Clinical Downtime Resource Manual

(Last Modified June, 2015)
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DOWNTIME INFORMATION

Introduction

As computers are now embedded in our daily workflow processes, disruptions to access can have serious consequences. In London and Region, the electronic patient record (EPR) maintains 99.9 % uptime and averages more than 3500 logins per day.

This Downtime Manual is intended to provide all clinical areas with a framework from which to build specific downtime processes and procedures. Within this manual you will find methods for each computerized process that requires a paper process during downtime as well as templates providing instructions as to how to complete paper forms properly. In addition, downtime recovery plans are included to ensure continuity and integrity of data in our electronic patient records.

All areas are responsible to develop, maintain and communicate their own internal downtime procedures, using this manual as a guide.

For further information on downtime, refer to the Corporate Policy.
General Information

Downtime is broadly defined as the time during which a computer system is unavailable for use as a result of a malfunction (unplanned) or regular preventive maintenance (planned)

This manual is for inpatient and outpatient units. This is a generic manual, if your area needs to add specific instructions please do so for your unit.

Planned Downtime

Planned downtime occurs in a controlled fashion. Information Technology Services (ITS) endeavours to ensure all users are aware of any upcoming downtimes and expected duration of downtimes. Planned downtime for regular maintenance may be required from time to time, but is kept to a minimum. A schedule of upcoming, planned downtime may be accessed by going to the St. Joseph’s home page, and clicking “Weekly Downtime Schedule” in the system status area of the intranet site.

Unplanned Downtime

Unplanned downtime occurs as a result of unforeseen circumstances such as power failures, hardware failures or software failures.

Degrees of Downtime

The extent of computer downtime may vary. The downtime may impact only certain locations or certain applications or it may be widespread. Knowledge of the extent of the downtime and the systems involved is critical, as it will help to determine the processes that the unit or clinical area need to implement. Refer to the system status area on the home page for information on the extent of downtime and estimated duration.

If staff suspect there is a computer failure or downtime, they should either consult the St. Joseph’s Intranet home page or call the Helpdesk (ext. 44357) for computer status information. If staff suspect there is a computer failure or downtime, they should either consult the St. Joseph's intranet home page or call the Helpdesk (ext. 44357) for computer status information. The system status is displayed in the System Status section of the Intranet. Click on the word “Show” in this section to display more detailed system status. If there seems to be a computer problem that is not flagged in the system or on the Helpdesk system status line, contact the Heldesk at extension 44357 immediately. Do not assume that someone else has called.
When to Implement Downtime Procedures

Each clinical area has a different level of tolerance to downtime, and that level of tolerance may vary throughout the day. Due to the interconnectedness and interdependency of all our clinical EPR systems, it is essential that all areas move into and out of downtime procedures together. During significant system slow downs or downtime, direction to move into DOWNTIME procedures will be made by ITS and clinical leadership and communicated broadly to clinical areas. Upon system recovery, a communication will be sent to all clinical areas to resume use of the EPR.
COMMUNICATION AND NOTIFICATION

Planned and Scheduled Maintenance Downtime

For systems other than the Electronic Patient Record (Cerner):

Information Technology Services (ITS) is committed to ensuring all supported systems continue to be available to end users. Occasionally, downtime will be required on these systems to allow ITS to complete system maintenance or to apply a fix to a known defect. During these system downtimes, ITS will work as quickly as possible to ensure downtime is kept to a minimum. Information about these planned downtimes is posted on the weekly downtime schedule and can also be found on the ITS Calendar by clicking on any date on the calendar highlighted in red. Information about the planned downtime will include:

- Name of system affected,
- Reason for downtime,
- Start and end dates and times,
- Any additional information that will benefit users.

Electronic Patient Record (Cerner) Downtime:

Major EPR/Cerner maintenance or upgrades may occur at a different time of the week/weekend. These downtimes will be communicated broadly prior to the downtime window.

Unplanned System Maintenance Downtime

On occasion, systems supported by ITS may experience unplanned service degradation or become unavailable. During these unplanned downtime incidents, ITS will update the "System Status" located on each hospital’s intranet site (St. Joseph’s Home Page).

There are six ‘System Status’ dashboard buttons that will indicate the relative current status of ITS-managed systems. These buttons are updated as soon as ITS becomes aware of, and can confirm, a major system affecting issue. Left click on the link beside the button for detailed information about the slowdown or downtime. Leaders may wish to print this and post it for staff information. To print this information, while in the detail screen, right click and select print.
For significant system outages, the email system or overhead paging system (if email is down) will be used to communicate the details of the situation. If a Code Grey (critical infrastructure failure) is enacted, all Code Grey procedures will be followed.
REPORTING A POSSIBLE DOWNTIME

NETWORK DOWN

Call the Help Desk (44357) to inform them of failure. Please look at the St. Joseph’s Home Page for updated status.

POWER OUTAGE

Call Helpdesk (44357) to inform them of failure. Please look at the St. Joseph’s Home Page for updated status – from a workstation on emergency power.

• Workstations on emergency power (red power outlets) will function normally.
• For workstations not on emergency power please refer to Network down procedures.
PREPARING FOR DOWNTIME

Downtime Preparation Checklist
(What should every floor have available for downtime)

- **Emergency Power**
  Each clinical area must have at least one computer plugged into emergency power.

- **Patient Census** – print during system slow downs or prior to planned downtime.

- **Downtime and Helpdesk Phone Numbers** – should be located on each unit or beside the downtime PC at all times.

- **Diet Worksheet** – print from Cerner PowerChart prior to a planned downtime.

- **Commonly used “On Call” schedules.**

- **Commonly used pagers.**

- **Unit fan out list.**

- **Commonly Used Forms**

- **MAR (Medication Administration Record)** – A 24-hour MAR will be printed on the unit prior to planned downtime.

<table>
<thead>
<tr>
<th>ST. JOSEPH’S HEALTH CARE Forms</th>
<th>Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Record</td>
<td>200311</td>
</tr>
<tr>
<td>General Lab*</td>
<td>71821</td>
</tr>
<tr>
<td>Microbiology**</td>
<td>8460-4085</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>S32756</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>77068</td>
</tr>
<tr>
<td>CT</td>
<td>200192</td>
</tr>
<tr>
<td>MRI</td>
<td>76154</td>
</tr>
<tr>
<td>Medication Reconciliation Forms</td>
<td>RMHC - 200229</td>
</tr>
<tr>
<td></td>
<td>PWH - 200230</td>
</tr>
<tr>
<td></td>
<td>SJH - 72036</td>
</tr>
<tr>
<td>Medication Administration Record</td>
<td>SJH - One Time Stat 76532</td>
</tr>
<tr>
<td></td>
<td>SJH - 7 day 75610</td>
</tr>
<tr>
<td></td>
<td>PWH - 31 day 75606</td>
</tr>
<tr>
<td></td>
<td>RMHCL - 31 day 75621</td>
</tr>
<tr>
<td></td>
<td>SWFCMH - 31 day 75616</td>
</tr>
</tbody>
</table>

*Please refer to the Allergy section for the Allergy Documentation Policy reminder.*

**Gen Lab Requisition** includes Hematology, General Chemistry, Coagulation, Blood Gases, Urine Tests, Hepatitis and HIV Serology, Therapeutic Drug Monitoring, Toxicology, Trace Elements, Hormone, Immunology, Flow Cytometry.

**Microbiology Requisition** includes Virology, Fungal.
**DURING DOWNTIME**

All paper documentation that is created and used during a downtime must be included in the permanent Patient Health Record for back entering and future reference.

