|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Huron Perth Healthcare Alliance** | | | | **Patient Care** | Original Issue Date: | June 16, 2016 | | **Downtime - Clinical Meditech Documentation Policy** | Review/Effective Date: | June 16, 2016 | | **Approved By: President and CEO** | Next Review Date: | June 16, 2018 | |
| https://intranet.hpha.ca/myalliance/imgs/spacer.gif |
| This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the document (titled as above) on the file server prior to use. |
| **Purpose**:  The Huron Perth Healthcare Alliance (HPHA) relies on the electronic medical record (EMR) to communicate and record the assessment, treatment, care and medical history of the patient. In the event of a Meditech system “downtime”, planned or unplanned, it is important to maintain the integrity of the EMR and to ensure that assessments, treatments and care provided during the period of “downtime” are electronically recorded once the Meditech system is available. **If “downtime" extends beyond the end of the staff member’s scheduled shift all manual documentation will be scanned into Meditech.**  **“Downtime” procedures are developed to provide staff with an alternate means to perform duties related to clinical orders and patient care documentation in the event that the computerized system is unavailable for a period of time**.  **Definitions**:  “Downtime” is the term used to refer to a period of time when the computer system is unavailable for use.  A “segment” is a term used to identify a single application in the Meditech environment. Meditech applications have been divided into several segments with the result that the entire system “downtime” need not occur should there be a problem with one application or segment.  **Two Types of “Downtime”:**  **1. Unscheduled “downtime”**– An occurrence of unpredictable duration as “downtime” can be related to the entire system or segments. Unscheduled “downtime” can be site-specific or may occur across all sites of the Alliance.  Notification of Unscheduled “downtime”:  a) Upon notification that the Meditech system is “down” (regardless of total “downtime” or site-specific location), IT Director and/or Senior Network Operations (Ops) Analyst will be immediately notified. During business hours, the notification will occur through the IT Helpdesk and after-hours, the SGH Switchboard Operator will contact the on-call IT staff.  b) Switchboards are contacted and refer to their Departmental “N” drive and recite the “B. Meditech Unscheduled ‘Downtime’ Announcement”.  Click to follow link: [Meditech Downtime Procedure Announcement](https://intranet.hpha.ca/myalliance/doc.aspx?id=5407" \t "_blank)  **Responsible person(s):** Helpdesk Analyst or Lunch Helpdesk person or IT On-Call, if after-hours.  c) IT will have **60 minutes**to analyze/troubleshoot the issue prior to initiating the official "downtime" procedure.  d) At **60 minutes, IT Director and/or Senior Network Ops Analyst**will initiate the unplanned “downtime” procedure. **Responsible person(s):** IT Director and/or Senior Ops Analyst.  For staff to access IT's "Standard Operating Procedures (SOPs) for "downtime": Click to follow link: [Meditech - General Downtime Procedures](https://intranet.hpha.ca/myalliance/Default.aspx?cid=10735)  e) Switchboard Operators will refer to their Departmental “N” drive and recite the“C. Meditech Unscheduled ‘Downtime’ Announcement”.  Click to follow link: [Meditech Downtime Procedure Announcement](https://intranet.hpha.ca/myalliance/doc.aspx?id=5407" \t "_blank)  **Responsible person(s):**Helpdesk Analyst or Lunch Helpdesk person or IT On-Call, if after-hours.  f) **Helpdesk (or IT On-Call, if after-hours)**will then refer to the “eMAR ‘Downtime’ Reports and Computers” document and call to the telephone extensions listed to reiterate that Meditech is “down” and also to inform each area of the password to access the reports in the eMAR “downtime” folder on their designated eMAR computer. **Responsible person(s):** Helpdesk Analyst or Lunch Helpdesk person (or IT On-Call, if after-hours).  g) Notify Switchboard Operators, who will notify with an overhead page when the system is available for use again. **Responsible person(s):** Helpdesk Analyst or Lunch Helpdesk person (or IT On-Call, if after-hours).  **2. Scheduled “downtime” –**A predictable length of time that is scheduled and communicated for upgrades or maintenance repairs to the Meditech system; may be site-specific or across all sites of the Alliance.  