Support team guidance for handling an unplanned EPMA system outage (or 'P1') event

Scope

This procedure relates specifically to what would be referred to as a priority 1, or 'P1' issue affecting the EPMA system. There are many potential types of P1 issue and many potential causes but in general it means there is a problem with the use of the EPMA system, or a vital function of it, that is affecting multiple users at once. Issues relating only to individual users, or individual patient records are not P1 issues and are outside the scope of this procedure.

Identifying the issue and what action to take

The first notification of a system downtime is usually a support call from a user reporting that something is wrong with the EPMA system resulting in them being unable to access it or use a vital function of it.

The first step is to establish what sort of issue the user is experiencing as this will determine how it should be escalated.

Ask the caller to describe the problem. Is it only affecting them or other colleagues too? Is it only affecting EPMA or are other digital systems also affected? Is only one patient record affected or multiple?

- If multiple users and patient records are affected then it is likely to be a system-wide P1 issue
- If only one user is affected then the issue is likely to be related to that one individual's account (e.g. password lockout)
- If only one patient record is affected then the issue is likely to be related to an isolated issue affecting that one patient record (e.g. incorrect discharge)

If the evidence points to a system-wide (P1) issue or if the type of issue is in any way unclear, try to log in to EPMA yourself and attempt to replicate the issue that has been reported. The most likely types of P1 issue, the probable underlying cause of each and how they should be reported and escalated are described in the table below.

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Accessing and using the EPMA business continuity records

Initially users should be encouraged to **selectively** access and print the EPMA business continuity records only for patients with an immediate need. All wards should have access to information to EPMA business continuity guidance both in printed paper form and in digital form on the intranet (if available). The guidance document is embedded below. It provides guidance on how to access the EPMA business continuity records and how to use them to carry out various aspects of patient care. It also provides instruction on the re-digitisation (recovery) process to follow when the EPMA system is restored.



A full reversion to printed paper business continuity records for all patients should only be done if initial attempts to restore the system have failed and / or the likely duration of the system outage is unknown. A decision to fully revert to paper business continuity printouts should be accompanied by escalation as to the Divisional Chief Operating Officers for the affected areas in hours, or the Level 3 out of hours who will then determine if further escalation as a major / critical incident is required.