

Preparing Nursing Staff for Electronic Health Record Downtime

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Introduction/Background

Preparing for conversion from legacy to enterprise electronic health record (EHR) in late 2016, the North Shore Medical Center (NSMC) Nursing Informatics team identified gaps between downtime processes for the organization and available resources for patient care services. In response, the nursing informatics team developed downtime forms and a downtime webpage to address the gaps. Debriefing after the 12-hour downtime associated with the implementation, we identified additional needs for maintaining a safe clinical practice in the midst of downtime, including: additional forms, instructions for using paper forms for blood and medication administration, and standardization of the storage of paper downtime forms on patient care units.

Methods

NSMC had the advantage of being the third group to go live with the enterprise EHR. While some forms were generic, other forms were developed to mimic the new system. The Nursing Informatics (NI) team worked with Information Services (IS) to set up a webpage and worked with leaders and front line staff in each department to determine deficits. The website included downtime forms that mirrored the EHR workflow for Admission Assessment, Shift Assessment and Discharge Assessment. This process would streamline downtime recovery for the EHR. After being vetted with nursing practice council and nursing leadership, all forms were placed on the downtime website. The website was also expanded for specialty unit forms.

In addition, the NI team worked with subject matter experts to develop instructions for paper medication order transcription, medication administration record, and blood administration. The team deployed standardized downtime carts across patient care services for the downtime that would occur with the EHR upgrade in October 2018. All carts were identical with bright red hanging files that could be easily identified, even by staff who may be floated to a different unit.

These tools were in addition to the network tools provided. These included select business continuity access (BCA) PCs on each unit that supply a printed medication administration record and clinical summary on all admitted patients, to be used in case of major network outage; and “read only” views of the EHR, available from every workstation.

Results

In December 2018 the full network suffered an unplanned downtime. Although some staff had trouble using the BCA, the majority of staff were able to successfully navigate downtime using the downtime cart with the provided forms. A debriefing session with nursing staff identified the need for folders for nurses to carry the paper medication administration record forms, as well as the need for more education and regular drills on the use of the network-provided tools. This work is ongoing.

Discussion/Conclusion

An interdisciplinary downtime committee has been established across the Partners network recognizing the threat and vulnerability for downtime in healthcare, with the goal of developing more comprehensive enterprise downtime forms and procedures. Our experience with an unplanned downtime showed that preparations were largely successful, though we continue to make improvements.

References

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