



El Paso - Ambulatory Clinic Policy and Procedure

Title: DIGITAL DISASTER CONTINGENCY PLAN (COMPUTER DOWNTIME OPERATIONS)	Policy Number: EP 5.2
Regulation HIPAA Reference:	Effective Date: 11/1/2011

Policy Statement: TTUHSC Physicians are committed to establishing a contingency plan for failure of the EMR utilization. This is intended to ensure continued operation of critical functions in line with the TTUHSC- EP Emergency Operations Plan during times of adverse working conditions.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC Clinics-EP.

Procedure:

DOWNTIME SEVERITY LEVELS

- I. Downtime Level 1 - Operations are defined as localized, scheduled problem involving the loss of a single function, application, or system, not anticipated to exceed 24 hours of unavailability. For a level 1 incident, the problem can be resolved using available resources.
- II. Down time Level 2 - Operations are defined as localized problem involving the loss of a single function, application or system, not anticipated to exceed 24 hours of unavailability. For a level 2 incident, the problem can be resolved using available resources.
- III. Downtime Level 3 - Operations are defined as localized, scheduled or unscheduled problem involving the loss of multiple functions, applications, or systems, not anticipated to exceed 24 hours of unavailability. For a level 3 the problem can be resolved using all available resources.
- IV. Down time Level 4 - Emergency Operations are defined as serious or damaging problem involving the loss multiple functions, applications, or systems, anticipated to exceed 24 hours of unavailability. For a level 4 the problem can be resolved using outside resources, such as a system/application vendor or fire department.
- V. Down time Level 5 - Emergency Operations are defined as major disruption of one or more sites and involving the loss of multiple functions, applications, or systems, anticipated to exceed 48 hours of unavailability. A level 5 is a major disaster that affects operation of mission-critical systems and functions for more than 48 hours. Resolution includes disaster declaration and use of recovery plan.

The downtime severity level is communicated as per the Communication Plan.

This plan applies to all Level 3-5



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NOTIFICATION OF AN EVENT

IT Personnel Responsibilities during working hours:

Level 1-5 Events - Upon observation or notification of an event during working hours at a system/facility, ensure that personnel on site follow Troubleshooting and Escalation Standard Procedures to address and resolve the issue.

Levels 6 Events - Upon observation or notification of a potentially serious situation during working hours at a system/facility, ensure that personnel on site enact standard emergency and evacuation procedures if appropriate. Notify the EMT and DRT.

Outside working hours:

Level 1-5 Events - Upon observation or notification of an event during outside working hours at a system/facility, ensure that personnel on call follow Troubleshooting and Escalation Standard Procedures to address and resolve the issue.

Level 6 Events – IT Assistant Vice-president should contact the EMT and DRT.

COMMUNICATION PLAN

A. SCHEDULED DOWNTIME:

1. In the event of schedule downtime, the EMR Section Manager will notify Departmental /Clinic leadership 48 – 72 hours prior to the event and provide appropriate guidance based on the Level of Severity. A notification message will be sent to all EMR users if network connectivity is available.
2. It is the responsibility of Department leadership to coordinate and take appropriate measures to minimize downtime in clinical operations (Please refer to Downtime Clinic Process)

B. UNSCHEDULED DOWNTIME:

1. In the event of unscheduled downtime, the EMR Section Manager will notify Departmental /Clinic leadership as soon as possible and provide appropriate guidance based on the Level of Severity. A notification message will be sent to all EMR users if network connectivity is available
2. It is the responsibility of Department leadership to coordinate and take appropriate measures to minimize downtime in clinical operations (Please refer to Downtime Clinic Process)



