Guidelines for developing EHR downtime procedures

|  |  |
| --- | --- |
| Procedures for EHR Downtime | |
| **Communication** | |
|  | **Choose a communication channel for notifying physicians and staff that the EHR has malfunctioned (e.g., email, organizational intranet, word of mouth).**  It is helpful to have a high-level communication plan for practice leadership and an ancillary plan for each individual clinic to ensure all individuals impacted within a clinic are made aware of the downtime. |
|  | **Determine the process for informing physicians and staff that EHR-downtime procedures have taken effect.**  Once you have informed the clinic of the EHR downtime, initiate downtime procedures immediately. Staff and physicians should already be aware of and trained on these procedures. It is also helpful to have a hard copy of downtime procedures for quick reference. |
| **Patient visits** | |
|  | **Select a method of scheduling new patients and follow-up visits.**  Scheduling may be hard if you do not have access to the provider’s schedule. Be sure to have scheduling cards available, so the patients have a number to call to schedule. Also, offer to call patients back or ask them if they’d like a call back from the office to schedule (and take down any necessary information to make that call in the future). |
|  | **Identify the procedure for processing new patients in the practice (e.g., assigning temporary medical record numbers).**  It can be helpful to have a paper registration form to collect all necessary information to register the patient in the EHR once it is up and running again. |
|  | **Establish a communication strategy for notifying patients the EHR has malfunctioned and decide on an alternative check-in workflow.**  When EHRs go down, the check-in process can be hectic. Consider pulling one of your team members to greet patients, explain the situation and coordinate the check-in process, so the clinic flow continues to run smoothly. |
| **Documentation** | |
|  | **Develop a protocol for documenting patient visits.**  Have a paper template or pre-appointment questionnaire available that allows the provider and care team to capture all pertinent information (e.g., chief complaints, allergies, medical and family history, diagnosis, medications, important information obtained during the visit) for input into the system once functionality is restored. Also, be sure to document orders placed, medications administered and any other information necessary for billing later. If a dictation device or phone is used, it may continue to function normally during downtime. |
|  | **Maintain paper versions of all EHR forms and templates (e.g., consent forms, new patient forms).**  These can be easily printed and/or copied to utilize during the patient visit and inputted into the system later. |
|  | **Establish a process for transferring data into the EHR once it has regained functionality (e.g., scanning vs. manually entering data).**  This will likely depend on your EHR and resources; however, manually transferring the data into a visit note/encounter is the best way to document the visit and ensure proper billing. |
|  | **Assign staff who will be responsible for transferring data into the EHR once it has been restored.**  Set aside time for staff to assist in transferring the data into the system once functionality is restored. You could also consider bringing on temporary staff help to assist with this process if resources permit. |
|  | **Ensure that all data is transferred into the EHR in a timely manner once it has been restored.**  Transferring this information shortly after functionality is restored ensures that patient care isn’t delayed and billing is handled in a timely fashion. |
|  | **Appoint staff who will prepare informational packets to patients after the visit (e.g., follow-up instructions, educational materials, after-visit summary [AVS]).**  It is helpful to have paper copies of education materials and patient instructions printed ahead of clinic to ensure the visit runs smoothly and these can also be utilized in the case of EHR downtime. If the EHR is down, the AVS won’t be available at the time of the visit, but can be mailed to the patient later. |
| **Bills and payments** | |
|  | **Identify how patients will be billed after their visit.**  Work with your revenue cycle team to establish a plan for billing during and after EHR downtime. Consider using a paper “superbill” (have available as needed) or writing billing codes down to enter into the EHR system later. Entry can be completed by a member of the care team, practice billing team and/or coding staff. |
|  | **Create a process for managing payments made during the outage.**  Despite the system being down, registration team members should still be able to collect patient payments. Track each patient payment manually (on paper) and enter appropriate information into the system when function is restored. You can assign a staff member to complete this process or have each registration team member be responsible for posting any payments they took during downtime. |
| **Prescription management** | |
|  | **Establish a procedure for prescribing medications (e.g., call in or fax prescriptions directly to the pharmacy).**  While most practices are moving towards e-prescribing, it can be helpful to have a reserve of paper script pads available in case of emergency. This allows the patient to walk out of the visit with their prescription. Appropriate care team members can also assist in calling in prescriptions to the pharmacy. |
|  | **Designate staff who will document and track new prescriptions and refills.**  Include this in the plan for how to alternatively document the patient visit. |
| **Orders, results and referrals** | |
|  | **Establish a process for placing orders (e.g., screenings and laboratory tests).**  These can also be written on paper prescription pads. You can also inform the patient that you will place orders in the system as soon as it becomes available and route it to their preferred lab and/or imaging center. If that is not an option, you can also mail or fax the orders as needed once you are able to place them in the system. |
|  | **Identify staff who will document and track orders to better manage inventory, bills and payments.**  Include this in the plan for how to alternatively document the patient visit. |
|  | **Appoint staff who will document immunizations administered to patients.**  This can be included in your downtime documentation plan. Consider having a paper tracking sheet available to track immunizations by patient. |
|  | **Determine a process for accessing results if these were automatically integrated into the EHR.**  This may be difficult if the provider has not received the results ahead of the patient visit and is unable to access the EHR. Consider implementing a pre-visit planning process and a daily team huddle to be prepared to discuss results if system downtime occurs. |
|  | **Make referral templates accessible to physicians and staff.**  Have a paper referral template accessible for providers to give to patients during downtime. |

Source: *AMA. Practice transformation series: EHR implementation. 2017.*