Stony Brook Medicine

STARS/PowerChart Downtime Procedures for Inpatient/Outpatient

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SECTION I – INTRODUCTION TO CLINICAL DOWNTIME PROCEDURES

INTRODUCTION

The purpose of this document is to provide clinical end users with procedures to use in documenting inpatient/outpatient care during those periods when the Stony Brook electronic health record (EHR) and other electronic software related to Patient Care is not readily available. These periods are referred to as 'downtime'. The EHR, in this document, is referred to as STARS (Stony Brook Totally Automated Record System)/PowerChart.

The procedures are necessary to maintain continuity and completeness of the patient's medical record during a STARS/PowerChart downtime. In addition to these clinical procedures, hospital staff working in ancillary departments will follow procedures specific to their department to ensure that patient care is documented.

During the process of patient care, a number of systems interact with STARS/PowerChart and affect inpatient clinical documentation. Therefore, clinical documentation procedures will include instructions for downtime in related systems such as Admission, Discharge and Transfer (ADT), and Enterprise Wide Scheduling (EWS).

DEFINITIONS

1. Downtime: The period of time that any electronic documentation system is out of service due to hardware/software failure or scheduled maintenance. Downtimes of other systems, e.g. Interface Engine and others will limit the function of STARS/PowerChart. Therefore, downtime procedures are included for STARS/PowerChart and each electronic systems that affects clinical documentation.
    a. Scheduled Downtime: the period a system is out of service due to planned maintenance. The users will be notified in advance.
    b. Unscheduled Downtime: the period of time a system is out of service due to hardware/software failure. The users will not have advance notice of an unscheduled downtime.

AVAILABILITY OF THE PATIENT RECORD DURING DOWNTIME

1. '724' Downtime Viewer

   The '724' Downtime Viewer is available on every unit to provide Electronic Health Record information with immediate availability during scheduled and unscheduled downtimes.
    a. '724' Downtime Viewer is available on each unit.
    b. The unit's '724' Downtime Viewer is designated by a red sign on the PC. Instructions for use are attached to the computer that has the Downtime Viewer installed.
    c. The Viewer is accessed by launching the '724 Access Viewer' application found on the DTV computer's desktop.
    d. Login with your Cerner Username and Password
    e. Printed MAR for each inpatient-nursing unit will be available for printout from the PageCenter LRS system utilizing UHMC Domain password or the generic password

obtained from the Nursing Office.

2. Cerner Read Only Database
   The Cerner Read Only Database is also available as a copy of all patient care documentation in the STARS/PowerChart system. This database is activated during a scheduled downtime so the clinicians can "view" patient care information including power forms, eMAR, I&O, PAL, CareCompass, Chart Summary, Results/Flowsheet, Rounds List and Inbox (Message Center.)
   - **a.** Information acquired during downtime will NOT be available.
   - **b.** The process for activating the Read Only Database will begin after 30 minutes of downtime.
   - **c.** The Read Only Database will be available approximately two hours after the downtime begins.
   - **d.** The Read Only Database will reflect a snapshot of Cerner PowerChart production system (p159) taken 45 minutes prior to the downtime. The information will be at least 2 hours and 45 minutes old.
   - **e.** An overhead announcement will be made when the read only database is available. The Assistant Director of Nursing will be notified.

DOWNTIME COMMUNICATION PLAN

1. Scheduled System Downtimes
   - **a.** A current listing of planned downtimes can be found at the system outages website.
   - **b.** A Hospital Downtime Committee meets to schedule necessary downtime Software maintenance monthly. Schedule is frequently updated.
   - **c.** The committee is comprised of Information Technology, Clinical Transformation and Hospital Clinical representatives who coordinate scheduled downtimes.
   - **d.** Scheduled Downtimes are planned one month in advance to give end users adequate notice and to minimize disruption of patient care.
   - **e.** The Help Desk will notify all Stony Brook employees via E-mail in advance of scheduled downtimes.
   - **f.** The Help Desk will notify the Assistant Director of Nursing just prior to the beginning of the scheduled downtime, and again at the end.
   - **g.** The Cerner Read Only Database will be activated prior to a downtime with an expected duration of 2 hours or greater.

2. Unscheduled System Downtimes
   - **a.** Help Desk will identify or be notified of the unscheduled outage.
   - **b.** The Help Desk will notify all clinical staff and Healthcare Providers by email with information on the system that is in downtime and the impact on documentation.
   - **c.** The Help Desk will notify the Switch Board to make the following announcement over the public address system: "The University Hospital STARS PowerChart System is temporarily unavailable." If individual applications are down the announcement will identify the application specifically (i.e. FirstNet, Capacity Management, and SurgiNet.)
   - **d.** The Help Desk telephone greeting will be changed to a recorded message advising the caller of a brief outage.
   - **e.** Printed MAR for each inpatient-nursing unit will be available through the Help Desk and distributed from the Nursing Office. Please note, printing of the MAR requires approximately 40-60 minutes. Patient Rounds List will be available and can be printed at request of CMIO or CNIO.

f. The '724' Access Viewer will be accessed for STARS/PowerChart information.
g. Staff will use the '724 Access Viewer' icon to launch the downtime viewer and follow instructions for use attached to each downtime viewer computer.
h. See below for Outpatient Procedures

3. Extended Downtime
- **a.** If the problem is not resolved within one hour, the brief outage recording on the Help Desk phone will be replaced with the extended outage recording.
- **b.** The Help Desk will notify the Assistant Director of Nursing on duty and the IT Downtime Group by activating the Team "IT Group" pager number. This page will alert the CIO and the on-call IT Administrator. http://it-oncall.uhmc.sunysb.edu/oncall_schedule/oncall-itadmin.html
- **c.** A Command Center will be established at the discretion of the Assistant Director of Nursing with input from the IT Downtime Group. This command center may be located in the OVP conference room or the I.T Training room (HSC, Level 3, Room 133A).
- **d.** The Help Desk will direct the Switch Board to announce, *"The STARS Cerner PowerChart System is unavailable. This is an Extended Outage, please follow Downtime Procedures."*
- **e.** The Help Desk will send an email notifying all hospital staff that the Downtime is extended.
- **f.** Help Desk personnel will make follow-up calls to the Assistant Director of Nursing to provide a status report every hour while the system is down.

4. Recovery Communication
- **a.** Following downtime, and when the normal production database is functioning, the Help Desk will arrange an overhead announcement that the system is available, and send an updated e-mail.
- **b.** The Help Desk will also notify the Assistant Director of Nursing that the system is available.
- **c.** The Help Desk will revert to the standard greeting phone message.

SECTION II – STARS/POWERCHART DOWNTIME PROCEDURES

IMPACT OF STARS/POWERCHART DOWNTIME

During periods when the STARS/PowerChart system is not available for clinical documentation of patient

care will be documented on paper downtime forms which are located on the Web at the following link: https://sbmapps.uhmc.sunysb.edu/sites/nursing/Resources/Pages/Nursing- Cerner- Downtime-Forms-2011.aspx.

During STARS/PowerChart downtime, not all clinical applications will be available to access or record information. As a result, the following electronic documentation functions cannot be used:

1. Providers, Nursing and Ancillary documentation in PowerForms, Powernote, Dynamic Documentation, iView, MAR, Task Lists, PAL, Care Compass, Patient Education and Depart
2. Computerized provider order entry (CPOE), Provider Notes, Medication Reconciliation,
3. Pharmacy order processing
4. Lab, Radiology, Cardiology, Pathology Results Review, Clinical Notes, Forms Browser
5. Message Center, Rounds Lists
6. Charge Services

PREPARATION FOR SCHEDULED STARS DOWNTIMES

Current planned downtime policies and procedures, to include forms, will be maintained in all effected departments and readily available to staff 24/7.

1. In addition to easy access on the Web, a 72 hour supply of downtime clinical documentation forms and order requisitions will be available in each department at all times and readily available. These forms can be acquired via the link: https://sbmapps.uhmc.sunysb.edu/sites/nursing/Resources/Pages/Nursing-Cerner-Downtime-Forms-2011.aspx.
2. The Help Desk will notify all employees of the planned downtime using email and overhead announcement from the Switch Board.
3. Printed MAR for each inpatient nursing unit will be available through the Help Desk and distributed from the Nursing Office. Please note, printing of the MAR requires approximately 40-60 minutes. Patient Rounds List will be printed at the request of CMIO/CNIO and made available through Nursing Office.
4. In advance of downtime, Nursing can print reports for patient care from the STARS/ PowerChart file menu. e.g. all active orders, results
5. Nursing will ensure that the eMAR tasks and task lists are updated 2 hours before downtime begins.
6. All staff will stop entering orders 60 minutes before the planned downtime is scheduled to begin.

CLINICAL DOCUMENTATION PROCEDURES DURING DOWNTIMES

Clinical documentation procedures used by providers, nursing and ancillary staff are the same for scheduled and unscheduled Downtimes.