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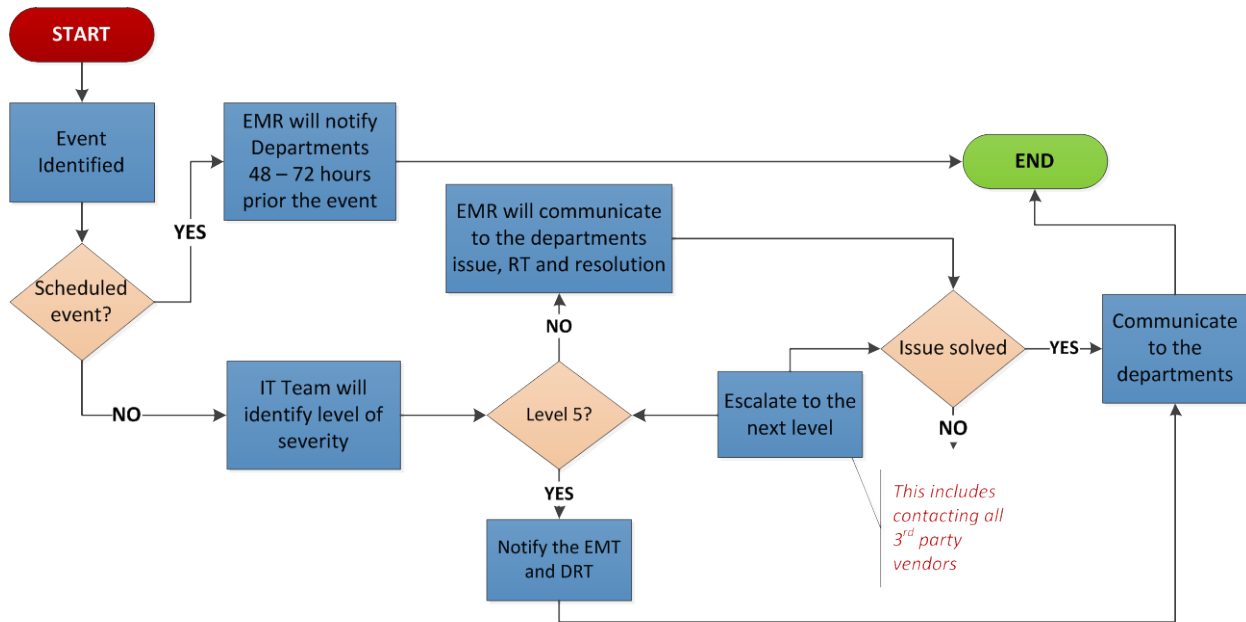


Figure 1. Communication Plan

DOWNTIME CLINIC PROCESS

If there is the ability to obtain a list of scheduled patients from Lubbock, the El Paso Medical Records department will send the list of available clinic appointments either via fax to the clinic or via Email to the Clinic Manager and Department administrator if Email is available.

- On patient arrival, the patients will be given a questionnaire (EP5.2A) to help Identify their reason for visit, allergies and medications. Also, they will have to provide information on preferred Pharmacy, Lab and radiology services.
- Clinic Staff will start calling these locations to obtain information on medications, lab results and Radiology reports. If there is access to Internet, some of this information may be obtained online (Sure scripts, Quest online, LabCorp online etc.)
- During the clinic encounter the clinic staff will confirm and transcribe information obtained from the Patient questionnaire onto a specific Downtime paper progress note.
- The Provider will use the Downtime Progress note to document the encounter, write prescriptions on paper prescription forms and will write consult requests, lab and radiology orders either on paper forms if available or on a paper prescription pad. New prescriptions given to the patient will need to be recorded in the progress note.
- Any consult request orders written by the Provider will have copies made and will be attached to the Paper progress note; billing will be done on a paper fee ticket.
- Follow up appointment requests will be recorded in a ledger to be scheduled when the system is up and running.
- After the encounter is complete the Progress note, copies of consult requests and the Paper Fee ticket will be sent to the departmental Billing section.



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- After the billing has been recorded/ confirmed the progress note and consult request orders will be sent to the Medical Records department for scanning into the EMR.

Plan to bring up EMR if the entire system is unable to come back all at once and requires each system to be repaired individually.

Sequence of areas to concentrate resuming functionality:

First scheduling and billing systems, for example, MPIP will be the first place to devote resources to get back on line. Next there should be an attempt to get at least one or 2 stations up and running in each clinic so that providers may have access to patient information. The order in which each clinic will be touched will be determined by Administration.

Once each clinic has at least one Device to access the EMR then the rest of the PCs in the clinical area can be fixed. The order in which each clinic will be repaired will be determined by Administration.

Plan to get Information gathered during downtime into the EMR system.

Once the EMR is back online, the Medical Records Department will:

- Scan the Downtime Progress Note and Consult Request orders into the Document Management System
- Import document into EMR as an “unsigned document”. All documents must have a provider. Select “Downtime Provider”
- Clinical staff will go into the “Downtime Provider” box and append the document. They will update medications, problems and/or allergies.
- Document will be routed to the corresponding provider for signature.
- The front desk staff will be responsible for going thru the appointment request ledger and scheduling the appointments into the system. They will also be responsible for contacting the patient to notify them of their appointment.

Materials needed for Downtime preparation.

- Downtime Paper progress notes
- Paper prescriptions
- Paper Consult request
- Paper Fee Ticket forms
- Paper Lab request forms (from each lab?)
- Ledger to record follow up appointment requests
- Access to fax machine if possible
- Access to a copy machine if possible
- Access to a telephone



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