

Eli's Rehab Report

Electronic Health Records: Advice to Help You Prepare for an EHR Shutdown

Tip: Perform a "mock downtime" practice regularly.

Your patient safety could be at risk if and when your electronic health record (EHR) system becomes unavailable for any reason. Take this advice for a good workaround strategy if you're hit with an EHR shutdown.

Three high-profile incidents occurred this year that highlight the issues that can occur when EHRs aren't functional. In February 2015, **Antelope Valley Hospital** experienced an EHR outage that caused its entire emergency department to shut down, as the facility was unable to write prescriptions, verify doctors' orders, review labs, or see previous patient records.

Just one month later, **Boston Children's Hospital** experienced a hardware problem that prompted a complete shutdown of its EHR for several days, which caused the postponement of several procedures and forced clinicians to rely on the previous methods of paper charts and hand delivering important documents such as prescriptions that are typically sent electronically when EHRs work the way they're supposed to.

And before the year ended, **Hospital Corporation of America** saw some of its EHRs stop operating properly, causing the impacted clinicians to have to rely on workarounds to handle its recordkeeping.

If you think this problem is isolated to large institutions, think again. The federal government's Contingency Planning SAFER Guide warns that, "EHR unavailability, which will occur in every EHR-enabled healthcare environment, represents a significant potential patient safety hazard that directly affects patient care." Patients could suffer from medication errors, the unavailability of radiological tests, canceled procedures, and other care issues if EHRs fail to work properly.

Bob Steele, executive vice president of clinical services with the HCI Group, had this advice on what to do if your EHR goes offline, when he was contacted by **Eli**

Create A Detailed Downtime Policy

Each department should have a downtime policy in place, but those will differ based on the sector's workflow, operations, etc., says Steele, who has managed EHR outages during three different hurricanes. Once you establish your protocols, ensure that all staff members are aware of them and fully understand the plan then perform annual drills to confirm that everyone can put the plan into action.

Most practices have annual meetings where they discuss changes to the EHR or new policies. During these meetings, perform a "mock downtime" practice run during which your staff members demonstrate what they would do in the event of an EHR outage. These practice sessions are of the utmost importance. "Don't wait until an outage happens, as patient lives are at stake," Steele advises.

The following areas are key to creating your downtime policy, which you should tailor to your office or department based on your specific needs:

1. Patient Safety is Paramount

One of your focus areas when creating your offline EHR strategy should inevitably be patient safety, since it's critically important, and it could suffer in the absence of electronic records. Include the following aspects in your patient safety plan, Steele advises:

Medication Administration: You must have a methodology to continue the timely and accurate administration of medication, many of which are imperative and life sustaining/saving, Steele says.

Allergy Identification: Create a mechanism to monitor and acknowledge patient allergies.

Establish Code Status System: The patient's code status should be readily available and obtainable in emergency situations. "Do not rely on the EHR □ ensure an alternative form of code status identification is in place, i.e., a colored armband, etc." Steele says.

Keep Test Results Flowing: Create a process for receiving test results in lieu of the electronic fashion, particularly in fast-paced and critical care areas such as the emergency department, labor and delivery floor, and critical care unit, Steel advises.

2. Keep Operations Moving Smoothly

Even without an EHR to rely on, you must ensure that your department operates smoothly, which means you keep track of scheduled diagnostics and treatments as well as the continuum of care for your patients, Steele says. This could encompass various areas, including the following:

Maintain Your Schedule: Ensure you have a way to keep track of appointments, admissions, therapy sessions, lab visits, and other important sessions.

Revert to Paper: Have systems and products in place to convert to paper charting when your EHR goes down. This includes having the materials at hand, training staff on how to use them, and maintaining policies on when to use paper. For instance, your protocol might advise practitioners to plan on making late EHR entries if the system is only down for 30 minutes, but after the 30-minute mark, they might convert to paper charting.

Keep Flow Sheets at Hand: Your paper supply won't be limited to encounter notes□you'll also need ample up-to-date copies of forms and flow sheets for other departments, such as requisitions for ordering lab tests, x-rays, consultations, and other information, Steele says.

3. Bills Must Remain Accurate

Losing your EHR doesn't mean you have to lose money in billing □ you should have a plan in place to ensure that you capture all of the information necessary to submit claims and bills, Steele says.

Get to Know the System: You should be aware of how your financial system is built and configured, and keep in mind that it may not be the same in each department.

Configure the Backup Protocol: Some systems are built for charges to go into a pending state if the system goes offline □ those should revert to active when the system comes back up.

Eliminate Duplicates: Some downtime protocols involve manual keying charges into the system, but if this is in your office's plan, ensure that when the system comes back online, it doesn't automatically generate charges as well □ this could cause duplicate bills to go out to insurers and patients. If this happens you'll have to go back and reconcile the accounts and generate credits, Steele says.

Maintain Backups

You can put systems into place that may help you get EHR access even in the event of a storm, but those aren't foolproof, Steele says. "While generators are good and a must to have, events such as hurricanes, earthquakes, and fire can knock them out as well," he advises. "A backup, emergency supply of all paper forms should be maintained and in current form should the occasion arise to need them."

Resource: To read more about the HCI Group's EHR capabilities, visit www.thehcigroup.com.

