I. POLICY:

To have a process in place to provide safe patient care delivery during planned and unplanned computer systems downtime.

Staff is educated on the downtime policy via the hospital’s e-learning platform with an attached attestation confirming staffs participation.

This includes the following McKesson applications: Horizon Emergency Care (HEC), Horizon Expert Orders (HEO), Horizon Health Summary (HHS), Horizon Expert Documentation (HED), Horizon Surgical Management (HSM), Horizon Medication Management (HMM), Admin. Rx. and Horizon Ambulatory (HAC).

Scheduled Downtime

The Information Technology Department maintains a schedule of planned downtime and publishes the schedule annually to end users.

Unplanned Downtime

Unplanned downtime can occur as a result of system performance issues/connectivity or on an as needed basis, to update the system with critical patches, software, or hardware aimed at maintaining optimum integrity and accuracy of data capture.

II. PURPOSE:

- To allow patient care areas to implement their backup processes during downtime and continue to provide quality care to patients.
- Facilitate the scheduling of staff to input data into the computer system when it becomes available for use.
III. PROCEDURE:

Communication

The McKesson computer system has two statuses for downtime: scheduled & unscheduled.

For Scheduled Downtime

- In the event of a scheduled downtime, the Information Technology (IT) Department will send an email to “SPUH Everyone” email distribution list announcing scheduled down time at least 2 weeks in advance of the downtime. Users are reminded to implement downtime procedures for system outages lasting longer than 30 minutes. The day before the scheduled downtime, another notification is sent 30 minutes prior to event reminding users of the above. If scheduled downtime is prolonged must send status of downtime every 30 minutes to SPUH Managers until resolved.
- The Medical Staff Office will send out communication to the Physicians regarding the scheduled down time.
- Communication will be posted in the Physician Lounge by IT regarding the scheduled down time.
- The appropriate status will be announced via the over head paging system, email, PageGate, Vocera, and call the lab - ext. 8506 just prior to the start of downtime occurrence.

For Unplanned Downtime

- The announcement will be made as soon as the event is discovered via email, PageGate, Vocera and place a call to the Lab at ext.8506 inclusive of the time the system actually went down.
- The McKesson computer system has one status for when the system becomes operational. McKesson System is now operational.
- Check-Point (downtime) will occur every night at 3am.
- McKesson will notify IT Helpdesk at 3:31am if the system is not available after checkpoint.
- If Check-Point lasts greater than 30 minutes, send out email communication to SPUH Everyone, Urgent Broadcast message via Vocera, PageGate and place a call to the Lab at ext.8506 announcing the extended check-point.
- Upon decision to declare system up and running – have a manager from the clinic site test for responsivenes, connectivity, etc. Downtime is designated as YELLOW STATUS.
- Upon notification by YELLOW site that system is normal – Downtime ends and a designated as GREEN STATUS. A broadcast to SPUH All is sent out to indicate system functions have been restored.

Preparation

- Management will schedule appropriate number of staff for recovery of system.
- Verify that Order forms and clinical documentation forms are available for downtime usage.
For scheduled downtimes, OR Schedules and preference cards will be printed based on department protocols prior to downtime.

OR and PAT will send list of patients to Health Information Management Department to:
- print out and Medical Records will print and deliver History and Physical reports for these patients.

Verify that all Clinical documentation downtime forms are available in Patient Care areas.

**During Downtime**

- To access the downtime folder click on the Downtime Reports ICON.

