What Goes Up May Come Down: Planning for a Clinical Systems Downtime

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Introduction/Problem

➢ As BIDMC moves to an electronic health record, the risk of a clinical systems downtime increases
➢ The immediate concern in an unexpected downtime is the risk to patient safety: information may be lost or compromised, and errors can be made
➢ Recently hired employees have no prior experience with paper documentation
➢ Existing paper forms used for downtime documentation do not always reflect current practice and documentation requirements
➢ A standard set of policies, procedures, and resources guides and supports the clinical staff while providing patient care during a downtime episode
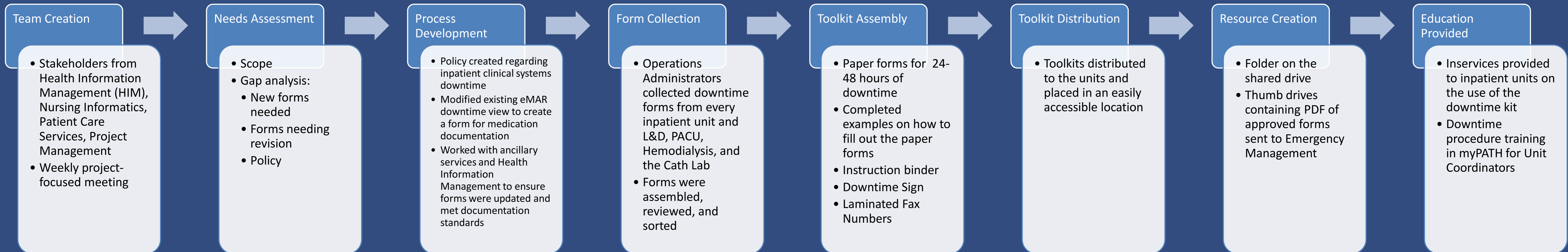
Aim/Goal

➢ To standardize processes for electronic documentation during a clinical systems downtime
➢ To create and/or update essential forms for clinical systems downtime
➢ To create a *Downtime Toolkit* containing all essentials for managing an extended downtime
➢ To educate staff on the downtime processes and procedures

The Team

➢ Tricia Bourie, Program Director, Nursing Informatics
➢ Frank Britton, Consultant, SEI
➢ Jean Campbell, Nursing Informatics
➢ Jaime Levash, Project Manager, Quality Improvement & Professional Development
➢ Emily Keenan, Nursing Informatics

➢ Robert Lombardo, MICU & Critical Care Informatics
➢ Michelle Micale, Health Information Management
➢ Laura Ritter-Cox, Department of Anesthesia, Critical Care, & Pain Medicine
➢ Prakan Srisuwanporn, Health Information Management

The Interventions

Team Creation
- Stakeholders from Health Information Management (HIM), Nursing Informatics, Patient Care Services, Project Management
- Weekly project-focused meeting

Needs Assessment
- Scope
- Gap analysis:
  - New forms needed
  - Forms needing revision
  - Policy

Process Development
- Policy created regarding inpatient clinical systems downtime
- Modified existing eMAR downtime view to create a form for medication documentation
- Worked with ancillary services and Health Information Management to ensure forms were updated and met documentation standards

Form Collection
- Operations Administrators collected downtime forms from every inpatient unit and L&D, PACU, Hemodialysis, and the Cath Lab
- Forms were assembled, reviewed, and sorted

Toolkit Assembly
- Paper forms for 24-48 hours of downtime
- Completed examples on how to fill out the paper forms
- Instruction binder
- Downtime Sign
- Laminated Fax Numbers

Toolkit Distribution
- Toolkits distributed to the units and placed in an easily accessible location

Resource Creation
- Folder on the shared drive
- Thumb drives containing PDF of approved forms sent to Emergency Management

Education Provided
- Inservices provided to inpatient units on the use of the downtime kit
- Downtime procedure training in myPATH for Unit Coordinators

For more information, contact:

