

CENTRAL MONTANA MEDICAL CENTER  
Lewistown, Montana

Orig. Effec. Date: <u>03/2013</u>
Approved By: _____
Revised:
Approved By: _____

POLICY NO. IT-009  
PAGE 1 OF 3

<b>SUBJECT: DOWNTIME PROCEDURE – POC, E-FORMS, CHARTLINK, CPOE</b>
<b>DEPARTMENT: NURSING</b>
<b>AFFECTED DEPARTMENTS: AC/ICU/OB/ER/SNC</b>

**POLICY:**

Computer Downtime Procedures

**PURPOSE:**

To prevent loss of information and allow continued patient care during computer downtime whether scheduled or spontaneous.

**NURSING (NON POINT OF CARE)**

**PROCEDURE:**

If scheduled downtime or have time before spontaneous downtime:

1. Any incoming reports (Hospital Base Menu > Incoming Reports) should be printed and immediately placed in the charts as preliminary reports.
2. Order schedule (Hospital Base Menu > Print Reports > Order Schedule). This report will provide all of the procedures that have been ordered for the specified department and date and time period. This report should be printed through the next day.
3. While system is non-operational, nursing should use manual slips and telephone for any stat or immediate orders that need to be completed. Routine orders should be documented and the order (s) can be placed in the system when it becomes operational. The Ancillary departments will enter any orders that were completed during downtime into the system as soon as it is operational.

**NURSING (POC)**

**PROCEDURE:**

If scheduled downtime or have time before spontaneous downtime:

1. Use reports that are spooled to PC Back up for downtime – Nurses Notes and MAR – print these from PC Backup
2. In the event of extended downtime, nursing and multi-disciplinary staff document on paper using documents designated for that purpose.
3. Refer to MAR printed from the backup PC as a guide to build the MAR
4. A 24-hour medication chart check will ensure that all medications have been accounted/documentated
5. Place the patient progress notes and the MAR in the patient's chart
6. POC contact and department managers should initiate a plan to bring staff back into the system
7. Keep lines of communication open with the business office, pharmacy, ancillary and other departments.

## **E-FORMS**

### **PROCEDURE:**

If scheduled downtime or have time before spontaneous downtime:

1. Print any electronic forms that have been charted on patients in the past 12 hours that would be important to see past documentation on a patient in order to provide continuum of care.
2. Print blank copies of any Electronic Forms that would need to be used for patient charting during the time the system is down. (Master Selection > Business Office Tables > e-forms) Select each form that might be used, choose preview button and print the form.
3. As e-forms are created a blank printed copy of each form should be printed and held in a special place designated as MASTER copy.
4. Once system is back up, CMMC will decide what they will do with the paper copies of the forms that were used during downtime. They may be added to the patient's chart as paper copies; they may open new forms on the patients and enter information from paper copies or scan forms into system.

## **CHARTLINK REVIEW**

### **PROCEDURE:**

1. Restore electronic medical record
  - a. All clinical information since last successful backup will need to be entered into CPSI
  - b. Clinical info may be entered by staff other than the person providing the service. When entering data from notes of another care provider the following statement must be written prior to the entry. "This data is being entered by \_\_\_\_\_ for \_\_\_\_\_ from written documentation on paper charts during downtime.
  - c. This is the responsibility of the ancillary, nursing and pharmacy departments
  - d. Once the system is running, providers will need to be informed.
  - e. Providers will also need to know expected finish time for when all back log will be entered into the system
  - f. The electronic medical record will not be complete until all information has been entered into the system.
  - g. Paper charts utilized during downtime will be maintained by the HIM Department for as long as required for the EMR by regulations.

## **CHARKLINK CPOE**

### **PROCEDURE:**

1. Restore electronic medical record
  - a. All clinical information since the last successful backup will need to be entered into CPSI
  - b. This is the responsibility of the ancillary, patient documentation, and pharmacy departments
  - c. Print the physician order entry information from the backup pc. Choice is given of which "Back up time" to print, documentation is "loaded" to the PC every hour for easy retrieval. This document is a tool to be sure there are not any unverified orders that need to be addressed.

NOTE: The physician entered orders report is also attached as the last section of the Patient Progress Notes from Patient Documentation

- d. Once the system is running, the providers will need to be informed and also told the expected finish time for when all backlog will be entered into the system. The electronic medical record will not be complete until then.

**PC BACK UP PROCEDURE**

1. Back up PC will be checked to verify that current information being entered is automatically being spooled/loaded. The back up PC should remain ON and connected to the back-up process at all times.
2. A designated person will visually check the backup PC to verify that information is being correctly spooled/loaded. A record will be kept (Shift Log for Backup PC) with date/time and signature.

