

Future projects

- Build direct load for other EMRs



Discussion

- There will be ample time for discussion and questions.

