1. **GENERAL STATEMENT OF POLICY**:

To establish a policy for clinic operations with computer downtime.

1. **SCOPE:**

This policy will cover the Department of Psychiatry Employees, Faculty, and Residents.

1. **ADMINISTRATION:**

This policy will be revised by the administrator and approved by the chairman.

1. **TEXT**
2. In the event of a digital downtime (computer systems not working), the SOM policy for notification will be implemented and will superseded this policy.
3. All operations will go to paper. The downtime paper manual will be located in room 4206C and at clinic check-in.
	1. The downtime forms will include progress notes, new patient past medical history forms, consents to treat, confidential communication, nurse messages, dizziness questionnaire, procedure notes, pre-op order sets, radiology pre-procedure form, pre-certification form, time out procedure form, release of information form, blank surgery consents, UMC radiology form, lab requisition form, and consult form.
4. Patient Visits
	1. Check-in: Write patients name down on a list with DOB and notify nurse that patient is ready.
		1. Verify if NEW, RET, or HOS for consent purposes and reason for visit.
		2. Notify patient that the physician will not have access to previous notes or any testing performed and there is a possibility the patient cannot be seen at this time.
	2. Provider: Will use progress note to document visit.
		1. Procedures and Scheduling: Will utilize paper forms for documentation and orders and fax to appropriate area.
	3. Scheduling follow ups at check-out will be done by writing on a list and then calling the patient when the system is back up.
	4. Money collection will go back to paper receipts and follow the policy outlined for cash collection.
	5. Notes will be sent down to medical records for scanning.
	6. Copies will be made and given to coding and reconciled with the check-in list to make sure that charges are captured for the visit.
5. Scheduling appointments over the phone
	1. Call center will take a list of people calling and will make appointments when the system is back up.
		1. List will include name, DOB, reason for visit, and contact phone number.
6. Nurse and other provider messages:
	1. All messages will be taken on paper on the nurse message form and worked accordingly to policy.
		1. Will be sent down to medical records for scanning.
7. In the event the downtime is significantly long (anticipated 2 days or longer), patient visits will only be on an emergent basis determined by the physician or nurse at the time the patient arrives or calls.
8. This process is contingent upon both systems (GE and Cerner) being down.
	1. In the event that GE is down: (Follow scheduling, arriving listed above)
		1. The physician will not be able to document in EMR but can access records.
			1. Paper forms will be used for this time.
	2. In the event Cerner is down
		1. The patients can be scheduled and rescheduled in the system and arrived for the visit but physicians will not be able to access records or document.
			1. Paper forms will be used for this time.
9. **DISTRIBUTION:**

This policy and procedure should be distributed to all Department and Psychiatry Employees.

1. **Revision**

It shall be the responsibility of the administrator and/ or designee to indicate any revisions to this policy and it shall be the responsibility of the chairman to approve any revisions to this policy.