Refer to the unit password starting with ns

*The following reports/documents will be available in the downtime reports/folders:*

<table>
<thead>
<tr>
<th>Report Description/Title</th>
<th>Frequency of Report Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Census</td>
<td>Every 30 mins</td>
</tr>
<tr>
<td>Vital Signs: Vitals and I &amp; O</td>
<td>Every hour</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>Every hour</td>
</tr>
<tr>
<td>Order Summary (includes all active patient care orders)</td>
<td>Every 15 mins</td>
</tr>
<tr>
<td>Last Medication Admin History</td>
<td>Every hour</td>
</tr>
<tr>
<td>IV Administration History</td>
<td>Every hour</td>
</tr>
<tr>
<td>Med MAR with Admin Times</td>
<td>Every hour</td>
</tr>
<tr>
<td>Medication Profile</td>
<td>Every hour</td>
</tr>
<tr>
<td>ED Chart View Report per Room bed</td>
<td>Every 10 mins</td>
</tr>
<tr>
<td>ED Downtime Reports : ED Census Report</td>
<td>Every 10 mins</td>
</tr>
<tr>
<td>Physician Census Reports (Sorted by All, Consulting, By Group and No Group)</td>
<td>Every 15 mins</td>
</tr>
<tr>
<td>Archive Folder (last 48 hrs of reports)</td>
<td></td>
</tr>
<tr>
<td>Blank MAR Template</td>
<td></td>
</tr>
<tr>
<td>Blank Medication Reconciliation</td>
<td></td>
</tr>
<tr>
<td>Blood Glucose Log</td>
<td></td>
</tr>
<tr>
<td>Irma Log (POC for blood gases)</td>
<td></td>
</tr>
<tr>
<td>Blank Downtime Nutrition Record</td>
<td></td>
</tr>
</tbody>
</table>
During the Downtime

Ambulatory Services

Scheduling System:
- Patient name, demographic, insurance information will be recorded for patient’s calling in for appointments on a paper scheduling log.
- Upon system restoration indicate arrivals, cancellations, walk-ins and other add-ons to maintain scheduling statistics.

Electronic Medical Record:
- For clinical documentation, staff will use paper forms in place of template documentation during downtime. Staff will continue to use the same forms used prior to the implementation of the electronic medical record. These paper forms will be included in the paper chart and scan into Downtime folder (a subfolder of the Encounter Documentation) as part of the official Medical Record.
- When a new allergies and problems are discovered during downtime, nurses record the information on the patient assessment form.
- Paper super bills will be utilized and billing staff will use to reconcile against charges once system is restored.

Laboratory & Radiology Orders
- Clinician completes Lab, Radiology and EKG orders on a paper script and records order on the paper order sheet.

Referral Orders for Consults
- Clinician completes Referrals on a paper script and records referral on the paper order sheet.

Meds Orders
- Document medication administration on appropriate paper form with date, time, medication, dose, route, and appropriate components on the medication administration record
- All medications administered during downtime will be documented on the downtime MAR as indicated.

STAR Downtime
- If STAR is down, clinical encounters will be documented on paper. When STAR is available; Registration area will register patients and provide clinical sites with FIN#s. Sites will follow the procedures as outlined above.

Perioperative Services

1. When the CIS is not available, all new patients will be processed following the downtime protocol and continue on paper until the CIS is available. All existing patients will be transitioned immediately to downtime paper forms. The hybrid
1. When the CIS is not available, all new patients will be processed following the downtime protocol and continue on paper depending on the length of time CIS is unavailable. If downtime is greater than 30 minutes all existing patients will be transitioned to downtime and printed copies of the record will be accessed from the downtime folders in the computer. The hybrid records will be sent to HIM for scanning.

2. Complete paper ED records are located in the downtime folders.
   - Call/fax all STAT orders to appropriate Professional Services departments except lab and radiology.
   - Use paper requisitions for new Lab orders.
   - Radiology orders are to be called to the specific Radiology Department.

In-Patient Departments

1. When downtime starts, the Nursing Unit Secretary will go to the physicians written order sheet, draw a red line under the last physician order that was input into McKesson, and write “System Down”. The red line indicates that orders received after that point will be processed as downtime orders.

2. If HCI and HMM (Pharmacy System) are down the initial order summary sheet located in the downtime reports/folders must be printed and fax/tube to pharmacy and follow the paper downtime process for the other departments referring to the initial order summary. (This must be completed for any area using CPOE).

