Sunrise EPR Business Continuity Plan (BCP) Adult Inpatient Areas SOP

- What to do if you lose access to Sunrise EPR
- How to access Sunrise EPR downtime folders on your BCP Computer
- How and when to print patient records
- What to do when Sunrise is reinstated

Ward Name	
BC PC number	
BC PC location	
BCP Backup username and password location	Envelope in Control Drug (CD) Cupboard
BCP patient folders – one per patient for use with paper charts	
EPR printouts agreed location where these will be kept for reference when printed during downtime e.g. notes trolley	
Ward BC Paper documentation store Location including paper; • SKIN bundle • GPP • Fluid chart • Foodchart • Cannulation care plan • CVC care plan • Obs chart • Yellow drug chart (for newly admitted patients during downtime only)	
BC Paper Pathology and Radiology forms location	

Event:	Loss of access to Sunrise EPR - **Ref IM&T 01**

Impact and Key information:	1. Staff unable to access and update key patient clinical information and notes; including observations, nursing documentation, clinical notes (ward rounds, take lists). 2. Staff unable to prescribe, review or administer medications, or check allergies 3. Staff unable to make radiology and pathology requests electronically and view results in EPR

Actions:			
Purpose / Outcome	Ward / Department Staff assess situation and trigger call for support from IT and Site. Prepare to commence printing from BCP PC and use of paper based process.	**Role**	Clinical staff; Nurses, Doctors, Midwives, AHPs. Ward clerks, Admin support staff

01 – Action Description

Upon discovery of a loss of access to Sunrise EPR for clinical information.

Check if other devices* on the ward can be used:

*note: device refers to any PC or mobile laptop/cart used to access EPR.

- If other devices are ok, standdown BCP preparations and report the single device to IT Service Desk (0300 422 2808) with the asset number shown on the device or screen.
- Follow normal IT issue reporting process include information on whether just Sunrise EPR affected, or if other systems are too.

If the issue is across all devices in your ward/area, report to IT Service desk and Site office.

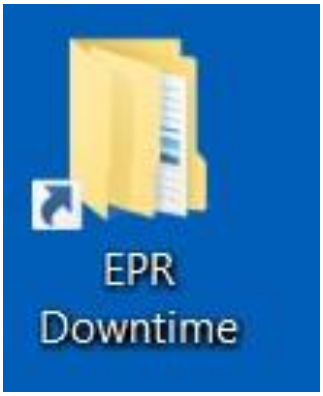
Out of hours 2808 calls will go directly to switchboard who will contact on call support.

02 – Action Description
Full print out of ALL ward documents and drug charts should NOT commence until sanctioned by GOLD command. Gold command will take into account the predictable drug round work and lead times. i.e., There are 06:00 08:00, 12:00, 14:00, 18:00 and 22:00 drug rounds. **Patient BCP drug charts may be printed prior to Full BCP agreed by GOLD command in order to be able to administer PRN medications**. **GO to IM&T 02** Once printed and used these MUST continue to be used until system fully restored and backdated data entry completed into the live system.

Event:	Sustained Loss of access to Sunrise EPR – **Ref IM&T 02** Paper based business continuity process invoked in agreement with Gold and Senior Digital team. **Use also for where prescription charts are required to support administration of urgent PRN medications prior to Full BCP event**

Impact and Key information:	Loss of access to Sunrise EPR resulting in; 1. Paper based BC process in operation for checking patient details, reviewing and updating patient records where recorded on EPR 2. Paper based BC process for in operation for medication administration and prescription 3. Paper based BC process in operation to place pathology and radiology requests for investigations and to review radiology and pathology results

Actions:			
Purpose / Outcome	1. Ward staff access the designated BC-PC in their ward & print out required documentation including Tracking board and pre populated drug chart for paper based medication administration and additional prescribing required during BC episode 2. Ward based BCP stock of paper nursing documentation located and available for use 3. Ward based BCP stock of paper request forms for pathology and Radiology located and available for use 4. Traditional Yellow drug charts WILL ONLY be used for BCP, in the exceptional circumstances of newly admitted patient, admitted during downtime and therefore with no BCP report available. LINK to MI number process	**Role**	Clinical staff; Nurses, Doctors, Midwives, AHPs. Ward clerks, Admin support staff
All senior nurses should be familiar with BCP arrangements and key ward details completed on the front page of this document.			

