



ieMR Advanced

CHQ ieMR FirstNet Business Continuity (Downtime) Procedures

March 2018, Version 1.1



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FirstNet – Business Continuity Procedures

Purpose

The CHQ ieMR FirstNet Business Continuity Procedures detail downtime processes, both scheduled and unscheduled, related to the Cerner Millennium FirstNet module and forms part of the broader CHQ Business Continuity Plan. This document provides detailed processes and responsibilities within Emergency for an integrated electronic medical record (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 FirstNet module.

This document applies, but is not limited to:

- ED (including Triage, Resuscitation(Red Zone), Acute (Purple and Green Zones), Fast Track (Blue Zone) and ED Short Stay Unit (ESSU))
- Inpatient Teams and Units (IPU)
- Patient Flow Unit (PFSU)

Related Documents

- Code Yellow Internal Emergency Procedure, https://gheps.health.qld.gov.au/_data/assets/pdf_file/0029/708293/proc_62421.pdf
- Code Brown Procedure, https://gheps.health.qld.gov.au/_data/assets/pdf_file/0024/712365/proc_62420.pdf
- Patient Flow Escalation Response, https://gheps.health.qld.gov.au/_data/assets/pdf_file/0020/710327/proc-00107.pdf

Supporting Documents

- Patient Tracking Log
- Downtime Triage Assessment Form
- Patient Registration/Admission HBCIS Downtime, https://gheps.health.qld.gov.au/_data/assets/pdf_file/0028/685108/dtime_reg_adm.pdf
- Patient Transfer/Leave/Discharge HBCIS Downtime, https://gheps.health.qld.gov.au/_data/assets/pdf_file/0034/692476/dtime_tfr_disch.pdf

Downtime Clinical Workflow Processes – Role Specific

Communication of Downtime Event

Scheduled downtime:

Scheduled ieMR downtimes will be communicated to staff via email at least two weeks prior to the event. The following information will be provided to staff prior to the downtime by the CHQ Digital Future Team;

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

Prior to the scheduled downtime, the ED Senior Management Team will assess the requirement for additional resources and allocate these appropriately.

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

If the scheduled downtime is not state-wide, historical ieMR clinical documentation is available only from the 724Access Downtime Viewers.

Unscheduled downtime:

All unscheduled ieMR downtime events will be treated as a Code Yellow (Internal Emergency) to ensure an adequate organisational response. Notification will come via the Patient Flow Manager (PFNM) and Switchboard, which includes;

- Notification of Code Yellow – unplanned ieMR downtime
- Communication from PFNM 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.

In the event of an unscheduled downtime the following preparation and pre downtime readiness procedures will be executed as directed by the Health Emergency Operations Centre (HEOC) or CHQ Digital Downtime Support Team.

Preparation for a Downtime		
Medical	Nursing	Administration
Staffing <ul style="list-style-type: none"> Ensure adequate staffing depending on the severity of the downtime Resource and allocate adequate staffing for Recovery Teams as required 	QAS Notification <ul style="list-style-type: none"> If required, LCCH Hospital Executive to notify QAS about the scheduled downtime for appropriate patient load distributions (advised by ED) Staffing <ul style="list-style-type: none"> Ensure adequate staffing depending on the severity of the downtime Designated ED Downtime Coordinator <ul style="list-style-type: none"> ➤ Emergency Flow Coordinator or A/NUM Resource and allocate adequate staffing for Recovery Teams as required 	Staffing <ul style="list-style-type: none"> Ensure adequate staffing depending on the severity of the downtime Resource and allocate adequate staffing for Recovery Teams as required Ensure Downtime Kits are checked and have adequate supplies (as per itemised list included within the Downtime Kits)
Prior to the Downtime		
Medical	Nursing	Administration
<ul style="list-style-type: none"> Ensure all medical admission notes have been finalised, saved and printed Ensure all relevant clinical documentation is up to date and printed as required 	ED Downtime Coordinator <ul style="list-style-type: none"> Prepare, in collaboration with Medical, Nursing and Admin zone leads, zone specific whiteboards (located in Disaster Cache->Green zone, Bed 30) for each staff hub. 1 x Green, 1 x Purple, 1 x Red, 1 x Blue, 1 x ESSU, 1 Whole Department (Triage Corridor) Zone specific patient details to be written on the respective tracking board Ensure documentation of medication administration tasks are up to date, print as required Ensure the medical admission notes have been finalised, saved and printed Communication: Conduct zone team huddles (Downtime Coordinator, Medical, Nursing and Admin leads) to communicate and review the following:	<ul style="list-style-type: none"> Ensure each patient has an end of bed chart available (CEC) Ensure adequate patient labels available in the patient's CEC, at least 2 sheets of ieMR labels and 1 sheet HBCIS pathology labels per patient In collaboration with the Nursing zone lead, transfer the Patient List manually into the Patient Tracking Log (see Supporting Documents) Print patient tracking list from FirstNet if available, or 724 Access (as directed by the Nursing zone team lead) Print relevant clinical documentation as guided by the Nursing zone team lead Ensure all patients have a 'Patient on Paper' sticker and downtime CEC

