

Site Applicability

All C&W areas which are live with CST:

(Areas in upcoming waves/implementation cycles will continue to use their existing pre-CST downtime procedures until their CST go-live.)

Practice Level/Competencies

The clinical professionals and staff who will enact this procedure CW#abc (CW Procedure - CST Downtime re Inpt, ED & Clinical Doc):

- Nurse
- Unit Coordinators/CNCs
- Technician
- Allied Health
- Providers
- Reg/Sched & Nursing Unit Clerical

This procedure also makes reference to procedure CW#xxx, (CW Procedure – CST Downtime Reg-Sched for Ambulatory Areas) – the staff who will enact that procedure are:

- Clinic Reg/Sched Clerk or MOA

Equipment & Supplies

Each inpatient area is responsible for creating and maintaining at least 1 grey binder called the CST Downtime Toolkit, which will contain:

- CW Procedure – CST Downtime for Ambulatory Areas
- CW Procedure – CST Downtime for Inpt, ED and Clinical Documentation (contains the downtime clinical documentation process Ambulatory would use, including required data recovery procedures)
- 724 Application
 - Quick Reference Guide – see CST Cerner Help [724 Downtime Quick Reference Guide](#)
 - 724 Data Check Procedure – See CST Cerner Help [724 Data Check Procedure](#)
- Power Plans (only for those processes that will be needed during downtime. Note – these are intended as guides, a reminder of the steps to be undertaken. They are not to be written on during downtime. Providers are instructed to create separate orders The PowerPlans are located at:
<https://your.healthbc.org/sites/CSTCernerOrderSetRepositoryDowntime/layouts/15/start.aspx#/SitePages/Home.aspx>
- Downtime Forms:
 - The Downtime forms list – CST provides a generic list. Each specialty area supplements this list with specific additional forms required to document patient care during downtime. This list includes:
 - Downtime Registration Forms (For clinics that potentially transfer patients to inpatient areas, the Downtime Registration Patient Tracker form is used. For example, OncHemBMT and Interventional Radiology need this form to track patients that are admitted to inpatient units during downtime).
 - Downtime Clinical Documentation
 - Downtime Orders
 - PowerPlans
 - Downtime Lab Requisitions (campus will use existing forms, including those for TML)

- Downtime MI Requisitions (campus will use existing forms)
- Blank label sheets - Grand & Toy White Mailing Laser Labels – Product#: 99180 if the CST Downtime Facesheet and Label generator is used; otherwise office labels at the site's discretion
- Blank facesheets (included in Downtime Registration Forms)
- **Downtime Registration Procedures**
 - [Registration During Downtime - Inpatients Residential Tenants](#)
 - [Registration During Downtime - ED](#)
 - [Registration Recovery - Newborns](#)
- **Registration Recovery Procedures**
 - [Registration Recovery - Newborns](#)
 - [Registration Recovery – Use of Downtime Add Person Conversation](#)
 - [Registration Recovery – Use of Downtime Add Encounter Conversation](#)

Note

- The CST Downtime Toolkit must be kept up to date by each inpatient area.
- Larger areas (such as EDs and Perioperative) will likely create more than 1 downtime toolkit.
- Clinics can add an Appendix to this document to track the specific forms that need to be included in their CST Downtime Toolkit.

Procedure/Protocol/Algorithm

This is a procedure document which:

- Recommends a checklist of activities to prepare for downtime
- Provides instructions for assembling and maintaining the CST Downtime Toolkit
- Outlines procedures for:
 - Downtime Registration and Recovery – for all areas except Ambulatory, which has its' own procedure CW#xxx, (CW Procedure – CST Downtime Reg-Sched for Ambulatory Areas) for this work.
 - Clinical Operations and documentation during downtime.
 - Recovery post downtime.
- Provides a checklist of activities for ensuring the 724Access® Downtime Viewer and 724 Computers are functional during downtime.