1. All clinical documentation of patient care delivered by Healthcare Providers, Nurses and Ancillary Staff will document on appropriate downtime paper forms.
2. A note identifying the date and time that paper documentation began should be

documented by the nurse on the downtime form. In addition, an entry will be generated by the system, when restored, for the electronic record documenting the occurrence and the date/ time the system is restored.

3. Labels will be printed from the DAS system by clinical staff and placed on the manual requisitions
4. Orders will be documented by providers on the ancillary department's paper requisition form and Faxed to the appropriate department. Phone notification may be used in addition to the paper requisition, as needed.
5. Medication Orders and Consults
    a. Providers will document medication and consult order using the physician order sheet or progress note sheets.
    b. Medication orders will be sent to the pharmacy via Rxe-view (accessed on the FAX unit) so that the Pharmacist can verify and manually enter and fill the order. TPN orders will be entered into the BAXA by the TPN pharmacist. The pharmacist will keep the hard copy medication order form for back entry of orders when the system is available.
6. Medication Administration will be documented by Nursing and Respiratory using the paper MAR. As in the scheduled downtime, paper MAR for each inpatient nursing unit will be available for printout from the PageCenter LRS system utilizing UHMC Domain password or the generic password obtained from the Nursing Office. No other paper documentation is to be used for recording the administration of medication to patients.
7. Provider and Nursing Care will be documented on paper progress sheets and flow sheets.
8. Test Results will be obtained as follows:
    a. The Laboratory and Blood Bank will send STAT and Urgent test results to the unit using the pneumatic tube system.
    b. The Blood Bank will call the unit to notify clinicians of the availability of STAT blood products
    c. Radiology test results will be placed, as a wet read, into PACS. Providers will access results directly from the PACS imaging system.
    d. Radiology Image Disk imports will be viewable directly in the LifeImage system, located on the Intranet Physicians portal.
    e. Cardiology Echo and Cath test results will be available directly in the Syngo Dynamics system located on the Intranet Physicians portal. Cardiology EKG test results will be available directly in the MUSE system located on the Intranet Physicians portal.
9. Read Only Database is used during downtime to view Orders and Results completed before the downtime began.
10. ED Tracking Board will not be available and it will be replaced by grease boards using the steps below:
    a. The ED staff will access the STARS/PowerChart Downtime Application
    b. Patient names as they appear in the Downtime application will be copied onto the grease board.
    c. New patients and patient movement will be tracked with manual updates to the grease board.
11. Respiratory
    a. Nursing will page Respiratory with all new routine and stat orders during a downtime.
    b. Orders will be written on generic physician order form. Respiratory will check order

forms on the unit and initial. Respiratory will pick up the yellow copy of the orders and bring them to the Respiratory department.

c. Respiratory uses a paper treatment cards to document treatments during a downtime.

d. Ventilator changes will remain on the paper flowsheets.

FETAL LINK DOCUMENTATION PROCEDURES FOR DOWNTIMES

Fetal Link is an application used to actively monitor fetal activity in pregnant patients on the Labor and Delivery and Antepartum units. There are three different scenarios, which can occur during a downtime and are described below.

1A. Impact of Fetal Link during Power Chart Downtime

a. Access to Fetal Link is still available in read-only mode. The system displays the words "Downtime Mode" in the status bar of the Fetal Link application. The system is considered in Downtime Mode until the system re-authenticates with PowerChart.

b. Finalize Episode, Patient Archive, and Printing options are disabled. Patients will move to a hold bed and finalize will fail.

c. Extended View displays up to 24 hours of patient history data.

d. An Un-associated patient can be monitored but not associated.

e. Strip annotation is available, but the annotations do not post to IVIEW until the system is back up.

f. P2DA (patient to device association) will not be available; patients currently associated will stay associated. Staff must run paper strips and dissociate patient after Powerchart is up.

g. Patients not associated to a monitor during down time, will be monitored at the device level only.

h. Patients must be re-associated during the recovery period.

1B. Nursing Staff Responsibility During Downtime

a. Run Paper Strips, label appropriately

b. If this is an unplanned downtime – The nurse is to call the HELP desk and inform them what workstation is affected or if all workstations are affected.

c. Document on paper down time log: patient name, MRN, encounter, time on and time off the monitor, room location.

1C. Nursing Staff Responsibility During Recovery

a. Re-launch the Fetal Link application and sign in

b. For patients associated prior to downtime who have completed, open the patient strip from the hold bed, and click finalize.

c. For patients being monitored at the Device level, check the written log, launch P2DA and retroactively associate them to the time they began on that device. If the patient was on multiple monitors, use P2DA to retroactively disassociate the first device, then retroactively associate the second device and finalize when appropriate.

d. Each nurse will be responsible for finalizing the strips for their patients in their area even if the patient is discharged i.e.: Triage, L&D, RR. Triage will experience the greatest impact as multiple patients can be in the same rooms.

e. The Charge nurse for each shift is responsible for reconciling all strips for finalization at the end of the shift.

2A. Impact of CAMM Downtime and Fetal Link

a. CAMM (a server located in Kansas City) can be down alone and Cerner Millennium and Fetal Link Up. Fetal Link will still associate but an error message will display "Unable to Make a Call to Archive"
b. Creation of Start and Stop of Episode –FetalLink will still associate but an error message will display "unable to make a call to archive"
c. Finalize Process for Active patients will fail – patient will move to a hold bed, finalize will fail.
d. Central Monitoring will still be available
e. Archival storage Retrieval – Archive will be non-functional
f. Extended View will only display 24 hours of historical data

2B. Nursing Staff Responsibility During Downtime

a. Begin of Downtime: **Call the Help Desk and tell them the error message, "Unable to Make a Call to Archive"
b. A detailed log of each patients start and stop times and the device in which they are associated during that period will need to be started
c. Nursing Documentation will continue in PowerChart
d. Physician Documentation will continue in PowerChart

2C. Nursing Staff Responsibility During Recovery

a. For patients associated prior to CAMM downtime, open the patient strip from the hold bed, and click finalize.
b. For patients associated during the CAMM downtime, turn on the Fetal Monitor they were associated to, retroactively associate them back to the start time recorded in the log, retroactively dissociate them to the stop time. FINALIZE
c. Each nurse will be responsible for finalizing the strips for their patients in their area even if the patient is discharged i.e.: Triage, L&D, RR. Triage will experience the greatest impact as multiple patients can be in the same rooms.
d. The Charge nurse for each shift is responsible for reconciling all strips for finalization at the end of the shift.

3. Impact of Fetal Link Down and Cerner Millennium (PowerChart) and CAMM is up.

3A. Nursing Responsibilities During Downtime

a. Call the Help Desk and tell them Fetal Link is Down. Is it one workstation or many? Is Powerchart up?
b. Run Paper Strips
c. Document on paper down time log: patient name, MRN, encounter, time on and time off the monitor, room location.
d. Continue Nursing Documentation in Powerchart.

3B. Nursing Responsibilities During Recovery

a. Re-launch Fetal Link and sign in.

b. Patients associated prior to downtime and their monitoring is completed: open the patient strip from the hold bed, re-associate and FINALIZE.
c. Patients associated prior to downtime and are still being monitored, the association will stay and data will start to flow to data base as long as the CE remained in the room.
d. Each nurse will be responsible for finalizing the strips for their patients in their area even if the patient is discharged i.e.: Triage, L&D, RR. Triage will experience the greatest impact as multiple patients can be in the same rooms.
e. The Charge nurse for each shift is responsible for reconciling all strips for finalization at the end of the shift.

SURGINET/ANESTHESIA DOWNTIME PROCEDURES

1. Impact of SurgiNet Downtime

Clinicians using the SurgiNet application of STARS/PowerChart have documentation requirements specific to their workflow, particularly in the intraoperative area. The following procedures address the impact of downtime on surgical documentation including:

a. Surgical appointments cannot be schedule during the SurgiNet downtime, nor is it possible to view existing appointments or print schedules.
b. Case Tracking Board does not operate during SurgiNet downtime.
c. Documentation of intra operative nursing care or surgical services cannot be done in SurgiNet.
d. Charge services are not available

2. Preparation for Scheduled SurgiNet Downtime
a. Every evening, surgical secretaries print daily schedules (20) for the next two days for the Operating Rooms
b. Every evening, Ambulatory Surgery Center (ASC) schedulers prints schedules for the ASC for the next seven days.
c. Navigate to Surgery Sharepoint for surgical preference cards. The Surgical Sharepoint is available to all surgical staff and is available on the SBUH Web Site. SBUH ASC OR RNs and OR Techs SBUH OR Leadership SBUH OR Nursing Station Clerks SBUH ORRNs https://sbmapps.uhmc.sunysb.edu/sites/Reporting/ProcedureList/Reports/Forms/AllItems.aspx
d. Surgical preference cards can be printed as needed from the Sharepoint by all surgical staff. In addition, they will be printed in advance of scheduled downtime.