01 – Action Description	Step by step instruction
In each ward there is a designated Business Continuity desktop PC. When the BC plan is in operation staff on the wards will access this PC to print out the BCP patient information. At regular intervals (approx. 20 minutes), PDF versions of the following are sent to the Business Continuity desktop PC to a folder stored locally on the desktop; 1. Ward tracking board - to provide a paper patient list / bed state 2. Business continuity drug chart – once printed separate out one per patient 3. Obs, fluid balance and food chart flowcharts - once printed separate out one per patient 4. All outstanding/unfulfilled pathology and radiology requests of current patients on ward 5. A copy of all current patient EPR documentation, where EPR is in use 6. The last set of pathology and radiology results of current patients on ward and 7. Doctors Take list **A copy of each report 1 - 4 should be printed for use during paper- based documentation.** **A copy of each report 5 - 7 may be printed for reference during system outage**	**Assign a ward BCP "co-ordinator" role during time that BC event is live for each shift.** BCP coordinator to manage printed ward tracking board and bed state  Retrieve back up username and password from CD cupboard Go To EPR Downtime BCP PC log on using your own username and password or the backup username and password. Locate EPR Downtime folder icon on the desktop – using the backup password in envelope to access reports **1. Open folder and print ward tracking board to the ward BCP printer** *Note time on screen as time of patient data snapshot

Commence paper-based prescribing and medicines administration – using the pre populated printed BCP printed prescription chart * Do **not** use Traditional Yellow drug charts for patients A paper yellow drug chart WILL ONLY be used for BCP, in the exceptional circumstances of a patient admitted during the downtime who will have no available BCP report and drug chart. See also **Loss of IT System BCP** and Pathology Guidelines for Clinicians for use of MI number process where no MRN is available	**2. Next print out Business continuity drug chart report - Do not print on both sides of the page** Print report for all patients. When printed separate the report by patient – Using the Tracking board print check off each patient, check patient ID against tracking board, double check correctly separated and staple. Only when all ward cohort complete are individual patients charts to be used as required. **Triggers to commence printing;** 1. PRN meds administration 2. New prescription required 3. Drug round 4. Full BCP ordered by GOLD through site office **Because of the requirement to know exactly what drugs have been previously administered Defaulting back to a "fresh" yellow drug chart is NOT an option.** **NB Where patients are in theatre at the time of printing – theatres will also print off a prescription chart for patients for BCP use On return to the ward as part of the handover process locate the ward copy and end date by striking through to ensure only one version is in use – theatre copy handed back to the ward will be the active version** For patients admitted during downtime who have had no previous prescribing or administration recorded on EPR and so have no BCP drug chart available for **these patients ONLY** a paper yellow drug chart may be commenced

Paper based nursing and doctors documentation and charts, to be completed from this point where EPR is in use. After the signal from gold command staff will locate ward BCP paperwork and commence a set of paperwork as required for each patient including; admission documents, GPPs, SSKIN bundles, DC checklist, Falls assessment and intentional rounding and observation chart, and medical documentation.	**3. Print out Obs Fluid balance and food chart report** Print report for all patients. When printed separate the report by patient – Using the Tracking board print check off each patient, check patient ID against tracking board, double check correctly separated and staple. File in individual patient folders agreed for use during BCP and locate at the end of patients' bed Locate paper charts in ward BCP store, add to individual file and complete for each patient as required.
Paper pathology and radiology forms used to request investigations during BCP **NB** Pathology requests on the outstanding/unfulfilled list to be converted to paper request forms by ward staff and put out ready for phlebotomists to process. Outstanding Radiology requests on this list will still be able to be accessed by radiology via the radiology system CRIS so only new requests from this point will need to be completed on paper. Wards shall continue using paper requests/documentation until they are told to return to using Sunrise EPR	**4. Print out All outstanding/unfulfilled pathology and radiology requests report** Convert all pathology "pending" and "pending collection" request entries on the report to paper requests by date, using paper pathology request forms from the ward BCP store and put out for phlebotomists to action. Complete paper request forms for new requests **NB** Where clinicians already have access to ICE this may alternatively be used to request radiology investigations until Sunrise EPR access is restored

Patient history	**5. Print out EPR documentation and investigation results reports to provide;** • A copy of all current patient EPR documentation, where EPR is in use • The last set of pathology and radiology results of current patients on ward When printed separate the report by patient – Using the Tracking board print check off each patient, check patient ID against tracking board, double check correctly separated and staple. File printouts in the agreed location (e.g. notes trolley) where these will be kept for reference for the duration of the downtime for use on ward rounds etc.
Doctors take list	**6. Doctors take list** List can be accessed via the BCP PC or printed as per individual acute doctor requirement.

Gloucestershire Hospitals NHS Foundation Trust
Sunrise EPR Business Continuity Plan (BCP)

Event:	Access to Sunrise EPR reinstated - **Ref IM&T 03**

Impact and Key information:	1. Return to monitoring live patient status via Sunrise EPR tracking board, and electronic recording of nursing documentation and e-obs 2. Return to Electronic prescribing and medicines administration 3. Return to electronic order comms for requests for pathology and radiology investigations through Sunrise EPR

Actions:			
Purpose / Outcome	1. IT Senior lead to inform site office that issue has been resolved and to return to Sunrise EPR. 2. Wards informed by Site office that they can start back logging in **preparation** to revert back to using Sunrise EPR 3. Paper based records transferred onto appropriate IT System 4. Sunrise EPR can start to be used	**Role**	IT Senior team, Site office, Clinical staff; Nurses, Doctors, Midwives, AHPs. Ward clerks, Admin support staff

