

# Cut the scanning

To save time and money, be choosy about what documents to scan.

**G**Ps and practice managers often seek advice on what scanner to buy for their practice.

It's a difficult question for me because I have a negative attitude towards scanning. Scanning is time-consuming — too many documents are scanned, larger hard discs are needed, backups take longer and often little or no training is provided for staff.

At best, scanning could be seen as an interim measure until all health providers are able to transfer clinical information in electronic format in

a safe and secure environment. However, because of the many barriers in establishing user-friendly clinical encryption systems, scanning is a necessary evil.

Many practices use scanning because they want to become paperless. At my division, if there are queries about scanners and scanning I refer to those practices where it is working well.

But there are tips on traps to avoid with scanners. When buying a scanner you should avoid:

- Cheap units (anything under \$700).

- Flatbed scanners.
- Multifunction units.
- The scanner should:
  - Have a multi-sheet feeder.
  - Have good speed.
  - Be compact.

Issues to consider when you buy a scanner include:

- In Medical Director and other clinical software you should have only 5-6 'Document types', such as Letter, ECG or Photo, when you are naming scanned documents. Choose from the drop-down list rather than typing the document type. Use the description for the specifics of the scanned document (eg, "Letter from Dr So about such and such").
- Scan in black and white at low resolution. It isn't a beauty contest — the documents only have to be read. I



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have seen staff scanning in colour, which resulted in huge patient record files. The system ultimately crashed when it couldn't handle the size of the files.

- Limit the number of documents to be scanned. One GP wanted all his authority prescriptions scanned. Sometimes it is easier to type and save a summary of a document. If it is a specialist letter you should be able to contact the specialist for a full copy if necessary.

- If you are still getting paper radiology reports, it may be better to add them to your investigation results rather than scan them into your clinical software. In Medical

Director click on the 'Results' tab and then click the red plus sign in the toolbar (or right click in the results area and then select 'New result'). The 'Add investigation result' window will appear. Type in the test name and select requested and performed dates and then type in the results. The advantage of doing it this way is that it takes little disc space and is in the most logical location. A scanned result would go into the 'Documents' section.

Some of these tips may appear obvious but I have seen many examples in general practice where scanning causes problems and the subsequent need for data cleansing was time-consuming. Adequate staff training can prevent most scanning problems. ●