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ieMR

ieMR Advanced

CHQ ieMR Business Continuity Plan

Digital Hospital Program

March 2018, Version 1.2

Queensland Government

Document Version History

Date	Version.	Author	Description of revision
17/01/2018	0.1	Patricia Boucher	First draft
08/02/2018	0.2	Patricia Boucher	Second draft
09/02/2018	0.3	Patricia Boucher	Third draft
27/02/2018	0.4	Patricia Boucher	Feedback from SurgiNet Review Session
28/02/2018	0.5	Patricia Boucher	Feedback from FirstNet Review Session
02/03/2018	0.6	Patricia Boucher	Feedback from PowerTrials Review Session
05/03/2018	0.7	Patricia Boucher	Feedback from Emergency Management and Planning Review Session
06/03/2018	0.8	Patricia Boucher	Feedback from ITS Review Session
08/03/2018	0.9	Patricia Boucher	Feedback from HIS Review Session
09/03/2018	0.10	Patricia Boucher	Feedback from OPD Review Session
20/03/2018	1.0	Patricia Boucher	Final
24/03/2018	1.1	Patricia Boucher	Updates following DTV Testing
28/03/2018	1.2	Patricia Boucher	Updates following BCP Test

Document Sign-off

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Related documents

Document	Storage Location	Notes
Emergency Management QHEPS site	Intranet Link	Emergency management
ieMR General Business Rules	Intranet Link	To be provided when document approved
Downtime Forms	Intranet Link	http://qheps.health.qld.gov.au/childrenshealth/resources/html/cf-downtime.htm
CHQ Operational Briefing and Debriefing Guideline	Intranet Link	CHQ Operational Briefing and Debriefing Guideline.
CHQ ieMR Care Delivery Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR ESM Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR FirstNet Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR Medications Management Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR OERR Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR PowerTrials Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR SurgiNet Anaesthesia Business Continuity Procedures	Intranet Link	To be provided when document approved
CHQ ieMR SurgiNet Business Continuity Procedures	Intranet Link	To be provided when document approved

Abbreviations

724 DTV	724Access Downtime Viewer
BCP	Business Continuity Plan
CDO	Chief Digital Officer
CHQ	Children's Health Queensland
CHQ DISPLAN	Children's Health Queensland Disaster and Emergency Incident Plan
EDHS	Executive Director Hospital Services
HEOC	Health Emergency Operations Centre
HHS	Hospital and Health Service
HIC	Health Incident Controller
HSCE	Health Service Chief Executive
IMT	Incident Management Team
ieMR	Integrated Electronic Medical Record
LCCH	Lady Cilento Children's Hospital
NDOC	Nursing Director On Call
NUM	Nurse Unit Manager
PFNM	Patient Flow Nurse Manager
TL	Team Leader

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1 Introduction

1.1 Background

The Children's Health Queensland (CHQ) Digital Hospital Program is a program of work focused on the transformation of paper medical records and forms to an integrated digital system.

An integrated electronic Medical Record (ieMR) will increase the reliance on technology, so it is therefore imperative that adequate procedures are in place to effectively manage planned and unplanned loss of access to key information, to ensure that staff can continue to care for patients with minimal disruption.

1.2 Purpose

The purpose of the CHQ ieMR Business Continuity Plan (BCP) is to clearly outline the procedures that need to be undertaken in the lead up to, during and after the loss of access to the ieMR, including supporting systems and medical devices as they directly impact the ieMR.

This plan will include:

- Authority to activate the BCP
- Notification processes
- Risk mitigation strategies
- Routine management
- Response strategies
- Roles and responsibilities
- Business Continuity Procedures

1.3 Objectives

The overriding purpose of the ieMR BCP is to ensure that staff can continue to care for patients with minimal disruption and no impact on outcomes during any downtime event.

