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***Division of Institutions  
Policy and Procedure***

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**I. PURPOSE**

To provide guidelines on:

- A. Preparedness for Electronic Health Record (EHR) downtimes including Medication Administration Record (MAR) backups and which paper forms to have on-hand.
- B. How to integrate downtime paper documentation back into the electronic health record once EHR is restored.
- C. Recognizing EHR downtime and deciding to activate the downtime procedures.
- D. Who to notify of an unexpected EHR downtime so that restoration efforts can begin immediately.
- E. Identifying those individuals by job function or title who require access to the patient EHR.
- F. Define circumstance under which access will be permitted or limited.
- G. Define procedure for granting and deactivation of access.

**II. POLICY**

- A. HERO is the Electronic Healthcare Record for Offenders software application for healthcare documentation within the Department of Adult Correction (DAC) Division of Institutions.
- B. HERO is subject to periods of unexpected unavailability referred to as downtimes which can stem from multiple sources. Infrequently but inevitably, the HERO application may become unavailable to users due to:
  - 1. Problems with the HERO software itself as in the case of a failed patch or software upgrade;
  - 2. Local or widespread loss of connectivity within the state computer network;
  - 3. Problems with the North Carolina Identity Management system (NCID) upon which HERO depends for user authentication; or
  - 4. Electrical power outages, either at the Data Center hosting HERO's servers or at Institutions facilities themselves.

- C. Preparations must be made to ensure that essential healthcare services and associated documentation can continue during these downtimes. These preparations include the performance by nursing of nightly backups of the MAR Report and associated Pill Line Reports from HERO to a secure, encrypted USB flash drive (IronKey) for local or remote printing during downtimes and maintaining a limited supply of select forms on which to perform paper documentation. Additionally, Comprehensive Health Services staff must know who to notify when HERO becomes unavailable so that the cause of the outage can be identified and resolved promptly. Finally, Comprehensive Health Services staff, particularly nursing and medical records must integrate downtime paper documentation with the electronic record once HERO service is restored.

### III. PROCEDURES

#### A. Preparedness

1. Every patient care area should maintain copies each of the following paper [healthcare forms](#) to be used during HERO downtimes.

##### a) Medical

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|-------|---------|---|
| i.    | DC-598  | General Consent Form  |
| ii.   | DC-602  | Sick Call Appointment Request                                 |
| iii.  | DC-602  | Sick Call Appointment Request (Spanish)                       |
| iv.   | DC-175  | Medication Administration Record                              |
| v.    | DC-175A | Controlled Substance Record                                   |
| vi.   | DC-877  | Controlled Substance Count of Destruction Verification Sheet  |
| vii.  | DC-834  | Provider Orders   |
| viii. | DC-837  | Chronological Record of Healthcare Inpatient/Outpatient Notes |
| ix.   | DC-435  | Receiving Screening   |
| x.    | DC-524B | Discharge Instructions  |

##### b) Mental Health

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|-------|---------|--|
| i.    | DC-387  | Chronological Record of Health Care Inpatient/Outpatient Notes |
| ii.   | DC-540  | Mental Health Services Referral                                |
| iii.  | DC-444A | Mental Health Progress Note                                    |
| iv.   | DC-563  | Psychiatric Progress Note                                      |
| v.    | DC-508  | Social Work Intervention/Progress Note                         |
| vi.   | DC-834  | Provider Orders  |
| vii.  | DC-133R | Notice of Referral to a Mental Health Unit                     |
| viii. | DC-945  | Confidentiality and Privileged Information                     |
| ix.   | DC-982  | Mental Health Appraisal  |
| x.    | DC-983  | Mental Health Restrictive Housing Assessment                   |

## c) Dental

- i. DC-389 Dental Treatment Record
- ii. DC-442 Release by Patient Leaving Treatment Facility or Refusing Health Care Against Orders of Responsible Clinician
- iii. DC-590 Request and Authorization for Oral Surgery
- iv. DC-590-S Request and Authorization for Oral Surgery (Spanish)
- v. DC-765 Patient Agreement Regarding Medical Appointment
- vi. DC-765 Patient Agreement Regarding Medical Appointment (Spanish)
- vii. DC-807 Request and Authorization for General Dental Treatment
- viii. DC-807-S Request and Authorization for General Dental Treatment (Spanish)
- ix. DC-808 Request and Authorization for Endodontic Root Canal Therapy, Endodontic Surgery, Anesthetics, and Medication
- x. DC-808-S Request and Authorization for Endodontic Root Canal Therapy, Endodontic Surgery, Anesthetics, and Medication (Spanish)
- xi. DC-863 Receipt of State Property
- xii. DC-903 Periodontal Chart
- xiii. Dental Laboratory
- xiv. DC-388 Dental Health Record

2. It is the responsibility of Nursing to perform backups of the MAR Reports and Pill Line Reports for the Pill Line Groups of their patient care areas to the secure IronKey USB drive at least once daily.

