



Provincial Health Services Authority

## MEDICAL IMAGING DOWNTIME PROCEDURE

### Summary of Changes

	NEW	Previous
BC Cancer	<p>CERNER AMBULATORY DOWNTIME PROCEDURE</p> <p>Applicable to:</p> <p>Medical Imaging Department, Vancouver Cancer Center</p>	CAIS DOWNTIME PROCEDURE

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# Medical Imaging Downtime Procedures

## 1. Introduction

### 1.1. Focus

To provide instructions and delineate roles and responsibilities for program required documentation in the event of downtime, including data recovery procedures when uptime resumes.

### 1.2. Health Organization Site Applicability

BC Cancer Center Medical Imaging Cerner Users

### 1.3. Practice Level

- Diagnostic Imaging
  - CT
  - Ultrasound
  - MRI
- All other users in the medical imaging department at VCC

### 1.4. Definitions

#### Planned Downtime

- Occurs at a scheduled time to minimize impact to patient care.
- Scheduled to complete system maintenance or upgrades.

#### Unplanned Downtime

- Occurs unexpectedly.
- Length is unknown and dependent on the time required to identify and remediate the cause.
- Results from hardware failure, power outage, or network outage.

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## 1.5. Need to Know

- **This document can be used in supplement with other clinic specific downtime procedures/forms that have been determined.**
- A Visio guide is also available in you downtime guides
- Downtime procedures are available on SHOP
  - [http://shop.healthcarebc.ca/\\_layouts/15/DocIdRedir.aspx?ID=SHOP-1273641220-966](http://shop.healthcarebc.ca/_layouts/15/DocIdRedir.aspx?ID=SHOP-1273641220-966)
- Downtime forms are available on SHOP
  - [http://shop.healthcarebc.ca/\\_layouts/15/DocIdRedir.aspx?ID=SHOP-1273641220-967](http://shop.healthcarebc.ca/_layouts/15/DocIdRedir.aspx?ID=SHOP-1273641220-967)
- Chemo PPO's available on BC Cancer Website or H/Drive
  - <http://www.bccancer.bc.ca/health-professionals/clinical-resources/chemotherapy-protocols>
  - H:\EVERYONE\SYSTEMIC\Chemo\Orders
- PPO's available from CST share-point or in paper form in your downtime guides
- Clinic discretion has been determined as paramount in a downtime, procedures and determined roles are to serve as guidelines. Clinical judgement that prioritizes patient care and safety should be prioritized in the event of a downtime.

## 1.6. Equipment and Supplies

- Downtime Guides
- Downtime Tool-Kits
- Downtime Forms
- 7/24 downtime viewers

## 724Access® Downtime Viewer and 724 Computers

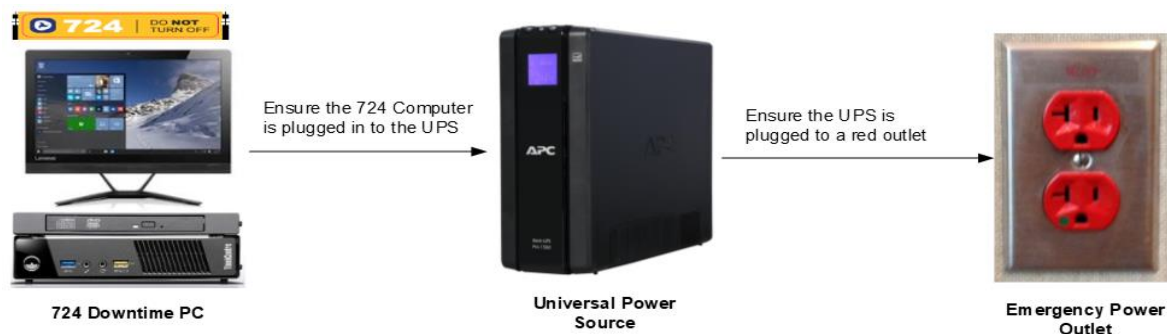
To ensure that the 724 computer is fully functional and usable during a downtime, complete the checklist of activities below before a planned downtime:

- Ensure the 724 downtime computer is always powered on and is connected to the network.
- Do not hold down the power button to shut down the computer unless instructed by IMITS or Service Desk for troubleshooting purposes. Pressing the power button to turn off the computer prevents it from shutting down properly, and could potentially corrupt the patient downtime data that is locally installed on it.

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- Check that the 724 computer is connected to the Universal Power Source (UPS). The UPS is connected to a red plug that allows the computer to run on emergency power during a power outage. See the diagram below for reference. This step is not applicable to those sites without emergency power.



- If a printer is connected to the 724 computer, check that the printer is also plugged into the Emergency Power Outlet. This step is not applicable to those sites without emergency power.

## 2. Procedure

### 2.1. Steps and Rationale

#### Planned vs Unplanned?

Site informed through the IMITS process.

- If downtime is planned, date and time is provided.
- If downtime is unplanned, continuous updates and delay estimates will be relayed

#### If Planned

- Alert staff/clinical leads of date and time
- Print required patient information
- Distribute/locate paper forms as needed
- Print Clinic Schedule if not already printed


#### If Unplanned

- Assess the type of downtime – Network? Power?
- Utilize 7/24 viewers

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- Locate paper forms/procedures in downtime guides/tool-kit
- Leverage other clinical applications in your clinic (e.g., CareConnect, ARIA, ClearDent, etc..)