01 – Action Description	**Step by step instruction**
Site office to inform wards that they can start backlogging in preparation to revert to using Sunrise EPR Ward staff **must not** use Sunrise EPR for prescribing or medication administration until EPMA backlogging is complete	**Backlogging is a clinical process it cannot be undertaken by admin teams** **For Clinical safety Sunrise EPR must not be used for medication prescribing or administration until backlogging is complete** 1. **When go-ahead to start backlogging is given by site** Collect all prescription charts **split into 2 cohorts** **Check each prescription chart** • **If anything on the paper chart has been prescribed, changed or stopped or any change made to allergies: Cohort 1 - assign to doctor to backlog**

	• **Chart checked and no prescription or allergy changes; meds administration backlogging only: Cohort 2 - assign to nurse to backlog** • **Chart in Cohort 1 prescribing backlogging complete – doctor to sign completed section on chart and assign to to nurse to complete administration back logging** **Doctors and Nurses assigned to backlogging to ensure that they sign each chart on completion of backlogging** **When backlogging complete and chart signed for each individual patient BCP coordinator to manage and update backlogging status on printed ward tracking board.** **All visiting staff to the ward – doctors AHPs etc need to check with co-ordinator for BCP status – to avoid use of EPR EPMA prior to completion of backlogging as per printed tracking board sheet column status**
Ward staff may stop recording on paper and return to documenting care and requesting investigations electronically Ward manager to verify records have been updated via as per printed tracking board sheet column status Paper documentation, including BCP printed prescription charts used during the BC incident should be filed within paper records Ward manager to ensure any printed BC reports used for reference, are securely destroyed in confidential waste	2. **When all patients prescribing and medications administration backlogging columns complete, Ward manager / BCP coordinator to inform site office that ward has returned to BAU for EPMA (electronic prescribing and medications administration)** 3. **Site Office will coordinate and manage site by identifying any wards with significant delays and help by diverting prescribers or administrators from other areas to assist in backlogging to reduce risk.** 4. **When EPMA backlogging complete, all remaining care normally documented in Sunrise EPR documented on paper during downtime must also be entered into Sunrise** Ward managers will be responsible for allocating nursing resource to inputting the paper notes into EPR within 24 hours.

Event:	Loss of access to Trak (PAS) **Ref IM&T 04**
Impact:	Unable to register new patients, check patient details, update patient details/records, monitor live patient status and track patient activity. No new patient visits will pull through and show on Sunrise EPR for use.

Actions:	
1	Please remember if Trak (PAS) is not available, Sunrise EPR will be working on backup manual systems and processes also.
2	All patients where the MRN is not known that are admitted during Trak (PAS) downtime; and babies delivered during the downtime, will have a unique MI number.
3	All patients where the MRN is known to Sunrise EPR will not be issued with an MI number.
4	All processes for new patients in Sunrise EPR will be performed on paper until the Trak (PAS) system is restored. **See Ref IM&T 02 for details of paper process and Ref IM&T 03 for back logging**
5	Allocated staff to upload information on to system once power is restored – note: Trak (PAS) Admission, Discharge and Transfer (ADT) information will need to be uploaded before Sunrise EPR information can be uploaded from paper to electronic.

Potential Issues and Actions:			
Issue	Staff may turn off the BC PC overnight	**Owner**	Ward Manager
Description			
Each BC PC is clearly labelled as such with warnings not to turn the PC off for any reason. A regular monitoring report is be generated to CITS which will notify of any BCP PCs which are not turned on at the point of an attempted back up of data.			
Issue	Loss of network to the BC PC prior to incident	**Owner**	CITS
Description			
CITS will alert site to any issues that suggest there are network connectivity.			
Issue	Lack of printer resource	**Owner**	Ward Manager
Description			
Ward managers should always have sufficient printer ink and paper			
Issue	Unavailability of paper forms	**Owner**	Ward Manager
Description			
Ward managers should ensure supply of paper forms to cover the ward cohort of patients for up to 48 hrs. Stocks must be replenished after any downtime use			
Issue	Hardware faults with the BC PC or Printer	**Owner**	CITS/ Ward Manager
Description			
Regular contact made with wards and all areas required to report issues with IT equipment on wards. Any PCs or printers deemed to be a risk are replaced Ward managers should regularly test their BC PC and printer and report any issues to CITs			

Issue	Paper forms being used after reinstating EPR system	**Owner**	Ward Managers
Description			
Ward managers must ensure that their staff know to revert. All paper forms, once uploaded into the EPR system and verified by the ward manager should be filed within the paper records for reference and BCP printed records destroyed in a confidential waste. Unused blank paper forms should be returned to the ward manager's office / wards designated BCP paper forms store.			