This document provides an overarching plan and links to supporting, detailed processes, to ensure that:

- All staff know what to do during a downtime event, who to contact, who is responsible for what, and what they, personally, are responsible for
- The chain of command and responsibilities for decisions and communication during downtime events are clearly documented and understood
- The downtime solution and processes are regularly tested and updated
- Communication during downtime events is provided in a clear and timely manner
- Staff have access to the necessary resources to operate effectively during a downtime

- The impact on systems and devices that feed information into and receive information from the ieMR is understood and managed throughout downtime and as part of the return to normal operations
- The return to normal operations occurs with minimal impact on staff time and with the highest level of data quality to support continuity of patient care

2 Scope

2.1 Inclusions

This plan will include scenarios where information within the ieMR is not available to staff at CHQ due to full or partial unavailability of:

- The ieMR and the individual modules and components that make up the ieMR
- Supporting systems where the ieMR is affected, including HBCIS, AUSLAB, QRIS, Queue Manager, i.pharmacy, and their interfaces

This plan will cover both planned (scheduled) and unplanned instances of unavailability.

2.2 Exclusions

This plan will exclude the following:

- Technical disaster management planning and procedures undertaken by technical specialists to prepare and recover the system before, during and after planned or unplanned system downtime.
- Disaster management planning and procedures implemented at CHQ in the event of a disaster, including internal disasters (Code Yellow). This is covered by Facility Continuity and Disaster Management Plans.
- 'Roll back' planning and procedures undertaken if the decision is made to 'roll back' the system and revert to a paper-based system.
- General and ongoing support and maintenance of the ieMR, supporting interfaces and systems and medical devices.
- Business continuity planning for supporting systems and devices where the ieMR is not affected.

2.3 Assumptions

During the development of this document the following assumptions were made:

- Loss of access to the ieMR can be caused by an internal or external factor.
- Maintenance of critical services at each site is priority.
- Safety and security of patients, staff, visitors and volunteers is the top priority.

- When the BCP is activated, it is assumed that there will be enough resources available to successfully complete the required activities, including during recovery.
- CHQ has a fully operational BCP and emergency procedures that cover all relevant scenarios for the hospital, and which are regularly updated and tested.

3 Activation

Activation of this plan will be at the discretion of those that have the appropriate authority and will be based on the scope and magnitude of the incident and the impact on the business.

3.1 Notification Process

3.1.1 External Notification

3.1.1.1 DAS-ieMR Notification to CHQ

DAS-ieMR are the service owners and are responsible for the end to end service of the system. They are responsible for providing technical support for the ieMR solution and manage the relationship with the system and support vendor, Cerner.

Timely notification of the downtime will be received by CHQ from DAS-ieMR.

Notification of **planned downtime** will occur a minimum of two weeks prior to the date and time of the downtime. This notification will be conducted via email notification from DAS-ieMR to key representatives within the business including, but not limited to:

- CHQ HHS Executive
- Senior Director, ICT Operations
- CHQ ieMR Nursing Director
- Senior Director Information Management
- CHQ_digitalfuture@health.qld.gov.au (for further distribution as required)

DAS-ieMR are responsible for monitoring the system and in the event of an **unplanned downtime,** notification and communication will commence via SMS service as soon as possible to key representatives within the business including, but not limited to:

- CHQ HHS Executive
- Senior Director, ICT Operations.
- CHQ ieMR Nursing Director
- Senior Director Information Management
- CHQ_digitalfuture@health.qld.gov.au (for further distribution as required)

3.1.1.2 Other external sources notification to CHQ

Managers of other systems affecting the ieMR have the responsibility of notifying CHQ as per the above External Notification process.

3.1.2 Internal Notification

3.1.2.1 Planned Downtime

Notification to staff will occur via email, memorandums, and meetings as required. The CHQ Digital Future Team will be responsible for communicating:-

- Date of downtime
- Time of downtime
- Expected length of downtime
- Potential impacts and affected areas
- Instructions for preparation of downtime
- Instructions of use of business continuity procedures
- Details on how to get further information

3.1.2.2 Unplanned Downtime

3.1.2.2.1 Escalation

Business Hours

In the instance of reduced functionality in the system that is impacting clinical care, staff should contact the Patient Flow Nurse Manager (PFNM) and ieMR Helpdesk on 1999 (this number will divert to the IT Support 1800 number if the line is busy). Standard internal escalation to line management should also be followed by staff.