Admissions, Discharges and Transfers

*Scheduling and Registration*

**Cerner Downtime**

Procedure for All Registration Points for Cerner Downtime

Track all patient activity and changes when the Cerner system is unavailable. This includes the tracking of all ODS (One Day Stay), out-patient visits, in-patient admissions and in-patient admission requests, discharges, transfers, deaths, changes to patient demographics, physician/service changes, accommodation request changes and patient flag notification.

An official notification of all pre-planned System Downtime will be sent out.

- Do not use Person Management or Patient Scheduling after official notification of Downtime

Registration information may not all save if you are still in system after the designated downtime

---

**During an Unplanned Downtime**

For an unplanned downtime contact the Helpdesk at 44357 for a status update or check the intranet to confirm whether the system is available for use.

---
PIN Information

For PIN information, all registration points must contact Health Record Services at the following extensions:

<table>
<thead>
<tr>
<th></th>
<th>SJH</th>
<th></th>
<th>Parkwood</th>
<th></th>
<th>RMHCL</th>
<th>South West Centre for Forensic Mental Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During regular hours (Monday – Friday)</td>
<td></td>
<td>During regular hours (Monday – Friday)</td>
<td></td>
<td>During regular hours (Monday – Friday)</td>
<td>During regular hours (Monday – Friday)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44033 - daily from 0800 to 1600</td>
<td>47302 - daily from 0800 to 1600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>During off shift (evenings, nights, weekends)</td>
<td>During off shift (evenings, nights, weekends)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65586 - daily from 0600-0800 and 1600-midnight</td>
<td>49615 - daily from 0800-1600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66015 - daily from midnight - 0600</td>
<td>65586 - Monday - Friday from 0600-0800 and 1600-2000, Saturday and Sunday from 0800-1600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66015 - Monday - Friday from 2000-0600</td>
</tr>
</tbody>
</table>

Please provide the following information:

☑ Patient full legal name, preferred name and previous name(s)
☑ Birth date
☑ Sex
☑ Patient care area, and call back extension

Note: The Soundex function is not available in the Downtime CPI search used by Health Records. Accurate spelling must be communicated.
Health Record Services will:

1. Search patient on back-up CPI,
2. Communicate existing PIN information if patient found,
3. Communicate new PIN information if patient is not found. (*new PIN #'s assigned will be 3000 series*)

**Note:** New PINs assigned at this time will be from a different-looking, pre-determined, pool of chart numbers.

Registration Points will (if applicable to your area):

1. Manually record patient information on patient forms,
2. Type/print/imprint an armband (if required),
3. Manually produce a Patient and/or Visit card(s) (if required),
4. Manually record all inpatient, outpatient and one-day stay registrations,
5. Manually record all transfers, discharges, physician and service changes,

**Admission, Transfer and Discharge logs are Appendix A of this manual.**

*Cerner Health Card Validation Downtime Procedures*

**Cerner Downtime**

Validation will not be possible during a Cerner downtime. Validation will happen automatically when the registration or appointment is added after the downtime unless Post Downtime Registration is used. If Post Downtime Registration is used to register the patient and the visit is later modified using the full registration conversation, validation will need to be initiated manually. If validation is done the day after the registration occurred, validation will still be correct for most registrations.

**Short Ministry of Health Downtime**

Periodically when the Ministry validation system is down, the user will receive the response code “90-Information n/a” or “99-System n/a”. Alternately, they may receive no response and will be advised that the validation has not completed when they finish scheduling or registering the patient. If they are aware that the Ministry system has been unavailable more frequently than normal or for longer than 15 minutes, they should contact the Helpdesk at 44357 or 4-HELP.

The users need to follow site-defined procedures as to whether registrations need to be modified and validation manually triggered after Ministry of Health back up.
Extended Ministry of Health Downtime

If the Ministry of Health database is down for an extended period of time (e.g. when Ministry of Health is on strike), ITS will turn off the HCV functionality. The health card number should be entered into the system but the validation will not occur.
**Patient Flow Management System: Downtime Procedure (RMHCL)**

Coordinated Access Team (CAT)

0800-1600 Monday - Friday. The Coordinated Access Team (herein referred to as CAT) uses admission, transfer and discharge tracking paper form to gather information from all the inpatient units during the day. Keeping track of all patients' census, number of available beds, patients out on LOA, planned/possible discharges and forecasting for possible admissions after hours. Following same process, CAT communicates and updates information from other hospitals and partners in community with regards to planned future admissions. This information is shared between CAT, Clinical Records and the Admitting department and inpatient units throughout daytime hours and reviewed at end of day at 1600. Also at 1600, CAT hands off and communicates current census and standing in the hospital to the OIC (Officer in Charge office). Between 1600-0800 Monday - Friday, weekends and holidays, OIC continues with same paper process tracking after hour admissions, transfers or discharges, updating the information from all inpatient units applicable. OIC hands off information back to CAT office Monday - Friday at 0800 who then confirms with Clinical Records.

Admitting Department

Paper tracking of all admissions/transfers/discharges, as shared by the CAT office. Onsite admissions during the daytime hours and St. Joseph’s Grosvenor site after hours, weekends and holidays.

Inpatient Units

Communicate any patient transfers, admissions or discharges with housekeeping staff, either directly with unit specific housekeeping staff or by pager.
Medication Reconciliation

Medication Reconciliation – Admission
Admission medication order form should be used to document the Best Possible Medication History (found in Appendix B) and Admission Medication Orders.

Medication Reconciliation – Transfer
1. The sending unit will print the medication profile and their BPMH (Best Possible Medication History found in Appendix B) to the receiving unit. The receiving unit will:
2. Use the medication profile and BPMH (Best Possible Medication History found in Appendix B) to complete the med rec on transfer.
3. New orders will be written on the Physician Order Form (form # 30581) - included in Appendix D and will be sent to Pharmacy and placed in the Patient Health Record for back entering purposes.
4. Fax orders to Pharmacy with the patient’s allergy information (found in the Patient Information printout of the 724 Access system).
5. Prepared medications will be delivered to nursing unit or picked up from pharmacy.

Medication Reconciliation - Discharge
Print a prescription listing all required discharge medications.
- Use 724 to compile the list of active medication and home medications from the patient’s profile.
- Reconcile this profile with medication requests in the Patient Health Record
- Write the discharge prescriptions
- In order to meet legislative requirements, the prescription must be signed by the provider.
- One copy should be placed in the Patient Health Record to be back entered in the recovery stage of the downtime
- Pharmacy will contact the floor to get an update of who have been discharged.
Unplanned

Medication Reconciliation – Admission

1. Admission medication order form should be used to document the Best Possible Medication History and Admission Medication Orders.

2. A copy of the BPMH needs to go in the Patient’s Health Record to be back entered during the recovery stage of the downtime.

3. Fax orders to Pharmacy with the patient’s allergy information.

Medication Reconciliation – Transfer

The sending unit will print the medication profile from 724 Access which includes the BPMH (Best Possible Medication History) to the receiving unit. The receiving unit will:

1. Use the medication profile and BPMH (Best Possible Medication History) to complete the med rec on transfer.

2. New orders will be written on the Physician Order Sheet and will be sent to Pharmacy via email or phone and placed in the Patient’s Health Record to be back entered during the recovery stage of the downtime.

3. Fax orders to Pharmacy with the patient’s allergy information (found in the Patient Information printout of the 724 Access system).

4. Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.

