MUNSON HEALTHCARE

Downtime Process for Cerner Ambulatory

Contents

Purpose

It is the purpose of this process to provide guidelines for Cerner Ambulatory downtime: Scheduled, Semi-Scheduled and Unscheduled.

Definitions

A. Scheduled downtime is planned in advanced for reasons including scheduled maintenance, system updates, system patches, and upgrades.

B. Semi-Scheduled downtime includes software or hardware upgrades that cannot wait until after clinic hours. This may include patches that need to be applied quickly to avoid security vulnerability.

C. Unscheduled downtime is due to network, system or environmental failures (e.g. power outages, network failure, system failure)

    a. Unscheduled Component downtime is when a specific component is down. The impact can be network wide or just at the practice level. Component downtime could include, but is not limited to: on plan co-pay collection, nCode, sure scripts or hardware such as a printer, scanner or eSignature device.

Process

Communication Plan

Scheduled and Semi-Scheduled Downtime: Communication begins when or near when the downtimes are determined. Scheduled downtimes will be scheduled outside of business hours when possible. Delays to scheduled downtimes will also be communicated. Communication plans will be communicated to all practices managers and designees via their preferred communication method.

Unscheduled Downtime: Communication is initiated at the origin of the unplanned occurrence. Managers and designees will be notified via their preferred form of communication.

> ➢ If practices are experiencing an unexpected downtime and have not yet been notified of a downtime, the practice manager or designee will contact the help desk at (231) 935-6053.

Unscheduled Component Downtime: Communication is depending on the scope and of the component function and amount of users impacted. For large impact component downtime, practice managers and designees may be communicated via preferred form of communication or by email. For practice specific component downtime such as hardware, practices will have report the issue to the help desk at (231) 935-6053.

Downtime Process

In the event of an unplanned, unscheduled downtime, staff will need to be prepared to handle working without computerized technology and be able to transition to a paper process until the system is back online.

If the downtime is a result of a power outage, clinic should proceed as outlined below in the event that there is no risk to the patient or staff. Local leadership will make determination of the clinic should be closed for prolonged outages.

The following steps will provide a guide to be used during downtime:

1. Front Office Staff
   a. Print downtime report or use report on downtime computer
   b. Utilize appropriate downtime form to complete check in process
   c. Co-pays will only be collected during a scheduled/semi-scheduled downtime that does not affect the co-pay and payment collection process.
2. Clinical Staff
   a. Utilize the downtime report to review information for the patient or Cerner Ambulatory Read Only if available
   b. Document patient visits on the appropriate downtime forms
   c. Ensure patient identifiers are on all pages of paper forms
3. Providers
   a. Utilize the downtime report to review information for the patient or Cerner Ambulatory Read Only if available
   b. Document all patient information on appropriate downtime forms
4. Uptime
   a. All appointments will be appropriately checked in.
      i. If uptime occurs on the next business day, all appointments will need to have the "no show" undone and then the check in process completed.
   b. All patient level data, orders, and charges will be entered into the system
   c. All downtime forms will be scanned into the system under the encounter. Downtime forms will suffice for the provider note as long as the note is documented on the forms.

In the event that you have advance notice of scheduled/ semi-scheduled downtime, use the steps outlined below to prepare.

   a. Print downtime report (run a new downtime report if needed)
   b. Print schedules
   c. Ensure all electronic forms are on paper
   d. Ensure there are enough copies of the paper downtime forms

There will be times when a component is not available to be used but the rest of the system is still functioning. Depending on the component, there may or may not be workarounds that can be utilized during this downtime. After reporting the issue to the help desk, navigate to the EHR education website to see if a downtime job aid exists for that component.

Available Resources

Downtime Survival Kit

Each clinic will create a downtime survival kit that they will refer to during downtime. This kit will include the downtime process, copies of all papers forms, copies of all up to date standing orders and

Munson Healthcare prescription pads. Clinics may also decide to include a flash drive containing the most recent downtime report. This report would need to be loaded onto the flash drive daily as part of the end of day clinic process. Due to prescription pads and optional flash drive containing patient information, the kit must be stored in a locked location.

