Brown Clinic

Laboratory Policy Manual

Policy: Computer Downtime Policy

Purpose: To ensure there is no process breakdown when computers are down.

Principle: To keep laboratory testing operational so that providers can see patients and have results to discuss.

LIS down and EMR running
- Obtain lab orders from EMR. Handwrite Patient's first and last name, Date of Birth (DOB) and requested tests on blank labels.
- Draw samples from patient and process tubes when possible/appropriate.
- When appropriate (appointment, STAT, etc.), run ordered tests.
- Attach results to Laboratory Downtime Sheets with tape/staple. Handwrite the patient's name, Medical Record number and DOB on the top of the downtime record.
- Fax or hand-deliver results to the Provider or Care Team.
- Place results in a separate file/location for manually entering results when LIS is functional.
- Print labels and run tests on any samples that were held until LIS was functional.

EMR down and LIS running:
- If EMR is down for lab it is _usually_ down clinic wide
- When patient presents from front desk (including walk-ins):
  - Patient will have a Lab Requisition in hand with name, DOB, and Provider printed on the top.
  - No tests will be marked
- Look in LIS to see if tests were pre-ordered from the day before
  - If orders are in LIS, print labels and proceed with lab draw, processing and testing.
  - If no orders are in LIS from the previous day, lab will call the Care Team or Provider and ask which tests need to be performed.
    - Tests will be marked on the Lab Requisition form.
- Tests in LIS from pre-ordering or from Lab Requisition (after consultation with Provider or Care Team) will be ordered in LIS and labels printed.

- ➢ Draw samples from patient, process and run tests.
- ➢ When patient presents from Provider:
  - o Patient will present with a Lab Requisition from the provider.
  - o The provider will have the tests marked on the lab requisition.
  - o Tests from Lab Requisitions will be ordered in LIS and labels printed.
  - o Draw samples from patient, process and run tests.
- ➢ Attach results to Laboratory Downtime Sheets with Patient label or handwrite the patient's name, Medical Record number and DOB on the top of the downtime record and attach results with tape/staple.
- ➢ Fax or hand-deliver results to the Provider or Care Team.
- ➢ Place results in a separate file/location for entering results when EMR is functional.
- ➢ When EMR is operational, Lab will enter lab orders in EMR.
- ➢ If patient was a walk-in (no appointment with lab or Provider), Lab will create a Lab Visit and order tests when system is functional.

EMR and **LIS** inaccessible at both locations
- ➢ If EMR is down for lab it is usually down clinic wide.
- ➢ Open Internet Explorer.
  - o Enter www.nimbus.eclinicalworks.com in the navigation bar.
  - o Once open type **mobile7309** and hit enter.
  - o Log in with your normal EMR log in information.
- ➢ When patient presents from front desk (including walk-ins):
  - o Patient will have a Lab Requisition in hand with name, DOB, and Provider printed on the top.
  - o No tests will be marked
  - o Select patient's Provider from the drop-down box and "Today" on the left side of the screen.
  - o After clicking on the patient's name, the general information for the office visit is listed to the right.
    - ▪ If labs are listed in general information, mark labs to be performed on the lab requisition.
    - ▪ If no labs are listed in the general information, Lab will call the Care Team or Provider and ask which tests need to be performed.
    - ▪ Tests will be marked on the Lab Requisition form.
  - o Lab will write on blank labels the patient's name, DOB, Provider and the tests that are needed.
  - o Draw samples from patient and process tubes when possible/appropriate.
  - o When appropriate (appointment, STAT, etc.), run ordered tests.
  - o Attach results to Laboratory Downtime Sheets with tape/staple. Handwrite the patient's name, Medical Record number and DOB on the top of the downtime record.

- o Fax or hand-deliver results to the Provider or Care Team.
- o Place results in a separate file/location for manually entering results when LIS is functional.
- o Print labels and run tests on any samples that were held until LIS was functional.

- ➢ When patient presents from Provider:
  - o Patient will present with a Lab Requisition from the provider.
  - o The provider will have the tests marked on the lab requisition.
  - o Lab will write on blank labels the patient's name, DOB, Provider and the tests that are needed.
  - o Draw samples from patient and process tubes when possible/appropriate.
  - o When appropriate (appointment, STAT, etc.), run ordered tests.
  - o Attach results to Laboratory Downtime Sheets with tape/staple. Handwrite the patient's name, Medical Record number and DOB on the top of the downtime record.
  - o Fax or hand-deliver results to the Provider or Care Team.
  - o Place results in a separate file/location for manually entering results when LIS is functional.
  - o Print labels and run tests on any samples that were held until LIS was functional.
- ➢ If patient was a walk-in (no appointment with lab or Provider), Lab will create a Lab Visit and order tests when system is functional.

If **LIS, EMR, Phone, Fax and Computer** are down at one labs
- ➢ If the patient is arriving for a scheduled lab, the lab can contact the operational lab by personal cell phone to get the patient's labs/accession number.

  (Another option to expedite the process when expected to be down for a long period of time would be for the operating lab to order and print the rest of the days orders and have the labels delivered to the lab that is down.)
- ➢ If the patient comes down from Provider, the provider will have the tests marked on the lab requisition.
- ➢ If the patient is not arriving for a scheduled lab and not coming down from Provider, lab will walk to the Care Team or Provider and ask them what labs the patient needs.
- ➢ Lab will write on blank labels the accession number (if available) patient's name, DOB, Provider and the test(s) that are needed.
- ➢ The patient is then drawn and the tubes are processed as much as possible. If they have an appointment right away and the LIS is still not up, Lab will run what they can and hand deliver results to the Provider with the patient's name and DOB on the results.

If **LIS, EMR, Phone, Fax and Computer** are down at both labs

- ➢ The front desk sends the patient down with requisition in hand
- ➢ If phones are down, lab will walk to the Care Team or Provider and ask them what labs the patient needs. If provider is at other location, Lab can use personal cell phones to contact other lab and have staff walk to Care Team or provider and ask which labs are needed.
- ➢ If care team doesn't know what labs, ask for permission to draw the patient and hold the tubes and wait for orders.
- ➢ Label tubes with name, DOB, time drawn, drawers' initials, and what tests need to be performed (if known).
- ➢ Process samples as much as possible according to appointment time.
- ➢ Use downtime forms and hand deliver to care teams. If provider is at other location, send results through interoffice mail to Care Team.

Notes:
- ➢ If an accession number is available, enter this number when running samples. When systems are functional, resend results from analyzers to LIS for resulting.
- ➢ Regardless of length of downtime, serum and plasma samples must be separated within 2 hours for sample integrity. Specimens can then be run, refrigerated or frozen.
- ➢ Downtime forms located on the Q: drive or in file cabinets at the front desk of each location will be used to provide results to providers.

Date of Implementation: 10/2017
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Written By: ___Lori Murray MT(ASCP)_____ Date: __10/2017_____

Approved By: ___(signature on file)_____ Date: __3/2/2018_____
                                Laboratory Director

Annual Review:
Date: By: Revision Summary_____
10/2017   HHall   Clarified steps of downtime with LIS/EMR, Changed
                               LabDaq/eCW references to LIS/EMR