3. Downtime Procedures for SurgiNet and Anesthesia
a. Both the paper schedule and surgical log are available to track changes in the surgical schedule during downtime.
b. The surgical scheduler will modify the paper schedule as needed during downtime.
c. If a surgeon or surgical office calls to schedule a case, the surgical secretary may take down patient's name, birth date, phone number, and name of procedure needed, diagnosis, equipment needs and ordering physician and record the information on the manual booking sheet.

d. If the downtime is greater than 4 hours (extended downtimes) surgical secretary will do scheduling. The secretary will modify the printed schedule manually or creating a new Excel or a Word document if a partial paper schedule is not available.
e. All requisitions and downtime operative records are maintained. The paper records are used for charging and are stored in the patient's paper record.
f. Clinicians can use the Read-Only database to get patient information. Clinicians will contact ancillary departments for up to date orders and results information.
g. Patients who are discharged during downtime (ASC) will receive manual, hard copy discharge instructions. Discharge instructions are on ASC Q drive and are usually printed the night prior, if down on the night prior, instructions printed the morning of procedure.
h. Nursing will document all nursing care on paper during downtime.
i. Intraoperative documentation forms have been created and are available to all surgical staff on Sharepoint. https://sbmapps.uhmc.sunysb.edu/sites/Reporting/ProcedureList/Reports/Forms/AllItems.aspx

4. SurgiNet Recovery
   a. Surgical secretaries will enter updated appointments into the SurgiNet scheduling system and print a new schedule as needed.
   b. Each nurse will enter all care given during downtime from the paper record into STARS/PowerChart when the system is available. This data entry will support charge services and surgical reporting.
   c. Charges are entered when downtime OR records are entered into Surgical PowerChart.
5. Downtime Procedures for Anesthesia
   a. Paper schedule will be utilized from Surginet Downtime Process
   b. Hand written Anesthesia "Pink Sheet" will be used to document all anesthesia medications, fluids, vital signs, gases and any other care of the patient
   c. All billing will be documented on paper billing summary and sent to billing department.
   d. All Pre-Op and Post-Op Notes will be documented on the appropriate paper forms.
6. Unscheduled Downtime Procedures for Anesthesia
   a. Cases that have not yet started will use the above documented paper process.
   b. Cases that are in progress will being the paper downtime process from the time the downtime began and will continue through the unscheduled event.
   c. A notation will be included on the paper process to reference the existing electronic record prior documentation.
   d. Once the system resumes operations, an electronic notation will be made on the electronic record to note the continuation of the record on paper.
   e. Copies of the paper record will need to be sent to billing department and pharmacy for reconciliation.
7. Anesthesia Recovery
   a. Any case completed on paper will remain on paper and scanned into them.
   b. Electronic records started but completed on paper will be finalized with the addition of a notation regarding a reference to the paper record for a complete anesthesia record. The paper portion will be scanned into the EHR.

ANCILLARY DEPARTMENT ORDER ENTRY DURING STARS DOWNTIME

Department specific orders, placed during Downtime, are entered into the appropriate system

during Downtime by the ancillary department staff as specified below:

1. Laboratory orders are placed by nursing on downtime requisitions. The requisitions will be collected by rounding phlebotomists or sent to the lab with the specimens via pneumatic tube system (scud).
2. Laboratory specimens collected by nursing will include the requisition in the plastic collection bag. The laboratory staff will enter the orders into the Sunquest system. No downtime requisitions can be processed without complete order information. Each downtime form must contain: legibly written Complete Pt Name (Last, First), Pt MRN, Pt ENC, Ordering Provider, Pt Location, Collect Date and Time. Any incomplete forms, along with the specimen(s), are subject to being returned (via pneumatic tube or courier to the ordering unit), or the laboratory will have call the unit to obtain the missing information, thereby increasing the turnaround time for testing.
3. Radiology orders faxed to the Radiology department with an MRN will be entered by the Radiology IT staff into Centricity IDX (also referred to as RIS or the Radiology Information System). Data from Centricity will cross over to the Radiology imaging system PACS.
4. Pathology orders are placed on requisitions and sent to the Pathology Grossing Room during normal business hours, or to Specimen Receiving after business hours, via pneumatic tube system (scud). Pathology staff will enter the orders received during the downtime into Cerner after the system becomes available.
5. Blood Bank orders are placed on requisitions and sent to the Blood Bank via SCUD system. The Blood Bank staff will enter the orders into the HCLL Blood Bank System from the downtime requisition. The Blood Bank Downtime form must be used for all emergency, uncrossmatched blood requests including massive transfusion protocol initiation (MTP) and Stat pack requests from the ED. The ED emergency blood refrigerator cannot be accessed during downtime.
6. Dietary orders will be called to the department with food allergies. During the call Dietary will instruct the caller to place orders in STARS once downtime is over. Dietary staff will enter orders manually onto the Downtime Log sheet and into CBORD.
7. Endoscopy orders will be scheduled by a Fellow who will enter the appointment into the IDX Scheduling System. When the orders system comes back up then the Endoscopy staff will back order the order into STARS. This will cross to Olympus and results will come back and post to STARS. If STARS is down for more the 3 hours then manual reports will be issued.
8. Occupational and Physical Therapy (OT/PT) orders will be documented on the "Occupational Therapy/Physical Therapy/Physician's Order Sheet" and then faxed to the OT/PT Department.
9. Speech and Hearing orders will be documented on a paper order form will be faxed to the departments. All STATs require a phone call
10. EEG/EMG orders will be written on physician order form and faxed to the department. For outpatient orders, the department will use the written prescription. All STAT order will require a phone call. EEG/EMG will transcribe the order into a logbook
11. EKG orders for EKGs done on the unit will be documented by nursing and providers using the paper order sheets. Orders for EKGs that will be done by the EKG department will be placed on a downtime order requisition.
12. Echocardiography – Echocardiography orders will be called into the department. When the patient arrives in the department for the procedure, a paper worksheet is filled out. At the time of the procedure, patient identifiers are entered into the Centricity RIS system for results. The order will be entered into Centricity by the staff and will cross to the Syngo system for images.

CLINICAL RECOVERY AFTER STARS DOWNTIME

1. Paper documentation from downtime is maintained in the patient's paper record and serves as the legal record for the period of time that the Electronic Health Record was not available. Clinical staff will ensure that all paper documentation is signed and secured as part of the hard copy medical record. All paper documents will be scanned into the Cerner Scanning WQM System following discharge via Medical Records Department.

2. A system-wide communication order will be sent by IT to each open encounter. The message will read: "System downtime occurred on "Date" from "Start Time" to "End Time". This communication order will remain in the EHR as documentation of downtime period, and to alert reviewers that there is a paper or scanned component to the chart.
3. Ancillary department orders do not need to be reentered into STARS Cerner PowerChart System. During downtime, the following ancillary departments enter orders into ancillary systems: Lab, Respiratory, Social Services, OT/PT, Speech/Hearing, EEG/EMG, Cardiology, and Radiology. These orders DO NOT need to be reentered into STARS Cerner PowerChart.
4. Batch charge entry (BCE) should be entered and up to date.
5. Nursing will enter the following documentation into STARS/PowerChart following downtime:
    - **a.** Task Lists will be completed within 4 hours of recovery.
    - **b.** The last set of vital signs will be entered within 4 hours after Downtime.
    - **c.** Orders for Nursing care, Diet, and EKG will be entered by Nursing.
    - **d.** Nursing will review all medication orders entered by pharmacy during downtime using the STARs/PowerChart nurse review function.
    - **e.** Nursing will enter all medication administered during downtime into the STARs/PowerChart eMAR.
    - **f.** Nursing will enter totals into iView I&O from the paper I&O form.
    - **g.** I&O and EMAR entry will maintain continuity in the EHR and it will support charge capture for medication administration. The paper record however, will serve as the legal record of documentation for I&O and administration.
    - **h.** If a shift has ended, the nurse on the next shift will enter the data in proxy and comment that the proxy entry is required due to a downtime.
    - **i.** Surgical nurses will reenter all care given during an operative procedure. Each nurse will enter care given during downtime from the paper record into STARS/PowerChart when the system is available. This data entry will support charge services and surgical reporting.
6. Pharmacy
    - **a.** Orders sent to the Pharmacy during downtime via Rxe-view will be entered into PharmNet by Pharmacy staff when the system is restored. These orders will appear in STARS/PowerChart on the Orders tab and the eMAR.
    - **b.** TPN orders
        - **1)** Pharmacist will enter the order from the hard copy order form.
        - **2)** The order will be entered by the pharmacist and this order will be routed to ordering physician inbox for co-signature.
        - **3)** Order will be modified to reflect the compounder calculation and also routed to the ordering physician for co-signature.
        - **4)** Charges will drop after order is charted
7. Laboratory
    a. During Downtime, lab staff placed orders from manual downtime requisitions into the Sunquest system to process patient tests. When STARS/PowerChart is back on line,

the orders and results placed in Sunquest during downtime will cross into STARS/PowerChart and be available for viewing.

8. Pathology
    a. During Downtime, the lab staff processed orders based on manual requisitions. When STARS/PowerChart is again available, the orders are placed into STARS by the lab staff cross into STARS/PowerChart and be available for viewing.
9. Blood Bank
    a. During Downtime, the Blood Bank staff will place orders from manual downtime requisitions into the HCLL System to process patient test and, or, to prepare blood products.
    b. When STARS/PowerChart is available, the orders entered into the HCLL Blood Bank System will automatically cross into STARS/PowerChart to be available for viewing.
    c. Orders entered into HCLL will be viewable on the Blood Bank Orders Tab.
    d. Blood Bank test results and product status can be viewed on the Results/ Flowsheet under the Blood Bank tab.
10. Dietary
    a. Dietary will cancel all verbal orders manually entered in CBORD during downtime.
    b. Nursing will enter dietary orders into STARS from the physician's written order sheet.
11. PT/OT
    a. Following downtime, the PT/OT staff will enter orders into STARS/PowerChart if the STARS system becomes available during their shift.
    b. If the system comes up after the shift, the faxed copy of the PT/OT requisitions forms used to place orders during downtime will be batched. The batched requisitions will be given to the PT/OT clerk for batch charge entry the next day.
12. Invasive Cardiology
    a. Procedures will be entered into STARS in a "completed" status by department staff.
    b. Results will be reconciled with the procedural order in Syngo to send through the interface back to STARS.
    c. Billing for inventory items will be reconciled in Qsight.
13. Non-Invasive Cardiology
    a. Nursing will enter EKG orders, with physician name and reason for study, into STARS/PowerChart so that results can be viewed in the EHR.
    b. If the EKGs are able to be transmitted into the MUSE system, the cardiologists will still confirm the EKGs without orders and department will manually reconcile and bill after the system comes back up. If the EKGs are not able to be transmitted into the MUSE, they are stored on the EKG cart until the gateways come back up. For STAT readings, clinician would have to page a cardiologist to physically look at the paper EKG and write their confirmation on the paper EKG.
    c. The EKG staff will reconcile EKG studies against orders received in the MUSE system.
    d. The EKG with order information is reviewed and confirmed by Cardiology in MUSE and charges are dropped.
    e. Orders and results will cross over into STARS/PowerChart from MUSE when complete information is available and the EHR is restored.
14. EEG/EMG
    a. The department secretary will enter orders into STARS from the order sheets faxed to the department during downtime.
    b. In cases where results are needed during downtime, the provider will prepare a hard

copy report.

c. Documented results will be entered into the system when available by the provider and routed for electronic signature, as needed.

15. Respiratory
    a. Respiratory will enter all respiratory treatment, and department, orders into STARS/PowerChart following downtime.
    b. Respiratory will enter all ventilator orders into STARS after Downtime. These orders will be routed to the Provider inbox for signature.
    c. Respiratory will address the tasks generated from the back orders and use the paper treatment cards to document the treatments on Powerforms.
    d. ABG results will be entered on the ABG Powerform from the analyzer result printout after downtime.
    e. Charges will generate from the signed Powerforms.
16. Speech and Hearing
    a. The department will use faxed downtime order forms to enter the orders into STARS following a downtime.
    b. Charges will be placed following downtime.
17. Outpatient Ambulatory Downtime/Recovery Process
    a. All clinical documentation of patient care delivered by Providers, Nurses and Ancillary Staff will be documented on appropriate downtime paper forms.
    b. Following downtime, paper forms will be scanned into Cerner Powerchart.
    c. Unless charges have been entered directly into Patient Keeper, all chargeable orders should be back entered into Power Orders.
    d. All medications should be back entered into PowerChart. (Including In Office, Prescription and Historical medications)
    e. All associated charge and medication tasks must be completed.
    f. Whenever possible update Problems, Procedures and Family History.

SECTION III – DOWNTIME IN RELATED SYSTEMS

CERNER PATIENT MANAGEMENT (ADT) AND GENERATING ARMBANDS, LABELS, FORMS

The Cerner Patient Management (PM) System is used to manage registration, admission, discharges, transfer functions, as well as billing services. The complete system is referred to as Cerner PMOffice. Admission, discharge and transfer functions are referred to as ADT. When these systems are not functioning, a number of patient registration and reporting systems are not available.

1. Impact of Cerner PM System Downtime
    a. New patients cannot be registered into the electronic system and changes in patient registration status will not be recorded.
    b. Any admission, discharge, transfer or patient registration revision that occurs during a Cerner PMOffice downtime will NOT be electronically recorded or available. This includes charge entry, medical record coding, 'day-end jobs', ancillary charges and daily reports.
    c. STARS/PowerChart order entry and on-line documentation will NOT be impacted for patients already registered in the system.
    d. No patients who are registered during a downtime of Cerner PM will display in

STARS/PowerChart or SMS Invision Patient Management and Patient Accounting. Therefore, order entry and clinical documentation for these patients will need to remain on paper downtime forms. No billing can be done in SMS Invision for Patients who are registered during a downtime until the system is back up.

2. Scheduled Cerner PMOffice Downtime

a. Inpatient Procedure

1) Patient Access will assign new patients a new medical record number (MRN) after a thorough search using the application MRN search function in Citrix or using Nextgate EMPI.
2) If MRN search is unavailable, assign MRN from supplied designated bank of MRN numbers.
3) The MRN used during Cerner PM downtime (new and old) will be documented in the downtime log book beside the assigned encounter number.
4) Bed Control staff (4-2591) will assign the encounter number for all inpatient admissions.
5) Labels and armbands (2 sheets) will be made manually using the downtime WebForm Imprint application for admissions and Emergency Department patients.
6) Cerner Capacity Management (electronic bed notification system) is unavailable at this time. All admissions, transfers and discharges are called into Bed Control.

b. Emergency Department Procedure

1) Emergency Department Registrar will assign the encounter number for all patients registered to the ED.
2) New patients will receive a new MRN after a thorough search using the downtime MRN search function in Citrix or using Nextgate EMPI.
3) If MRN search is unavailable, assign MRN from supplied designated bank of MRN numbers.
4) All MRN's, new and old will be documented in the downtime log book beside the assigned encounter number.
5) Two (2) sheets of armbands and labels will be made manually using the WebForm Imprint application for every patient in the Emergency Dept.

3. Extended Cerner PM Downtime

a. Inpatient Procedure

1) Patient Access will assign new patients a new medical record number (MRN) after thorough searches using the downtime MRN search function in Citrix or using Nextgate EMPI.
2) If MRN search is unavailable, assign MRN from supplied designated bank of MRN numbers.
3) Bed Control staff (4-2591) will assign the encounter number for all inpatient admissions.
4) Cerner Capacity Management is unavailable at this time. All admissions, transfers and discharges will be called to Bed Control and documented on appropriate log sheets.
5) Two (2) sheets of armbands and labels will be made manually using the WebForm Imprint application.
6) Bed Control will run the Census report for the hospital prior to a planned downtime.

b. Emergency Department

1) ED Registrar will be responsible for assigning and recording all encounters for all ED

patients.

2) New patients will receive a new MRN after a thorough search using our downtime MRN search function in Citrix or using Nextgate EMPI.
3) If MRN search is unavailable, assign MRN from supplied designated bank of MRN numbers.
4) The MRN will be recorded with the assigned encounter number in a Downtime Log Book.
5) Registration will use a downtime paper registration form to obtain patient demographic and insurance information.
6) Labels/armbands (2 sheets) will be made manually using the WebForm Imprint application for every patient in the Emergency Department.

c. Outpatient Registration Process

1) Outpatient Department registrars will assign all encounters registered to outpatient clinics.
2) New patients will receive a downtime medical record number after a search using the Downtime MRN search function in Citrix or Nextgate EMPI.
3) If MRN search is unavailable, assign MRN from supplied designated bank of MRN numbers.
4) If a patient has an existing MRN, the Shift will advise registrar of the MRN.
5) All MRN and encounter numbers will be recorded in the MRN and Encounter Downtime Log Books.
6) Registration staff will use a downtime registration form to obtain demographic and financial information.
7) The registrar will copy insurance cards and patient's license and attach to the downtime form.
8) Downtime registration forms will be kept in a downtime folder.
9) Labels/armbands (2 sheets) will be made manually using the WebForm Imprint application.

4. Generating Labels, Armbands, and Forms During Downtime

a. Patient Access will log into WebForm Imprint with their domain credentials. (https://econsent.uhmc.sbuh.stonybrook.edu/webformimprint/index.html)
b. Patient Access conducts a patient search and manually adds any patient that can't be located in the WebForm Imprint database.

