Electronic system downtime

Standard operating procedure (SOP) | HOS-SOP-016

Document type	Standard operating procedure (SOP)
Title	Electronic system downtime
Document ID	{{facility.code}}-HOS-SOP-016
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.22
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. When the system is down, slow or wrong, switch to the paper route at once.
2. Use the paper prescription and dispensing form.
3. Make the checks the software normally makes, by hand.
4. Enter the paper records into the system when it is back, and check them.

Stop and get help straight away if: prescribing or dispensing continues with no paper route and no checks.

1. Purpose

To keep medicines safe when the electronic system is not working (S1.22). The checks the software normally makes must still happen.

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

When the software fails, medicines still need to be safe. A written downtime procedure, tested, keeps high-alert medicines checked by hand.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Duty manager	Declares the downtime and tells staff	Senior manager
Chief pharmacist	Owns the paper route and its checks	Pharmacist

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Downtime prescription and dispensing form (HOS-FRM-014)	Current	In each area

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Declare.	• The duty manager declares the downtime and tells the wards and pharmacy.	Everyone switches at once.
2	Prescribe on paper.	• Use HOS-FRM-014. • Check allergies, weight, renal function and interactions by hand.	The software checks are now yours.
3	Dispense and check.	• Check each item against the paper prescription. • Record the check on the form.	Two signatures for high-alert items.
4	Return to the system.	• Enter the paper records when the system is back. • Check the entries against the paper.	Nothing is left unentered.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Downtime events with paper route used	100%	Each event	Chief pharmacist	Escalate to chief executive
Drills of the paper route in the last 12 months	100%	Yearly	Chief pharmacist	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-014	Downtime prescription and dispensing form	Form
HOS-REG-004	Rehearsal and drill record	Drill record

16. Evidence

ID	Source and status
E-007	WHO Nine patient safety solutions (2007).
E-009	Medication Without Harm (WHO 2017).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval