Los Angeles County Department of Health Services

Policy & Procedure Title:	ORCHID Downtime Procedure			
Category:	100-199 General Administration		**Policy No.:**	101.02
Originally Issued:	10/15/2014	**Update (U)/Revised (R):**	5/12/2015 (U)	
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PURPOSE:

The purpose of this document is to delineate responsibility and standardize the Los Angeles County Department of Health Services (DHS) procedures to be followed in the event the Online Real Time Centralized Health Information Database (ORCHID) is unavailable.
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DEFINITIONS:

Downtime: The period of time when ORCHID is unavailable for electronic documentation
- Downtime is either scheduled or unscheduled. The duration of the downtime defines the type of recovery process required when the system is returned to normal operation. The procedure will vary depending on downtime duration
  - SHORT DOWNTIME: duration less than one hour
  - MODERATE DOWNTIME: duration less than four hours
  - EXTENDED DOWNTIME: duration greater than four hours

- Scheduled Downtime: the system is not available for use due to scheduled maintenance:
  - Announced well before the scheduled downtime period
  - Approved by key IT and Operational team members

- Unscheduled Downtime: the system is unavailable for use due to an unplanned event that may occur at any time during the day or night and may involve all or part of the system application, network, or interfaces.

ORCHID: LA County Department of Health Service's electronic medical record system

Cerner: The software provider for ORCHID's platform

724 Access: Cerner's Downtime Solution designed to provide data during scheduled and unscheduled downtimes; minimizes workflow disruptions to clinicians and provides read-only access to clinical data quickly.

- 724 is a system that is locally available on designated computers in each clinical area to access a limited, near real time data set for each patient in the ORCHID system that will, minimally, provide 10 days back historical data and pull 4 days of future appointments. Devices are designated in the department for ease in identification. Clinicians use DTViewer to view data stored on local workstations.

Recovery: The process by which patient information documented during Downtime is entered into ORCHID once the system is back up.

Back entry: Manual entry of patient data, into ORCHID, that was documented on a paper source during a downtime.

POLICY:

All Department of Health Services workforce members who are authorized to use the electronic health record system (ORCHID) will comply with the standards established when the system is non-operational, planned or unplanned, to minimize interruptions to patient care and to maintain the integrity of the record.

PROCEDURES:

Clinical Department and Staff Preparation

1. Each staff member shall be aware of his or her responsibilities and the actions he or she should take if there is scheduled or unscheduled downtime. Downtime procedures will be part of the annual re-orientation of each workforce member who uses the system to perform his or her job.

2. Each area shall prepare a set of manual downtime forms to be stored on the unit for use when a manual chart must be assembled. There should be enough documentation forms for each bed on the unit and/or to accommodate normal patient volumes. Manual documentation packages shall be replenished following downtime.

3. Department Managers will be responsible for directing proper data recovery on their units in the event a downtime should occur.

4. Back entry of data must be completed within 24 hours of the system being returned to normal operation.

5. Each department will verify the functioning of the 724 Computer/Printer once a month. Verification includes logging into the system and verifying that the patient data displayed is current.

6. Inpatient Scheduled Downtime – prior to scheduled downtime, each unit will print the ORCHID downtime Medication Administration Record (MAR) from 724, patient labels, and specimen labels for specimen collections due during the scheduled downtime.

Initializing Downtime Procedures

1. The Enterprise Help Desk will communicate both scheduled and unscheduled downtime to all affected departments (see Downtime Communication Plan).

2. Each department will implement their downtime procedures in the event the system is unavailable.

Clinical Documentation during Downtime

1. The ORCHID Downtime Information sheet will be completed and placed in the patient chart.

2. New orders written during downtime will be handled in the following manner:
   a. Orders written by a licensed independent practitioner or verbal order taken from a licensed independent practitioner will be written on an order sheet in the patient's chart.
   b. A copy of the order sheet for medications will be sent to the pharmacy. Any nursing actions taken with regard to such an order (e.g. noting the start time of a medication) will be documented on the order sheet prior to being sent.
   c. Orders for laboratory and radiology that are needed "NOW" and in the immediate time frame (while the system is down) will be sent using the appropriate downtime requisition form.
   d. Orders for respiratory therapy or physical therapy will be called to the appropriate department.
   e. The Unit Clerk /designee will notify the patient's assigned nurse of the new order.