1) To add a patient, select add record and enter in all required information. Please enter all information in the correct formatting. The encounter number must have a leading "0" entered in the "Account Number" field. Patient Access should enter "SBUH" under "Facility" to allow for IT to easily identify manually entered patients. Supervisors only have this ability.

c. Patient access selects the label template and the patient(s) they want the labels for.

1) Check the checkboxes next to the Patient Name and the Form Label template before clicking the "Print" icon at the top of the page. DAS documents can be printed the same way just by selecting the form you want under "Forms".

5. Recovery from Downtime

a. IT will notify Patient Access that the system is available.
b. Patient Access staff will enter all inpatient admissions and registrations that occurred during downtime.
c. When the Patient Access staff completes the entry of all admissions and registrations that occurred during downtime then Patient Access will notify IT. IT will bring the system back up house wide.
c. Patients that were transferred or discharged during downtime will be

updated in the system by unit clerks.

d. Patient Access Bed Control staff will conduct reconciliation after downtime to ensure that all registrations and admissions are accurately reflected.

DAS/FORMFAST DOWNTIME

Users should print out the forms they may need to print off the intranet beforehand. https://inside.stonybrookmedicine.edu/forms. Nursing Units should keep ongoing inventory of paper copy of all necessary forms.

INTERFACE ENGINE DOWNTIME

One of the many functions of the RHAPSODY Interface Engine is used to connect STARS/ PowerChart Electronic Health Record to other related and required systems such as the ADT system and the systems used by Radiology, Cardiology, Lab, Pharmacy, Blood Bank, Dietary. When the Interface Engine is not available, information does not flow between these systems and is not available for use in STARS/ PowerChart.

1. Impact

- **a.** Clinical documentation in STARS/PowerChart is NOT impacted when the
- **b.** Interface Engine is not available.
- **c.** Admission, discharge and transfer information (ADT) does not move from the Cerner Registration to other ancillary systems.
- **d.** Orders are not delivered from STARS to ancillary departments nor are lab results delivered from the lab into STARS.
- **e.** Patient transfers will not cross from Capacity Management to Siemens.
- **f.** Ancillary charges are not transferred from STARS/PowerChart through the Interface.

2. Scheduled Interface Engine Downtime

Interface Engine Downtime Procedures	Downtime 30 min. to 4 hours	Downtime greater than 4 hours
The Help Desk will page Hospital ADN to notify them of the downtime and contact the Switchboard to make an overhead announcement	√	√
The Help Desk will disable order entry for Labs, Blood Bank and Radiology in STARS.	√	
The Help Desk will disable inbound and outbound interfaces for SunQuest LIS System, Interfaces 6, 7, 15.	√	√
The Help Desk will verify that there is not a backlog of ADTs to Cerner, Sunquest, or Blood Bank before proceeding with downtime	√	√
The Help Desk will bring down outbound orders interfaces.	Labs, Blood Bank, Radiology only	All Interfaces
The Help Desk will work with Blood Bank staff to disable HCLL interface	√	√

Ancillary departments should use applications without inbound transactions	√	√
Clinical documentation is not affected in STARS, and should continue despite the downtime	√	√
Consults within STARS and FirstNet will be sent	√	√
Cerner CAS on-call person will go into iCommand and restrict outbound transactions from Capacity Management	√	√

3. Unscheduled Interface Engine Downtime

- **a.** The Help Desk opens a Cherwell Service Request for the outage and updates every 30 minutes. The ticket stays open until the problem is either resolved or assigned to support group for resolution
- **b.** The Help Desk will triage the problem, the call the appropriate support (Interface ON CALL or UNIX ADMIN ON CALL) and report the problem.
- **c.** The Help Desk will contact the IT Admin on call immediately during normal working hours. Off-hours and weekends, the Help Desk will call the IT Admin on call after 30 minutes of outage.
- **d.** The Help Desk will follow the Notification Document to alert key staff about this outage
- **e.** The Help Desk will send out a broadcast message and update their web page about the outage.
- **f.** The Help Desk will call the Page Operator to page the Assistant Director of Nursing to report the interface engine problem.
- **g.** After these resources have confirmed the Interface Outage, the Help Desk the instruct the Switchboard to announce the follow information overhead:

1) University Hospital Interfaces are unavailable
2) FirstNet Quick Registration is not available for the ED.
3) Capacity Management is not available for patient transfers.

- **h.** After 30 minutes of unscheduled INTERFACE ENGINE Outage, the Help Desk will:
  1) Disable order entry on STARS for Labs, Blood Bank and Radiology
  2) Inform the Cerner AS to go into iCommand to restrict outbound transactions
  3) Check Sunquest LIS Interfaces 6 and 7 to make sure all outstanding ADTs and orders have been processed. Stop Sunquest LIS Interfaces 6, 7, 15.
  4) Follow instructions in SOP to Stop HCLL Blood Bank Interfaces
  5) Page Dietary support at 733-6823 or short range 7851
  6) Call Pharmacy to speak to supervisor, record their name and tell them they need to page the Pharmacy rotation to put PYXIS machines in override
  7) Contact the ED (4-6704) report problem to Charge Nurse
  8) Continue to update the Notification System message every 30 minutes and send a final message / page when problem is resolved.

4. Interface Engine Recovery

- **a.** The Help Desk will:

1) Verify that the engine is up and running with all communication points active
2) Start the ADT interfaces from STARS
3) Start the ADT interfaces to SMS
4) Contact Cerner AS to go into iCommand to un-restrict outbound transactions
5) Contact the Switchboard to make an overhead announcement that Cerner FirstNet quick registration and Capacity Management are available
6) Start the ADT interfaces to SunQuest and Blood Bank
7) Monitor all other ADT interfaces to verify they are working and queues are diminishing
8) Verify that all ADT transactions have processed for Cerner, SunQuest and Blood Bank

9) Startup STARS outbound orders interfaces. If the downtime was 4 hours or less then the Help Desk will bring up the outbound Lab, Blood Bank, and Radiology interfaces. If the downtime was greater than 4 hours then the Help Desk will bring up all outbound interfaces.
10) Verify that orders to Sunquest are processing and will start up the Sunquest outbound interfaces. The orders will be started after the Lab outbound since SunQuest will not outbound an OSU or result without the order number.
11) Verify that Cerner orders to HCLL Blood Bank System are processing and will work with Blood Bank staff to bring up the results interface
12) Enable order entry for Labs, Blood Bank and Radiology
13) Turn off routing Dietary requisitions to printer DTYA
14) Page the ADN, the ED Charge Nurse and the Switchboard that the downtime is resolved.

ENTERPRISE WIDE SCHEDULING (EWS)

Departments that use the Enterprise Wide Scheduling System will not be able to schedule new appointments or change existing appointments. In addition, the Anesthesia departmental will not receive daily schedule reports to upload.

1. Impact of Enterprise Wide Scheduling (EWS) Downtime
   a. The following departments use EWS and would not have access to the scheduling system:
      - Patient Access
      - Radiology
      - Non-Invasive Cardiology
      - OB-Labor and Delivery
      - Ambulatory Surgery Center (ASC)
      - Main Operating Rooms
      - Pre-admission Testing
      - Oncology Outpatient
      - Radiation Oncology

2. Preparation for Planned EWS Downtime
   a. All other departments will prepare schedules so that the department will have access to the most up to date schedule information. It is recommended that all departments

print at least 5 days of future schedules after the close of Central Scheduling.

- The departments will use these schedules in the event of a Downtime to make and manually record new appointments and schedule updates as they occur during Downtime.

3. EWS Scheduled and Unscheduled Downtime

a. Scheduling for Hospital Admissions, Ambulatory Surgery Center (ASC)

1) Scheduling will be done manually, on hard copy by Central Scheduling for any downtime regardless of length.
2) Schedules will be created manually for those areas and distributed in the normal manner.
3) During a downtime of 2 hours or less, the Central Scheduling Department will take patient names and phone numbers to contact callers when the system returns.
4) During downtimes that last more than 2 hours, but not extending to the next day, callers will receive a message advising them of the downtime, suggesting they call again later. Callers will be given the option of speaking with a scheduler at any time for further information.
5) Scheduling during a downtime of 24 hours or more will be handled by Central Scheduling by manually scheduling future appointments.

b. Scheduling for all other areas

1) Schedule requests for departments other than Hospital Admissions and ASC will be transferred to department that schedule.

4. EWS Recovery

a. Central Scheduling and all departments will enter new and update appointments into the appropriate system.

CAPACITY MANAGEMENT DOWNTIME

The Capacity Management System is used to manage and track the movement of patients, equipment and custodial services. Downtime procedures for several scenarios that impact the Capacity Management System and clinical documentation will be described in this section.