Medication Reconciliation - Discharge

Print a prescription listing all required discharge medications.

- Use 724 Access to compile the list of active medication and home medications from the patient’s profile.

- Reconcile this profile with medication requests in the Patient’s Health Record to be back entered during the recovery stage of the downtime.

- Write the discharge prescriptions.

- In order to meet legislative requirements, the prescription must be signed by the provider.

- One copy should be placed in the Patient’s Health Record to be back entered during the recovery stage of the downtime.

- Pharmacy will contact the floor to get an update of who have been discharged.

Reconciliations forms are in Appendix B in this manual.
Transportation

1) Go to appendix C and copy the "Patient Transfer Authorization Form". If you are able to access the internet you can print off the form from the Hospital Transfers website (https://www.hospitaltransfers.com/transfer/document/ptac_nonoutbreak_230409.pdf)

2) Fill out all the necessary information and fax the form to the number indicated at the top

3) Keep the form in the Patient’s Health Record

Leave of Absence

All preplanned LOA orders will be submitted electronically 24 hours prior to a planned downtime to ensure electronic dispensing prior to patients leave.

Unplanned

A paper Leave of Absence Medication Request (refer to your unit specific downtime form stock) form will be completed indicating all medications that need to be prepared by pharmacy for the patient’s leave. To meet legislative requirements, the paper request must be signed by the provider if any narcotics are required.

**LOA Process:**

- A paper request (as per site policy) listing all required LOA medications to be prepared by pharmacy.
  - Use 724 to compile the list of active medication and home medications from the patient’s profile.
  - Reconcile this profile with medication requests in the Patient’s Health Record to be back entered during the recovery stage of the downtime
  - List all required LOA medications on Leave of Absence Request form
  - In order to meet legislative requirements, the paper request must be signed by the provider if any narcotics are required.
  - One copy should be placed in the Patient’s Health Record to be back entered during the recovery stage of the downtime
    - Pharmacy will contact the floor to get an update of who have been discharged.
- Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.
Patient Care

Downtime Patient Care Orders

There are now two options available for placing orders during downtime:

1. Use existing supply of blank order sheets or print a blank Patient Care order form and fill in the written orders.
2. Print the Powerplan from the Clinical Downtime Powerplan homepage *new option*.  
   https://apps.lhsc.on.ca/regional/hugo/downtime/index.html

   Important: The PowerPlans have the orders listed and in some cases pre-checked.

Either way you will still need to:

- Stamp every page with a patient addressograph
- Have a Provider fill in the orders and sign
- Photocopy the form and send a copy to Pharmacy for the medication orders (or send the yellow copy if applicable)
- Fill in paper requisitions for laboratory and diagnostic imaging orders
- Keep a copy of the order sheet in the patient’s chart
- Back enter orders into the system when the downtime is over

Medication Related

IMPORTANT: Refer to the allergy documentation policy reminder, under the allergy section, to see how to access allergies during a downtime

New Medication Patient Care Orders

1) To prepare for a downtime, the 24 hour Medication Administration Record (MAR) will need to be printed.

2) The provider writes the new order on a Physician Order Form (form # 30581) - included in appendix D.

3) The nurse/clinician transcribes the new medication order onto the printed 24-hour MAR or changes the existing medication order.

4) The nurse/clinician will fax a copy of the form to Pharmacy.

5) The clinician administers the medication and signs that it has been administered on the paper MAR.
Unplanned

1) An announcement will be made when a downtime is going to be more than 30 minutes notifying everyone that they are able to start printing from the 7/24 Access program.

2) Print the 7/24 MAR titled “Medication Orders – Current” form (see the “Printing a Form” section of the 724 Access User Guide located at the beginning of this manual).

3) The provider writes the new order on a Physician Order form (form #30581).

4) The nurse/clinician transcribes the new medication order onto the printed 24-hour MAR or changes the existing medication order.

5) The nurse/clinician will forward a copy of the Physician Order form to Pharmacy via fax.

7) After the Medication Orders-Current print-out from the 7/24 Access program expires, the nurse will initiate a new hand-written MAR for documenting medications.
Printing the Medication Orders from 724 Access

When you log in it will automatically come up with the patient list

1) Click the patient

<table>
<thead>
<tr>
<th>Name</th>
<th>FIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charting, Ahsoc</td>
<td>422346367</td>
</tr>
<tr>
<td>Irregular, Sally</td>
<td>422346306</td>
</tr>
<tr>
<td>PowerChart, Diane</td>
<td>422344212</td>
</tr>
<tr>
<td>Pharmacy, S510</td>
<td>422340000</td>
</tr>
<tr>
<td>Pharmacy, S520</td>
<td>422343200</td>
</tr>
<tr>
<td>Cernest, RadiNet</td>
<td>422343704</td>
</tr>
<tr>
<td>Cernest, PathNetGL</td>
<td>422346352</td>
</tr>
<tr>
<td>PowerChart, CarolHunt/Validation</td>
<td>422346352</td>
</tr>
</tbody>
</table>

2) Enter the reason why you are accessing the patient’s information in the “Audit Information!” window

3) On the left hand side select “Medical Administration”

4) You can view at this point or print
5) On the top left hand corner of the screen select file, and print

6) Specify the print from section and select the print out that you would like to have printed

Note: Please print off the “Patient Information” print out as well to include allergy information

7) Click “Finish”
Example of a Medication Order – Current print out:

<table>
<thead>
<tr>
<th>PowerChart, Diana DOB: 03/01/1955 URN: 11970420 U-7 Room/Bed: A*-102/A FIN: 422344212</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Medication Orders (Current): Print From 09/18/2013 to 09/19/2013 ****</td>
</tr>
<tr>
<td><strong>Scheduled</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Solumedrol (sodium)</td>
</tr>
<tr>
<td>PRN</td>
</tr>
<tr>
<td>Order Comment: 591 1/13 14:05 Test, HUGO Nurse Practitioner 2 Corner test 4 g scopolamine iv 24 hrs from all sources.</td>
</tr>
</tbody>
</table>

Non-Medication Related

New Non-Medication Physician Orders form

1) The provider writes the new order on a Physician Order form and completes the necessary requisitions (i.e. Radiology)

2) The order/requisition will be sent/called to the appropriate department

**IMPORTANT:** Make sure all orders are kept and back entered within the timeframe specified

Unplanned

1) An announcement will be made when a downtime is going to be more than 30 minutes notifying everyone that they are able to start printing from the 7/24 system

2) The provider writes the new order on a Physician Order form and completes the necessary requisitions (i.e. Radiology)

3) The order/requisition will be sent to the appropriate department

**IMPORTANT:** Make sure all orders are kept and back entered within the timeframe specified

To print the current orders from 724 Access follow the same steps as the medication orders except you would go under the “Orders” tab and select orders when in the print screen”. Refer to these steps at the end of the “Medication Related” section.
Example of an Order printout from 7/24 Access:

