

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER  
Erie, Pennsylvania

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Medical Center Memorandum No. 118-44

September 2, 2015

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**ELECTRONIC HEALTH RECORD CONTINGENCY PLAN**

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- I. **PURPOSE:** To continue to provide patient/resident care in the event of a partial or total outage of the Computerized Patient Record System (CPRS) and/or Veterans Health Information Systems and Technology Architecture (VistA) Read Only (RO) that impacts the delivery of patient/resident care.
- II. **POLICY:** In the event network computer systems are down and expected to remain down for a length of time that would impact the delivery of patient/resident care, staff will use paper back-up forms and the read only health summary information located on VistA (RO) and accessed either by existing desktop units or via contingency laptops issued by the Office of Information Technology (OIT).
- III. **RESPONSIBILITY:**
- A. Service Chiefs will:
1. Ensure that each unit has a method to include compilation, storage, routine update of, and a method for distribution of paper back-up forms in the event of contingency plan deployment
  2. Ensure that new and existing staff know location of contingency documents and understand instructions for use of VistA Read Only (RO), BCMA Contingency, and access to OIT-issued contingency laptops.
- B. Staff is responsible for understanding this policy and the procedures required to provide and document patient/resident care in the absence of network and/or full VistA/CPRS functions. Staff members, as designated by supervisors and/or Service Chiefs, are responsible for operating contingency computers during network outages.
- IV. **PROCEDURES:**
- A. **Procedure for Contingency Implementation – Patient Care Contingency Level I:**
1. When it is confirmed that CPRS is down, staff may use VistA Read Only (RO) to view read only patient/resident historical data necessary to

continue providing care to Veterans. (See Attachment A VistA RO Access Instructions)

2. Paper forms are used to process orders or other needed activities during CPRS outage. Blank forms are maintained on the unit and are obtained for contingency use from the MRRC Approved Forms folder available on Department Shares. Each department is responsible for downloading and printing the forms they may need in advance.

B. Procedure for Contingency Implementation – Patient Care Contingency Level II:

1. When both CPRS and VistA RO are down:
  - a. During administrative hours (Monday through Friday day tour):
    - (1) Service Chiefs, PCF, Unit Supervisors, Clinical Application Coordinators in collaboration with OI &T will request deployment of the Contingency laptops for VistA RO retrieval of patient/resident history based on the anticipated length of the down and current patient care needs..
    - (2) Deployment priority of contingency computers will occur according to patient/resident acuity and the nature of care provided. (See Attachment B for a list of patient care areas that are designated to receive an IT read only contingency laptop.)
    - (3) Contingency laptops are read only and cannot be used to write orders, progress notes, etc.
  - b. During non-administrative hours and in the event that local IT staff are not on site, the Patient Care Facilitator (PCF) will verify that network computer systems (both CPRS and VistA RO) are down. The PCF will notify the OI & T Help Desk. A representative from OI & T will advise the PCF whether or not contingency laptops are to be deployed.
  - c. Upon verification that a network outage has occurred and that the outage is adversely affecting the delivery of patient/resident care, the Chief, OIT will activate deployment of contingency laptops for accessing VistA Read Only (RO).
    - (1) Contingency laptops are stored in the OI & T department. A representative from the OI & T staff will be mobilized to come to the facility and log in to the laptops past the encryption point.