1. Capacity Management Downtime

This section will define the procedures used when the Capacity Management system is not available and all other systems are functioning normally.

a. Changes in bed assignment and patient transfers must be done in Cerner PMOffice.

b. Transfers 'in process' status at the time of downtime will not complete. Data entered into Cerner PM will automatically process into Capacity Management and STARS Cerner PowerChart when the system becomes available.

c. Clinical staff will use telephone and pager communication to request custodial and transport service. Custodial and Transport staff will document requests, work starts and completions on paper.

d. When systems are available, Bed Control and Unit Clerks should confirm the accuracy of admissions, discharge and transfer in Capacity Management.

2. Cerner PMOffice or Interface Engine Downtime and Capacity Management

This section will define the impact and procedures used when the Cerner PMOFFICE System or the Interface Engine is not available and both the STARS Cerner PowerChart and Capacity Management Systems are available.

b. Cerner PMOffice or Interface Engine Downtime and Admission, Transfer and Discharge in Capacity Management

1) Capacity Management cannot be used for patient transfer when the Cerner PMOffice System is not available. Users will need to log off the system. The paper tracking process (log books) must be used for admission, discharge and transfer during ADT downtime.
2) The Help Desk will inform IT of the Downtime. IT will notify the SBUH Cerner Application Specialist on-call or designee.
3) SBUH Cerner Application Specialist will:
4) SBUH Cerner Application Specialist on-call will disable FirstNet Quick Registration

c. Cerner PMOffice or Interface Engine Downtime and Discharge in Capacity Management.

1) Users should use the discharge log book during the downtime
2) When Cerner PMOffice becomes available, discharges should be manually entered. These transactions will automatically update from Cerner PMOFFICE into Capacity Management.

d. Cerner PMOffice or Interface Engine Recovery for Admission, Transfer and Discharge in Capacity Management.

1) The Help Desk will follow the existing recovery process for ADT
2) When Cerner PM becomes available, admissions and transfers should be manually entered from the log book into Cerner PMOffice. These transactions will automatically update from Cerner PMOffice into Capacity Management.
3) Admissions will come through interface and flow to Capacity Management when Cerner PMOFFICE becomes available.
4) Once ADT's to STARS Cerner PowerChart are up to date, the SBUH Cerner Application Specialist will re-enable First Net Quick Reg.
5) When the Interface Engine is restored, the existing recovery process is used.

OUTPATIENT SYSTEM – IDX

3. IMPACT: Cannot arrive patients, change insurance/demographic information and record co-pays in IDX. Schedule and Registration (new appointments only) interfaces stop. *When possible, print paper schedule from IDX*

a. Arrived patients:
- Front desk practice staff will indicate that the patient has arrived on the provider's paper schedule

b. Change insurance/demographic information:
- Front desk practice staff will photocopy insurance card if change is needed.
- If demographic information is to be changed, the front desk staff will document the changes on paper.

c. Record co-pay in IDX:
- Front desk practice staff will collect the co- pay and complete a receipt of payment.
- Copy of receipt given to the patient.

2. RECOVERY

a. Arrived patients:
- When IDX is brought back on-line, the front office staff will arrive the Patients in IDX scheduling

b. Change insurance/demographic information:
- When IDX is brought back on-line, the Front desk practice staff will update GE/IDX with all pertinent insurance and demographic information.

c. Record co-pay in IDX:
- When IDX is brought back on-line, the Front desk practice staff will enter the co-pay information into GE/IDX.

d. IDX Schedule and Registration interfaces:
- When IDX is brought back on-line, IT Staff will notify UH Help Desk that the IDX Schedule and Registration interfaces have been reset.

OTHER RELATED SYSTEMS DOWNTIME

1. Radiology

The RIS/PACS systems or the Radiology Suite provides for Radiology order entry, charge services and results documentation and Image study viewing.

a. Impact

1) The Radiology System will not have updated information on patient admission, discharge and transfer
2) Results documented during the Radiology System Downtime will not be available in STARS Cerner PowerChart
3) Results documented in the RIS for non-invasive Cardiology, but will be available in Syngo Dynamics.
4) Radiology orders placed in STARS will not be passed to, and therefore not available in, the Radiology System. In addition, orders placed in STARS will not be available in the non-invasive Cardiology system (Syngo).
5) Radiology charge services will not be available in Siemens.

b. Downtime Procedures for Radiology

1) RIS: Radiology IT staff will route Radiology Request printing from STARS so that request forms print in the Radiology Department.
2) Downtime Radiology Request Forms should be utilized.
3) Interface Engine Downtimes – IT will disable Order Entry on STARS Cerner PowerChart. Downtime Radiology Request forms will be used.
4) SMS Downtimes – Order Entry continues on Cerner for existing patients; for new patients, downtime requisitions will be used.
5) Radiology Results will be available in Pacs either as a Final or Wet Read depending upon interface availability.
6) Pacs: Studies will be redirected from modalities to Downtime ZFP Pacs, available on the Intranet Physicians portal. Users will be alerted to use this separate URL for STAT downtime studies only.
7) Powerscribe: If the Radiologists dictation system is unavailable, a wet read will be hand typed into the Pacs system.
8) LifeImage: For STAT patient studies being sent via Lifeimage, the ED & Sending sites will be notified to send disks with the patients until the

system is back on line. During STARS downtimes, uploads will need to be done via direct LifeImage launch rather than Cerner link.

c. Recovery

a) When system is available, Radiology staff will reconcile downtime orders completed within the Radiology Systems and the STARS Cerner PowerChart System.

2. Laboratory System Downtime

The Sunquest System supports the work of the Microbiology, Pathology and General Laboratory services.

a. Impact

1) Laboratory results for micro, general lab and pathology will not be accessible in STARS

2) Charges for these laboratory services will not pass to the Interface Engine for processing

b. Laboratory Downtime Procedures

1) STARS/ PowerChart Downtime - The Help Desk will disable laboratory order entry into STARS/PowerChart. If the downtime is planned then the Help Desk will also disable ADT and results interfaces to Sunquest.
2) Interface Engine Downtimes – IT will disable order entry into STARS/PowerChart, as well as ADT and Results interfaces to Sunquest.
3) SMS Downtimes – Lab order entry will stay up for one hour. For new patients not registered in STARS/PowerChart, downtime
4) requisitions will be used. For downtimes greater than 1 hour, IT will disable order entry into STARS/PowerChart.

3. Blood Bank System Downtime

The Blood Bank's HCLL System supports the work of the Blood Bank, processing orders in STARS/PowerChart, as well as delivering test results and blood product information to clinicians. During an HCLL Downtime these services are not available. The Blood Bank will process STAT or urgent requests with the assistance of a separate read only database- APBC.

c. Impact

1) Blood Bank results do not flow to STARS/PowerChart

2) The Blood Bank does not receive orders from STARS/PowerChart

d. Downtime Procedures

1) Orders will remain in STARS/PowerChart and the Blood Bank will recover these orders when HCLL is brought back up.
2) Cerner Downtime: Blood Bank IT specialist will not bring down the Blood Bank interface during normal business hours.
3) Interface Engine Downtime: Blood Bank IT Specialist will not bring down the Blood Bank interface during normal business hours.
4) SMS Downtime: Blood Bank order entry will remain up for one hour.
5) For patients that are not in STARS/ PowerChart, downtime requisitions will be used.
6) For downtime of greater than I hour, IT will disable order entry in STARS/PowerChart.

4. Dietary System Downtime

The CBORD System is used by dietary to process dietary orders for patients placed into the STARS system.

a. Impact- Dietary does not receive orders from the STARS System

b. Downtime Procedures- Interface Engine Downtime: The Help Desk will reroute dietary

orders from STARS to the DTYA printer.

BRIDGE MEDICAL DOWNTIME

Bridge Medical is an application used to positively identify patients and the administration of human milk/specialty formula through the use of barcoding. There are two scenarios that will be described below, planned and unplanned downtime.

1. Impact of Bridge Medical during Power Chart Downtime
    a. During a downtime of Power Chart, users will not be able to access Bridge Medical.
2. Nursing Staff Responsibility for a Planned Downtime
    a. Nursing staff will prepare all bottles necessary during a downtime, this includes receiving bottles, performing status changes if appropriate, combining bottles and preparing/fortifying bottles.
    b. Labels will be printed out for each patient with human milk/specialty formula in anticipation of incoming milk.
    c. If appropriate, administration of milk in Bridge Medical should occur prior to downtime.
    d. During downtime, nursing staff are to record human milk/specialty formula onto the Breastmilk Barcoding Downtime Form using either preprinted Bridge label or hospital label using consecutive whole numbers beginning with "1".
    e. Each bottle logged is verified by two RNs (initials on the form) to include state received and pumped date/time.
    f. Addition of HMF is noted on form, if applicable.

