



Provincial Health Services Authority

# AMBULATORY DOWNTIME PROCEDURE

## Summary of Changes

	NEW	Previous
BC Cancer	<p>CERNER AMBULATORY DOWNTIME PROCEDURE</p> <p>Applicable to:</p> <p>Ambulatory Care Unit – ACU Ambulatory Care Chemo Unit – ACCU Allied Health Clinics (LEAF, Speech and Language, Pain and Symptom Management, Patient and Family Counselling, Sexual Health Clinics, Nutrition) Clinical Trials Dentistry Radiation Therapy Hereditary Cancer Clinic Functional Imaging</p>	CAIS DOWNTIME PROCEDURE

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# Ambulatory 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 Ambulatory Clinic Cerner Users

### 1.3. Practice Level

- Ambulatory Care Unit – ACU
- Ambulatory Care Chemo Unit – ACCU
- Allied Health Clinics (LEAF, Speech and Language, Pain and Symptom Management, Patient and Family Counselling, Sexual Health Clinics, Nutrition)
- Clinical Trials
- Dentistry
- Radiation Therapy
- Hereditary Cancer Clinic

### 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

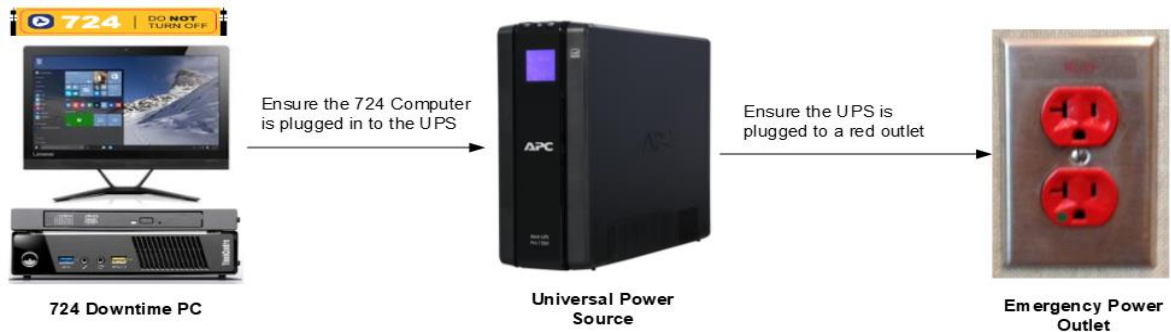
To ensure that the 724 computer is fully functional and usable during a downtime, complete the checklist of activities below before a planned downtime:

- 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.
- 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

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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
- Locate paper forms/procedures in downtime guides/tool-kit

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- Leverage other clinical applications in your clinic (e.g., CareConnect, ARIA, ClearDent, etc..)

