



Clinical Information System Downtime (Cerner PowerChart, FirstNet, SurgiNet)

Preparing for Downtime

A. 60 Minutes prior

1. No additional electronic orders are entered.
2. For any new lab orders, begin sending 6 demographic labels per patient to the lab with each group of specimens submitted. Additional labels may be printed from Forms on Demand. Patient labels for new admissions are available in Bed Management (West Lobby).

B. 30 Minutes prior

1. Print Physician Rounding Report for downtimes >4 hours. This report should be printed for all bedded patients in your area and placed in the paper chart to be assessable to all staff and physicians.
 - Select the patient or patients from the Patient List. To select multiple patients, hold down the Ctrl key and use the mouse to select additional patients.
 - At the top left of the screen: select Task and then Reports.
 - The Report window opens: select the Beta Rounds Report w/ABG and Counts, then select the timeperiod for the report.
 - Select your printer from the printer destination box. Note: You may need to use the scroll bar to find your printer in the list. (There should be a label on the printer indicating the printer name that corresponds with the printer location)
 - Select Print.
2. Verify Downtime Reports Updated
 - Verify downtime reports have an “Information as of” time within the last 30 minutes.
 - **Email Nursing_Informatics@augusta.edu as soon as you are able to access your correct/current CPOE and eMAR downtime reports.** Use the subject line only to enter message – i.e. 5West (your unit) downtime report is correct/ current.
 - If you have problems accessing your downtime reports call the IT Command Center at 1-7500.

C. 15 Minutes Prior

1. All personnel should complete work in the electronic health record and exit Cerner applications.
2. Information Technology Services will post updates on the PAWS intranet home page, paws.augusta.edu and the Downtime web page to communicate downtime status.

Downtime CPOE/MAR Report

A. Confirm and Communicate Update of Downtime Application

1. Make sure the printer functions and has an ink cartridge installed and paper tray is full.
2. Plan to have extra paper and an extra ink cartridge on hand so all printing can be accomplished.
3. The Downtime Report application should be open and minimized at all times.
4. Maximize the application by clicking on the appropriate notification in the tray.
5. The patient roster will populate the screen.
6. As a double-check that the most recent information is viewable, refresh the screen by clicking the "Refresh" button located in the upper left of the screen. The last updated date/time will display in the bottom right hand corner of the screen.
7. **Email Nursing_Informatics@augusta.edu as soon as you are able to access your correct/current CPOE and eMAR downtime report.** Be specific in the subject line i.e. "5West downtime report is correct/current" or "4CMC downtime report is correct/ current". Do not type anything in the body of the email. **This step is essential as the downtime will not be started until there is confirmation from every unit that the downtime application is updated.**
8. If you have any problems with the downtime report i.e. report did not update or all of your patients are not included or if printer does not work, call the IT Command Center at 1-7500.

B. CPOE/MAR Report Printing

1. To view or print the eMAR for a single patient, select (click) the Mortar and Pestle/Clock icon in the MAR column next to the patient's name to open the Downtime MAR.
2. The MAR opens in .pdf format (Note: The "information as of" date and time displays at the bottom of each page).
3. To print the eMAR choose File→Print→OK (Verify that the appropriate printer is selected).
4. To print the eMARs for the entire nursing unit, select the "drop down" arrow next to the Print icon in the tool bar. Choose →Print All MAR. A prompt will ask, "Are you sure you want to print all MAR reports?" Answer "Yes" and printing will begin.
5. To view or print the CPOE record for a single patient, select the Chart icon next to the patient's name. This report should not ordinarily be printed just viewed in the electronic format. However if the downtime is projected to be lengthy, this report can be printed.
6. The Downtime Report will open in .pdf format (Note: The "information as of" date and time displays at the bottom of each page).

7. To print the CPOE record choose File→Print→OK (Verify that the appropriate printer is selected) To print the CPOE records for the entire nursing unit, select the “drop down” arrow next to the Print icon in the tool bar. Choose →Print All CPOE. A prompt will ask, “Are you sure you want to print all CPOE reports?” Answer “Yes” and printing will begin.

Downtime Processes

- A. Begin downtime procedures--as soon as the system is “unavailable”.
- B. All processes revert to paper. All paper orders (except for Lab orders) will be communicated via OrderComm to the appropriate departments.
- C. All paper medication orders must have the patient dosing weight and allergies documented at the top of the order page. Dosing weight and allergies are available in the header of the Physician Rounding Report (this report is printed as part of the pre-downtime procedures and placed in the paper chart).
- D. Paper lab orders will be transcribed to the paper requisitions and sent with the specimen and six demographic labels to the lab.
- E. Labs ordered prior to the downtime:
 1. Routine collection labels for specimens that would be collected during the downtime period will be printed prior to the scheduled downtime.
 2. If a printed Cerner lab label is available it should be used when the specimen is sent to the lab.
- F. AcuDose will be on override.
- G. The last unit diet list printed from PowerChart should be used on the nursing unit and updated manually for any new/modified diet orders.

Patients admitted during the downtime should also be added to this list. All new diet orders should be faxed via OrderComm to Food and Nutrition by 3pm for dinner and by 4am for breakfast. Any diet orders sent after the meal deadlines may result in a late meal tray.
- H. All physician orders are to be written on the paper Physician’s Order sheet. **Physicians are encouraged to only write orders that are required for the immediate care of the patient during the downtime period. These orders would be written as one-time orders.** For new patient admissions the most frequently used powerplans are available for printing from the downtime webpage. When these paper plans are used, any non-medication recurring orders must be entered by the provider into the electronic health record when the system becomes available. Pharmacist will be entering all recurring medication orders from the downtime period.
- I. Paper prescription pads will be available in the Pharmacy for use during the downtime only for patients discharged during the downtime. If paper prescriptions are needed, contact the pharmacy at 1-4815 for delivery to your area. If paper prescriptions are requested, the charge nurse will be asked to sign for the prescription pad; when the downtime is completed, the unused prescriptions will be collected.
- J. Historical patient information will be available to physicians through GRACHIE and also HIMS at 1-2672.