- (2) Contingency laptops may be issued only to the areas listed on Attachment B.
  - (3) IT staff will record the EE number of each laptop as it is dispensed and will check the employee badge and confirm the name of the person to whom the laptop was issued. All items to be recorded on Attachment B.
  - (4) The Information Security Officer will then be contacted in order to enable the print function on contingency laptops so that health summaries and/or other information may be printed and disbursed to care givers.
  - (5) PCFs may be authorized to call in additional staff to act as runners during an extended outage that occurs during non-administrative hours.
- C. Procedure for Contingency Implementation – Patient Care Contingency Level II: BCMA (Inpatient Acute Care and CLC Only): If a decision is made to implement the BCMA contingency plan see Attachment C for instructions on accessing BCMA contingency paper Medication Administration Records (MARs) and Reference Nursing SOP BCMA Contingency Plan.
- D. Procedures for Continuation of Clinical Processes:
1. Health Summary:
    - a. Scheduled downtime - A detailed health summary titled Contingency Inpatient or Contingency Outpatient will be printed by trained staff using VistA RO as follows:
      - (1) Inpatient - as late as possible prior to a scheduled downtime for all inpatients.
      - (2) Outpatient – the night before scheduled downtime for outpatients with scheduled visits during the downtime.
    - b. Unscheduled downtime - A read-only health summary will be printed for each patient/resident as soon as possible (this serves as the basis for a temporary paper health record). This is accomplished using VistA RO or read-only contingency laptops.
  2. Progress Notes: The author will print any progress note entered into CPRS on inpatients after the health summary has been printed but before the computer downtime begins. Whenever possible and reasonable,

providers should make every effort to complete progress notes in CPRS either before the computers go down, or after the systems are restored.

- a. For notes that absolutely must be written during the downtime, inpatient and outpatient progress notes will be written on Progress Note (SF 509). When systems return, the document will be scanned into the electronic medical record. Progress notes must include date and time and must be signed by the author with the author's credentials included
  - b. During downtime, a provider may continue to dictate notes as usual. If a note is dictated, a brief summary entry will be made on paper Progress Note (SF 509). Dictated notes will be uploaded to the electronic medical record upon return of systems.
3. Orders: Inpatient and outpatient orders will be written on Doctor's Order Form 10-1158 and will include signature, date, and time. When systems return, document will be scanned into the electronic medical record.

While system is down, new orders (lab, medications, and diet, etc.) will be compiled into a single patient/resident folder as specified by each unit. The purpose of the summary is to provide a single location for new orders for staff to reference and should be secured to the temporary paper health summary that was created.

4. Inpatient Pharmacy orders are written by the provider on a paper order form to be faxed to pharmacy. Phone or hand carry orders only when unable to fax.
  - a. Pharmacy will initial processed order forms and fax back to nursing unit.
  - b. After normal pharmacy hours - fax to contracted after-hours pharmacy service. If no other option available, call order in to the contract pharmacy. Processed orders will be initialed by pharmacist and faxed or called back.
  - c. Pharmacy will provide the medication to the unit in the usual manner or approved nursing personnel may initiate the Pyxis override function .
  - d. When system is up, pharmacy will enter medication orders into CPRS. Orders will be entered as "signed on chart" so that an electronic signature is not required.

- e. The contracted pharmacy service will be responsible for entering the medications in the computer when the system comes back up after hours.
- f. All processed medication orders will be manually transcribed on paper medication administration record (initially originated from bar code medication administration (BCMA) contingency or VistA RO) in order to track administration including independent double checks, if performed, blood glucose results, and any other pertinent information.

Pyxis critical override authorized for all inpatient and UCC Registered Nurses, Nursing Supervisors, and PCFs.

- (1) While in critical override, new medication orders must be verified by a Registered Nurse (RN) before the medication may be administered. The verifying RN must initial the paper form next to the provider's order.
  - (2) New medications may only be pulled from Pyxis medication drawers by a RN and verified by another licensed healthcare provider.
  - (3) Note: the patient/resident medication profile is not operational while Pyxis is in critical override; however, Pyxis will track who accessed the drawer and which medication was removed.
  - (4) The Pharmacy will run a report every business day that displays each incident of Pyxis override. The pharmacy will monitor Pyxis overrides and report any discrepancies or questionable overrides to the supervisor.
5. Outpatient Pharmacy Orders: Pharmacy orders for outpatients will be written on either a printed Medication Profile (which is printed prior to the beginning of the downtime on blank Action Profiles) or on standard VA prescription forms.
- a. Staff must know where prescription pads are stored so that they can provide as needed to provider.
  - b. Medication information will be entered into Vista by the Pharmacist after computers are back on-line. Orders will be entered as "signed on chart" so that an electronic signature is not required

