Prepare and Pause: An Unplanned EHR Downtime Preparedness Initiative

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Abstract Background Information: Unplanned electronic health record (EHR) downtime can result in a cascading impact on patient care and interdisciplinary team function, beyond the initial stress of unexpected workflow changes. The outages can impact patient safety due to loss of critical information causing medication errors, lapses in patient care, and poor clinical decision-making. During an unplanned downtime, the need for reeducation of downtime-associated processes and protocols became evident. Furthermore, a redesign of resources available for the low-frequency, high-risk events was warranted. At the time of the event, an overwhelming 49% of the staff had never experienced an unplanned downtime.

Objectives of Project: Improve preparedness for unplanned downtime events, in both perception and competency-based domains. The project aimed to not only improve the department's ability to handle unplanned downtime, but also to enhance the overall readiness and resilience of the organization.

Process of Implementation: Review of the proposed improvement project was conducted for applicability to nursing and multidisciplinary healthcare team member practice. A baseline needs assessment identified deficits in both perception and competency-based domains, including feelings of inadequate preparedness during periods of downtime and challenges in identifying and fully utilizing the Business Continuity Access (BCA) computers. Based on the feedback from the assessment, combined with leadership responses, unit specific resources and education were created and implemented to assist in unplanned downtime preparedness. These deliverables included revised and reorganized downtime binders, "Grab and Go" daily charting needs packets, and specialized tip sheets per team member role.

Statement of Successful Practice: Baseline survey data indicated improvable points in both perception based and competency-based preparedness. Following implementation of education and deliverables, a 20% improvement was noted within perception-based preparedness, evaluating overall and role-specific categories. Remarkable improvement was also noted within competency-based preparedness, highlighting a 58% improvement in accurately recognizing the BCA by name, a 27% boost in pinpointing the location of BCA computers within the unit, and an 81% increase in recognizing the frequency of data crossover availability during downtime.

Implications for Advancing the Practice of Perianesthesia Nursing: Implementing structured downtime processes can improve team preparedness for unplanned EHR events by providing unit-specific education and resources for use. The project aided in developing a team-based contingency plan to minimize disruptions to patient care.