- a) Comprehensive Health Services will provide each facility with an encrypted IronKey USB drive.
- b) Facility nursing staff will be instructed on the use and secure storage of the IronKey USB drive.
- c) The IronKey will be stored in a locked cabinet and be counted and logged each shift.
- d) Facility nursing staff will back-up per Pill Line Group organized Pill Line Reports and MAR Reports to the IronKey daily.
- e) Nurse Managers will spot check the IronKey USB drive no less than quarterly and during their performance review to ensure that backups of the Pill Line Reports and MAR Reports are being performed daily, the IronKey is being counted and staff understand both how to perform the backup and retrieve the backup files off the IronKey.

## B. Recognition and Implementation

1. Staff should recognize unexpected HERO unavailability as a downtime when:

- a) They are unable to reach the login screen for HERO despite attempts from multiple workstations.
  - b) Other staff persons in their work area are also unable to access HERO.
  - c) Prior to HERO becoming unavailable there was no email notification from the HERO Team or HERO Message of the Day indicating an expected time-limited outage due to maintenance.
2. Staff should implement downtime procedures and revert to paper documentation using the forms listed in Section I of this document when the HERO downtime exceeds 1 hour or sooner if urgent medical documentation is deemed necessary (ex: time-sensitive medication orders). This includes printing the most recent backup Pill Line Reports and MAR Reports stored on the IronKey USB drive.

C. Communication

1. So that restoration efforts begin immediately, clinical staff recognizing an unplanned HERO downtime should make the following notifications:
- a) During business hours Monday through Friday, staff should call the HERO Helpdesk or if internet service is still available enter an [Online Help Desk Request](#) using the DAC Intranet web form.
  - b) After hours, on weekends and holidays staff should use the web form noted above if internet service is still available and call MIS on-call staff by dialing 919-890-3963 and choosing option 2 from the menu.
  - c) In either A or B above, the web form may be substituted with an email to [AC\\_Prisons\\_Herohelpdesk@dac.nc.gov](mailto:AC_Prisons_Herohelpdesk@dac.nc.gov).
  - d) The on-call MIS phone number should only be used in the cases of complete HERO unavailability and not for problems with individual user accounts or questions about how to use the HERO application itself.
  - e) Upon receiving the HERO Help Desk Request either by telephone or online, the HERO Team will evaluate the nature of the outage and ensure that the appropriate parties at DAC MIS and ATG have been notified. If the outage is widespread but email service is still available, the HERO Team will send an email notification to the field that the downtime has been recognized and efforts toward service restoration have begun.
  - f) Upon resolution of the downtime, the HERO Team will send another email notification to the field that service has been restored.

D. Integration of Paper Documentation into Electronic Health Record

1. HERO provides a scan type in its Document Manager for paper documentation performed during HERO outages named Downtime Documents. All paper documentation performed during a downtime should be scanned into this folder of the Document Manager except for the following that should be scanned into their own named folders:
  - a) Medication Administration Records;
  - b) Narcotic Orders;
  - c) Narcotic Records; and
  - d) Non-Narcotic Medication Orders.
2. The scanning of downtime paper documentation should be performed as soon as possible but no later than by the end of the next business day after HERO being restored to service.

E. Categories of Individuals by Job Function or Title who Require Access to HERO are as follows:

1. Healthcare providers employed by DAC of any discipline whose job responsibility is to provide or participate in patient care.
2. Students/residents who require access to HERO for educational programs.
3. Healthcare providers employed by other affiliated or contracted entities who are providing health care to our patient population.
4. Other professionals performing a health care function that requires information from HERO to perform their job may be granted access as approved by Health Services Management in conjunction with the Informatics Director.
5. An individual performing research involving HERO data and that research has been approved by the DAC Research Authorization Panel, by the DAC Human Subjects Review Committee, and the Authorizing Authority for Health Services.
6. Others may request access which may be granted on an as-needed basis.
7. When patient information is requested, release of confidential information must be provided according to policy.
8. Categories of access to HERO may include:
  - a) Full access; and
  - b) Limited access by: Location, provider type, job title, or read only.
9. Individuals requesting access to HERO will complete a request for access for Medical, Dental, Pharmacy, or Mental Health.

- a) All users must complete an approved training program prior to being granted access.
- b) Each user will be assigned an NCID and will use this in conjunction with a password to access the system. Users are responsible for maintaining security of their login credentials.
- c) The Healthcare Records Administration Department will consider each request for access and will apply the appropriate access for the user.
- d) Access to the HERO will be terminated when the individual:
  - i. Is no longer an employee, student, or health care provider;
  - ii. Reaches the expiration date or completes the approved research project for which access was approved; or
  - iii. No longer requires access for the performance of their job.

#### IV. REFERENCES

- A. HERO Access Guidelines
- B. [Online Help Desk Request](#)

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