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I.   SCOPE:

This policy applies to **[insert Hospital's name]** (the "Hospital") and addresses clinical documentation and ordering processes when the Cerner Millennium system is unavailable due to planned or unplanned downtime. This policy does not apply to specialty areas such as ED, Perioperative, Labor and Delivery, NICU and Procedural Areas, which will continue to follow their existing department-specific downtime processes.

II.   PURPOSE:

The purpose of this policy is to describe the responsibilities of all Hospital team members in the event of planned or unplanned short term or extended downtimes with the Cerner Millennium system.

III.   DEFINITIONS:

A.   Downtime: Any period of time during which system resources are unavailable to users.

B.   Planned Downtime: Planned downtime is a pre-scheduled time period during which a system will be made unavailable to users. It is scheduled in accordance with the affected system users and approved by the specific system administrator(s) and Information Services. Examples include; preventative and predictive maintenance, repairs, upgrades, fixes, and modifications.

C.   Unplanned Downtime: An unexpected, unscheduled period when the system is unavailable. Unplanned downtime is announced by the switchboard at the affected facility and is categorized as either:

1.   Short Term: Downtime that is four hours or less in duration

2.   Extended: Downtime that is more than four hours in duration

It is not always possible to diagnose and identify the severity of a problem at the time that it occurs; therefore, it is possible that Short Term downtime will become extended downtime.

D.   Surgical areas include: All surgery cases (inpatient and outpatient) in PAT, Pre-Op, Operating Rooms, Same Day Surgery, Ambulatory Surgery, Post-Op, PHASE 1 & 2 Recovery, GI-Lab, and Endoscopy.

E.   724: Strategically located workstation which stores limited, key patient data for use during downtime. The purpose of the workstation is to act as a short term bridge until the Cerner Read-Only Database is made available.

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F.   Cerner Read-Only Database: Read only version of Cerner Millennium application that is made available by IS shortly after a declared downtime. During downtime availability will be clearly communicated via My Alerts and the Client Bridge Line. Below are approximations of how long after downtime the solution should be available.

1.   Available less than 30 minutes after planned downtime

2.   Available less than 45 minutes after unplanned downtime is declared

G.   Recovery Phase: System becomes available.

H.   Cerner Millennium: the Hospital's electronic medical record (EMR)

IV.   POLICY:

When the EMR system is unavailable due to Cerner downtime, all users will follow the procedures of this policy to ensure accurate medical records are created and maintained. There may be certain instances in which the exercise of profession judgment and or/discretion by the health care provider warrants taking additional actions. Documentation recovery will depend on length of downtime. Designated personnel must maintain current versions of all downtime forms.

V.   PROCEDURE:

A.   Preparing for Planned Downtime

1.   Providers

[Insert title of designated individual(s)] prints patient lists for providers

2.   Nursing Units

a.   **[Insert title of designated individual(s)]** prints additional labels and armbands if needed

b.   **[Insert title of designated individual(s)]** makes downtime forms available for use

c.   **[Insert title of designated individual(s)]** prints requisitions for labs that are due during downtime

d.   **[Insert title of designated individual(s)]** prints Order Summary after entering all applicable orders and documentation

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e.   **[Insert title of designated individual(s)]** reconciles paper MAR against the computer eMAR and updates with any new medication orders since the paper MAR was printed

f.   **[Insert title of designated individual(s)]** encourages and/or assists physicians to print patient lists

g.   **[Insert title of designated individual(s)]** creates a patient diet list or obtains the list from Nutrition and Food Services

h.   **[Insert title of designated individual(s)]** prints patient education and medication leaflet materials from Cerner

i.   If patient discharge is imminent and discharge process is complete, **[insert title of designated individual(s)]** prints Patient Summary from Depart

3.   Pharmacy

a.   **[Insert title of designated individual(s)]** prints copies of the MAR if planned downtime will be longer than 4 hours

b.   **[Insert Hospital's specific description of process for distribution of downtime MARs.]**

4.   Surgery

a.   **[Insert title of designated individual(s)]** prints a copy of the schedule

b.   **[Insert title of designated individual(s)]** makes downtime forms available for use

c.   **[Insert title of designated individual(s)]** prints pick lists

5.   Specialty Departments, including: ED, L&D, Perioperative, NICU, and Procedural Areas

Make unit-specific downtime forms available for use.

6.   Diagnostic Departments

a.   **[Insert title of designated individual(s)]** prints orders and requisitions for upcoming tests due during downtime

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     b.   **[Insert title of designated individual(s)]** assures all test/procedure results are entered

7.   Registration Department

     [Insert title of designated individual(s)] faxes/scans patient census to ancillary departments every 4 hours

B.   During Cerner Downtime

Use of *724*	- Access to the 724 computer is by a SPECIAL SIGNON and Password - Information on 724 is available only for the patients on the unit at the time of downtime - Data cannot be entered into 724 - When the patient is transported off the home unit during a downtime, place a printed copy of 724 data in the paper chart
Cerner Read-Only Database	- Access is via normal application icons (i.e. PowerChart, FirstNet, Surginet) and logins - Information in Cerner Read-Only Database is only for patients in the facility at the time of downtime - Data cannot be entered into Cerner Read-Only Database, all patient data up until downtime is available - Standard reports are available via Cerner Read-Only Database
Medications - Ordering - Administration - MARs - Med Rec	- For patients already in-house prior to the downtime, 724 will be used to reference patient MAR at start of downtime - Manually document medication administration using the printed MAR from Pharmacy or the form located in the Downtime Form Packet I - Write new medication orders on a Physician's order sheet - Scan new medication orders to Pharmacy ensuring patient information, location, height, weight and allergies are legible - Manually transcribe new medications onto downtime paper MAR - If downtime continues into a 2nd day, initiate a new downtime paper MAR using a blank form from the forms packet

