



ieMR Advanced

# CHQ ieMR Care Delivery Business Continuity (Downtime) Procedures

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## Abbreviations

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

# Care Delivery – Business Continuity Procedures

## Purpose

The CHQ ieMR Care Delivery Business Continuity Procedures detail the downtime processes, planned and unplanned, related to the Cerner Millennium ieMR Care Delivery module and forms part of the broader CHQ Business Continuity Plan (BCP). This document provides detailed processes and responsibilities within clinical areas for an ieMR system outage or interruption that impacts standard business operations.

## Scope

The scope of this document is to identify and define the downtime and recovery procedures applicable to the Care Delivery module.

This document applies, but is not limited to:

- Inpatient Wards
- Outpatients Department

## Supporting Documents

- CHQ Business Continuity Plan

## 1.0 Downtime and Recovery Checklist

In the event of a planned or unplanned downtime, the NUM/TL will coordinate the downtime and recovery response for the area and complete the following activities:-

Activity
<p><b>Staff Preparation (prior to downtime)</b></p> <ul style="list-style-type: none"> <li>• Each week complete the downtime checklist to ensure Downtime Viewer and Downtime Kit are ready.</li> <li>• Re-familiarise staff with Downtime procedures and quick reference guides</li> </ul>
<p><b>Staff Preparation (at time of downtime)</b></p> <ul style="list-style-type: none"> <li>• Communicate to staff the downtime has commenced.</li> <li>• Open the downtime kit and ensure clinical staff have access to the contents to enable continued documentation of patient care.</li> <li>• Communicate to staff location of 724 Access Downtime Viewer and the Downtime kit.</li> <li>• Direct clinical staff to business continuity procedures.</li> </ul>
<p><b>Patient Preparation (at time of downtime)</b></p> <ul style="list-style-type: none"> <li>• Ensure each patient has signage above the bed to indicate "Patient on Paper".</li> </ul>
<p><b>Clinical Documentation Preparation</b></p> <p><b>Planned Downtime</b></p> <ul style="list-style-type: none"> <li>• Ensure any Paediatric Advanced Resuscitation Plans (PARP) and Advanced Health Directives are printed prior to the downtime and available in the Current Encounter Chart (CEC).</li> <li>• Use HBCIS and/or ESM to print any relevant documentation:- <ul style="list-style-type: none"> <li>• Patient Tracking List</li> <li>• Clinic List (OPD)</li> <li>• Theatre Lists</li> </ul> </li> <li>• Use ieMR to print:- <ul style="list-style-type: none"> <li>• List of Orders – completed, pending</li> <li>• Patient Labels</li> </ul> </li> </ul> <p><b>Planned and Unplanned Downtime</b></p> <ul style="list-style-type: none"> <li>• Ensure relevant paper medication charts are available for each patient in the end of bed chart.</li> <li>• In the event of a Statewide planned downtime, access the Disaster Recovery Database via QHEPS. The 724 Access Downtime Viewer is NOT required to be used.</li> <li>• If the event is not a Statewide planned downtime, access/log on to the 724Access Downtime Viewer <u>at the commencement</u> of downtime using the ward generic login and password. Password is stored in the downtime kit.</li> <li>• Print a patient list of current patients. Refer to the downtime viewer quick reference guide found in the downtime kit for printing instructions.</li> </ul>