### Clerks or designated HCP role:

#	Workflow Step	Downtime Action	Role Responsible
1.	Pre-downtime	<ul style="list-style-type: none"> <li>• Print patient schedule from 7/24, or utilise a pre-printed copy. Distribute copies as needed to staff.</li> </ul>	Clerk or HCP with 7/24 access
2.	Registration	<ul style="list-style-type: none"> <li>• If registering new patients, follow downtime registration procedures available in downtime guides.</li> </ul>	Clerk or HCP with Downtime Registration Training
3.	Check-in	<ul style="list-style-type: none"> <li>• If arrival is noted in Cerner, note patient arrival on day sheet and alert provider/staff of patient arrival.</li> <li>• Depending on clinic, alert staff of patient arrival via verbal indication or by phone.</li> </ul>	Clerk or designated HCP
4.	If downtime MRN was assigned to patient	<ul style="list-style-type: none"> <li>• Add client to Cerner using the Downtime Add Person Conversation. Manually enter the downtime MRN.</li> </ul>	Clerk or designated HCP
5.	If Downtime Encounter Number was assigned to patient	<ul style="list-style-type: none"> <li>• Enter encounter into the system 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.</li> </ul> <p><b>** If a Downtime Encounter Number is used, but a pre-registration for the same visit is noticed. The pre-registration must be discharged/cancelled as appropriate.</b></p>	Clerk or designated HCP
6.	If there is an existing encounter, update Encounter - SchApptBook	<ul style="list-style-type: none"> <li>• Refer to paper logs (Downtime Activity Log, Printed Clinic Schedule, etc...) to update the patient appointment status.</li> <li>• Use the Patient Forms to complete patient and encounter information. Backdate registration date/time to the actual date/time of the patient arrival.</li> <li>• Use the Cancel Encounter or Discharge Encounter conversations as appropriate for patients who did not arrive or at the end of treatment (i.e. recurring encounters).</li> </ul>	Clerk or designated HCP
7.	Future visits	<ul style="list-style-type: none"> <li>• Refer to paper documentation (for example, referral paperwork, clinic notes) for an indication that a pre-registered encounter is required for a future visit.</li> </ul>	Clerk or designated HCP
8.	If Scheduling	<ul style="list-style-type: none"> <li>• Back enter the appointment to the time slot as indicated</li> </ul>	Clerk or

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	Add-ons are required	verbally or on paper. If downtime registration is required, registration data recovery MUST be completed in PM Office before any updates to the schedule are entered.	designated HCP
9.	Confirm Booking – Add Ons	<ul style="list-style-type: none"> <li>Confirm and set encounter to the downtime encounter. Do NOT Add Encounter.</li> </ul>	
10.	Appointment types with Orders	<ul style="list-style-type: none"> <li>For appointment types with orders, users must back enter these orders to complete the appointment attributes.</li> <li>For appointment types with orders, users must back enter these orders to complete the appointment attributes.</li> <li>If downtime orders were documented on paper, the appointment order may be required prior to matching up orders in downstream systems (e.g. MUSE).</li> <li>If the appointment order is a duplicate order, please cancel as required.</li> </ul>	

### Providers/Nurses/Allied Health Clinicians/Radiation Therapist/Nutritionist/Other designated HCP:

#	Workflow Step	Downtime Action	Role Responsible
1	Downtime Schedule	<ul style="list-style-type: none"> <li>Refer to printed clinic schedule for appointments</li> </ul>	Clinic specific HCP (see above):
2	View patient information	<ul style="list-style-type: none"> <li>Review patient information in 724: <ul style="list-style-type: none"> <li>Patient list</li> <li>Scheduled appointments</li> <li>Search Appointments</li> <li>Patient Information</li> <li>Allergies</li> <li>Lab Results</li> <li>Vital Signs</li> <li>Orders Profile</li> <li>Documents</li> <li>Orders</li> <li>PowerPlans (some)</li> <li>MAR</li> </ul> </li> </ul>	Clinic specific HCP (see above):

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		<ul style="list-style-type: none"> <li>○ Intake / Output</li> <li>○ Pharmacy Fill List</li> <li>○ Lab collection search</li> <li>● Or utilize Care Connect, ARIA, ClearDent or other clinical applications that are still available.</li> </ul>	
3	PowerPlans	<ul style="list-style-type: none"> <li>● Chemo Powerplans available on BC Cancer Website and H/Drive</li> <li>● PowerPlans available on 7/24 viewer</li> <li>● Access paper forms required from SHOP, downtime tool-kit or any other avenue available in clinic.</li> </ul>	Clinic Specific HCP
4	Clinic Appt	<ul style="list-style-type: none"> <li>● Complete patient assessment and document on paper</li> </ul>	Clinic specific HCP (see above):
5	Verbal orders from Provider?	<ul style="list-style-type: none"> <li>● Refer to paper orders for changes to current treatment, if applicable Communicate with Pharmacy and TML that patient is ready and reprint requisition from 724 as needed</li> </ul>	Clinic specific HCP (see above):
6	Assessment	<ul style="list-style-type: none"> <li>● Call provider to address change in patient status (e.g. adverse reaction) - may receive verbal orders as necessary</li> </ul>	Clinic specific HCP (see above):
7	Documentation	<ul style="list-style-type: none"> <li>● Document assessment, treatment, and patient status on paper – Grading of the reaction; Transfusion Reaction form; Treatment complete, etc...</li> </ul>	Clinic specific HCP (see above):
8	Retain the chartlet	<ul style="list-style-type: none"> <li>● Keep a record of patients and orders for remediation during Uptime</li> </ul>	Clinic specific HCP (see above):