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Orders	▪ Complete Medication Reconciliation on paper via printed reports from within the Cerner Read-Only Database. Reports can be found at the following location: Tasks>Report
	▪ Providers utilize paper order sets or sheets
	▪ Clinicians and/or HUCs transcribe orders to appropriate downtime requisitions as applicable
	▪ Hold routine order entry until downtime is over, if possible (*e.g.,* short term, scheduled downtimes) and/or if the test/result is not needed during the downtime period
	▪ For STAT orders, notify applicable department and hold the requisition form on the unit for the department to pick up
	▪ For non-STAT orders, send the requisition to the department or call the department (depending on hospital procedure)
	▪ Call physicians for consults
	▪ Contact ancillary departments for evaluation/ treat orders
	▪ Orders via paper requisitions:
	  • Keep one copy of the requisition on the unit and write "*ordered via requisition*" on the Order Sheet
	  • Do NOT re-enter the order into Cerner after the downtime is over

Documentation	▪ Maintain Downtime Form Packets on the units/departments and contain downtime paper forms ▪ Utilize downtime paper forms for all clinical documentation
Obtaining Results	▪ Call STAT results or Critical Results to the unit ▪ The ancillary departments place all results and reports in the system when downtime is complete
Patient Education	▪ Access educational materials via the Lippincott Nurse Advisor link on the Hospital's intranet

C. Recovering from Downtime

Data entry post-downtime will take place as noted in the below table:

Downtime up to 4 Hours	▪ Enter all orders into Cerner ▪ Enter all documentation into Cerner
Downtime longer than 4 Hours	Entered into *Cerner* Orders ▪ Enter all orders into *Cerner* except those orders sent to

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	departments via the Downtime Requisition paper form; the receiving departments (*i.e.,* Lab, Radiology) enter the orders and results ▪ Pharmacy will enter medication orders ▪ Ensure one-time orders are completed/discontinued as applicable
	Documentation ▪ Allergies and weight ▪ Height, if data collected ▪ All medications and IVs ▪ All intake and output totals ▪ All admission histories and admission assessments ▪ All initial patient evaluations ▪ Last documented set of vital signs including pain assessment ▪ Any changes in level of care ▪ Complete Downtime PowerForm indicated when downtime started and ended
	Tasks ▪ For patients admitted during downtime, complete Admission Tasks once patient has been entered into the system ▪ All tasks that appear on Task Lists must be documented as "Not Given"/"Not Done" with the reason of "Documented on Paper" (4 Hours or More)
	Charges ▪ All charges must be entered
	Discharge Instructions ▪ Discharge instructions completed on paper for patients discharged during downtime will be scanned into the chart by HIM
	Medication Reconciliation ▪ HIM will scan medication reconciliation completed on paper ▪ Update Medication by History to reflect final medication list at discharge

Unit Responsibilities	▪ Written orders, except as noted for specific departments
	  • Patient care staff will enter non-medication orders
	  • After Pharmacy medication backload is complete, nursing will review medication orders against the written paper order sheet
	  • After more than four hours of downtime is complete, units photocopy MARs and send to pharmacy. Original MARs remain in the patients chart for HIM.

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	▪ Nursing documentation as noted above
Pharmacy	▪ Enter all medication and IV orders ▪ Notify each unit as their orders are completed
Radiology	▪ Enter all radiology orders ordered via paper requisition
Laboratory	▪ Enter all laboratory orders ordered via paper requisition
Peri-Operative	▪ Enter all scheduled cases ▪ Enter all SurgiNet documentation ▪ Enter all medications/IVs ▪ Enter all SurgiNet charges
Other Departments	▪ The job category responsible for documentation is responsible for re-entering it during downtime recovery.
Staff Assignment	▪ Backload staff assignments
Chart Check	▪ Perform chart check after recovery orders and documentation have been entered
Downtime Packet	▪ Replenish downtime packet

D. Additional Downtime Recovery Activities

1. For the therapies, invasive labs and EKG orders, add a comment to each order processed during the downtime indicating that the order is part of downtime recovery to prevent duplication of tests and treatments

2. Back-date/time data entries to reflect actual time of task performed. The system has the ability to capture both time the task was performed and the time the data was entered.

3. In instances when a downtime crosses shifts, the clinician(s) on duty at the time of recovery must be enter the documentation into the system. By documenting on the Downtime Recovery PowerForm the clinician will complete the documentation requirements necessary to Chart by Proxy for clinicians who completed paper documentation.

4. Paper copies of downtime forms will be kept until the form is scanned after a patient is discharged. See Regulatory Compliance policy COMP-RCC 4.17 Legal Medical Record.

5. HIM will scan all barcoded papers in the chart after a patient is discharged

6. Follow Administrative policy AD 1.11 Records Management and its Record Retention Schedule, and Regulatory Compliance policy COMP-RCC 4.17 Legal Medical Record, for destruction of the paper documents after scanning.