

QEII Emergency Department Downtime Clinical Workflow Processes Plan

Version 3

ED Downtime Clinical Workflow Process

This plan is an annex to the Metro South ieMR Business Continuity Plan and outlines the Clinical Workflow processes within the QEII Emergency Department in response to an outage or interruption to the ieMR, Pyxis Medstation or other system interfaces that impact the normal functioning of the ieMR.

UNSCHEDULED DOWNTIME (UNPLANNED)

Unscheduled downtime will be treated as a **Code Yellow**

In the instance of any reduced functionality in the system that is impacting clinical care staff should call the Metro South Adoption Services on ext. 8800. After hours i.e. Monday to Friday 1700-0700, Weekends and public holidays staff should contact the After Hours Nurse Manager

- Queen Elizabeth II Jubilee Hospital Disaster and Emergency Incident Plan <http://docs.sth.health.qld.gov.au/d/QEH2397.pdf>
- Queen Elizabeth II Jubilee Hospital Business Continuity Plan https://qheps.health.qld.gov.au/_data/assets/pdf_file/0025/2163409/iemr-downtime-bcp-qeii.pdf
- MSH Disaster Management Plan (<http://qheps.health.qld.gov.au/metrosouth/about/docs/msh-disaster-mgmt-plan.pdf>)

For an unscheduled downtime start at During Downtime PROCESS on page 5

SCHEDULED DOWNTIME (PLANNED)

Metro South Digital Webpage (<https://metrosouthdigital.health.qld.gov.au/site/qe2/home>)

Impact Analysis of ieMR outage or interruption

Separate Downtimes and Impacts

ieMR

HBCIS

Pyxis

ieMR + HBCIS

The Viewer

Other:

CIMHA

IntelViewer

Downtime Clinical Workflow Processes – Role Specific

Preparation – prior to Downtime

Planned Downtimes will be communicated to key staff via email at least 2 weeks prior to the scheduled ieMR Downtime event. It is the responsibility of these key staff to further communicate to all relevant staff. The following information will be communicated to staff prior to the Downtime;

- a) Date and time of downtime
- b) Duration of the downtime
- c) Potential impact of the downtime
- d) Actions required/Recovery Plan

Prior to the scheduled Downtime, the ED Senior Leadership Team will assess the requirements for additional staffing and resources and allocate these appropriately.

N.B.: ED may not have sufficient notification of other planned outages and interruptions to other system interfaces within the ED. These outages and interruptions will be managed as a case-by-case situation appropriately at the time (e.g. AUSLAB).

Preparation for a Planned Downtime

MEDICAL	NURSING	ADMINISTRATION
<p>STAFFING</p> <ul style="list-style-type: none"> ▪ Ensure adequate staffing depending on scheduled time, length and workload ▪ Resource and allocate adequate staffing for Recovery Teams 	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ Ensure adequate staffing depending on scheduled time, length and workload ▪ It is recommended that the following additional roles will be staffed during the downtime: <ul style="list-style-type: none"> ○ ED Unit Downtime Coordinator (CNC/CN) ○ ED Medications Coordinator (CN) ▪ Resource and allocate adequate staffing for Recovery Teams (refer to page 8) ▪ Ensure Downtime boxes checked and have adequate supplies 	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ Ensure adequate staffing depending on scheduled time, length and workload ▪ Resource and allocate adequate staffing for Recovery Teams

Prior to the planned Downtime

<ul style="list-style-type: none"> ▪ Ensure the medical admission notes have been finalised, saved and printed prior to the downtime. 	<p>ED DOWNTIME COORDINATOR</p> <ul style="list-style-type: none"> ▪ Prepare whiteboards 1 hour prior to downtime (Located in the bike shed). Main whiteboard to be set up at Shift coordinator desk. Fast-track whiteboard to be set up at Fast-track staff station. SSU whiteboard permanently mounted on wall of SSU staff station 	<ul style="list-style-type: none"> ▪ Ensure each patient has a chart available (CEC) ▪ Ensure adequate patient labels available in the patient's Current Encounter Chart (CEC) ▪ Change tray of printer sheets for specimen labels/ID band
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- Downtime role/zone boxes to be supplied to relevant team leaders (Co-ordinator, Triage, Fast-track, downtime patient paper folders, MAR, other clinical forms. All individual boxes)
- Current patient's details to be written on cards, put in pouches and placed appropriately on whiteboard maps
- Document planned patient dispositions on relevant tracking logs
- Add Nursing/Medical allocations to whiteboard

Downtime Viewer Activities:

- Refer to Downtime Viewer Procedure
- Downtime Viewer Locations: Equipment Alley and SSU staff station
- Remain on at all times. NB: Downtime Viewers are never to be shut down
- Remain plugged into emergency power outlet at all times
- Maintain connection to a non-network printer (Equipment Alley and SSU staff)
- Access Downtime Viewer only during downtime or testing

- Print patient tracking list from FirstNet
- Print all Active Orders. If a patient has a blood order ensure this active order is printed from this tab in the Downtime Viewer
- Print all patient's current Medication orders ("Medication Administration (Current)" tab
- Ensure the medical admission notes have been finalised, saved and printed
- Print patients chart from the Downtime Viewer for Critical patients, AWA
- Ensure patients have a green wristband and 'Patient on Paper' sign (from the Downtime box) in situ implying 'Patient on Paper'.

Communication: Emergency broadcast/comms for team leaders/Senior Clinician to attend hand over room to inform the following:

- Time and duration of downtime,
- Instructions for documentation during downtime, (handwritten armbands, paper documentation, medication administration, pathology and radiology request forms, tracking forms, triage forms)
- Discharge scripts to be documented on paper
- All written documentation including medication chart to

- Print out specimen labels from HBCIS.