3. When new orders are faxed/processed during downtime, the Nursing Unit Secretary will note in the chart as ‘faxed/called/sent to department’ in and sign and date next to each order on the Patient Care Order Sheet (a.k.a. physician order sheet)

4. For clinical documentation, staff will use paper forms in place of McKesson charting during downtime. These paper forms will be included in the paper chart and will be part of the official Medical Record.

5. When a new allergy is discovered during downtime, nurses should record the allergy on the Patient Care Order Sheet to ensure that it is recorded when the system becomes operational. Allergies must be communicated to Food & Nutrition via fax, similarly to diet orders during downtime.

6. For patient care areas using scheduling, record appointment requests on appropriate appointment form.
Unit Census

1. HEV will be the method of communication to Bed Census and the inpatient units during downtime.
2. Discharges, bed requests, and patient arrivals are to be placed in Horizon (HEV)
3. Communication orders normally sent via McKesson will need to be called to bed census during downtime.
4. Inpatient units can also view their current census in HEV

Radiology Department

1. Diagnostic reports are available in the RIS, PACS and Syngo.
2. All fax orders must include patient location and room number.
3. Hard Copy reports will be printed and distributed every 4 hours at 8am, 12 noon, 4pm, 8pm

- **STAT or TIMED ORDERS**
  - Call the modality directly- do not fax the order as some of the fax units are not under constant observation.
  - General Radiography ext. 8293 (7am-4pm, Monday-Friday) and ext. 8300 (after 4pm and anytime on Holidays and Weekends).
  - CT ext. 8479 or VOCERA “CT Tech” (24 hrs/7days).
  - MRI ext. 7019 (6:30am-11:30pm Monday-Friday, Saturday 7:30am-8:00pm, Sunday 7:30am-4:00pm), on-call after hours and holidays for STAT request.
  - Nuclear Med ext. 8502 or 8503 (7:30am-6pm Monday-Friday, on-call after hours and holidays for STAT requests (from 6pm Friday until 7:30am Monday).
  - Ultrasound ext. 8609 (on call Saturday 11:59pm-Sunday 7:30am and Sunday 11:59pm-Monday 7am).
  - Interventional ext. 8669 (7am-5:30pm Monday-Friday, on-call after hours and holidays and holidays).

- **Routine (not stat or timed) orders:**
  - For Ultrasound only call department at ext.8609.
  - **Fax the order for these modalities:**
    - General Radiology 732-745-2498
    - CT Scan 732-745-5810
    - Nuclear Med. 732-249-6591
    - Interventional 732-745-2498.

Cardiology Department

All fax orders must include patient location and room number.

1. EEG orders are to be called to the EEG department at ext. 8424 with a paper order faxed to the Cardiology fax # 732-418-1174.
2. Vascular ext. 8147 and Echo ext. 8546 orders are to be called to the department with a paper order faxed to the Cardiology fax # 732-418-1174.
3. All other cardiology orders including EKG are to be called to the appropriate department with a paper order faxed to EKG fax # 732-296-8242.
4. For CHOP Pediatric Cardiology, call ext. 8538 and fax order to 732-745-4680.
5. Nursing Unit Secretary will call/fax all new non-STAT orders received during downtime to appropriate department. Note, the rounding clipboard will continue to be used for Radiology, Cardiology and Lab orders.

Respiratory Orders – Placing Respiratory Orders During Downtime

Unit Secretaries/RN must call the assigned respiratory therapist with new, stat or reorders.

Blood Gas Acquisition (Arterial or Capillary)

1. Unit Secretaries/Nurse will call the assigned Respiratory Therapist with new, stat or timed blood gas orders.
2. The Respiratory Therapist will obtain a completed Laboratory Miscellaneous Slip indicating the date, time, priority of testing (stat, now, timed order), patient information, and test ordered, as well as two patient labels (one for syringe, one for specimen bag).
3. Obtained samples will be matched with the Laboratory Miscellaneous Slip to the Patient Label on the sample and sent down to the laboratory via the tube system.
4. Reporting of Critical or STAT results will be provided by the laboratory.
5. Now or Timed results will be obtained by the Respiratory Therapists by contacting the Laboratory at 8506 and report results to the patient nurse and/or physician during the downtime period.