Procedure – During Downtime

Downtime Registration – Management of Downtime MRNs and Encounter Numbers

- During a CST Cerner downtime, registration/scheduling staff refer to 724 Access Downtime Viewer® to check for an existing relevant MRN/Encounter Number for that particular patient and visit. If an existing MRN and/or Encounter Number is not found (for example, a walk-in visit for a brand new patient occurs during downtime)
- All CST sites are required to assign a unique downtime MRN and/or encounter number from a list provided to a subset of registration areas. These numbers are printed sheets that are stored in the CST Downtime

Toolkit. This downtime MRN and Encounter Number is then entered back into the system during downtime recovery once CST Cerner comes back up.

- Downtime numbers are not provided to individual clinics because the majority of appointments are pre-booked, with unscheduled walk-in visits relatively rare in most cases.
- Downtime numbers are also not provided to the majority of inpatient units since registration occurs in emergency settings (BCW UCC, BCH ED), or in Bed booking.

Below is a list of areas where downtime MRNs/Encounter Numbers will be available for BCH and BCW (Inpatient and Ambulatory Clinics)

- **BCH Bed booking:** Bed booking will support BCH inpatient units and ambulatory areas that need downtime MRNs/Encounter Numbers between 7am~11pm. After hours, these areas are to contact BCH ED.
- **BCH Emergency:** ED Registration will support BCH inpatient units and ambulatory areas that need downtime MRNs/Encounter Numbers after hours (11pm ~ 7am).
- **BCW UCC Reg:** UCC Registration will support BCW inpatient units and ambulatory clinics that need downtime MRNs/Encounter Numbers.
- **BCH Medical Imaging:** Assigns Downtime MRNs/Encounter Numbers for new patients that present during downtime and do not have CST numbers. They also complete downtime registration for Interventional Radiology.
- **BCH Laboratory:** Assigns Downtime MRNs/Encounter Numbers for new patients that present during downtime and do not have CST numbers.

For clarification:

- **Cardiac diagnostic clinics** – contact BCH Bed booking for downtime numbers.
- **BCW Gynecology Surgery** – BCW UCC will provide downtime numbers. If the patient presents to surgery and is not pre-scheduled, Gynecology Surgery is to call BCW UCC for downtime numbers.
- **NICU direct admits** - BCW UCC will provide downtime numbers.
- **PICU direct admits** - Bed booking / BCH ED will provide downtime numbers as per above.
- **L&D direct admits** - UCC Registration Clerk completes direct admit. If WH Quick Reg is required, completed by Unit Clerk/Nurse as required. UCC Registration Clerk completes full registration.
- **Oncology and Renal** - Bed booking will provide downtime numbers.
- **Ambulatory clinics** associated with Sunnyhill / BCCH - Bed booking / BCC ED will provide downtime numbers. But all **Maternity related ambulatory clinics** will acquire downtime numbers from BCW UCC.

Registration during Downtime – Inpatient Units

During a CST Cerner downtime (planned or unplanned) refer to the downtime policy and procedure document stored in the downtime toolkit/code grey box in your area for complete procedures to follow during downtime. This document is also available on the **Cerner 724** workstations. Every staff member should familiarize themselves with the location of the CST Downtime Toolkit and procedures to follow during downtime.

In case of a **planned downtime**, Service Desk/IMITs will notify all areas in advance of a scheduled downtime. Staff should review downtime policy and procedure before the downtime starts.

1. All registration, admission, transfer and discharge activity that occurs over the course of a downtime must be recorded on the **Downtime Registration/ADT Activity Log** kept in each unit/area.
2. Check for an existing pre-registration for the patient in **Cerner 724** system (refer to the [Downtime Help Topics](#) for detailed steps). If an existing pre-registration is found, use the MRN and encounter number from the pre-registered encounter.
3. If person is not found in **Cerner 724** system, search for the patient in HealthNet and check if the patient has an existing CST Cerner/Cerner MRN (Refer to the [Look up Person's MRN using HealthNet](#) help topic located on 724 workstations for detailed steps).
4. **If no existing MRN is found** for patient, assign a new MRN from the **List of CST/Cerner Downtime Medical Record Numbers (MRNs)** stored in the Code Grey box in Emergency Department, Central Registration and Maternity. Fill the patient's information next to the MRN assigned and include your name in the 'Assigned by' column.
Assign an encounter number from the **List of CST/Cerner Downtime Encounter numbers** stored in the CST Downtime Toolkit in Emergency Department, Central Registration and Maternity. Fill the patient's information next to the encounter number assigned and include your name in the 'Assigned by' column.



