DOWNTIME CHECKLIST

**Scheduled Downtimes**

Take the following steps prior to a scheduled downtime

**Advance of Scheduled Downtime**

* Adjust staffing plan to account for extra coverage if needed.
* Communicate scheduled downtime to staff
* Identify the “Downtime Champion” on each shift

**Day of Downtime**

* Review downtime procedures with staff
* Provide downtime forms (and BCA instructions if using EPIC)

**Change of Shift**

* Assure that the pMAR printer is turned on and filled with paper.
* Have shift Charge Nurse and/or Downtime Champion attend downtime huddle prior to beginning of shift
* Pull and make available Downtime Records Supply Box
* Complete all ordered admissions/transfers and discharges prior to 2300
* Complete census reconciliation (ADT and LOC) prior to 2300
* Assure all medications given are documented and Pyxis overrides are linked on the eMAR
* Enter morning lab draws in EHR by 0100
* Dock glucometers and iStats by 0100 for downloading data
* Begin the process of disassociating the Alaris infusion pumps at 0100 and complete by 0145
* Clear the volume totals on the pumps to ensure accuracy when back entering volume totals post downtime.
* Receive / communicate notification “EHR Down” at 0200
* Log out of Electronic Health Record

**System Downtime**

* Report inability to access to the Enterprise Information Systems (EIS) helpdesk at <insert number>
* Follow any instructions received from EIS or AOD regarding downtime
* Log out of Electronic Health Record
* Identify Business Continuity (BCA) Workstations (if using EPIC)
* Ensure BCAS are plugged into red (emergency power) outlets (if using EPIC)
* Access BCA icon on the designated Clinical Workstation (if using EPIC)
* Identify and gather downtime forms (See downtime forms list)
* Retain / Batch copies of all hard copy orders written during downtime for clinical recovery back loading
* Be prepared to respond to changing work hours and duty assignments when directed. Implement admit/transfer ‘no fly’ period
* Implement manual downtime documentation and programming of the Alaris Infusion pumps
* Log into shadow “read only” electronic environment (as notified) to read/print patient information documented prior to downtime.
* Retain / Batch copies of all hard copy orders written during downtime for clinical recovery back loading
* Utilize hard copy forms for documentation, including pMAR and other down-time forms (found in the unit’s Downtime Forms Box):
  + retain for clinical recovery back loading
  + file in hard copy medical record for scanning by HID
  + Utilize downtime requisitions with EHR patient labels for all test/procedure requisitions.

**System Restored/Operational**

* Enter essential elements on newly admitted patients so mediation orders can be entered and validated
* Complete all admissions, transfers and discharges in EHR as soon after production environment is restored as possible  
  Complete census reconciliation to assure the Unit Census Log is updated and accurate
* Receive new wrist bands with bar codes on any patient admitted during downtime; remove and replace wristband that does not have the bar code
* Notify Command Center that census reconciliation is complete and accurate (Command Center will notify Pharmacy that medication orders written during downtime can be entered into record and validated)
* Receive notification that Pharmacy has completed medication recover
* Reconcile newly admitted patients in Pyxis
* Reconcile pMAR to eMAR (Be sure to IV Stop completed or discontinued meds in the eMAR)
* Enter all given medication administrations in eMAR and enter “downtime” in the comments
* Link Pyxis override pulls as soon as pharmacy has back-entered the medication orders
* Enter continuous and future orders written during downtime in EHR *Manage Orders* using “written” mode
* Return to electronic documentation of patient data in EHR including eMAR
* Resume pump integration for continuous medications using back association *\*If intermittent medication back associate ONLY if remaining duration is 1 hour or greater\**
* Validate ventilator and Cardiac Monitor device data where present
* Complete back entry of data documented during downtime (see Documentation – Post Downtime Job Aid)
* Redock glucometers and iStats
* Reconcile data on hard copy forms with back entered data in EHR
* Reconcile work List Activity
* Doc Flowsheet: Use “skip” functionality
* Doc Lab Collection Date/Time: Document actual time; Lab will be on Downtime procedures
* Order Completion: Procedures that are completed during downtime should be marked as “completed”
* File all paper documentation into each patient’s paper chart for scanning by HID

## DOWNTIME FORMS

##### Caregivers will document on downtime forms during planned and unplanned Electronic Health Care Record downtime

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| --- | --- |
| **Documentation Type** | **Downtime Forms** |
| Clinical Documentation | Nursing Forms  Therapies: document on paper forms used prior to system implementation |
| Admission | Admission Downtime Record |
| History and Physical | H&P Record |
| Physician Orders | Physician Order Sheet  *Providers encouraged to write one-time orders only (except medications).* |
| Lab / Radiology / Diet / Therapy Orders | Downtime Requisition Forms |
| Medication Orders | RN signs off orders and transcribes on pMAR; yellow copy sent to pharmacy including weight and allergies; Pharmacist prepares medication and delivers  Physician Order Sheet yellow tail placed in Pharmacy Pick-Up box |
| Medication Administration | pMAR |
| Physician Documentation | Progress Notes |
| Care Plans | Interdisciplinary Plan of Care forms used prior to system implementation |
| Patient Education | * Patient / Family Education Record * PCERs |
| Transfer | * Progress Notes * SBAR |
| Discharge | * Progress Notes * Patient / Family Education Record * PCERs |

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| **Downtime Documentation Key Points** |
| **Bar Code Medication Administration Processes:**   * Administer medications due or required during this time utilizing the 5 Rights of medication administration without bar coding. * When the system is available, document any medications given in the downtime. * Scan the patient’s wristband to open the MAR * Select the medication administered during downtime.   **Note: The administration alert, ‘Bar Code Not Scanned’ will open.**   * + Select ‘*System downtime*’   + Change the time to the actual time administered   + Select ‘*Accept’*. |
| **eMAR Medication Documentation**   * Scan the patient’s wristband to open the MAR; select the medication administered during downtime.   **Note: The administration alert, ‘Bar Code Not Scanned’ will open.**   * + Select ‘*System downtime*’   + Change the time to the actual time administered   + Select ‘*Accept’*. * Manually adjust administration time on eMAR for orders with a Q1 hour (or more frequent) interval.   For example, if 0100 dose and 0200 dose scheduled, document 0100 and 0101 with a comment on the 0101 administration to note the compensation for DST.  Because this step will add an administration, the last scheduled administration will need to be canceled. |

**Flowsheet Medication Documentation**

* Documenting overlapping times in the flowsheets should be done by manually changing the time of the second overlapping entry to one minute after the first entry.

Using the example above, the second 0100 (what would have been the 0200 time) is changed to 0101.

In addition, add a comment detailing the workflow used to compensate for daylight savings.

* Document volume in flowsheet for orders where appropriate by inserting a column for 0100 for all active infusion groups and documenting the manually calculated total volume.

Override the suggested calculation if necessary, note daylight savings time if appropriate.

* After the manual volume calculation is documented, users can resume using the auto-calculate and rate verify functionality.

Note:

If users try using auto-calculation before they manually document after 0100, the volume

totals may be incorrect.

**Flowsheet Fluid I&O Documentation**

* Document all other intake and output volumes.
* Insert a column for 0101, and in the ‘Other’ rows enter the total volumes for the DST hour.

**Medication given or IV rates changed during Downtime**

* Document the administration at the actual time given. If the med administered during downtime conflicts with another time column, increase the time documented by 1 minute (0101) with the comment of “Given during DST” or “Rate change during DST”.