6. Nutrition and Food Services orders will be recorded on Diet Change Sheets provided to the Units by Nutrition and Food Service. Once completed, they will be sent to Nutrition and Food Service abiding by the cut-off times listed on the sheets. The person transcribing orders will sign-off and enter active orders into VistA as “signed on chart” when the computers are back on line.
7. Laboratory orders will be written on the Doctor’s Order Form 10-1158 and transcribed to the paper lab requisition form 10-28(562) 8-2007. The laboratory request form will be sent to Lab for future specimen collections. For non-lab draw specimens, a copy of the laboratory request form will be sent with the specimens to the laboratory.

When systems are restored, Lab personnel will enter orders into VistA which will then populate CPRS.

8. Results of laboratory tests completed after the computer downtime begins will be communicated via phone or facsimile. Upon return of system, laboratory tests will be uploaded or manually entered into VistA.
9. Consult templates and progress notes in the department shares Medical Record Review Committee (MRRC) approved forms folder is designed for each consult. The templates contain the required information for each of the various consults.
  - a. If at all possible (and accessible), in the event of a clinical system down, these forms must be used to order consults.
  - b. If templated forms are not accessible, the provider must order the consult on the order sheet like any other order.
  - c. The receiving consult service would then need to be notified by phone regarding the consult.
9. Imaging Orders will be written by the provider and will be transcribed onto the Radiologic Consultation Request form (SF 519-B) and sent to Radiology. Urgent procedures must be telephoned to Radiology.
10. Imaging films are not available for viewing during network downtime. If report has been dictated, audio of the report is available up to 30 days from date of dictation. The last two radiology exam reports within the past 6 months can be viewed in the contingency health summaries.
11. Electrocardiogram (EKG) Reports are available during normal business hours from the Pittsburgh VA Cardiology Department (412-688-6000 ext 815887). Reports cannot be accessed after hours.

12. Discharges/Appointments

- a. Patients/residents being discharged on this day should already have a Discharge Note/Patient Instructions note in CPRS, entered and printed prior to the computer downtime. A copy of discharge instructions may be provided to the patient/resident ahead of time.
- b. If the computerized version of the discharge instructions is not completed in time, the provider and nurse will hand-write the discharge instructions including all medications, activity level, and diet, photocopy them, and have the patient/resident sign as having been communicated. Upon return of systems, documents will be scanned into the electronic medical record.
- c. Appointments will be made after computers are back online. Checkouts from the encounter forms can also be completed after the computers are back on line.

V. **REFERENCE:** Nursing Policy - Nursing Services: Barcode Medication Administration (BCMA) Contingency Plan - Inpatient, dated June 5, 2015

VI. **FOLLOW UP RESPONSIBILITY:** Patient Care Services/Nursing Informatics

VII. **REPORTING REQUIREMENTS:** None

VIII. **RESCISSION:** None. This is a new policy.

**(Original Signed 9/2/15)**

David P. Cord  
Medical Center Director

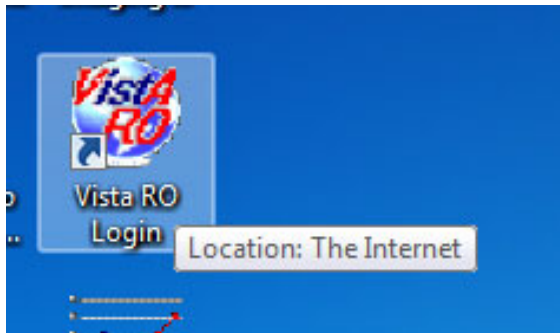
Attachments: A. Vista Read Only Access Instructions  
B. List of clinical Areas Designated to Receive IT Read Only Contingency Laptop  
C. Instructions for Accessing BCMA Contingency Paper Medication Administration Records (MARs)

