



Our Digital Future

IMAGINE WHAT'S POSSIBLE...

ieMR Advanced

CHQ ieMR Medications Management Business Continuity (Downtime) Procedures

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Abbreviations

724 DTV	724Access Downtime Viewer
BCP	Business Continuity Plan
CEC	Current Encounter Chart
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
MAR	Medication Administration Record
NUM	Nurse Unit Manager
PFNM	Patient Flow Nurse Manager
TL	Team Leader

Medications Management – Business Continuity Procedures

Purpose

The CHQ ieMR Medications Management Business Continuity Procedures detail the downtime processes, planned and unplanned, related to the Cerner Millennium ieMR Medications Management 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 Medications Management module.

This document applies, but is not limited to:

- Inpatient Wards
- Outpatients Department
- Emergency Department
- Theatre
- Anaesthetics
- Research

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>Staff Preparation (prior to downtime)</p> <ul style="list-style-type: none"> • Each week complete the downtime checklist to ensure Downtime Viewer and Downtime Kit are ready. • Re-familiarise staff with Downtime procedures and quick reference guides
<p>Staff Preparation (at time of downtime)</p> <ul style="list-style-type: none"> • Communicate to staff the downtime has commenced. • Open the downtime kit and ensure clinical staff have access to the contents to enable continued documentation of patient care. • Communicate to staff location of 724 Access Downtime Viewer and the Downtime kit. • Direct clinical staff to business continuity procedures.
<p>Patient Preparation (at time of downtime)</p> <ul style="list-style-type: none"> • Ensure each patient has signage above the bed to indicate "Patient on Paper".
<p>Clinical Documentation Preparation</p> <p>Planned Downtime</p> <ul style="list-style-type: none"> • 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). • Use HBCIS and/or ESM to print any relevant documentation:- <ul style="list-style-type: none"> • Patient Tracking List • Clinic List (OPD) • Theatre Lists • Use ieMR to print:- <ul style="list-style-type: none"> • List of Orders – completed, pending • Patient Labels <p>Planned and Unplanned Downtime</p> <ul style="list-style-type: none"> • Ensure relevant paper medication charts are available for each patient in the end of bed chart. • 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. • 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. • Print a patient list of current patients. Refer to the downtime viewer quick reference guide found in the downtime kit for printing instructions.

Activity	
Clinical Documentation Preparation (continued)	
<ul style="list-style-type: none"> • 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"> 1) Medication Orders (current). This will print the patients MAR (Medication Administration Record) 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"> o Orders (current) o Completed orders <p>Other relevant clinical documentation can be accessed and printed as clinically indicated, for example:-</p> <ol style="list-style-type: none"> 1) Documents 2) Intake and Output (Fluid Balance Chart) 3) Discontinued Medications 4) Patient Care Results 5) Vital Signs 6) Lab Results 7) Microbiology Results <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>	
Recovery (following the downtime)	
<ul style="list-style-type: none"> • Remove "Patient on Paper" signage. • Log off the 724Access Downtime Viewer. Refer to the downtime viewer quick reference guide for instructions. • 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). • 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. • Replenish contents of the downtime kit and reseal the kit. Health Information Management Services has a supply of all approved downtime forms. 	
Additional Staffing and Resource Requirements	
<ul style="list-style-type: none"> • 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. • Additional staffing of the recovery activity for medication reconciliation should be considered in the recovery phase post downtime • 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. 	

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.

3.3.1 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.

