



Memorandum

To: Senior Leadership Group
From: John Ferraro, Executive Director Operations
Mark Lawrence, Chief Financial Officer
Date: 3rd April 2023
Subject: Planned Electronic Medical Record (EMR) downtime, 26th - 27th April 2023

On 26th April 2023, the EMR Phase 2.1 functionality will be migrated to a new domain in preparation for the July Go-Live.

This migration of the EMR Phase 2.1 functionality requires **an EMR downtime which will commence at 8:00pm on Wednesday 26th April**. The downtime is currently estimated to last 16 hours, until 12:00pm on Thursday 27th April.

The timing of this downtime has been decided upon by the EMR Phase 2.1 Operations Implementation Committee, which includes senior members of the Operations Directorate.

This planned downtime will proceed as follows:

Date	Time Frame	Outage	Description
26 th April 2023	19.30 - 20.00	EMR users will receive log off warnings before being forced to log off	30, 15, 10 minute warnings will be displayed to remind EMR users of the upcoming downtime. 5 and 1 minute warnings will remind staff to save their work and log off Users will be forced to log off at 20.00 if they are in the EMR
26 th April 2023	19.45	Announcement made to prepare for downtime	Nurse / Midwife In-Charge conduct final check and prepare the Downtime Viewer and Printer prior to downtime
26 th April 2023	20.00	Announcement made that EMR downtime has commenced	EMR Downtime Procedures
27 th April 2023	12.00	EMR resumes, business as usual	Users can access and operate the EMR

The [EMR Business Continuity Plan](#) will support clinicians for the duration of the downtime to mitigate disruption to clinical services. Over the next four weeks we will be asking clinical areas to review their Business Continuity Plans and ensure staff are familiar with the downtime procedures.



Western Health

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Following the downtime, some paper records used while the EMR was offline will need to be transcribed into the EMR. The Digital Health Team will work with each clinical operations area to secure additional staffing resources to support clinicians with this activity.

Some disciplines may see some minor differences in the appearance of the EMR following the downtime. This will be confirmed with each discipline.

The Digital Health Team and Anthony O'Donnell will be in contact with clinical areas to convey details of the support they will provide in the lead up to and throughout the downtime period. Further information will be made available on the [Downtime Procedures](#) page on the Digital Health information site.

I thank you for your understanding and co-operation as we undertake this critical body of work. If you have any queries please contact Lily Liu or Anthony O'Donnell.

Kind regards,

John Ferraro
Chief Operating Officer

Mark Lawrence
Chief Financial Officer