### 2.2. Site Specific Practices

- Currently only validated for Vancouver Cancer Center

### 2.3. Documentation

#### Nurses/Allied Health Clinicians/Radiation Therapist/Nutritionist/Other designated HCP:

All documentation completed on paper during the downtime becomes a part of the patient health record. For clinics, scanning is completed when uptime resumes. However, if the document cannot be scanned to the correct section of the CST electronic health record, the document should then be retained in a secure area as per Standard Operating Procedure, until such time as the document can be successfully indexed to the electronic health record.

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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
- The recording clinician may want to add a note in the encounter to indicate when the downtime period occurred and that there is additional documentation on the patient in the clinical documents section of the electronic record.

### Review and back enter to the CST 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. If applicable, depending on the reason for the visit, or prescribing medication, complete a Best Possible Medication History (BPMH).
7. Update eMAR from the form 1295-Medication Administration Record:
  - 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 (as above) 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 (as above) and a reason why not administered.
8. Orders

Order Type	Recovery Process	Role Responsible
<b>PATIENT CARE</b> Orders (separate from medication orders)	<ul style="list-style-type: none"><li>• Back enter all current / future orders (orders that affect future care) that are on-going after downtime, except those that have been faxed to a receiving department (e.g. consults).</li><li>• Do not back enter any orders that have been completed in their entirety during downtime. Those orders will be documented on the relevant downtime form and these will be scanned to the patient chart once CST uptime resumes.</li></ul>	NP, MD



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<b>Diagnostic Test Orders – LAB</b>	<ul style="list-style-type: none"><li>• Enter into Cerner any lab orders for ongoing laboratory tests only if the requisition was not sent to the lab.</li><li>• Do not enter orders for lab tests for which the requisition has been sent. They will be managed by the lab (Sunquest facility) or by private labs such as Excelleris.</li></ul>	NP, MD
<b>Diagnostic Test Orders –MEDICAL IMAGING</b>	<ul style="list-style-type: none"><li>• Enter into Cerner diagnostic imaging orders that have not been sent to a Medical Imaging department via paper requisition that has been faxed.</li><li>• Do not back enter medical imaging orders for which the requisition has been sent. They will be managed by the department that processes the orders.</li></ul>	NP, MD

### 3. Related Documents and References

#### 3.1. Related Documents

- None to date

#### 3.2. References

### 4. Appendices

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<b>Approving Body:</b>	Multidisciplinary, please refer to downtime coordinators list via Center Services Manger.		
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	ACCU	Julie Bedford	
	ACU	Luminita Nica, Angela Therman, Muneira Humrani, Lovedeep Dhillion, Sharon Rai	
	Allied Health Clinics	Melanie McDonald, Lumi Nica	
	Clinical Trials	Paulo Paralejas, Kate Saunders	
	Dentistry	Susanna Chow, Suzanne Carlisle	
	Radiation Therapy	Ian Sun, Lorraine Geddes	
	Hereditary Cancer Clinic	Mandy Jevon	
	Functional Imaging	Tina Alden	
<b>Final Sign Off:</b>	<b>Name</b>	<b>Title</b>	<b>Date Signed</b>
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<b>Posted Date:</b>	7-JUN-2021		
<b>Version:</b>	1.0		
<b>Revision:</b>	<b>Name of Reviser</b>	<b>Description</b>	<b>Date</b>