Downtime and Recovery – Cerner

Site Applicability

PHC Cerner Sites

Practice Level

Nursing, Allied Health, Providers, Clerks / Clinical Support Clerks (CSC)

Need to Know

1. During a Cerner downtime documentation of patient care will occur on PHC approved documentation tools

Procedure – During Downtime

General Instructions:

*   Master copies of documentation tools are in the downtime toolkit (box or binder). Copy only as needed when there is a planned downtime or an unplanned downtime occurs.

*   Downtime documentation tools are updated as needed by Professional Practice and distributed to clinical areas. For additional tools, updates or queries contact fsupport@providencehealth.bc.ca

*   Label all paper documentation used with a patient label or manually write patient's full name, MRN, and Encounter number. **Add the patient location to the label**. This is essential so lab, Imaging, pharmacy etc. know where to find the patient.

*   Patient Labels - In the event of a scheduled downtime, Cerner labels can be printed ahead (in addition to the recommended minimum maintained in the Chartlet). In the event of an unscheduled downtime, use the *CST Label and Facesheet.xls* program available on the 724Access Viewer workstation Downtime Folder to print the client labels required.

*   Place all paper documentation in the patient Chartlet.

*   For instructions on using the 724 Downtime Viewer Quick Reference Guide in the toolkit or on SHOP

Documentation Type	Instructions	Role/responsibility
Provider Orders See Orders Management Policy and Medication Order Requirements policy for more information	• Use the PowerPlans (where relevant) as a guide and/or blank preprinted orders available in the downtime toolkit on your unit to document orders. Do not use paper Powerplans for new orders. Pharmacy will not process these. Document on the blank PPO. • Fax all new orders and any new allergy information (updates and new patients) to pharmacy. Remember to include patient location on the order. • New medication orders are transcribed to the printed downtime MAR (from 724 or available in the downtime toolkit) • Complete BPMH using paper downtime tools if applicable	Nurse and Provider Nurse/CSC (Faxing) Nurse Provider/Pharmacist
Diet Orders	Communicate any new or changed dietary orders to nutrition services using the *Downtime Diet Order and Communication* form available in the downtime toolkit. In Long Term Care/Tertiary Mental Health sites: phone the kitchen	Nurse / CSC
Lab orders	Copy and complete the appropriate lab requisition from the downtime toolkit and send or take to lab (pneumatic tube/in person) Remember to include patient location on the requisition. ** Exception ED – call lab for urgent or STAT orders In Long Term Care/Tertiary Mental Health sites: Complete lab orders in Cerner after the downtime has ended if routine. For urgent bloodwork (today/tomorrow morning) complete downtime requisition and call lab.	Provider/Nurse/CSC (pneumatic tube/deliver)
Transfusion medicine (Acute Care)	• Copy and complete the *Transfusion Medicine Requisition* (LA080) from the downtime toolkit. Remember to include patient location on the requisition. • Fax, tube or hand-deliver requisition to Transfusion Medicine/ Lab (MSJ). If product is required STAT – call the Transfusion Medicine Laboratory (SPH 68003, MSJ 78208) • For pick-up of product already ordered provide completed blood product request form (NF166) from the downtime toolkit to the transfusion medicine lab/lab MSJ	Provider/Nurse Nurse/CSC

Documentation Type	Instructions	Role/responsibility
Medical Imaging orders (x-ray, ultrasound, CT, MRI)	Copy and complete the requisition from the downtime toolkit. Remember to include patient location on the requisition. Fax or tube to the appropriate department. In Long Term Care/Tertiary Mental Health sites: Complete medical imaging orders in Cerner after the downtime has ended	Provider/Nurse/CSC (faxing or pneumatic tube)
Medication Administration	Print the "Medication Orders (Current)" from the 724Access Downtime Viewer. Document medications administered during the downtime on this print out, or if there is insufficient room use the blank paper MAR from the downtime toolkit. Document any new medications ordered during the downtime on the downtime MAR or the paper MAR from the downtime toolkit. For TPN downtime workflow see Appendix B In **long term care**, document RCA medication delivery using code "3" on the paper MAR	Nurse/ CSC (printing the MARs)
General Documentation	All other documentation is completed on the unit/program/discipline specific downtime documentation tools or the Interdisciplinary Notes as per College and Organizational requirements	Nurse/Allied Health/Provider