3. Nursing Staff Responsibility for an Unplanned Downtime
    a. If pre-printed Bridge Labels are not available, hospital labels are to be used for all incoming human milk/specialty formula.
    b. All actions to bottles during downtime will be recorded on the Breastmilk Barcoding Downtime Form.
    c. Each bottle logged is verified by two RNs (initials on the form) to include state received and pumped date/time.
    d. Addition of HMF is noted on form, if applicable.

4. Nursing Staff Responsibility During Recovery
    a. After downtime, nursing staff will reconcile bottles in Bridge Medical.
    b. If bottle was received into Bridge Medical prior to downtime, click on discharge bottles on the Bridge Medical menu. Scan the bottle and choose "Given during downtime" from the Discharge location drop down menu.
    c. If bottle was not received into Bridge Medical and was not administered during downtime, receive the bottles into Bridge Medical using the pump date/time.
    d. If bottles are not properly labeled using Bridge Label, print labels and then receive them into Bridge Medical.
    e. If bottles were received and administered during downtime, they do not have to be received into Bridge Medical.
    f. Click browse bottle history and check to make sure all available bottles are appropriate.
    g. Completed Breastmilk Barcoding Downtime Forms are placed into the patient's medical record.

WIRELESS NETWORK DOWNTIME

1. Network Outage Procedures
    a. Help Desk will send out email that the problem is being acknowledged and triaged more information will come. Once determined what the issue is a second email will be send with details and assurance that technicians are working on resolution. Help desk will send periodically updates with estimated timeframes for resolution. Upon reaching a solution they will send a final message stating that the issue has been resolved
    b. When wireless networks are down on your unit/floor/remote clinic, please proceed to the nearest hard-wired PC. If this is a Multi floor/unit/clinics please precede to downtime procedure mentioned above.

CERNER ACCESS HIM/CODING DOWNTIME

In the event the 3M Encoder is down please follow the steps below:

Step 1: Launch Access HIM and search for the correct patient encounter.

Step 2: Add the codes manually into Access HIM after reviewing the patient's chart in PowerChart. Search Diagnosis codes and Procedures, entering all required information.

Step 3: Submit the codes as Final if complete. Codes should process out of Access HIM into SMART or directly into SMS depending on the patient encounter. All Inpatients will flow into SMART where the user will have to sign into the web application and process the patient codes. SMART will flag patients if the application identifies an issue with the codes entered for a specific patient encounter. Please note that patients flagged as a "Critical Error" will have to be fixed in Access HIM and be resubmitted.
Codes arriving in SMS should be processed into Patient Accounting the following day.

In the event the SMART is down and the issue is affecting revenue, please follow the steps below:

Step 1: Notify the interface team that we want to bypass SMART on codes from Cerner Access Him to SMS. Once complete, inform the coders to begin processing patients.

Step 2: Launch Access HIM and search for the correct patient encounter.

Step 3: Launch the 3M Encoder. Code the patient. When complete submit the codes. All codes should populate into Access HIM without any issue.

Step 4: Submit the codes as Final if complete. Codes should process out of Access HIM into SMS and appear immediately. Codes will then populate in Patient Accounting the next day.

Step 5: When the SMART downtime is resolved, inform the interface team and revert changes.

In the event Access HIM is down:

Please contact the Coding (HIM) department and have them coordinate with Patient Accounting. There is a way to do this but all codes will have to be manually entered by Patient Accounting in Siemens.

In the event PowerChart is down:

Coding is placed on hold until PowerChart is restored.

CERNER BATCH SCANNING DOWNTIME DOCUMENTATION

In the event of a system-wide downtime of Computer Systems – paper documentation should occur. All paper charts will be collected and scanned into the Cerner EHR upon completion of the downtime.

WQM DOWNTIME PROCEDURE

In the event WQM is down please follow the steps below:

Step 1: Contact Telecommunications and notify them of the issue. Inform them that you want all of the call forwarding turned off to all DIDs. A list of the DID information will be listed below with all site information.

Step 2: Contact the sites in Center Moriches, Islip, and Port Jefferson locations about the downtime. These sites will need to manually turn off call forwarding on their fax machines.

- *73 to disable forwarding.
- *72 and the DID to enable.

WQM Phone Line Mapping / Locations:	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Med Rec Review / ED Pre Arrival 19S	Emergency Department / 19s	PMO Acct# 341320	n/a	631-444-8861	n/a	No Forwarding
Southampton Transfers	240 Meeting House Rd Southampton	PMO Acct# 341320	n/a share drive	631-638-1444	n/a	No Forwarding
ELI Transfers	Greenport.		Network Scanner	n/a share drive	n/a	No Forwarding
EMS Transfer Records	Various Hospitals		n/a	631-638-3828		No Forwarding
PFFC	Mntk Hwy SouthHampton		Network scanner	n/a share drive	n/a share drive	No Forwarding
Consents (4-CONS)	SBM		n/a	631-444-2667	n/a	n/a
Good Shepard HOSPICE SB	SBM		n/a	631-216-2202	n/a	n/a
Inpatient Patient Request	500 Commack Rd, Commack NY		n/a	*631-638-3859*	n/a	n/a
CANCER CENTER (MART)	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Cancer Center Authorization	Mart lvl 5		631-216-2944	631-638-3835	Unify	Software
Cancer Ctr New Patient	Mart Lvel		631-444-4395	631 638 3868	Unify	Software

Family Medicine/Preventive Med.	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Family Medicine E.Setauket	181 Belle Mead Rd. Suite, East Setauket	Acct# 361365	631-444-1899	631-638-1441	Unify	Software
Family Medicine, Patchogue	31 Oak St. Suite 3, Patchogue	Acct# 361365	631-638-1761	631-638-1442	Unify	Software
Family Medicine Post Covid-Commack	500 Commack Rd.		N/a	631-638-3861	Unify	No Forwarding
Preventive Medicine- E seatuket	181 Belle Mead Rd. Suite, East Setauket	Acct# 361365	631-444-6665	631-638-0199	Unify	Software
Pediatrics	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Peds - Tech Park-4	4 Tech Drive E. Setauket	*Peds Acct# 900087*	631.444.4990	631-444-8860	Unify	Software
Peds- Smithtown Group (SPG)	260 Middle Country RD Smithtown	*Acct# 341320 (PMO)*	631-265-7518	631-638-1443	Unify	Software
Peds-Center Moriches (CMO)	600 Montauk Hwy Center Moriches	*Peds Acct# 900087*	631.878.8083	631-638-0314	Verizon	Manual
Peds- Patchogue Primary Care	450 Waverly Ave, Patchogue	*Peds Acct# 900087*	631.444.6327	631-638-0315	Unify	Software
Peds- Islip Primary Care	2701 Sunrise Hwy, Islip	*Peds Acct# 900087*	631.581.9561	631-638-0316	Verizon	Manual
Peds -Commack Suite 104	500 Commack Rd, Commack NY		631-638-0157	631-638-0257	Unify	Software
Peds-Port Jeff	815 Hallock Ave a, Port Jefferson Station, NY 11776		631-331-7289	631-638-3336	Cablevison	Software
Peds-Wading River	5968 NY-25A, Wading River, NY 11792		631-929-0360	631-638-3347	unify	Software
Peds HSC 11 Suite 20	SBUH HSC11 Rm020		631-444-7865	631-638-3864	unify	Software
Peds HSC 11 Suite 40	SBUH HSC11 Rm40		631-444-2894	631-638-3865	unify	Software
**Peds HSC 11 Suite 60	SBUH HSC11 Rm60		631-444-8968 and (4 2785)	631-638-3866	unify	Software
Peds HSC 11 Suite 80	SBUH HSC11 Rm80		631-444-6045	631-638-3867	unify	Software
Peds-Tech Park 37 RSW	37 research way		631-444-4339	631-638-3869	unify	unify
Medicine.	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Medicine Int.-Commack Suite 103	500 Commack Rd, Commack NY		631-638-0268 to	631-638-0269	unify	Software
Medicine- Cardiology-Commack	500 Commack Rd		631-444-9621	631-638-0229	unify	software
Medicine-205 Belle Meade	205 Belle Meade E.Setauket		631-444-4974 & (4 4974)	631-638-0234	unify	unify
Medicine-205 Belle Meade (Back Office)	206 Belle Meade E.Setauket		631-444-4652	631-638-0234	unify	unify
Medicine-26 RSW (Division Office)	26 Research Way E.Setauket		631-444-5245 & 631 444-9808	631-638-3824	unify	software
Medicine-26 RSW (Front Desk)	26 Research Way E.Setauket		631-444-0562	631-638-3825	unify	software
Medicine-Tech Park 4	4 Tech Drive E. Setauket		631-638-3019	631-638-3830	unify	unify

