

Inside Perspective

Helping you unleash the full power of MEDITECH

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How Good Are Your Downtime Procedures?

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One of the advantages of this job is that I get to talk to lots of people throughout the MEDITECH and healthcare IT space. It gives me a pretty broad perspective on the state of our industry and also allows me to conduct my own informal surveys.

Recently, I've been asking several IT leaders about Disaster Recovery and Business Continuity preparations in their organization. On a positive note, most of them can clearly articulate all of the technical things they are working on or, at least thinking about. SANs (Storage Area Networks), ISB/IDR (Integrated Serverless Backup/Integrated Disaster Recovery), Stratus Continuous Availability, Cold/Warm/Hot sites, and lots of other cool stuff you often read about in this newsletter are at the top of their agendas.

Interestingly, many faces go blank or cringe when I ask about how well prepared their departments are for downtime. Some claim to have this covered but, when pressed, often find themselves with new things to worry about.

As much time and effort as we put into seeking the "zero downtime" scenario, downtime—like so many other things in life—happens. None of us can give our organization a 100% guarantee of zero downtime. It is imperative that organizations are prepared for downtime and that departments can manage the disruption to their operations.

In years past, departments could tolerate downtime with minimal disruption. For some departments, the downtime procedures might even be to give everyone the afternoon off.

However, the advanced clinical systems, electronic medical records, and other technologies that most hospitals are deploying or planning to deploy rapidly escalate the complexity of managing operations during downtime. Ultimately, hospital departments must have downtime procedures that allow for the delivery of safe and timely healthcare—even if the computer is down.

We have found that getting to these types of procedures is not as simple as it may seem. Here are some common areas where we see hospitals struggling:

Integration Across Departments – Departments can't create their downtime procedures in isolation. Admission's process must support Lab and Nursing.

Unplanned Downtime – Many procedures account for planned downtime but don't account for the unexpected.

Staff Training and Awareness – Lack of staff training and awareness of procedures, especially after hours, often results in less than desirable results.

Updates to Procedures – When systems change and update, what is the process to make sure that downtime procedures are up to date?

For some perspective, we can turn to the airline industry. Consider AirTran, who in June had a very significant problem with their computer system that caused thousands of passengers to miss their flights. To apologize for the incident, the airline sent \$100 travel vouchers to roughly 15,000 customers.

The mission of AirTran is to transport passengers. It failed as a result of this computer problem and passengers were inconvenienced and delayed. Now, consider the mission of your hospital. Usually, it will involve delivering high-quality patient care. If your system goes down, will you fail to deliver on the mission? What will the result be of your Pharmacy not having access to up-to-date medication administration records because they are all in the computer and the computer is down? A \$100 hospital voucher is not going to make up for the possible outcome!

JJWild has worked with our clients to develop a structured and proven consulting service that is designed to help hospitals review and improve their downtime procedures with integration across the organization. If you are interested in discussing your particular needs, please contact your JJWild Account Manager or send an e-mail to editor@jjwild.com.

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