Procedures – Following Downtime

Registration Recovery Procedures

Item	Instructions	Role/responsibility
If downtime MRN was assigned to patient (new admissions)	Add patient to Cerner using the "*Downtime Add Person*" Conversation. Manually add the downtime MRN Note: this needs to be done before using the "*Downtime Add Encounter*" Conversation If a duplicate MRN is found for a patient, continue to register the patient using the downtime MRN and inform the Data Quality Team that a merge needs to occur. Email: CRIS@providencehealth.bc.ca	CSC/Clerk
Client Encounters (new admissions)	Enter encounter into Cerner using the "*Downtime Add Encounter*" Conversation Manually enter the downtime encounter number. Back date/time the registration date/time as captured on the Downtime Registration/ADT Activity log	CSC/Clerk
Labels / Face sheets	Print and replace labels, as needed. Re-print face sheet, as needed.	CSC/Clerk

Nurses/Allied Health Clinicians/providers

All documentation completed on paper during the downtime becomes a part of the patient health record. For inpatients, after discharge the paper documentation will be scanned to the health record. For clinics, scanning is completed as per clinic usual processes, paper records are maintained in the clinic and when patient is discharged the chart is returned to medical records as per HIM standards.

Once Cerner is re-established and the downtime has ended some information will need to be entered into the patient's health record to aid continuing electronic documentation and seamless patient care.

Consider before back entry:

- Error potential when transcribing information
- College requirements for documentation and documentation of care provided by others

Review and add to the electronic health record:

1. Height and weight if measured during downtime. This is necessary for medication orders.

2. Allergy Intolerance status – new or changes

3. Any new process alerts (falls, violence, infection control, DNAR etc.)

4. Last set of vital signs (VS) taken during the downtime (use clinical judgement to determine if more than one set of VS should be entered)

5. If fluid balance is being monitored, add total in and out measured during downtime

6. New admission Best Possible Medication History (BPMH) – required for completion of admission or discharge medication reconciliation.

7. Update eMAR:

   a) For all medications administered during downtime, click "given" and in the comment field enter "Downtime from [start] hours to [end] hours, see paper MAR" and/or add relevant time as administered (e.g. PRN medications)

   b) For all active medications NOT administered during downtime, click "not given" and in the comment field enter "Downtime from [start] hours to [end] hours, see paper MAR" and a reason why not administered.

   c) Reconcile tasks fired for medication administration due during downtime

   d) Reconcile tasks fired for medication ordered during downtime and newly added to Cerner by pharmacy (also see step a)

8. Orders

Order Type	Recovery Process	Role Responsible
PATIENT CARE Orders or PowerPlans (not orders for medications – for medication see Pharmacy section)	• Back enter all current / future orders (orders that affect future care) that are on-going after downtime, except those that have been faxed/tubed to a receiving department (e.g. consults). • Do not back enter any orders that have been completed in their entirety during downtime. • Medications ordered during downtime will be entered by Pharmacy	Nurse/provider
Diagnostic Test Orders – LAB	• Enter into Cerner any lab orders for ongoing laboratory tests only if the requisition was not sent to the lab (e.g. Twice weekly TPN bloodwork), orders in Long Term Care /Tertiary Mental Health • Do not enter orders for lab tests for which the requisition has been sent. They will be managed by the lab	Nurse

Order Type	Recovery Process	Role Responsible
Diagnostic Test Orders – MEDICAL IMAGING	• Enter into Cerner diagnostic imaging orders that have not been sent to the department via paper requisition, orders in Long Term Care/Tertiary Mental Health • Do not back enter medical imaging orders for which the requisition has been sent. They will be managed by the department.	Nurse

9. Admissions and Discharges
   Emergency Department

    a. Patient admitted before downtime occurs and discharged during downtime (ED)

        i. Discharge must be entered into Cerner (registration/CSC)

        ii. All documentation on paper is sent to Health Information Management for scanning

    b. Patient admitted and discharged during the downtime (ED)

        i. Document on paper records.

        ii. Admission and Discharge entered into Cerner (Registration/CSC)

    c. Patient admitted before downtime occurs, still in ED after downtime ends

        i. Document on paper during downtime. Follow downtime recovery instructions (above in document)

Ambulatory Care settings

    a. See Registration Recovery

    b. Back enter into the Electronic Health Record any information required for associated systems (downstream information e.g. Cardiac Services BC CVI Source system) as per program/area protocols.

