Business Continuity Plan - Electronic Medical Record (EMR)

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PPG Banner (*PPG Administrator will add*)	

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1. Overview

An EMR Downtime is when the EMR system is not available for use. Downtime events are either planned or unplanned.

Planned Downtime
Planned downtime events occur as part of normal system operation, to carry out maintenance actions or minor upgrades that cannot be performed while the system is active.

With a Planned Downtime the date, time and duration of downtime is known in advance and is communicated to the organisation 4 weeks prior to the event.

Unplanned Downtime
An unplanned EMR downtime is not a scheduled event. At the time it occurs, neither the cause nor duration will be known. In the event of any unplanned EMR downtime the issue will first be reported to the DTS Service Desk as per WH procedure. The DTS Service Desk will undertake first level investigation and escalate to the appropriate team (EMR or DTS) if required.

2. Applicability

All staff using the EMR.

3. Responsibility

All line managers in clinical areas need to ensure their staff are familiar with this procedure.

4. Authority

Chief Financial Officer

5. Associated Documentation

In support of this procedure, the following Manuals, Policies, Instructions and/or Guidelines apply:

Name
Allied Health Documentation Guideline

6. Credentialing Requirements

N/A

7. Definitions and Abbreviations

Include here all definitions of terms or abbreviations used in the procedure. It is preferable that pre-existing definitions are used.

7.1 Definitions

For purposes of this procedure, unless otherwise stated, the following definitions shall apply:

N/A

7.2 Abbreviations

For purposes of this procedure, unless otherwise stated, the following abbreviations shall apply:

EMR	Electronic Medical Record
DTS	Digital Technology Services
DTV	Downtime Viewer
iPM	Patient Administration System
MAR	Medication Administration Record
WH	Western Health

8. Procedure Detail

EMR Downtime Overview

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EMR Incident Commander Role

The EMR Incident Commander will determine when to call standby and downtime based on assessment of the issue/s effecting use of the EMR, the impact of the issues on the provision of safe care and evaluating the risk of not calling downtime versus calling downtime as both situations carry inherent risk.

When it is likely that an EMR downtime is required the EMR Incident Commander must, where possible, confer with a member of the Executive team during business hours, or Director on call after hours, before confirming the downtime and notifying the organisation to Activate Downtime Procedures.

Listed below are the positions that will assume the role of EMR Incident Commander

During business hours (Monday to Friday, 8:30am to 5:00pm)	
EMR Incident Commander	**Confirm Downtime With**
Primary: Director, Digital Health Backup: Digital Health Operations Manager	Chief Operations Officer or Chief Information Officer (currently Chief Financial Officer)

Outside of business hours	
EMR Incident Commander	**Confirm Downtime With**
Primary: Digital Health Operations on-call Backup: Digital Health Operations Manager	Primary: Director on-call Backup: Executive Director On Call

The switchboard or Clinical Hospital Coordinators have the Director on-call roster

Switch	8345 6666
Switch Emergency Code	9055 2222
Footscray CHC	0466 453 022
Sunshine CHC	0466 935 621
Williamstown CHC	0409 864 289

EMR Downtime Public Address Announcements

The codes applicable to EMR announcements are listed below. Note that these are NOT to be called as Code Yellow. To have the announcement made call the Switchboard on **2222** (internal) or 9055 **2222** (external).

EMR – Standby

Announcing EMR Standby is intended to:

1. Notify staff that the EMR Incident Manager, EMR and DTS teams are aware of an issue considerably impacting the EMR and are working on a resolution.

2. Alert staff of the possibility that they may need to access their downtime kit and print from their DTV if an EMR Downtime is announced.

3. Alert staff to listen for further announcements.

4. Allow Head of Unit or Nurse/Midwife in Charge to activate downtime procedures **in Emergency, Theatre or Intensive Care Units only** (must notify EMR Team and CHC)

EMR – Activate Downtime Procedure

Announcing EMR Activate Downtime Procedures is intended to:
1. Notify staff that they are to cease using the EMR.
2. Notify staff to commence following the EMR downtime procedure.

EMR – Stand down

Announcing EMR Stand down is intended to:

1. Notify staff that the EMR is operational.
2. Notify staff that the process for transitioning patients back to the EMR can commence.

Determining EMR downtime status

In all circumstances the EMR and/or DTS teams will provide information on the issue impacting the EMR.

EMR - Standby:

EMR Standby should be called when:
- A significant issue has been identified that is impacting the ability of staff to use the system as intended.
- The issue has or is expected to extend beyond 15 minutes.

EMR – Activate downtime procedure:

EMR – Activate downtime procedure should be called when **the issue impacting the EMR is expected to extend for a period of time that will significantly interrupt workflow and put patient safety at risk.** There is no set duration for this as it will depend on the circumstances specific to each situation. The critical decision factor is patient safety and whether safe patient care can continue to be delivered via the EMR.

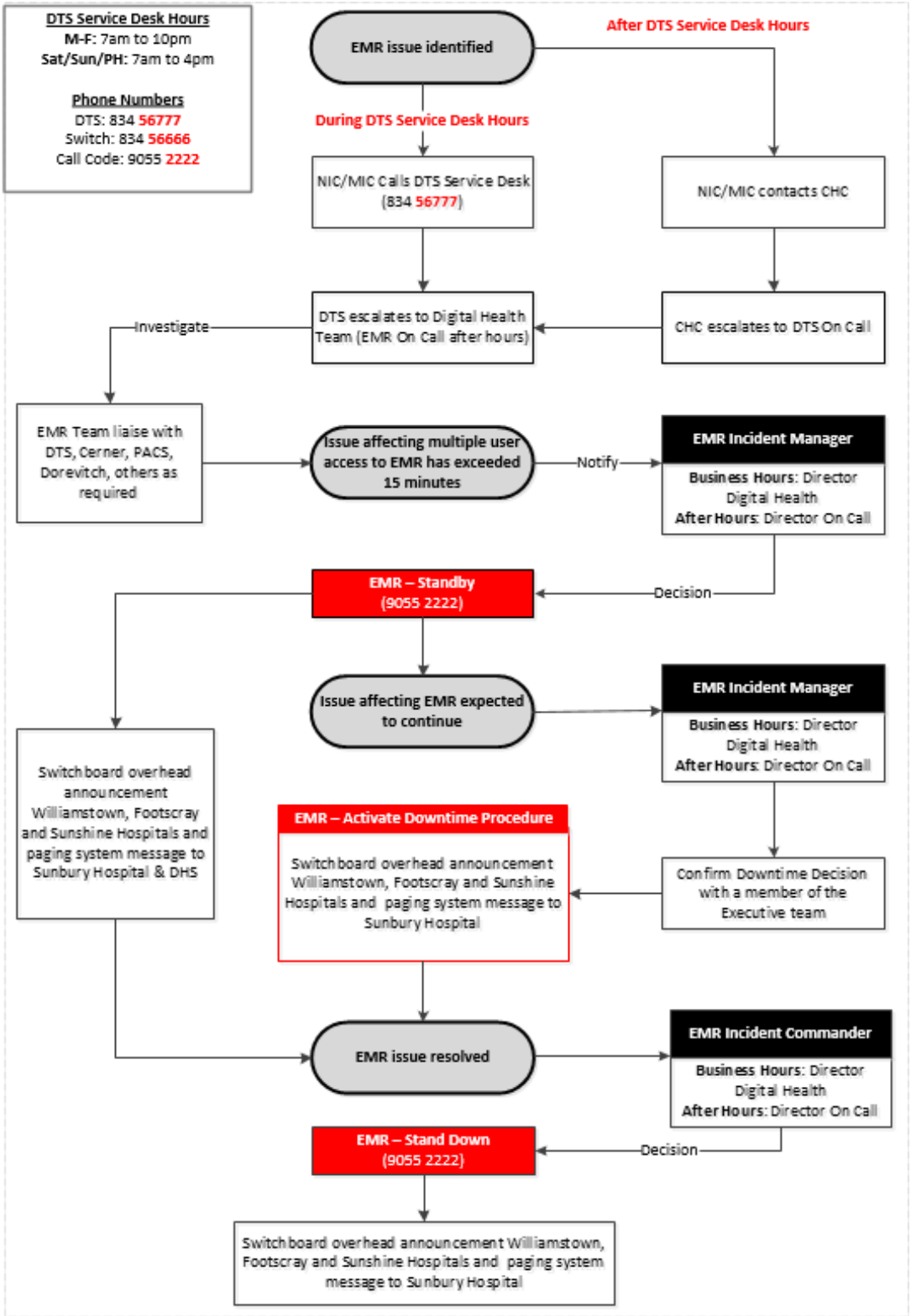
EMR downtime is a significant event and should not be initiated without careful consideration. It requires that all EMR functions are performed on paper, has a significant workload impact, particularly during the transition of documentation from paper back to the EMR and introduces considerable patient safety risk due to the potential for transcription errors, particularly related to medication administration.

EMR – Stand down:

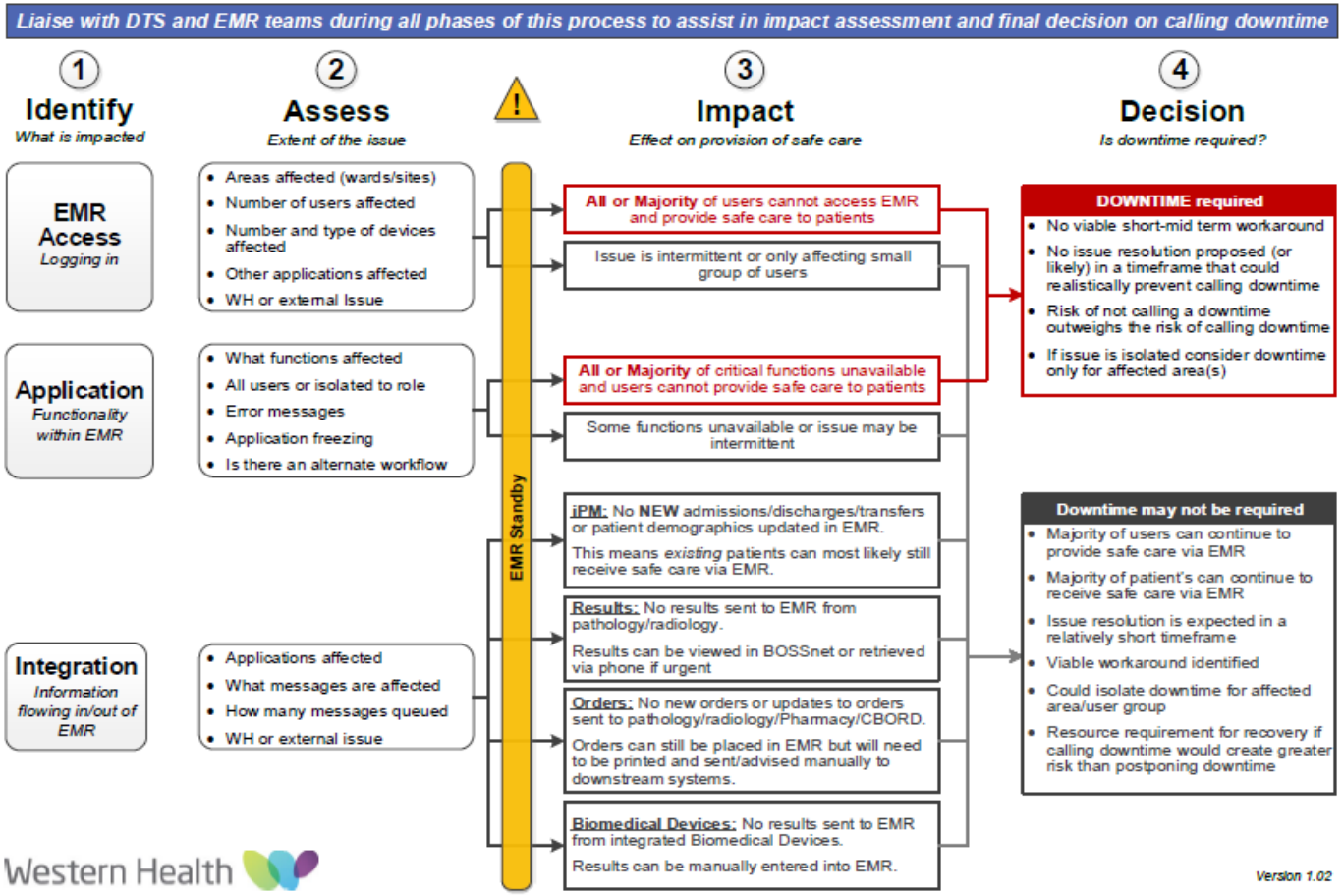
EMR Stand down cannot be called until it is clinically and operationally safe to do so. In order to initiate an EMR Stand down the following criteria must be met:

1. The issue impacting the EMR has been resolved to a point that enables safe patient care to be delivered through the EMR.
2. A workforce plan has been developed to transition the organisation from paper back to the EMR. As there is considerable workload and patient safety risk associated with the return of patents from paper to the EMR, careful consideration needs to be given to the resources available, time of day that an EMR Stand down is initiated and duration of downtime.