	<p>remain in patient downtime paper chart which will accompany Current Encounter Chart (CEC).</p> <ul style="list-style-type: none"> ○ Patient chart to be printed from the Downtime Viewer for Critical patients, AWA ○ Instructions for Pyxis non-profile mode use <p>DOWNTIME MEDICATIONS COORDINATOR</p> <ul style="list-style-type: none"> ▪ Change Pyxis to non-profile mode. ▪ Signage to be placed on Pyxis machines ('Non-Profile mode downtime') <p>ALL NURSING STAFF:</p> <ul style="list-style-type: none"> ▪ Print patient's latest ECG from ECG machine or FirstNet and stamp as "copy". ▪ Ensure documentation of Medication Administration is up to date. 	
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During Downtime PROCESS

MEDICAL	NURSING	ADMINISTRATION
<p>DOCUMENTATION</p> <ul style="list-style-type: none"> ▪ Use Emergency Progress Note template located on USB for all patients – this document MUST be used <ul style="list-style-type: none"> ○ Refer to FirstNet Downtime Emergency Progress Note Emergency v3.0 ▪ Write new pathology orders on paper request forms. To accompany pathology specimens. ▪ Write new radiology order on paper request form and fax to Qld X-ray (confirmation post meeting with Radiology and Pathology) ▪ Results are viewable through InteViewer and AUSLAB ▪ List of Forms http://docs.sth.health.qld.gov.au/forms and http://docs.sth.health.qld.gov.au/documents/qeii-hospital ▪ Write new Medication and Infusion orders onto Paper medication chart provided in patient paper chart in downtime kit. <p>ADMISSION / DISCHARGE</p> <ol style="list-style-type: none"> 1. Document the date and time of discharge/admission in the progress note 2. If the patient was in ED prior to downtime, print 	<p>ED DOWNTIME COORDINATOR</p> <ul style="list-style-type: none"> ▪ Liaise with Triage, Acute SMO, Shift coordinator, Fast-track TL, SSU TL to coordinate patient flow and communications ▪ Maintain an up to whiteboard patient tracing map and patient disposition tracking logs. ▪ Print information from the patient's chart for critical patients from the Downtime Viewer ▪ Patient records to be viewed using the Downtime Viewers ▪ Print MAR from Downtime Viewer (N.B. Medication Transfer Reports may be accessed from the Downtime Viewer – however should only be used as a reference during downtime and NOT printed) (Medication Transfer Reports are refreshed every 10 minutes in the ED) ▪ Plan and coordinate Reconciliation teams <p>PYXIS (MEDICATION COORDINATOR):</p> <ul style="list-style-type: none"> ▪ Patient identification – search for patients using global facility search (if known UR number) (QRG) ▪ For all new patients into ED – a temporary patient to be created in Pyxis (QRG) <p>ALL NURSING STAFF: DOCUMENTATION</p> <ul style="list-style-type: none"> ▪ Triage patients using the FirstNet Downtime Triage Assessment Form v3.0 within patient downtime folder ▪ Use wristbands with patient details (label or handwritten) 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> ▪ All new patients to QEII will require a 7-digit sequence URN (use downtime URN list) ▪ Patients will continue to be admitted using HBCIS unless otherwise notified ▪ Print HBCIS labels and wristbands as required ▪ As patients leave department file their ED card in alphabetical index card box ▪ Collect all patient paper folders ▪ For AWA's photocopy patient paper folder and retain copied set for ED records (for reconciliation) ▪ Maintain a documentation log of all admissions, transfers and discharges of patients during the period of downtime <p>DISCHARGE</p> <ul style="list-style-type: none"> ▪ For patients presenting and being discharged during the Downtime, wait for them to be re-triaged, print encounter labels and then prepare the CEC for scanning <p>ADMISSION</p> <ul style="list-style-type: none"> ▪ For patients presenting and being admitted during the Downtime. <ul style="list-style-type: none"> ○ Send this Arrivals Tracking list of patients, copy of triage assessment form and administration FirstNet downtime forms to the ED Systems

<p>from the patient's chart from the Downtime Viewer</p> <ol style="list-style-type: none"> 3. Print the Downtime Emergency Progress Notes <ul style="list-style-type: none"> ▪ Label, name and sign the notes 4. Add to the Patient's orange (adults) or blue (paediatric) Folder (CEC) 5. Discharge scripts to be documented on paper (paper script pads to be kept in the Downtime Kit) 	<ul style="list-style-type: none"> ▪ Write new pathology orders on paper request forms ▪ Write radiology orders on paper request forms ▪ All documentation to be on paper forms <ul style="list-style-type: none"> ○ Common forms in patient downtime folder ○ Other forms in Downtime boxes located at Shift Coordinator desk ▪ Medication Documentation: Existing medication orders may be documented and signed for on the printed MAR from the Downtime Viewer. ▪ All new medication orders to be prescribed and documented on the paper medication chart ▪ *N.B. The MAR is to be printed off the Downtime Viewer once only by the ED Downtime Coordinator and kept in the CEC at the patient's bedside. ▪ Ensure all written documentation is in the patient's CEC prior to Recovery 	<p>Support Officer or nominated person</p> <ul style="list-style-type: none"> ○ Patients will be re-triaged after the downtime and will have their closed emergency encounter amalgamated by HIMS. (N.B. This will only occur for patients who have flipped to an inpatient encounter as a result of the HBCIS admission)
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RECOVERY PROCESS

MEDICAL	NURSING	ADMINISTRATION
<p>DOCUMENTATION</p> <ul style="list-style-type: none"> ▪ Current ED Patient: Cut and paste progress notes from the USB into FirstNet. No documents to be left on the USB. ▪ Add any written documentation to the Patient's Chart (CEC) e.g. medications and fluid chart ▪ Inpatient MO to prioritise reconciling medications written during the downtime for new admissions, and acute or deteriorating patients. ▪ ED MO to ensure order verification from their message centre is completed 	<p>ALL NURSING STAFF</p> <ul style="list-style-type: none"> ▪ Create a progress note within ieMR with the title "<i>Downtime Note</i>" of the event for all patients treated during downtime stating "<i>EMR downtime from (x) hours to (y) hours, please refer to paper documentation</i>" ▪ Document the most recent set of vital signs for each patient <p>ED DOWNTIME COORDINATOR</p> <ul style="list-style-type: none"> ▪ Remind all staff to document the most recent set of vital signs and an overall patient summary into FirstNet. Documentation of the event for all patients treated during downtime stating "<i>EMR downtime from (x) hours to (y) hours, please refer to paper documentation</i>" ▪ Keep all Patient Flow Tracking Logs AND Downtime Triage Assessment Forms for collection ▪ Clean whiteboards and return to bike shed ▪ Do not shut down the Downtime Viewers ▪ Ensure Downtime Kits restocked in a timely manner as required ▪ Information to be provided to the Recovery Data Teams: <ul style="list-style-type: none"> ○ Patient Flow Tracking Logs and Index Card box ○ Downtime Triage Assessment Forms and patient paper chart ○ Staff Allocation List (Nursing and Medical) during Downtime 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> ▪ Post nurse re-entering Emergency Triage Assessment, complete patient arrival, NOK and insurance information in ED Details tab ▪ Current ED Patient: Print ieMR labels for patients ▪ Current ED Patient: Print ieMR wristband for patients as per their allergies ▪ Copy all necessary information from documentation log into FirstNet <p>ADMISSION</p> <ul style="list-style-type: none"> ▪ For patients presenting and being admitted during the Downtime. <ul style="list-style-type: none"> ○ Send this list of patients, copy of triage assessment form and administration FirstNet downtime forms to ED Systems Support Officer. ○ Patients will be re-triaged after the downtime and will have their closed emergency encounter amalgamated by HIMS.

