# ACUTE CARE DOWNTIME PROCEDURE

## Summary of Changes

| | NEW | Previous |
|---|---|---|
| BC Cancer | CERNER ACUTE CARE DOWNTIME PROCEDURE<br><br>Applicable to:<br><br>In-patient ward – Vancouver Cancer Center<br><br>Medical Day Care – Vancouver Cancer Center | CAIS DOWNTIME PROCEDURE |

# 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 Acute Care Cerner Users

## 1.3.     Practice Level

- In-patient ward, VCC
- Medical Day Care, 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.

## 1.5.       Need to Know

- **This document can be used in supplement with other clinic specific downtime procedures/forms that have been determined.**
- Downtime procedures are available on SHOP
    - 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
- 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.
- A Visio guide is also available in your downtime guides

## 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 during a power

outage. See the diagram below for reference. This step is not applicable to those sites without emergency power.



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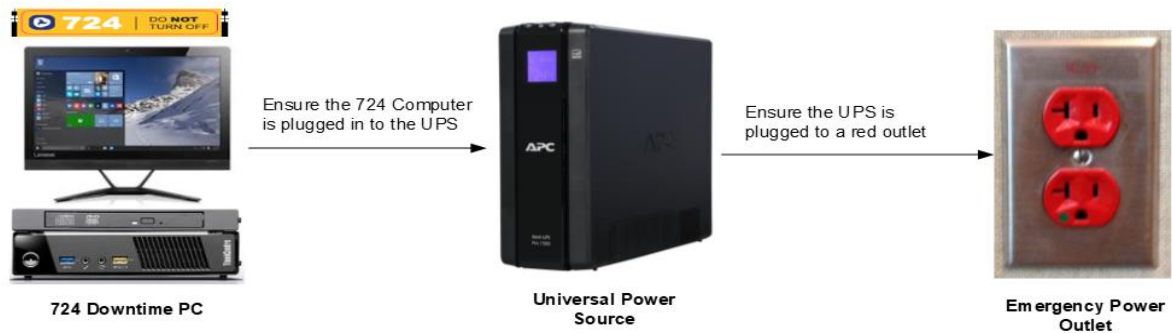
- If a printer is connected to the 724 computer, check that the printer is also plugged into the Emergency Power Outlet. This step is not applicable to those sites without emergency power.

## 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

- 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 | • Print patient schedule from 7/24, or utilise a pre-printed copy. Distribute copies as needed to staff. | Clerk or HCP with 7/24 access |
| 2. | Registration | • If registering new patients, follow downtime registration procedures available in downtime guides.<br><br>• If registering new patients after hours:<br>1. Call LGH ED Registration if there is a patient that needs to be admitted to the inpatient unit after hours.<br>2. If BCC VCC CST is down and CST LGH is up, LGH ED Registration can register the patient as per uptime procedures. If CST is down at both sites, LGH ED Registration will provide BCC VCC inpatient unit with downtime numbers as required.<br>3. In cases where a patient is admitted to the BCC VCC inpatient unit, assigned downtime numbers, discharged and transferred to VGH, the inpatient unit will need to use the CST ADT patient tracker form to track this activity.<br>4. When uptime resumes, confirmation is required to determine who will complete the data recovery procedures (LGH ED Registration, or BCC VCC Registration). Karin Eyres to discuss with stakeholders. | Clerk or HCP with Downtime Registration Training |
| 3. | Check-in | • If arrival is noted in Cerner, note patient arrival on day sheet and alert provider/staff of patient arrival.<br>• Depending on clinic, alert staff of patient arrival via verbal indication or by phone. | Clerk or designated HCP |
| 4. | If downtime MRN was assigned to patient | • Add client to Cerner using the Downtime Add Person Conversation. Manually enter the downtime MRN. | Clerk or designated HCP |
| 5. | If Downtime Encounter Number was | • Enter encounter into the system using the Downtime Add Encounter conversation. Manually enter the downtime encounter number. Back date/time the | Clerk or designated |

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|---|---|---|---|
| | assigned to patient | registration date/time as captured on the Downtime Registration/ADT Activity Log.<br>** 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. | HCP |
| 6. | If there is an existing encounter, update Encounter - SchApptBook | • Refer to paper logs (Downtime Activity Log, Printed Clinic Schedule, etc…) to update the patient appointment status.<br>• Use the Patient Forms to complete patient and encounter information. Backdate registration date/time to the actual date/time of the patient arrival.<br>• 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). | Clerk or designated HCP |
| 7. | Future visits | • Refer to paper documentation (for example, referral paperwork, clinic notes) for an indication that a pre-registered encounter is required for a future visit. | Clerk or designated HCP |
| 8. | If Scheduling Add-ons are required | • Back enter the appointment to the time slot as indicated 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. | Clerk or designated HCP |
| 9. | Confirm Booking – Add Ons | • Confirm and set encounter to the downtime encounter. Do NOT Add Encounter. | |
| 10. | Appointment types with Orders | • For appointment types with orders, users must back enter these orders to complete the appointment attributes.<br>• For appointment types with orders, users must back enter these orders to complete the appointment attributes.<br>• If downtime orders were documented on paper, the appointment order may be required prior to matching up orders in downstream systems (e.g. MUSE).<br>• If the appointment order is a duplicate order, please cancel as required. | |