EMR Unplanned Downtime Flowchart



Downtime Decision Process



EMR – Standby Instructions

Emergency Departments, Operating Theatres (including Cath Lab) and Intensive Care Units

- If required the Emergency Departments, Operating Theatres (including Cath Lab) and Intensive Care Units can locally activate EMR Downtime Procedures when EMR Standby is called.
- Prior to activating the EMR Downtime during EMR Standby approval must be given by the Clinical Head of Unit or Nurse in Charge.
- If the decision is made to initiate EMR Downtime during EMR Standby, the EMR team must be notified so that they are aware and can provide support if required.

Allied Health Staff

- If EMR Accessible:
  - All AH clinicians are to complete any outstanding documentation on the EMR.

Medical Staff

- Approach the nurse/midwife in charge of the ward your patient/s is/are on for updated information regarding the EMR Standby.
- If the EMR is inaccessible, and clinical urgency dictates that you must prescribe a **new medication** for a patient, please prescribe on a **National Inpatient Medication Chart (NIMC)** or relevant paper infusion drug chart after viewing the patient's Medication Administration Record (MAR) on the Downtime Viewer (DTV). To do this, you should speak to the nurse in charge for access.
- Do not print the MAR from the DTV. The nurse/midwife in charge will do this when if an EMR downtime is called.

Nurse/Midwife in Charge

- Call a Huddle with nursing/midwifery staff on the ward to review the EMR downtime procedures to be followed and ensure that all staff are clear with the required procedures.
- Locate and open Downtime Box. Locate the DTV password card and place with the DTV.
- Check the DTV for the following:
  - Sufficient paper in the printer.
  - Cables are connected and power is switched on.
  - Login with the allocated password and **Test print a single patient** to ensure single sided printing is selected.
  - If printing is not single sided change this in the printer settings or ring Service Desk on extension 56777 for assistance.
- If the EMR is inaccessible, and clinical urgency dictates, then medication can be administered on a case by case basis by printing the specific patient's medication chart from the down time viewer (or administering from paper medication or infusion charts for urgent newly prescribed medications or fluids).
- Print diet order MaP report

Nurses and Midwives

- Attend ward huddle with the NIC/ MIC and ensure that you are familiar with the EMR downtime procedures that you may be required to follow.

Pharmacists (During Pharmacy Business Hours)

- Deputy Director of Pharmacy (DDoP) for Quality and Informatics (Q/I)/eMeds pharmacist to communicate with other DDoPs/Pharmacists in Charge (PICs)of the downtime procedures
- Check the Pharmacy DTVs to ensure:
  - Sufficient paper in the printer.
  - Cables are connected and power is switched on.
  - Login with the allocated password.
- Check emails for DTS Outage updates.
- **Pharmacists** are to continue to focus on their clinical responsibilities on the ward. If required, use the ward or pharmacy DTV to view MAR and Pharmacy Admission Note and Home Medications to profile prescriptions.
- **Pharmacists are** to supply any urgent medication requests by viewing the MAR on the Pharmacy DTV. Continue to process medication requests in the PRX queue in Merlin.
- Where possible, Ward Pharmacists are to ensure that wards do not start printing the downtime MAR.

Clerical

- Attend ward huddle with the NIC/MIC and ensure that you are familiar with the EMR downtime procedures that you may be required to follow

Digital Health Operations Team

Assign an **Incident Coordinator** (usually Digital Health Operations Manager) who will coordinate:

- EMR Investigation of the issue.
- Liaising with DTS, EMR Incident Manager (usually Director, Digital Health), Health Technology Solutions (HTS) and other external parties as required.
- Telephone communication by the EMR Operations Team with clinical areas to ensure they are aware of the EMR Standby.
- Regular communication of status updates to the organisation.

Issue Investigation

The Digital Health Operations team will undertake investigation of the issue and provide feedback to EMR Incident Manager:

- For integration or Citrix issues: EMR Functional Team Lead/Functional Analyst (or delegate) will lead and update emr-major-incidents slack group/feedback updates from DTS to EMR Operations Manager.
- For clinical issues, EMR Medical/Medications/Nursing/Allied Health analyst will lead and update emr-major-incidents slack group/feedback updates to EMR Operations Manager.

Communication

Communication of status updates to the organisation will occur through multiple channels depending on the issue and will be decided in consultation with the EMR Incident Manager. It will include:

- EMR-code-yellow channel on Slack.
- Updating the organisation through email/DTS Outage notification system (Cherwell).
- Citrix messaging to all staff (where appropriate).
- Updating CHCs via text message.
- Providing regular updates to EMR Incident Manager.
- Providing regular updates to the Senior Management Team (CMO, EDONM, COO, CFO).

Standby Checklist – Digital Health Operations

Incident Initiation

☐	**Update emr_major_incidents slack channel**
☐	**Assign Incident Coordinator (EMR Operations Manager or delegate)**
☐	**Begin local investigation**
☐	**Raise P1 or P2 incident with vendor(s) if required**

Incident Communication

☐	**Update emr-code-yellow slack channel**
☐	**Citrix message to logged in users**
☐	**SMS to CHCs**
☐	**EMR Standby called**
☐	**Incident Management System outage notice (email)**

EMR – Downtime Instructions

Allied Health Staff

Referrals:

- **Current referrals and reviews:**
  - Refer to MaP referral and review order report for all current referral and review order details

- **New referrals:**
  - Allied Health Interdisciplinary Referral Management (AHFIRM) clinicians are the central point of contact to receive new referrals from the wards. They will meet with the NIC to obtain all referrals for Allied Health for that ward and then forward referrals to each discipline lead on their site. The discipline lead is then responsible for distribution of discipline referrals to the appropriate clinicians within their team.
  - Referrals can also be received direct to clinician: via page, case conferencing, phone or face to face.
  - Refer to discipline-specific referral and handover process which includes the recording these referrals.

Patient transfer:
- Complete an ISBAR referral order via email or phone.
- The receiving team is to record the referral on the team's Allied Health ISBAR handover referral form and document that the handover is received in the progress notes.

Documentation:
- Brief downtimes: progress notes according to Allied Health Documentation Guideline for paper documentation.
- Prolonged downtime: disciplines should print or photocopy their assessment forms for efficient documentation.

Documentation:
- Documentation is via progress notes which can be found in the downtime viewer box. Please refer to Allied Health Documentation Guideline for further details.
- Please refer to discipline-specific downtime process, this may include other documentation options such as assessment forms.

Diet Orders and Enteral Nutrition:
- All Dietitian or Speech Pathologist instigated changes must be communicated to the nurse/midwife in-charge on the ward to update their diet order paper form to ensure the correct order is placed during uptime. This form is provided in the downtime box.
- Any changes to diet orders initiated by Dietitians can be manually entered in CBORD. Any changes to diet orders initiated by Speech Pathologists must be communicated to the kitchen Sunshine Ext: 51413. Footscray Ext: 56399. Williamstown Ext: 30132
- Current Enteral feeding regimens will be available to view in printed orders from the Downtime Viewer, new or updated Enteral Feeding orders should be documented on a paper Enteral Feeding Chart by the Dietitian, strike through printed DVT version if existing order is changed or discontinued.

Medical Staff

Liaise with the nurse/midwife in charge regarding your patients on each ward.

- **Accessing your patient list:**
  - Print a patient list via iPM or BOSSNet if these systems are available.
- **Consult lists:**
  - You will be unable to view consult lists during EMR downtime.
  - If patients require consults, please contact the consulting team directly even if a referral has already been entered in EMR.
- **Progress notes:**
  - All patient progress notes/procedure notes/consult notes are to be completed on paper (these will be scanned once the patient is discharged).
  - To review progress notes recorded on EMR prior to downtime, please access the DTV on the patient's ward. The DTV will only have access to patient notes from the last 7 days.

- **Medications:**

- The nurses/midwives in charge will print out a paper downtime MAR that will reflect the patient's medications as at the start of downtime.
- Nurses/Midwives will be able to administer medications off this paper downtime MAR for a period of 24 hours.
- **You do not need to transcribe existing medication orders onto a paper medication or infusion chart in the first 24 hour period.**
- **Future medication orders** – if administration is required during the Downtime period (and the order has not been activated), these must be prescribed onto the relevant paper medication or infusion chart and ceased off the paper downtime MAR.
- In the Intensive Care setting patient care orders for CRRT and impella need to be prescribed onto the applicable paper medication or infusion chart.
- All **new** medications prescribed and any **alterations** to medications on the printed downtime MAR should be prescribed onto the relevant paper medication or infusion charts – **DO NOT** add new medications to the printed downtime MAR, and **DO NOT** alter any medications on the printed downtime MAR (i.e. for all modifications, cease the medication completely on the printed downtime MAR and prescribe onto the relevant paper medication or infusion charts).
- Be sure to cease medications on the printed MAR by crossing these out with pen if they are to be ceased or modified, as outlined above.
- If the length of the downtime is greater than 24 hours medications from the downtime MAR will need to be transcribed onto a relevant paper medication or infusion charts as there will not be any space left for nursing staff to sign off administration on the downtime MAR. You will be advised in advance of this whether the downtime is expected to last longer than 24 hours and the process of transcribing to the relevant paper medication or infusion charts should commence at this time given the significant time commitment required for completing this process.

- **Ordering radiology and pathology:**
  - Use paper request forms supplied in the downtime box for all orders.
  - Please contact the relevant department for urgent requests – 57272 for Footscray Pathology, 51488 for Sunshine Pathology, 56234 for Footscray Medical Imaging, and 51663 for Sunshine Medical Imaging.
  - If the EMR downtime is approaching a phlebotomy round any electronic orders placed prior to downtime will not be available to the phlebotomists and paper request forms will need to be completed and provided to the nurse in charge.
- **Accessing pathology and radiology results:**
  - If available, utilise BOSSNet (for pathology or radiology) or Synapse (for radiology).
  - Otherwise, please liaise with your nurse/midwife in charge (who may have already been informed of results) or call the laboratory or radiology department for results if required - see phone numbers above.
- **Inpatient specialty unit referrals:**
  - Please contact the relevant team via switchboard or paging to discuss your referral.
- **Allied Health referrals:**
  - Please discuss these with the Nurse/Midwife in Charge who can pass on your referral to the appropriate allied health clinician.
- **Allergies:**
  - Allergies will be visible on the front page of the printed downtime patient file and every page of the printed downtime MAR.
  - When updating allergies during downtime ensure this is done on every paper medication or infusions chart, the front page of the printed downtime patient file and every page of the printed downtime MAR to ensure these newly documented allergies are not missed.
  - These will need to be added/updated to the EMR once the system becomes available, during the process of transcribing medications onto the EMR.
- **Discharges:**
  - Utilise discharge summary templates in the downtime box to complete discharge summaries.
  - Discharge prescriptions are to be written on paper prescription pads provided by the Nurse/Midwife in Charge.
  - Outpatient clinic referrals are to be written on referral forms in the downtime box and fax to the outpatients department. Community referrals remain on Bossnet if available.
- **Fluid balance chart:**

- For a full intake/output history please review the downtime viewer if not on current printed downtime documentation. If this needs to be printed, please ask the Nurse/Midwife in Charge.

Nurse/Midwife in Charge

- Open Downtime box and distribute Downtime document packs and documents to each nurse/midwife (1 document pack per patient).
- Print off all patient records in the ward from the DTV and distribute to the staff member caring for each patient. DTV printouts need to accompany patients transferred between campuses.
- Ensure that the "Patient on Paper" signs are placed at the head of the bed for each patient on paper.
- Instruct nursing/midwifery staff to commence documenting using Downtime packs – Downtime MAR for medications, Progress Notes for all other documentation requirements.
- New medication requests must be faxed to the Pharmacy Department using the Medication Request cover sheet. **DO NOT** fax the Downtime MAR as Pharmacy also have access to the Downtime MAR. Reorder any unsupplied medications if necessary.
- Print a copy of diet order report from MaP
- Photocopy Diet Orders form which is found in the downtime box. This will be used to record each patient's current diet orders on the ward. Call the kitchen on (Sunshine Ext: 51413; Footscray Ext: 56399; Williamstown Ext: 30132) if there are any changes.
- Inpatient Allied Health Referrals can be completed via paging system or phone call where the treating clinician is known. The NIC / MIC will keep a list of any new referrals and liaise with the AHFIRM representative during the morning meeting.

IF DOWNTIME IS APPROACHING 24 hrs DURATION:

- The EMR Incident Manager will provide regular status updates regarding the downtime. If it is indicated that the downtime will continue beyond 24 hours the nurse/midwife in-charge must organise with Medical staff to transcribe all patient paper MAR entries onto the relevant paper medication or infusion chart(s) so that medications can continue to be administered beyond 24 hours.

Nurses and Midwifes

- Seek direction from the nurse/midwife in-charge
- Commence documenting using Downtime packs – Downtime MAR for medications, Progress Notes for all other documentation requirements.
- All referrals can be completed via paging system or phone call when the treating clinician is known. Otherwise, report all referrals to nurse/midwife in-charge to relay to the wards AHFIRM representative during the morning meeting.
- Notify the nurse/midwife in-charge of any new or changed diet orders.
- Jaundice charts to be transcribed to paper in neonatal patients.

MEDICATIONS:

- You must sign (not tick) medications on the Downtime MAR.
- Administration of scheduled medications must be **initialled with the users initials.** Administration of PRN medications must be **initialled with dose and time** administered.
- ONCE only medications appear under scheduled medications. Initial administration with the time administered.
- **Future medication orders** – if administration is required during the Downtime period (and the order has not been activated), these must be prescribed onto the relevant paper medication or infusion chart and ceased off the paper downtime MAR.
- **New** medications are not to be charted on the downtime MAR: these are to be prescribed onto the relevant paper medication or infusion chart.
- New medication requests are to be faxed to the Pharmacy Department using the Medication Request cover sheet. **DO NOT** fax the Downtime MAR as Pharmacy also have access to the Downtime MAR.

- **Theatre:** patients admitted to an inpatient ward and transferred to theatre for a procedure, can be viewed on the Downtime Viewer to review documentation and the MAR by manually searching the patients UR number located on the patient's wrist band.

Pharmacists

(During Pharmacy business hours)

Initial steps:

- DDOP Q/I and/or eMeds Pharmacist will be the point of contact for information from the EMR Operations Team.
- DDOP Q/I and/or eMeds Pharmacist will communicate information/actions from the EMR Operations Team to the "Area Wardens", which are the DDoPs/PICs from different sites
- The "Area Warden" is to contact Pharmacy Staff via email and paging system with operational updates on the status of the downtime.
- Check email for information and updates from DTS of scheduled and unscheduled outages. Emails will provide information regarding the outage, impact and business continuity plan. Consult the Digital Health webpage (https://digitalhealth.wh.org.au) for up to date information.

Patient list:

- Print ward list from BOSSNet or iPM if available.

Inpatient medication requests:

- New and changed medications that are prescribed on the relevant paper medication or infusion chart will need to be faxed to the Pharmacy Department with a Pharmacy Requisition cover sheet.
- Requests for orders that are on the DTV will be faxed with a cover sheet only to prevent nursing staff from photocopying the downtime MAR. Check the medication request against the MAR on the Pharmacy DTV.
- Nurses/Midwives will need to refax medication requests that were ordered electronically prior to the EMR downtime.

Discharge prescriptions:

- Discharge prescriptions will be completed on paper prescription pads.
- Ensure the red medical record copy is kept with the patient record for scanning into BOSSNet.

Pharmacy admission notes, Pharmacy progress notes:

- For patients who have had pharmacy admission notes and progress notes documented prior to the downtime, these will be viewable on the DTV if they are less than 7 days old.
- Complete any Pharmacy Admission Notes and Progress Notes during the downtime on the paper Medications Management Plan (MMP) which is available in the downtime kit in pharmacy.
- If Home Medications have been documented, these can be viewed on the DTVs under 'Medication Profile'.

Clinical interventions:

- Document any Medication Related Problems (clinical interventions) on the MMP and page the patient's medical unit.
- Documented interventions older than 7 days will not be visible on the DTV. Any urgent medication related issues must be documented on the paper MMP and the treating team contacted.

Daily chart check:

Where possible pharmacists should:

- Clinically review medications using the downtime MAR and any paper medication or infusion charts
- Check printed downtime MAR and paper medication or infusion charts to ensure prescription and administration documentation is safe and appropriate.
- When checking the printed downtime MAR cross off all blank sections to ensure medical staff prescribe new orders on the paper medication or infusion charts
- Provide guidance to other clinicians where required:
  - **Medical officers:** Will prescribe new/modified medications on the relevant paper medication or infusion charts and not the DTV drug chart.
  - **Nursing/Midwifery staff**: Will document administration of scheduled medications with **initials and** Document administration of ONCE only and PRN medications with **initials, dose and time.**

Consults:

- All referrals can be completed via paging system or phone call

Digital Health Operations Team

The Digital Health Operations Team will have 2 roles during the downtime:

1. Lead and/or assist (WH DTS team, Cerner) with the investigation, troubleshooting and testing of the issue causing the EMR downtime.
2. Providing downtime support to all areas of the organisation. Primarily this will be by forming a central call centre to make and receive calls to and from clinical areas, and to organise for EMR Team member attendance where it is most needed.

Upon announcement of the EMR Downtime, the Digital Health team members will immediately commence contacting each clinical area to confirm understanding of the downtime procedure, assist with any issues or concerns and arrange for additional support if required.

Each team member will be allocated responsibility for a group of clinical areas by the EMR Incident Coordinator.

As clinical areas are contacted they will be marked off on a central list by each Digital Health team member.

The **EMR Incident Coordinator** is responsible for the communication of regular status updates to the organisation, including:

- EMR-code-yellow channel on Slack.
- Updating the organisation through email/DTS Outage notification system (Cherwell).
- HTS Citrix messaging to all staff (where appropriate).
- Updating CHCs via text message.
- Providing regular updates to EMR Incident Manager.
- Providing regular updates to the Senior Management Team (CMO, EDON, COO, CFO).

Downtime Checklist

Pre-downtime

- ☐ Update emr_major_incidents slack channel
- ☐ Update emr-code-yellow slack channel
- ☐ Advise CHCs via SMS
- ☐ Liaise with Incident Manager and DTS/Vendors to confirm downtime required

Downtime Communication

- ☐ Contact clinical areas to ensure downtime procedures are known and can be followed
- ☐ Citrix message
- ☐ SMS to CHCs
- ☐ EMR – Activate Downtime Procedures called

EMR – Stand Down Instructions

Allied Health Staff

- Await further instruction from nurse/midwife in-charge before accessing the EMR.
- There is no need to transcribe paper documentation into the EMR as this will be scanned into BOSSNet against the patient encounter.

EMR documentation:

- If continuing to work with patient, write a brief communication note in the EMR with dates of key case notes written on paper (i.e. Assessment/Progress).
- Retrospectively add to the EMR referral and review orders for patients that have been seen during down time.
- Add into EMR any allergies or alerts that might have been identified during down time.
- Add into EMR any new orders that would have been placed during down time.
- Dietitian orders any new Enteral Feed orders, modify any updated orders and cancel any discontinued regimens. Pack away paper Enteral charts.

Medical Staff

- If you notice that you can access the EMR prior to activation of uptime procedures **do not commence using it.**
- **Wait for further instructions and liaise with your Nurse/Midwife in Charge.**
- **It is the responsibility of <u>each treating team</u> to ensure that once the EMR Stand Down has been announced, that all of their patients are safely transitioned back onto the EMR as soon as possible.**
- This is a time of particular risk for medication errors and it is imperative that each clinician takes great care in ensuring there are no discrepancies between the paper medication charts and the EMR.
- Do not convert patients back onto the EMR who are planned for imminent discharge or transfer to another hospital.

Steps to follow following EMR Stand Down (note that there will be a different procedure depending on length of down time):

- Do not use the EMR for your patient until the Nurse/Midwife in Charge has approved use for that patient
- Once the EMR Stand Down has been called locate the nurse/midwife in charge for your patients prior to commencing the recovery process.
- For each patient admitted under your Unit:

<u>For down-time <24 hours:</u>

- Review the printed downtime MAR, the relevant paper medication and/or infusion charts and the EMR.
- Ensure that the medications prescribed on the EMR matches exactly what is reflected on paper from the downtime. For down time <24 hours there is no need to delete all medications from the EMR (as occurs with longer down-time as outlined below), just ensure they are updated.
- Current running Bag by bag infusions prescribed on Intravenous and Subcutaneous Fluid Order Form (AD285) can remain on paper until bag completes. Future infusion orders should be transcribed onto EMR and strike through on paper chart once transcribed
- Transition all truly continuous infusions e.g. heparin, insulin, syringe drivers, PCAs into EMR
- For medications commenced or altered on a paper National Inpatient Medication Chart (NIMC) during down time you will need to change the “first dose date/time” in the EMR to reflect when the medication was first given:
    - For each medication that is checked/updated onto the EMR, strike through the NIMC paper order with a highlighter to show you have reviewed this medication.
- Review any **Future Orders**
- Transcribe any altered calling criteria/therapeutic goals from paper into the EMR.
- Enter any new allergies and alerts into the EMR
- Enter any new problems and diagnoses.
- Enter patient weight if updated or added during down time.
- Enter VTE risk assessment if completed on paper during down time.

  - There is no need to retrospectively enter pathology and radiology orders into the EMR when it is active again. Results will be added to the EMR.

<u>**For down-time >24 hours:**</u>

  - Review the printed downtime MAR, relevant paper medication and/or infusion charts and the EMR.
  - **Delete** all active inpatient medications on the EMR (for patients on EMR prior to down-time).
  - Transcribe all medications from the printed downtime MAR and National Inpatient Medication Chart (NIMC) to the EMR. You do not need to back-date all medications orders that have been given during down-time. Ensure all orders on the EMR are consistent with the patient's current paper orders.
  - Current running Bag by bag infusions prescribed on Intravenous and Subcutaneous Fluid Order Form (AD285) can remain on paper until bag completes. Future infusion orders should be transcribed onto EMR and strike through on paper chart
  - Transcribe all truly continuous infusions e.g. heparin, insulin, syringe drivers, PCAs into EMR
  - For each medication that is transcribed onto the EMR, strike through the paper order with a highlighter to show you have reviewed this medication.
  - Review any **Future Orders.** If administered during the downtime these will need to be deleted.
  - Transcribe any altered calling criteria/therapeutic goals from paper into the EMR.
  - Enter any new allergies and alerts into the EMR.
  - Enter any new problems and diagnoses.
  - Enter patient weight if updated or added during down-time.
  - Enter VTE risk assessment if completed on paper during down-time.
  - There is no need to retrospectively enter pathology and radiology orders into the EMR when it is active again. Results will be added to the EMR.
- Notify Nurse/Midwife in Charge once these steps are completed for your patient, in addition to the nurse/midwife looking after your patient. There are steps that they will then complete prior to declaring the patient "EMR active".

Nurse/Midwife in Charge

- If you notice that you can access the EMR prior to activation of uptime procedures **do not commence using it.**
- Call a Huddle with nursing/midwifery staff on the ward to explain the Stand Down procedures to be followed. **This must happen prior to any nursing/ midwifery staff accessing the EMR.**
- Print a Transition Checklist for each patient and attach a Bradma label. Distribute to staff.
- 2 nurses/midwives (1 senior) OR a nurse/midwife and a pharmacist are to identify each patient with changes to medications.
- Ensure that any changes to Medications and Altered Calling Criteria on the paper record are reviewed by medical staff prior to resuming documentation in EMR.
- All patients admitted during Downtime **MUST** be admitted by the Medical Officer into the EMR.
- Newly admitted patients will require an EMR wristband to be printed. An Identity and Encounter check will also need to be performed at this time.
- Nurse/Midwife in Charge should instruct nursing/midwifery staff to commence documentation in EMR for new patients and for patients who have had **NO** changes to medications and altered calling criteria.
- Ensure that nurses/midwives have removed the "Patient on Paper" signs once the patient is transitioned back into EMR. Ensure that patient has "patient transitioned to EMR" order placed in EMR once transitioned back into EMR
- Ensure that all paper documentation used during downtime is kept in the patients file and sent to medical records for scanning when the patient is discharged.
- Report any issues to the EMR team via Service Desk ext. 56777.

Nurses and Midwives

- Attend ward huddle and await further instructions from NIC/MIC **prior to accessing the EMR.**
- Use Transition Checklist to track progress in transitioning patients back on to EMR. Once completed return Checklists to the NIC/ MIC.
- Once any changes are verified by the medical officer, nursing/midwifery staff should commence back entry of Medications administration for the period during which EMR was unavailable. Paying close attention to:
  - **Enter actual date, time and medication dose administered.** Use Reason for Late Administration option of "Other" and enter "Downtime."
  - **Strike through each page of the Downtime MAR with a highlighter** to indicate that the information has been entered into EMR.

- **For bag by bag infusions ordered on EMR prior to downtime, retrospectively document "begin bag" and "complete bag" actions if relevant. Leave infuse volume blank and add comment "infusion given during downtime"**
- **Enter actual date and time the infusion actions were completed**

Note: The nurse/midwife is ONLY documenting that the medication was administered. The signed Downtime MAR will be scanned into the patient record to show who actually administered the medications.

- Any **Future Medication Orders** that have been administered during the downtime event on paper-based charts and not activated in the EMR will need to be activated to retrospectively document administration. Ensure that the **Future Order** on the relevant paper medication or infusion chart matches exactly what is prescribed in the EMR system.
- Ensure that new admitted patients have an EMR wristband printed.
- During uptime procedure, nurse/midwife responsible for each patient checks their diet order and places orders in the EMR for any new or changes in diets.
- "Enter total infused volumes administered during downtime on the FBC in iView under Other Intake Sources"
- Device Integration: if applicable ensure that this is re-established during up-time, checking that the correct patient is associated.
- Enter Lines and Devices and new or modified diet orders into EMR. Remove the "Patient on Paper" signs once the patient is transitioned back into EMR.
- Ensure that all paper documentation used during downtime is kept in the patients file.
- Report any issues to the Nurse/Midwife in Charge.

Pharmacists

Initial steps:

- DDOP Q/I and/or eMeds Pharmacist will be the point of contact for information from the EMR Operations Team.
- DDOP Q/I and/or eMeds Pharmacist will communicate information/actions from the EMR Operations Team to the "Area Wardens", which are the DDoPs/PICs from different sites.
- The "Area Warden" is to contact Pharmacy Staff via email and paging system with operational updates. Consult the Digital Health (https://digitalhealth.wh.org.au) webpage and email for up to date information.

For downtime <24 hours:

- Medical officers will be required to make any medication changes during downtime on to the EMR.
- Nurses/Midwives will be required to retrospectively document medications administered.

Clinical pharmacists where possible:

- For each patient on your ward:
  - **Help** identify which patients have had medications changed/prescribed during downtime. This involves:
  - Reviewing the printed downtime MAR, NIMC against the EMR.
  - Identifying patients who have had medication changes and will require a Medical Officer to update the EMR.
  - **Identifying** patients who have had **no changes to medications** during downtime and inform the Nurse/Midwife in Charge.
  - Identify which patients were admitted during downtime and require **full transition of all medications** on to the EMR. Where possible, double-check transition back on to the EMR and inform the Nurse/Midwife in Charge and document checks on the transition checklist.

For downtime >24 hours:

- Medical Officers will be required to delete all active medication orders on EMR and transcribe medications from printed downtime MAR and NIMC to the EMR.

Clinical pharmacists where possible:

- For each patient on your ward:
  - Double check transcription of medications back on to the EMR.
  - Strike each order on paper drug charts as you check them:
    - Inform the Nurse/Midwife in Charge and document checks on the transition checklist.

The Medication Management Plan:

- You do not need to retrospectively enter the Medication Management Plan into the EMR. It will be scanned into BOSSNet after the patient has been discharged.
- Document “Paper MMP” in the ‘Comments’ section of the Pharmacy Care Organiser.
- Document a Pharmacy Progress Note: “This patient was reviewed by Pharmacy during downtime. Refer to paper Medication Management Plan (MMP)”. Where deemed clinically appropriate, update the home medications in the EMR (i.e. for long stay patients)
- Patients who are planned for imminent discharge (the same day) or transfers to another hospital will remain on paper. If discharge fails, patient will need to be put back on to the EMR.
- Until a patient is declared “EMR Active” – paper drug charts remain the source of truth and should be used when profiling discharge prescriptions or dispensing medications.

Digital Health Operations Team

EMR Incident Coordinator to continue to liaise with **EMR Incident Manager**, DTS and other relevant parties to monitor system performance post incident resolution.

9. Document History

Number of previous revisions: 3

Previous version dates: March 2019

Minor amendment: October 2019

Minor amendment: January 2020

Minor amendments: November 2020

Minor amendments: July 2021

10. References

N/A

11. Sponsor

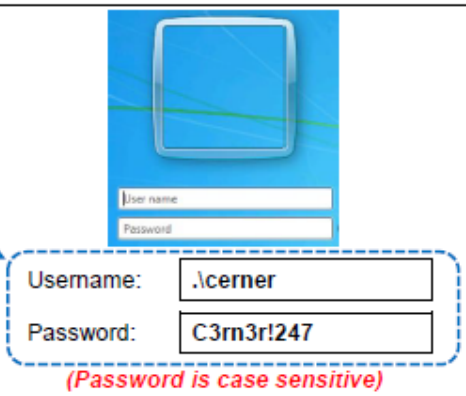
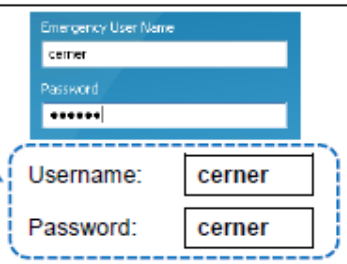
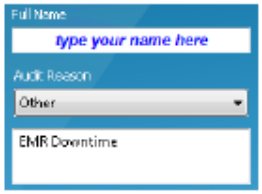
Director, Digital Health

12. Authorisation Authority

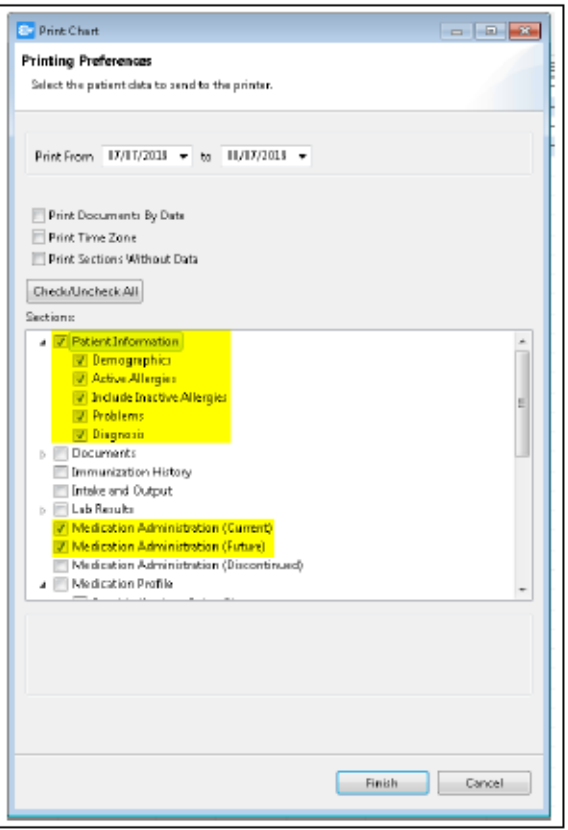
Chief Financial Officer

Appendix 1. Down Time Viewer (DTV) Instructions

724 Downtime Viewer Reference Guide

1. DTV Login	• Open Laptop • Ensure laptop is turned on • Log into the laptop with these credentials	
2. 724 Application Login	• Double click 724 icon on desktop	
	• Enter username and password	
	• Enter your name • Select Audit Reason: Other • Type "EMR Downtime" as reason	
3. Printing Patient Charts	Downtime printing of patient charts is limited to **current encounter only**. Previous encounters will not be accessible	
	• Tick the boxes to select patient charts you want to print	
	• Click Print Chart	

Appendix 1. Down Time Viewer (DTV) Instructions (continued)

	• Tick the boxes to print the required patient information and downtime medication administration record (MAR)	

Appendix 2: Downtime Kit Requirements

The table below identifies the minimal requirement for each Downtime Kit. Areas can add to this in accordance with their own clinical requirements however if doing so they will be responsible for maintaining the items they have added.
The Medical Records department at Footscray, Sunshine, Williamstown and Sunbury Day hospitals maintain stock of the paper forms in the Downtime Kit. If additional forms are required during a Downtime or to replenish the Downtime kits after a Downtime, these can be collected from the Medical Records departments.

	Item
24 hr stock	Patient identification wristbands (adult & child sizes) Red and White
1 Pack Per Patient 1 x 1 x 5 x 1 x 1 x	***Packs – to include Key clinical forms:*** National Inpatient Medication Chart (NIMC) Adult (>16yr) Medication Chart (WHAD271.2) or Paediatric Medication Chart (WHAD271) Adult Observation and Response Chart (WHAD315) Inpatient Progress Notes (WHAD215) Intravenous and Subcutaneous Fluid Order Form (WHAD285) Patient Risk Screening Assessment & Management Tool (WHAD82.1e)
1 x copy laminated	• 724 login details • Teaching Aid: 724 Downtime Viewer Medication Chart • Action cards based on position (Clerical, Medical, Nurse/Midwife, Nurse/Midwife in Charge) • Teaching Aid: National Inpatient Medication Chart Western Health Discharge Summary (WHAD2) Peripheral Intravenous Cannula Record (WHAD378) Wound Management Chart (WHAD377.2) Sepsis Pathway (WHAD107.2) Neurovascular Observation Chart (WHAD343) Outpatient Referral Form - Consultation Request Form (WHAD219) Subcutaneous Syringe Driver Record (WHAD326) Analgesic Infusion Order (WHAD278) Paediatric Asthma Infusion Chart (WHAD141.1)** Unfractionated Heparin (UFH) Intravenous Infusion Chart (WHAD284.2)** Diet order descriptors Diet Orders Form
1 packet (100)	National Inpatient Medication Chart (NIMC) Adult (>16yr) Medication Chart (WHAD271.2) or Paediatric Medication Chart (WHAD271.2)
1 packet (Pkt-100)	Inpatient Progress notes (WHAD215)
1 packet (Pkt-100)	Adult Observation and Response Chart (ORC) (WHAD315)
1 packet (Pkt-100)	Daily Fluid Balance Chart (WHAD311)
1 packet (Pkt-100)	Blood Glucose Level (BGL) Monitoring Chart (WHAD303.1)
1 packet (Pkt-100)	Intravenous and Subcutaneous Fluid Order Form (WHAD285)
1 packet (pkt-100)	Patient Risk Screening Assessment & Management Tool (WHAD82.1e)
2 pads	Dorevitch Pathology Request form (pad)
2 pads (Pad-100)	WH A5 Medical Imaging Form
1 roll (Roll-500)	Allergy stickers (if used on the ward)
1 box (Pkt-10)	Pens
1 ream (500)	Plain white paper
***** ONLY for Specific wards***	
Paediatric Asthma Infusion Chart (WHAD141.1)	ED- FH/SH/WTN
Unfractionated Heparin (UFH) Intravenous Infusion Chart (WHAD284.2)	CCU – FH/SH

Appendix 3. Pathology Ordering during Integration Downtime

ELECTRONIC MEDICAL RECORD

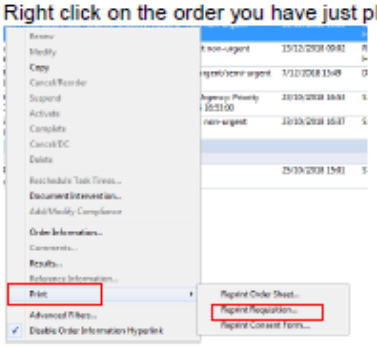
EMR Quick Reference Guide

Pathology orders during downtime

During a downtime, orders placed on the EMR will not necessarily reach the lab. Clinicians will therefore need to print a slip to send down. However it is important this is still done via the EMR so the order is queued appropriately, and to prevent duplicating investigations.

1. Navigate to Orders on the Table of Contents and click +Add to request an investigation.
2. Search for the test(s) you wish to order.
3. Complete the mandatory information, click 'Sign' and enter password.
4. Refresh the screen. 

5. Right click on the order you have just placed, select 'Print' then 'Reprint Requisition'.



6. Sign/date 'Requesting Medical Officer'. The form can then be sent to Pathology via fax/chute.

Appendix 4. Radiology Ordering during Integration Downtime

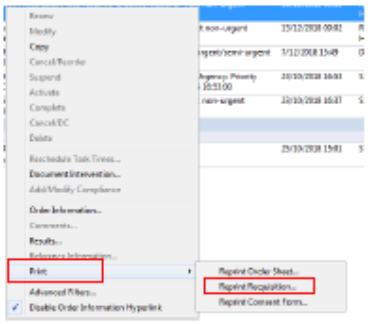
ELECTRONIC MEDICAL RECORD

EMR Quick Reference Guide

Radiology orders during downtime

1. Navigate to Orders on the Table of Contents and click +Add to request an investigation.
2. Search for the test(s) you wish to order.
3. Complete the mandatory information, click 'Sign' and enter password.
4. Refresh the screen. 

5. Right click on the order you have just placed, select 'Print' then 'Reprint Requisition'.



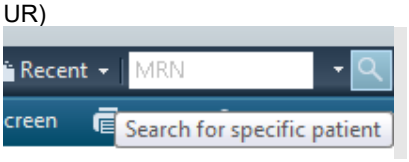
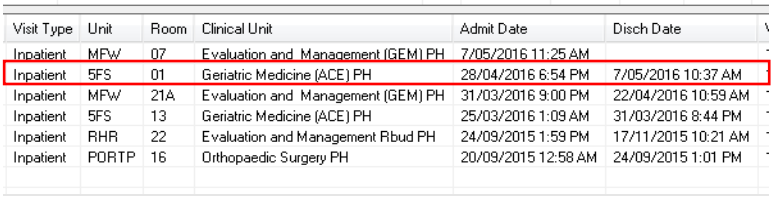
6. Sign/date 'Requesting Medical Officer'. The form can then be sent to Medical Imaging via fax/chute.

During a downtime, orders placed on the EMR will not necessarily reach Medical Imaging. Clinicians will therefore need to print a slip to send down. However it is important this is still done via the EMR so the order is queued appropriately, and to prevent duplicating investigations.

Appendix 5. iPM and FirstNet during Integration Downtime

EMR Quick Reference Guide

Patient Registration and Transfer during Integration Outage

Ward Transfers for *patients already on EMR* • Sunshine ED to Sunshine wards. • Footscray ED to Footscray wards. • Williamstown ED to Williamstown wards • Ward to ward transfers same campus	Follow standard practice in iPM. Use search function in the EMR to locate patient profile (preferred search by UR)  Select current encounter (current admission date **without a discharge date / time**)  Visit Type | Unit | Room | Clinical Unit | Admit Date | Disch Date Inpatient | MFW | 07 | Evaluation and Management (GEM) PH | 7/05/2016 11:25 AM | Inpatient | 5FS | 01 | Geriatric Medicine (ACE) PH | 28/04/2016 6:54 PM | 7/05/2016 10:37 AM Inpatient | MFW | 21A | Evaluation and Management (GEM) PH | 31/03/2016 9:00 PM | 22/04/2016 10:59 AM Inpatient | 5FS | 13 | Geriatric Medicine (ACE) PH | 25/03/2016 1:09 AM | 31/03/2016 8:44 PM Inpatient | RHR | 22 | Evaluation and Management Rbud PH | 24/09/2015 1:59 PM | 17/11/2015 10:21 AM Inpatient | PORTP | 16 | Orthopaedic Surgery PH | 20/09/2015 12:58 AM | 24/09/2015 1:01 PM *NB: Visit Type; Unit; Room will NOT be accurate as no updates will have been received from iPM* The patient's correct location will be updated once the integration servers are working
New patient arrivals to Emergency Departments	Enter patient in FirstNet triage as per usual • Existing patient - create new encounter • New patient - create new UR number If Full Registration is unable be complete at point of discharge patient must be moved into an incomplete zone. Track in disposition log – discharge time and location.

Appendix 6. FirstNet

FirstNet Application is Unavailable

Note below details information, roles and responsibilities that differ from the EMR Business Continuity Plan.

- For downtime box management refer to overall Business Continuity Plan – EMR
- For the clinical transition of a patient post downtime refer to overall Business Continuity Plan – EMR
- Downtime application to all ED, Short Stay Unit, Behavioral Assessment Unit and Hub patients

Planned Downtime – Pre – downtime Preparation and Communication activities

Task	Responsible
Days Prior/ Day of planned downtime: • Advise all staff of the timing and anticipated length of downtime and to commence pre-downtime preparation as detailed below • If required, consider notification to Ambulance Victoria and Department of Health if anticipate impacts to VEMD • Organise whiteboard/s • Separate whiteboards for each clinical area within the department • Locate Downtime box and review contents • Check Downtime Viewers	EMA/ ED Leadership Team
30 minutes prior: • Finalise documentation and new orders • Print outstanding pathology requisitions, refer to LaunchPoint for outstanding pathology tasks • Update whiteboards with patient details, location and any other communication e.g. Nil by Mouth, bed request details, triage category	ED Doctor ED In Charge Medical /Nursing Staff
15 minutes prior: • Access downtime viewer print patient information sheet and MAR • Print copy of ED Patients from FirstNet tracking list • Distribute paper forms to ED clinical areas	ED Nurse In Charge / Floor Co-Ordinator
5 minutes prior: • Finalise transcribing key information to whiteboard/s • Patient on paper posters to all patients located in ED • Finalise any printed information – tracking lists, downtime MAR	ED Nurse In Charge / Floor Co-Ordinator

FirstNet Unplanned Downtime (Follows EMR Business Continuity Plan refer to EMR – Standby instructions)

- If required, the Nurse in Charge of the Emergency Departments can locally activate EMR Downtime Procedures when EMR Standby is called or prior to an EMR Standby if clinically indicated.
- Prior to activating the EMR Downtime during EMR Standby approval must be given by the Nurse in Charge.
- If the decision is made to initiate EMR Downtime during EMR Standby, the EMR team must be notified so that they are aware and can provide support if required.

For Patients Presenting During the Downtime

Role	Action
ED Medical in Charge / Pod in charge	• Monitor patient status and location using whiteboard and update as required • Access downtime viewers to view patient information as required • Ensure VEMD data capture form updated by medical staff • Keep Nurse in Charge/ Floor Co-Ordinator verbally updated on patient status/ changes/ care requirements • Assist in prioritising patients next be seen

	• Maintain ED Patient Bed Request Log
Nurse in Charge/ Floor Co-Ordinator (role differs per site as to who manages patient flow)	• Ensure patients are identified as on paper • Distribute paper forms as required • Monitor patient status and location using whiteboard and update as required • Access Downtime Viewer to view patient information as required (patient transfers within Western Health to another campus or externally require Downtime Viewer printouts) • Ensure VEMD data capture form updated by nursing staff • Keep Medical in Charge/ Floor Co-Ordinator verbally updated on patient status/ changes/ care requirements • Communicate with Access Team/ Clinical Hospital Coordinator and update ED Patient Bed Request Log
Triage Nurse/ AV Triage	• Work closely with Clerical team to update downtime triage nursing/ clerical log • Commence the VEMD data collection tool and Pink CAS Card • Commence patient on paper process • Call Nurse in Charge/ Flow Co-Ordinator as cubicles are required
FOH Clerical and AV Clerical	• Record patient presentations on the downtime triage nursing/ clerical log • Update the VEMD data collection tool • Create new patients in iPM/ update existing patients as required • Print a sheet of iPM registration labels • Attach patient wristband from iPM printed registration labels
ED Nursing	• Up-date the VEMD data collection tool • Commence ED Nurse Assessment Observation paper chart • Follow Business Continuity Plan – EMR for medication management and viewing patient information • Document new pathology and radiology orders on paper • Telephone for ED consult and referral process • Update key information on whiteboard
ED Medical	• Update key information on whiteboard • Up-date the VEMD data collection tool • Commence clinical notes on the paper pink “CAS” card • Follow Business Continuity Plan – EMR for medication management and viewing patient information • Document new pathology and radiology orders on paper • Telephone communication for consult and referral process • Update ED Bed Request log for patients requiring admission • Document medical/ carers certificates on paper – certificate or on Western Health letter head • Document and print patient discharge letter/ instructions on paper (use Western Health letter head) • Compete paper discharge medication prescription if required
ED ACE	• Commence paper ACE screening tool • Update key information on whiteboard • Update the VEMD data collection tool
ED Emergency Mental Health	• Update the VEMD data collection tool • Commence paper assessment forms
ED Clerical	• Maintain and keep update the VEMD data collection tool • Assist with maintaining ED Bed Request log • Send paperwork including Downtime Viewer print outs with the patient for all transfers (copy first prior to sending) for later reconciliation post downtime • Compile and retain paper files for all discharges • Compile and retain the VEMD data collection tool for all admissions and discharges
ED PSA	• Work closely with ED Nurse in Charge, Radiology and ED Clerical team to identify and prioritise transfers

ED Pharmacy	• Follow Business Continuity Plan – EMR
Access Team/ Clinical Hospital Co-Ordinator	• Communicate with ED and wards for ED bed allocation and ward ready times
Inpatient Clinicians	• Follow Business Continuity Plan – EMR

Detailed Activities

Role	Stop	Start
Triage Nurse / AV Nurse	Using FirstNet Quick Reg to create EMR encounter and Triage Powerform	• Commence / update downtime triage/ clerical log • Commence VEMD data collection tool • Document triage and assessment on ED Pink CAS card ensure print name and sign off
Triage Clerk / AV Clerk	Clerical Full Registration in FirstNet	• Commence/ update downtime triage/ clerical log • Update VEMD data collection tool • Continue to update patient demographic details including compensable information in iPM • Print patient labels via iPM and attach patient wristband
ED In Charge / Floor Co-Ordinators	FirstNet LaunchPoint for patient tracking and department overview	• Updating whiteboard • Ensure patient tracking log for bed requests is kept up to date • Using a pickup box to sort through triage paperwork/ VEMD Data collection tool in order of ATS and arrival time • Access DTV to print patient information and MAR as per current Business Continuity Plan – EMR • Monitor and ensure updates completed for VEMD data collection tool and Whiteboards
Clinicians Doctor/ Nurse/ ACE/ EMH/ MDT	Using FirstNet to pick up patients and clinical documentation	• Pick up patient documentation from the “pick up” box • Update VEMD Data collection tool • Commence documentation of care on ED paper charts • Commence pathology/ radiology and medications as per Business Continuity Plan – EMR • Keep in Charge staff updated on patient status and care requirements • Handwrite discharge prescription, medical/ attendance/ careers certificates
Bed Requests/ Access Team/ Doctors/ In Charge Floor Staff/ Shift Co Ordinator	Using FirstNet for bed request orders, bed outcomes powerform	• Ensure the bed request time is reflected on VEMD Data collection tool • Manually request beds via telephone to Bed Coordinator • Complete/ update ED Bed Request Log
ED Clerical	Completing ED Admit conversation in FirstNet and iPM ADT	• Complete/ update ED Bed Request Log • Update VEMD data collection tool be bed allocated times and ward
ED to Inpatient Handover	Using FirstNet / PowerChart to complete handover	• Handover patient to receiving ward using paper records • Send patient file with patient (copy and retain for back entry when EMR back up)

Post Downtime Recovery

Key Considerations:

- Follow Business Continuity Plan – EMR for transition of clinical information/ medications
- Continue with paper charting until up time of your patient is complete
- Patients transitioned into FirstNet are identified as EMR active
- ED Nurse In Charge and Doctor in charge to identify resources to assist in patient uptime (Clerk, Doctor, Nurse). Note a pharmacist may be required to assist with medications as part of the clinical information uptime process detailed in Business Continuity Plan – EMR
- Priority: current patients, admitted patients and then discharged patients
- It is important when retrospectively entering information that times are backdated to the time they actually happened
- Liaise with EMR Incident Commander for status updates and escalation if additional resources required
- Refer to ED VEMD data capture sheet for time and date to be entered

Detailed Activities

Refer to Quick Reference Guide for FirstNet Uptime

Nurse

Recovery Item	Details
Quick Reg inc AV arrival date/time time	• All patients should be searchable in FirstNet as any new patients to Western Health have been created in iPM during outage • Time of arrival and AV date/time **MUST** be backdated • Print wristbands and ED labels • Apply new wristbands to patient and remove existing downtime wristbands
Triage	• Remember to back date to time triage occurred • Enter triage code and presenting complaint
Re Triage	• If applicable, ensure times are backdated
Allergies and Alerts	• Update as required
AV Handover date/ time	• Complete AV handover nurse task, ensure handover date/ time is backdated • Note patients cannot be discharged until AV handover task completed
Medication Administration	• Complete as per Business Continuity Plan – EMR
ED Nurse Notes	• Create a clinical note in the EMR indicating: • A Downtime Event has occurred • if there are paper documents which have been transcribed into EMR
Events: Nurse Assign	• Request and complete event. Back date and time to initiation of treatment time.
Vital signs, BOC, Fluid Balance	• Complete as per Business Continuity Plan – EMR Clinical uptime process
Discharge Process	• Once all patient details are completed. Remember to back date to time actual discharge occurred

Clerk

Recovery Item	Details
Clerical Full Reg	• Complete ED Clerical full reg conversation
ED Paperwork	• Attach FirstNet patient labels to existing patient papercharts • Send discharged paperwork to Medical Records for scanning
Admit Conversation	• Complete when all depart processes from ED are completed. Remember to backdate the time to when admission occurred • Complete iPM ADT • Print iPM ADT Labels if patient still in department re label all paperwork with up-to-date labels

Discharge Conversation	• Once all patient details are completed. Remember to back date to time discharge occurred

Doctor

Recovery Item	Details
Events: Treating Clinician Assign	• Request and complete event. Back date and time to initiation of treatment time.
Allergies and Alerts	• Update as required
Diagnosis +/- Injury surveillance screen	• Enter diagnosis for patient and injury surveillance if required
Decision to Admit date/ time	• Backdated time/ date as detailed in VEMD data capture tool
ED Medical Notes	• Create a clinical note indicating a Downtime Event has occurred, indicate if there are paper documents which have been transcribed.
Medication Orders	• Complete as per Business Continuity Plan – EMR

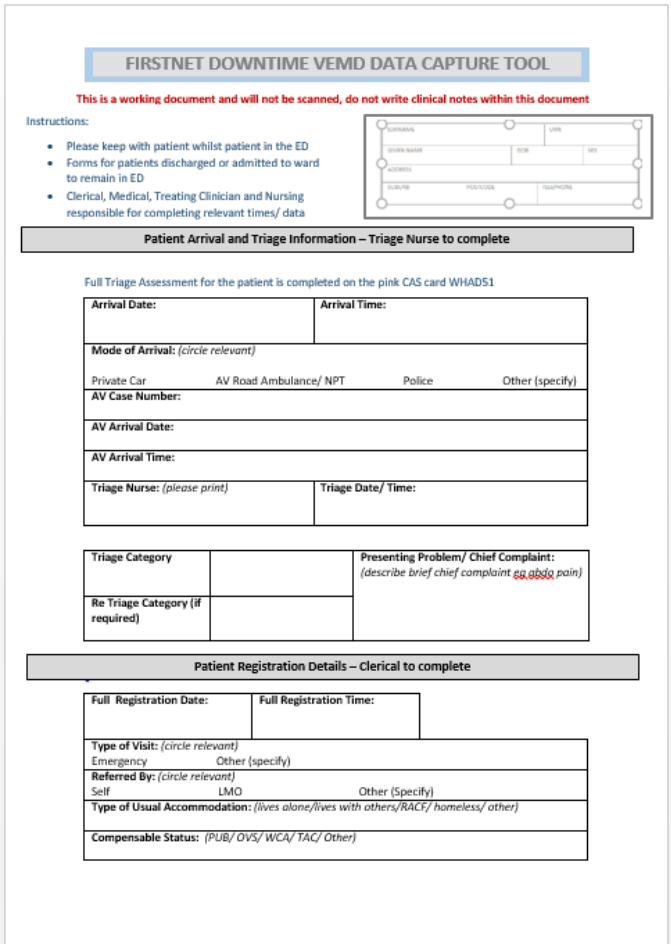
Clean up Procedures / EMR recovery steps

- If a patient has been admitted to the ward: inform ward that FirstNet downtime back data entry process has been completed on that patient
- Downtime box to be restocked as a priority
- All paperwork created as part of downtime is to be sent to Medical Records for scanning
- Once all patients still in ED have been entered into FirstNet the ED will be considered fully EMR active and the Nurse in Charge can direct that all posters can be removed

Downtime Tools:

VEMD Data Collection Tool

- This tool is to be stored within the downtime boxes
- Maintenance and updates to this tool is the responsibility of the Data Assurance Clerical (DAC) role



FIRSTNET DOWNTIME VEMD DATA CAPTURE TOOL

This is a working document and will not be scanned, do not write clinical notes within this document

Instructions:

- Please keep with patient whilst patient in the ED
- Forms for patients discharged or admitted to ward to remain in ED
- Clerical, Medical, Treating Clinician and Nursing responsible for completing relevant times/ data

Patient Arrival and Triage Information – Triage Nurse to complete

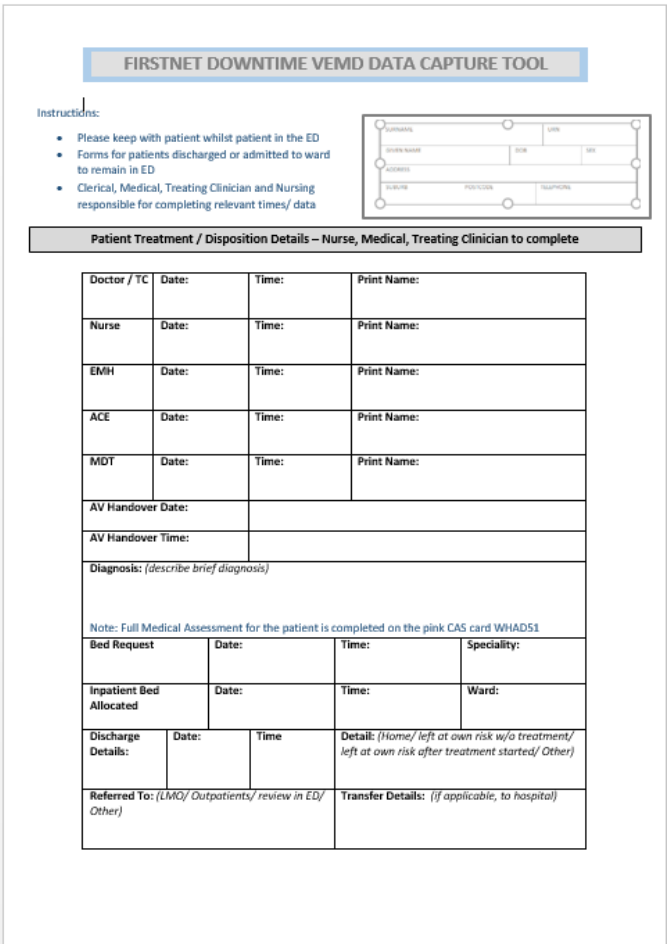
Full Triage Assessment for the patient is completed on the pink CAS card WHAD51

Arrival Date:	**Arrival Time:**
Mode of Arrival: *(circle relevant)* Private Car AV Road Ambulance/ NPT Police Other (specify)	
AV Case Number:	
AV Arrival Date:	
AV Arrival Time:	
Triage Nurse: *(please print)*	**Triage Date/ Time:**

Triage Category		**Presenting Problem/ Chief Complaint:** *(describe brief chief complaint eg abdo pain)*
Re Triage Category (if required)		

Patient Registration Details – Clerical to complete

Full Registration Date:	**Full Registration Time:**
Type of Visit: *(circle relevant)* Emergency Other (specify)	
Referred By: *(circle relevant)* Self LMO Other (Specify)	
Type of Usual Accommodation: *(lives alone/lives with others/RACF/ homeless/ other)*	
Compensable Status: *(PUB/ OVS/ WCA/ TAC/ Other)*	



FIRSTNET DOWNTIME VEMD DATA CAPTURE TOOL

Instructions:

- Please keep with patient whilst patient in the ED
- Forms for patients discharged or admitted to ward to remain in ED
- Clerical, Medical, Treating Clinician and Nursing responsible for completing relevant times/ data

Patient Treatment / Disposition Details – Nurse, Medical, Treating Clinician to complete

Doctor / TC	**Date:**	**Time:**	**Print Name:**
Nurse	**Date:**	**Time:**	**Print Name:**
EMH	**Date:**	**Time:**	**Print Name:**
ACE	**Date:**	**Time:**	**Print Name:**
MDT	**Date:**	**Time:**	**Print Name:**
AV Handover Date:			
AV Handover Time:			
Diagnosis: *(describe brief diagnosis)*			

Note: Full Medical Assessment for the patient is completed on the pink CAS card WHAD51

Bed Request	**Date:**	**Time:**	**Speciality:**
Inpatient Bed Allocated	**Date:**	**Time:**	**Ward:**
Discharge Details:	**Date:**	**Time**	**Detail:** *(Home/ left at own risk w/o treatment/ left at own risk after treatment started/ Other)*
Referred To: *(LMO/ Outpatients/ review in ED/ Other)*			**Transfer Details:** *(if applicable, to hospital)*

Triage / Clerical Log

- This tool is to be stored within the downtime boxes
- Maintenance and updates to this tool is the responsibility of the Data Assurance Clerical (DAC) role

FirstNet Downtime Triage / Clerical Log

Date/ Time	Bradma	Location	Triaged By	Clerked By	Notes	Compensable status

Bed Request Log

- This tool is to be stored within the downtime boxes
- Maintenance and updates to this tool is the responsibility of the Data Assurance Clerical (DAC) role

FirstNet Downtime Admissions Log

Bradma	Bed Request Date/ Time	Specialty	Bed Specialty Requirements eg Telem	Allocated Ward	Allocated Date / Time	Bed Ready Date/ Time	Compensable status

Appendix 7. SurgiNet

Downtime decision making

Identification
1. Access (log in)
2. Application (functionality)
3. Integration (information flows)

Assessment
Refer to *Downtime Decision Process* detailed on page 6 of the Business Continuity Plan (EMR)

Impact and response

Impact	**Response**
Critical	
All or majority of users cannot provide safe care to patients with EMR AND: - No viable workaroud - No solutions within short timeframe after contacting DTS - Risk of not calling a downtime outweighs risk of calling downtime	Localised or generalised downtime required
Critical but limited	
See single user critical access	
Mild	
Majority of users can continue to provide safe care AND: - Viable workaround - Relatively rapid solutions after contacting DTS - Resource requirement of calling downtime would cause greater risk than continuation	Continue procedure as per workaround

PLANNED Downtime

Timeframe	Task	Responsible individual
90 minutes prior	Advise staff of the timing and anticipated length of downtime and instruct staff to commence pre-downtime preparation as described below Consider delaying NONURGENT cases until after downtime	Floor Coordinator
30 minutes prior	Finalise any ongoing documentation. Print Daily OR Schedule for day from DTV Schedule folder Ensure each patient has at least 1 page of UR labels in patient folder Print drug charts using the MAR file Print for those patients who have medications or IV fluids that cannot be delayed until the end of the planned downtime Ensure all procedure rooms have downtime packs. Distribute copies of paper Anaesthetic Record / Procedure Record / Post procedure documentation to each OR/Procedure room in use Ensure each patient IN PACU has PACU documentation paper forms	Doctor All Nurses Clerk Nurse/Midwifery Manager / ANUM Nurse / Floor Coordinator

5 minutes prior	Post sign on Main Tracking Board that "EMR is down" Distribute copies of paper Anaesthetic Record / Procedure Record / Post procedure documentation to each OR/Procedure room in use Ensure each patient IN PACU has PACU documentation paper forms Manually update printed schedule with additional/emergency cases	Nurse / Floor Coordinator

SurgiNet UNPLANNED Downtime

Key considerations

- Downtime actions should NOT start until an EMR Downtime has been called, unless requested by Nurse Floor Coordinator (NFC) to safely manage patient flow and workload demands
- Refer to Downtime Action Card in your local Downtime Box
- Refer to 724 Access Viewer for Clinical information as clinically required

For Patients awaiting surgery / procedures during the Downtime

Action	Role
1) Refer to downtime instruction cards 2) Identify patients that can be delayed and communicate to all staff and relevant wards 3) Work closely with Reception Clerk to update the DTV printed OR Schedule 4) Give direction to access downtime packs 5) Ensure access to paper documentation	Floor Coordinator / Anaesthetist in Charge
1) Move to paper documentation as clinically required within first 20 minutes of downtime, or once departmental decision is made 2) If EMR returns within 20 minutes of downtime, back-enter documentation into EMR.	Intraoperative Nurses
1) Print the OR Schedule from the DTV folder 2) Contact wards and request they hold patients until advised (after discussion with NFC) 3) Print patient UR Labels if required	Reception Clerks / Floor Coordinator Out of Hours
1) Hold further patients in Surgical Admissions / holding bay until advised otherwise by NFC	Nurses
1) If the decision is made to proceed before EMR is back up, ensure patient has full set of required paper surgical / procedural documents	Clinicians