	<ul style="list-style-type: none"> • Whiteboards (tracking list) • Time and duration of downtime, • Instructions for documentation during downtime, (handwritten armbands, paper documentation, medication administration, pathology and radiology request forms, tracking forms, triage forms) • Discharge scripts to be documented on paper • All written documentation including medication chart to remain in CEC 	<p>Downtime Viewer Activities:</p> <ul style="list-style-type: none"> • Refer to Emergency Department: Downtime Procedure • DT Viewer Locations: 1 x Green, 1 x Purple, 1 x ESSU • Remain on at all times. NB: Downtime Viewers are never to be logged out or shut down • Remain plugged into emergency power outlet at all times • Maintain connection to a non-network printer (Green Zone Ricoh printer QH11275019)
During Downtime Process		
Medical	Nursing	Administration
<p>Documentation:</p> <ul style="list-style-type: none"> • All clinical documentation to be completed within the patient's CEC • Write new pathology and medical imaging orders on paper request forms <ul style="list-style-type: none"> ➢ Forms available within the patient CEC ➢ Additional forms in the Downtime Kits ➢ Requests for Pathology and Radiology must be noted on a progress note within the patients CEC for continuity of care ➢ Results are viewable through PACS and AUSLAB ➢ Write new Medication orders and infusion rate changes onto paper medication/infusion chart <p>Admission / Discharge</p> <ol style="list-style-type: none"> 1. Document the date and time of discharge/admission on patient progress note 2. If the patient was in ED prior to downtime, the relevant clinical documentation will be printed from the Downtime Viewer by ED (as required) 	<p>Zone Team Leader:</p> <ul style="list-style-type: none"> • Maintain an up-to-date Tracking Board and Patient Tracking Log in collaboration with Admin staff • Add all written documentation into the CEC • Ensure nursing allocation forms are up to date (for Recovery Teams) <p>ED Downtime Coordinator</p> <ul style="list-style-type: none"> • Communicate updates to Nursing Zone Team Leaders as provided by ICT services • Conduct Team huddles (Nursing, Medical and AO) during downtime • Attend any meetings during downtime • Ensure 'Patient on Paper' signage and stickers are present for all patients <p>All Nursing Staff: Documentation</p> <ul style="list-style-type: none"> • Triage patients using the Downtime Triage Assessment Form v1.0 (see Supporting Documents) • Triage Nurses to liaise with ED Downtime Coordinator for bed allocations 	<p>Documentation:</p> <ul style="list-style-type: none"> • All new patients to LCCH will require a 1-mil sequence URN (use next available URN from Non-ED Patient List) • Inter-hospital transfers (use a 1-mil sequence URN for new patients) will need a HBCIS admission to be completed. See below for further details. <ul style="list-style-type: none"> ➢ Print HBCIS labels as required ➢ N.B. nursing staff will hand write patient wristbands as per their allergies • Maintain a documentation log of all admissions, transfers and discharges of patients during the downtime period <ul style="list-style-type: none"> ➢ Patient Tracking Log (see Supporting Documents) ➢ Patient Registration/Admission HBCIS Downtime Form (see Supporting Documents) ➢ Patient Transfer/Leave/Discharge HBCIS Downtime Form (see Supporting Documents)

<p>3. Label, name and sign any documentation completed within the patients CEC</p> <p>4. Discharge scripts to be documented via paper script pads (stored within Downtime Kits)</p>	<ul style="list-style-type: none"> Nurse's full name, signature and initial must be completed for all CEWT charts Hand write patient wristbands as per their allergies All documentation completed via the CEC. Additional forms available in the Downtime Kits. <p>Medication Documentation:</p> <ul style="list-style-type: none"> All medication orders or infusion rate changes to be prescribed and documented on the paper medication chart. Printed MAR's (for orders placed prior to the downtime) are to be referenced when completing medication documentation via the medication chart 	<p>Filing:</p> <ul style="list-style-type: none"> All patients must have adequate labels in their CEC to complete documentation All patients presenting and being discharged during downtime will need their charts to be held in ED until normal system functions return and the data recovery process has taken place Patients MUST be re-triaged before their documentation can be filed and prepped for scanning. HIS require ieMR labels on all documentation (HBCIS labels are insufficient) <p>Recovery Preparation:</p> <ul style="list-style-type: none"> For patients presenting and being admitted during the downtime: <ul style="list-style-type: none"> ➤ Retain the Patient Tracking Log completed during downtime for use by the ED Data Recovery Teams for data reconciliation
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Recovery Process