NOTE: When CST Cerner/Cerner is experiencing a downtime, other applications that Cerner communicates with may still be available and in use. Before assigning a downtime MRN, check for patient's record in **Cerner 724** system and/or HealthNet or CareConnect. If a patient has a Cerner MRN use the existing MRN and **DO NOT** assign a new MRN.

5. Use the **CST Downtime Label & Facesheet Generator** program located on the 724 workstation to enter patient information and print label sheets for the patient. Band the patient. Place the label sheet(s) in the patient chart.

Information on Labels: Patient name, DOB, MRN, PHN, Gender, Encounter number

For **Newborn armband label**, use the label stock available in code grey box in maternity unit to handwrite the newborn information and mother's name and MRN on the label. Band the newborn.

6. Obtain a **Downtime Registration Patient Tracker** from the code grey box and apply a patient label to it. Place it in the patient chart. This tracker is to be used to record all patient specific registration activity, for example, admission, transfer, LOA, discharge, provider changes, encounter type changes, service changes etc. during downtime.
7. For full registration, use the **CST Downtime Label & Facesheet Generator** program located on the 724 workstation to enter complete patient information and print the **Downtime Patient Facesheet**. Photocopy the facesheet; one is kept in the patient chart, copy is provided to the clerk for data-recovery post downtime.



NOTE: After printing labels and facesheet, 'Clear' the patient information from the **CST Downtime Label & Facesheet Generator** program. **DO NOT** save patient information on the 724 workstation.

- If applicable, obtain the **Accident Related Information form** from the code grey box and complete the form.
- Complete any other paper forms, as applicable. For example, 'Governing Law & Jurisdiction Agreement', 'Request for Private & Semi Private Accommodation' etc.

Registration during Downtime – Emergency Departments

During a CST Cerner downtime (planned or unplanned) refer to the downtime policy and procedure document stored in the downtime toolkit/code grey box in your area for complete procedures to follow during downtime. This document is also available on the **Cerner 724** workstations. Every staff member should familiarize themselves with the location of the downtime toolkit/code grey box and procedures to follow during downtime.

In case of a **planned downtime**, Service Desk/IMITs will notify all areas in advance of a scheduled downtime. Staff should review downtime policy and procedure before the downtime starts.

- All arrivals to the emergency department over the course of a downtime must be recorded in the **Downtime ED Quick Reg Log**.
- Search for the patient in HealthNet and check if the patient has an existing CST Cerner **MRN** (Refer to the [Look up Person's MRN using HealthNet](#) help topic located on 724 workstations for detailed steps).
- If an existing MRN is found for the patient, use the existing MRN.

If no existing MRN is found for patient, assign a new MRN from the **List of CST/Cerner Downtime Medical Record Numbers (MRNs)** stored in the code grey box in Emergency Department. Fill the patient's information next to the MRN assigned and include your name in the 'Assigned by' column.

- Assign an encounter number from the **List of CST/Cerner Downtime Encounter numbers** stored in the code grey box in Emergency Department. Fill the patient's information next to the encounter number assigned and include your name in the 'Assigned by' column.
- Use the **CST Downtime Label & Facesheet Generator** program located on the 724 workstation to enter patient information and print label sheets for the patient. Band the patient. Place the label sheet(s) in the patient chart.
Information on Labels: Patient name, DOB, MRN, PHN, Gender, Encounter number
- Obtain a **Downtime Registration Patient Tracker** from the code grey box and apply a patient label to it. Place it in the patient chart. This tracker is to be used to record all patient specific registration activity, for example, admission, transfer, LOA, discharge, provider changes, encounter type changes, service changes etc. during downtime.
- For full registration, use the **CST Downtime Label & Facesheet Generator** program located on the 724 workstation to enter patient information and print the **Downtime Patient Facesheet**. Photocopy the facesheet; one is kept in the patient chart, copy is provided to the clerk for data-recovery post downtime.