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Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication History	Unable to view/document home medications history	<p>Existing patients: (those patients who have presented to LCCH prior to ieMR downtime)</p> <p>Access previously documented home medications history information via the 724Access Downtime Viewer. The downtime viewer will provide information for the past 30 days.</p> <p>New home medications information will be documented on a paper-based Medication Action Plan (MAP).</p> <p>New patients: (those patients who have presented to LCCH after ieMR downtime has commenced)</p> <p>If information is not available in the 724Access Downtime Viewer, iPharmacy, eLMS and The Viewer should be utilised to refer to previous discharge medications. This should be verified with the patient's parent/carer as soon as possible.</p> <p>New home medications information will be documented on a paper-based Medication Action Plan (MAP) and will be kept in the patient's bedside chart.</p>	<p>Currently admitted patients: (those patients who are still present at LCCH post ieMR downtime)</p> <p>Home medications history should be transcribed into ieMR as soon as convenient.</p> <p>The patient's paper forms used to document home medications will be scanned post discharge.</p> <p>Discharged patients: (those patients who have left LCCH during ieMR downtime)</p> <p>If the patient has more than 4 regular medications, home medications should be transcribed into ieMR as soon as convenient.</p> <p>The patient's paper forms used to document home medications will be scanned post discharge.</p>	Prescribers / Pharmacy staff
Medication History	Unable to view/document immunisation history information	<p>All patients:</p> <p>The source of truth for Immunisation History information will remain the Australian Immunisation Register (AIR). Clinicians will continue to refer to AIR, not ieMR for Immunisation History information.</p>	<p>All patients:</p> <p>Nil</p>	All clinicians

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication History	Unable to view/document Pharmacist Admission History Note	<p>Existing patients (with Pharmacist Admission History in ieMR):</p> <p>Access previously documented Pharmacist Admission History Note information in the 724Access Downtime Viewer.</p> <p>New patients:</p> <p>Document Medication Admission information via the paper-based Medication Action Plan (MAP) and will be kept in the patient's bedside chart.</p>	<p>Currently admitted patients:</p> <p>For complex patients likely to remain as Inpatients, a Pharmacist Admission History Note should be documented in ieMR as soon as convenient. MAP should be sent for scanning post patient discharge.</p> <p>Discharged patients:</p> <p>The patient's paper forms used to document home medications will be scanned post discharge.</p>	Pharmacy staff
Medication Reconciliation	Unable to view/document Pharmacist Review Note	<p>Existing patients (with Pharmacist Review Notes):</p> <p>Access previously documented Pharmacist Review Note information in the 724Access Downtime Viewer.</p> <p>New patients/new review note required:</p> <p>Document Pharmacist Review Note via paper-based Progress Note form.</p>	<p>Currently admitted patients:</p> <p>For complex patients likely to remain as Inpatients, a Pharmacist Review Note should be transcribed into ieMR as soon as convenient. Paper forms should be sent for scanning post patient discharge.</p> <p>Discharged patients:</p> <p>Paper forms should be sent for scanning post patient discharge.</p>	Pharmacy staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Reconciliation	Unable to use admission reconciliation functionality	<p>Existing patients (with medication orders in ieMR):</p> <p>It is assumed medication reconciliation has occurred. If not, follow process below for medications reconciliation and ensure access to 724 Downtime Viewer MAR Report for currently prescribed medications.</p> <p>New/existing patients (with no medication orders in ieMR):</p> <p>View the home medications in the 724 Downtime Viewer, confirm home medications with parent, Chart medications on P-NIMC and other appropriate clinical forms.</p> <p>Document admission medications (including their medication reconciliation) via paper-based Progress Note form.</p>	<p>Currently admitted patients:</p> <p>Nil if medication reconciliation has occurred by admitting medical officer.</p> <p>New/existing patients (with no medication orders in ieMR):</p> <p>New medications prescribed or changes made to existing medications prescribed in ieMR need to be transcribed to ieMR. Progress Note and P-NIMC paper-based forms should be sent for scanning post patient discharge.</p>	All Prescribers (Admitting Medical Officer)
Medication Reconciliation	Unable to use transfer reconciliation functionality (relevant for patients discharged from PICU to Inpatient Ward)	<p>All patients:</p> <p>Patients will need to have medications prescribed on the P-NIMC and other relevant clinical forms by the PICU Medical Officer.</p>	<p>All patients:</p> <p>All medication orders to be continued will need to be transcribed into ieMR.</p> <p>P-NIMC paper-based forms should be sent for scanning post patient discharge.</p>	PICU Medical Officer, Treating Team