The PFNM will undertake the initial response and investigate if the incident will impact Patient Care. The PFNM will send a text message to all team leaders to check if other areas are experiencing the same issue. The PFNM will notify the Nursing Director Clinical Support who will provide immediate advice.

In the event that the issue cannot be resolved, ieMR staff will contact the DAS-ieMR direct line on 3181 1418 for assistance and notify the CHQ Service Delivery Manager. The CHQ Service Delivery Manager will liaise with the PFNM and also further escalate to the Senior Director, ICT Operations. The Senior Director, ICT Operations would then contact the Chief Digital Officer.

After Hours

In the instance of reduced functionality in the system that is impacting clinical care, staff should contact the Patient Flow Nurse Manager (PFNM), and IT Support on 1800 198 175. Standard internal escalation to line management should also be followed by staff.

The PFNM will undertake the initial response and investigate if the incident will impact Patient Care. The PFNM will send a text message to all team leaders to check if other areas are experiencing the same issue. The PFNM will notify the Nursing Director on call (NDOC) who will provide immediate advice.

In the event that the issue cannot be resolved, IT Support will contact the DAS-ieMR on-call staff for assistance and notify the CHQ Service Delivery Manager. The CHQ Service Delivery Manager will liaise with the PFNM and also further escalate to Senior Director, ICT Operations. The Senior Director, ICT Operations would then contact the Chief Digital Officer.

3.1.2.2.2 Activation

Activation is in accordance with the CHQ Disaster and Emergency Incident Plan, and the CHQ Code Yellow Procedure.

The Nursing Director Clinical Support (business hours) or the NDOC (after hours) will brief the CHQ HSCE or EDCS (LCCH) of the organisational impact of the incident to determine the level of response required.

The decision to stand up an Emergency Code (Code Yellow) and use of Business Continuity Plans may or may not occur. Activation, if required, will occur on the request of the HSCE or EDCS (LCCH).

If a decision is made to activate a Code Yellow, the Nursing Director Clinical Support or NDOC will contact Switchboard Services on 555 to Stand Up Code Yellow.

The CHQ HSCE will appoint a Health Incident Controller (HIC) to lead the CHQ HHS response. If necessary, the HIC will activate the Health Emergency Operations Centre (HEOC) to support the incident, coordinate responses and liaise upwards and downwards. The HIC will also authorise activation of the Incident Management Team (IMT) if required to manage the necessary functions within the HEOC.

3.1.2.2.3 Communication

After the Code Yellow has been confirmed, the Patient Flow Nurse Manager will facilitate communication to all team leaders notifying of the downtime. Switch will also send out communication. Message will include the cause of the downtime, potential impacts, affected areas and affected ieMR modules.

4 Risk Mitigation

A number of risk mitigation strategies have been put in place as part of the Digital Hospital Program and ieMR implementation. The items included below are specifically called out.

4.1 General risk mitigation strategies

4.1.1 Hosted Solution

Cerner is contracted to provide hosting services covering three aspects of system management:-

- Hosting Management Services
- Operational Management Services
- Application Management Services

Having the hosted solution means that the data and system configuration is held at the Cerner data centre. Therefore, any incident which impacts the CHQ HHS data centre, CHQ HHS site, and the wide area network (WAN) infrastructure may result in loss of access to ieMR data however the data itself should not be compromised.

Cerner operates a highly secure and fully redundant environment and has contractual commitments regarding service levels. This means that there is full failover of hardware and full replication of the solution to an alternate location in real time to cover any failure in their environment. Cerner is also responsible for ensuring standard operational processes such as backup, system management and monitoring and security are of the highest standard.

4.1.2 724Access Downtime Viewer

CHQ HHS will be using Cerner's 724 Access Downtime Viewer (724 DTV) which provides 7x24 hour read only access to a subset of clinical data currently available in the ieMR when access is not available.

The 724 DTV provides access to seven days of historical clinical documentation up until the point of loss of access to the ieMR and/or network. Summary patient information can be viewed and/or accessed, allowing clinical staff to continue to provide care.

