HOSPITAL DOWNTIME OPERATIONS CHECKLIST

During a large-scale cyber incident, a rapid shift to ***downtime protocol*** or a modified operational state may be necessary. Operations staff can plan to implement the following best practices:

- ☐ Store downtime items (e.g., go-bags/boxes) in an easily accessible location. Plan to set up and allocate these items to pre-determined staff.
- ☐ Post downtime resources, instructions, quick start cards in easily identifiable/accessible locations.
- ☐ Ensure that aside from downtime form instructions, manual clinical care instruction cards are distributed and readily available (e.g., how to count drips, take vitals).
- ☐ Ensure staff know their User IDs and other identifiers for system/department/building access, and for use in paper records (e.g., EHR ID numbers). Post instructions for accessing unknown IDs, passwords, and pins. Ensure local endpoint administrative passwords are accessible offline. Ensure compliance with all User ID and password security protocol.
- ☐ Identify alternative mechanisms for routine operational internal communication and externally to patients and their families.
- ☐ Set up downtime workstations to organize/secure patient records and charts. Put documents in chronological order for easy identification. Consider using carbon copies if printers are down.
- ☐ Use centralized workstations to assist with patient tracking if Admission, Discharge, Transfer (ADT) systems are down. Create a color-coded spreadsheet in a shared drive to replace Bed Board function; include information such as assigned attending, labs, and progress.
- ☐ Re-deploy available workers as runners to deliver messages and coordinate orders (labs, imaging, bloodwork/critical values, pharmacy); transport and discharge assistance; food/nutrition requests, and linen/cleaning services. Set up runner "stations" in various areas.
- ☐ Move pharmacists to the floor to support providers; ensure a way to confirm orders (e.g., correct dosage, patient, route, timeline).
- ☐ Re-deploy staff from decreased service areas to serve as supplemental staff to identify and address resource gaps (e.g., exempt clinical staff moved to frontlines to support safety strategies such as visual observation of patients); identify specific tasks, necessary activities to decrease need for affected departments to provide instructions, delegate activities.
- ☐ Put a coder in units with high patient volume (i.e., ED, ICU) to capture provider information in real-time; ensure required patient data is documented (coverage, emergency contact).
- ☐ Create a standard process to communicate, log, and close nutrition, linen, and cleaning orders.
- ☐ Implement a reading and results workaround if Picture Archiving and Communication System (PACS) is down; assess need for additional hard drives to hold images and scans.
- ☐ Utilize SBAR (Situation, Background, Assessment, Recommendation) technique for effective clinical care, assessment of patient needs when communication is limited restricted; implement a census to ensure proper information is captured for patient care and validate census by contacting units.
- ☐ Document all services and activities, even if not reimbursable, to ensure patient safety, proper billing/invoicing. Remind employees to write legibly. Ensure departments use the proper Medical Record Numbers.
- ☐ Address infectious disease precautions including equipment cleaning, workspace design and staffing.