Laboratory Results

- A. Historical laboratory results are available in the HealthQuest system and on the Physician Rounding Report.
- B. For Lab results that become available during the downtime:
 1. Lab staff will call and fax Critical results to the appropriate ordering unit.
 2. All urgent and emergent results will be faxed to the Nursing units.
 3. Laboratory will begin entering downtime results into PowerChart when the system becomes available; however, the timeframe to complete entry of results will be approximately equal to the length of the downtime. Please maintain the faxed results until results are available in PowerChart.
 4. Calls to the Core Lab, Blood Bank, and Microbiology should to be limited to urgent or emergent requests.
 5. For specimens sent to lab during downtime:
 - If there is no Cerner lab label, send 6 labels per patient for every group of specimens transported to the lab (2 labels per tube, include additional labels if specimen is to be shared with another area and/or instrument).
 - If there is a Cerner lab label, use it and no additional labels are required.
- C. **Clerical staff on the nursing unit should closely monitor the fax machine assuring paper is available and machine is working properly. All reports are to be placed in the patient's paper chart.**

Radiology Results

- A. Historical images (studies performed prior to the downtime) will be available during the downtime through Citrix in Intellispace PACs (images and reports).
- B. Reports for studies performed during the downtime:
 1. Radiology will dictate Emergency studies into voice recognition software and print copies of these reports. The reports will be faxed to the patient's floor or the Emergency Medicine Department.
 2. Emergency Department studies will have first priority in this work flow followed by stat or emergency inpatient studies.
 3. Routine Studies will be reviewed and dictated as quickly as volume and staffing permits.
 4. Critical results for all patients will be communicated by the Radiologist calling the ordering physician. **All sections of the Radiology Order form must be completed. Any forms that are incomplete are subject to rejection in OrderComm and must be corrected before the patient can be imaged.**
 5. All reports for studies performed during the downtime should be dictated and available in PowerChart after Radiology recovers from the downtime by the end of the day. If you are missing a report, please page 3-8652 for assistance.
 6. Radiology resident on call page 3-7396.

- C. All Radiology images (new and historical) are available through Citrix in Intellispace PACS (User Guide available on the Downtime webpage). For PACS support page 3-1620.
 - D. Clerical staff on the nursing unit should closely monitor the fax machine assuring paper is available and machine is working properly. All reports are to be placed in the patient's paper chart.**
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Nursing Documentation

A. Downtime < 4 hours

1. All documentation will be entered into PowerChart when the system is available.
2. Downtime forms are available in each units' Downtime book and on Forms on Demand if documentation is required during the downtime.
3. Orders, tasks and MAR are available in the Unit Downtime Application. Immediately prior to downtime, print MARs for every patient that will have a medication administration during the downtime.

B. Downtime > 4 hours

1. Downtime forms are available in your Downtime notebooks and Forms on Demand. Use the appropriate Downtime Forms for your area.
2. Orders, tasks and MAR are available in the Unit Downtime Application. Print MARs for every patient immediately prior to downtime. For a lengthy downtime, the Downtime report can be also printed for each patient.
3. All documentation will be on downtime forms and placed in the paper chart
4. Medication administration should be documented on the paper MAR.
5. Paper documentation will not be entered into the electronic system when the downtime is complete. The paper documentation will be placed in the paper chart to be scanned into the electronic record when the patient is discharged.
6. When the system is available, the nurse will document "yes" to the question of "Downtime Documentation" on the VS form. This will denote that some nursing documentation may not be a part of the electronic record due to downtime.

C. Patient Handoff

1. For any patient handoff that occurs during downtime or the shift after the downtime, be sure to review the paper MAR with the nurse receiving the patient as all medication administrations may not be documented on the electronic MAR.
2. Also, be sure to review all other pertinent paper documentation with the accepting nurse.
3. Communicate to the accepting nurse the period of time that the system has been unavailable.

D. Patients Admitted from the ED

1. Prior to the downtime, if the patient has a planned powerplan, it will be initiated and printed copies of the powerplan and MAR will be provided by the ED nurse to the accepting nurse on transfer; if there is no planned powerplan, paper orders and the paper MAR will be provided by the ED nurse to the accepting nurse on transfer.

Recovery Process

- A. One-time orders that were completed during the downtime will not be entered into the EHR system.
- B. If the physician performed Medication Reconciliation, he/she will be responsible for entering into the electronic medical record.
- C. Non-medication recurring orders must be entered by the provider into the electronic health record when the system becomes available.
- D. Pharmacy will be entering all continuing medication orders that were ordered during the downtime into the electronic system during the end of the downtime period. Provided the validation of the system during the downtime progresses as expected, the pharmacy will make every effort to have the medication orders entered BEFORE the system is released to the end users. If you do not see a continuing medication order that was ordered during the downtime on your eMAR, give the pharmacist about two hours after the downtime is over to finish entering the orders from the downtime and you should see the medication on the eMAR. If you do not see the medication two hours after the downtime, contact the pharmacy.
- E. If there is nursing documentation on the paper downtime forms that has not been entered into the electronic record, the nursing staff will document "yes" on the downtime documentation question (VS form) once the system becomes available. This will denote that some nursing documentation may not be a part of the electronic record due to downtime.
- F. If a paper MAR was used to document medications during the downtime, the nurse will use the paper MAR to determine the next correct time to administer scheduled medications from the eMAR.
- G. All paper documentation should be placed in the paper chart to be scanned to the electronic record at discharge.