ED MEDICATIONS DOWNTIME COORDINATOR

- Revert Pyxis back to Profile mode
- Removes sign on Pyxis machines
- Communicate to staff on Medications risks during recovery until full data reconciliation is completed:
 - 'All orders' on Pyxis may be incorrect (i.e. medications given during downtime will not be documented as given on Pyxis. Workaround – individually add medications to be given to remove list if not visible in 'All Orders')
 - The MAR on ieMR will have outstanding/overdue orders that may have already be given prior to full data reconciliation. Refer to the MAR paper medication chart for medications given during downtime.

RECOVERY TEAMS – DATA RECONCILIATION DOCUMENTATION

- Re-enter all patients triaged during downtime from the Nursing – FirstNet Downtime Triage Assessment Form
 - Quick registration search using the URN and DOB
 - Add encounter
 - Complete the triage
 - Back date and time to the actual triage (on the triage form)
 - Place a line through the form and write copy
- Admission: For patients that were admitted during downtime please ensure their encounters have flipped from emergency to inpatient*
- Discharge: Complete the depart process (back timing) and mandatory diagnosis for all patients that were discharged during downtime*
- Medications: reconcile all medications ordered and administered during Downtime* Retrospective documentation is required for medication management: Once transcribed all paper forms must be marked 'transcribed', a line placed through the order, date, time, initial
- Add all written documentation into the Clinical Encounter Chart (CEC) to be scanned
- Remove green wristband from patient when patient medication reconciliation has been completed.

*Refer to Recovery Data Reconciliation Process below for further information

DISCHARGE

- For patient being triaged prior to downtime and discharged during downtime
 - Wait for nursing to enter discharge information
 - Discharge as per current process, ensuring use of the correct time. This should be back timed by the nursing staff.
 - Prep the encounter for scanning

COMMUNICATION

- Notify ED Admin Team Leader and ED Systems Support Officer of any issues

- Unit level and Executive debriefing
- Lessons learnt
- Recommendations
- Procedure Review

RECOVERY DATA RECONCILIATION PROCESS

Retrospective data entry:

2 Teams required, each consisting of the following;

- 1 x AO DBA access
- 1 x Triage Nurse
- 1 x Medical Officer

Retrospective Data Entry Process:

- Team 1 start triage Resus patients (keep residual clinical documentation on paper)
- Team 2 start at Acute 1 and progress to complete Acute zone
- Team 1 continue at SSU1 and progress to complete Short Stay Unit zone
- Once the above completed Team 1 and Team 2 to commence reconciliation of the Fast-track and discharged patients

Team Responsibilities

- All teams to conduct ieMR tracking list search prior to commencing data entry to ensure no duplications are created.
- Quick Registration
- Triage
- Document all Medications
- Complete all ED Departure conversations

Changes to Current Downtime Process:

- During Downtime, no new patients are to be AWA'd in HBCIS until Recovery Team review
- No new patients are to be admitted in HBCIS to Short Stay during the downtime
- For all patients who are admitted to the wards, the inpatient teams will be responsible for all Retrospective Medication Data entry to available encounter including medication given in ED.

Patient Triage Prior to Downtime (DT)

Discharged during DT

- Recovery Team responsible for documenting medications ordered/given
- Departure Destination

AWA/Admitted

- Inpatient team responsible for completing Retrospective medications (prescription/administration)

Patient triaged during Downtime

Discharged

- Recovery Team to capture complete episode of care including medication reconciliation
- N.B. Risk if patient represents before medications scanned in via normal scanning process e.g. patient presents as a result of an allergic reaction

AWA

- *No AWA in HBCIS to occur*
- Recovery team to retrospectively Triage, capture medications, complete Admission order, ED Departure conversation, AWA in HBCIS at the bedside
- N.B. If the patient is AWA'd in HBCIS during the downtime this patient will have dual patient encounters open and will require merging

Admitted to ED SSU or CDU

- *Do not admit in HBCIS*
- Data team to round – complete retrospective triage, capture medications, complete ED Departure conversation, HBCIS admission

Admitted to Inpatient Unit

- Inpatient teams responsible for medication reconciliation process
- ED normal process of capturing Emergency Encounter information

ED Downtime Coordinator

Purpose:

The Clinical Nurse Consultant or delegate will be advised that a Code Yellow – Downtime event is planned or has occurred. Upon direction from the Emergency Management Team, the CNC or delegate will implement the Downtime Plan immediately as requested.

This role will only be activated depending on the scope of the response.

Key Responsibilities:

- Communications – local briefing
- Safety aspects – patient rounding
- Coordination of event at local area
- Escalation of concerns – reporting.
- Recovery activities – debrief, reports, documentation responsibilities, replenish stock/box.

Key tasks:

- Local team briefing – notification.
- Proceed to the 724 Viewer – access, password
- Downtime box – distribution of contents, incl QRGs
- Printing – as per flow chart
- Downtime processes – documentation, etc.
- Escalation of concerns – normal governance – EMT.
- Recovery activities: documentation, scanning, etc.

PRIOR TO DOWNTIME - PREPARATION

- Prepare whiteboard/s
- Patient details to be written on whiteboards
- Print patient's latest ECG from Firstnet or ECG machine (if not already completed)
- Ensure documentation of Medication Administration is up to date.
- Print patient tracking list from FirstNet
- Document all current patients on the Patient Flow Tracking Log
- Ensure the medical admission notes have been finalised, saved and printed
- Print patients chart from the Downtime Viewer for Critical patients and AWAs
- Communication: Conduct team huddle; information to include the following;
 - Time and duration of downtime,
 - Instructions for documentation during downtime, (handwritten armbands, paper documentation, medication administration, pathology and radiology request forms, tracking forms, triage forms)
 - Discharge scripts to be documented on paper
 - All written documentation including medication chart to remain in CEC.