Ventilation and Monitoring

1. Unit Secretaries/Nurse will call the assigned Respiratory Therapist with new or change orders for all mechanical ventilators, Bi-Level Positive Airway Pressure (BiPAP) devices, and Continuous Positive Airway Pressure (CPAP) devices.

Laboratory Orders – During CIS down Time

4. “Timed” and “Today” will be tubed to the laboratory for drawing during downtime. Routine orders will be left on Rounding Clipboard until status of system is known. If down beyond 8pm, Routine requests must be tubed to the laboratory and will be honored the next day according to protocol.
5. NOTE: hold on Routine orders until 8:00PM. If system becomes operational, enter these orders into McKesson.
6. STAT orders - Orders for Type and Screen with blood product requests when additional blood work is ordered along with the blood product, the blood for this additional work will be collected by the Phlebotomist.
7. If a result is needed STAT, the physician must obtain the specimen and send it to the Lab. If unable to obtain the specimen notify phlebotomy. The clerk in the Lab will receive the specimen and match it with the Request/Label, and immediately give it to a technician for processing.
Placing Laboratory Orders during CIS downtime/LIS up:

1. Place a pre-printed label on the miscellaneous order slip “location” of patient must be on the miscellaneous order slip.
2. Write the name of the test ordered in the appropriate space.
3. Indicate priority (i.e. Timed, Today, Routine) and date/time required in the appropriate space.
4. Place requisitions (except for Routine Priority) on rounding clipboard.
5. For Nurse Collectables – Place a pre-printed label on the miscellaneous order slip, “location” of patient must be on the miscellaneous order slip, place label on specimen and tube to lab. Specimen must be signed and include date of collection. Label slip, place around labeled specimen and tube to Lab.

All studies requested manually are NOT to be entered into the computer once HIS becomes operational. Orders will be placed by the laboratory staff into SoftLab, and this order will flow over the interface when the system and interfaces become operational.

Lab result distribution

1. All Critical results will be called to the proper nursing unit during the downtime period.
2. All Stat results will be called to notify unit of results being faxed to the proper nursing unit during the downtime period.
3. Routine or Today results will be delivered to the units by the lab every 4 hours for extended downtime.
4. Labs will be available upon request by calling the front desk at ext. 8506.
5. Lab reports will be filed under the appropriate chart tab by the nursing personnel.

Food & Nutrition Order Specifics

1. Use the “Computer Downtime Nutrition Record” found in your unit downtime folder.
2. Breakfast changes will need to be completed and faxed to the diet office by 5:30AM. Lunch changes will need to be completed and faxed to the diet office by 9:30AM. Dinner Changes will need to be completed and faxed to the diet office by 2:30PM.
3. Any diet change, transfer, admission or discharge between these times must be written on the Downtime Nutrition Record and can be communicated to Food and Nutrition Services at extension 8252. When McKesson becomes operational, all changes from the Computer Downtime Nutrition Record must be entered by Nursing Unit Secretary into McKesson. This is critical because orders cannot be input directly in the CBord dietary system. They need to originate in the hospital system.
4. The diet office fax number is (732)745-1321.
5. Do NOT fax written physician orders.
6. Instructions for the Computer Downtime Nutrition Record are as follows:
   - Column 1 – A D T C* - For each entry, enter an “A” for a new admission, “D” for a discharge, “T” for Transfer, or “C” for a diet change.
   - Column 5 – Medical Record Number - The patients’ medical record number must be included. Be sure to include the patients MRN Column #6-the FIN number.
   - Column 9 – Diet Order/Comments – List the complete diet order (including NPO orders). Any special comments (early, late, hold tray with specific meals(s) should be written here as well.)
   - Column 10- Write any food allergies. If the patient has no food allergies write, “No food Allergies
   - Fax completed record to 732-745-1321.

