

Prepare and Pause: An Unplanned EHR Downtime Preparedness Initiative

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Background

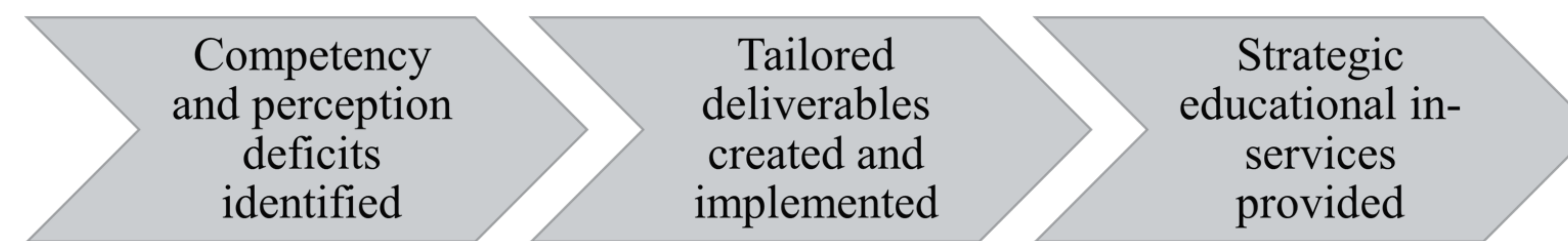
- The electronic health record (EHR) was established in 1972 (Honavar, 2020), and current estimates determine 96% of hospitals currently utilize some form of EHR (Diaz, 2023).
- Unplanned partial or full loss of EHR capabilities can lead to critical information loss and patient safety risks (Larsen et al., 2020).
- As the healthcare workforce becomes more technology-driven, nurses may have limited exposure to traditional practices. During an unplanned EHR downtime, 51% of team members had prior experience with such an event.
- An opportunity emerged to redesign available resources and education, enhancing preparedness and strengthening the perception of competency for these low-frequency, high-risk events.

Objectives

- To improve competency and perception of preparedness in unplanned EHR downtime events.
- To develop, implement, and evaluate tailored education and deliverables surrounding unplanned downtime preparedness to the healthcare team.