**ATTACHMENT A**

**INSTRUCTIONS FOR ACCESSING VISTA READ ONLY (RO)**

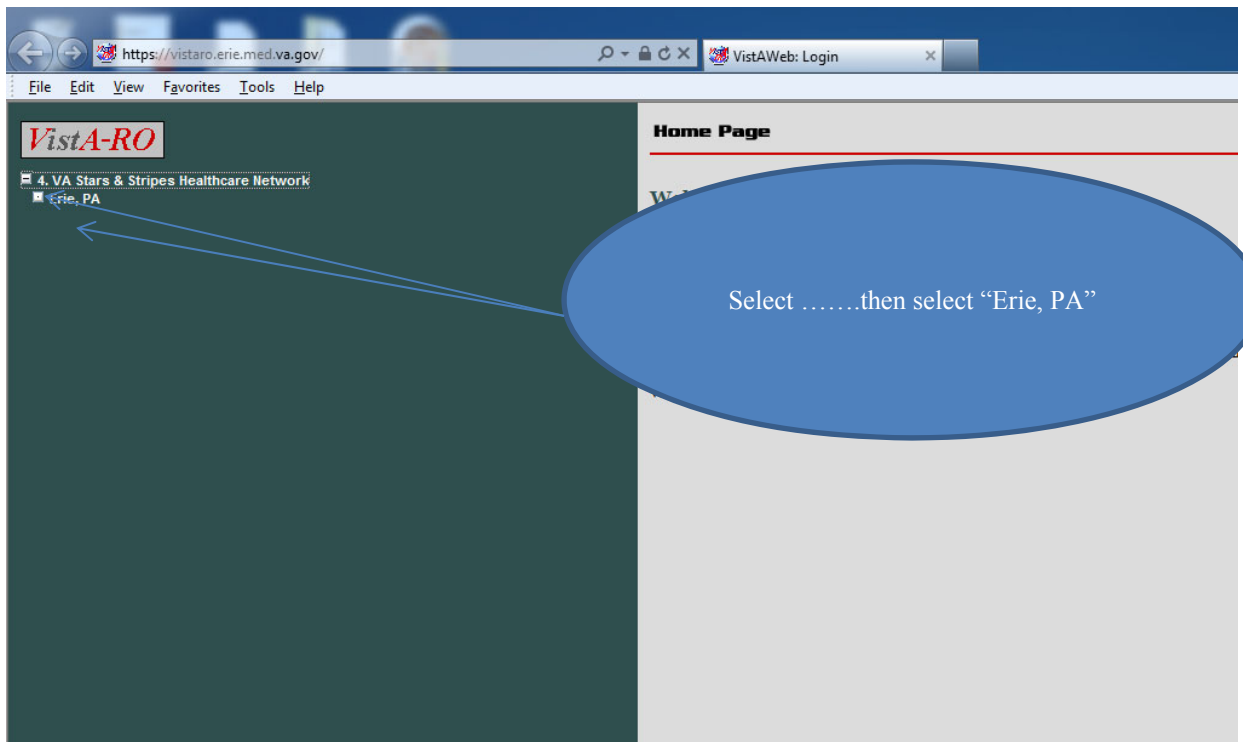
Note: Facility Administration and/or Office of Information and Technology will advise employees on which systems can be used.