	<b>Title:</b> CERNER SYSTEM DOWN		
	<b>Role performing activity:</b> MI Clerical staff		
	<b>Location:</b> BCC- VA	<b>Department:</b> Medical Imaging	
	<b>Document Owner:</b> Imaging Informatics Coordinator		
<b>WORK STANDARD</b>	<b>Date Prepared:</b> May 11, 2021	<b>Last Revision:</b>	<b>Date Approved:</b>

No:	Essential Tasks
1	Locate Code Grey Bin in your area. Answer calls and ask wards to fax hand written requisitions for Inpatients.
2	Ensure there is a requisition for each patient.
3	Staple a <b>CERNER downtime worksheet</b> to the front of each requisition.
4	All registration, admission, transfer and discharge activity that occurs over the course of a downtime must be recorded on the <b>Downtime Registration/ADT Activity Log</b> kept in each unit.
5	Check for an existing pre-registration for the patient in Cerner 724 system on special workstation. If an existing pre-registration is found, use the MRN and encounter number from the pre-registered encounter. Write the MRN and Encounter number on the downtime worksheet and confirm the patient's demographics and address.  What to do if patient cannot be found in 724 computer:

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	<p>If patient cannot be found in 724 system, search for the patient in HealthNet and check if the patient has an existing CST Cerner/Cerner MRN, assign an encounter number from the List of CST/Cerner Downtime Encounter numbers stored in the Code Grey box if this is the first visit of the day.</p> <p>For all patients with no pre-existing MRN, assign a new MRN from the List of CST/Cerner Downtime Medical Record Numbers (MRNs) and assign an encounter number from the List of CST/Cerner Downtime Encounter numbers stored in the Code Grey box. Fill the patient's information next to the MRN assigned and include your name in the 'Assigned by' column</p> <p>If applicable, obtain the <b>Accident Related Information form</b> from the code grey box and complete the form.</p>
6	Call into the tech area to let them know patient arrived in department.
7	Give technologist the paperwork
8	<u>Clerical Supervisor</u> —pick up completed requisition from each modalities <u>once system is up</u> .
9	Use the ADT log to check in all the downtime patients, staple the Cerner active requisitions with the downtime requisitions, and give to PACs Admin.
10	For the non-preexisting patients the ADT log will have to be submitted to Registration team for entry


 Provincial Health Services Authority	<b>Title:</b> CERNER Down		
	<b>Role performing activity:</b> MI Technologist		
<b>WORK STANDARD</b>	<b>Location:</b> BCCA	<b>Department:</b> Imaging Informatics Department (PACS)	
	<b>Document Owner:</b> PACS Team		
	<b>Date Prepared:</b>	<b>Last Revision:</b>	<b>Date Approved:</b>

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	May 11, 2021		
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No:	Essential Tasks
1	Locate Code Grey Bin in your area.
2	A RIS downtime worksheet for each requisition will come from clerical staff. Please ensure it is filled out completely and properly. (must be readable)
3	Place the provided downtime accession number on worksheet for each procedure
4	Manually enter the patient demographics into the modality
5	Perform exam as usual, and document any additional information on requisition. (multiple exams, Bill only, etc)
6	Remember to <b>fully</b> complete the worksheet with name, location (ie, US1 vs US2, MAM1 vs MAM2), time in/out on the worksheet (print clearly),
7	Archive images, verify images in WebDI under exception tab, and then scan in all documents (except the worksheet), staple worksheet to requisition and place in Code Grey tray.
8	<b>Post Code Grey:</b> If possible, please complete the exams in OnlineWorkList. As well, scan in the Cerner requisitions with accession number. <b>**Do not forget to communicate what was done to either PACS team or supervisor**</b>

 Provincial Health Services Authority	<b>Title: Code Grey Recovery</b>		
	<b>Role performing activity:</b> MI Department		
<b>WORK STANDARD</b>	<b>Location:</b> BCCA	<b>Department:</b> Medical Imaging	
	<b>Document Owner:</b> Imaging Informatics Coordinator		
	<b>Date Prepared:</b> May 13, 2021	<b>Last Revision:</b>	<b>Date Approved:</b>

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No:	Essential Tasks
1	Once system is back up, clerical staff will collect all Code Grey tray from each modalities and start arriving patients in system. Requisition with accession # will be generate, print and then attached to original requisition
2	IIC/IIT will pick up code grey tray from MI clerical area after entry into system. With assistance from Technologist, complete all exams in RadNet, and scan in requisition with accession #.
3	IIC/IIT resolve images in PACS to correct accession #.
4	Radiologist can start reporting in FFI
5	***NOTE: any stat exams with verbal report will be given to corresponding radiologist to report***

### 2.2. Site Specific Practices

- Currently only validated for Vancouver Cancer Center

## 3. Related Documents and References

### 3.1. Related Documents

- None to date

### 3.2. References

## 4. Appendices

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