Policy Title/Number: Horizon Documentation System Downtime  CL 20-06.17


Categories: Documentation

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Review Responsibility: Clinical Practice Committee

Effective Date: NEW - May 2009

Team Members Performing:

- All faculty and staff
- X All faculty and staff providing direct patient care or contact
- MD
- RN
- LPN
- VUSN/VUSM students
- Other licensed staff (specify):
- Other non-licensed staff (specify):
- Not Applicable

Guidelines Applicable to:

X VUH
X VMG*
X VCH
X VPH
X VUSM
X VUSN
- Other (specify): ________________________________
- Exceptions (specify): ____________________________
- Not Applicable

* Includes satellite sites unless otherwise specified.

Specific Education Requirements: ______ Yes  X No  ______ Not Applicable

Physician Order Requirements: ______ Yes  X No  ______ Not Applicable
HORIZON DOCUMENTATION SYSTEM DOWNTIME

I. Outcome Goal:

To establish guidelines for safe, efficient, and consistent communication of nursing care, clinical documentation, and medications administered when electronic ordering/documentation systems are unavailable (e.g., Horizon Expert Documentation (HED), Horizon Expert Order (HEO/Wiz), and Admin-Rx™).

II. Policy:

Vanderbilt University Medical Center faculty and staff utilize paper-based processes when official Downtime of electronic ordering/documentation systems has been announced.

Downtime machines archive patient data on a scheduled basis and are strategically located throughout the Medical Center. In the event of catastrophic network failure, archived reports can be printed to assist with medication administration and patient care.

III. Specific Information:

A. Scheduled Downtime occurs for upgrades and maintenance to HEO and HED (includes Admin-Rx™ and Care Organizer). Scheduled downtime is requested and approved through the Change Management process so advance notice can be sent to allow staff to prepare for downtime.

B. Unscheduled Downtime occurs when unpredicted problems disable one or more applications within the Horizon Clinicals Infrastructure (HCI) [HEO, HED, HMM], the Medipac (ADT) system; and/or the Information Systems Network. Unscheduled downtime is called when a consensus is reached by the Help Desk Operator and on-call persons for these support teams: Pharmacy Support, Systems Support, HCI Operations, and HED Application Support.

C. HEO may be unavailable at the same time HED is unavailable or only one application may be down.

D. If HED is unavailable, Admin-Rx™ is also unavailable and downtime procedures will be followed for both. There may be times when HED is functioning but Admin-Rx™ is unavailable. In this case, follow downtime procedures for medication administration only.
E. Checkpoint is a nightly scheduled Downtime (0315-0330) affecting only HED with no associated change in workflow. The CPOE (Computerized Order Entry) system, HEO, does not go down for nightly maintenance.

F. In some circumstances, one or both Horizon Clinical applications may be available in some areas and not others. When this occurs, “localized downtime” may be implemented for areas experiencing problems.

G. Notify the Help Desk when unscheduled problems are encountered (e.g., unable to enter orders or document treatment and medications). If Downtime is called, Downtime kits on each unit provide information on what to do for that particular application downtime.

H. Patient Care always comes first so when it is not possible to enter orders into HEO/Wiz, the order is written on a Physician Order Sheet (POS) and given to the Medical Receptionist to process. If HED is down and care cannot be documented, the service can be provided and documented after the fact either on paper or in the system once the problem is resolved.

IV. Protocol:

The clinical documentation systems are composed of many elements, so failure of one or more of these components is possible. The response is tailored to the problem. See Web References for link to response summary.