For Patients INTRAOPERATIVE / INTRAPROCEDURE at Downtime

Action	Role
1) Refer to downtime instruction cards 2) Provide communication and updates to Proceduralists / Surgeons 3) Coordinate distribution of paper surgical / procedural documentation (intra- and postop) 4) Organise printing of Patient Information sheet from 724 and MAR from DTV MAR folder for each patient in OR and in PACU	Floor Coordinator
Provide communication and updates to Anaesthetic staff	Anaesthetist in Charge
Move directly to paper documentation Consider delaying case if clinically advisable If system returns within 15 minutes of downtime, and clinically appropriate, back enter anaesthetic data into SAA. Continue with documentation in SAA. Review printed drug chart and write new orders on NIMC and IV Fluid orders if required	Anaesthetists
All Areas 1) If EMR returns within 20 minutes of downtime, back-enter documentation into EMR. 2) If downtime is greater than 20 minutes, or if departmental decision made to remain on paper, complete the paper record as the comprehensive operative record Imaging / Cath Lab / Endoscopy	Surgeon / Proceduralist / Nurse / Techs

1) Continue documentation using other electronic procedure system if appropriate	
Complete procedure note on paper if EMR unavailable at the end of the procedure	Surgeon
Print 2 pages of UR Labels from PAS for each patient in each OR ** RETAIN A PAPER COPY OF ALL PAPER DOCUMENTS COMPLETED DURING A DOWNTIME - These will be required for downtime recovery to capture reporting / billing details and to ensure the clinical record is complete	Reception Clerks
1) Review printed drug chart and write new orders on NIMC and IV Fluid orders if required 2) Document recovery / PACU observations on paper forms 3) All case paper documentation should accompany patient in patient folder for scanning at discharge **A COPY MUST BE KEPT OF ALL PAPER DOCUMENTS FOR RECOVERY PURPOSES	Recovery / Anaesthetist

For Patients POST PROCEDURE / in PACU at Downtime

Action	Role
1) Commence documentation on paper PACU observation records 2) Distribute paper documentation from downtime packs. Review printed DTV MAR (and NIMC / IV Order form if also present) for medication administration 3) Review printed patient information sheet (and anaesthetic record from 724) when handing over to ward 4) Retain a copy of all paper records for recovery process when EMR back up 5) Ensure NFC is updated when patients arrive and leave PACU	Nurse
1) Ensure sufficient UR labels exist (at least 2 sheets) in the patient folder. Print patient UR Labels from PAS if not. 2) Copy all paper documents (for EMR recovery processes) before patient is transferred to ward	Reception Clerks

Detailed Activities

Stop	**Start**
Accessing patient information	
Stop using EMR for patients	Delegate printing of OR Schedule from DTV Schedule folder, and print MAR file from the DTV MAR folder for patients affected by the downtime, along with Patient information sheet for each patient from 724 Review electronic patient information in 724 Current encounter information only will be available via 724 by searching for patient UR number
Scheduling	
	Liaise with Floor Co-ordinator to identify patient location and movements Contact wards and (patients on schedule for later in day) to delay Continue using paper cards to track emergency procedure requests.
Perioperative Setup	
Stop using EMR for procedural setup Stop using EMR for information on surgeon preference	Use backup procedure / generic preference cards
Procedural documentation	
Stop using EMR to document intraprocedural activity	Use paper Anaesthetic Record/Procedural Record and post procedural paper documentation

	Ensure paper based documentation is placed in patient folder and accompanies patient to recovery Use paper Procedural Record and post procedural paper documentation Use third party IT systems to document intra-procedural activity (e.g. Provation) Use downtime pack forms.
Post Procedure documentation	
Stop using EMR to document procedure information and post procedure orders	Use paper Procedural Records and post procedural paper documentation. Verbally inform nurses of specific post op orders Use paper Procedural Record and post-procedural paper documentation Ensure paper based documentation is placed in patient folder and accompanies patient to recovery
PACU	
Stop using EMR for post-operative documentation and medications in PACU	Use PACU paper documentation for vital signs and other observations Use printed DTV MAR for medications in conjunction with NIMC & IV Orders if required
Transfer to ward	
Stop using EMR to handover to ward staff	Use paper PACU documentation, DTV MAR/NIMC/IV Orders, pre-existing finalised documentation (printed from DTV folder), 724 Patient Information sheets and to handover to receiving ward staff Ensure paper based documentation is copied by ward clerk and that originals accompany patient on return to ward for back documentation when EMR back up Retain copies of paper based records for entry of required information when EMR back up

Clean up Procedures / EMR recovery steps

Key Considerations

- It is important when retrospectively entering information that times are backdated to the actual time
- Liaise with Floor Coordinator to determine need for additional staffing
- Liaise regularly with the Floor Coordinator for status updates and clinical support
- In the event of an extended outage, please refer to Incident Control for instructions regarding recovery actions

Anaesthetics

1) In the event of EMR downtime, move directly to paper documentation.
2) If system returns within 15 minutes of downtime, and it is clinically appropriate, back enter anaesthetic data into EMR. Continue with documentation in the EMR.

Nursing

1) In the event of EMR downtime, move to paper documentation as clinically required within first 20 minutes of downtime, or once departmental decision is made.
2) If downtime is greater than 20 minutes or if departmental decision is made to remain on paper, complete the paper record as the comprehensive operative record.
3) Once the system is restored, then Case Times and Case Attendees are to be back entered with a Note entered into the Segment Text of the Case Times Segment Stating. “EMR Downtime Occurred. For complete perioperative documentation refer to CPF.”

Appendix 8. Specialist Clinics and Community

Specialists Clinics and Community
Community documentation occurs in EMR. Staff completing community documentation in EMR will follow the steps for clinical documentation outlined below. Patient referrals, scheduling and reporting will remain as per current state. If these systems are unavailable refer to those systems BCPs.

EMR – Standby Instructions

Nurse/Midwife in Charge or Manager of clinic

- Call a Huddle with clinic staff to review the EMR downtime procedures to be followed and ensure that all staff are clear with the required procedures.
- Locate and open Downtime Box. Locate the DTV password card and place with the DTV.
- Check the DTV for the following:
    - Sufficient paper in the printer.
    - Cables are connected and power is switched on.
    - Login with the allocated password and **Test print a single patient** to ensure single sided printing is selected.
- If printing is not single sided change this in the printer settings or ring Service Desk on extension 56777 for assistance.

Clerical

- Check that Downtime boxes have the correct documentation, team members are aware for procedures, DTV are plugged in, printer location is known
- If EMR is still available and If time and clinic size permits, consideration can be given to printing out the details of appointments:
    - Print off Specialist clinic Dashboard report for each location
    - Print Patient Appointment Labels to attach to documentation going to BOSSnet
- If EMR is not available print patient labels from iPM for bossnet scanning and add to forms

Clinical staff- Allied Health, Medical, Nursing, Pharmacy

- If EMR is still accessible complete any commenced documentation
- If EMR is still accessible and time and clinic size permits, consideration can be given to printing out the details of individuals last appointment:
    - Review Appointment: Print last outpatient visit note
    - Post IP/OP review Appointment: Print Discharge summary / and or operation notes from relevant visit
    - New Appointment (referred internally): Print Internal Referral requisition
    - New Appointment (externally referred): Viewed in BOSSNet if available if also down print from BOSSnet
- If EMR still accessible and time permits, consider ordering planned radiology and printing requisitions

EMR – Downtime Instructions

Nurse/Midwife in Charge or Manager of clinic

- Open Downtime box and distribute Downtime document packs and documents
- Print off all required information from the DTV and distribute to the clerical staff to prepare patient packs with labels
- Instruct clinic staff to commence documenting using downtime packs

Clerical

- Accessing patient list for patient arrival
    - If patient list was unable to be printed during standby- print patient list from Bossnet or Enlighten if available
    - If all systems are down Liaise with Nurse/Midwife in Charge/Clinic Manager to print off clinic lists via Downtime viewer
    - Patient Labels
    - Locate patient labels if printed prior to downtime

- If no labels were printed, print patient labels from iPM if still available
- If all systems are down refer to patient list from downtime viewer to manually add patient details to documents required

- Patient Arrivals
  - Locate the paper outcome forms from the downtime box
  - Attach patient label to outcome slip or write patients details if label is not available
  - If iPM is still available confirm patients details in iPM and update via iPM
  - If all systems are down use print out of patient list to confirm Patient details complete on outcome slip and changes required to be updated once system is available
  - If all systems are down use print out of patient list to confirm Patient details complete on outcome slip and changes required to be updated once system is available
  - If Enlighten is available continue to check in patient via enlighten – if this is possible check in does not need to be recorded on outcome slip.
  - If all systems are down write the check in time on the paper outcome slip provide outcome slip to clinicians once patient has checked in along with labelled paper documents

Clinical staff

Clinic Administration:

- View clinic list on BOSSnet or enlighten if still available or on a paper copy of the patient list from the DTV
- Use outcome slip with patient label attached to:
  - Walk in referrals –and scheduling
  - Check in- if not done in Englighten
  - Check out
  - Appointment outcome including discharge
  - Order review
  - Track DNA
  - Order MBS item numbers and authorising clinician
- New referral orders to specialist clinics: will be generated on paper referral form located in downtime box, these will be managed via external referral workflow from this point onwards

Clinic documentation and tasks:

- Clinical documentation is completed on paper forms with patient labels attached
- Medication prescription via paper prescription pads
- Pathology and radiology ordered via paper requisition forms- review results via Bossnet and synapse if still available
- Utilise phone dictation for clinician letters if available or write or type these letters

EMR – Stand Down Instructions

Nurse/Midwife in Charge or Manager of clinic

- If you notice that you can access the EMR prior to activation of uptime procedures **do not commence using it.**
- Call a Huddle with clinic staff available to explain the Stand Down procedures to be followed.
- Instruct clerical staff to check in all patients in clinic
- Instruct clinical staff to finish current patient on paper and commence using EMR for clinical documentation for the next patient on their list

Clerical

- Await further instruction from NIC/Manager before accessing EMR
- Check all remaining patients in waiting room or “in room” with clinical staff via EMR if they have not been checked in via Enlighten
- Collect all paper records ensure patient labels are printed and placed on any documentation required to be scanned to BOSSNet
- Complete all actions outlined in the outcome slips:
  - Walk in referrals and scheduling
  - Check in
  - Check out
  - Appointment outcome including discharge

- Order review
- Track DNA
- Order MBS item numbers and authorising clinician

Clinical staff

- Finish the clinical documentation and outcome slip for the patient that is in room during stand down
- Commence usual processes from the next patient on your list after they have been checked in by clerical
- There is no requirement to enter any Specialist Clinics orders for patients that were completed on paper during the downtime, send internal paper referrals to be processed in the same workflow as external referrals
- Add any newly identified Allergies or Alerts against the patients that were documented on paper in the EMR
- All Bossnet scanned documentation will not be attached to an encounter. Select encounter and complete an entry into EMR for patients with documentation scanned to Bossnet (*Patient documentation for visit xx/xx/20xx is located in Bossnet*)

Appendix 9. Cancer Services

EMR – Downtime Instructions

NOTE: Regimens and/or future medication orders must only be activated when a patient has presented and is confirmed for administration of treatment. These orders must NOT be activated in 'preparation' for a downtime.

