It is the policy of Texas Tech University Health Sciences Center (TTUHSC) to maintain a contingency plan for failed Electronic Health Record (EHR) utilization intended to ensure continued operation of critical functions during times of adverse working conditions. Such operational adversity planning takes into consideration recovery planning for various levels of potential disruption. As such, TTUHSC will continually assess, develop and implement appropriate strategies designed to continue the flow of clinical and administrative data in collection, processing and delivery during periods of application, system, and/or network downtime in accordance with 45 CFR §164.308(a)(7).

SCOPE:

This policy applies to all TTUHSC Ambulatory Clinics operated through its Schools.

PROCEDURE:

1. **Downtime Definitions.** TTUHSC will use the following to define modes of downtime and emergency operation and the responses to them by effected departments:

   a. **Level 1 Downtime Operations:**
      1) Localized, scheduled problem involving the loss of a single function, application, or system, not anticipated to exceed 24-hours of unavailability.
      2) For a level 1 incident, the problem can be resolved using available resources.

   b. **Level 2 Downtime Operations:**
      1) Localized, unscheduled problem involving the loss of a single function, application, or system, not anticipated to exceed 24 hours of unavailability.
      2) For a level 2 incident, the problem can be resolved using available resources.

   c. **Level 3 Downtime Operations:**
      1) Localized, scheduled or unscheduled problem involving the loss of multiple functions, applications, or systems, not anticipated to exceed 24 hours of unavailability.
      2) For a level 3 incident, the problem can be resolved using available resources.

   d. **Level 4 Emergency Operations:**
      1) Serious or damaging problem involving the loss of multiple functions, applications, or systems.
      2) A level 4 incident is more serious and takes more than 24 hours to resolve. The resources needed to resolve the issues are more extensive and may require outside assistance such as a system/application vendor or fire department for a localized fire.
e. **Level 5 Emergency Operations:**
   
   1) Major disruption of one or more sites, and involving the loss of multiple functions, applications, or systems.

   2) A level 5 incident is a major disaster that affects operation of mission-critical systems and functions for more than 48 hours. Resolution includes disaster declaration and use of recovery plan.

2. **Downtime Notifications and Communications.**

   a. **Scheduled Downtime:**

      1) In the event of scheduled downtime, the Managing Director of Health Information Management Systems will notify department chairpersons, administrators, nurse managers, and other clinic leadership 48 to 72 hours prior to the event.

      2) Serious or damaging problem involving the loss of multiple functions, applications, or systems.

   b. **Unscheduled Downtime:**

      1) In the event of unscheduled downtime, the managing director of Health Information Management Systems will notify departmental/clinic leadership (Chief Medical Information Officer, EHR Help Desk, CEO) as soon as possible and provide appropriate guidance based on Level of Downtime Operations. EHR Office will communicate information to departments.

      2) It is the responsibility of department leadership to notify faculty, residents, and staff as appropriate and follow Department Emergency Downtime procedures to extent necessary.

3. **Pertinent data which must be entered into the EHR after resuming normal operations.**

   a. Updated med list/allergies will be entered into the EHR.

   b. Nurse Intakes/Progress Notes will be scanned into EHR

4. **Training on Alternate Procedures.** Training for staff and providers on alternative procedures to follow when electronic information systems are unavailable will occur at the departmental/clinic level. Training will include procedures addressing downtime, defined as any planned or unplanned computer system outage. Clinical departments should address the following as it applies to their particular data and general procedures:

   a. Procedures for **preparation** in the event of a scheduled downtime period.

   b. Procedures for **communication** in the event of a downtime period.

   c. Procedures for **departmental operations** during a scheduled or unscheduled downtime period. Documentation should include procedures for continuity of operations in the event of individual or multiple systems being affected. (Paper copy file of forms appropriate to clinic which will be scanned into EHR.)

   d. Procedures for **resuming normal operations** following a downtime period.

   e. Procedures for **entering and validating pertinent data** into appropriate systems/applications following a downtime period.

   f. System backup is provided in conjunction with any affiliated hospitals through off-site servers.

   g. TTUHSC will conduct one Digital Disaster Drill annually in at least one clinical setting.

**APPROVAL AUTHORITY:**

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.
RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the Council of Deans on March 12, 2015.