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Reconciliation	Unable to use discharge reconciliation functionality	<p>All patients:</p> <p>Discharge prescriptions will need to be written on PBS hospital approved prescription paper. Progress Note by the discharging Medical Officer to document medications for discharge. If Pharmacist available, a Discharge Medication List should be produced in eLMS and provided to patient. A copy can be sent for scanning.</p>	<p>All patients:</p> <p>Hospital copy of PBS script, Progress Note, Discharge Medication List (if available) should be kept and sent for scanning.</p>	All Prescribers (Discharging Medical Officer)
Medication Allergies	Unable to view medication allergies	<p>Existing patients:</p> <p>Access medication allergies in the 724Access Downtime Viewer.</p> <p>This information can be viewed or printed if required.</p> <p>This information will also be printed as part of the Medication Downtime Report. The downtime medication report is a replication of the MAR.</p> <p>Allergy stickers can be accessed from the Downtime Kit to highlight allergy history.</p>	Nil	All clinical staff
Medication Allergies	Unable to document new medication allergies	<p>All patients:</p> <p>Document new medication allergies on the paper P-NIMC.</p> <p>Paper form located in the Downtime Kit.</p> <p>Paper form to be stored in the patient's bedside chart.</p>	<p>All patients: Retrospective documentation of new medication allergies for all patients (admitted and discharged) to occur in the ieMR as soon as possible. Original documentation to be kept in the patient's CEC, to be scanned post discharge.</p>	All clinical staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Alerts	Unable to view medication alerts	<p>Existing patients:</p> <p>Access medication alerts in the 724Access Downtime Viewer.</p> <p>This information will also be printed as part of the Medication Downtime Report. This report is a replication of the MAR.</p> <p>Medication alert stickers can be accessed from the Downtime Kit to highlight medication alerts for patients.</p>	Nil	All clinical staff
Medication Alerts	Unable to document new medication alerts	<p>All patients:</p> <p>Document new medication alerts on the medication alert sticker placed on the paper P-NIMC.</p> <p>Paper form located in the Downtime Kit.</p> <p>Paper form to be stored in the patient's bedside chart.</p>	<p>All patients:</p> <p>Retrospective documentation of new medication alerts for all patients (admitted and discharged) to occur in the ieMR as soon as possible. Original documentation to be kept in the patient's CEC, to be scanned post discharge.</p>	All clinical staff
Medication Orders	Unable to view active medication and IV fluid orders	<p>Existing patients:</p> <p>Access the 724Access Downtime Viewer to view and print medication and IV fluid orders.</p> <p>If complex medication/IV fluid order is truncated, print the MAR Batch Report (one patient) to ensure clarity of the order.</p> <p>These printed reports can be used for the collection, preparation and administration of medication and IV fluid orders.</p>	Nil	All clinical staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Orders	Unable to view medications discontinued prior to downtime	<p>Existing patients:</p> <p>Access the 724Access Downtime Viewer to view and print medication and IV fluid orders.</p> <p>If complex medication/IV fluid order is truncated, print the MAR Batch Report (one patient) to ensure clarity of the order.</p>	Nil	All clinical staff
Medication Orders	Unable to view planned medication and IV fluid orders (particularly relevant for Day Care patients)	<p>Existing patients:</p> <p>Note: Will be unable to view planned/uninitiated PowerPlan Phases in 724 Viewer.</p> <p>Access the 724Access Downtime Viewer to view previous Progress Notes to ascertain medications planned for patient's hospital presentation. Patients will need to have medications prescribed on the P-NIMC and other relevant paper-based clinical forms by the Medical Officer. The medication order must be sent to Pharmacy for clinical review. Medication order information will be stored in the patient's CEC.</p>	<p>All patients:</p> <p>Original documentation to be kept in the patient's CEC, to be scanned post discharge.</p>	All clinical staff