Activity	
<b>Clinical Documentation Preparation (continued)</b>	
<ul style="list-style-type: none"> <li>• Print the following for ALL patients on the patient list and place in each patient's end of bed chart:-               <ol style="list-style-type: none"> <li>1) Medication Orders (current). This will print the patients MAR (Medication Administration Record)</li> <li>2) Active Orders. This will print a list of outstanding/ active orders for all patients. Print the following tabs in the downtime viewer:                   <ul style="list-style-type: none"> <li>o Orders (current)</li> <li>o Completed orders</li> </ul> </li> </ol> </li> </ul> <p>Other relevant clinical documentation can be accessed and printed as clinically indicated, for example:-</p> <ol style="list-style-type: none"> <li>1) Documents</li> <li>2) Intake and Output (Fluid Balance Chart)</li> <li>3) Discontinued Medications</li> <li>4) Patient Care Results</li> <li>5) Vital Signs</li> <li>6) Lab Results</li> <li>7) Microbiology Results</li> </ol> <p>Refer to the downtime viewer quick reference guide found in the downtime kit for printing instructions.</p> <p>Reprinting of the MAR for patients is a risk in a downtime. The responsibility of printing and monitoring this activity is with the NUM/TL who will manage access to the Downtime Viewer during a downtime.</p> <p>Pre-printing preparation will depend on the predicted length of time of the Downtime and clinical need.</p>	
<b>Recovery (following the downtime)</b>	
<ul style="list-style-type: none"> <li>• Remove "Patient on Paper" signage</li> <li>• Log off the 724Access Downtime Viewer. Refer to the downtime viewer quick reference guide for instructions.</li> <li>• Coordinate the recovery response – ensure that clinicians retrospectively enter the required information into the ieMR. Refer to the downtime recovery column in the Business Continuity Procedures (Section 3.0).</li> <li>• 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 NUM/TL and 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.</li> <li>• Replenish contents of the downtime kit and reseal the kit. Health Information Management Services has a supply of all approved downtime forms.</li> </ul>	
<b>Additional Staffing and Resource Requirements</b>	
<ul style="list-style-type: none"> <li>• The requirement for additional staff should be assessed during and after each downtime event. This will be assessed by the HEOC (if assembled), and local line management in consultation with the NUM/TL and divisional director level. This will be dependent on the time of the downtime, length of the downtime, impact of the downtime and clinical requirements.</li> <li>• Additional staffing of the recovery activity for medication reconciliation should be considered in the recovery phase post downtime</li> <li>• Additional staffing may be required in areas with high patient flow numbers and documentation requirements; e.g. ED, OPD and Theatre during the Downtime, as well as in the Recovery phase after the Downtime period.</li> </ul>	

## 2.0 Roles and Responsibilities during Downtime

### **Clinical Staff**

- Continue to care for patients.
- Follow any instructions given by the NUM/TL.
- Follow the downtime business continuity procedures found in the downtime kits.
- Document on paper forms found in the downtime kits.
- Ensure any completed paper forms are correctly labelled and placed in the patient's end of bed chart.
- Access the Downtime Viewer for additional patient information that is not already printed and available in the patient's end of bed chart.
- When notified that the ieMR has been restored, ensure information that needs to retrospectively entered, as per the business continuity procedures, is entered.

### **Administrative Staff**

- Continue to admit, transfer and discharge patients in HBCIS.
- Maintain a documentation log of all admissions, transfers and discharges of patients during the downtime period.
- Ensure adequate patient labels in each end of bed chart for clinical staff to complete their documentation.
- Print HBCIS labels as required.
- Follow any instructions given by the NUM/TL.

### **NUM/Team Leader**

- Refer to Section 1.0 – Downtime and Recovery Checklist

### **Digital Downtime Support Team**

- Digital Downtime Support Team is stood up to support and coordinate activities during downtime events. This group reports to CHQ Executive and/or the HEOC (if activated) during this time.
- Provides updates and recommendations to the CHQ Executive and/or the HEOC, as required.
- Provides 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.

### **ieMR Digital Future (ieMR) Team**

- As per the Digital Downtime Support Team.

### **Health Information Management Services**

- Supports the Digital Downtime Support Team during downtime.
- Responsible for records governance decision making during and following downtime.
- Stock a supply of all approved downtime kit contents to assist with the replenishment of downtime kits following downtime.
- Validation and maintenance of data in the digital medical record following downtime.

**ICT Department**

- Participate in code yellow incident management
- Liaise with DAS ieMR
- Escalate within CHQ (& send Telstra messaging notifications as needed)
- Perform system checks
- Provide device hardware access & support
- Redistribute & deploy DTV devices where needed
- Coordinate DTV device re-loads & monitor as appropriate
- Coordinate PIR (post incident review)

**Patient Safety and Quality**

- Manage reported patient safety incidents during and following downtime.
- Support service during downtime, as required.
- Evaluation of performance and debrief to capture lessons learnt.
- Assist with post incident review process.