      1) Downtime requisitions for laboratory and radiology orders will be completed by the Unit Clerk/designee and must accompany the patient or the specimen to the appropriate department.

    f. The nurse will update the paper Kardex and other appropriate downtime forms, downtime chart report and/or paper MAR with the appropriate new order information.

3. The clinical staff will document patient care activities on the appropriate downtime forms. Additional forms may be used, as needed, to document special care activities.

4. Documentation of medication administration:

    a. Medications administered during downtime in the inpatient area will be documented on the downtime Medication Administration Record (MAR). Areas that do not use the electronic Medication Administration Record (eMAR), such as the clinics, will document on clinic/progress notes.

    b. If using downtime MAR, initiate printing of downtime MAR for each patient from 724 access system.

    c. The nurses will compare the contents of 724 order data and eMAR documentation printed from 724 to ensure that all of the provider's medication orders are accurately reflected on the paper MAR.

    d. Follow facility policy regarding documentation requirements for medication administration.

5. Patient results and prior documentation will be obtained through 724.

6. Results for stat orders or critical results for laboratory and radiology will be called / provided to the patient's care area.

    a. Critical results that are called to the nursing unit will be written on the downtime results form. Any notifications that are required as a result of a critical result must be addressed by phone or other facility approved methods of communication.

7. Downtime documentation will continue until the DHS Enterprise Help Desk has notified end users that the system is ready for use (see Communication Plan).

New Admissions during Downtime

Patients who are admitted during scheduled or unscheduled downtime will not have a downtime chart report available to use for documentation during the downtime.

1. Registration will complete a manual face sheet for each patient admitted during downtime.

2. The patient will be sent to the unit with the following documentation:

   a. The manual face sheet
   b. Patient labels and arm bands

3. If the Admission is generated by the nursing unit (in the case of a newborn, for example) the unit will call Bed Control or Nursing Supervisor to notify them of the new Admission.

4. The Unit Clerk/designee will create a downtime chart. Each document will be labeled, at a minimum, with the patient's name, sex, financial identification number (FIN), room and bed.

5. New documents will be added to the downtime chart as needed.

Discharging and Transferring Patients during Downtime

. Bed changes should be limited during downtime unless warranted by patient's condition.

Transferring a patient to a new unit

1. The transferring unit will call Bed Control or Nursing Supervisor/Patient Flow as appropriate and request a room and bed assignment.

2. Bed Control or Nursing Supervisor/Patient Flow will notify the transferring unit of the new room and bed assignment.

3. The transferring unit will contact the receiving unit and give the receiving unit a report on the patient's condition.

4. The transferring unit will move the patient to the receiving unit with all of the transferring unit's downtime documentation.

5. The receiving unit will be responsible for the appropriate recovery process.

Transferring a patient to the Operating Room (OR)

1. The transferring unit will contact the OR and give the OR a report on the patient's condition.

2. The transferring unit will send the patient's downtime documentation to the OR with the patient.

Transferring a patient from the Post Anesthesia Care Unit (PACU)

1. The PACU will call Bed Control or Nursing Supervisor/Flow and request a room and bed assignment.

2. Bed Control or Nursing Supervisor/Patient Flow will notify the transferring unit of the new room and bed assignment.

3. The PACU will contact the receiving unit and give a short report.

4. The PACU will transfer the patient and the downtime documentation to the receiving unit.

5. The receiving unit will create a downtime document set for the patient based on the unit's downtime procedures and the patient's documentation requirements.

Transferring a patient from the Emergency Department (ED)

1. The ED will call Bed Control or Nursing Supervisor/Patient Flow and request a room and bed assignment.

2. Bed control or Nursing Supervisor/Patient Flow will notify the ED of the new room and bed assignment.

3. The ED will contact the receiving unit and give a report.

4. The ED will transfer the patient and the downtime documentation to the receiving unit.

5. The receiving unit will create a downtime document set for the patient based on the unit's downtime procedures.

6. The receiving unit will be responsible for the appropriate recovery process.

Discharging a patient during downtime

1. The discharging unit will call Bed Control or the Nursing Supervisor/Patient Flow and notify them of the discharge.

2. The downtime documents will be added to the patient's chart and maintained on the patient's nursing unit until the recovery process is complete.