   *Please ensure that all unit information at the top has been filled in and the correct meal for diet changes has been circled before sending.

**Physical Medicine and Rehabilitation (PM & R) Department**

1. Any orders for PT, OT and Speech will need to be faxed from the nursing unit to the PM&R Department. The PM & R Department fax number is 732-545-1495.
2. Any orders for Audiology will need to be faxed from the nursing unit to the Audiology Department. The Audiology fax number is 732-846-8911.
3. Any orders for Physiatry consult or EMG testing will be faxed from the nursing units to the PM&R Department. The fax number is 732-545-1495.
4. The order must contain the following information:
   - Patient’s name
   - Patient’s room number
   - Patient’s medical record number
   - Date and time
   - Treatment orders for PT, OT, Speech Therapy, Physiatry consult or EMG testing
5. Clinical documentation will be completed on paper forms and placed in the Doctor’s progress note section of the medical record.

   *Notes that are hand written on paper will not be entered into McKesson.

**Referral Orders for Consults**

5. Transcribe Referrals from Nursing Admission Assessment form to Patient Care Order Sheet and fax or call department (i.e., pastoral Care, PM & R, Audiology, Social Work, Wound Care).

**Meds/IV Orders and Documentation**

1. For new admissions during downtime, a copy of the admission assessment height, weight and allergies should be sent to the Pharmacy using the pneumatic tube system whenever possible. In the event you need to fax the order to Pharmacy you
must place a call to pharmacy to notify them that a fax will be coming through.
(Pharmacy fax # during downtime = 732-249-6127).

2. Medication orders should be sent to the Pharmacy using the pneumatic tube system whenever possible. In the event you need to fax the order to Pharmacy you must place a call to pharmacy to notify them that a fax will be coming through.
(Pharmacy fax # during downtime = 732-249-6127).

3. Access online downtime folder and print out the 2 medication administration history reports. The medication history report will show the medications given prior to downtime.
   - The first report, last medication Admin history contains oral meds and IVPB that have been administered prior to downtime
   - The second report, IV administration history will contain all large volume IV’s that have been administered prior to downtime

4. An additional report is the medication administration record (HMM MAR); there will be 2 reports available, one for planned downtime (or during an Admin Rx downtime if HMM the pharmacy system, is still available) and one for unplanned downtime of both systems. Both reports provide information for 24 hours.

<table>
<thead>
<tr>
<th>FOR PLANNED DOWNTIME or (when Horizon Medication Management HMM is available)</th>
<th>FOR UNPLANNED DOWNTIME or (when HMM &amp; admin RX are unavailable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The pharmacy will print and distribute the downtime MAR to each nursing unit every 12 hours (see attachment 1).</td>
<td>1. The MAR will be located in the online downtime folder (see attachment 1).</td>
</tr>
<tr>
<td>2. Another set of MAR’s will be printed in the pharmacy as a back-up.</td>
<td>2. The nursing unit is responsible to print the MAR during any unplanned downtime.</td>
</tr>
<tr>
<td>3. Document medication administration by placing initials on the planned downtime MARS in the appropriate columns and print name, initials and title in the space provided.</td>
<td>3. The nurse must verify the medication orders that were written or placed on the CPOE order summary 4 hours prior to downtime and transcribe any additional medications onto the blank downtime MAR if omitted. (The unplanned downtime MAR is updated every 4 hours i.e. 12am-4am).</td>
</tr>
<tr>
<td>4. For any unscheduled or PRN medications, record administration time and initial in the appropriate time column.</td>
<td>4. Document medication administration on the unplanned downtime MAR by placing your initials above the administration time for schedule medications and print name, initials and title in the space provided.</td>
</tr>
<tr>
<td>5. If downtime is extended, but the pharmacy HMM system is up, the pharmacy will print a (HMM MAR) for all patients for the upcoming 12 hours with the most current medication information and distribute to the Nursing units.</td>
<td>5. Beyond 24 hours all current medications must be transcribed onto the blank McKesson MAR Following the procedure below.</td>
</tr>
</tbody>
</table>
6. The McKesson planned and unplanned downtime MAR will be used for the first 24 hours of downtime. The MAR must be identified with the date and time range that it will be used.