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Orders	<p>Unable to document new medication and IV fluid orders, update existing medication and IV fluid orders</p> <p>Includes telephone/verbal orders</p>	<p>All patients:</p> <p>Document new medication and IV fluid orders on the relevant paper-based forms (e.g. P-NIMC).</p> <p>If updates required to existing medication/IV fluid orders in ieMR or on 724 Downtime Viewer Medication Report, these will need to be ceased with a clear line through the order, including reason for cessation, date and signature, and new orders re-charted on the relevant paper-based form (P-NIMC).</p> <p>Paper forms located in the Downtime Kit.</p> <p>Paper forms to be stored in the patient's bedside chart.</p>	<p>Current admitted patients:</p> <p>Retrospective documentation of medication orders in the ieMR. Reconciliation of medication /IV fluid orders currently prescribed on paper with ieMR must be performed by the Prescriber and ieMR orders updated. Note: Refer to Medication Administration for further detail.</p> <p>Once transcription into ieMR is complete, the Prescriber will cease all medication/IV fluid orders on paper forms.</p> <p>The patient's paper forms used to document new medication and IV fluid orders will be scanned post discharge.</p> <p>Discharged patients:</p> <p>The patient's paper forms used to document new medication and IV fluid orders will be scanned post discharge.</p>	All Prescribers

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Orders	Unable to cancel/discontinue medication and IV fluid orders	<p>All patients:</p> <p>These medication and IV fluid orders will need to be cancelled with a clear line through the order, including the words “cancelled”, reason for cessation, date and signature on the 724 Downtime Viewer Medication Report or relevant paper-based form.</p>	<p>Currently admitted patients:</p> <p>When the prescriber performs reconciliation between downtime medication records and ieMR, any medications ceased must be cancelled/discontinued in ieMR by the prescriber.</p> <p>The patient’s paper forms used to document cancelled medication and IV fluid orders will be scanned post discharge.</p> <p>Discharged patients: The patient’s paper forms used to cancel medication and IV fluid orders will be scanned post discharge.</p>	All Prescribers
Medication Orders	Unable to suspend and resume medication and IV fluid orders in ieMR	<p>All patients:</p> <p>These medication and IV fluid orders will need to be cancelled with a clear line through the order, including the words “cancelled”, reason for cessation, date and signature on the 724 Downtime Viewer Medication Report or relevant paper-based form.</p> <p>New orders will need to be charted on resumption.</p>	<p>Currently admitted patients:</p> <p>When the prescriber performs reconciliation between downtime medication records and ieMR, any medications ceased must be cancelled/discontinued in ieMR by the prescriber. The patient’s paper forms used to document cancelled medication and IV fluid orders will be scanned post discharge.</p> <p>Discharged patients: The patient’s paper forms used to cancel medication and IV fluid orders will be scanned post discharge.</p>	All Prescribers

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Orders	Unable to access decision support provided by ieMR	All clinicians can access the appropriate decision support guidelines via QHEPS. Hard copies are available in clinical areas if QHEPS cannot be accessed.	Nil	All clinicians
Medication Orders	Unable to view a patient's medications orders (including special instructions and order comments) as printed on the 724 Downtime Viewer Medications Report	<p>All patients:</p> <p>If medication orders appear truncated on the 724 Downtime Viewer Medication Report, clinicians will need to access the Medication Batch Report (also available from the Downtime Viewer).</p> <p>All medication and IV fluid orders should be clinically reviewed to ensure adequate special instructions and order comments relating to administration are present.</p>	Nil	Nursing staff/ prescribers
Therapeutic Drug Monitoring (TDM)	Unable to view/place new TDM placeholder orders	<p>All patients: The clinician will clearly indicate on the medication order when drug levels need to be taken. In addition, paper request pathology forms will need to be completed as per Downtime process.</p> <p>Verbal communication to the patient's nursing staff must occur.</p> <p>Results of TDM and any changes to medication therapy must be documented in paper-based Progress Notes by the prescriber/pharmacist. If medication order required to be changed, existing order must be cancelled and a new medication order charted as per above downtime process.</p>	<p>Currently admitted patients:</p> <p>When the prescriber performs reconciliation between downtime medication records and ieMR, any medications ceased must be cancelled/discontinued in ieMR by the prescriber. New medication orders must be transcribed into ieMR.</p> <p>The patient's paper forms will be scanned post discharge.</p> <p>Discharge patients:</p> <p>The patient's paper forms will be scanned post discharge.</p>	All clinicians