**Patient Flow and Safety Unit (PFSU)**

- First Responder of a potential code yellow incident.
- Undertakes the initial response and investigate/define the required response to the incident.
- Notifies Clinical Services or NDOC, who briefs the CHQ HSCE or EDHS.
- Facilitates communication to all team leaders notifying of the downtime.



## 3.0 Business Continuity Procedures

### 3.1 Paper based functions

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

- Paediatric Advanced 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.

### 3.2 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 in 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 at the discretion of the local line reporting manager in consultation with the divisional director level.

### 3.3 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.

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Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to complete patient admission/registration	<p>Patient admissions are completed in HBCIS and if the ieMR is unavailable <u>this function can continue to occur.</u></p> <p>Patient registrations are completed in HBCIS for Outpatients and if the ieMR is unavailable <u>this function can continue to occur.</u></p> <p>If HBCIS is unavailable, HBCIS downtime procedures should be followed.</p>	N/A	Administrative staff
Patient Registration/Admission	Unable to create an ieMR patient encounter	Encounters needed to be created in the ieMR should be tracked manually and created in the ieMR when the system is available.	Retrospective manual creation of patient encounters in the ieMR.	Nursing staff / Administration staff
Patient Registration/Admission	Unable to generate or locate an existing patient ID	<p>URNs are generated in HBCIS and if the ieMR is not available <u>this function can continue to occur.</u></p> <p>If HBCIS is unavailable, HBCIS downtime procedures should be followed.</p>	N/A	Administrative staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to generate patient ID labels	<p>Use any existing (pre-printed prior to downtime) spare ieMR patient labels in the end of bed chart.</p> <p>If ieMR labels are not available:-</p> <ol style="list-style-type: none"> <li>1. Use HBCIS labels; or</li> <li>2. Handwrite patient details on blank labels located in downtime kits.</li> </ol>	<p>Any HBCIS labels printed during downtime are to be destroyed and replaced with ieMR encounter labels.</p> <p>Forms which were labelled with HBCIS labels or had patient details handwritten in the label section during downtime are NOT to be re-labelled under any circumstances. These forms are to be prepped with the encounter upon discharge with the correct encounter label attached to the scanning batch cover sheet.</p>	Administrative staff/ Nursing staff/ Allied Health staff/ Medical staff
Patient Registration/Admission	Unable to generate patient ID armbands	<p>Existing ieMR patient ID armbands to remain on patient.</p> <p>Handwritten patient ID armbands to be used on new patients and patients without an armband during downtime.</p> <p>Patient ID armbands (white and red) are available within the downtime kits. Alternatively use print-feed to eject blank armbands from ieMR armband printers if required.</p> <p>Manually write the patient's details and attach to the patient. If the patient has allergies ensure the red armband is used.</p>	<p>Print ieMR patient ID armbands and attach to patients with a handwritten patient ID armband.</p> <p>Remove the handwritten patient ID armband.</p>	Nursing staff Only