<table>
<thead>
<tr>
<th>Order</th>
<th>Status</th>
<th>Details</th>
<th>Current Start</th>
<th>Projected Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Database</td>
<td>Ordered</td>
<td>2015/07/02 06:00, daily, 666469</td>
<td>3/7/2013</td>
<td>9/27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2015/07/02 06:00, 666469</td>
<td></td>
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<td></td>
<td></td>
<td>2015/07/03 06:00, 666469</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                                             |          |                                             | 9:31          |                |
|                                             |          |                                             | 9:27          |                |
| Occupational Therapy Referral - Occupational Therapy Referral MHYVQ | Ordered  | Routine, 2013/06/30 09:06, Assess & Treat | 8/27/13       | 8/27/13        |
|                                             |          |                                             | 9:06          |                |
| Physiotherapy Referral - Physiotherapy Referral London | Ordered  | Routine, 2013/08/30 09:45, Assess & Treat | 8/26/13       | 8/26/13        |
|                                             |          |                                             | 9:45          |                |
| Psychology Referral | Ordered  | Routine, 2013/08/30 09:45, Assess & Treat | 8/25/13       | 8/25/13        |
|                                             |          |                                             | 9:45          |                |
| Social Work Referral | Ordered  | Routine, 2013/08/30 09:45, Assess & Treat | 8/24/13       | 8/24/13        |
|                                             |          |                                             | 9:45          |                |
|                                             |          |                                             | 9:45          |                |
| Spiritual Care Referral | Ordered  | Routine, 2013/06/30 09:45, Assess & Treat | 8/22/13       | 8/22/13        |
|                                             |          |                                             | 9:45          |                |
| Social Work Referral | Ordered  | Routine, 2013/06/30 12:14, Assess & Treat | 8/21/13       | 8/21/13        |
|                                             |          |                                             | 12:14         |                |
| Alternate Level of Care | Ordered  | Routine, 2013/06/30 12:15, Maximal level of Care: To be determined, Level of Care applied: To be determined | 8/20/13       | 8/20/13        |
|                                             |          |                                             | 12:15         |                |
| Assess/Treat as Indicated - SW | Ordered  | Routine, 2013/06/30 12:23, Discharge Planning, Precautions: Drop In | 8/19/13       | 8/19/13        |
|                                             |          |                                             | 12:23         |                |

Future Orders *** Print from 06/18/2013 to 06/19/2013 ***

<table>
<thead>
<tr>
<th>Order</th>
<th>Status</th>
<th>Details</th>
<th>Current Start</th>
<th>Projected Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI Admission</td>
<td>Future</td>
<td>Routine, &quot;Est. 2015/09/15 14:01, testing, impaired renal function? Yes, Dialysis? Yes, No result in place 65 days, implantable? No, Malignant disease? No, Urimet., Precautions: No Known Precautions</td>
<td>8/18/13</td>
<td>8/18/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14:01</td>
<td></td>
</tr>
</tbody>
</table>

A copy of the Physician Order Form is appendix D of this manual.
Laboratory

Ordering
Lab work that is required during downtime will be ordered using the paper requisition process. All lab specimens sent to the lab must be appropriately labeled and be accompanied by the appropriate paper requisition. A paper requisition form will be completed by the Nurse. Refer to Appendix E for the paper requisition form.

The requisition/collection label must include:
- Patient’s name (first and last names)
- Patient Identification Number (PIN)
- Patient’s date of birth
- Patient’s location (critical information so lab can call results to correct area)
- Ordering Physician’s name (first and last names)
- Date and time of specimen collection
- Cerner User ID (printed legibly) of the person who collected the specimen
- For TRANSFUSION Medicine – Cerner User ID along with signature of the person who collected the specimen

The specimen container label must include:
- Patient’s name (first and last names)
- Patient Identification Number (PIN)
- Patient’s date of birth or OHIP number
- The type of specimen and/or site of collection (e.g. organ/tissue site, wound site)

*** Note: There MUST be two patient identifiers on the specimen or sample ***

Non-Essential Bloodwork
In the event of EPR downtime, routine or non-essential blood work should be postponed until the systems are fully recovered.

**Staff should NOT draw non-essential blood work during downtimes**

Delays in reporting:
Due to the significant impact of downtime on the lab workflow, results will be delayed. The lab will make every effort to maintain service on all critical bloodwork. Do not send non-essential bloodwork during this time.

Transport of Samples and Requisitions
Transport of samples and requisitions will occur in the usual manner.
Receiving Results

*Critical* results will be called to the unit from the lab. Results will be recorded on the Telephoned Lab Report. (Form #11931). Other non-critical results will be faxed to the unit from the lab if a fax is available.

Microbiology results may be sent to clinical areas on the Microbiology Downtime Report Form (*Appendix F*).
**Packed Red Blood Cells (PRBC) Transfusion**

### Packed Red Blood Cells (PRBC) Transfusion

**Computer Downtime or Specific Request by BTL**

1. **Order to transfuse PRBC**
   - Translation required immediately? (less than 30 minutes)
     - No
     - Yes
       - Fax issue voucher to UH BTL (07938) or UH BTL indicates product will be shipped to SUH/HS
       - Translation required before RBC arrives?
         - Yes
         - No

2. **Call 33441 to notify the BTL that untransfused blood is being used**

3. **Go to PACU (Room C1-210A)**

4. **Follow posted directions for Removing Emergency Blood from HemoNine**

5. **More PRBCs required?**
   - Yes
   - No

6. **All units transfused?**
   - Yes
   - No

7. **Return units to HemoNine Fridge (follow posted directions)**

### Core Lab Hours:

- **Monday to Friday:** 0700 to 1900
- **Sat, Sun, and holiday:** 0600 to 1500

**All Blood Transfusion Lab specimens (STAT and ROUTINE):**

1. Take to Core Lab.
2. They will be transported to VHI/H for testing.
3. If STAT, they will be sent by taxi and tested immediately.
4. If ROUTINE, they will go with next scheduled courier.

### After Hours:

- **(all other times)**
  - Refer to Laboratory Services After Hours Instructions

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Effective June 2011
Revised May 2014
Diagnostic Imaging, Non-Invasive Cardiology, EEG & Ivey

All orders for tests such as x-rays or ECGs should be ordered using the appropriate paper requisition form. Contact the department by phone to request services and send the completed requisition with the patient. See detailed PACS downtime procedures on pages 38 to 40 of this manual.

Diet and Tube Feeding Orders

If possible, changes in formula and diet orders should wait until after the computer systems are restored.

Diet orders for new admissions, order changes, food allergies, discharges and patient transfers should be called to the diet office. These new orders may be tracked on the Diet Orders Tracking Record (Appendix G).

<table>
<thead>
<tr>
<th>Location</th>
<th>SJH</th>
<th>PWH</th>
<th>RMHL</th>
<th>SCFMHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Extension</td>
<td>57324</td>
<td>57324</td>
<td>57324</td>
<td>57324</td>
</tr>
</tbody>
</table>

Allied Health

Orders for allied health are to be recorded in writing on the patient care order sheets in the Patient Health Record.

Nurse or delegate is to inform the relevant allied health service/professional(s) via telephone, fax, pager, or in person of order placed.

Allied health professional must be paged, as per protocol, if it is a stat order.

Allied health professional should also check the paper health record for orders to allied health recorded on the Physician Order Form.

For outpatient allied health referral orders, the relevant outpatient paper referral form is completed and faxed or mailed via interoffice mail to the appropriate allied health service or program.

Orders are acknowledged in Patient Health Record by relevant allied health professional.

Allergies

IMPORTANT: Documenting Allergies Policy Reminder

As per policy, it is the accountability of the regulated health care professional to confirm and document a patient’s allergies during their hospital stay. In the case of a computer downtime and electronic documentation of allergies is not available, it is the professional accountability of the Regulated Health Care Professional (most often the nurse) to continue to document allergies accordingly. Furthermore, it is the professional responsibility of the nurse to assess the appropriateness of a prescribed medication for a patient by confirming the patient’s allergy status;
during downtime this will be done by checking the patients allergy status on the 724 system, and confirming with the patient, and in case of changes or updates that may have occurred during the downtime, confirm with the Allergy Record in the patient health care record. During a downtime, nurses must ensure that any changes or updates to a patient’s allergy status are captured in writing on the Allergy Record, and clearly communicated to the oncoming care provider during transfer of accountability (shift change report) and any other necessary departments such as pharmacy and/or dietary. Please refer to the Documenting Allergies policy for more details.