Medical	Nursing	Administration
<ul style="list-style-type: none"> Prioritise respective data entry based on patient requirements, i.e. Patients admitted/to be admitted, active ED patients by severity, ED discharged Any patient not triaged on FirstNet prior to the downtime will need to be triaged first, before notes and orders can be placed <p>Medications (in addition to reconciliation teams):</p> <ul style="list-style-type: none"> Medical Staff must ensure all medications being documented post downtime are in the correct encounter To ensure this: <ul style="list-style-type: none"> ➤ Patients registered pre-downtime, must have medication orders placed against the current encounter 	<p>ED Downtime Coordinator:</p> <ul style="list-style-type: none"> Ensure all staff document the most recent set of vital signs and an overall patient summary in FirstNet. Keep all Patient Tracking Logs AND Downtime Triage Assessment Forms for collection Clean whiteboards and return to the Disaster Cache Do not log off or shut down the Downtime Viewers Information to be provided to the Recovery Data Teams: <ul style="list-style-type: none"> ➤ Patient Tracking Logs ➤ Downtime Triage Assessment Forms ➤ Staff Allocation List (Nursing and Medical) during downtime 	<p>Admin Recovery Team Lead:</p> <ul style="list-style-type: none"> Record a blank ED progress note within ieMR documentation, stating "EMR downtime from (x) hours to (y) hours, please refer to paper documentation" for all patients treated in ED during the downtime <p>All Admin:</p> <ul style="list-style-type: none"> Collect all Tracking Logs and give to ED Data Recovery Teams Assist with the data recovery as directed by the ED Data Recovery Teams

<ul style="list-style-type: none"> ➤ Patients that arrived during downtime must be triaged first before medications can be documented • Inpatient MO should prioritise reconciling medications written during the downtime for new admissions, transfers and acute or deteriorating patients • ED MOs post downtime to commence documenting electronically all new medications for patients who are remaining in ED • Nominated ED MO for receiving reconciliation co-signs to ensure order verification from their message centre is completed 	<ul style="list-style-type: none"> • Communicate to staff on Medications risks during recovery until full data reconciliation is completed: <ul style="list-style-type: none"> ➤ The MAR within ieMR will have outstanding/overdue orders that may have already be given prior to full data reconciliation. Refer to the MAR patient printout and Medication Chart used to reconcile orders 	
<ul style="list-style-type: none"> • Executive level debriefing will be attended by and ED Delegate. Unit level debriefing , if required, will be led by ED Downtime Coordinator, ED Consultant or delegate • Lessons learnt, recommendations and procedure reviews will be led by the ED Leadership Team during business as usual operations 		
<h2 style="background-color: #4a4a9a; color: white; padding: 5px;">Recovery Data Reconciliation Process</h2>		
<p>Scheduled Downtime Recovery Teams: For scheduled ieMR downtime events, pre-allocated ED Recovery Team/s will be responsible for retrospectively updating FirstNet with patient presentations (triage), documentation, medication orders and depart processes. The ED Leadership Team will ensure the ED Data Recovery Teams are resourced prior to the event.</p> <p>ED Data Recovery Teams, taking into consideration workload, will be required and comprise the following:</p> <ul style="list-style-type: none"> • 1 X Medical Officer (Resident/Registrar/SMO) • 1 X Triage Nurse (ED NUM/ED A/NUM or delegate) • 1 X Admin Officer (ED Data representative or delegate) <p>If the downtime occurs during a period of high activity, one nurse may be allocated solely to the completion of retrospective triages.</p> <p>Unscheduled Downtime Recovery Teams: For unscheduled ieMR downtime events, the requirement for ED Recovery Team/s will be directed by HEOC or the CHQ Digital Hospital Support Centre in collaboration with the ED Downtime Coordinator/ED Leadership Team.</p> <p>ED Data Recovery Teams, taking into consideration workload, may be required and comprise the following:</p> <ul style="list-style-type: none"> • 1 X Medical Officer (Resident/Registrar/SMO) • 1 X Triage Nurse (ED NUM or ED A/NUM or delegate) • 1 X Admin Officer (ED Data representative or delegate) <p>NB: On call Medical and Data Intelligence staff to be notified as required. Additional Triage competent Nursing resources may be required.</p>		

Team Responsibilities:

- All teams to conduct ieMR tracking list search prior to commencing data entry to ensure no duplications are created
- Quick Registration (for full paper patients)
- Triage
- Document all medications
- Complete all ED departure conversations