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to review and update patient information – Clerical Details and Next of Kin	<p>Patient information is stored within HBCIS and if the ieMR is not available <u>this function can continue to occur.</u></p> <p>If HBCIS is unavailable, this information can be viewed in the 724Access Downtime Viewer.</p>	N/A	Administrative staff / Nursing staff
Patient Tracking	Unable to track patient locations and bed status	<p>Use HBCIS and/or Patient Flow Manager (PFM) to view the location of a specific patient or list of patients admitted to a specific location within the hospital.</p> <p>Patient lists can also be viewed within the 724Access Downtime Viewer.</p> <p>Search for a patient list using a HBCIS location. This list can be printed if required. A list of locations is contained within the downtime kit.</p> <p>Local tracking/bed allocation procedures should be used to manage patient tracking within a specific area if necessary (e.g. manual planning using a whiteboard).</p> <p>Patient Flow across the hospital should be managed using manual procedures. All locally created patient registers and tracking sheets should be faxed to the Patient Flow Unit (during business hours) or After Hours Nurse Managers (after hours).</p> <p>These areas will also be able to access patient lists in the downtime viewer.</p>	<p>No retrospective input should be required to patient movements.</p> <p>Post downtime, units should validate the HBCIS patient list with the ieMR.</p>	Administrative staff / Nursing staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Tracking	Unable to access patient lists (Care Compass, Doctor Patient List) for care coordination activities	<p>Patient lists can be viewed within the 724Access Downtime Viewer.</p> <p>Patient Flow Manager (PFM) can be used as a patient handover tool. Time planners can be used for nurses to coordinate care tasks for a patient grouping.</p>	Nil.	Administrative staff / Nursing staff
Medical History	Unable to view the patient's medical history	<p>Access the 724Access Downtime Viewer using the quick reference guide within the Downtime Kit.</p> <p>The downtime viewer will provide information for the past 7 days.</p> <p>If information is not available in the 724Access downtime viewer, The Viewer should be utilised.</p> <p>If no information is available a decision should be made to either continue or reschedule the elective surgery or outpatient appointment. Emergency cases should continue as per current processes.</p>	Nil.	Nursing staff/ Medical staff / Allied Health staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Clinical Assessment	Unable to record patient assessment information	<p>Document assessment and observations on paper forms (Patient observation forms, acute observation forms and progress notes).</p> <p>Approved downtime forms available in the Downtime Kit.</p> <p>Store this form/s in the patient's end of bed chart.</p>	<p>Critical information to be entered into the ieMR, or sent for priority scan.</p> <p>Summary of notes should be entered into the ieMR and the patient's problem list should be updated, if required.</p> <p>Patient height and weight should be retrospectively entered in the ieMR.</p> <p>Fluid Balance should be retrospectively entered in the ieMR.</p> <p>Vital signs – document summary of clinical deterioration in a progress note.</p> <p>Documentation completed during downtime to remain in the end of bed chart for scanning on discharge.</p>	Nursing staff / Medical staff/ Allied Health staff
Clinical Assessment	Unable to record height and weight	Height and weight to be recorded on the paper National Inpatient Medication Form (NIMC) and the back page of the paper CEWT form.	Retrospective documentation of height and weight in the ieMR.	Nursing staff



Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Clinical Assessment	Unable to record allergies and alerts	<p>Allergies and alerts can be viewed using the 724Access Downtime Viewer. Allergy records can also be reviewed in The Viewer.</p> <p>New allergies and alerts must be recorded on paper forms (National Inpatient Medication Form NIMC and progress notes) and the patient's red coloured armband. Allergy stickers can also be utilised to highlight allergies.</p> <p>Approved downtime forms and Allergy Stickers are available in the Downtime Kit.</p> <p>Store this form/s in the patient's end of bed chart.</p>	Retrospective documentation of allergies and alerts in the ieMR.	Nursing staff / Medical staff/ Allied Health staff
Clinical Assessment	Unable to document nursing admission assessments	<p>If patient admitted during downtime document nursing admission assessment on paper Initial Clinical Assessment.</p> <p>Approved downtime forms available in the Downtime Kit.</p> <p>Store this form/s in the patient's end of bed chart.</p>	<p>Paper form to be stored in the patient's end of bed chart until discharge and then sent for scanning.</p> <p>Retrospectively enter alerts, problems, diagnosis, allergies, previous transfusion reactions and procedural history in ieMR.</p>	Nursing staff
Clinical Assessment	Unable to document risk assessments	<p>If patient admitted during downtime document risk assessments on paper Daily Patient Care Record.</p> <p>Store this form/s in the patient's end of bed chart.</p>	Risk assessments should be re-performed and results entered into the ieMR.	Nursing staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Clinical Assessment	Unable to document daily risk assessments	Apply patient safety principles as indicated e.g. fall risk interventions, pressure injury prevention strategies etc.	Complete daily risk assessments after system resumption.  If patient was admitted during a downtime, and a daily patient care record was commenced, continue to document risk assessments on this document.	Nursing staff
Treatment	Unable to record patient treatment/intervention information	Document interventions on paper progress notes.  Approved downtime forms available in the Downtime Kit.  Store this form/s in the patient's end of bed chart.	Retrospectively create any required dynamic groups and enter any associated information.  Documentation completed during downtime to remain in the end of bed chart for scanning on discharge.	Nursing staff
Treatment	Unable to place patient care orders	Use paper Daily Patient Care Record to record order details.  Patient Flow Manager (PFM) can also be used to record details, frequency, and schedule of patient care tasks.  PFM can also be used as a patient list handover tool.  Ward time planners can be used for nurses to coordinate care tasks for a patient allocation.	Retrospectively enter into the ieMR care orders that are to continue post downtime.  Tasks that became overdue during the downtime should be managed and marked as done (if completed) and not done (if not completed in the ieMR).	Nursing staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Treatment – Nutrition Care	Unable to view active nutrition care orders	<p><b>Existing patients:</b></p> <p>Access the 724Access Downtime Viewer to view and print nutrition care orders.</p> <p>These printed reports can be used for the collection, preparation and administration of enteral feed orders.</p>	Nil, refer to ieMR when recovered.	All clinicians
Treatment – Nutrition Care	Unable to view Nutrition Care orders discontinued prior to downtime	<p><b>Existing patients:</b></p> <p>Access the 724Access Downtime Viewer to view and print medication and IV fluid orders.</p>	Nil, refer to ieMR when recovered.	All clinicians
Treatment – Nutrition Care	Unable to document new nutrition care orders, modify existing orders	<p><b>All patients:</b></p> <p>Document new enteral feed orders on the Enteral Feed clinical order form.</p> <p>If updates are required to existing enteral order in ieMR or on 724 Downtime Viewer Patient Care Orders Report, these will need to be ceased with a clear line through the order, including reason for cessation, date, time, name, designation and signature, and new orders re-charted on the relevant paper-based form.</p> <p>Paper forms located in the Downtime Kit.</p> <p>Paper forms to be stored in the patient's bedside chart.</p>	<p><b>Current admitted patients:</b></p> <p>Retrospective documentation of new nutrition orders for all patients (admitted and discharged) to occur in the ieMR as soon as possible.</p> <p>Once transcription into ieMR is complete, the Prescriber will cease all enteral feed orders on paper forms.</p> <p><b>Discharged patients:</b></p> <p>The patient's paper forms used to document new nutrition orders will be scanned post discharge.</p>	All Prescribers (including credentialed Dieticians)

