Cerner- Downtime and Recovery Guideline

Site Applicability

BC Cancer Cerner Sites

Practice Level

HCP: Nursing, Allied Health, Providers, RT, NPs, Clerks and Unit Coordinators

Need to Know

1. During a Cerner downtime documentation of patient care will occur on BC Cancer approveddocumentation 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.
- 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 • Select PowerPlans will be available on SHOP • Other powerplans will be available as blank preprintedorders available in the downtime toolkit on your unit. • Fax/verbally informal staff of all new orders and any new allergy information(updates and new patients), also update pharmacy.	Designate HCP. Clinic dependent

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

	• 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. If required, can print and access using the Downtime Diet Order and Communication form. If diet orders captured in Cerner then remediate during uptime.	Designate HCP. 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. 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. Labels available in downtime tool-kit and printable from 7/24.	Designate HCP. Clinic dependent
Transfusion medicine (Acute Care)	• Copy and complete the Transfusion Medicine Requisition (LA080) from the downtime toolkit/SHOP. • TM PPO's available on website if network available. • Can call blood bank for faxed a requisition • Fax, tube, taxi, or hand-deliver requisition to Transfusion Medicine/ Lab (VGH).	Designate HCP. Clinic dependent
Medical Imaging orders (x-ray, ultrasound, CT, MRI)	Copy and complete the requisition from SHOP or the downtime toolkit. Fax or tube to the appropriate department. or: Complete medical imaging orders in Cerner after the downtime has ended	Designate HCP. Clinic dependent
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	Designate HCP. 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 Health/Provider

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 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	UC/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	UC/Clerk
Labels / Face sheets	Print and replace labels, as needed. Re-print face sheet, as needed.	UC/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:
   - 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)
   - 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.
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
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

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/Def

Last page of document

First Issued:	7-JUN-2021		
Approving Body:	Multidisciplinary, please refer to downtime coordinators list via Center Services Manager.		
Final Sign Off:	**Name**	**Title**	**Date Signed**
	Multidisciplinary	Aneil Dhaliwal	6-JUN-2021
Developed By:	**Name**	**Dept.**	**HO**
	Aneil Dhaliwal	BC Cancer Project Manager	PHSA
	Karin Eyres	CST Project Manager	CST
Owner(s):	Aneeta Kassam	Center Services Manager	
	Steven Brown	Clinical Informatics Director	
Posted Date:	7-JUN-2021		
Version:	1.0		
Revision:	**Name of Reviser**	**Description**	**Date**
			DD-MMM-YYYY