Notification of Scheduled “downtime”:  a) A notice will be sent through the Outlook email system (i.e. “All Users” email) **at minimum 7 days** prior to the scheduled “downtime”, specifying the date, time and the expected duration of the “downtime”. Additionally, an email reminder will be sent 24 hours in advance of the scheduled “downtime”.  For staff to access IT's "Standard Operating Procedures (SOPs) for "Downtime":  Click to follow link: [Meditech - General Downtime Procedures](https://intranet.hpha.ca/myalliance/Default.aspx?cid=10735)  **Responsible person(s):**Senior Network Ops Analyst.  b) Within two (2) hours of the scheduled “downtime”, the inpatient units will print extra sheets of patient labels, Intra-hospital Transfer Profile and Downtime Patient Profile for each inpatient (place the latter document at the patient’s bedside for easy reference by all caregivers) and any other patient-specific information that care providers may require for care during the scheduled “downtime”.  Outpatient areas/programs need to follow similar procedures in preparation for scheduled “downtime”, that are customized to meet the needs of their individual programs.  Click to follow link: [Clinical Checklist for Downtime](https://intranet.hpha.ca/myalliance/doc.aspx?id=5542)  **PLEASE NOTE: eMAR Administration Report for each inpatient should be printed as close to the scheduled “downtime” as possible to ensure that the last medications administered are captured on the record.**  **Responsible person(s): Unit Clerk and/or unit staff.**  c) Laboratory staff will ensure that a 72-hour Summary for each patient is auto-printed to each clinical area 1 (one) hour prior to the scheduled “downtime”. This summary is to be placed in the patient’s paper chart/binder.  For staff who have access to "Docushare", Laboratory's "Downtime" information can be accessed at:  Click to follow link: <http://www.ihlpdocs.on.ca/dsweb/Get/Document-844/OINFO0050%20Meditech%20Down%20Time.pdf>  For staff who have access to the Laboratory's "N" drive, Laboratory's "Downtime" information can be accessed via:  N:\1. LAB Admin\IHLP Manuals\IHLP LIS Manual\Meditech - HPHA Manual\Meditech General\OINFO0058 Computer Scheduled Downtime.pdf  N:\1. LAB Admin\IHLP Manuals\IHLP Quality Manual\Section 8 - Occurrence Management QOM\QOM0048 Downtime LIS.pdf  d) If hand-held devices are in use in a clinical area, please note that WiFi-compatible devices will not be functional during scheduled “downtime” periods.  e) The Switchboard Operators will make overhead announcements prior to the scheduled “downtime” at 30, 15 and 5 minutes prior to the start of the scheduled “downtime”. Switchboard staff will refer to their Departmental “N” drive and recite the “A. Meditech Scheduled ‘Downtime’ Announcement”.  Click to follow link: [Meditech Downtime Procedure Announcement](https://intranet.hpha.ca/myalliance/doc.aspx?id=5407)  **Responsible person(s):**Helpdesk Analyst – if unavailable, then Lunch Helpdesk Person or IT On-Call, if after-hours.  For staff to access Diagnostic Imaging's procedures related to "downtime":  Click to follow link: [RIS PACS Downtime](https://intranet.hpha.ca/myalliance/doc.aspx?id=5544)  Processing of Orders:  During “downtime”:  i. **STAT and Urgent Orders:**require completion of manual requisitions with a follow-up telephone call to the respective department.  ii. All **routine orders**are recorded on a log sheet and should be held until the system is available and then these orders are to be entered into the Meditech system. **Responsible person(s):**Unit Clerk (if working)/clinical staff if 'after-hours'.  iii. All medication orders will be **faxed**to Pharmacy during the “downtime” period. Scanning is an Order Entry function and cannot be used during “downtime”; **Pharmacy staff**will scan the faxed orders to the Smartboard and enter onto the eMARs when the system becomes available.  Click to follow link: [Downtime & Equipment Failure-Pharmacy](https://intranet.hpha.ca/myalliance/Default.aspx?cid=11409&pre=view)  If the “downtime” extends beyond 4 (four) hours, manual requisitions must be completed. **When the system becomes available, all orders (i.e. stat, urgent and/or routine) need to be entered in Order Entry by the unit from which the order originated.**  Since clinical results cannot be viewed on-line during “downtime”, the Laboratory staff will deliver all results to the patient care area and will call the patient care area/department/unit with any abnormal results, including critical values.  