7. The unit secretary/RN will keep the MAR manually updated with new orders, changed orders and discontinued orders.

8. A blank (MAR) will be used for new medications and newly admitted patients. It will be utilized for new orders and marked with the patient identifying information/label (see attachment 3).
   - Allergies must be entered on the MAR in red.
   - Fill in the medication column, name of medication, dose, route and frequency using military times.
   - Enter order date and time for the next 24 hour next to administration period.
   - Initials in the start column.
   - Enter expiration date according to Medication Stop Orders policy in the stop column.
   - Enter initials, full signature and title in the space provided.
   - All medications must be verified by the RN prior to administration. The RN must initial under the transcriber’s initial in the start column.
   - When a medication is discontinued or changed, “discontinued” must be written out, initialed and yellow highlighted through the entire medication section.
   - In the event of a transcription error, yellow highlight, note error, initial, and rewrite the correct entry in the next space provided.

Post Downtime MAR Procedure:

<table>
<thead>
<tr>
<th>For Downtime less than 2 hours</th>
<th>For Downtime greater than 2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Medications that were administered during the downtime lasting 2 hours or less will be documented in McKesson as given with the edited and correct administration time in admin Rx.</td>
<td>6. Post downtime MAR script will be run by the Admin. RX nursing analyst/designee to remove all past due schedules. All paper MAR documentation used during downtime will be placed in the patient’s permanent medical record.</td>
</tr>
<tr>
<td></td>
<td>- All new medications orders must be confirmed by the RN prior to administration.</td>
</tr>
<tr>
<td></td>
<td>- For any new admissions that were received during downtime, the nurse must enter the patient’s home medication into McKesson.</td>
</tr>
</tbody>
</table>

Medication Reconciliation:

1. Access downtime folder and print out the McKesson Medication Reconciliation report (attachment 4).
2. The McKesson Medication Reconciliation report will be populated with the home medications and active medications that were ordered prior to downtime.
3. Post operative patients, patients being transferred (level of care), or discharged must have their medications reconciled using the McKesson Medication Reconciliation form for
both home and active medications. Any new medications that were ordered during
downtime and placed on the paper MAR must be transcribed on the blank Medication
Reconciliation form under “Active Meds” (see attachment 5). This is a continuation of
the McKesson pre-populated reconciliation form and must be attached to the pre-
populated medication reconciliation form.
4. The licensed practitioner will be provided with the updated medication reconciliation forms to
reconcile the home medications, active medications or to add any new medications.
5. For post-op and transfers (level of care change) tube or fax the completed medication
reconciliation forms to the pharmacy.
6. For discharged patients, the paper Discharge Medication Form/List will be utilized to
provide a list of medications to the patient after the medication reconciliation process has
been completed (see attachment 6).
7. For any patients admitted during downtime, the paper medication reconciliation form will
be initiated at the point of entry.
8. The patients home medication list will be obtained and documented using the paper
medication reconciliation form.
   o Once the medication history has been obtained it will be reconciled by the
   licensed practitioner and sent to pharmacy as the medication order set.

Post Downtime Medication Reconciliation Procedure
Home medications must been entered in McKesson for any patients admitted during downtime.