724 Allergy access and printing instructions:

1. Open 724 from the downtime PC. **NOTE:** Patient record is only accessible from the downtime PC the patient was registered to when Cerner Powerchart became inaccessible.

2. Open patient record from patient list or search using the patient search option.

To view the allergies electronically:

- Click on the Allergies tab at the top of the patient information window

- To print a list of current active allergies

  - Click ≥ File ≥ Print ≥ check mark Patient Information
To Add or Change Allergies

1. The “Allergy Record” form (form# 200311 – Appendix H) to document any additions and/or changes.
2. A faxed copy of the Allergy Record form with any additions and/or changes will need to be provided to Pharmacy.
3. Place printed paper allergy record and the paper form with additions and/or changes in the front of the Patient Health Record.
4. Reconcile paper allergies to electronic allergies when the system is back up.
**Progress Notes and Consults**

If consults or referrals are required, the order is added to the Physician Order form and the service or department should be contacted directly by phone.

**Billable Items**

1. Fill out a “Billable Items” form (as found in Appendix I)
2. Fax the form to the business office for your site

**Patient Safety Reporting System (PSRS)**

The PSRS system is interfaced with the EPR receiving patient demographic information. During EPR downtime, staff will not be able to access the patient names/PINS so therefore will be unable to enter an event. In the event of a system downtime, events must be entered into the PSRS once the system is functioning again.

If the system is down for 8 hours or more, or if the downtime extends over a shift change and the staff member involved will not be returning within 24 hours, details should be reported on the PSRS Extended Downtime Form. Unit leads will need to decide who is responsible for entering these events when the system is again functional. Once the event is entered into the system, the paper copy is to be destroyed. Do not file on the medical record.

The PSRS Form can be found in Appendix J.
### Recovery

#### Roles for Back Entering During Recovery

<table>
<thead>
<tr>
<th>Role</th>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitting</td>
<td>Registration when clerks are not working (night shift)</td>
<td>Nurses will call admitting with all of the transfers and discharge information to back enter.</td>
</tr>
<tr>
<td>Clerks</td>
<td>All of the Registration back entries</td>
<td>Clerks will be given time to complete the registration before others are able to go into the system.</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Diagnostic Imaging Orders</td>
<td>Diagnostic Imaging will be doing their own back entries.</td>
</tr>
<tr>
<td>Diagnostic Cardiology</td>
<td>ECG, Stress, Holter and Echo Orders</td>
<td>Diagnostic Cardiology will be doing ECG, Stress, Holter and Echo back entries.</td>
</tr>
<tr>
<td>Labs</td>
<td>Lab Orders</td>
<td>The Labs will be doing their own back entries.</td>
</tr>
</tbody>
</table>
| Nurses/Registered Health Professional | E-Mar                                    | Nurses will be completing their EMars once Pharmacy has entered any new orders during downtime.  
|                                  |                                           | Nurses will need to document existing overdue medication tasks in their MAR that have occurred during downtime. |
|                                  | Patient Care Orderable                    | Nurses will back enter any new patient care orderables that occurred during downtime |
|                                  | Registration                              | Nurses will call admitting with all of the transfers and discharge information to back enter. |
| Pharmacy                         | Medication Orders                         | Pharmacy is back entering the medication orders for all of the nets - time will also need to be given to pharmacy to do these entries before regular pharmacy orders are filled. |

Recovery for anyone discharged will need to be noted that they discharged during a downtime. All med recs will be recorded on paper.
**Back Entering Time**

All of the back entries will need to be done ideally before the end of the shift. Worst case scenario the entries can be done by the end of the next shift.
Registrations

All Registration Points: will be responsible for entering all patient information into the system immediately after it is back up.

*The Post Downtime conversation WILL be used to back enter all admission after a downtime.*

1. Launch **Post Downtime** Conversation to enter all patient information from admission log.

2. Search patient in CPI

**If patient is not found:**
- click ‘ADD PERSON’
- immediately edit the PIN field to remove the auto-assigned system PIN and type in the new PIN assigned by Health Record Services during Downtime
- Failure to edit the PIN as outlined above will result in duplicate PINs for the patient

**If patient is found:**
- click ‘ADD ENCOUNTER’ and complete conversation
- If patient is found in CPI search with previous visits, yet Health Records assigned a new PIN during Downtime, follow through with above ‘ADD PERSON’ steps, inserting new Downtime PIN assigned, and contact Health Record Services immediately to report the duplicate PIN occurrence
- Failure to enter the PIN as outlined above will result in duplicate PINs for the patient

3. Populate all fields then click on OK to save.

4. All registrations must be completed once the Post Downtime information has been entered. To do this, open the Registration or Emergency Registration Conversation, **Highlight the appropriate visit** and click OK to complete the registration.

5. Complete ALL patient information and finish the conversation. Repeat steps 4-5 for all patients.

**Patient Flow Management System (RMHCL)**

**Coordinated Access Team (CAT)**

CAT office will complete any pre-registration for any planned admissions that happened during downtime, confirm paper information matches bed board information.
Admitting Department

Admitting will complete any inpatient registrations for patients that have been admitted and moved to an inpatient bed. Confirm proper unit and bed locations for registered clients.

Inpatient Units

Attending to completing any information missing in the Patient Flow Management System.
Medication Orders

All new medication orders will be back entered into the system by pharmacy as soon as possible.

How to back enter on someone else’s behalf

1) Override the defaulted time and date and enter the actual time that the medication was administered.

2) Change the performed by to your name

3) Select “System Downtime” as the Early/Late Reason

Non-Medication Orders

The nurse on duty will back enter all of the new non-medication orders written during the downtime

The following orders do not need to be back-entered by unit staff:

- Lab tests for which the specimen/requisition are already in the lab
- Diagnostic or other tests for which the requisition has been sent and/or the test completed
- Medication orders

Each patient care area is responsible for ensuring that the orders are back-entered by the end of the shift.
Diet and Tube Feeding

All diet orders must be entered into the system by unit staff as soon as possible after the system recovers. This includes diet order changes, new admissions, discharges and patient transfers.

Lab Orders

All back entries for lab orders will be entered by the lab.

Once the announcement is made that Cerner downtime is over, please continue to send only STAT/essential blood work to the lab for the next 2 hours. The lab must order into Cerner all the blood work received during downtime and populate the results into Powerchart. These two hours allows this to be completed before all non-essential blood work arrives to be processed.

Consults

Nursing will enter consults in Cerner Powerchart and mark as complete if the consult has taken place.

Allied Health

The nurse or delegate back enters all the allied health orders into the system once the system is back up. The relevant allied health professional will need to complete all orders which are tasked to their task list and which he/she has already addressed during downtime.

Allergies

Adds/Changes/Cancels of allergies during a downtime will be completed by any Regulated Health Care Professional. It is the entire care team’s responsibility to review the Patient’s Health Record for any allergy adjustments that may have occurred.