Clinical Documentation:  The responsibility for documentation of all clinical activities lies with the care provider who has provided the care.  During “downtime”, this documentation will be recorded on the paper documentation tools provided in the department’s “downtime” boxes available in each clinical area.  Click to follow link: [Appendix A for Downtime Box Checklist](https://intranet.hpha.ca/myalliance/doc.aspx?id=5569)  **Please Note:** Each unit should use their Downtime Box Checklist to ensure that the box has all of the required forms prior to a scheduled downtime, and again after the downtime has completed, so that it is fully stocked in the event of an unplanned downtime.  Responsible Person(s): Unit Clerk  When the Meditech system becomes available, the care provider is responsible for entering all of his/her clinical documentation for patient care activities and assessments that occurred during the “downtime” period. The care provider is to add and update the “Downtime Patient Note” to the electronic record for all of their assigned (registered) patients.  **In the event that the “downtime” extends beyond the end of the staff member’s scheduled shift, the manual documentation forms will be filed in the “Clinical Notes” section of the patient’s chart/binder and scanned with other hard copy records after discharge.**  Omnicell Automated Dispensing Cabinets (ADCs):  During “downtime”, patients registered in Meditech and with active orders will continue to appear on the ADCs. New admissions will not appear on the ADC during this time. Clinical staff will need to “add a new patient”, referring to the User Manual or referencing the “Quick Guide” found on the touch screen, as necessary. Staff follow the prompts, adding as much information as possible, to assist with reconciling medication removal from the ADC during the “downtime”. New or altered orders will not appear on the ADC during “downtime”; the required medications can be accessed via the ‘Stock Meds” tab.  Patient Registration:  Refer to [Patient Registration Downtime Procedure](https://intranet.hpha.ca/myalliance/doc.aspx?id=5411). Utilize [Downtime Labels](https://intranet.hpha.ca/myalliance/doc.aspx?id=5412) for patient chart and Identification band purposes. Record all transactions (registrations, admissions, discharges, transfers) on the [Downtime Log Sheet](https://intranet.hpha.ca/myalliance/doc.aspx?id=5413). Where pre-registration is not available, registration of patients will be entered when the system becomes available.  Click to follow links: [Patient Registration Downtime Procedure](https://intranet.hpha.ca/myalliance/doc.aspx?id=5411) [Downtime Log Sheet](https://intranet.hpha.ca/myalliance/doc.aspx?id=5413) [Downtime Labels](https://intranet.hpha.ca/myalliance/doc.aspx?id=5412)  **Appendix A:**  **DOWNTIME BOX CHECKLIST (GENERIC)**   |  |  | | --- | --- | | **Clinical:** |  Downtime Policy and Procedure   Emergency/Recurring Registration Downtime Sheet (applicable areas only)   Emergency Department Form (per site) Stratford site: ER1004M2 Seaforth site: ER2004M2 St. Marys site: ER3004M2 Clinton site: ER5004M2   Allergy Management: GE90012L1   Medication for Reconciliation – Admission Downtime Form (per site) Stratford site: 1DRER003 Seaforth site: 2DRER003 St. Marys site: 3DRER003 Clinton site: 5DRER003   Interdisciplinary Data Base: GE0014M3   Nursing Admission Assessment: GE0015M5   Transfer of Accountability and Patient Safety Checklist: AD0019   Acute Respiratory Illness Screening: PR001   Morse Fall Scale (Included in the Admission Assessments)   Braden Scale (Included in the Admission Assessments)   Nutrition Risk Screening Tool (Included in the IDB)   Confusion Assessment Method (CAM) (Included in the Admission Assessments)   Clinical Record: GE0016M2   Medication Administration Records: Scheduled: GE9008 PRN: GE9009M2   Bowel Protocol: 0DRME027   Transfer Information Record   Repatriation/Transfer Request Form: AD0030   Order Entry Log Sheet | |  |  | | **Medical Imaging:** |  X-ray/BMD/US Requisition: MI0007   Breast Imaging Consultation Requisition: MI0002   MRI Consultation Requisition: MI0004   Nuclear Medicine/BMD Requisition: MI0008   CT Requisition: MI0006 | | **Lab:** |  Log for Lab Results   Labels for Lab Requisitions and Specimens   Lab Requisition   Microbiology Requisition   Blood Bank Requisition   Tissue Pathology Requisition   Cytopathology Requisition   Surgical Pathology Requisition | |