The 724 Downtime Viewer application runs on secure dedicated laptops that are located across the hospital, providing easy access for clinical areas (a detailed list of locations can be found via the ieMR resources desktop icon). They are not to be used for any purpose other than to view patient information during system downtime. It is important to note that the 724 DTV will not provide a view of any prior scanned documents.

Printing from the 724 DTV devices will be available in all locations whilst the network is available and specific locations in the event that network availability is lost in conjunction with an ieMR downtime event.

If a planned downtime is State-wide, historical ieMR clinical documentation is available in the Disaster Recovery Database. The link to access this database would be published on QHEPS by DAS-ieMR. The 724Access Downtime Viewers are NOT required to be used in this situation.

4.1.3 Emergency Power

Downtime Viewer laptops (battery operated and permanently connected to essential power outlets), the wireless network and workstations on wheels (battery operated and can be recharged at essential power outlets) will be supplied electricity by CHQ HHS back-up generators in the event of a loss of power from the main electricity grid.

It is important to note that during a power failure scanning is unable to continue. For information on what to do when the Kofax (scanning) system is not available refer to Section 6 – Continuity Procedures.

Device	Approximate battery back-up duration
724 Access Downtime Viewer – a standard Windows 7 MOE laptop is used to access the 724 Access Downtime Viewer application.	4-8 hours if disconnected from the emergency power supply. *Note: Laptop battery power is only expected to be used during the transition to the backup power generators from electricity supplied by the main electrical grid in the event of a power failure*

4.2 Clinical Risk Mitigation Strategies

4.2.1 724Access Downtime Viewer

There may be situations where the 724Access Downtime Viewer is:-

- Unavailable/Down during an ieMR Downtime;
- Does not have the required clinical information needed during downtime;
- Has no information for particular areas e.g. ESM, Outpatients, Community

If a planned downtime is State-wide, historical ieMR clinical documentation is available in the Disaster Recovery Database. The link to access this database would be published on QHEPS by DAS-ieMR. The 724Access Downtime Viewers are NOT required to be used in this situation.

During all other downtime events, historical clinical documentation is accessible via other clinical information systems including, but not limited to:-

- The Viewer
- QRIS
- PACS
- AUSCARE
- eLMS

- iPharmacy
- AUSLAB
- Enterprise Discharge Summary (EDS)

These systems should be accessed where appropriate and BAU procedures should be followed to view clinical information within these systems.

4.2.1.1 Medications Management – truncation of medication orders

During downtime, when accessing medication orders information via the Medication Downtime Report in the 724Access Downtime Viewer, complex IV fluids/medications orders may be truncated.

If a complex medication/IV fluid order is truncated, a secondary report called the MAR Batch Report can be accessed to ensure clarity of the order. The MAR Batch Report is available via an icon (MAR Batch Report) on the 724Access Downtime Viewer desktop. This report can be viewed and/or printed.

Updated patient medication information is pulled hourly from the ieMR (when not in downtime) into this report with the exception of the Emergency Department that receive up to date information 10 minutely. To ensure the report is updated following a downtime event, the NUM/TL should ensure that the DTV is logged off.

4.2.2 Downtime Kits

Downtime kits are located in all clinical areas. The kit contains all items and instructions necessary to continue with safe patient care. For example, patient ID wristbands, specimen labels, approved downtime paper forms and downtime continuity procedures. A list of downtime kit contents per area is available via the ieMR resources desktop icon.

4.2.3 Notification of Staff

Refer to Section 3 – Activation

4.2.4 Staff Preparation

Refer to Section 4.3 – Routine Management

4.2.5 Clinical Documentation Preparation

An important part of preparedness is making sure that the required clinical documentation is available during downtime. The ieMR Module Business Continuity Procedures contain instructions for preparing clinical documentation in the event of a planned or unplanned downtime.

4.2.6 Additional Staffing and Resource Requirements

The requirement for additional staff will be assessed during and after each downtime event. This will be dependent on the time of the downtime, length of the downtime, impact of the downtime and clinical requirements.