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Collecting/Preparing Medications	Request supply of medications	<p>All patients:</p> <p>To request supply, contact the appropriate pharmacist by telephone.</p>	Nil	All clinicians
Medication Administration	Unable to document pre and post-administration observations (e.g. vital signs, BGLs, pain assessment for medication administration)	<p>Document medication administration on the Medication Downtime report (printed from the 724Access Downtime Viewer and available in the patient's end of bed chart) or on the NIMC if a medication change, new order or there is inadequate space.</p> <p>Document all relevant patient observations on paper-based forms (e.g. CEWT, BGL record).</p>	<p>Medications that were administered during an ieMR Downtime need to be transcribed into the MAR by the prescriber once ieMR is accessible.</p> <p>Paper based observation forms are to remain in the end of bed chart until the patient is discharged. The patient's paper forms will be scanned post discharge.</p>	Nursing staff
Medication Orders Verification and Pharmacist Clinical Review	Unable to perform Pharmacist action in PharmNet (i.e. Verify a medication order)	<p>All patients:</p> <p>Following clinical review and verification order is safe and appropriate for patient, each medication and IV fluid order to be signed in purple pen by Pharmacist.</p> <p>If an order is clinically inappropriate or requires action by the prescriber, the Pharmacist is to follow Pharmacist Intervention downtime procedures.</p>	<p>Currently admitted patients:</p> <p>At the earliest possible time, the clinical Pharmacist must perform medication reconciliation with paper-based forms and ieMR and follow current Pharmacist work instruction.</p> <p>Discharged patients:</p> <p>The patient's paper forms will be scanned post discharge.</p>	Pharmacist

<p>Medication Orders Verification and Pharmacist Clinical Review</p>	<p>Unable to document Pharmacist Intervention in ieMR</p>	<p>All patients: All Pharmacist Interventions requiring action by prescriber to be documented on paper MAP and followed up by Pharmacist according to risk/severity.</p>	<p>All patients: Any interventions still requiring action by prescribers on paper MAP should be transcribed into ieMR. The patient's paper forms will be scanned post discharge.</p>	<p>Pharmacist</p>
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Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
<p>Medication Administration</p>	<p>Unable to sign for administration of medications and IV fluids ordered in ieMR</p>	<p>All patients: Medication administration is to be recorded on the printed Medication Downtime Report. If changes are required to medications and IV fluid orders, these orders are to be ceased and a new order is to be charted as per Downtime processes. If there is inadequate space to complete administration documentation or special instructions required, the clinician can request the order to be re-charted by the prescriber on the relevant paper form. The downtime medication report is a replication of the ieMR Medication Administration Record (MAR) and can be used as a drug chart for administration for up to 24 hours. In an ieMR Downtime longer than 24 hours, any active medications and IV fluids are to be re-prescribed on the relevant paper form for ongoing administration.</p>	<p>Current admitted patients (less than 24 hour Downtime): The prescriber must perform reconciliation between downtime medication records and ieMR and update ieMR accordingly. Nursing staff are to use the Chart Not Done function with the addition of a comment stating "Downtime – see separate record" for medications administered during Downtime. For PRN orders, nursing staff are to document the last dose administered during Downtime with a comment and ensure the time of administration is updated in ieMR to reflect actual time of administration. The patient's paper forms used to document cancelled medication and IV fluid orders should be kept in bedside chart</p>	<p>All clinicians</p>