Clerical

- Obtain the 724 Access Appointment Search List for patients within the Oncology/Haematology Day Unit for the current or upcoming day from the Nurse in Charge (NIC)
- Gather/create the Patient folders based on the Appointment List for the day. Prioritise based on:
    - Patients already Arrived (Checked in)
    - Chronologically based on appointment time

  Note: in the event a patient folder does not exist, a folder is to be created. Use an iPM-generated patient label as the folder identifier (if available).
  If iPM is not accessible, manually write patient's details on stickers and place onto folders as the identifier.
- Create an Admit/Discharge sheet (4 columns to record: Name, UR, Date/Time-In, Date/Time-Out)
- Patient arrival: using the Appointment List, confirm with the patient that they have arrived for the correct appointment date and time, and location.
- *Inpatient Visit:*
    - If iPM is accessible, admit the patient (convert Preadmission to Admission)
    - If iPM is inaccessible, refer to iPM Downtime Procedure (Western Health PAS (iPM) Downtime (wh.org.au))
- *Outpatient Visit:*
    - Record patient details on the Admit/Discharge sheet with date and time of arrival
- Wristbands:
    - If iPM is accessible, use to print wristbands as the identification band
    - If iPM is inaccessible, manually write on paper wristbands (available in the DTV kits)
- Patient discharge: patient folders will be placed into the discharge tray to indicate that the patient has departed the unit
    - For both **Inpatient** and **Outpatient** visits: record patient details on the Admit/Discharge sheet with date and time of discharge/check out (use the date/time documented on the Nursing progress note)

Medical Staff

- Obtain the 724 Access Appointment Search List for patients within the Oncology/Haematology Day Unit for the current or upcoming day from the NIC

Activated Regimen: no immediate action is required for the Chemotherapy Day Unit (CDU) Medical Officer

- If treatment modifications are required, **DO NOT** alter any medications on the printed downtime MAR. Cease the medication completely on the printed downtime MAR.
- Prescribe all **new** or **modified*** medication orders onto:
    - AD 275.18 Chemotherapy Drug Chart for pre-printed regimens

  OR
    - AD 275.0 - Western Health CHEMOTHERAPY DRUG CHART - PLAIN for other regimens
- ***Any modifications** to treatment doses, pre-medications, pre- or post-hydration require the regimen **in its entirety** to be recharted on the applicable paper chemotherapy drug chart.
    - New Pathology/Radiology requests ordered on the paper request forms. Contact the relevant department for any urgent requests
    - Discharge prescriptions ordered on the paper prescription pads

Non-Activated Regimens

- Review the 'Future Medication Orders' section of the printed downtime MAR and transcribe the orders onto:
    - AD 275.18 Chemotherapy Drug Chart for pre-printed regimens

  OR
    - AD 275.0 - Western Health CHEMOTHERAPY DRUG CHART - PLAIN for other regimens

Charting new treatment orders

- Review the following documents in the DTV to assist with prescribing anti-cancer treatment orders:
    - CDU Referral Powerform
    - CDU Communications Powerform
    - Pharmacy Anti-Cancer Referral Check Powerform
    - Pharmacy Treatment Modification PowerForm

- These documents should be used to determine the patient's ONC/HAEM Dosing Weight and most recent treatment doses.
- Chart orders onto:
  - AD 275.18 Chemotherapy Drug Chart for pre-printed regimens

  OR
  - AD 275.0 - Western Health CHEMOTHERAPY DRUG CHART - PLAIN for other regimens
- All patient progress notes/communications are to be documented on paper

Nurse/Midwife in Charge

- Open Downtime box and distribute Downtime document packs to each Nurse/Midwife
- Print list from 724 Access Appointment Search List for patients within the Oncology/Haematology Day Unit for the current or upcoming day. Distribute this to Nursing Staff, CDU Registrar, Ward Clerk +/- Pharmacy and place a copy at the Nurses' station
- For patients currently admitted on the ward, print the patient charts. Select the following in the 'Print Chart' window:
  - Patient Demographic Information
  - Medication Administration – need to tick all options including future orders
  - Non-Expiry Documents (where available):
    - Chemotherapy Day Unit (CDU) Referral
    - Chemotherapy Day Unit (CDU) Communications
    - Pharmacy Anti-cancer Treatment Referral
    - Pharmacy Treatment Modification
  - Scheduled Appointments
- Ensure "Patient on Paper" signs are placed above the chair/bed of each patient
- Instruct Nursing/Midwifery staff to commence documenting using Downtime packs
- Alert CDU Registrar of Downtime and requirements on the ward

Nurses and Midwifes

- Seek direction from the NIC/MIC
- Obtain the 724 Access Appointment Search List for patients within the Oncology/Haematology Day Unit for the current or upcoming day from the NIC
- Commence documentation using Downtime packs

MEDICATIONS

Activated Regimen

- The Downtime MAR will be used for administration of medications
- Medications must be signed (not ticked) on the Downtime MAR
- Administration must be **initialled with the nurses' initials**
- Administration of PRN medications must be **initialled with the dose and time administered**
- **Any modifications** to treatment doses, pre-medications, pre- or post-hydration require the regimen **in its entirety** to be recharted on the applicable paper chemotherapy drug chart
- **New** medications are not to be charted on the Downtime MAR. These are to be prescribed on the relevant paper or infusion chart.
- **DO NOT** fax or photocopy the printed Downtime MAR as Pharmacy also have access to a DTV

Non-Activated Regimen

- The printed Downtime MAR **must not be used** to document administration of medications that have not yet been activated and appear in the 'Future Medication Orders' section
- Medical Officers must prescribe the treatment order(s) onto the paper chemotherapy chart

Pharmacists

Patient List

- Print list from 724 Access Appointment Search List for patients within the Oncology/Haematology Day Unit for the current or upcoming day

Documentation

- Previous Pharmacy Anti-Cancer Treatment Referral Check and Pharmacy Treatment Modification documentation are viewable on the DTV. These select documents **do not** have a 7 day expiry

- Complete any Pharmacy Anti-Cancer Treatment Referral Check and Pharmacy Treatment Modification documentation on the paper Chemotherapy Referral Pharmacy Form and Chemotherapy Dose Adjustment Form respectively during the downtime

Pharmacy Verification

- Paper treatment charts are to be stamped with the "dispensing" stamp (on the original copy if possible) and initial and date with the designation "BPharm" if all clinically appropriate information is available

Discharge Prescriptions (including Supportive Care Medications)

- Will be completed on paper prescription pads
- Ensure the red medical copy is kept in the patients' file and sent to Medical Records for scanning

MEDICATIONS
Activated Regimen

- Crosscheck the manufactured/out-sourced product with the orders on the Downtime MAR (final check sign-off)
- Provide guidance to other clinicians where required:
    - Medical Officers – **any modifications** to treatment doses, pre-medications, pre- or post-hydration require the regimen **in its entirety** to be recharted on the applicable paper chemotherapy drug chart
    - Nursing staff – administration must be initialled with the nurses' initials. PRN medications must be initialled with the dose and time administered.

Non-Activated Regimen / New Treatment Orders

- Provide guidance to other clinicians where required:
    - Medical officers – will prescribe new treatment orders on the paper chemotherapy drug chart (not the printed downtime MAR)
- Perform clinical verification of treatment orders and obtain a copy of the paper chemotherapy drug chart
- Crosscheck the manufactured/out-sourced product with the paper treatment chart (final check sign-off)

EMR – Stand Down Instructions Clerical

- Retrospectively enter all Check-in/Admissions documented on the Admit/Discharge sheet
- **Outpatient encounters** that were already checked in during the downtime will be closed at midnight that same day. Therefore, create a 'Between Visit' encounter to allow for retrospective clinical documentation
- Provide patient folders to nursing staff to perform transition back into EMR
- Once the patient folder is returned, retrospectively enter Check-out/Discharge based on the date and time documented on the Admit/Discharge sheet
- Label all paper documentation with the patient label. The label must accurately match the visit. These are then sent to Medical Records for scanning

Medical Staff

<u>For down-time LESS than 24 hours:</u>

- Transcribe from paper into the EMR: any new allergies/sensitivities and alerts, problems and diagnoses, and ONC/HAEM Dosing Weight updated or added during downtime
- Transcribe from paper into the EMR any new CDU Referrals and Communications received during downtime
- Review the printed downtime MAR and/or paper chemotherapy drug chart to determine if any modifications or new orders have been made to the current cycle

MEDICATIONS

- **Activated and Non-Activated Regimens:** reconcile the orders on the EMR to ensure these exactly match the printed downtime MAR and/or paper chemotherapy drug chart
    - For each medication that is checked/updated onto the EMR, strike through the paper drug chart with a highlighter to indicate that the medication has been reviewed

- **Not yet ordered in EMR:** order the Cycle/Day of Treatment and ensure that these exactly match the paper chemotherapy drug chart
    - Scheduling phase: change action to 'Do Not Order'

<u>For down-time GREATER than 24 hours:</u>

Perform the actions listed above for the *last 24 hours* of the downtime (for example, if there was a 7 day downtime, only the last 24 hours will be retrospectively entered).

In the event of an extended downtime, the EMR Incident Commander and Chief Operating Officer, in consultation with the Oncology Head of Unit, will assess if retrospective entry is required beyond this point.

If retrospective entry is *NOT* to occur, the minimum actions include:

- **Activated Regimens: r**eview the printed downtime MAR and/or paper chemotherapy drug chart to determine if any modifications or new orders have been made to the current cycle
    - Reconcile the orders on the EMR to ensure these exactly match the printed downtime MAR and/or paper chemotherapy drug chart
    - For each medication that is checked/updated onto the EMR, strike through the paper drug chart with a highlighter to indicate that the medication has been reviewed

- **Non-Activated and not yet ordered in the EMR Regimens:** Skip the Cycle/Day of Treatment that has been administered on paper during downtime

Nurse/Midwife in Charge

- If the EMR can be accessed prior to activation of uptime procedures, **do not commence using it**
- Call a Huddle with Nursing/Midwifery staff on the ward to explain the Stand Down procedures to be followed. **This must happen prior to any Nursing/Midwifery staff accessing the EMR**.
- Print a Transition Checklist for each patient and attach a patient label. Distribute to staff.
- Ensure that any medication changes on the paper chemotherapy drug chart are reviewed by the Medical Officer prior to resuming documentation in EMR
- Instruct Nursing/Midwifery staff to commence documentation in EMR for new patients and for patients who have had NO changes to medications
- Ensure that Nursing/Midwifery staff remove the "Patient on Paper" signs once the patient is transitioned back into EMR
- Ensure that all paper documentation used during downtime is kept in the patients' file and sent to Medical Records for scanning when the patient is discharged
- Report any issues to the EMR team via Service Desk ext. 56777

Nurses and Midwifes

- Attend ward huddle and await further instructions from NIC/MIC **prior to accessing the EMR**
- Use Transition Checklist to track progress in transitioning patients back on to EMR. Once completed return Checklists to the NIC/ MIC

For down-time LESS than 24 hours:

- **Activated Regimens:** once any changes are verified by the Medical Officer, commence back entry of Medications administration for the period during which EMR was unavailable. Paying close attention to:
    - **Enter actual date, time and medication dose administered**. Use Reason for Late Administration option of "Other" and enter "Downtime"
    - **Strike through each page of the printed Downtime MAR with a highlighter** to indicate that the information has been entered into EMR

- **Non-Activated Regimens OR regimens ordered on paper during the downtime:** once ordered in the EMR or any changes are verified by the Medical Officer, commence back entry of Medications administration for the period during which EMR was unavailable. Pay close attention to:
    - Ensure the "Start Date / Time" matches the current date and time
    - **Activate** the Cycle/Day of Treatment
    - **Enter actual date, time and medication dose administered**. Use Reason for Late Administration option of "Other" and enter "Downtime"
    - **Strike through the paper chemotherapy drug chart with a highlighter** to indicate that the information has been entered into EMR

Note: The Nurse/Midwife is ONLY documenting that the medication was administered. The signed printed Downtime MAR or paper chemotherapy drug chart will be scanned into the patient record to show who actually administered the medications

For down-time GREATER than 24 hours:
Perform the actions listed above for the *last 24 hours* of the downtime (for example, if there was a 7 day downtime, only the last 24 hours will be retrospectively entered).

- **Activated Regimens:** once any changes are verified by the Medical Officer, commence back entry of Medications administration for the period during which EMR was unavailable. Pay close attention to:
    - Enter actual date, time and medication dose administered. Use Reason for Late Administration option of "Other" and enter "Downtime"
    - Strike through each page of the printed Downtime MAR with a highlighter to indicate that the information has been entered into EMR

If retrospective entry is *NOT* to occur, the minimum actions include:

- **Non-Activated Regimens OR regimens ordered on paper during the downtime:** ensure that the Cycle/Day of Treatment that has been administered on paper during downtime has been skipped by the Medical Officer

- Remove the "Patient on Paper" signs once the patient is transitioned back into EMR
- Ensure that all paper documentation used during downtime is kept in the patients' file
- Report any issues to the Nurse/Midwife in Charge

Pharmacists
For each patient:

- Double check transcription of medications back onto the EMR
- Strike through each order on the paper drug chart with a highlighter to indicate that the medication has been reviewed
- Inform the Nurse in Charge and document checks on the transition checklist

Note: retrospective verification of treatment orders is NOT required