4.2.7 CHQ Digital Downtime Support Team

The digital downtime support team is stood up to support and coordinate activities during planned and unplanned downtime events. This group reports to CHQ Executive and/or the HEOC (if activated during this time), and provides updates and recommendations, as required. The team provide a link to operational staff (ieMR users) via phone and at elbow support. The team will comprise ieMR, HIS, Clinical and IT staff as required dependent on the time of the downtime, length of the downtime, impact of the downtime and clinical requirements.

4.2.8 NUM/TL

In the event of a planned or unplanned downtime, the NUM/TL will coordinate the downtime and recovery response for the area (refer to the ieMR module business continuity procedures for specific responsibilities). They are also responsible for downtime preparedness activities – refer to Section 4.3 – Routine Management.

4.3 Routine Management

4.3.1 Proactive Prevention Activities

4.3.1.1 System Management Activities

Each element of the ieMR system, supporting physical and technical infrastructure, local network and feeding/receiving system will be managed according to the industry standard (ITIL). This includes monitoring, maintenance, management and upgrading with a focus on areas such as security and access, system performance and capacity, installing of patches, performance to SLAs and rigorous testing regimes.

4.3.2 Preparedness Activities

4.3.2.1 Keeping Plans and Procedures Current

The ieMR BCP and supporting documentation will be kept up-to-date by the CHQ ieMR team to ensure it remains valid to the business activities currently undertaken at the sites.

Following any downtime test or actual downtime, the learning from the downtime review process will be incorporated into the BCP, as required.

Each time the ieMR BCP or supporting documentation is updated, it will be provided to the relevant parties (including DAS ieMR), and incorporated into downtime packs and training and testing materials.

4.3.2.2 Checking Resource Availability

An important part of preparedness is making sure that the required resources are available during downtime. Each week the NUM/TL in each unit should complete the unit downtime checklist (available via the ieMR resources desktop icon) and check the following:-

The downtime kit is accessible and the seal has not been tampered with. In the instance where the seal has been broken the unit should review the contents against the checklist and ensure the downtime kit contains the correct and a sufficient amount of forms, up-to-date downtime continuity procedures, pens, additional paper etc. A list of downtime kit contents per area is available via the ieMR resources desktop icon.

- The 724Access Downtime Viewer can be accessed using a generic username and password (ward specific). “Log off” after. DO NOT SHUTDOWN the 724Access Downtime Viewers. Report any issues to the ieMR Help Desk on 1999 or alternatively, IT Support on 1800 198 175.

The downtime checklist is to be actioned at a time and day of the week specified by the NUM/TL.

Completed checklists must be stored with the Nurse Unit Manager (NUM).

Technical monitoring of the 724Access Downtime Viewers

- ITS to monitor the connectivity of the downtime viewer devices using monitoring tools. Any issues to be managed and reported through ITS for prompt resolution.

4.3.2.3 Testing

The ieMR BCP and supporting documentation will be tested annually, at a minimum.

Planned downtime provides an opportunity, in a relatively controlled and low risk environment, to ensure that staff are aware of what to do and that systems and processes work effectively. However planned downtimes usually occur when volumes and staffing are low in order to ensure minimal disruption, therefore testing will occur outside of these times.

4.3.2.4 Training

Training in the ieMR BCP and supporting procedures will occur in a number of contexts:

- As part of the testing processes described above;
- As part of Emergency Management training and exercises;
- Local training in units for new downtime coordinators;
- CHQ Orientation;
- ieMR Training Sessions – downtime procedures to be included in the ieMR training plan;
- To assist with staff during downtimes, continuity procedures and quick reference guides will be available in each unit.

5 Recovery Strategies

Recovery helps bring closure to an event and includes debriefing of personnel involved to ensure learning can be captured and processes refined to improve the response to emergency and disaster events.

Post event activities are incorporated into the ieMR Business Continuity Procedures. Key recovery activities include:

- Retrospective documentation.
- Scanning.
- Post Incident Review including documentation of the event, lessons learnt and recommendations. For more information refer to the CHQ Operational Briefing and Debriefing Guideline.
- Replenishment of stock in downtime kits and re-seal of downtime kits.
- Procedure and BCP review.