- Allergy adjustments should be completed and/or verified prior to proceeding with any medication orders.
- All allergies should be entered or validated electronically prior to medication orders being entered.
- This process will ensure the appropriate alerts are acknowledged and take into account for orders and administration of medications.
**SYSTEMS DOWNTIME**

GroupWise

When GroupWise is experiencing downtime, please use the telephone and fax to communicate messages.

IMPORTANT: GroupWise and GroupWise Messenger are independent systems. No other systems are affected if GroupWise is on downtime. Cerner applications and the Internet are still available.

PACS SYSTEM - Image Access during EPR / Cerner Downtime

*Powerchart Users:*

**EPR/Cerner systems is down,** Users will not be able to view Medical imaging reports or images through Powerchart.

**EPR/Cerner systems “slow downs”** due to performance issues: Access to Medical images and reports completed during this period may be delayed for Powerchart users, however, prior images and reports will be available.

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

**One view users** have access to Medical Imaging procedures from March 2009.

Please contact the helpdesk for account information.

*Centricity Web Users:*

The process to view images through Centricity Web (for users with PACS accounts) is as follows:

- In Centricity Web, choose the “All Studies” tab.
- Type in today’s date in the date field
- Type in the patient’s last name
- Select patient from the list
- **NOTE:** The exam will likely appear as “unspecified” in the procedure column.
An index of patients with the requested last name will be displayed. A second identifier must be used to select the correct patient. (IE: given name).

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

Reports via Exam notes will be viewable when exams are opened in PACS

**CD’s and limited film images are provided when PACS is down.**

**PACS Users (RA1000 software version):**

The process to view images through PACS/Centricity (when Cerner is down for users with PACS accounts) is as follows:

- In PACS choose the “All Exams” tab
- Type in today’s date in the date field
- Type in the patient’s last name
- Select patient from the list
- **NOTE:** The exam will likely appear as “unspecified” in the procedure column.

An index of patients with the requested last name will be displayed. A second identifier must be used to select the correct patient. (IE: given name).

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

Reports via Exam notes will be viewable when exams are opened in PACS

**CD’s and limited film images are provided when PACS is down**

**Image access during PACS downtime**

- All imaging performed during the downtime can only be viewed in the department
- Current and historical digital imaging is unavailable
- All images produced during downtime will be available on Picture Archive

**Communication System (PACS) PACS when the system is returned to normal**
**Powerchart Users:**

*When PACS system is down* - Users will not be able to view any images through Powerchart. However Medical Imaging reports will be available.

Dictated reports will be available via telephone conversation with the Radiologists, or through the listen access system.

Typed reports will be available through Powerchart.

**One view users** have access to Medical Imaging procedures from March 2009.

Please contact the helpdesk for account information.

**Centricity Web Users:**

PACS is unavailable.

**One view users** have access to Medical Imaging procedures from March 2009.

Please contact the Helpdesk for account information

**All Departments and Clinics:**

- **Critical** areas will have studies delivered via film or CD.
- Non critical areas may view the images on the modalities in the Radiology department.
- Dictated reports will be available through the listen access system, telephone conversation with the radiologists, or a hand written report on the film envelope
- **PLEASE NOTE:** Report generation will be delayed during downtime procedures
- Typed reports will be available through Powerchart

**Urgent Care Department:**

- General Radiology procedures will be filmed and delivered to Urgent Care for viewing. Films will be picked up and returned to radiology for reporting.

All imaging procedures will be available on PACS when the system is returned to normal.

**RAI-Mental Health (TREAT System)**

The RAI-MH is a module within the TREAT System and is used by the inpatient mental health teams. The TREAT System is interfaced with the EPR receiving patient demographic information for RAI-MH assessments. During an EPR downtime, clinicians will be unable to complete RAI-MH assessments. In the event of an EPR downtime, clinicians would require notification of the
downtime and would resume completion of RAI-MH assessments immediately following the
downtime.

RAI-Long Term Care (RAI-LTC)

The RAI system is interfaced with the EPR, receiving admission, discharge and transfer
information. When the EPR is down, staff will not be able to access new patients in this system.
Once the EPR system is recovered, all data will be entered into the system as soon as possible.

SJHC TREAT SYSTEM - OCAN

OCAN is a module within the TREAT system and is used by the outpatient ACT teams. The TREAT
System is interfaced with the EPR receiving client demographic information for OCAN assessments
when the client is scheduled as an OCAN Initial Assessment. During an EPR downtime, clinicians
will be unable to schedule a client that has never had an OCAN assessment (ACT Initial
Assessment), if the client had previously been scheduled the clinician will be able to complete the
OCAN within TREAT. In the event of an EPR downtime, clinicians would require notification of the
downtime and would resume completion any previously unscheduled assessments immediately
following the downtime.

NRS (National Rehabilitation System)

NRS is a CIHI mandated system for Rehabilitation and Specialized Geriatric Services Beds at
Parkwood Hospital. The NRS system is interfaced with the EPR, receiving patient demographic
information. During EPR downtime, staff will not be able to access the information on newly
admitted patients. Once the system is available, this data must be entered into the system. If the
system is down greater than 12 hours, a paper NRS assessment may be initiated. For patients who
are currently in the NRS system, the discharge assessment may be completed regardless of EPR
status.

Momentum MDS

The MDS System is connected to the EPR via real-time ADT interface. The interface receives
patient demographic information which is necessary for the completion of CCRS-RAI assessments.
In the event of an EPR downtime, the MDS system would still continue to operate and
assessments could be completed for existing patients. However, clinicians/health records staff
would require notification of the downtime since the EPR downtime would prevent the flow of
ADT information into MDS, resulting in inaccuracies in the bed board (e.g. newly admitted patients
would not appear in the software). Once the EPR is again operational, patient demographic
information would flow across the interface into MDS and then QMCDS staff would cross-
reference the data with Health Records data to ensure that no patients are missed.

In the event of a Momentum MDS downtime, the system is not accessible and cannot be used,
and as a result, clinicians and health records staff would need notification of this downtime.
Interface ADT data will wait in the queue until the MDS system is again operational and
completion of assessments can be completed.
Workload Measurement System (Infomed - Promiso)

The Workload Measurement System is interfaced with the EPR receiving patient demographic information for newly admitted patients. In the event of an EPR downtime, clinicians should contact QMCDS and ask to manually enter patient information into the system. When EPR is back up, ITS assist with resending backlog of patient information to InfoMed.

In the event of Infomed - Promiso downtime, clinicians should track workload manually and enter it into the system once the system is functioning again.

Muse

In the event of planned or unplanned downtime of the MUSE system, data will be stored in the ECG carts. If there are >200 tests, then the tests must be saved as hard copies. Once the MUSE system is operational, all data will be downloaded and reported electronically.

Once operational, normal downloading of data will occur.

Pyxis Medication Cabinet

Pyxis machines are plugged into emergency power outlets. In the event that there is a power failure or machine failure and access to the machine is required, the nurse should obtain the Pyxis downtime envelope kept on each nursing unit using Pyxis. This envelope contains two keys, a list of contents of the machine, medication log and a narcotic count sheet. To access the machine:

- Pull the machine away from the wall.
- Insert the right and left keys into the corresponding locks on the back of the machine and remove the back panel.
- Inside the machine on the right hand side are red levers for each drawer.
- Push the lever to the right (once to unlock, twice to open)
- Remove the medication and close the drawer.
- Record medication removed on the medication log (Appendix K).