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Treatment – Nutrition Care	Unable to cancel/discontinue nutrition care orders	<p><b>All patients:</b></p> <p>Enteral nutrition care orders will need to be cancelled with a clear line through the order, including the words “cancelled”, reason for cessation, date, time, name, designation and signature on the 724 Downtime Viewer Patient Care Orders Report or relevant paper-based form.</p>	<p><b>Currently admitted patients:</b></p> <p>When a prescriber performs reconciliation between downtime nutrition care records and ieMR, any nutrition orders ceased must be cancelled/discontinued in ieMR by a prescriber.</p> <p><b>Discharged patients:</b> The patient’s paper forms used to cancel nutrition orders will be scanned post discharge.</p>	All Prescribers (including credentialed Dieticians)
Intra (Internal) Hospital Patient Transfers	Transferring ward unable to access patient clinical information relevant for transfers	<p>Clinical handover should utilise the information available within the 724Access Downtime Viewer, and information contained within the patient’s end of bed chart.</p> <p>Update HBCIS and ensure Patient Flow Manager is updated.</p>	Nil.	Nursing staff / Medical staff / Allied Health staff
Inter (External) Hospital Patient Transfers	Unable to access relevant clinical information for transfers to other facilities.	<p>Relevant information from the patient’s medical record should be printed from the 724Access Downtime Viewer.</p> <p>The patient’s end of bed chart should be photocopied.</p> <p>Update HBCIS and ensure Patient Flow Manager is updated.</p> <p>Provide a copy of the documentation (via phone, email, and/or fax) to destination hospital or facility.</p>	Retrospectively enter details of the transfer in the ieMR.	Administrative staff/ Nursing staff / Medical staff / Allied Health staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Discharge	Unable to discharge patient from the hospital	<p>Patient discharges are conducted in HBCIS and if the ieMR is not available <u>this function can continue to occur.</u></p> <p>If HBCIS is unavailable, HBCIS downtime procedures should be followed.</p> <p>Update HBCIS and ensure Patient Flow Manager is updated.</p>	N/A	Administrative staff
Patient Discharge	Unable to complete patient discharge summary	<p>Patient Discharge Summaries are created using the Enterprise Discharge System (EDS).</p> <p>If EDS is not available, EDS downtime procedures should be followed.</p>	N/A	Nursing staff/ Medical staff
Consult Orders Multi-Patient Task List	Unable to add a consult order	Inpatient referrals will be made via phone, pager, email, case conference or multidisciplinary team meeting.	<p>Retrospective documentation of new consult orders for all patients (admitted and discharged) to occur in the ieMR as soon as possible.</p> <p>Referrals still to be actioned will need to be retrospectively entered as consults or follow ups so that they appear on the MPTL.</p>	All Clinical Staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Follow-up Orders Multi-Patient Task List	Unable to add a follow-up order	<p>Staff using the MPTL can add follow-up orders to the excel spreadsheet exported from the CHIRP dashboard.</p> <p>Please note: In the event of a network outage, exporting the dashboard from CHIRP will not be possible, nor will there be access to any saved electronic files on the network. In this scenario, access the paper version of the downtime MPTL form in the allied health downtime kit.</p>	<p>Retrospectively enter into the ieMR consult/follow-up orders that are to continue post downtime as soon as possible.</p> <p>Professions may use their discretion regarding retrospective entry of follow-up orders (that have been added and completed during downtime). Please note: a downtime progress note entry will reflect the patient was seen.</p>	All Clinical Staff
Multi-Patient Task List	Unable to view the Multi-Patient Task List (MPTL)	<p>To view and/or print the current MPTL caseload (including consult and follow-ups), access the following Click View dashboard:- Orders by Status, Type and Location Report</p> <p>This dashboard will be available via CHIRP (Children's Health Intelligence Reporting Portal) and can also be exported to excel.</p> <p>Please note: In the event of a network outage CHIRP will not be available. All current consult/follow-up orders will be visible on individual patient records on the 724Access Downtime Viewer (located on every ward). In a downtime, current patient care orders (including consult/follow-up orders) will also be printed and placed in the patient's bedside chart.</p>	N/A	All clinical staff using MPTL

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Multi-Patient Task List	Unable to update the Multi-Patient Task List (MPTL).	Update tasks (e.g. modify status, due date, comments) on the excel spreadsheet exported from the CHIRP dashboard.	Tasks that became overdue during the downtime should be managed and marked as done (if completed) and not done (if not completed in the ieMR).	All clinical staff using MPTL

### HBCIS to ieMR Delayed HL7 Messages

Patient 'admitted' or 'arrived' on HBCIS by staff. Staff check the ieMR and a corresponding current inpatient / outpatient encounter has not appeared. This is due to a HL7 messaging delay between HBCIS and the ieMR. During a HL7 message delay, both HBCIS and the ieMR will continue to be available for viewing, but there will be limitations for direct data entry into ieMR.

Contact the InfoService Centre on 1800 198 175 if there is a delay from HBCIS to the ieMR.