V. Equipment/Supplies:

Downtime Kits are maintained by each unit. This kit includes:
A. Downtime Policies;
B. Laminated Downtime Checklist;
C. Physician Order Sheet (POS);
D. Flowsheets;
E. Medication Administration Records (MARs);
F. Downtime Requisitions;
G. Other unit-specific documents.
VI. Procedures for Horizon Downtime Documentation

A. Help Desk Personnel:

1. Calls VUH and VCH Operator and ask for supervisor to make an overhead announcement.

2. Sends downtime text page advising of beginning of DT to Unit managers and others as instructed.

3. Notifies Administrative Coordinator (AC) or Administrator on Call (AOC), and VPH Respond.

B. Systems Support Services On-Call Person:

Enters a message in StarPanel which includes:

1. Start date and time of downtime;

2. Electronic applications involved; and

3. Instruction to refer to downtime documents in the paper chart for complete documentation of orders and care given.

C. HED & Admin-Rx™ - Clinical staff

1. To prevent loss of data, do not use the HED application, even if it appears to be working.

2. MR/Charge Nurse retrieves downtime documents from the Downtime Kits (as listed in Section V above) and stamps each page with the patient’s addressograph and dates.

3. Use paper clinical documentation system.

4. Medications administered during downtime are documented on paper.

   a. Pharmacy Support on-call person initiates the MAR print when a downtime is called.

   b. Downtime MARs will automatically print to the designated printer before the start of or at the beginning of scheduled downtime.

   c. If unscheduled downtime occurs, Pharmacy decides on a case by case basis if and when to print downtime MARs.
For example if it is a short downtime, the system may be back up before MARS can be printed.

d. With Scheduled and Unscheduled Admin-Rx™ Downtime, the MARs will print to the following locations: VUH prints to the South tower with the exception of the 4NPL which prints to 4EST. VCH prints to the center pods. MCN prints to each unit with the exception of S3100 which prints to S3400. Each unit is responsible for picking up their MARs from the print location.

e. The Medical Receptionists or designee removes downtime MARs from the printer, sorts, and distributes to each patient’s chart

f. The downtime MAR should reflect the schedules that were present in Admin-Rx™ prior to the downtime. The RN must compare the downtime MAR with the eMAR in StarPanel to make sure that the times meds were last given correspond with the schedules printed/or written on the downtime MAR.

g. If schedule changes are necessary during downtime, the RN/Respiratory Therapist documents the changes on the downtime MAR.

h. All new, modified, and discontinued medication orders throughout the downtime are transcribed onto the downtime MARs by the Medical Receptionist or bedside RN (in some critical care locations).

i. The RN reviews the medication order transcription, initials each entry, and signs MAR.

j. The “5 Rights” of Medication administration (right patient, right drug, right dose, right route, and right time) are addressed manually.

k. Communication to the Pharmacy from nurses during downtime should be done via the HEO/Wiz “send message” function. Messages print in the units satellite Pharmacy.

l. When downtime extends across 0700:
i. Pharmacy Support automatically prints new downtime MARs before 6:30AM to the designated printer.

ii. The new downtime MAR is verified with the old MAR by the RN. The RN signs the new MAR indicating it is correct.

iii. If the downtime MARs print for the following day but downtime ends prior to 0700, the Medical Receptionist should retain the paper MAR in case of system instability. These paper MARs will not typically be updated during the day. These MARs will become inaccurate within 1-2 hrs and should be discarded.

D. HEO/Wiz Downtime (CPOE)

1. The Provider writes all orders (new, modified, or discontinued) on a patient addressographed physician order sheet and signs full signature, prints name and beeper# and dates/times.

2. The Registered nurse or ancillary staff: Also write telephone, verbal, protocol orders on a POS and signs full signature and title with data and time.

3. Each set of written orders requires a new POS. MRs will cross out any unused space on the POS prevents additional orders from being written on the same page of an already processed order sheet.

4. Physicians and unit staff must flag all written orders to alert MR/RN to process the orders.

5. Notification of written orders varies by unit, but MR or designee should make regular rounds during downtime checking charts to make sure no written orders are missed.

6. The Medical Receptionist or designee performs the following to process the written orders:
   a. Notifies each nurse of STAT orders.
   b. Tubes or faxes a copy of the written order (Pharmacy copy).
   c. Notifies the Pharmacy via the telephone of STAT medication orders.
   d. Calls/pages performing departments of orders as indicated.
   e. Codes actions done in the Codes column for each processed order.
f. Places the original copy of the Physician’s Order Sheet in the patient’s medical record as a permanent chart document.

g. Saves the unit copy of the Physician’s Order Sheet to use as a worksheet during downtime recovery.

