

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 13 July 2017

Response Date: 19 July 2017; updated 27 July 2017; updated 28 March 2019; updated 5 May 2025

Type of TA Request: Standard

Request:

The requestor asked for guidance materials and paper record templates/forms for hospitals to use when electronic health records (EHRs) are inoperable. They noted they are receiving a lot of questions from hospitals regarding what their specific requirements would be, and what they would need to implement to capture data on paper.

Response:

ASPR TRACIE conducted an online search for relevant resources, including those in the following ASPR TRACIE Topic Collections:

- [Electronic Health Records and Downtime Procedures](#)
 - In particular, please review the [Guidance](#) and [Plans, Tools, and Templates](#) sections
- [Patient Movement, MOCCs, and Tracking](#)

Section I of this document includes examples of paper-based templates. Section II provides resources related to patient movement. Although resources in Section II may not be as applicable to this request, they may include some helpful forms, templates, and processes that can be used in planning efforts.

The ASPR TRACIE Team also reached out to our Subject Matter Expert (SME) Cadre members to gather additional resources they may have and provide comments related to this inquiry.

I. ASPR TRACIE SME Cadre Comments/ Recommendations

Note: These are direct quotes or paraphrased from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE. Feedback from SMEs were originally received in July 2017 and therefore may be outdated. They will remain in this document for historical purposes.

SME Cadre Member 1:

- My suggestion is to design your downtime forms so they resemble your EHR screen shots. That way data entry post downtime is easier to do. If that is not possible, you will need to determine what the critical data elements are for your patient populations and

draw your forms to accommodate that information (e.g. NICU will vary from labor/delivery and medical/surgery, etc.).

- Our requirement is 100% data entry post downtime (scanning is not an acceptable form of data entry). We allow twice the time that our EHR was down to back enter all of the downtime data. For example, if we were down for 4 hours, staff get 8 hours to put the data into the EHR. The data is prioritized (most critical patients first, discharged patients last).
- We often call people in to enter data, we have specific language that will be included as a note if someone other than the data collector enters that information.
- The paper documents must always be kept so they go to medical records and get scanned in after the patient is discharged. That way they are always available to review if there is any question about the post downtime data entry.

SME Cadre Member 2:

- We have become increasingly dependent on our electronic medical record (EMR) software. We get frustrated with even short duration events (usually primary or cybersecurity software updates). These incidents can range anywhere from a few minutes to 3-4 hours. Then there is an intense catchup period to correct the emergency room (ER) tracking board, admission/discharge/transfer (ADT) updates, medication reconciliations, and billing.
- Based on experiencing sustained downtimes in the past, they are now considered disaster-type events.
- During downtimes, a paper template form is used for quick registration with basic demographic identifying information and chief complaint.
- Even though we would use our EMR system for mass casualty incidents (MCI), if it was a large MCI, it is possible that we might have to supplement with paper forms if triaging outdoors.
- We do have a paper replication of our ER documentation that is multiple pages long. However, in October we are switching to a new integrated organizational system and I just found out that this new system does not have a downtime paper record that can be used. This was recognized by a number of specialties throughout the hospital and is a major concern as our area is vulnerable to major hurricanes and potential sustained power issues. I have not yet heard of a plan that will mitigate this.
- Our pharmacy has never had an official downtime template for medication reconciliations. A draft template was developed but not approved by the Pharmacy Committee. So, they are still handwriting on paper the medications that our admitted patients are taking. A pharmacist told me that they have not had difficulty getting phone confirmation from local community pharmacies (e.g., Walgreens, CVS) about medications that patients take (unless the phones go down). This confirmation is very needed as over 70% of our patients are geriatric and many have no recollection of their medications).
- Hospital Corporation of America (HCA) is a major U.S. corporation. They recently completed a national downtime survey of all of their facilities with some big gaps noted, including the impact of downtime on physician dictation services.

- Downtime is a big deal for psychiatric facilities, including behavioral and residential ones (especially acute care), particularly for medication reconciliation as their patients rely on a number of medications to keep them stable. Medication reconciliation has been previously identified as one of the areas for improvement for downtime.
- Our local county Fire-Rescue Department reported that even brief periods of downtime entail extended time to input data later.
- Cyber threats are sometimes no-notice incidents causing unanticipated downtime. This is very different than anticipated software updates. For example, one of our healthcare facilities reported that their corporate database was hacked through Target data transfer causing extended downtime.

SME Cadre Member 3:

- In the Emergency Department (ED), paper records used during disasters are scanned into the EHR when time allows. Paper forms are also used during normal operational hours when there is EHR downtime (for maintenance, etc.).

II. Paper-Based Templates

American College of Physicians. (n.d.). [Patient Care & Office Forms](#). (Accessed 5/6/2025.)

These forms were developed from multiple sources, including American College of Physicians members, for use in various practices. It includes forms for patient charts, logs, information sheets, office signs, and for use by practice administration. Most can be used as is or customized to meet the needs of an individual practice.

Hennepin County Medical Center. (n.d.). Disaster Critical Care Note. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

This form from the Hennepin County (MN) Medical Center is used in the Emergency Department for disaster critical care and can be printed and used by other healthcare facilities to use in a downtime incident.

Hennepin County Medical Center. (n.d.). Disaster Encounter Note. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

This form from the Hennepin County (MN) Medical Center is used in the Emergency Department for disaster minor care and can be printed and used by other healthcare facilities to use in a downtime incident.

Northwell Health. (n.d.). Sampling of Downtime Forms. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

A sampling of multiple downtime forms is included in this packet. These include forms such as: Admission Medication Reconciliation and Doctor's Order Form, a Pediatric Downtime Patient Profile, ED Downtime Procedures, among others.

Orlando Health. (2011). Patient Business Downtime Registration Form. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

This patient registration form can be used when the EHR system is down. **NOTE:** Do not further distribute this document. Please contact ASPR TRACIE for permission to disseminate to others.

Orlando Health. (n.d). Patient Access Identification Form: Mass Casualty Incident. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

This form can be used to log patient information during mass casualty incidents. **NOTE:** Do not further distribute this document. Please contact ASPR TRACIE for permission to disseminate to others.

III. Patient Tracking Resources

Florida Health, Division of Emergency Preparedness and Community Support, Bureau of Preparedness and Response. (2013). [Patient Movement Support Standard Operating Guideline](#).

This Standard Operating Guide highlights the State of Florida's patient movement plan. Sample forms and checklists are included as appendices.

Hospital Incident Command System. (n.d.). [Disaster Victim/Patient Tracking Form](#). (Accessed 5/6/2025.)

Healthcare providers can use this HICS 254 form to track patients by triage tag number, demographics, area triaged to, location/time of procedure, time sent to surgery, and disposition within a healthcare facility.

Hospital Incident Command System. (2014). [Patient Tracking Manager](#).

This Job Action Sheet can be used to monitor the movement and document the location of patients. It also includes lists of other helpful Hospital Incident Command System forms and resources.