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission Encounter Management	Patient admitted in HBCIS but ieMR encounter is not created.	If there is no encounter to document against in the ieMR, revert to paper business continuity procedures.  Continue to 'admit' and 'arrive' patients in HBCIS	Upon resolution of the HL7 messaging delay, real-time HBCIS Admission, Transfer and Discharge messaging will be restored and automatic encounter generation from HBCIS admissions and arrivals will resume.  Resume direct entry of documentation against the correct inpatient / outpatient encounter within the ieMR.  Paper documentation completed during the HL7 messaging delay should be checked to ensure the appropriate ieMR label has been affixed.  Paper documentation should be stored in the patient end of bed chart and scanned on discharge.	Administrative staff / Nursing staff/ Medical staff / Allied Health staff



HBCIS and ieMR Delayed HL7 Messages				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to generate patient ID labels as ieMR encounter is not created.	<p>If the ieMR encounter is not created it will not be possible to print patient ID labels.</p> <p>Revert to paper business continuity procedures.</p> <p>Use any existing (pre-printed prior to downtime) spare ieMR patient labels in the end of bed chart.</p> <p>If ieMR labels are not available:-</p> <ol style="list-style-type: none"> <li>1. Use HBCIS labels; or</li> <li>2. Handwrite patient details on blank labels located in downtime kits.</li> </ol>	<p>Upon resolution of the HL7 messaging delay, real-time HBCIS Admission, Transfer and Discharge messaging will be restored and automatic encounter generation from HBCIS admissions and arrivals will resume.</p> <p>Print patient ID labels from the ieMR.</p> <p>Any HBCIS labels printed during downtime are to be destroyed and replaced with ieMR encounter labels.</p> <p>Forms which were labelled with HBCIS labels or had patient details handwritten in the label section during downtime are NOT to be re-labelled under any circumstances. These forms are to be prepped with the encounter upon discharge with the correct encounter label attached to the scanning batch cover sheet.</p>	Nursing staff only

HBCIS and ieMR Delayed HL7 Messages				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to generate patient ID armbands as ieMR encounter is not created.	<p>If the ieMR encounter is not created it will not be possible to print patient ID armbands.</p> <p>Revert to paper business continuity procedures.</p> <p>Patient ID armbands (white and red) are available within the downtime kits.</p> <p>Alternatively use print-feed to eject blank armbands from ieMR armband printers if required.</p> <ol style="list-style-type: none"> <li>1. Manually write the patient's details and attach to the patient. If the patient has allergies ensure the red armband is used.</li> </ol>	<p>Upon resolution of the HL7 messaging delay, real-time HBCIS Admission, Transfer and Discharge messaging will be restored and automatic encounter generation from HBCIS admissions and arrivals will resume.</p> <p>Print ieMR patient ID armbands and attach to patients with a handwritten patient ID armband.</p> <p>Remove the handwritten patient ID armband.</p>	Administrative staff/ Nursing staff/ Allied Health staff/ Medical staff

HBCIS and ieMR Delayed HL7 Messages				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Direct Entry Documentation within the ieMR incl. Orders	Unable to document against the correct encounter in the ieMR.	Where there is no encounter available, revert to downtime business continuity procedures and document on paper.	<p>Resume direct entry of documentation against the correct inpatient / outpatient encounter within the ieMR.</p> <p>Paper documentation completed during the HL7 messaging delay should be checked to ensure the appropriate ieMR label has been affixed.</p> <p>Paper documentation should be stored in the patient end of bed chart and scanned on discharge.</p>	Direct Entry Documentation within the ieMR incl. Orders

HBCIS Downtime (affecting the ieMR)				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
<b>Patient Registration/Admission</b>  <b>Encounter Management</b>	An ieMR encounter has not been created	If there is no encounter to document against in the ieMR, revert to paper business continuity procedures.	<p>When HBCIS becomes available, and patients can be 'admitted' or 'arrived', a corresponding current encounter will be generated in the ieMR. Staff can begin direct entry of documentation against the correct inpatient / outpatient encounter within the ieMR.</p> <p>Paper documentation completed during the HBCIS downtime should be checked to ensure the appropriate ieMR label has been affixed.</p> <p>Paper documentation should be stored in the patient end of bed chart and scanned on discharge.</p>	Administrative staff / Nursing staff/ Medical staff / Allied Health staff

