NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: INTERRUPTION TO INFORMATION MANAGEMENT PROCESS PLAN

NUMBER: NN-IM-MR-27

ORIGINAL DATE: 9/2/09

REVIEW/REVISE DATE: 6/17/10

APPROVAL: Rosalyne Reynolds {s}, Agency Director

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I. PURPOSE

The purpose of this policy is to establish a written plan in the event of a scheduled or unscheduled interruption to the information management process including Avatar/EMR and WORx.

II. POLICY

It is the policy that Northern Nevada Adult Mental Health Services (NNAMHS) will have a procedure to follow in the event of an information interruption to AVATAR/EMR AND WORXS.

Training:

1. This plan will be presented and reviewed annually by the Accreditation Leadership committee.
2. Department managers will review this plan with employees and address:
    a. Location of forms within their department
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b. Acknowledge by signing a yearly acknowledgement form that they have read and understand this plan.

c. Training for new employees and ongoing training will be incorporated into the Avatar/EMR competency training.

d. Implement use of Avatar mobile when possible.

Plan Tested

1. NNAMHS will work with Division staff on using the Discovery Service fail-over test.

III. PROCEDURES

Agency-Wide

1. The Agency Director and/or designee will consult with the Information Technology Manager to determine the need for implementing the manual process.
2. The Agency Director and/or designee will communicate to all staff via email or telephone as quickly as possible the procedure for entering information into the consumer's medical record.

Inpatient

1. The following procedure should be followed in the case of equipment or system failure when the pharmacy is open. It should be noted that Pyxis meds-stations can still work independently when the outage is localized in the pharmacy. In such cases overrides can be employed for consumers already in the system.

a. The nursing staff will bring a copy of the physician order to the pharmacy, or the pharmacy technician will pick up copies of the physician orders during his/her rounds.

b. The pharmacist shall review the physician order to ensure 1st dose review.

c. If medication is needed, a 48 hour supply of medication is placed in a zip lock bag; a handwritten label will be generated with the consumer's information, medication given, the quantity, the lot number and the expiration date of the bottle, along with the initials of the pharmacist and the technician that filled the medication.

d. The pharmacy staff shall initial the physician order with the date, time and quantity dispensed of all medications filled.

e. The same procedure shall be followed for new orders which will be delivered to the consumer's medication drawer.

f. The pharmacy staff will monitor the after hours cart for depleted items and replenish those items as needed.

g. All physician orders will be placed in a folder, until the communication failure has been resolved, where they will be retrieved for proper entry.

h. The Pharmacy staff has ordered and will keep on hand unit dose medications to ensure that the units are adequately stocked during the system downtime.

i. Upon resolution of the failure, the pharmacy department will return to business as usual entering the scanned orders, ensuring that all orders physically brought to the pharmacy have been entered.

2. In cases where the pharmacy is closed and the med-stations are working both the afterhours cart and the med-station should be employed.

a. All admissions will be logged in using POU/IP/PAS log sheets.

b. Staff must contact H.I.S. to verify consumer's medical record number. If a consumer does not have an existing medical record number, a temporary number is issued from the number log in the Rotation Book. After hours, nursing staff is responsible for verifying the consumer's medical record number using the Master Card File in H.I.S.

c. All admissions including, demographics, diagnosis, legal status, SMI, next of kin, emergency contact, will be entered into AVATAR once the system has stabilized using the actual admission date and time. The computer generated PAT ID (patient identification number) will then replace the number given from the Rotation Book.

3. Consumer Movement within Inpatient Units

a. All unit, room and bed transfers will be logged on the unit.

b. Once the system has been stabilized and the admission has been entered, all unit, room, and bed transfers must be entered in date/time order using actual date and time of transfer.

4. Discharges:

a. All discharges will be logged using POU/IP/PAS log sheets.

b. All discharges including, diagnosis, demographics, legal status, SMI, next of kin, emergency contact, will be entered into AVATAR once the system has stabilized using the actual discharge date and time.

5. EMR Entry:

a. All entries (i.e. progress notes, treatment plans, assessments) will be made using paper forms and placed/forwarded to H.I.S. or (as determined by the Agency Director and/or designee).

b. Progress notes can be entered into Word and cut and pasted into the progress note of the clinical work station. Progress notes must be deleted from Word once they have been entered into the clinical workstation. Assessments and treatment plans will be completed in paper form and forwarded to H.I.S.

6. Outpatient Services

a. Each out-patient department will have a paper back-up for notes, evaluations, and assessments performed for use if AVATAR/EMR IS DOWN.

b. Administrative Assistants (AA's) in each department will maintain a log for appointments that require scheduling when Avatar returns to operation.

c. Billing slips can be manually entered and sent to fiscal billing dept.

d. Clinician contact log for each Out-patient department will be created and used by each program.

7. Billing

a. Inpatient

1. Clinician Contact Log will be completed by all staff providing services (billable and non-billable). Staff will complete the clinician contact log *legibly* and include the consumer's complete name; Last, First, Middle. The Clinician Contact Log (green paper) is located in the front of the consumer's chart. Once the system has been stabilized, the Ward Clerk will be responsible for entering the services into AVATAR PM using actual date of service.

2. Services will be entered immediately by the Ward Clerk upon stabilization of AVATAR. Services entered by the Ward Clerk will result in a to-do-list item being generated for staff that has services logged on the Clinician Contact Log.

3. To resolve these To Do List items the clinician will need to write a progress note stating SEE NOTE IN PAPER CHART.

b. Pharmacy services shall be provided to all consumers that present a valid prescription or refill during the outage.

1. The pharmacy staff shall notify the clinic manager, nurse supervisors and financial representatives that the pharmacy is unable to process any prescriptions.

2. The consumer shall be given a 3 day supply or quantity deemed necessary by pharmacist (example: to cover

holiday) of medication (dangerous drugs and/or controlled substances) with a handwritten label that will include:

a. All elements of NRS 639.2801-Requirements for labeling containers for prescription drugs

b. The initials of the staff dispensing the medication

RPh (Registered Pharmacist) and technician, if applicable

3. A note shall be placed on the original prescription indicating the following: the NDC number and the quantity of the medication given, the date of filling and the filling pharmacist's initials.

4. The prescription will be placed in a special folder to be entered into the system once the failure has been resolved. The prescription will be entered into the computer as written but filled for the balance (written amount minus amount previously given.)

5. If the consumer is in need of a refill, he/she will be asked to bring in their most current bottle and an emergency 3 day supply of medication shall be given. If the bottle is not available, pharmacy will attempt to get the prescription number and look up the original prescription to obtain the necessary information. If necessary, the pharmacy will get the consumer's chart to obtain current prescription information.

6. If the consumer's prescription has expired or no refills are remaining, the consumer shall be directed to the physician to obtain a valid prescription or refill, so that a 3 day supply may be given.