Downtime Report

The downtime report runs automatically at 4:30pm daily and is stored on the designated downtime computer at each practice location. This report can also be ran manually at any time, if needed. If possible, this downtime computer should be hooked to battery backup or plugged into an outlet that is ran by clinic generator to ensure usage during a power outage. Clinics may choose to save the downtime report daily to a thumb drive/flash drive and securely store with their downtime survival kit each night. The downtime report should be used along with the downtime patient visit form to verify and complete a patient visit.

Read Only

PowerChart has a 'Read only" database that can be used in certain instances of system and/or component downtime. The 'Read Only' database will be available approximately 1 hour after the downtime begins and can be accessed by all computers using your same login and password and can be identified by an Orange or Yellow Patient Banner Bar.

Paper Forms

The following paper forms are available for the use during downtime. Clinics are responsible for ensuring any clinic specific forms have paper versions that can be included within their downtime survival kit.

- 0303 - Confirmation of Informed Consent
- 2280 - Authorization for Treatment and for Release of Medical Information
- 2413 - Informed Consent to Refuse
- 3073 - Patient Authorization to release PHI
- 6280 - Notice of Privacy Practices
- 11691 - Medical Consent for Treatment of Unaccompanied Minor
- 0975 – Outpatient Lab Requisition
- 3236 – Outpatient Radiology Test Request
- 11930 – Start talking: Controlled Substances Containing Opioids
- Downtime Patient Visit Form
- Downtime Procedure and Treatment form
- Downtime Patient Message Form
- Additional Medications Downtime Form
- Additional Notes Downtime Form
- In-office Medication & Immunization Administration Form
- POC forms

Documentation

The following section serves as a guideline to document patient visits during downtime.

Patient Visit Documentation

All patient visit documentation, including patient check in, will take place on the Downtime Patient Visit Form or the Patient Procedure Downtime form. Additional medications and visit notes can be documented on the Additional Medications Downtime Form and the Additional Notes Downtime Form. If phones are still working, patient messages can be taken using the Downtime Patient Message Form. All other documentation should take place on their respective paper form.

In-Office Medications, Immunizations & POC Orders

Orders for an In-Office Medication(s) and Immunization(s) should be documented on the appropriate patient visit downtime form under the orders section by the provider. In addition, documenting administration of in-office medications/immunizations or resulting of the POC should take place on their respective downtime form.

Medications

All prescription medication orders are to be documented in the medication section of the appropriate patient visit downtime form with the check box selected that script was given to patient. All prescription medication orders should then be documented on a Munson Healthcare prescription pad and given to the patient.

Orders & Charges

All orders including referrals should be documented on the orders section of the patient visit or patient procedure downtime form. In addition, lab and radiology orders must be documented on the appropriate requisition form (Form #3236 or #0975) and given to the patient. Any miscellaneous orders that need to go with the patient, such as DME, should be documented on the orders section of the patient visit or patient procedure downtime form and on a Munson Healthcare prescription pad to go with the patient.

All charges are to be documented on the patient visit or patient procedure downtime form under charges.

Uptime Process

The following provides additional detail to guide the uptime process.

Patient Visit Documentation

Ensure all patient visit documentation is complete with patient identifiers on each page, provider note section is complete and all forms are appropriately signed and dated. Scan patient visit/procedure downtime form into PowerChart under appropriate note type.

In-Office Medications, Immunizations & POC Orders

Clinical staff to enter in orders with the communication type of written order. Using the completed downtime form, transcribe all data into the appropriate task including date and time. Ensure to change date and time to match date and time of original order

Medications

Prescription Medication's will be entered with a comment that states "paper prescription provided to patient during downtime" and the send to: Do not print: given to patient.

Any changes to medications that are not prescribed at this visit are to be documented in the home medications section under document meds by history.

Orders & Charges

Clinical staff to enter in all orders and charges with the communication type of written order.