			<p>for a minimum of 24 hours post Downtime and will be scanned post discharge.</p> <p>Current admitted patients (greater than 24 hour Downtime): All orders in ieMR must be cancelled/discontinued by the prescriber. New medication and IV fluid orders are to be charted according to current paper forms.</p> <p>For PRN orders, nursing staff are to document the last dose administered during Downtime with a comment and ensure the time of administration is updated in ieMR to reflect actual time of administration.</p> <p>The patient's paper forms used to document cancelled medication and IV fluid orders should be kept in bedside chart for a minimum of 24 hours post Downtime and will be scanned post discharge.</p> <p>Discharged patients:</p> <p>The patient's paper forms used to cancel medication and IV fluid orders will be scanned post discharge.</p>	
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Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Orders Verification and Pharmacist Clinical Review	Unable to manually product assign in PharmNet	All patients: Pharmacists are to manually enter supplies required through iPharmacy directly.	Nil	Pharmacist
Medication Orders Verification and Pharmacist Clinical Review	Unable to send medication order for dispensing to iPharmacy eRx Monitor (interface from ieMR to iPharmacy)	All patients: Pharmacists are to manually enter supplies required through iPharmacy directly.	Nil	Pharmacist
Medication Orders Verification and Pharmacist Clinical Review	Unable to view latest inpatient admission information in iPharmacy	If latest inpatient admission information is not available in iPharmacy, iPharmacy downtime procedures should be followed.	If latest inpatient admission information is not available in iPharmacy, iPharmacy downtime recovery procedures should be followed.	Pharmacist
Pharmacy Consults and Follow Up Tasks	Unable to request/view Pharmacy Consults and Follow Up tasks	All patients: Manual handover of patients to Weekend Pharmacist service is to occur. When Follow Up Tasks are unavailable, Pharmacists are to perform full clinical review of patients.	Nil	Pharmacist

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medication Prescriptions	Unable to print PBS prescriptions from ieMR	<p>All patients:</p> <p>Complete discharge prescriptions using hospital approved PBS Prescription Pads.</p> <p>Note: Clinical trials medication prescriptions will remain on paper as per clinical practice.</p>	<p>All patients:</p> <p>Retrospectively document prescribed medications as home medications in the ieMR to reflect what was prescribed on a paper script during Downtime. The hospital copy of the prescription will be sent for scanning.</p>	Prescribers
Medications and Intra (Internal) Hospital Patient Transfers (ieMR Ward to ieMR Ward)	Transferring ward unable to access most up to date medications information in ieMR	<p>All patients:</p> <p>Medication information can be viewed during downtime on:</p> <ul style="list-style-type: none"> - The Medication Downtime Report. The report is a replication of the MAR. - Any relevant paper-based forms. <p>The medication downtime report and paper medication chart are available in the patient's CEC.</p> <p>Clinical handover should utilise the information available within the 724Access Downtime Viewer, and information contained within the patient's CEC.</p>	Nil	All clinicians

Function	Task	Downtime Contingency	Downtime Recovery	Responsibility
Medications and Intra (Internal) Hospital Patient Transfers (Non-ieMR Ward to ieMR Ward)	Receiving ward unable to access most up to date medications information in ieMR	<p>All patients:</p> <p>Printout of MetaVision will occur for patients being discharged from PICU to inpatient ward.</p> <p>All medication orders will be charted on the relevant paper-based forms.</p>	As per above downtime processes.	All clinicians
Medications and Inter (External) Hospital Patient Transfers	Unable to access up to date ieMR Medication Transfer reports for transfers to other facilities	<p>All patients:</p> <p>The medication downtime report and paper medication chart to be photocopied for transfer.</p> <p>Relevant information from the patient's medical record should be printed from the 724Access Downtime Viewer.</p> <p>Any relevant paper-based forms to be photocopied.</p> <p>Provide a copy of the documentation (via phone, email, and/or fax) to destination hospital or facility.</p>	Nil	All clinicians

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