



System		Policy and Procedure	
Title:	Meditech Patient Care Systems (PCS), Downtime	Number:	SY-AD-009
Applies to:	Meditech PCS users	First Created:	5/08
Issuing Dept:	Executive Administration	Last Revised:	
Approved by:	Thomas J. Firestone, MD, President/CEO		

I. POLICY

Southern Illinois Healthcare (SIH) provides an electronic documentation process through Meditech Patient Care Systems (PCS) and a process to provide a seamless transition from electronic to manual documentation in the event of system downtime. The downtime process allows for the patient medical record to maintain a complete and accurate record of all patient care documentation during and after the downtime.

II. DEFINITIONS

Downtime Profile Report – Meditech generated report; an abbreviated care plan containing patient history including information such as last vital signs, last assessment, etc. – see attachment

Patient Care Provider – any staff person who may use Meditech PCS

Scheduled downtime – previously announced periods of time when Meditech PCS is unavailable; downtime is scheduled for routine maintenance, Meditech upgrades or system hardware/software upgrades

Universal Downtime Requisition – a paper order communication method used when Meditech is unavailable

Unscheduled downtime – sudden, unanticipated, unplanned periods of time when Meditech PCS is unavailable; limited outages or system wide outages can cause unscheduled downtime

III. RESPONSIBILITIES

1.0 Clinical staff who provide patient care and document patient care using the Meditech PCS system follow downtime procedures when Meditech PCS is unavailable.

IV. EQUIPMENT/MATERIALS

N/A

V. PROCEDURE

1.0 Scheduled downtime

1.1 The downtime procedure is initiated in:

A. ICU, SCU/PCU, and ER if the scheduled downtime is anticipated to exceed 30 minutes

- B. All other clinical departments using Meditech PCS if the scheduled downtime is anticipated to exceed 60 minutes
- 1.2 If the scheduled downtime is anticipated to exceed 4 (four) hours the Downtime Profile Report and the Medication Administration Report is printed for all patient care areas at least 1 (one) hour before the scheduled downtime.
- A. The report time frame includes the expected length of downtime plus 2 (two) hours.
 - B. The Manager/House Supervisor/designee prints and distributes this report.
 - C. The Downtime Profile Report and the Medication Administration Report are used for communication purposes. Do not document on them. They are not part of the patient's medical record.
- 1.3 Any patient care provider enters the PCS interventions onto Universal Downtime Requisitions.
- A. This refers to PCS interventions only. Follow the current order entry downtime process for orders other than PCS.
 - B. The nurse assigned to the patient reviews the interventions and gives a copy of the Universal Downtime Requisition to the appropriate care provider.
 - C. Respiratory Therapy is contacted for all STAT procedures.
 - D. When PCS is back up, the PCS interventions are manually entered into PCS by any patient care provider.
- 1.4 Copies of screen shots are used for documentation during downtime and are accessed from two areas.
- A. Department specific screen shot folders are located on the shared drive in the individual department folders.
 - 1) Each staff person/designee accesses the department folder located on the hospital (H:) drive and prints the needed screen shots.
 - B. A file containing a master copy of all assessment screen shots in printed format is found in Nursing Administration and in each patient care department/office.
 - 1) Department patient care providers make a copy from the master forms of every assessment required for each of their patients during the anticipated downtime.
 - a) Manually document all patient care activity on the printed screen shots including date, time and signature in the appropriate place.
 - b) Place a patient label if available or write the patient's name, birth date and account number on every page of documentation.
 - c) Any documentation for which there is no pre-printed assessment is done on the Integrated Progress Notes or Nurses Notes.
 - 2) Any downtime printed/written documentation becomes part of the permanent medical record.
 - a) Only the items listed in section V. 1.5 A. of this policy are retrospectively entered into PCS.
 - b) Those patients who were both admitted and then discharged during the downtime period are exempt from retrospective data entry.
 - 3) Post-event canned text documentation is entered into Meditech PCS when PCS is available which states "PCS/EMR scheduled to be unavailable beginning at (time). Refer to printed/written medical record for clinical documentation between (time) and this entry."