RECOVERY
When the system becomes operational:

NOTE: System response time and interfaced information may be slow after recovering from a downtime

For both extended and short downtime events, when the system becomes operational:

Clinical documentation

1. The nurse caring for the patient will chart allergies/allergy updates in McKesson. During
downtime, this information is recorded on the Patient Care Order Sheet and admission assessment.
2. Document required data on the Admission Assessment into McKesson.
3. Nursing admission assessment- history will be completed preferably within the shift of
admission of electronic service being restored or, in the event that service is restored
within a very limited period before shift change, completion will be achieved in a
maximum of 8 hours after with charge nurses assuming responsibility of ensuring follow
through of completion.
4. All other forms will remain on paper
5. For areas using scheduling, contact patient to schedule appointments, and input
information into the PHS Scheduling system.
6. Leave all other clinical documentation on paper forms.
Discharges / Transfer

1. Discharges, transfers and status changes will be updated in STAR Registration when the system becomes operational. This will happen before non-registration staff begins using the system.
2. Each unit will confirm with admitting all current patient room and bed assignments.
3. Admitting will retain responsibility through recovery period for census updates and reconciliation.

Orders

1. When system becomes operational, draw a red line on the Patient Care Order Sheet under the last order received during downtime and note “Downtime End”, and sign and date the form.
2. Nursing Unit Secretary will enter orders placed during downtime into McKesson, with the exception of Radiology and lab orders.
3. Do NOT enter orders that were faxed to Radiology or Lab during downtime procedures.
4. Enter orders for consults that have been triggered by the Admission Assessment form(s) or ordered by the physician into McKesson; ((i.e., Pastoral Care, PM & R, Audiology, Social Work, Wound Care).
5. Enter orders for rehab services received during downtime.
6. Enter all patient care (nursing) orders received during downtime.

Lab & Radiology Orders

Note: Orders placed in SoftLab during downtime will post to HIS via interface when system becomes operational. Only exception will be new patients that have arrived (they will not have MRN numbers until they are registered by Patient Access Services, so there will be a delay in entering these orders into SoftLab and Novius.)

- Cancel duplicate orders for nurse collects that were processed during downtime.

Fax Numbers to use during downtime:

<table>
<thead>
<tr>
<th>Department</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food &amp; Nutrition</td>
<td>(732)745-1321</td>
</tr>
<tr>
<td>Audiology</td>
<td>(732)846-8911</td>
</tr>
<tr>
<td>OT, PT, Speech</td>
<td>(732)545-1495</td>
</tr>
<tr>
<td>Cardiology</td>
<td>(732)418-1174</td>
</tr>
<tr>
<td>EKG</td>
<td>(732)296-8242</td>
</tr>
<tr>
<td>Laboratory</td>
<td>(732)249-3674</td>
</tr>
<tr>
<td>Radiology</td>
<td>(732)745-2498</td>
</tr>
<tr>
<td>Respiratory</td>
<td>*Unit secretaries MUST call the assigned RT with new, stat, and reorders.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>(732) 249-6127</td>
</tr>
</tbody>
</table>
Ambulatory Services

*When the system becomes operational:*

6. Start Encounter and set date to equal date of service

Clinical documentation

7. The clinician will chart allergies/allergy updates, medications and problems in the electronic medical record once the system is restored.

8. Assessments, H&P, ROS, etc will be recorded on the appropriate templates once the system is restored. All other forms will remain on paper and be scanned into the electronic medical record.

   **Note:** If downtime has been excessive i.e.; greater than one hour – scan paper encounter note. Go to encounter tab select **Downtime Documents**, enter **standard** scanning naming convention; location acronym, MRN, FN, LN, Document Description – Scanned document must be placed in scan into Downtime folder (*a subfolder of the Encounter Documentation folder*).

- Flow sheets utilized for clinical care must be updated

Lab & Radiology Orders

- Orders are paper based (to include ordering physician on paper order form) and are **scanned** – results will come back in system as unsolicited to the ordering physician’s work list.
- To maintain chart integrity enter orders using the past historical procedures and lab feature to reflect orders.

HAC Orders process and accessioned

Laboratory and Radiology Department will enter order into respective ancillary system and results will return to HAC unsolicited.

VI. APPROVAL SIGNATURES

Approved by:

______________________________  6-12-2013
Kenneth Sable, M.D.  Chief Administrative Officer  Date
Saint Peter’s University Hospital

Origination Date:  2011, 6/2013