

# BCMA Pre-Shutdown Routine

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## Preparation for Scheduled Downtime during Off-Hours

### Suggested Steps

1. Determine what clinics, wards, and operations will be affected:
  - This Saturday downtime will affect ER, UC, and all the inpatient wards. Surgery may be affected if emergency surgery should be needed during downtime.
  - Ancillary services affected: lab, pharmacy, radiology, medical records.
  - EHR, BCMA, RPMS, Vista Imaging, and all RPMS applications will be unavailable. Patient Historical Data will be unavailable.
2. Determine if planned downtime schedule will minimize possible adverse effects on patient care and minimize risks.
  - This downtime moved from 8am-1pm to 10am-3pm to avoid the major morning med pass and its effects on BCMA.
3. Mitigation of effects of downtime (in advance):
  - a. Ask Medical Records to resume printing health summaries on patients that check in.
  - b. Warn all staff.
  - c. Check inpatient wards to ensure contingency printing or orders is still occurring correctly.
  - d. Ensure informatics staff and runners are available.
  - e. Notify Emergency Management Coordinator.
  - f. Determine cut-off times for admission and transfer orders. Determine cut-off times for other orders and discharge instructions in EHR.
  - g. Ensure Paper contingencies are in place including blank MARs.
  - h. Ensure log ins are in place in place with ONRAD and Labcorp for reports when interfaces are down.
  - i. Ensure IRM knows not to shut RPMS, EHR, or BCMA until given the all clear by CAC on duty.
  - j. Temporary: Check to see if we can print MAR labels on delayed orders.
4. Mitigation of effects of downtime (day of):
  - a. Ensure all active orders are printed for inpatient and in patient chart. Ensure Health Summaries on all inpatient patients.
  - b. Print all MARs from RPMS Nurse Drug Menu after Pharmacy has cleared inpatient queue ASAP after 9am.

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**Note:** Jonathan Bagby's comments: For planned downtime in VA, many sites combine instructions 4b and 4d by printing the Medication Administration History report from BCMA for a seven day period. Using a start date of t-3 and a stop date of t+3 and printed to a 132 column device (about an hour before the downtime), will mimic the traditional MAR, but will be populated with all data previously entered using BCMA. The MAH will contain three days of historical data then the current day plus three days of future "space" where nurses can document meds that are administered during the downtime (exactly the way they did before BCMA). Blank MARs should be available for any orders that can't wait until the system comes back up, but because you've printed the MAH for t+3, you are covered for currently active orders for up to three days should the system not come back online as expected.

- c. Announce that ordering is being disabled over the EHR broadcast to all EHR users and disable ordering in EHR at 9am by going to EHR > BEH > ORD > PAR > ORD.
- d. Print all Medication Administration Histories for BCMA by ward after the last major med pass just prior to downtime. BCMA should then cease on those patients that their Medication Administration Histories are printed. This is your historical record of what was given.
- e. Encourage nursing staff to chart shift assessments before downtime.
- f. Establish cut-off times:
  - **ER Dayshift:** All notes and orders go back to paper with the beginning of dayshift. Admission orders from the ER should go to paper at the same time as other inpatient orders.
  - **Inpatient:** All orders should be done on paper starting at 9am for this downtime. (contingent upon ability to print delayed orders).
  - **Inpatient Notes:** Can be done EHR all the way up to the downtime but must be completed before downtime to avoid loss of notes.
  - **Surgery:** All surgeries done that day before downtime should be on paper.
  - **Ancillary Services:** Should process orders that come in then follow contingency plans.
5. Someone from IRM or Informatics needs to start giving regular shutdown countdown warnings starting at 9am. An EHR shutdown clock can be started through VCmanager for EHR users but RPMS users will not get these warnings.
6. Ensure Ward Clerks on duty know how to enter in orders as signed on chart and know what is expected when the system goes live again. This needs to be done while system is still up so demonstrations can be done. Ensure they have plenty of blank paper orders, progress notes, and other paper documentation needed for shutdown.