HOW TO USE VistA READ ONLY (RO)

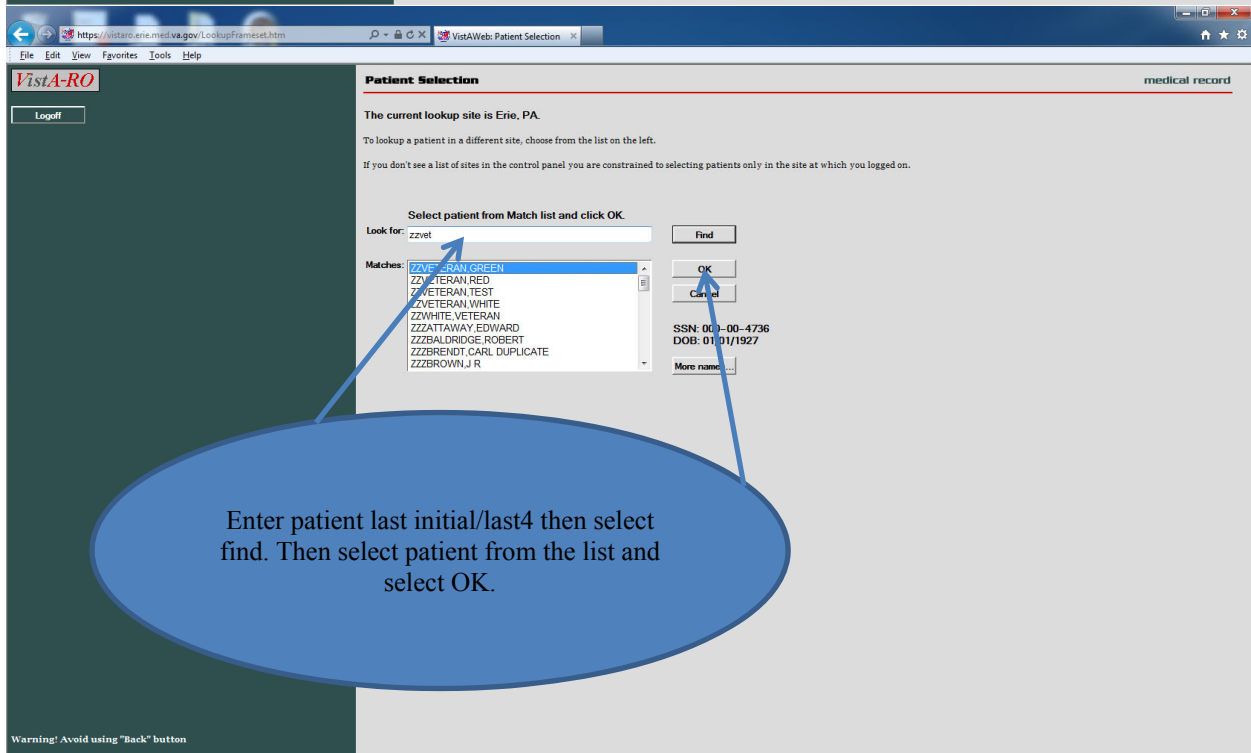
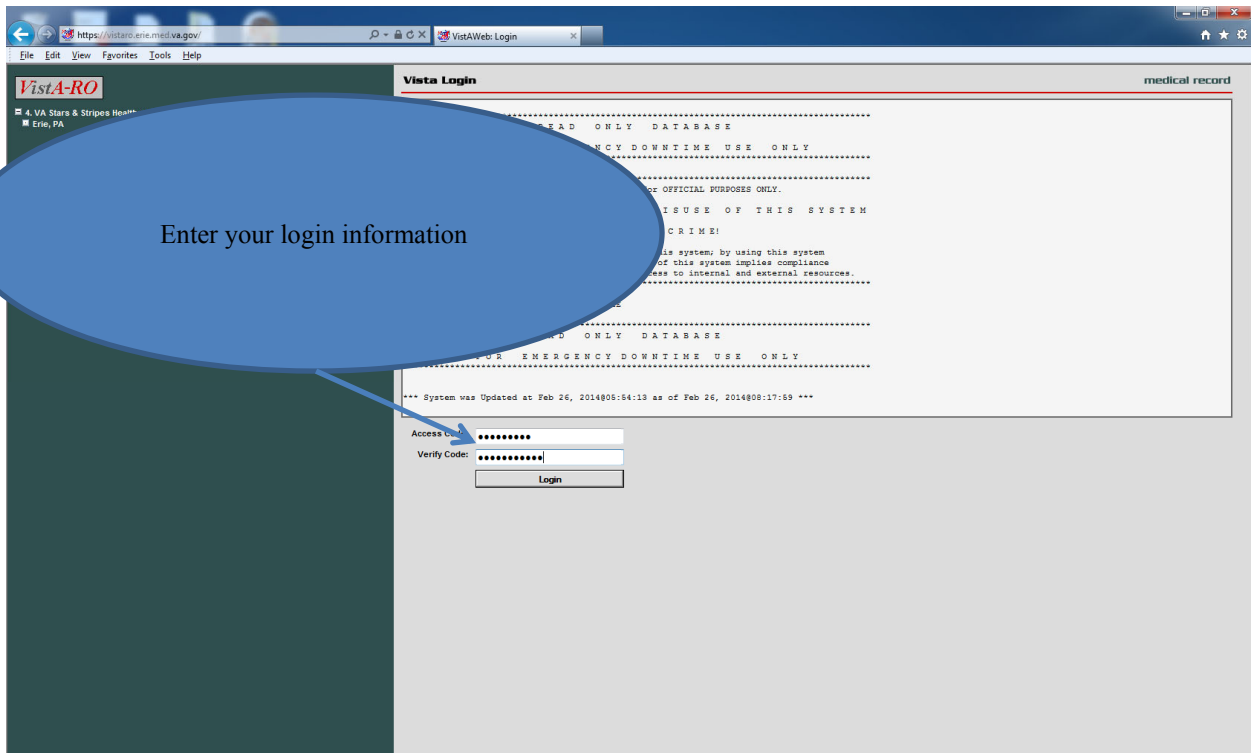