If the admission, discharge, transfer (ADT) interface is down, and patients are not appearing on the Pyxis machine, the nurse may remove non-narcotic medications under the patient “Wardstock”. If a narcotic is required, the nurse must ‘add’ the patient to Pyxis. To ‘add’ a patient to Pyxis:

- From the main menu, select Patients
- Select New Patient
- Enter the patient information including last name, first name, PIN, date of birth and sex.
- Select the ADT tab
- Enter the following information:
  - Patient’s room number
• Patient’s bed number
• Date patient was admitted
• Nursing unit

• Click SAVE
## APPENDIX

Appendix A: Downtime Admission, Discharge and Transfer Logs

**DOWNTIME ADMISSION LOG**

**ADMISSION DATE:**

- *Initiate new sheet for each day*
- Post Downtime
- Photocopy for Pharmacy and Billing (send to Karolanne Bolton and Dee Dee Gelanyi if downtime is greater than 24 hrs)

<table>
<thead>
<tr>
<th>PIN</th>
<th>PATIENT NAME</th>
<th>FROM Room and Bed</th>
<th>TO Room and Bed</th>
<th>PHYSICIAN</th>
<th>SERVICE</th>
<th>Time of Transfer</th>
<th>Entered by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
# DOWNTIME TRANSFER LOG AND/OR PHYSICIAN/SERVICE CHANGES

**DATE:**

*Initiate new sheet for each day*

Post Downtime

<table>
<thead>
<tr>
<th>PIN</th>
<th>Patient Name</th>
<th>Discharge Disposition</th>
<th>Room Number</th>
<th>Via Amb Y/N</th>
<th>Discharge to (Institution name)</th>
<th>Time of Discharge</th>
<th>Discharge Delay Reason</th>
<th>Entered by Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surname/First Name</td>
<td>D-VIC, Expired</td>
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</tbody>
</table>

Photocopy for Pharmacy
**DOWNTIME DISCHARGE LOG**

**DISCHARGE DATE:**

*Initiate new sheet for each date.*

<table>
<thead>
<tr>
<th>PIN</th>
<th>Patient Name</th>
<th>Discharge Disposition</th>
<th>Room Number</th>
<th>Via Amb</th>
<th>Discharge to (Institution name)</th>
<th>Time of Discharge</th>
<th>Discharge Delay Reason</th>
<th>Entered by Initials</th>
</tr>
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</tr>
</tbody>
</table>
## Appendix B: Best Possible Medication History

### BEST POSSIBLE MEDICATION HISTORY

| Sources of Medication Information: |
|----------------|------------------|
| ☐ MAR from prior institution | ☐ CCAC |
| ☐ Patient/resident recall | ☐ Medication vials/containers |
| ☐ Family member/agent: | |
| ☐ Family physician/specialist: | |
| ☐ Community pharmacy: | |

### Allergies:
- Allergies: Complete before medications are dispensed or administered
  - ☐ No known DRUG allergies
  - ☐ No known FOOD allergies
  - ☐ No known ENVIRONMENTAL allergies
- Allergies:
  - 1. 
  - 2. 
  - 3. 
  - 4. 
- Describe Allergic Response:
  - >
  - >
  - >

### BEST POSSIBLE MEDICATION HISTORY (BPMH)

All medications that the patient takes or uses including prescription drugs, over-the-counter remedies including herbas and vitamins and vitamin/mineral supplements, as well as how the patient takes/uses them.

### ADMISSION/RE-ADMISSION MEDICATION ORDERS (AMOs)

<table>
<thead>
<tr>
<th>Continue</th>
<th>Modify</th>
<th>Discontinue</th>
<th>New</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

TO BE FILED IN PHYSICIAN ORDERS SECTION OF CHART

### MEDICATION / DOSE / ROUTE / FREQUENCY

| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |

### NOTES:

Signature of RN/RPN writing the above BPMH list: 

Date/Time Orders Faxed to Physician for Approval: 

Initials/signature of RN/RPN Faxed Orders to Physician: 

Signature of Physician Authorizing Orders: 

Date/Time orders faxed back by physician:

Signature of RN/RPN processing/transcribing orders:

Date/Time Orders Faxed to Prescription Shop: 

Signature of RN/RPN Double-checking Orders: 

a second time with Physician’s signature:

* Once signed by the physician, the BPMH becomes the AMOs.

Page 49 of 200551 REV FEB2011
Appendix C: Transfer Authorization Form

PATIENT TRANSFER AUTHORIZATION FORM – NON-OUTBREAK
This form must be COMPLETELY filled out before authorization can be provided.
Please Fax this Document to 1-866-301-5262
Enquiries call 1-866-869-7822
REQUESTED TRANSFER DATE: ______________________ (Please note: Authorization #s are only valid for 24 hours)

☐ Emergency Transfer  ☐ Non Emergency Transfer
☐ Patient requires transportation and medical supervision by a paramedic
☐ Patient requires transportation only, please indicate transportation provider________________________

SENDING HEALTHCARE FACILITY
Patient Surname: __________________________ First Name: __________________________
Sending Healthcare Facility: __________________________ Unit/Room: __________________________
Healthcare Facility Unit Telephone (area code mandatory): ( ) ______-__________ ext: ______
Healthcare Facility Unit Fax number (area code mandatory): ( ) ______-__________
Patient sex: M ☐ F ☐ Age or DOB is Mandatory: Age ______ or DOB ______ / ______ / ______ (YYYY/MM/DD)

Nurse/Clerk – filling out this form must provide: Name (print) __________________________
Signature __________________________ Sending Physician Name: __________________________

REASON FOR TRANSFER AND CURRENT DIAGNOSIS

1) Is the patient admitted or being transferred for admission? Yes ☐ No ☐
2) Does the patient work for a health care agency/organization? Yes ☐ No ☐
3) Is the patient a resident of a long-term care facility? Yes ☐ No ☐
4) Does the patient have new/worse cough or SOB? Yes ☐ No ☐
5) Is the patient feeling febrile or had chills or chills within the last 24 hours? Yes ☐ No ☐ Temp ______ ° C
6) Has the patient lived/visited: MEXICO, Vietnam, Hong Kong, Taiwan, Thailand, China, Indonesia, Cambodia and/or Malaysia within the last 30 days? Yes ☐ No ☐
7) Has the patient had contact with poultry or other fowl while living or traveling in these areas? Yes ☐ No ☐
8) Has the patient come in contact with a sick person in the last 30 days who has traveled to these same areas? Yes ☐ No ☐

Receiving Health Care Facility: __________________________ Unit/Room: __________________________
Healthcare Facility Unit Telephone (area code mandatory): (_____ ) ______-__________ ext: ______
Receiving Physician: __________________________

Initiate droplet precautions if “yes” to questions 4 and 5 these patients may potentially have Febrile Respiratory Illness (FRI).
Contact your infection Control for patients with FRI (i.e. yes to questions 4 and 5) and answered yes to either question 2 or 3.
Initiate droplet precautions and contact your Infection Control for patients with FRI (i.e. yes to questions 4 and 5) and answered yes to either question 6, 7 or 8. These patients may potentially have severe respiratory illness (SRI).