Medical	Nursing	Administration
<p>Medications:</p> <ul style="list-style-type: none"> • Retrospectively order medications for all patients who are currently in the department according to your allocated data recovery area 	<p>Triage:</p> <ul style="list-style-type: none"> • Complete the Quick Registration and Triage for patients who arrived during the downtime using the retrospective triage time found on the Downtime Triage Assessment Form • Stamp using the “Documentation Entered” stamp located in each zone and sign Triage Assessments remain with the CEC with ED taking a copy, stored locally for 7 day <p>Medications:</p> <ul style="list-style-type: none"> • Once medications have been ordered, retrospectively administer medication doses (in ieMR only) that were completed during the downtime as per paper medication charts • To retrospectively administer a medication dose, enter the name of the nurse who administered the dose in the ‘Performed by’ field and enter the name of the data recovery nurse in the ‘Witnessed by’ field • Compile all written documentation in the CEC for scanning by HIS • Remove ‘Patient on Paper’ sticker from patient only to inform ED staff, meds reconciliation has occurred <p>Discharge:</p> <ul style="list-style-type: none"> • Complete the depart process (back timing) and mandatory diagnosis for all patients that were discharged during downtime 	<p>Documentation:</p> <ul style="list-style-type: none"> • After the nurse has completed the retrospective triage, complete the ED Arrival conversation • Current ED Patient: Print ieMR labels • Current ED Patient: Print ieMR wristband for patients as per their allergies <p>Admission:</p> <ul style="list-style-type: none"> • Retain all Tracking Logs completed during the downtime as these lists will be required by the ED Data Recovery Teams for data reconciliation • For FirstNet patients that were admitted during downtime, please ensure their encounters have flipped from emergency to inpatient • Patients who presented to ED and were admitted during the downtime will be retrospectively triaged and their emergency encounter closed as part of the reconciliation process. The emergency and inpatient encounters are combined by HIS during business hours <p>Discharge:</p> <ul style="list-style-type: none"> • For patient triaged before the downtime and discharged during the downtime: <ul style="list-style-type: none"> ➢ Wait for nursing to enter discharge information

		<ul style="list-style-type: none">➤ Discharge using the ED Departure Conversation, ensuring that you use the retrospective time as back-timed by nursing staff➤ Prep the CEC for the scanning by HIS <p>Downtime Boxes:</p> <ul style="list-style-type: none">• Admin Team Lead or delegate to restock the Downtime Kits.
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PASLink Quick Registration Business Continuity Procedures

In the event of a PASLink Quick Registration downtime event, the following processes are to be followed in consultation with the Health Informatics Service (HIS) or ED Data Intelligence Team.

PASLink Downtime

Continue to complete FirstNet Quick Registrations as normal. ED Admin Officers must manually register the patient in HBCIS using the URN provided by Quick Registration in FirstNet.

NB: Patients with an existing CHQ URN are unaffected by PASLink downtime events.

PASLink Registration Failure

- Failure due to naming conventions not met:
 - ED Admin Officer completes manual registration in HBCIS using pre allocated Quick Registration URN

- Duplicate registration:
 - In instances where a Quick Registration is completed and ED Interventions (orders etc.) have not yet commenced, the encounter is cancelled by the ED Admin Officer. The Quick Registration is re-performed using the existing URN as per HBCIS by the Triage Nurse. HIS notified to merge HBCIS URN's during normal support hours as per existing process (auto merging the URN's in ieMR)
 - In instances where a Quick Registration is completed and interventions are commenced (pathology/radiology/medication orders placed) prior to the ED Admin Officer identifying the duplicate, the HIS team are notified as per current process to merge the HBCIS URN's during normal support hours, with the duplicate continued to be used for that presentation. Merge activity is completed post the episode of care

Key Downtime Contacts

During a downtime, activation and use of the above procedures will be approved and communicated by HEOC or the CHQ Digital Hospital Support Centre.

Business Hours (0800-1600, Monday-Friday)

1. Director Paediatric Emergency Medicine, LCCH
2. Nurse Unit Manager Paediatric Emergency Medicine, LCCH
3. Business Practice Improvement Officer Paediatric Emergency Medicine, LCCH
4. Administration Team Leader Paediatric Emergency Medicine, LCCH
5. HBCIS Data Administrator Health Informatics Service, LCCH

After Hours (1600-0800, Monday to Monday)

1. ED Downtime Coordinator (EFC or delegate): Dect 1090
2. ED SMO: Dect 1080

Unscheduled Outage Recovery Team Contacts:

1. Medical Officer (Resident/Registrar/SMO) on-call
2. Triage Nurse (ED A/NUM or delegate) via staff SMS
3. Admin Officer (ED Data representative or delegate) via SMS

Document Version History

Date	Version.	Author	Description of revision
7/02/2018	0.1	Steven Watson	Initial draft
8/02/2018	0.2	Steven Watson	Updates post discussion with FirstNet Clinical Advisory Group
14/02/2018	0.3	Steven Watson	Updates post BCP input, final draft ready for approval
20/03/2018	1.0	Patricia Boucher	Final
24/03/2018	1.1	Patricia Boucher	Updates from Steven Watson