Or use this link:

<http://vistaro.erie.med.va.gov/>







Site Connection Summary (02/26/2014 08:18)

Data for this patient can be retrieved from the following sites:

Site Name	Patient Name	SSN	DOB	Deceased Date
Erie, PA (ER)	ZZVETERAN,TEST	000006789	01/01/194	

In case of any problem, please contact your home site. The URL is https://vistaweb.med.va.gov.

Version 6.0.4 Build last updated 02/26/2014

Warning! Avoid using "Back" button

Lab Summary Report(s)

Report Type: [Redacted]

Date Range: [Redacted]

Print Report

Erie, PA

HEMATOLOGY PROFILE

BLOOD	Jan 17 2014	Dec 06 2013	Reference
	16:02	11:44	Units Ranges
RBC	6.8		thou/uL 3.8 - 10.6
HGB	4.2 L	14.1	g/dL 4.4 - 16.9
HCT	39.9 L	42.8	% 40 - 52
MCV	84.6		fL 80 - 100
MCH	32.3		pg 26 - 34
MCHC	34.1		g/dL 32 - 36
RDW	13.6		% 11.5 - 14.5
PLT	244		thou/uL 130 - 400
MPV	7.8		fL 7.4 - 10.1
NEUT %	63.6		% 40 - 75
LYMPH %	37.4		% 20 - 44
MONO %	6.3		% 2 - 10
EO %	1.8		% 0 - 6
BASO %	1.0		% 0 - 2
PLTIC			% 1.5 - 11.5
AB NEUT			cm
BOSIN,T			/CO 50 - 350
RETIC*			% 0.5 - 2.77
PLTBLAU			thou/uL 130 - 400
ESR			mm/hr
ESD			mm/hr
WESTERG			mm/hr 0 - 16

