

**Department:** Health Information Management (HIM)

**Policy Number:** HHS-4112-HIM **Attachments:** \_\_\_\_\_

**Policy Title:** EHR Downtime Contingency Plan

**Date:** 12/12 **Revised:** \_\_\_\_\_

**Approved by:**  **Date:** 3/13/13

**Policy Statement:**

Mille Lacs Band Health Services recognize the importance of establishing policy and procedures concerning a contingency plan to deal with RPMS electronic health records (EHR) downtime in order to provide for the continued care of patients in the event of a non-functioning EHR during regular clinic hours

**POLICY:**

Contingency plans will be established to minimize any adverse effects on the operations of the Ne-Ia-Shing Health Center, East Lake and Lake Lena Health Stations during the time of non-availability of computerized information EHR Downtime.

**DEFINITION OF TERMS:**

Host computer downtime has two major classifications:

1. Computer system down less than 1/2 hour: the clinics will continue normal operations since short periods of downtime have minimal effect on overall patient flow and will present less of a challenge than a radical change in operating procedure. The Site Manager will have to inform providers as soon as possible if downtime is expected to run more than a half-hour.
2. Computer system down greater than 2 hours: the backup plan will be used.

**BACK UP PLAN:**

1. The Site Manager will communicate with Health Director, Clinical Applications Coordinator (CAC) and lead clinical nurses about downtime.
2. Scheduled EHR downtime will be planned at least 3 days in advance (if at all possible). The site manager will advise each department head of the length of the projected downtime.
3. Unscheduled downtime may occur during hardware or software failure and may be partial or complete. With an host computer system failure, the following notifications will occur:

- a) During clinic hours, the Health Director, CAC and lead clinical nurses will notify each clinic and provide a projection of downtime and advice regarding the implementation of department contingency plans.

**PROCEDURE:**

A. Downtime extending 2 hours:

1. Essentially clinic operations will return to what was the standard operating procedure before EHR implementation where possible.
2. Registration would be done on paper for later logging into system (see back-up plan reference policy # ).
3. If available, the PCC+ system will be used to generate encounter forms. If not available- then blank PCC forms will be used.
4. Radiologic tests will be ordered on the paper triplicate 'Radiologic Consultation Request/Report form.
5. Labs will be ordered on the paper lab request forms. Lab results will be called, or delivered to clinics.
6. Medication orders will be written out on the PCC.

B. Restoration of Computer System:

1. After the host computer system is restored, new visits will be done on EHR. Visits in progress could be switched over to EHR visits per provider.

C. Entering of work performed during downtime into EHR:

1. Pharmacy will be responsible for entering medications given, and allergies noted into the EHR.
2. Clinicians will have the option of opening visits and writing a quick note.

**ATTACHMENTS:**

**REFERENCES:**

**RECISSION:**

**DISTRIBUTION:** All Staff