

Emergency Medicine Standard Operating Procedures

Patient First Disruption to Function Operational Policy

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Approved by	
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

Patient First is the emergency department IT system, it is critical to the functioning of the emergency department (ED). It allows the real time monitoring of patients on their journey through the ED, supplying performance data (eg.breach times), patient clinical pathways (eg.sedation proforma), patient advice leaflets as well as being an archive for previous ED attendances. Interruption to the functioning of Patient First (PF) has implications for ED efficiency and patient safety. This brief guide describes the actions to be taken when planning for downtime or in the event of unplanned 'downtime' ie. crash /system failure.

Target Staff Categories

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Patient First Stops Functioning

Planned

Preparation

Before planned downtime agreed it must be 'signed-off' by ED manager after consultation with senior clinical team including head receptionist. Tuesday mornings often chosen as a suitable day at time of writing.

ED Manager to ensure Application Support Team on-site during downtime and necessary resource to ensure downtime kept as short as possible.

ED Manager confirms exact downtime date and time with Matron, Band 7 team and head receptionist.

ED Manager to ensure planned downtime is communicated to Operations Team.

Matron / Band 7 team inform ED co-ordinators and Consultants of exact time and date of planned downtime.

On Day of DOWNTIME

ED co-ordinator in conjunction with the duty Consultant ensures all clinical staff and receptionists aware of planned downtime and that everyone is aware of their roles.

Immediately prior to DOWNTIME

ED co-ordinator prints out a screen shot of Patient First¹ and ensures white board is up to date.

Patient stops functioning:

See Roles & Responsibilities next page

1. PF Screenshot

Press print screen (top right hand corner of keyboard), which will put a copy of the screen onto the clip board, then use paint or word to paste the copy into a document & print it.

Unplanned

Patient First stops working for more than 1 minute without prior notice:

ED Nurse Co-ordinator

Checks reception and other terminals & screen shot initiated.

Informs bleep 401 and explain the significant impact that this will have on the functioning of the ED.

Documents time at which PF ceases to function and if other system are effected eg. PACS, OASIS, ICE on co-ordinator's log

Informs triage nurse and reception staff and tells them what action they must take (see over).

Delegates senior member of nursing team to ensure all nurses on shift understand PF no longer working and what action they must take.

Delegates senior doctor to ensure all doctors on shift understand PF no longer working and what action they must take (see over).

Informs on call / duty Senior Manager and requests them to contact:

IT help desk immediately as well as the Application Support Team, fix PF problem and switch on A&E Rolling Results Screen.

ON RETURN OF PATIENT FIRST FUNCTION

Document time of return of function on co-ordinator's log and submits a DATIX and informs duty manager.

Unplanned Partial 'crash'

In the event of an unplanned partial 'crash' of parts of the Patient First system (leaving PF working but not with normal functionality) then the nurse in charge and senior doctor need to make a decision regarding whether it is better to use a part functioning system or whether it is safer and more appropriate to stop using Patient First altogether and resort to using a tried and tested paper based system which whilst slow maybe more reliable and less confusing than a partially working Patient First.

IT Support

Patient First is a critical to the efficient functioning of the ED, in the event of unplanned 'downtime (ie. crash / system failure or part failure) the expectation is that IT will be informed immediately about the problem whether it is day or night. It is imperative that any Downtime is minimised and IT support is sought as soon as possible. Problems getting IT support should be escalated to the senior manager on duty as soon as possible. IT need to be reminded to re-instate the A&E Rolling Results Screen if Patient First crashes.

Senior Managers need to know the consequences of PF not working:

- Inability to keep accurate time measures for 4hr target, DTAs, referral times, triage (incl. ambulance) times
- Inability to triage accurately
- Inability to provide discharge letters
- Paper based recording as a back-up, is just that and not as accurate or safe as PF
- Loss of patient alerts eg. allergies
- A Crowded ED without a functioning ED computer system is extremely dangerous and inefficient.
- The ability to accurately record treatments and investigations will be lost leading to loss of income to the Trust.
- ED staff do not routinely use Eznotes or Oasis or Bluespier or other applications; only Patient First.
- The longer Patient First is 'down' the longer the disruption and the longer it will take to recover – it can take clinical staff up to 10mins per patient to enter patient data back onto Patient First; this is time take out of direct clinical care.
- ICE requesting and reporting function lost and A&E Rolling Results Screen needs to be re-instated

There is always either an ED consultant in the department or on-call if the response from senior managers to a Patient First failure seems inappropriate.

In hours process:

Log the support call with CC, state that the issue is a priority 1 impacting PF or ICE that affects all the users in the emergency department.

Contact the application support team on ext 38307 to make them aware that PF or ICE is down. Advise them of the call number and the time the issue occurred, they will ask the development team to activate rolling results system to support business continuity process.

Out of hours:

Log the call with CC, state that the issue is a priority 1 impacting PF or ICE that affects all the users in the emergency department.

Contact the Senior IT Manager on call via switchboard and provide the call number and advise them of which system is down. The on-call manager will arrange with the Development on-call team to activate the rolling results system to support business continuity process.

Roles and Responsibilities for Patient First Downtime

ED Co-ordinator

Screenshot

Keeps manual list of activity in and out of the department

- DTA
- Time left the department
- Destination

Records downtime event (including start & finish times) on the ED co-ordinator's sheet

Ensures / delegates that manual recording of patient's arrival times, projected 4 hr breach times, allocated nurse etc. is constantly kept up to date on the whiteboard in-front of the co-ordinator's desk.

Informs Matron / Band 7 of downtime episode at an appropriate time and submits DATIX.

Receptionist

Screenshot

Resort to manual booking in using pre-prepared paper Cas cards.

Keeps a manual list of all patients booked in, in numerical order.

During downtime, ensure all ED notes for admitted patients are photocopied (and kept for scanning for when Patient first comes back online) prior to the patient leaving the ED.

When system comes back online ensure all attendances are booked back onto the Patient First system.

Triage Nurse

Locates paper pathology and X-ray request forms and distributes throughout dept. (original for photocopying can be found in Additional Documents folder).

Locates (Secretary's Office – shelf right handside) Patient First backup folders containing additional documents (eg. mental health matrix, renal colic fax referral etc.) and patient advice leaflet folder (eg. head injury etc.) – ensures only photocopies of original documents are used.

Records Triage time accurately in patient's notes.

Doctors / ENPS

Record timings accurately in notes

- Time patient seen
- Time patient referred
- Time patient discharged and destination (home, ward etc.)
- Delays eg. long waits for bloods, X-ray, CDU beds etc.

Keeps co-ordinator informed of progress with their patient including if they are referred.

Majors – update whiteboard with attending doctor's initials, referrals, brief plans eg. 'ABWR, ?H'

Know where to find the Additional Documents and Patient Advice Leaflet folder and that originals MUST be photocopied. Paper requesting for bloods and X-rays.

Matron / Band 7s

Plans made to supply resource to retrospectively input data onto patient first when system up and running.

Useful telephone numbers: IT Help Desk Ext 38888 Application Support Ext 33410