Comments:

e. Ordering Provider: Ritu Kheta MD  
Report Released...: Jan 17, 2014 8:43  
Performing Lab...: ERIE VAMC (CLIA# 39D0987208)  
138 E 39TH STREET ERIE, PA 16504-1559

f. Ordering Provider: Ritu Kheta MD  
Report Released...: Dec 06, 2013 11:52  
Performing Lab...: ERIE VAMC (CLIA# 39D0987208)  
138 E 39TH STREET ERIE, PA 16504-1559

Warning! Avoid using "Back" button

**ATTACHMENT B****List of clinical Areas Designated to Receive IT Read Only Contingency Laptops**

These are the 6 locations designated for placement of IT read only contingency laptops:

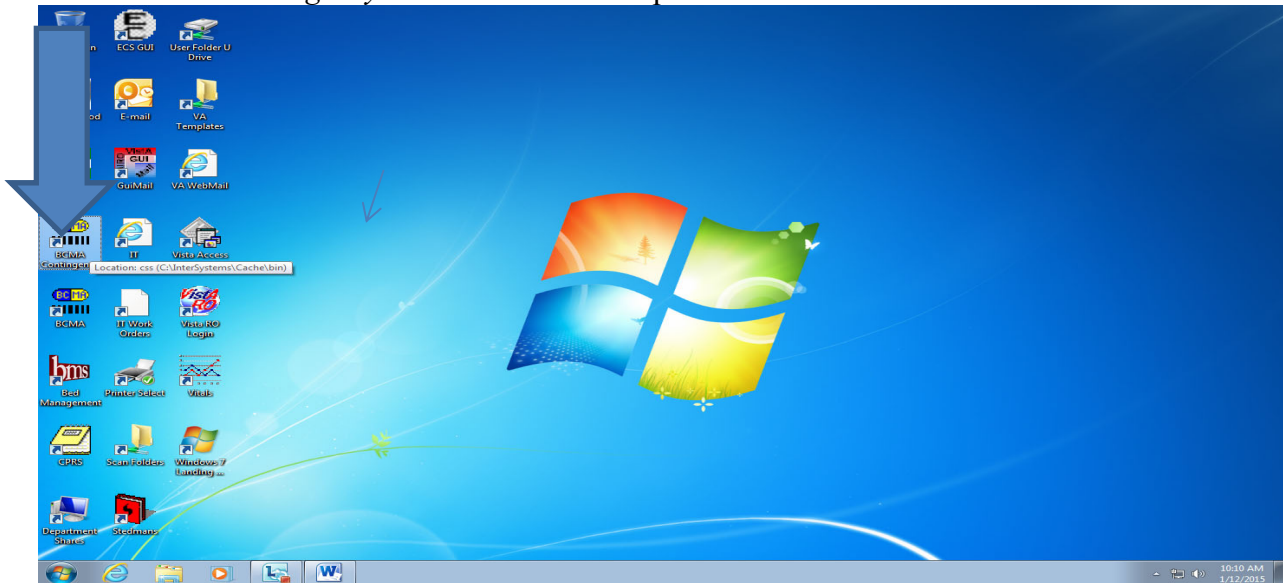
Department	Equipment EE	Issued to (list name)
UCC		
Pharmacy		
Unit 6		
Unit 4 & 5		
Primary Care		
Behavioral Health		

