**Teletracking/Pre-admit Downtime Procedures for Admitting**

1. **Network Downtime---Planned**
2. Approximately 15 minutes before the planned downtime, Admitting will:
3. Print screen shots of the Teletracking tabs.
4. Print a current Star Census.
5. Downtime begins and Transfer Coordinator/Admitting will:
6. Follow normal downtime protocols

* Using phone calls for admits.
* Pen/paper for tracking admits (including discharges and in-house transfers).
* Supplying downtime account numbers for new admits for Maternity (moms) and newborns.

1. Network comes back up:
2. Admitting will add patients into Star:

* Mothers and newborns registered/added first.
* After ED registration adds their patients to Star, Admitting will then admit the patients to their beds.
* Admitting will perform any discharges or transfers in Star as needed.
* Teletracking will catch up once Star is updated. Admitting will also add patients to Teletracking if needed.

1. **Network Downtime---Unplanned**
2. Admitting will call the computer room/operations at 56041 to have a current Star census printed. Operations will either walk the census to the office or will fax the list.
3. Transfer Coordinator/Admitting will follow normal downtime protocols:
4. Using phone calls for admits.
5. Pen/paper for tracking admits (including discharges and in-house transfers).
6. Supplying downtime account numbers for moms and babies.
7. Network comes back up:
8. Admitting will add patients to Star:

* Mothers and newborns registered/added first.
* After ED registration adds their patients to Star, Admitting will then admit the patients to their beds.
* Admitting will perform any discharges or transfers in Star as needed.
* Teletracking will catch up once Star is updated. Admitting will also add patients to Teletracking if needed.

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1. **Cerner/FirstNet downtime only**
2. Star registration occurs as normal.
3. Admitting/Transfer Coordinator will add the ED admits to the ED tab in Teletracking.
4. ED charge and Transfer Coordinator/Admitting will use phone calls for patient placement information.
5. Transfer Coordinator/Admitting and the Units will use phone calls to place patients and convey the readiness of the beds.
6. The Units will utilize paper charts, if downtime is greater than 2 hours, only medications are required to be documented when the system is available.
7. **Star downtime only**
8. Admitting/Transfer Coordinator to follow normal downtime protocols:
9. Using phone calls for admits.
10. Pen/paper for tracking admits (including discharges and in-house transfers).
11. Supplying downtime account numbers for new admits to Maternity (moms) and newborns.
12. Star comes back up:
13. Admitting will add patients to Star

* Mothers and newborns registered/added first.
* After ED registration adds their patients to Star, Admitting will then admit the patients to their beds.
* Admitting will perform any discharges or transfers in Star as needed.
* Teletracking will catch up once Star is updated. Admitting will also add patients to Teletracking if needed.

1. **Teletracking downtime only**
2. Transfer Coordinator/Admitting and the Units will communicate via phone calls to place patients and convey the readiness of the beds.
3. For ED patients: Bed placement information will be placed in the comments section in FirstNet along w/ the bed status of clean, dirty, etc., followed up with phone calls to the ED Charge if needed.
4. For all other patient populations (PACU, Cath LAB, Transfers from outlying facilities, and In-house transfers): Bed placement information will be communicated via phone calls.
5. Admitting will continue to register patients and place in beds in STAR following normal STAR processes.
6. Teletracking comes back up:
7. Teletracking will catch up with the ADT information from STAR.
8. If needed, Admitting will add patients to Teletracking and update bed statuses.
9. Transfer Coordinators will add patients to the Transfer Center as needed.