NOTE: After printing labels and facesheet, 'Clear' the patient information from the **CST Downtime Label & Facesheet Generator** program. **DO NOT** save patient information on the 724 workstation.

8. If applicable, obtain the 'Accident Related Information form' from the code grey box and complete the form.
9. Complete any other paper forms, as applicable. For example, 'Governing Law & Jurisdiction Agreement' etc.

Registration during downtime – Newborn

For newborns born during a CST Cerner downtime, if the mother and baby are getting discharged during downtime do not request a newborn PHN using HealthNet. Wait until the system comes back up again, and one will be assigned through EMPI distribution.



NOTE: Stillborns will not be assigned a downtime MRN or encounter number. Stillborn registrations will be done after system is back up.

Clinical Documentation

General Instructions:


- Master copies of documentation tools are in the CST Downtime Toolkit, Copy only as needed when there is a planned downtime or an unplanned downtime occurs.
- Downtime documentation is kept in the CST Downtime Toolkit and kept up to date by the clinical areas. ~~(Nov 26 – this may change if a site-wide downtime coordinator is put in place.)~~
- Label all paper documentation used with a patient label or manually write patient's full name, MRN, and Encounter number.
- Patient Labels - In the event of a scheduled downtime, Cerner labels can be printed ahead of time (in addition to the recommended minimum maintained in the Chartlet). In the event of an unscheduled downtime, use the *CST Label and Facesheet.xls* program available on the 724Access Viewer workstation Downtime Folder to print the client labels required.
- Place all paper documentation in the patient Chartlet.
- For instructions on using the 724 Downtime Viewer, refer to the 724 Downtime Viewer Quick Reference Guide in the toolkit or on SHOP.

#	Documentation Type	During Downtime - Instructions	Role/ Responsibility
1	Provider Orders See Orders Management Policy and Medication Order Requirements policy for more information	<ul style="list-style-type: none"> • Use the PowerPlans (where relevant) as a guide and/or blank preprinted orders available in the downtime toolkit on your unit to document orders. • Fax all new orders and any new allergy information (updates and new patients) to pharmacy • New medication orders are transcribed to the printed downtime MAR (from 724 or available in the downtime toolkit) • Complete BPMH using paper downtime tools if applicable 	Nurse and Provider Nurse/ Unit Coordinator

2	Diet Orders	<ul style="list-style-type: none"> Communicate any new or changed dietary orders to nutrition services using the <i>Downtime Diet Order and Communication</i> form available in the downtime toolkit. In Long Term Care/Tertiary Mental Health sites: phone the kitchen 	Nurse/ Unit Coordinator
3	Lab orders	<ul style="list-style-type: none"> Copy and complete the appropriate lab requisition from the downtime toolkit and send or take to lab (pneumatic tube/in person) ** Exception ED – call lab for urgent or STAT orders In Long Term Care/Tertiary Mental Health sites: Complete lab orders in Cerner after the downtime has ended if routine. For urgent bloodwork (today/tomorrow morning) complete downtime requisition and call lab. 	
4	Transfusion medicine (Acute Care)	<ul style="list-style-type: none"> Copy and complete the <i>Transfusion Medicine Requisition</i> (LA080) from the downtime toolkit. Fax, tube or hand-deliver requisition to Transfusion Medicine/ Lab (MSJ). If product is required STAT – call the Transfusion Medicine Laboratory (SPH 68003, MSJ 78208) For pick-up of product already ordered provide completed blood product request form from the downtime toolkit to the Transfusion Medicine Lab. 	
5	Medical Imaging orders (x-ray, ultrasound, CT, MRI)	<ul style="list-style-type: none"> Copy and complete the requisition from the downtime toolkit. Fax or tube to the appropriate department. In Long Term Care/Tertiary Mental Health sites: Complete medical imaging orders in Cerner after the downtime has ended 	
6	Medication Administration	<ul style="list-style-type: none"> Print the “Medication Orders (Current)” from the 724Access Downtime Viewer. Document medications administered during the downtime on this print out, or if there is insufficient room use the blank paper MAR from the downtime toolkit. Document any new medications ordered during the downtime on the downtime MAR or the paper MAR from the downtime toolkit 	Nurse/ Unit Coordinator (printing and transcribing)
7	General Documentation	<ul style="list-style-type: none"> All other documentation is completed on the unit/program/discipline specific downtime documentation tools or the Interdisciplinary Notes as per College and Organizational requirements 	Nurse/ Allied Health/ Provider