Medicine-HSC17 Pulmonary	SBM-HSC 17		631-444-7502	631-638-3834	unify	software
Medicine- Southampton (Front Desk)	676 country rd 39A Southhampton NY		631-702-8314	631-638-3870	unify	software
Medicine-Southampton(Nursing Station)	677 country rd 39A Southhampton NY		631-702-8315	631-216-2203	unify	software
Medicine-Center Moriches	600 Main St. Suite B Center Moriches		631-638-4867 & 638-4868	631-216-2201	unify	Software
Orthopedics	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Orthopedics	14 Technology Dr		444-4217	631-638-3850	unify	
Ortho 14 Tech Dr Suite 12	14 Technology Dr		444-4775	631-638-3860	unify	
Ortho HSC-18 RM047	SBUH HSC18 Rm026		444-1485	631-638-3854	unify	
Ortho HSC-18-RM080	SBUH HSC18 Rm080		444-8894	631-638-3852	unify	
Ortho HSC-18 RM025	SBUH HSC18 Rm025		444-8999	631-638-3853	unify	
Ortho HSC18-RM080 (JOINT)	SBUH HSC18 Rm080		444-6216	638-3855	unify	
Ortho HSC-18 RM030	SBUH HSC18 Rm030		444-3403	638-3856	unify	
Ortho HSC-18 RM030 (ONC)	*SBUH HSC18 Rm030*		*N/A*	*638 3846*	*unify*	*Direct to DID#*
Ortho HSC-18 RM020	SBUH HSC18 Rm020		444-7671	638-3857	unify	
Ortho HSC-18 RM089	SBUH HSC18 Rm089		444-3502	638-3858	unify	
OBGYN	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
OBGYN-Commack Suite 200	500 Commack Rd, Commack NY		631-638-0245	631-638-0249	Unify	Software
OBGYN - Tech Park 6	6 Tech Drive		631-444-5275	631-638-3831	Unify	Software
OBGYN-140 Belle Meade Rd	140 Belle Meade Rd		631-638-4315	631-638-3832	Unify	Software
OBGYN Surgical Coordinators	141 Belle Meade Rd		631-638-4390	631-638-3862	Unify	Software
OBGYN- Promote TP6	6 Tech Drive					
UROLOGY	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Urology-HSC9	HSC 9		631-444-7620	631-638-3826	Unify	Software
Dermatology						
Derm-Stony Brook Rd	1320 Stony Brook Rd.	n/a	631-444-4276	631- 444 2312	Unify	Software
Derm-Call Ctr.	1320 Stony Brook Rd.		631-638-4220	631-638-3863	Unify	Software
World Trade Center	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
WTC- Commack	500 Commack Rd, Commack NY		631-630-6297	631-638-3821	unify	software
WTC- Commack Labs	500 Commack Rd, Commack NY		631-630-6299	631-638-3823	unify	software

WTC- Commack-Claims	500 Commack Rd, Commack NY		631-638-0740	631-638-3822	unify	software
WTC- Mineola	500 Commack Rd, Commack NY		516-419-5919	631-638-3833	Cabelvision	Manual
WTC Mineola Labs	500 Commack Rd, Commack NY		516-419-5928	631-638-3851	Cabelvision	Manual
Psychiatry	**Address**	**Acct Charge#**	**Fax Line #**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
PSY-Putnam Hall Tele Med	Stony Brook South Campus; Putnam Hall		N/A	631-638-3827	Unify	software
PSY-Putnam Hall-Adult	Stony Brook South Campus; Putnam Hall		631-632-5870	631-638-3838	Unify	software
PSY-Putnam Hall-Child	Stony Brook South Campus; Putnam Hall		631-632-4448	631-638-3839	Unify	software
PSY-Commack	500 Commack Rd, Commack NY		631-216-8319	631-638-3840	Unify	software
PSY-Puntnam Hall-Mind and Body	Stony Brook South Campus; Putnam Hall		631-216-8178	631-638-3837	Unify	software
Surgery	**Address**	**Acct Charge#**	**Fax Line # 631-63**	**DID/Kofax Line#**	**Phone System Type**	**Fax Frwd Disable/Re-anable**
Surgery-Smithtown	222 Middle Country Smithtown		631-638-2830	631-638-3841	Unify	software
Surgery-Commack	500 Commack Rd, Commack NY		631-638 0134	631-638-3842	Unify	software
Surgery- TP37 RSW (ENT Coordinator)	37 RSW E. Setauket		631-444-4345	631-638-3843	Unify	software
Surgery- TP37 RSW (ENT Call Cntr)	37 RSW E. Setauket		631-444-4365	631-638-3844	Unify	software
Surgery- TP37 RSW (Medical Records)	38 RSW E. Setauket		631-444-5821	631-638-3845	Unify	software
Surgery- TP37 RSW (Nursing Stat)	39 RSW E. Setauket		N/A direct to DID	631-638-3148	N/A direct to DID	N/A direct to DID
TRANSPLANT						
Renal Transplant HSC-19	HSC-19		631- 444-3831 AND 444-6639	631-638-3849	Unify	Software
OTHER						
PRI to SIP Trunk Testing	SBM		631-444-6691	631-444-2355		

SMS INVISION PATIENT MANAGEMENT AND PATIENT ACCOUNTING – Please see Exhibit A Below:

For Abbreviated Downtimes, no action needed. ADTs and Charges from Cerner and Ancillary Systems will queue up and release after systems are restored.

For Extended Downtimes, follow procedures on attached excel document. Note that T1 lines are used to connect to Malverne, PA UHIS (SMS) and IP addresses are authenticated by way of connection requests coming through our network. Should the network be down, the process is to authenticate IP addresses for access outside of the network. This may mean having them manually added.

SPOK SYSTEM DOWNTIME PROCEDURES

1. Intellidesk Paging to Beepers and Smartphones Downtime.
    - Switchboard staff will verbally make overhead announcements for codes 5 times.
    - Switchboard staff will send numeric pages manually by dialing out using ten-digit number in Intellidesk.

2. Intellidesk Overhead Paging Downtime:
    - Switchboard staff will use special code (#05) via a desk phone to send overhead pages.
    - If above option is not working, they will use wall phone (Intercom System) to send overheads pages via Fire Marshall Annunciator System.

3. Intellidesk Cannot Receive Phone Calls:
    - Hospital employees and staff will use red emergency phones to contact Switchboard by calling the number 631-632-1300.

4. Intellidesk System Freezes:
    - Switchboard staff will shut down/reboot PC and log back on to Intellidesk

5. Switchboard staff cannot logon to Intellidesk:
    - Switchboard staff must be cleared from PBX by IT Telephony team.

6. Power Failure:
    - Switchboard staff will shut down/reboot PC and log back on to Intellidesk

7. SPOK Website is Down:
    - Contact Switchboard for high priority or emergency pages. To contact hospital staff on-call, or for a high priority/emergency page, please call the Hospital Switchboard Operator, who will reach the person by other means.

8. SPOK Mobile Paging is Down
    - Contact Switchboard for high priority or emergency pages. To contact hospital staff on-call, or for a high priority/emergency page, please call the Hospital Switchboard Operator, who will reach the person by other means.

PATIENTKEEPER VISITS AND CHARGES

1. IMPACT: Professional charges on Outpatient, Inpatient, ER and Other Hospital encounters would be held in PatientKeeper until the application recovered. New Outpatient visits and new Hospital encounters would not process or post in the PatientKeeper application.
    a. Outpatient visits would queue up on the sending side until PatientKeeper was back online.

b. Inpatient, ER, Ambulatory Surgery and other Outpatient services:
Hospital visits would queue up on the sending side until PatientKeeper was back online.

c. Interfaced Charges would queue up on the sending side.

d. Manually Added Visits and Charges: Adding visits, Non-Verified patients or charges in PatientKeeper would be deferred until the application downtime ended.

e. Change Healthcare sends a flat file at 5:00 AM Monday to Friday with ER charges for dates of service approximately ten days in the past. The Change Healthcare charge file would be held by the sending system until PatientKeeper was back online.

2. RECOVERY

a. Visits and Encounters: The queued Outpatient, Inpatient, ER, Ambulatory Surgery and other Outpatient encounters would process in order and post in order when the application is back online.

b. Interfaced Charges: When all the queued visits are processed and posted, then the queued charges would process in order and post in order per the department guidelines for charges to be held, code edits, and any other applicable rules. Charges could be sent to athenaIDX for billing. Visits and charge data in PatientKeeper at the time the application experienced a downtime event would be stored in the PatientKeeper database and would be available when the application was back online.

c. Manually Added Visits and Charges: Recommend allowing all interfaces to complete updates before creating visits or charges to avoid duplication.

3. LONG TERM RECOVERY

a. PatientKeeper has a disaster recovery system which is a mirror to the Production system. If it was determined the PatientKeeper application would be down for some time, then PatientKeeper would switch over to the disaster recovery system and enable all the live feeds to allow charges to be sent out to athenaIDX.