3. After the recovery process is complete the patient's chart, including downtime documentation, will be sent to the Health Information Management (HIM) department.

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4. If a patient is seen and discharged in the ED within the Downtime period, all information should be scanned in, except registration, visit information, discharge.

Recovery from Downtime

After a period of downtime (scheduled or unscheduled) the clinical departments will begin the recovery process. This process is used to update the ORCHID system with the information collected on various downtime forms while the system was unavailable.

The recovery process can begin as soon as the system is available. Patients who were admitted during the downtime may not be immediately available when the system is restored. These patients will become available when the Registration/Bed Control have completed the Admission/Discharge/Transfer (ADT) transactions.

Identifying the Appropriate Recovery Time Process

Once the system is available to the clinical departments, the recovery process will begin. The amount of information that will be entered into ORCHID will depend on the duration of the downtime, as follows:

Downtime Duration	Recovery Process
New Admissions	Regardless of the downtime level, information on new Admissions is entered into the ORCHID system for Admissions that occur during downtime per item #3 below.
Short to Moderate Downtime Recovery (system down less than four hours).	Clinical information and medications are entered into the ORCHID system. (Note items 4, 6, 8, 9 below)
Extended Downtime Recovery (system down greater than four hours).	Clinical information and medications are entered into the ORCHID system. (Note items 5, 6, 8, 9 below)

1. Once ORCHID has been restored, the downtime end time will be entered on the Downtime Information Sheet.

2. Documentation recovery must be completed within 24 hours of the system being restored.

3. Regardless of the amount of downtime experienced, the following information will be updated in ORCHID for any Admission that occurred during the downtime:

a. Nursing Admission history / advance directives

b. Fall risk assessment, pressure ulcer risk assessment

c. Plan of Care

d. History and Physical

e. Height, weight and most recent vital signs

f. Allergies

g. Resuscitation status order

h. Hold status

i. Pregnancy status

j. Lactation status

k. Isolation status

l. All ongoing orders

4. If the downtime was less than four hours, the following clinical information will be entered into ORCHID:

a. All vital signs

    In situations in which vital signs are being documented more frequently than every one hour, hourly vital signs may be entered and must include the last set of vital signs.

b. All intake and output

c. Point of care testing (POCT) results

5. If the downtime was greater than four hours, the following clinical information will be entered into ORCHID:

a. Most recent vital signs

b. All intake and output

6. Orders with the exception of Radiology and Laboratory order(s) completed during downtime will be back entered into ORCHID.

a. Pharmacy will back enter all medication orders.

b. Providers will back enter all ongoing non-medication orders.

7. All written Provider orders will be part of the permanent medical record.

8. All medications charted during downtime will be entered into ORCHID by the clinician who administered the medications whenever possible. If another clinician will be entering the medication into ORCHID, then the clinician who administered the medication will be documented in the "Performed by" box of the medication administration window.

9. When a medication, requiring a witness, is entered into ORCHID, the witness is a witness of transcription and not a witness of the independent double check. The original witnesses name should be entered into the comment section along with a note to refer to the downtime MAR.

10. Revenue generating departments will back enter all charges.

11. Narrative notes will be kept on paper for all levels of downtime and will not be reentered into the electronic record.

12. Paper documentation created during downtime will remain part of the permanent medical record.

Facility and Department-specific Downtime Procedures

Specific downtime procedures shall be developed and maintained for the following departments:
- Laboratory
- Registration
- Pharmacy
- Radiology
- Ancillaries
- Surgical Services

Departmental specific downtime procedures should include but are not limited to the following information:
- Designated staff responsibilities for down time
- Downtime forms to be utilized
- Designated area of downtime packages
- Staff education on downtime processes
- Data elements to be entered into the system once downtime is over
- Re-stock responsibility of downtime packages post downtime recovery