Procedure – Following Downtime

Registration Recovery Procedures

	<p>NOTE:</p> <p>Once the system is restored, all client activity must be entered into the registration system retrospectively using the Downtime Conversation in Cerner. All transactions that occurred during downtime (e.g. Admissions, Transfers, Discharges) must be entered in sequence and back dated/timed to ensure the timing of transaction matches with what was recorded on the Downtime Registration Patient Tracker in the patient chart and Downtime Registration/ADT Activity Log kept on the units/departments.</p> <p>DO NOT use normal conversations for back entry of new registrations done during downtime as doing so will result in the assignment of a duplicate MRN and therefore a duplicate patient/client record. USE THE DOWNTIME CONVERSATIONS to enter registration information back into Cerner for all new MRNs & encounters assigned during downtime.</p> <ul style="list-style-type: none"> • See Downtime Conversations instructions in CST Cerner Help <ul style="list-style-type: none"> ○ Registration Recovery - Newborns ○ Registration Recovery – Use of Downtime Add Person Conversation ○ Registration Recovery – Use of Downtime Add Encounter Conversation
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Registration Recovery – Inpatient Units

#	Item	Following Downtime – Registration Recovery - Instructions	Role/ Responsibility
1	Ambulatory Exclusion	The below registration recovery instructions apply to all areas except Ambulatory , which uses CW#xxx, (CW Procedure – CST Downtime Reg-Sched for Ambulatory Areas)	
2	If downtime MRN was assigned to patient/client (new admissions)	<ul style="list-style-type: none"> • Add patient to Cerner using the “<i>Downtime Add Person</i>” Conversation. Manually enter the downtime MRN. • Note: this step needs to be completed before using the “<i>Downtime Add Encounter</i>” Conversation. • If a duplicate MRN is found for a patient, continue to register the patient using the downtime MRN and inform the Data Quality Team that a merge needs to occur. Email: CRIS@providencehealth.bc.ca 	Clerk /Unit Coordinator
3	Patient/Client Encounters (new admissions)	<ul style="list-style-type: none"> • Enter encounter into Cerner using the “<i>Downtime Add Encounter</i>” Conversation • Manually enter the downtime encounter number. Back date/time the registration date/time as captured on the Downtime Registration/ADT Activity log. 	Clerk /Unit Coordinator
4	Labels / Facesheets	<ul style="list-style-type: none"> • Print and replace labels, as needed. Re-print face sheet, as needed. 	Clerk /Unit Coordinator
5.	Keeping a stock of downtime MRNs and	<ul style="list-style-type: none"> • If the department requires additional downtime MRNs and Encounter Numbers, contact the CST Support Line at: 1-844-214-7444 during weekday business hours. It is the 	

	Encounter Numbers	responsibility of the department to ensure sufficient inventory of downtime MRNs and Encounter Numbers in the Downtime Toolkit. For urgent inpatient admissions, BCH inpatient units need to contact BCH Bed Booking for downtime numbers. BCW inpatient registration is processed by BCW UCC.	
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Registration Recovery - Emergency Department