- a) The time Meditech was scheduled to become unavailable is the time entered into () on the canned text even if the actual time is different.
- 1.5 The current patient care provider retrospectively documents for patients.
 - A. At least the following assessments and intervention items are retrospectively entered into Meditech PCS regardless of the length of the downtime:
 - 1) Admission Database
 - 2) Admission Physical Assessment
 - 3) Allergies
 - 4) At least q4h vital signs
 - 5) Discharge Planning
 - 6) Initial Pain Assessment
 - 7) Intake and Output
 - 8) Medication Administration
 - a) Medication administrations are documented on the Medication Administration Report.
 - 9) Medication Reconciliation
 - 10) Nutritional Screening
 - 11) Past Medical History
 - 12) Risk Screening Assessment
 - 13) Skin Risk Assessment
 - 14) Vaccination Protocol
 - B. Clinical staff enters the appropriate care provider at the prompt when the situation requires s/he retrospectively document for another clinical staff member.
 - 1.6 Charges that result from PCS documentation which are not entered by retrospectively documenting the associated assessment are handled as follows:
 - A. Physical Therapy, Occupational Therapy, Speech Therapy and Respiratory Therapy
 - 1) Document on the hard copy screen shots
 - 2) Charges are entered manually
 - 3) A downtime Respiratory Therapy charge log is kept in the Respiratory Therapy department.
 - B. Each assessment which includes a charge has a notice of that charge on the printed downtime assessment form.
 - C. The information logged includes:
 - 1) the date and time the charge is incurred
 - 2) the patient label or the patient's name and account number
 - 3) the care provider's name
 - 4) any additional information requested (such as size, etc.)
 - D. After the system is back on line the appropriate staff person from the involved department reviews the documentation and completes the proper charging.

2.0 Unscheduled downtime

- 2.1 Any care provider noting a sudden inability to access PCS reports this to the Manager/House Supervisor/designee who:
 - A. Verifies that the PCS application is not accessible and places an immediate call to the Help Desk, ext. 67401
 - B. Prints the Downtime Profile Report in all patient care areas
 - C. Makes copies of the forms needed for each patient
- 2.2 Follow the remainder of the Scheduled downtime procedure.
 - A. Post-event canned text documentation is entered into Meditech PCS when PCS is available which states "PCS/EMR unavailable beginning at (time). Refer to printed/written medical record for clinical documentation between (time) and this entry."
 - 1) The time Meditech was first discovered to be unavailable is entered into "(time)".
 - a) During PCS downtime, the Help Desk will determine the exact times.
 - b) The Manager/House Supervisor/designee contacts the Help Desk to obtain the time and communicates the time to the affected units.
- 3.0 PCS Facility Leads/designees check monthly to verify form revisions.
 - 3.1 When revisions are made, the Facility Leads/designees distribute the revised forms and gather old form copies to be destroyed.
 - 3.2 An original copy of each replaced form is marked as "archived" with the archived date and placed in the main binder maintained in the Nursing Administration office.
 - 3.3 Any request to modify or add to the Downtime Reports/process is submitted to the respective facility lead. The facility lead assists in identifying the need/rationale for the request and the proper pathway to enact the change.
- 4.0 Available patient information resources
 - 4.1 Downtime Patient Profile (DT.MED)
 - 4.2 Medication Administration Report
 - 4.3 Discharge Summary Report
 - 4.4 Patient Notes
- 5.0 Downtime reports
 - 5.1 Documentation is backed up to the downtime computer automatically on the following schedule:
 - A. Every 30 (thirty) minutes
 - 1) SCU/PCU: eMAR, Downtime Profile Report (Kardex)
 - 2) ER: eMAR, Downtime Profile Report (Kardex)
 - 3) ICU: eMAR, Downtime Profile Report (Kardex)
 - B. Every hour
 - 1) eMAR, Downtime Profile Report (Kardex) for all other nursing units
 - C. Every 24 (twenty-four) hours
 - 1) Discharge Summary
 - 2) Notes
 - 5.2 House Supervisors, Charge Nurses and Nursing Department Managers are granted access to print the Discharge Summary and Notes Reports as needed in a downtime situation. Due to

the potential length of these documents, discretion must be used in deciding when these portions of the medical record need to be printed into a hard copy.

- A. The Discharge Summary and Notes Reports are used for communication purposes. Do not document on them. They are not part of the patient's medical record.
- B. The Discharge Summary and Notes Reports may be printed from the nursing station PCs if internal network is working.
 - 1) If network is down, Nursing retrieves them from the Downtime PC
 - a) Memorial Hospital of Carbondale – Nursing Administrative Conference Room PC
 - b) Herrin Hospital – House Supervisor's office PC
 - c) St. Joseph Memorial Hospital – Med-Surg/SCU Managers' office PC

VI. DOCUMENTATION

- 1.0 Document using printed/written forms as described in policy.
- 2.0 Printed/written forms become part of the complete medical record.

VII. CHARGES

N/A

Additional Approvals and Review/Revision Dates			
Review Dates:			
Revision Dates:			
Replaces:	N/A		
Additional Approvals:	<u>Name (print)</u>	<u>Title</u>	<u>Signature</u>
	Marcia Matthias	Dir., Health Information	
	Ann Ignas, RN, ADPCS	NEC Representative	
	Frank Sears	Chief Information Officer	
	Wayne Corzine	Corp Dir, Patient Financial Services	