- Patient chart to be printed from the Downtime Viewer for Critical patients and AWAs
- Instructions for Pyxis non-profile mode use

DURING DOWNTIME

- Maintain an up to date Patient Flow Tracking Log using the [Nursing – Patient Flow Tracking Log](#)
- Ensure nursing allocation form up to date (for Recovery Teams), add medical teams to allocation forms
- Unit Downtime Coordinator to print patient chart for critical patients from the Downtime Viewer

RECOVERY

- Ensure all staff document the most recent set of vital signs and an overall patient summary into Firstnet
- Keep all Patient Flow Tracking Logs AND Downtime Triage Assessment Forms for collection
- Clean whiteboards and return to meeting rooms 1 and 2
- Do not shut down the Downtime Viewers
- Information to be provided to the Recovery Data Teams:
 - Patient Flow Tracking Logs
 - Downtime Triage Assessment Forms
 - Staff Allocation List (Nursing and Medical) during Downtime

Reports to: Manager, ADON

Delegates to: reporting staff

Key contacts: Manager/ADON, reporting staff, patients, family members, MDT local team.

ED Downtime Medications Coordinator

Purpose:

This role will only be activated depending on the scope of the response.

Key tasks:

PRIOR TO DOWNTIME - PREPARATION

Change Pyxis medstations to non-profile mode and place signage.

DURING DOWNTIME

- Green armbands to all patients

PYXIS:

- All Pyxis machines to be placed into Non-Profile mode. (*QRG – Pyxis No profile mode)
- Patient identification – search for patients using global facility search (if known UR number) (QRG)
- For all new patients into ED – a temporary patient to be created in Pyxis (QRG)
- After completion of the Downtime event, Pyxis to be placed into Profile mode (*QRG)
- Reconcile Pyxis

RECOVERY

- Revert Pyxis back to Profile mode once the department has been complete recovered.
- Communicate to staff on Medications risks during recovery until full data reconciliation is completed:
 - 'All orders' on Pyxis may be incorrect (i.e. medications given during downtime will not be documented as given on Pyxis. Workaround – individually add medications to be given to cart rather than 'All Orders'
 - The MAR on ieMR will have outstanding/overdue orders that may have already be given prior to full data reconciliation. Refer to the MAR paper medication chart for medications given during downtime.

Reports to: Manager, ADON

Delegates to: reporting staff

Key contacts: Manager/ADON, reporting staff, patients, family members, MDT local team.

Continuity Procedures

1.1 Paper based functions

A number of functions will still be managed using paper forms. These include (but are not limited to):

- Acute Resuscitation Plan (ARP)
- Advanced Health Directives
- Consent Forms

These functions are not included in the continuity procedures below and these forms will not be included within the Downtime Kits.

1.2 ieMR Downtime

1.2.1 General continuity procedures

During the event of an unplanned downtime a number of continuity procedures will need to be completed to ensure that patient care and safety is maintained for the duration of the event. These procedures are shown below. In a planned downtime situation, for example an extended planned downtime, activation and use of these procedures will be approved and communicated by the Incident Management Team.

Please note these procedures do not include supporting system downtime except where the downtime directly impacts the ieMR.

These procedures are focussed on access to and the recording of information within a patient's chart – patient safety and care should take priority.

All paper forms completed during downtime are to be stored with the patient's end of bed chart.

Function	Potential impact	Description	Contingency	Task	Responsibility
Medication History	Discontinued medications prior to downtime	A patient's discontinued medications are stored in the ieMR	Accessible from the Downtime Viewer and printable as required	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient and access 'discontinued medications' tab for information</p> <p>This information can be either viewed or printed if required.</p>	Unit Downtime Coordinators
	Unable to view Home Medications	A patient's discontinued medications are stored in the ieMR.	Accessible from the Downtime Viewer and printable as required	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient and access 'home medications' tab for information</p> <p>This information can be either viewed or printed if required.</p>	Unit Downtime Coordinators

Function	Potential impact	Description	Contingency	Task	Responsibility
Medication History continued...	Unable to document medication history	EMR not accessible during downtime to document this information	Document on paper	The downtime kits will contain both clinical notes forms (progress notes).	Unable to document medication history
Medication Allergies	Unable to view medication allergies	Allergies are viewable in the EMR	Accessible from the Downtime Viewer and printed in the Downtime Medication report	This information will be printed as part of the Medication Downtime Report and will be visible on the front page with patient demographics. Allergy stickers can be accessed from the downtime kit to highlight allergy history	Unit Downtime Coordinators
	Unable to document Medication Allergies	EMR not accessible during downtime to document this information	Document on paper	The downtime kits will paper forms to be utilised during downtime.	All clinical staff
Medication Orders	Unable to document new medication orders	If the EMR is not available new medication orders will not be able available to be documented in the MAR.	All new medication orders should be prescribed on the relevant paper medication order form	The downtime kits will contain relevant medication ordering related forms These forms are to be utilised during downtime.	All prescribers
	Unable to access decision support	If ordering without the ieMR, the prescriber or Pharmacists will not be able to access decision support tools	Availability of prescriber decision support tools via the intranet	Where decision support is required a prescriber or pharmacist can access the appropriate decision support guidelines on any PC	Prescribers and Pharmacists

Function	Potential impact	Description	Contingency	Task	Responsibility
	Unable to view a patients Medication Orders (including special instructions) form the Medication Downtime Report	The Medication Downtime Report at times (especially with infusions) can be unreadable or appear incomplete	Where the clinician reads the Medication Downtime Report and identified an unreadable or incomplete order the can access the Medication Transfer Report	The Medication Transfer report can be accessed where an order of incomplete or unreadable directly from the desktop of any downtime viewer. This information can be viewed or printed.	Unit Downtime Coordinators
Medication Administration	Unable to sign for administration of medications ordered in the MAR	The administration of medication orders cannot be documented in the MAR during a downtime	Document administration on the Medication Downtime or on relevant paper forms as required.	Ensure all medication administered during downtime are recorded on the printed Medication Downtime Report unless: <ul style="list-style-type: none"> • Changes • New order • Inadequate space In these instances, orders can be transcribed on to relevant paper based medication order form for ongoing administration.	<i>Staff who administer medications to patients (including nursing, medical, allied health)</i>
Medication Prescriptions and discharges	Unable to print and dispense using PBS scripts from the ieMR	Prescribers will be unable to print and dispense PBS scripts using the MAR	Paper PBS script pads available in the Downtime Kits	The downtime kits will contain Paper PBS script PADS These are to be utilised during downtime for scripts and dispensing medication.	Prescribers & Pharmacists
Medications and Patient Transfers within the Hospital	Transferring ward unable to access most up to date medications information from the ieMR	In a downtime staff will not be able to access the MAR in the ieMR	Downtime Medication Report and Paper documentation to remain with the patient at all times.	The Downtime Report and any paper documentation are to remain in the end of bed chart for transfer. It is the task of the transferring RN to ensure all orders are legible and handed over to the transferring	Pharmacists, Nurse and Medical Officers