HBCIS Downtime (affecting the ieMR)				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to generate patient ID labels as ieMR encounter is not created.	<p>If the ieMR encounter is not created it will not be possible to print patient ID labels.</p> <p>Revert to paper business continuity procedures.</p> <p>Use any existing (pre-printed prior to downtime) spare ieMR patient labels in the end of bed chart.</p> <p>If ieMR labels are not available:-</p> <ol style="list-style-type: none"> <li>1. Use HBCIS labels; or</li> <li>2. Handwrite patient details on blank labels located in downtime kits.</li> </ol>	<p>When HBCIS becomes available, and patients can be 'admitted' or 'arrived', a corresponding current encounter will be generated in the ieMR. Staff can begin printing patient ID labels from the ieMR.</p> <p>Any HBCIS labels printed during downtime are to be destroyed and replaced with ieMR encounter labels.</p> <p>Forms which were labelled with HBCIS labels or had patient details handwritten in the label section during downtime are NOT to be re-labelled under any circumstances. These forms are to be prepped with the encounter upon discharge with the correct encounter label attached to the scanning batch cover sheet.</p>	Administrative staff/ Nursing staff/ Allied Health staff/ Medical staff

HBCIS Downtime (affecting the ieMR)				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Patient Registration/Admission	Unable to generate patient ID armbands as ieMR encounter is not created.	<p>If the ieMR encounter is not created it will not be possible to print patient ID armbands.</p> <p>Revert to paper business continuity procedures.</p> <p>Patient ID armbands (white and red) are available within the downtime kits.</p> <p>Alternatively use print-feed to eject blank armbands from ieMR armband printers if required.</p> <p>Manually write the patient's details and attach to the patient. If the patient has allergies ensure the red armband is used.</p>	<p>When HBCIS becomes available, and patients can be 'admitted' or 'arrived', a corresponding current encounter will be generated in the ieMR.</p> <p>Print ieMR patient ID armbands and attach to patients with a handwritten patient ID armband.</p> <p>Remove the handwritten patient ID armband.</p>	Administrative staff/ Nursing staff/ Allied Health staff/ Medical staff

HBCIS Downtime (affecting the ieMR)				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Direct Entry Documentation within the ieMR incl. Orders	Unable to document against the correct encounter in the ieMR.	Where there is no encounter available, revert to downtime business continuity procedures and document on paper.	<p>When HBCIS becomes available, and patients can be 'admitted' or 'arrived', a corresponding current encounter will be generated in the ieMR. Staff can begin direct entry of documentation against the correct inpatient / outpatient encounter within the ieMR.</p> <p>Paper documentation completed during the HBCIS downtime should be checked to ensure the appropriate ieMR label has been affixed.</p> <p>Paper documentation should be stored in the patient end of bed chart and scanned on discharge.</p>	Direct Entry Documentation within the ieMR incl. Orders

KOFAX Downtime				
Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Scanning	Unable to Scan	<p>In the event of an unplanned or planned downtime scanning is not possible. Make note of time of outage and batches being processed at the time of the downtime.</p> <p>Continue preparation of documents during the downtime.</p>	<p>All batches immediately prior to the downtime to be checked and re-scanned as necessary.</p> <p>Increase quality assurance activities around scanned downtime batches.</p> <p>Analyse the three scanning queues, starting from where the scanning process stopped working.</p> <p>Check that previous documents in the batch that stopped did arrive in the ieMR</p> <p>Check all batches completed in QC during the 30 minute period immediately prior to the downtime commencing have reached the Validation queue. Any batches missing from the Validation queue will need to be rescanned.</p> <p>Batches that have made it into the Validation queue should be taken through the QA process to guarantee completeness</p> <p>Resume scanning unit duties to scan documents into the ieMR.</p>	Administration staff



## Document Version History

Date	Version.	Author	Description of revision
17/01/2018	0.1	Patricia Boucher	Initial draft
15/02/2018	0.2	Patricia Boucher	Revisions provided by ieMR Business Analysts, ieMR Subject Matter Experts, and ieMR Clinical Governance Working Groups
12/03/2018	0.3	Patricia Boucher	Further revisions provided by ieMR Business Analysts and ieMR Subject Matter Experts
20/03/2018	1.0	Patricia Boucher	Final
24/03/2018	1.1	Patricia Boucher	Updates following DTV Testing
29/03/2018	1.2	Patricia Boucher	Updates from Allied Health