## ATTACHMENT C

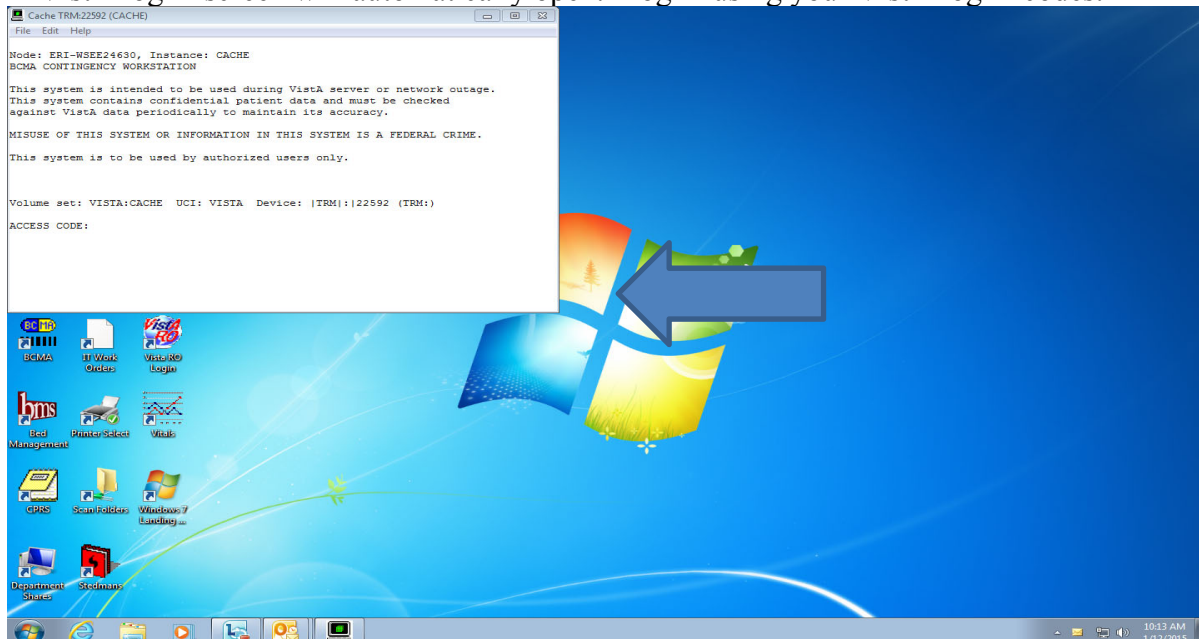
## Instructions for Accessing BCMA Contingency Paper Medication Administration Records (MARs)\*

Log on to the designated workstations either on Unit 4 or Unit 5 using your network login.

Select *BCMA Contingency* icon from the desktop:



A Vista log in screen will automatically open. Log in using your Vista log in codes.



The BCMA Contingency Options Screen will open.

```

Cache TRM:22628 (CACHE)
File Edit Help

Wards with BCMA Backup Data on this workstation:

    4 NHCU
    5 NHCU
    6 MED

Select WARD: ^

SO      List/Display Orders
PA      Print MAR for All Wards
PP      Print MAR for Selected Patient
PW      Print MAR for Selected Ward
PAC     Print MAR for All Clinics
PC      Print MAR for Selected Clinic
BL      Print Blank Mar for Selected Patient
WL      List of Wards in BCMA Backup File

Select BCMA Backup System (Wrkstn) <TEST ACCOUNT> Option: PP  Print MAR for Sele
cted Patient

Inpatient Pharmacy Orders for a selected patient
Select PATIENT NAME: █

```

You will be asked to:

- Select print by Ward or by Patient.
- Whether you want current or all medications and
- How many days MAR you require.

**In the event of a true BCMA outage select the following:**

- (PW) Print Ward
- Select the Ward you want to print based on the options listed on the screen. You must type in exactly as listed with a space between the unit number and all caps for the text that follows.
- Select (C) Current Medications only
- Unless otherwise directed, select 1 day option for MAR. Note that the default is set to 7 days. In nearly every instance, 1 day MAR will suffice.
- Select No when asked if you want to send to the print queue. The hardware is set up to automatically print to the slave printer it is connected to so there is no need to select a printer.

**If you are learning the system or performing the weekly equipment check, select:**

- (PP) print patient.
- Select one patient on your unit to print a test MAR.
- Select (C) Current Medications only
- Select 1 day option for MAR. Note that the default is set to 7 days.

\*Reference Acute Care and CLC Nursing SOP on BCMA Contingency  
for Full BCMA Contingency Plan Information