April 23, 2009
Appendix E: Laboratory Report
# Appendix F: Microbiology Laboratory

## Microbiology Laboratory

**ILSG**

600 Commissioners Rd, E, PO Box 5810
London, Ontario, Canada N4A 5W6
519-685-8000, ext. 52226 (Fax: 519-685-8541)

### Microscopic Examination:

<table>
<thead>
<tr>
<th>WBC</th>
<th>No Organisms Seen</th>
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<tbody>
<tr>
<td>RBC</td>
<td>Gram Positive Cocci</td>
</tr>
<tr>
<td>Epithelial Cells</td>
<td>Gram Negative Cocci</td>
</tr>
<tr>
<td></td>
<td>Gram Positive Rods</td>
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<tr>
<td></td>
<td>Gram Negative Rods</td>
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<tr>
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<td>Yeast</td>
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</tbody>
</table>

### Culture Report:

- **Organism #1:**
  - Antibiotic: Amoxicillin/Cavulanate, Ampicillin, Cefazolin, Ceftauxime, Cefotaxime, Ceftriaxone, Ciprofloxacin, Clindamycin, Erythromycin, Gentamicin, Gentamicin Synergy, Imipenem, Levofloxacin, Linezolid, Meropenem, Nitrofurantoin, Oxacillin, Penicillin, Piperacillin/Tazobactam, Synercid, Tetracycline, Tobramycin, Trimethoprim/Sulfamethoxazole, Vancomycin

- **Organism #2:**
  - Antibiotic: Amoxicillin/Cavulanate, Ampicillin, Cefazolin, Ceftauxime, Cefotaxime, Ceftriaxone, Ciprofloxacin, Clindamycin, Erythromycin, Gentamicin, Gentamicin Synergy, Imipenem, Levofloxacin, Linezolid, Meropenem, Nitrofurantoin, Oxacillin, Penicillin, Piperacillin/Tazobactam, Synercid, Tetracycline, Tobramycin, Trimethoprim/Sulfamethoxazole, Vancomycin

- **Organism #3:**
  - Antibiotic: Amoxicillin/Cavulanate, Ampicillin, Cefazolin, Ceftauxime, Cefotaxime, Ceftriaxone, Ciprofloxacin, Clindamycin, Erythromycin, Gentamicin, Gentamicin Synergy, Imipenem, Levofloxacin, Linezolid, Meropenem, Nitrofurantoin, Oxacillin, Penicillin, Piperacillin/Tazobactam, Synercid, Tetracycline, Tobramycin, Trimethoprim/Sulfamethoxazole, Vancomycin

### Growth Codes:

- **Light:** $< 10^5$ CFU/mL
- **Moderate:** $10^5 - 10^6$ CFU/mL
- **Heavy:** $> 10^6$ CFU/mL

### Antibiotic Sensitivity:

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Sensitivity</th>
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</thead>
<tbody>
<tr>
<td>Amoxicillin/Cavulanate</td>
<td>S</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>S</td>
</tr>
<tr>
<td>Cefazolin</td>
<td>S</td>
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<tr>
<td>Ceftauxime</td>
<td>S</td>
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<tr>
<td>Cefotaxime</td>
<td>S</td>
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<tr>
<td>Ceftriaxone</td>
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<tr>
<td>Ciprofloxacin</td>
<td>S</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>S</td>
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<tr>
<td>Erythromycin</td>
<td>S</td>
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<tr>
<td>Gentamicin</td>
<td>S</td>
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<tr>
<td>Gentamicin Synergy</td>
<td>S</td>
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<tr>
<td>Imipenem</td>
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<td>Levofloxacin</td>
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<td>Linezolid</td>
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<td>Meropenem</td>
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<td>Nitrofurantoin</td>
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<td>Oxacillin</td>
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<td>Penicillin</td>
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<td>Piperacillin/Tazobactam</td>
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<td>Tobramycin</td>
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<tr>
<td>Trimethoprim/Sulfamethoxazole</td>
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<tr>
<td>Vancomycin</td>
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</table>

### Microbiologist:

**ID:** WCRM-MIC-DWN-D-01

**Authorized:** Dr. Lamigan / Dr. Hussain / S. Milburn

**Date:** 2015/06/10

**Rev:** 06/04/23

**File:** down001.doc
## Appendix G: Diet Orders Tracking Sheet

**Diet Orders Downtime Record Sheet**

Date: ________________________________

Time: ________________________________

<table>
<thead>
<tr>
<th>PIN</th>
<th>Name (last, first)</th>
<th>Room Location</th>
<th>Current Diet / Allergy Location Status</th>
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</table>
Appendix H: Allergy Record (Downtime record, additional information)

# Allergy Record

Allergies to be assessed include:
1. Drugs
2. Food
3. Environmental agents (including latex, tape, contrast media)

See guidelines on reverse.

## Allergy Information

- [ ] No Known Drug Allergies
- [ ] No Known Food Allergies
- [ ] No Known Environmental Allergies (including latex and tape, contrast media)
- [ ] Unable to Collect Drug Allergies
- [ ] Unable to Collect Food Allergies
- [ ] Unable to Collect Environmental Allergies

**Signature:**

**Status:**

**Date:**

<table>
<thead>
<tr>
<th>ACTION TYPE</th>
<th>SUBSTANCE</th>
<th>REACTION TYPE</th>
<th>REACTION / SYMPTOMS OR REASON FOR CHANGE</th>
<th>SIGNATURE AND STATUS</th>
<th>FIXED TO PARABOLIC X</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = Add</td>
<td></td>
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<tr>
<td>C = Cancel</td>
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<tr>
<td>M = Modify</td>
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</tbody>
</table>

☐ Allergy information continued on next page.
# Appendix I: Billable Items

## Invoice for Chargeable Items

**Interest will be applied to charges after 30 days @ 1.5% per month**

**DEPARTMENT:**  
- HAND & UPPER LIMB CENTRE  
- HAND THERAPY CENTRE  
- OCCUPATIONAL THERAPY  
- PHYSIOTHERAPY  

268 Grosvenor Street  
London, Ontario, N6A 4V2

Inpatient ________  
Outpatient ________

This invoice may be paid at St. Joseph’s BUSINESS OFFICE located on the main floor. If this is inconvenient, please mail this invoice along with either your cheque or credit card information within 15 DAYS.

**METHOD OF PAYMENT**  
- [ ] WSIB  
- [ ] Self Pay  
- [ ] Voucher

If Self Pay please check one:  
- [ ] Visa  
- [ ] MasterCard  
- [ ] Cheque

**CHEQUE:** Please make cheque payable to St. Joseph’s Health Care London and mail along with this invoice. A receipt will be issued.

**CREDIT CARD:** Please complete the following and mail with invoice to St. Joseph’s Health Care London.

Name of Card Holder:  
Credit Card Number:  
Expiration Date:  
Signature of Card Holder:  
Staff Signature:  
Date of Service:  

**Invoice Number:**

**DISTRIBUTION:**  
- WHITE-Patient  
- CANARY-Patient Accounts

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>PRICE</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Biotechs Custom Foot Orthotics</td>
<td>1</td>
<td>$156.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Black Velcro Sling</td>
<td>1</td>
<td>$20.00</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Coban 1” (1 roll)</td>
<td>1</td>
<td>$4.68</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Coban 2” (1 roll)</td>
<td>1</td>
<td>$9.10</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Commercial Thumb Spica - Premeira</td>
<td>1</td>
<td>$34.00</td>
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<tr>
<td>6</td>
<td>Custom Finger Gutter Splint</td>
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<td>Custom Hand Based Splint</td>
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<td>8</td>
<td>Custom Kleinert Splint</td>
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<td>$74.88</td>
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<td>9</td>
<td>Custom Resting Splint (mid)</td>
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<td>Custom Wrist + Thumb Splint</td>
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**Other Items**

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**Total:** $

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Form #200239  
Rev. March 09
Appendix J: Patient Safety Reporting System (PSRS) Form
Appendix K: Pyxis Downtime Medication Log

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