6 Continuity Procedures

6.1 Paper based functions

A number of functions will still be managed using paper forms. These include (but are not limited to):

- Paediatric Acute Resuscitation Plan (PARP)
- Advanced Health Directives
- Consent Forms

These functions are not included in the continuity procedures below and these forms will not be included within the Downtime Kits.

6.2 ieMR Downtime and Recovery Plan

During the event of a planned or unplanned downtime a number of continuity procedures will need to be completed to ensure that patient care and safety is maintained for the duration of the event. These procedures are shown below. Please note these procedures do not include supporting system downtime except where the downtime directly impacts the ieMR.

These procedures are focussed on access to and the recording of information within a patient's chart – patient safety and care should take priority. All paper forms completed during downtime are to be stored with the patient's end of bed chart.

The recovery plan is intended as a guide only. Patient safety principles take precedence. The decision to enter clinical information into the ieMR manually, or have the information scanned and reconciled upon discharge post a downtime event will be assessed after each downtime event by the HEOC (if assembled), and local line management in consultation with the divisional director level. This will be dependent on the time of the downtime, length of the downtime, length, impact of the downtime and clinical requirements.

6.2.1 ieMR Module - FirstNet

Refer to the draft FirstNet Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.2 ieMR Module - SurgiNet

Refer to the draft SurgiNet Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.3 ieMR Module - SurgiNet Anaesthesia (SAA)

Refer to the draft SAA Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.4 ieMR Module – Care Delivery

Refer to the draft Care Delivery Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.5 ieMR Module – Medications Management

Refer to the draft Medications Management Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.6 ieMR Module – Orders Entry and Results Reporting (OERR)

Refer to the draft OERR Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.7 ieMR Module – PowerTrials

Refer to the draft PowerTrials Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

6.2.8 ieMR Module – Scheduling Management (ESM)

Refer to the draft ESM Business Continuity Procedures *(to be replaced with link when documents approved).* A hard copy of this document will be placed in each appropriate downtime kit.

7 Interfaces/Supporting Systems to the ieMR

HBCIS to ieMR Delayed HL7 Messages (ADT) – Refer to the draft Care Delivery Business Continuity Procedures *(to be replaced with link when documents approved).*

HBCIS to ieMR Delayed HL7 Messages (EAM) – Refer to the draft ESM Business Continuity Procedures *(to be replaced with link when documents approved).*

HBCIS Downtime (affecting the ieMR) – Refer to the draft Care Delivery Business Continuity Procedures *(to be replaced with link when documents approved).*

Kofax Downtime – Refer to the draft Care Delivery Business Continuity Procedures *(to be replaced with link when documents approved).*

AUSLAB to ieMR Delayed HL7 Messages – Refer to the draft OERR Business Continuity Procedures *(to be replaced with link when documents approved).*

ieMR to AUSLAB Delayed HL7 Messages – Refer to the draft OERR Business Continuity Procedures *(to be replaced with link when documents approved).*

QRIS to ieMR Delayed HL7 Messages – Refer to the draft OERR Business Continuity Procedures *(to be replaced with link when documents approved).*

ieMR to QRIS Delayed HL7 Messages – Refer to the draft OERR Business Continuity Procedures *(to be replaced with link when documents approved).*

PASLink Quick Registration – Refer to the draft FirstNet Business Continuity Procedures *(to be replaced with link when documents approved).*

iPharmacy Delayed HL7 Messages – Refer to the draft Medications Management Business Continuity Procedures *(to be replaced with link when documents approved).*

CHQ Orion Rhapsody

http://sharepoint.chq.health.qld.gov.au/its/arch/SitePages/Integration%20Architecture.aspx

and

http://sharepoint.chq.health.qld.gov.au/its/arch/_layouts/15/start.aspx#/SitePages/Rhapsody%20Support%20Information.aspx

eRefer – http://www.notes.health.qld.gov.au/sites/dosps/CSAdmin/Work%20Instruction%20-%20Referral%20Room/eRefer%20Downtime%20Procedure_Draft.docx

Winscribe – http://sharepoint.chq.health.qld.gov.au/its/apps/DowntimeBCPSummaries/default.aspx

Queue Manager -
http://sharepoint.chq.health.qld.gov.au/its/apps/DowntimeBCPSummaries/default.aspx