Function	Potential impact	Description	Contingency	Task	Responsibility
				ward	
Medications and Inter Hospital Transfers	Unable to access up to date Medication Transfer Reports for transfers to other facilities	In a downtime staff will not be able to access the most up to date Medication Transfer information from the EMR	The Downtime Medication Report and any paper documentation to be photocopied and to be transferred with the patient.	<p>The Medication Downtime Report and any paper documentation to be photocopied for transfer.</p> <ul style="list-style-type: none"> It is the task of the transferring RN to ensure all orders are legible and handed over It is recommended that an escort for all patients during a downtime if considered to ensure safe transfer of information 	Pharmacists, Nurse and Medical Officers
Blood or blood product orders and administration	Unable to review existing blood and blood product orders and past products administered	Blood & Blood product orders are documented in iView in the ieMR. In an EMR downtime this will not be available	This information can be either viewed or printed from the active order section of the Downtime viewer	<p>Access the 724 Downtime Viewers using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient using the steps shown within the guide.</p> <p>Print from the active order section of the Downtime viewer</p>	Unit Downtime Coordinator
	Unable to order or administer new blood or blood products	If the MAR is not available new blood and blood product orders will not be able to be prescribed or administered in the MAR	Paper based Fresh Blood Component Transfusion Prescription and Administration Record	All new orders and administration documentation are to be prescribed and administered during a downtime on the Fresh Blood Component Transfusion Prescription and Administration Record.	Prescribers and Nursing

Function	Potential impact	Description	Contingency	Task	Responsibility
				Located in the Downtime Kits	
Patient admission	Unable to complete patient admission/registration	<p>Patient admissions are conducted in HBCIS and if the ieMR is not available <u>this function can continue to occur</u>.</p> <p>If HBCIS is unavailable, HBCIS downtime procedures should be followed.</p> <p>(For ED information please see below under Area specific procedures - Emergency Department)</p>	N/A	N/A	Administration staff
	Unable to create an ieMR patient encounter	<p>Renal Chronic, Pre-Arrival and Outpatient encounters are created within Power Chart and ESM</p> <p>Encounters will be unable to be created during downtime.</p> <p>(For ED information please see below under Area specific procedures - Emergency Department)</p>	<p>Encounters needed to be created in the ieMR will need to be manually tracked.</p> <p>When the ieMR is available, patient encounters will need to be created.</p> <p>(For label, wristband printing and clinical documentation see the sections below)</p>	<p>Wait until the ieMR is active and create encounters.</p> <p>Complete the required administration activities (print labels etc.)</p>	Administration staff
	Unable to generate or locate an existing patient ID	<p>URNs are generated in HBCIS and if the ieMR is not available <u>this function can continue to occur</u>.</p>	N/A	N/A	Administration staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Patient Admission continued....		<p>If HBCIS is unavailable, HBCIS downtime procedures should be followed.</p> <p>(For ED information please see below under Area specific procedures - Emergency Department)</p>			
	Unable to generate patient ID labels	Patient ID labels are printed directly from the ieMR.	<p>Existing, spare patient labels located within the CEC and End of Bed Chart should be used on paper forms during downtime.</p> <p>If ieMR labels are not available,</p> <ol style="list-style-type: none"> 1) HBCIS labels can be used 2) Patient details can be handwritten <p>When the ieMR is available, patient labels will need to be printed from Power Chart and added to the form.</p>	<p>Use the existing, spare from the patient's CEC or End of Bed Chart to labels forms.</p> <p>Where labels are not available use the spare, blank labels found within the Downtime Kits to manually write a patient's details on the label.</p>	Administration staff/Nursing staff/Allied Health staff/Medical staff
	Unable to generate patient ID wristbands	Patient ID wristbands are printed directly from the ieMR (using a wristband printer).	Patient ID wristbands are available within the Downtime Kits. Patient ID wristbands will be manually created during downtime.	<p>Using the patient ID wristbands found within the downtime kit, manually write a patient's details on the band and attach to the patient.</p> <p>Ensure that all alerts and allergies</p>	Nursing staff /Allied Health staff/Medical staff/Admin Staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Patient Admission continued...				are recorded on the wristband.	
	Unable to review and update patient information – Clerical Details and Next of Kin	<p>Patient Information is stored within HBCIS and if the ieMR is not available <u>this function can continue to occur.</u></p> <p>If HBCIS is unavailable this information can be viewed with the 724 Access Downtime Viewer.</p>	<p>Use HBCIS to validate patient information, including next of kin.</p> <p>If HBCIS is unavailable use the 724Access Downtime Viewer to view and validate this information.</p> <p>(Changes can be made when HBCIS is available).</p>	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient using the steps shown within the guide.</p> <p>This information can be printed if required.</p>	Administration staff/Nursing staff
Patient tracking	Unable to track patient locations and bed status	<p>Patient tracking information is available within HBCIS and Patient Flow Manager (PFM).</p> <p>Alternatively, the 724Access Downtime Viewer will show a list of patients in a defined location.</p>	<p>Use HBCIS and/or PFM to view the location of a specific patient or list of patients admitted to a specific location within the hospital.</p> <p>Patient lists are also available within the 724Access Downtime Viewer.</p>	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient list using a HBCIS location. A list of locations is contained within the downtime kit.</p> <p>This list can be printed if required.</p> <p>Local tracking/bed allocation procedures should be used to manage patient tracking within a specific area (e.g. manual planning using a whiteboard).</p> <p>Patient Flow across the hospital should be managed using manual procedures. Information should be provided to the unit by faxing all locally created patient registers</p>	Nursing staff