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Results/Progress to Date

2	• Thumb drives created as repositories of PDF for additional printouts if needed
4	• Large gray recycling bins filled
6	• On-unit education sessions were provided
8	• Slices of pizza make the perfect meeting size
11	• New forms/redesigned
14	• Hours to put the toolkits together
20	• Forms ordered from Allied
39	• *Downtime Toolkits* created and distributed, customized to unit populations
47	• Years one form had been on a unit
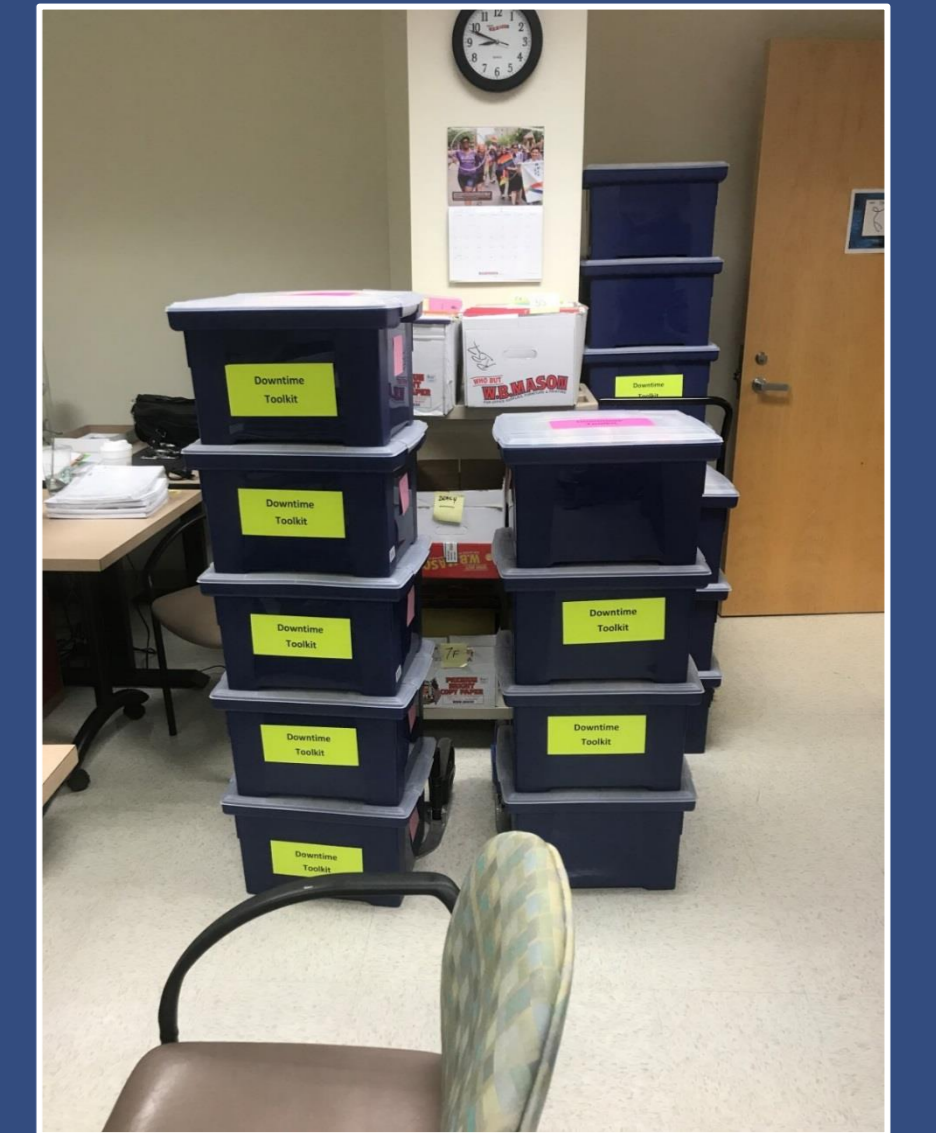
Lessons Learned

➢ People like to be prepared and save everything for a rainy day – even if it is outdated!
➢ Retired forms need regular review and revision to ensure they meet ongoing needs and requirements for downtime documentation
➢ Downtime was a mystery – education was needed around what to do during a downtime
➢ Downtime is an ongoing process

Next Steps

➢ Create a plan for any planned downtime
➢ Collaborate with Emergency Management to:
 – Participate in an unplanned downtime drill
 – Identify a central location for additional forms
 – Create a hospital wide downtime plan, including a central resource on the portal
➢ Review of Downtime Forms to be completed with the bi-yearly policy review
➢ Consider continuing educational training and/or competencies for all medical staff

For more information, contact:

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