#	Workflow Step	Downtime Action	Role Responsible
1.	If Downtime MRN was assigned to Patient/Client	<ul style="list-style-type: none"> Add patient to Cerner using the “<i>Downtime Add Person</i>” Conversation. Manually enter the downtime MRN. Note: This step must be completed PRIOR to using the ‘Downtime ED Quick Registration’ Conversation (Step 2) If a duplicate MRN is found for a patient, continue to register the patient using the downtime MRN and inform the Data Quality Team that a merge needs to occur. Email: CRIS@providencehealth.bc.ca 	ED Reg Clerk
2.	Entry of Emergency Encounters	<ul style="list-style-type: none"> Enter Emergency Encounters into the system using the ‘Downtime ED Quick Reg’ conversation. Manually enter the downtime Encounter number. Back date/time the arrival date/time as captured on the ‘Downtime ED Quick Reg Log’. Note: Do not use the Downtime Add Encounter conversation to create downtime emergency encounters. 	ED Reg Clerk
3.	Full Registration	<ul style="list-style-type: none"> Use the ‘ED Modify’ conversation to enter the full registration information into the system after the encounter is added as above. 	ED Reg Clerk
4.	Tracking (Registration)	<ul style="list-style-type: none"> Use the Downtime Registration Patient Tracker to back enter all Admission/Transfer/Discharge/Provider Changes/Service Changes/Encounter Type Changes. Note: If a patient is transferred to another service or unit, please inform the patient’s current location after the Patient Status Order is completed (e.g. order to admit to inpatient) to complete a bed transfer to the appropriate unit. 	ED Reg Clerk
5.	Labels and Facesheet	<ul style="list-style-type: none"> Print and replace labels on patient armband, as needed. Re-print the Facesheet, as needed. 	ED Reg Clerk

Recovery – Newborn Registrations

#	Workflow Step	Downtime Action	Role Responsible
1.	Entry of MRN & Encounter	<ul style="list-style-type: none"> Use the ‘Downtime Newborn Quick Reg’ conversation to add the newborn encounter into Cerner. Manually enter the downtime MRN and encounter number. 	OB Clerk

#	Workflow Step	Downtime Action	Role Responsible
		<ul style="list-style-type: none"> If a PHN was requested through HealthNet: Enter the PHN in the 'Downtime Newborn Quick Reg' Conversation in BC PHN field. If a PHN was NOT requested: Leave the BC PHN field blank in the conversation. PHN will auto-populate in 'Newborn Modify' conversation in Step 2. 	
2.	Full Registration of the Newborn	<ul style="list-style-type: none"> Use the 'Newborn Modify' Conversation to fully register the newborn. PHN will populate from EMPI (if it was left blank in step 1). Print 'Newborn PHN letter' and give it to family. 	OB Clerk
3.	Tracking	<ul style="list-style-type: none"> Use the Downtime Registration Patient Tracker to back enter all Admission/Transfer/Discharge/Provider Changes/Service Changes/Encounter Type Changes. Note: If the newborn is transferred to another service or unit, please inform the newborn's current location that the encounter is now available. 	OB Clerk
4.	Labels and Facesheet	<ul style="list-style-type: none"> Print and replace label on the newborn armband. Re-print facesheet, as needed. 	OB Clerk

	<p>NOTE: If the downtime MRN and/or encounter number has already been assigned to a different patient/client, select the next available downtime MRN and/or encounter number and notify all affected downstream areas, e.g. Lab, Medical Imaging, Pharmacy. Replace all documentations and labels with the newly assigned downtime number(s).</p> <p>Attending provider changes, Service changes, and Encounter Type changes must be entered into the system using the normal steps. Date/time of these transactions cannot be modified, hence the last Attending Provider, Medical Service and Encounter Type must be captured.</p>
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Nurses/Allied Health/Clinicians/Providers – Recovery Procedures:

All documentation completed on paper during the downtime becomes a part of the patient health record. For inpatients, after discharge the paper documentation will be scanned to the health record. For clinics, scanning is completed as per clinic usual processes, paper records are maintained in the clinic and when patient is discharged the chart is returned to medical records as per HIM standards.

