



A Mother's Day Downtime

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Problem Statement: In a large academic medical center with over sixty thousand inpatient visits and two million outpatient visits yearly, patient care is managed through an electronic medical record system. When systems become unavailable - it can be a disaster. During a downtime on Mother's Day 2015 staff began to notice issues with the pager system at 4:30 am, RNs on the inpatient units had problems logging into the nursing documentation application to chart end of shift care, while others noticed issues logging on to the internet. This was the beginning of an eight hour network downtime. Unique issues identified with this downtime were the presence of less experienced nurses in holiday staffing, fewer Medical Receptionists on the inpatient units, and the timing of the outage which crossed shifts. Lack of preparation for downtime led to medication errors by nurses. Providers were unable to place electronic orders, which often utilize decision support tools. The Safer Guidelines suggest, "Hospital personnel are trained and tested annually in these procedures" (The Office of the National Coordinator for Health Information Technology, 2014). Barriers to staff readiness included staff turnover and the many competing learning activities of a large academic medical center. With approximately eight thousand nurses on staff, classroom learning has been challenging, leaving e-learning as the best option for disseminating information to the staff in an efficient manner. **Method:** A ten question pre-learning survey was emailed to 470 inpatient unit staff leaders on January 11, 2016 to assess their current knowledge of the downtime policy. Next a voice over power point module clarifying the appropriate downtime policy was emailed to the same group on January 25, 2016. A post survey will be emailed on February 8, 2016, to evaluate the efficacy of the learning module to be used with staff as an annual competency tool. **Results:** Initial pre-learning survey results from 128 respondents were sent back to the investigator. Two primary issues were revealed by the survey. The first was Medications. Staff were asked if they knew where the downtime Medication Administration Records (MAR) printed for their unit. Respondents answered incorrectly 50% of the time. This corresponds with complaints by staff of not receiving downtime MARs. Second, similarly, 60% of respondents could not successfully report how medication orders, written during downtime, should be electronically entered into the Computerized Physician Order Entry application. Unfortunately this resulted in physicians and pharmacists entering duplicate medication orders. Communication Staff stated the overhead announcements were unclear. The survey showed less than 10% of staff clearly understood the instructions given during the announcement. Post intervention results are forthcoming.