Clinical Documentation During System Down Time

OPS.074

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PURPOSE: To outline expectations for clinical documentation when the EPIC electronic record system is unavailable.

POLICY:

1. All clinical services include components that must be documented at the time of service. When the EPIC system is unavailable, ODCHC approved paper forms shall be used for documentation.

2. All paper documentation created when EPIC is unavailable shall be entered in to EPIC when service resumes, as follows:
    a. For down time of one hour or less: All departments shall enter all services in to EPIC as if no system down had occurred. Paper documents shall be shredded.

    b. For down time of one to four hours: All departments will enter all services in to EPIC as if no system down had occurred. Additional paid time shall be made available for completion of work. Paper documents shall be shredded.

    c. For down time of more than four hours: Critical information shall be entered in EPIC, as follows.
        i. Front Desk: Patients registered and checked in. Patient appointments made.

        ii. Lab: Orders completed. Labs resulted.

        iii. Back Office: Vitals. Phone messages.

        iv. Licensed Practitioners: Problem and Medication List updates. Medication refills. Orders made. Procedures performed. Visit Diagnosis, Program Area & Level of Service.

        v. Other information shall be entered at the discretion of the medical practitioner. Paper forms may be scanned by Medical Records in lieu of extensive charting in the record.

Approved

Cheyenne Spetzler

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