Function	Potential impact	Description	Contingency	Task	Responsibility
				<p>and tracking sheets to the Patient Flow Unit (during hours) or After Hours Nurse Managers (after hours).</p> <p>These areas will also be able to access patient lists shown in the 724Access downtime Viewer.</p>	
Clinical assessment	Unable to view a patient's medical record	<p>A patient's medical record is stored within the ieMR. If the ieMR is not available, patient chart information can be accessed using the 724Access Downtime Viewer.</p> <p>If HBCIS is available, Alerts and Allergies can also be viewed.</p>	Use the 724Access downtime viewer to view and/or print information from a patient's ieMR.	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient using known information (First Name, Last Name, URN).</p> <p>Information can be viewed by selecting options from the left-hand side menu.</p> <p>Step-by-step instructions are shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit.</p>	Nursing staff/Medical staff/Allied Health staff
	Unable to access ECGs	<p>ECGs are stored electronically within the ieMR. If it is not available, ECGs are not able to be viewed within the 724Access Downtime Viewer.</p> <p>Printed ECGs for high risk patients will be held within the Current Encounter Chart</p>	All admissions ECGs undertaken within ED, Theatres, ICU and Cardiology will be printed and stored within the CEC. This also applied to any other high-risk patients across other areas of the hospital.	<p>Access the CEC to view ECGs during downtime.</p> <p>If previous ECGs are not available, another ECG may need to be conducted, printed and placed in the end of bed chart prior or during a downtime</p>	Nursing staff/Medical staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Clinical Assessment continued...		(CEC).	<p>Subsequent ECGs undertaken on patients within ICU and Cardiology (and with any other high-risk patient identified across the other areas of the hospital) will also be stored within the CEC.</p> <p>This will allow these ECGs to be accessible during the event of an unplanned downtime.</p> <p>During downtime, any new ECGs will need to be printed and later sent for scanning. This will ensure that these ECGs are scanned into the system and available within the ieMR post downtime.</p>	All new ECGs are to be printed and stored within the patient's end of bed chart. These will be scanned into the ieMR during normal scanning activities or upon discharge.	
	Unable to record patient assessment information – including clinical handover notes, primary assessment information, vital signs and cannulation	The 724Access Downtime Viewer is read-only and no information can be entered into the system.	All observations, assessments and notations will need to be recorded on the relevant paper forms contained within the downtime kits.	<p>The downtime kits will contain assessment forms (observation forms), acute observation forms and clinical notes forms (progress notes).</p> <p>These forms are to be utilised during downtime.</p> <p>All Medical admission assessments to be completed in the electronic format provided by the Digital</p>	Nursing staff/Medical staff/Allied Health staff

Function	Potential impact	Description	Contingency	Task	Responsibility
				Support team in a downtime. Information on how these forms are managed and processed when the system is available can be found within the Recovery Procedures below.	
Clinical Assessment continued	Unable to record alerts and allergies	Alerts and allergies are viewed and recorded within the ieMR. The 724Access Downtime Viewer is read-only and no information can be entered into the system.	Alerts and allergies are viewed using the 724Access Downtime Viewer. All new alerts and allergies must be recorded on the relevant paper forms. In addition, they should be noted on patient armbands.	Record all alerts and allergies in the appropriate area of the forms used to record patient information during downtime. The paper forms will be contained within the downtime kits. Ensure that any alerts or allergies are hand written on the patient's red coloured wristband (see <i>Unable to generate patient ID wristbands</i> above).	Nursing staff/Medical staff/Allied Health staff
	Unable to record progress notes	The 724Access Downtime Viewer is read-only and no information can be entered into the system.	All progress notes will need to be recorded using paper forms contained within the downtime kits.	The downtime kits will contain assessment forms (observation forms), acute observation forms and clinical notes forms (progress notes). These forms are to be utilised during downtime. Information on how these forms are managed and processed when the system is available can be found within the Recovery	Nursing staff/Medical staff/Allied Health staff