E. Downtime and/or Code Requisition

1. The Downtime and/or Code Requisitions contain three sections:
   a. Top: For Main Lab. (Routine, STAT, & Codes.) Multiple tests can be requested with one requisition (e.g., Sodium, Potassium, Calcium).
   b. Middle: For Ancillary Departments except Lab, Nursing, and Pharmacy. In this section, Requested Order(s) and Reason/History should be completed before the requisition is sent to or picked up by the performing department.
   c. Bottom: Blood Bank. Check the box for blood products to be reserved or transfused. Reason/History/Diagnosis is required when blood products are ordered. To the right of the blood bank section, a "Send Message" box serves as the CPOE send message function. When staff needs a unit/dose sent, enter the amount needed to alert the Blood Bank to tube the product.

2. The person collecting a lab specimen will complete the collection information on the laboratory requisition.

3. Each lab test occurrence requires a separate requisition.

4. The MR or designee will stamp a requisition(s) with the patient's addressograph card.

5. Each department performing a test requires an individual requisition. Multiple tests may be indicated on one requisition, if the same department performs the tests.

6. Send the entire requisition to the performing department or placed in a designated pick-up box on the unit.

7. Print requisitions from the e-Docs web site and make copies as needed. Units/areas should retain at least one copy in downtime kit and have access to a copier in the event that the network is down and requisitions cannot be printed.
F. ADT Downtime Affects HCI

1. HEO/Wiz may be taken down when ADT is down.

2. Pharmacy will enter written medications into Horizon Meds Manager (HMM) system for patients who were in the ADT system at the beginning of ADT downtime.

3. The sending unit will notify Pharmacy when transferring a patient to a new location during the downtime. The Pharmacy will transfer the patient in HMM and the Accudose system upon notification.

4. Patient care and Medications administered can be documented in HED and Admin-Rx™ during ADT downtime if the patient was in the ADT system prior to downtime. For patients admitted after ADT downtime began, documentation if care and medications administered are done on paper.

VII. Recovery from HEO/Wiz and HED/ Admin-Rx™ Downtimes

A. Help Desk personnel announce the end of downtime using overhead announcements and text pages per protocol.

B. Systems Support Services on call person update the downtime alert message in StarPanel with the date/time of the downtime (message will remain for 48 hours).

C. Clinical Staff follow these steps for Downtime Recovery:

1. HED Recovery specific:
   a. Document downtime start/end date(s)/times in HED under Assessment/ Interventions. The StarPanel alert message displays the actual start and end date/time for reference.
   b. Enters the Intake and Output totals into HED.

2. Admin-Rx™ Recovery specific
   a. Carefully check downtime MARs against the medication schedules in Care Organizer and Admin-Rx™.
   b. Confirms New/modified orders against the Physician Order Sheet (written or computer generated).
c. Sends Messages to Pharmacy via Care Organizer for required schedule changes. RN should make every effort to stagger schedule times whenever possible to reduce schedule changes.

d. If medication schedules display as overdue but the medication was administered during downtime and charted on the downtime MAR, the RN must address the dose in Admin-Rx™ as “Not Given – see MAR” for the overdue to disappear.

3. HEO/Wiz Recovery specific:

a. Pharmacy enters all written medication orders into CPOE system. One time orders completed during the downtime will not be entered.

b. If there is a question about a medication order that does not appear in the system following downtime, call the Pharmacy to avoid duplication.

c. Unit Staff enter ongoing, non-pharmacy written orders in the CPOE system selecting written order type.

d. If an order has multiple occurrences, only the incomplete occurrences should be entered (e.g., laboratory tests scheduled at a future date or time).

e. Orders entered in CPOE from a signed written physician’s order do not require a physician's counter-signature.

f. Place original copies of written orders in the patient’s chart as a permanent record. Shred unused copies.

VIII. Web References:

CL 30-05.16 Clinical Documentation: Inpatient Electronic

IX. **Endorsement**

Children’s Clinical Policy and Practice Committee – April 2009

Clinical Practice Committee – April 2009

X. **Approval**

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