10. **Pharmacist Recovery Procedures**

MEDICATION Orders	• Medications reviewed and reconciled and any new ongoing orders are entered into Cerner.	Pharmacist *For detailed pharmacy procedures, see pharmacy policies and guidelines*

Related Documents

1. Downtime Toolkits available in each clinical area

References

College of Physical Therapists of British Columbia (2018*). Practice standard number 8: Documentation and Record Keeping*. Retrieved January 28 2020 from http://cptbc.org/wp-content/uploads/2014/04/Practice-Standard-1-Clinical-Records.pdf

College of Nursing Professionals of British Columbia: Documentation Practice Standard Publication 334 (September 2019). Canada, British Columbia. Available from https://www.bccnp.ca/Standards/all_nurses/harmonized/Pages/Default.aspx

Appendix A: Processing Provider Orders During a Downtime

Note: Clinical Support Clerks do not process orders but can assist nurses by sending faxes or making phone calls

- All orders placed during a downtime must be processed and verified by a nurse. Any discrepancies or ambiguity must be clarified with the prescriber

- All new orders are documented on a blank prescribers order form (PHC-PH099) or approved downtime PPO, according to the Orders Management policy

- Complete a "chart check" at least Q24h to review for new or unprocessed orders. Refer to Order Management for principles

Order Processing (nurses)

Indicate on the prescribers order form next to each order the action taken along with your initials

Order Type	Action examples to document
Laboratory orders	Req sent to lab
Dietary orders	Order sent to kitchen
Diagnostic Tests	Req faxed to x-ray
Treatment Orders	Note if completed (e.g. done), ensure if ongoing care will be required that this information is passed on at shift change and/or updated in PowerChart when the downtime is over
Consult Orders	Message left
Medication orders	MAR

To complete medication order processing:

1. Transcribe all the medication information to the paper MAR:
   a. medication name,
   b. medication dose,
   c. dosage form, e.g. oral liquid
   d. route of administration,
   e. frequency of administration, including scheduled medication time(s)
   f. duration (if applicable, e.g. antibiotics)
   g. For PRN medications include the specified frequency and/or maximum daily dose and indication.

Appendix B: Parenteral Nutrition/Total Parenteral Nutrition Downtime and Recovery

Parenteral Nutrition/Total Parenteral Nutrition (PN/TPN) is ordered and viewed in Cerner through a PowerForm.

In a downtime, the TPN PowerForm can be viewed and printed from the 724Access Viewer under Documents. The PowerForm can be used to conduct the product check prior to administration. The rate and acceptable range will also be populated on the downtime MAR, though not the TPN components.

The 724Access Viewer retains documents for 7 days, if the TPN prescription is older than 7 days, then contact pharmacy for a copy of the prescription.

Document administration of the TPN and lipids if applicable on the downtime paper MAR, indicating start time, stop time, and any changes as appropriate. Upon uptime, document in the Cerner MAR when the infusion was started or stopped.

To order new TPN or change TPN in a downtime, the TPN team will use a paper PPO found in the downtime toolkits which will be faxed to pharmacy. Upon uptime the orders will be entered into Cerner by pharmacy.

Downtime MAR:

Continuous Medication Orders		✓=completed [ ]=due ▲=modified
INTRALIPID 20% 20 g		
order rate: 8.33 mL/h, IV, drug form: bag, start: 27-Mar-2023 22:00 PDT, volume (mL): 100 Order Comment:**Discard Unused Portion of Bag** Infuse lipid from 2200h to 1000h (12 hours) Contains purified soybean oil Dispensed as 250 mL bag		Ordering Provider: TestUser, GeneralMedicine-Physician, MD
Mar 31, 2023 23:00 -22:59	**Mar 30, 2023** 23:00 -22:59	**Mar 29, 2023** 23:00 -22:59

parenteral nutrition (PN/TPN) 1,000 mL		
order rate: 41.7 mL/h, IV, drug form: bag, start: 27-Mar-2023 18:00 PDT, volume (mL): 1,000, acceptable range: 998 mL to 1,002mL		Ordering Provider: TestUser, GeneralMedicine-Physician, MD
Mar 31, 2023 23:00 -22:59	**Mar 30, 2023** 23:00 -22:59	**Mar 29, 2023** 23:00 -22:59
		10:00 Begin Bag 1,000 mL-Bag #1 41.7 mL/h - - - - - 10:45 Infuse 41.7 mL 41.7 mL total parenteral nutrition - - - - -

Persons/Groups Consulted

Practice Consultants, PHC Professional Practice

Pharmacy

Downtime project lead CST

PHC Nurse Educator Group

PHC Unit Coordinator Education Coordinator

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