Function	Potential impact	Description	Contingency	Task	Responsibility
				Procedures below.	
Medication Assessment and Ordering	Unable to record medication History and order medications on admission	The 724Access Downtime Viewer is read-only and no information can be entered into the system.	Medication History and Medication Orders will need to be recorded using paper based 'progress note' contained within the Downtime viewer kits.	The downtime kits will contain both clinical notes forms (progress notes). These forms are to be utilised during downtime.	Nursing staff/Medical staff/Allied Health staff/Pharmacists
Radiology	Unable to view previously ordered Radiology tests and/or procedures	If the ieMR is not available, active and past radiology tests and procedures are able to be viewed within the 724Access Downtime Viewer. Refer to IntelViewer system	Use the 724Access downtime viewer to view and/or print radiology tests and/or procedures that have been ordered for a patient (including orders that were active and not yet completed at the time of downtime).	Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit. Search for a patient using known information (First Name, Last Name, URN). Access the required information from the Orders option on the left-hand side menu. Step-by-step instructions are shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit. To review radiological procedure, refer to IntelViewer system if available	Nursing staff/Medical Staff/Allied Health Staff
	Unable to order a Radiology test and/or procedure	If the ieMR is not available, radiology tests and procedures are unable to be electronically requested.	Radiology requests will need to be made using paper forms that are available in the downtime kits.	The downtime kits will contain radiology request forms. Critical areas (including ED, Theatres, ICU and Cardiac Surgery)	Medical staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Radiology		The 724Access Downtime viewer is read-only.	(For Outpatient information please see below under Area specific procedures – Outpatient areas)	<p>should immediately use these forms.</p> <p>All other areas should assess the expected duration of downtime (this will be regularly communicated during unplanned downtime) and determine if the test/procedure can wait until the system is available or if the request is urgent and a paper request is required.</p> <p>All requests are to be faxed to the radiology department (with a follow-up phone call if required).</p> <p>(For Outpatient information please see below under Area specific procedures – Outpatient areas)</p>	
	Unable to view results from previously conducted radiology tests and/or procedures (procedure conducted prior to downtime)	<p>If the ieMR is not available, past radiology results are able to be viewed within the 724Access Downtime Viewer.</p> <p>If available, images are able to be viewed in InteleViewer.</p>	Use the 724Access downtime viewer to view and/or print radiology results.	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Result Reports are available from the Documents option on the left-hand side menu.</p> <p>Step-by-step instructions are shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit.</p>	Nursing staff/Medical Staff/Allied Health Staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Radiology continued	Unable to receive results (reports) from recently conducted radiology procedures (procedure conducted during downtime)	<p>If the ieMR is not available, reports from radiology procedures performed during downtime are not able to be viewed within the 724Access Downtime Viewer.</p> <p>Upon request, reports will be recorded manually on a paper form and provided to the treating clinician.</p>	<p>Upon request, Radiology Result Reports will be manually created using paper forms and provided to the treating clinician.</p> <p>If no request is made, the report will be visible within the ieMR when active.</p>	<p>Upon request, Radiology Result Reports will be manually created using paper forms and provided to the treating clinician.</p> <p>If no request is made, the report will be visible within the ieMR when active.</p>	Nursing staff/Medical Staff/Allied Health Staff
	Unable to view previously ordered Pathology tests	If the ieMR is not available, active and past pathology tests are able to be viewed within the 724Access Downtime Viewer.	<p>Use the 724Access downtime viewer to view and/or print pathology tests that have been ordered for a patient (including orders that were active and not yet completed at the time of downtime).</p> <p>Refer to AUSLAB</p>	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Search for a patient using known information (First Name, Last Name, URN).</p> <p>Access the required information from the Orders option on the left-hand side menu.</p> <p>Step-by-step instructions are shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit.</p> <p>Refer to AUSLAB</p>	Nursing staff/Medical Staff/Allied Health Staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Pathology	Unable to order a Pathology test	<p>If the ieMR is not available, pathology requests will need to be completed using current AUSLAB procedures.</p> <p>During downtime specimen label printers are not able to be used.</p> <p>All labels need to be manually created during downtime.</p>	<p>Pathology requests will need to be made using paper forms that are available in the downtime kits.</p> <p>Spare specimen labels are available within the Downtime Kits. All labels need to be manually created during downtime.</p> <p>Affix the label to the specimen collection container and place specimen collection container and form in a specimen collection bag and send to pathology.</p>	<p>The downtime kits will contain pathology request forms.</p> <p>Critical areas (including ED, Theatres, ICU and Cardiac Surgery) should immediately use these forms.</p> <p>Outpatient areas should also utilise these forms to ensure that the patient leaves their appointment with the necessary pathology requisition.</p> <p>All other areas should assess the expected duration of downtime (this will be regularly communicated during unplanned downtime) and determine if the test can wait until the system is available or if the request is urgent and a paper request is required.</p> <p>Using the spare labels found within the downtime kit, manually write a patient's details on the label.</p> <p>Affix the label to the specimen collection container and place specimen collection container and form in a specimen</p>	Nursing staff/Medical Staff

Function	Potential impact	Description	Contingency	Task	Responsibility
				collection bag and send to pathology.	
	Unable to view results from previously conducted Pathology tests (tests conducted prior to downtime)	<p>If the ieMR is not available, Pathology results received prior to downtime are able to be viewed within the 724Access Downtime Viewer.</p> <p>If available, results can also be viewed within AUSLAB, AusCare and The Viewer.</p>	Use the 724Access downtime viewer to view and/or print pathology results.	<p>Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.</p> <p>Result Reports are available from the Documents option on the left-hand side menu.</p> <p>Step-by-step instructions are shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit.</p> <p>Refer to AUSLAB.</p> <p>Pathology to fax results to wards as per AUSLAB downtime procedures or call through urgent or abnormal results</p>	Nursing staff/Medical Staff
	Unable to receive results from recently conducted Pathology test (test conducted during downtime)	<p>If the ieMR is not available, reports from pathology test performed during downtime are not able to be viewed within the 724Access Downtime Viewer.</p> <p>If available, results can be</p>	If results are provided over the phone a Pathology Report (verbal) form should be used to record the results provided.	<p>The downtime kits will contain Pathology Report (verbal) forms.</p> <p>Use this form to record pathology results.</p>	Nursing staff/Medical Staff

Function	Potential impact	Description	Contingency	Task	Responsibility
Pathology		<p>viewed within AUSLAB, AusCare and The Viewer.</p> <p>If these systems are not available contact Pathology Queensland and results can be provided over the phone.</p> <p>These results are manually recorded on a form available within the Downtime Kits.</p>		Refer to AUSLAB	
	Unable to mark patients who were bled during downtime as no longer requiring pathology tests	Patients who have existing orders in the system before the downtime, who are bled during the downtime are at risk of being unnecessarily bled again.	Pathology can produce reports of patients who had tests during the outage.	<p>After downtime, Request report from pathology of patients bled during outage window.</p> <p>Cancel all existing orders that are duplicates of orders that were taken during the outage</p>	
Patient Transfer	Unable to track the transfer patient from one area of the hospital to another (e.g. ED to ward, ward to ward or theatre to ward)	<p>Patient transfers are conducted in HBCIS and if the ieMR is not available <u>this function can continue to occur</u>.</p> <p>If HBCIS is unavailable, HBCIS downtime procedures should be followed.</p>	N/A	N/A	Administration staff/Nursing staff
	Unable to access patient clinical information relevant for transfers	Clinical handover will utilise the information available within the 724Access Downtime Viewer, including clinical notes, vital signs, etc. and information	Use the 724Access downtime viewer to view and/or print information from a patient's ieMR.	Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit.	Nursing staff/Medical staff/Allied Health staff

Function	Potential impact	Description	Contingency	Task	Responsibility
		contained within the CEC.		Information can be viewed by selecting options from the left-hand side menu. Step-by-step instructions are shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit.	
	Transferring ward unable to access most up to date medications information from the ieMR	In a downtime staff will not be able to access the MAR in the ieMR	Downtime Report and Paper documentation	The Downtime Medication Report and any paper documentation are to remain in the end of bed chart for transfer. It is the task of the transferring RN to ensure all orders are legible and handed over to the transferring ward	Pharmacists, Nurse and Medical Officers
	Unable to access relevant clinical information to complete inter-hospital patient transfer	Information required for Inter-hospital patient transfers are not available as the ieMR is not available. A record of the transfer is not able to be completed within the ieMR.	Use the 724Access downtime viewer to view and/or print information from a patient's ieMR. Copy all clinical notes made using paper forms during downtime. Complete the FirstNet Downtime Form to record the patient has been transferred. (if ED transfer) Store all information gathered in	Access the 724 Downtime Viewer using the Quick Reference Guide within the downtime kit. Follow the step-by-step instructions shown in the 724Access Downtime Viewer Quick Reference Guide located within the downtime kit to view and print patient information. Complete the relevant paper forms, including the FirstNet Downtime Form. Forms are located within the Downtime Kit	Administration Staff / Nursing Staff / Medical Staff