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

| # | Workflow Step | Downtime Action | Role Responsible |
|---|---|---|---|
| 1 | Downtime Schedule | • Refer to printed clinic schedule for appointments | Clinic specific HCP (see above): |
| 2 | View patient information | • Review patient information in 724:<br>   o Patient list<br>   o Scheduled appointments<br>   o Search Appointments<br>   o Patient Information<br>   o Allergies<br>   o Lab Results<br>   o Vital Signs<br>   o Orders Profile<br>   o Documents<br>   o Orders<br>   o PowerPlans (some)<br>   o MAR<br>   o Intake / Output<br>   o Pharmacy Fill List<br>   o Lab collection search<br>• Or utilize Care Connect, ARIA, ClearDent or other clinical applications that are still available. | Clinic specific HCP (see above): |
| 3 | PowerPlans | • Chemo Powerplans available on BC Cancer Website and H/Drive<br>• PowerPlans available on 7/24 viewer<br>• Access paper forms required from SHOP, downtime tool-kit or any other avenue available in clinic. | Clinic Specific HCP |
| 4 | Clinic Appt | • Complete patient assessment and document on paper | Clinic specific HCP (see above): |
| 5 | Verbal orders from Provider? | • 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 | Clinic specific HCP (see above): |

| 6 | Assessment | • Call provider to address change in patient status (e.g. adverse reaction) - may receive verbal orders as necessary | Clinic specific HCP (see above): |
| 7 | Documentation | • Document assessment, treatment, and patient status on paper – Grading of the reaction; Transfusion Reaction form; Treatment complete, etc… | Clinic specific HCP (see above): |
| 8 | Retain the chartlet | • Keep a record of patients and orders for remediation during Uptime | Clinic specific HCP (see above): |

## 2.2.　　　Site Specific Practices

• Currently only validated for Vancouver Cancer Center

## 2.3.　　　Documentation

### 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.
• Label all paper documentation used with a patient label or manually write patient's full name, MRN, and Encounter number.
• 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 | • Chemo Powerplans available via BC Cancer Website, and on H/Drive<br><br>• Select PowerPlans will be available on SHOP<br><br>• Other powerplans will be available as blank preprintedorders available in the downtime toolkit on | Designate HCP.<br><br>Clinic dependent |

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| | your unit.<br>• Fax/verbally informal staff of all new orders and any new allergy information(updates and new patients), also update pharmacy.<br>• New medication orders are transcribed to the printed downtime MAR (from 724 or available in the downtime toolkit) | |
| Diet Orders | Communicate any new or changed dietary orders to nutrition services via phone call.<br><br>If required, can print and access using the Downtime Diet Order and Communication form.<br><br>If diet orders captured in Cerner then remediate during uptime. | Designate HCP.<br><br>Clinic dependent |
| Lab orders | Copy and complete the appropriate lab requisition from the downtime toolkit or SHOP, and send or take to lab pneumatic tube, in person or via taxi cab.<br><br>Complete lab orders in Cerner after the downtime has ended if routine. For urgent bloodwork (today/tomorrow morning) complete requisition (available on SHOP) and call lab.<br><br>Labels available in downtime tool-kit and printable from 7/24. | Designate HCP.<br><br>Clinic dependent |
| Transfusion medicine<br><br>(Acute Care) | • Copy and complete the Transfusion Medicine Requisition (LA080) from the downtime toolkit/SHOP.<br>• TM PPO's available on website if network available.<br>• Can call blood bank for faxed a requisition<br>• Fax, tube, taxi, or hand-deliver requisition to Transfusion Medicine/ Lab (VGH). | Designate HCP.<br><br>Clinic dependent |
| Medical Imaging orders<br><br>(x-ray, ultrasound, CT, MRI) | Copy and complete the requisition from SHOP or the downtime toolkit. Fax or tube to the appropriate department.<br><br>or: Complete medical imaging orders in Cerner after the downtime has ended | Designate HCP.<br><br>Clinic dependent |
| Medication Administration | Print the "Medication Orders (Current)" from the 724Access Downtime Viewer.<br><br>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.<br><br>Document any new medications ordered during the downtime on the downtime MAR or the paper MAR from the downtime toolkit | Designate HCP.<br><br>Clinic dependent |

| 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<br><br>Health/Provider |
|---|---|---|

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# Uptime Procedure – 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<br><br>Note: this needs to be done before using the "*Downtime Add Encounter*" Conversation<br><br>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 | UC/Clerk |
| Client Encounters (new admissions) | Enter encounter into Cerner using the "*Downtime Add Encounter*" Conversation<br><br>Manually enter the downtime encounter number. Back date/time the registration date/time as captured on the Downtime Registration/ADT Activity log | UC/Clerk |
| Labels / Face sheets | Print and replace labels, as needed. Re-print face sheet, as needed. | UC/Clerk |

**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.

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 |
|---|---|---|
| **PATIENT CARE** Orders (separate from medication orders) | • 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).<br>• 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. | NP, MD |

| | | |
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| **Diagnostic Test Orders – LAB** | • Enter into Cerner any lab orders for ongoing laboratory tests only if the requisition was not sent to the lab.<br>• 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. | NP, MD |
| **Diagnostic Test Orders –MEDICAL IMAGING** | • Enter into Cerner diagnostic imaging orders that have not been sent to a Medical Imaging department via paper requisition that has been faxed.<br>• 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. | NP, MD |

## 3. Related Documents and References

### 3.1. Related Documents

• None to date

### 3.2. References

## 4. Appendices

**\*\*Last page of document\*\***

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|---|---|---|---|
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