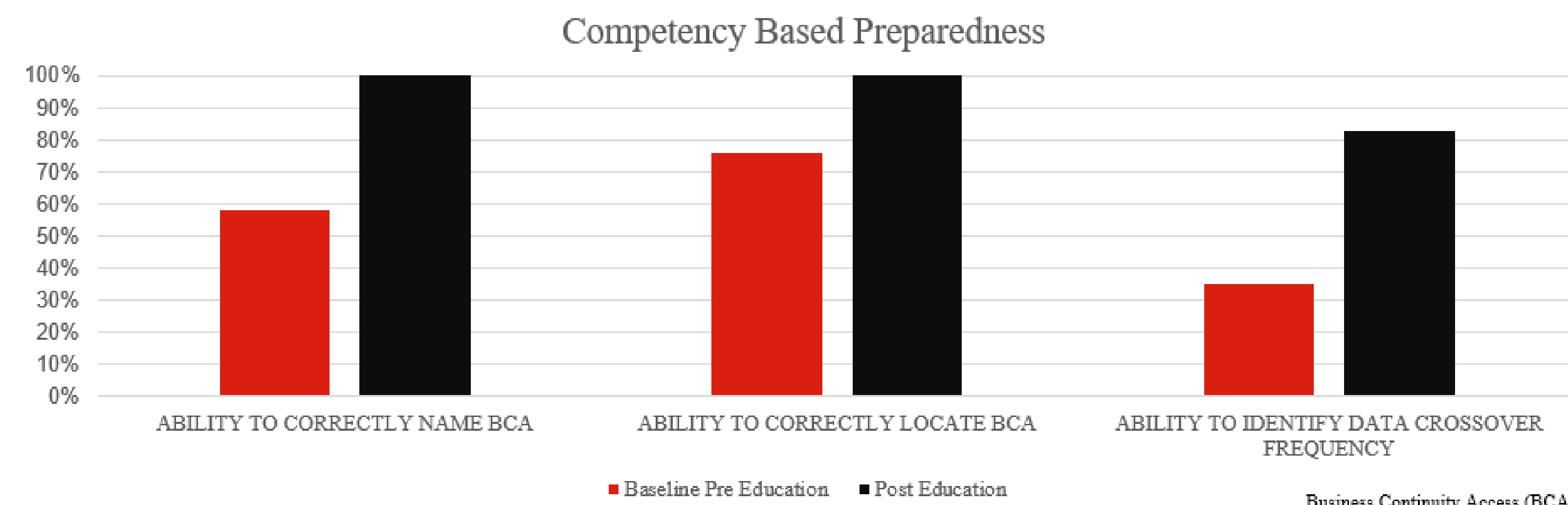
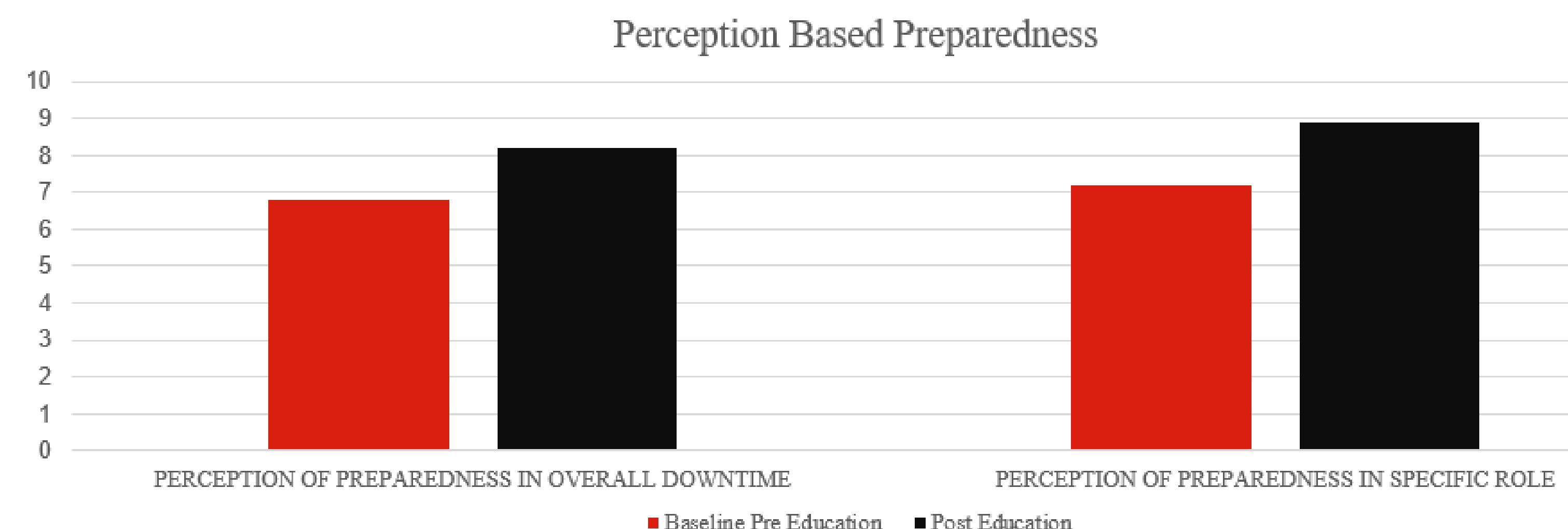


Implementation



- Applicability and pertinence to nursing practice established
- Baseline surveys conducted
- Front line team member and leadership feedback driven
- Revised and reorganized downtime binders
- "Grab and Go" daily charting needs packets
- Specialized tip sheets per team member role
- Shared drive online version organized into prepared packets
- Presentations conducted at various clinical team meetings
- Inservice included both deliverables and institutional procedures and processes
- Nursing staff recruitment to institutional informatics committee to provide ongoing project sustainment

Results



Statement of Successful Practice

20% noted improvement within perception-based preparedness, evaluating overall and role specific categories

Remarkable improvements notes within competency-based preparedness -

- 58% improvement in accurately recognizing the BCA by name
- 27% boost in pinpointing the location of BCA computers within the unit
- 81% increase in recognizing the frequency of data crossover availability during downtime

Implication for Peri-Anesthesia Nursing Practice

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.

References

- Diaz, N. (2023, March). 96% of US hospitals have EHRs, but barriers remain to interoperability, ONC says. Becker's Hospital Review - Healthcare News. <https://www.beckershospitalreview.com/ehrs/96-of-us-hospitals-have-ehrs-but-barriers-remain-to-interoperability-onc-says.html>
- Honavar, S. (2020). Electronic medical records – The good, the bad and the ugly. *Indian Journal of Ophthalmology*, 68(3), 417. https://doi.org/10.4103/ijo.ijo_278_20
- Larsen, E. P., Rao, A. H., & Sasangohar, F. (2020). Understanding the scope of downtime threats: A scoping review of downtime-focused literature and news media. *Health Informatics Journal*, 26(4), 2660-2672. <https://doi.org/10.1177/1460458220918539>