1. Scope
   The scope of the Centricity Business Down Time procedure document is to define the paper process for scheduled and unscheduled down time in the clinical practices for Centricity Business applications.

2. Definitions and Acronyms
   2.1. Downtime is defined in the context of this policy document as being the loss of availability, confidentiality or integrity of clinical practice data, for any reason. To provide some focus, consider how the practice would cope in the event of not being able to use the Centricity Business system for any significant length of time.
   2.2. Planned downtime will mean that Centricity Business is taken off line for a specified amount of time on a specified date and time. This will usually be for routine maintenance and upgrades.
   2.3. Unplanned downtime will mean that the Centricity Business is offline at anytime for any unexpected reason. This could be due to a power failure or server system error.
   2.4. Acronyms
       CB – Centricity Business/IDX
       EMR – Electronic Medical Record

3. Introduction
   The purpose of this document is to define planned and unplanned downtime and determine the process for documenting Faculty Practice Plan inpatient and outpatient billing and scheduling process. This document also instructs the users on entering data into the Centricity Business upon its accessibility.

4. Applicability
   The down time procedure is applicable to all Centricity Business users i.e. Administrators, Front Desk, Clinical Support Staff etc...

5. Procedure
   **Documenting Planned/Unplanned Downtime**
   The department Administrator or Office Manager/Supervisor will coordinate staff duties in the event of planned/unplanned downtime. Each department should keep on file blank copies of
the Patient Facesheet, Receipts for Payment, and the respective departmental Encounter Forms. These blank forms will be used in the event of system downtime. Two days of the Provider schedule for all the providers in the department should be printed every day in case both systems are not available.

**Patient Registration**
For both new and existing patients, use the blank Patient Facesheet to capture demographic and insurance information. The patient should sign the Facesheet as they normally would. Make sure to complete the bottom of the form with the registration date and/or update date and the user initials.

**Provider Schedules**
All departments must daily run the provider schedules for two-days in the future. This report will capture the schedule for all the providers in the department for the next 2 days. In the event of system downtime, the schedulers can use this report to schedule patients, due to the fact that they will be able to see the slots that are still available. (Keep in mind, this report will become less effective as time goes on and patients get booked into slots.)

**Scheduling Appointments**
The pre-printed provider schedule should be used as a tool to schedule patient appointments until the system is available. Once the system is available, the schedule can be used to input the added appointments.

**Encounter Forms**
Blank Encounter forms should be used to capture the visit information prior to the visit. The Encounter form will be used by the provider to document diagnosis and procedure codes as they normally would.

**Check In/Check Out**
Use the Encounter forms that were manually created for the patient visit. Record the payment type and amount if applicable directly on the encounter form. When the system is available, enter the charges/payments for the visits. The blank receipt can be manually completed if the patient requests a receipt for payment.

6. **Standard Ownership and Responsibilities**
Ultimate responsibility for Faculty Practice Plan inpatient and outpatient billing and scheduling data entry after downtime lies with practices (Department Administrator, Office Supervisor/Manager and clinicians).

All members of staff are required to recognize their role in the event of downtime and adhere to the instructions in this policy.

**By Direction of the SOM Clinical Solutions Assistant Director:**

Lori Smith