Once Cerner is re-established and the downtime has ended some information will need to be entered into the patient's health record to aid continuing electronic documentation and seamless patient care.

Consider before back entry:

- Error potential when transcribing information
- College requirements for documentation and documentation of care provided by others

#	Item	Following Downtime – Review for Addition to Electronic Health Record:	Role/Responsibility
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1	Update Chart	Height and weight if measured during downtime. This is necessary for medication orders.	Nurse /Allied Health /Clinician /Provider
2	Update Chart	Allergy Intolerance status – new or changes	Nurse /Allied Health /Clinician /Provider
3	Update Chart	Any new process alerts (falls, violence, infection control, DNAR etc.)	Nurse /Allied Health /Clinician /Provider
4	Update Chart	Last set of vital signs (VS) taken during the downtime (use clinical judgement to determine if more than one set of VS should be entered)	Nurse / /Clinician /Provider
5	Update Chart	If fluid balance is being monitored, add total in and out measured during downtime	Nurse / /Clinician /Provider
6	Update Chart	New admission Best Possible Medication History (BPMH) – required for completion of admission or discharge medication reconciliation.	Nurse / /Clinician /Provider
7	Update Chart	Diet/feeding orders with most recent order from paper chart.	Nurse / Allied Health / Clinician / Provider
8	Update Chart	Update eMAR: <ul style="list-style-type: none"> a) For all medications administered during downtime, click “given” and in the comment field enter "Downtime from [start] hours to [end] hours, see paper MAR" and/or add relevant time as administered (e.g. PRN medications) b) For all active medications NOT administered during downtime, click “not given” and in the comment field enter "Downtime from [start] hours to [end] hours, see paper MAR" and a reason why not administered. c) Reconcile tasks fired for medication administration due during downtime d) Reconcile tasks fired for medication ordered during downtime and newly added to Cerner by pharmacy (also see step a) 	Nurse / /Clinician /Provider
8	PATIENT CARE Orders or PowerPlans (not orders for	<ul style="list-style-type: none"> • Back enter all current / future orders (orders that affect future care) that are on-going after downtime, except those that have been faxed/tubed to a receiving department (e.g. consults). 	Nurse/ Provider

	medications – for medication see Pharmacy section)	<ul style="list-style-type: none"> Do not back enter any orders that have been completed in their entirety during downtime. Medications ordered during downtime will be entered by Pharmacy 	
9	Diagnostic Test Orders – LAB	<ul style="list-style-type: none"> Enter into Cerner any lab orders for ongoing laboratory tests only if the requisition was not sent to the lab (e.g. Twice weekly TPN bloodwork), orders in Long Term Care /Tertiary Mental Health Do not enter orders for lab tests for which the requisition has been sent. They will be managed by the lab 	Nurse
	Diagnostic Test Orders – MEDICAL IMAGING	<ul style="list-style-type: none"> Enter into Cerner diagnostic imaging orders that have not been sent to the department via paper requisition, orders in Long Term Care/Tertiary Mental Health Do not back enter medical imaging orders for which the requisition has been sent. They will be managed by the department. 	Nurse

Pharmacy, Ambulatory, and Emergency Dept

Pharmacist Recovery Procedures

#	Item	Following Downtime – Review and Add to Electronic Health Record:	Role/ Responsibility
1	MEDICATION Orders	Medications reviewed and reconciled and any new ongoing orders are entered into Cerner.	Pharmacist <i>For detailed pharmacy procedures, see pharmacy policies and guidelines</i>

Ambulatory Care Steps:

#	Item	Ambulatory – Downtime Process	Role/ Responsibility
1	Ambulatory Registration /Scheduling recovery	<ul style="list-style-type: none"> See CW#xxx (CW Procedure – CST Downtime for Reg-Sched for Ambulatory Areas). 	Reg /Sched Clerk
2	Clinical Information	<ul style="list-style-type: none"> Back enter into the Electronic Health Record any information required for associated systems (downstream information e.g. Cardiac Services BC CVI Source system) as per program/area protocols. 	Nurse /Allied Health /Clinician /Provider

Emergency Department:

#	Situation	Emergency Dept – Downtime Process	Role/ Responsibility
1	Patient admitted before downtime occurs and discharged during downtime	<ul style="list-style-type: none"> • During Downtime: <ul style="list-style-type: none"> ○ Document care on paper and downtime forms as needed. • Recovery After Downtime: <ul style="list-style-type: none"> ○ Enter discharge into Cerner. ○ Send all documentation on paper to HIM for scanning. 	<p>Nurse /Allied Health /Clinician /Provider</p> <p>Reg /Sched /ED Clerk</p>
2	Patient admitted and discharged during downtime	<ul style="list-style-type: none"> • During Downtime: <ul style="list-style-type: none"> ○ Document care on paper and downtime forms as needed. • Recovery After Downtime: <ul style="list-style-type: none"> ○ Enter admission and discharge into Cerner. ○ Send all documentation on paper to HIM for scanning. 	<p>Nurse /Allied Health /Clinician /Provider</p> <p>Reg /Sched /ED Clerk</p>
3	Patient admitted before downtime occurs, still in ED after downtime ends	<ul style="list-style-type: none"> • During Downtime: <ul style="list-style-type: none"> ○ Document care on paper and downtime forms as needed. • Recovery After Downtime: <ul style="list-style-type: none"> ○ Enter discharge into Cerner. ○ Send all documentation on paper to HIM for scanning. ○ Follow the above “Review and Add to Electronic Health Record” section. 	<p>Nurse /Allied Health /Clinician /Provider</p> <p>Reg /Sched /ED Clerk</p> <p>Nurse /Allied Health /Clinician /Provider</p>

724 Data Check:

- All 724 computers should have regular data checks to ensure the 724 data is current in the event of a downtime.
- The 724 data check procedure can be found at: [here](#).
- The data check should be done weekly, to ensure current data is loaded on the 724 computers in case of UNPLANNED downtimes.
- For PLANNED downtimes, a data check should be done 2-3 days before the downtime.
- If the data is not current, call Service Desk who will triage to CST Integrated Technologies.

Patient & Family Engagement/Education

N/A.

References

College of Physical Therapists of British Columbia (2018). *Practice standard number 8: Documentation and Record Keeping*. Retrieved January 28 2020 from <http://cptbc.org/wp-content/uploads/2014/04/Practice-Standard-1-Clinical-Records.pdf>

College of Nursing Professionals of British Columbia: Documentation Practice Standard Publication 334 (September 2019). Canada, British Columbia. Available from https://www.bccnp.ca/Standards/all_nurses/harmonized/Pages/Default.aspx

Definitions

Planned Downtime

- Occurs at a scheduled time to minimize impact to patient care.
- Scheduled to complete system maintenance or upgrades.

Unplanned Downtime

- Occurs unexpectedly.
- Length is unknown and dependent on the time required to identify and remediate the cause.
- Results from hardware failure, power outage, or network outage.

Appendix A: Related Documents and Training

Related Documents

- [Registration During Downtime - Inpatients Residential Tenants](#)
- [Registration During Downtime - ED](#)
- [Registration Recovery - Newborns](#)
- [Registration Recovery – Use of Downtime Add Person Conversation](#)
- [Registration Recovery – Use of Downtime Add Encounter Conversation](#)
- [724 Downtime User Guide](#)
- [724 Downtime Quick Reference Guide](#)
- [724 Data Check Procedure](#)

Training Available

- [CST Cerner - Registration: Downtime](#) Course Id: 23021
- [724Access Downtime Viewer](#) Course id: 23890

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
19-Jan-2022	CW Procedure – CST Downtime re Inpt, ED & Clinical Documentation	Karin Eyres added downtime registration and recovery procedures and CST Registration reviewed these procedure and provided content.

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