Function	Potential impact	Description	Contingency	Task	Responsibility
			the patient's CEC. Provide a copy of the documentation (via phone, email and/or fax) to destination hospital or facility.	(if in ED) Provide a copy of all information found within the patient's CEC (and other relevant information accessible in the Downtime Viewer) to the destination hospital/facility via fax.	
Patient Discharge	Unable to discharge patient from the hospital	Patient discharges are conducted in HBCIS and if the ieMR is not available <u>this function can continue to occur</u> . If HBCIS is unavailable, HBCIS downtime procedures should be followed.	N/A	N/A	Administration staff/Nursing staff/Medical staff
	Unable to complete patient discharge forms and information	Patient Discharge Summaries are created using the Enterprise Discharge System (EDS). If EDS is not available, EDS downtime procedures should be utilised.	N/A	N/A	/Nursing staff/Medical staff
	Unable to print PBS scripts from the ieMR for discharged patients	Prescribers will be unable to print PBS scripts from the MAR as the ieMR will be unavailable	Paper PBS script pads available	Access paper PBS script pads from the downtime kits and complete for discharges. Pharmacy to dispense from paper scripts	Prescribers & Pharmacists

1.1.1 Area specific continuity procedures

Emergency Department

The procedures shown below relate to the specific functions undertaken by the Emergency Department at PA Hospital. Where procedures are not noted below, Emergency Department staff should refer to the general continuity procedures shown above.

Function	Potential impact	Description	Contingency	Task	Responsibility
Patient registration/admission	Unable to record triage information	As FirstNet is not available triage information can't be electronically recorded for a patient.	Triage information should be captured within the Triage Downtime Form.	The downtime kits will contain Triage Downtime Forms. Use this form to record triage information. Store this form in a patient's CEC to ensure that information travels with the patient.	Nursing staff
	Unable to generate or locate an existing patient ID	If the patient has previously been to the hospital their URN can be found using HBCIS. If HBCIS is not available, or the patient has not been to the hospital FirstNet Downtime URNs are to be used.	If available, search for the patient's URN in HBCIS. If a URN can't be located or HBCIS is not available, assign a FirstNet Downtime URN to the patient. Note this URN on the Triage Downtime Form captured by the Triage Nurse.	Search HBCIS for the patient's URN. If found, note this URN on the Triage Downtime Form. If the URN is not found or HBCIS is unavailable assign the patient a FirstNet Downtime URN. These URNs are supplied by HIMS – contact the NUM or shift team leader for information on where these are located within your area.	Administration staff

				Note the URN on the patient's Triage Downtime Form.	
	Unable to complete 'Quick Registration' of patients presenting to ED	As FirstNet is not available quick registration of patients can't occur.	Record registration information on a FirstNet Registration Downtime Form. If available, patient information (name, DOB, contact details and next of kin) should be confirmed in HBCIS. If HBCIS is not available, confirm patient details with the patient or family/friend with the patient. Note the patient's URN (either existing HBCIS URN or FirstNet Downtime URN) on the registration form.	The downtime kits will contain FirstNet Registration Downtime forms. Use this form to register a patient. If available, confirm patient information (name, DOB, contact details and next of kin) using HBCIS. If HBCIS is not available confirm the patient's details with the patient or family/friend Note the patient's URN on the registration form. Store this form in a patient's CEC to ensure that information travels with the patient.	Administration staff
Function	Potential impact	Description	Contingency	Task	Responsibility
Patient registration/admission	Unable to create an Emergency Encounter	Emergency encounters are usually created within FirstNet. Encounters will be unable to be created during downtime.	Retrospectively add Encounters	Using the Downtime quick registration and Triage Assessment Forms found in the Downtime pack and HBCIS registration	Administration staff/Nursing Staff

	Unable to admit patient to ED Short Stay or ED Mental Health areas	Admit the patient using HBCIS. If HBCIS is not available, HBCIS downtime procedures should be followed.	N/A	N/A	N/A
	Unable to admit patient to inpatient units	Admit the patient using HBCIS. If HBCIS is not available, HBCIS downtime procedures should be followed.	N/A	N/A	N/A

Pyxis Downtime Scenarios:

	Network Outage	Interface outage	Power Failure (Standard/Planned Outages)	Power Failure (Emergency/Generator Power Outage)	Server Outage	Medstation Failure (Partial/Complete)
Indicator there may be an issue	No new/update patient data or orders displaying in Pyxis. No connectivity between feeder systems including Pharmacy, HBCIS/ieMR.	No new/update patient data or orders displaying in Pyxis.	No indicator as Pyxis runs on Emergency power. No patient or order data feed from HBCIS/ieMR.	No display on screen to dispense orders, no power to machine.	No new/update patient data or orders displaying in Pyxis. No formulary/configuration changes reflecting in Pyxis machine.	Malfunction of Medstation e.g. drawers, screen.
ieMR Downtime status	Pyxis will run independently of network.	Pyxis will run independently of interface.	Pyxis will run on emergency power,	Pyxis will not operate without power supply.	Pyxis will run independently of network	Pyxis non- operational.
Pyxis Machine Mode of Operation	Non-Profile Mode	Non-Profile Mode	Profile Mode, or BAU mode.	N/A – If alternative Pyxis Medstation is not available, Medstation to be manually accessed via back of the machine, with Pyxis keys (ED Senior Nurse on shift/ Pharmacy)	Non-Profile Mode	N/A – If alternative Pyxis Medstation is not available, Medstation to be manually accessed via back of the machine, with Pyxis keys (ED Senior Nurse on shift/ Pharmacy)
Internal Escalation Contact	Pyxis Nurse Super User / Pharmacy Super User	Pyxis Nurse Super User / Pharmacy Super User	Pyxis Nurse Super User / Pharmacy Super User	Pyxis Nurse Super User / Pharmacy Super User	Pyxis Nurse Super User / Pharmacy Super User	Pyxis Nurse Super User / Pharmacy Super User
Technical Support	InfoService Centre 1800 198175	InfoService Centre 1800 198175 to raise job to DAS ieMR	TBC	TBC	InfoService Centre 1800 198175 to raise job to on call Clinical Informatics Metro South Health	24/7 CareFusion Technical Support 1300 729258