MetaVision Major Failure Contingency Plan

MetaVision (MV) is unavailable on all or a majority of computers

Contingency Plan triggered by Nurse in Charge (NIC) or On call Consultant

Paper charts are retrieved from E2 section of main ICU store room and staff revert to paper charting

NIC/delegate use EDA (emergency data access) function on ICUWS18 (computer in office on L7) to print back up report for each patient. Open MV EDA and log in. (See appendix 1 for full details)

Write drug charts and print results from ICE or if network printer fails record in notes.

Phone Paul Bentley and IT Helpdesk on 2700 in hours. Out of hours NIC /delegate to phone CSMT and IT on call via switch.

Hardware problem

Software problem

Replace/reboot equipment

Log Urgent call with iMDSsoft on 0800 463 7638
1. INTRODUCTION

The Trust procured MetaVision in 2002. The system provides electronic charting, noting and results for patients on the Critical Care Unit. There is the potential for immense disruption to the treatment of patients if the system is not available. The key functions of MV include:

- Collecting and recording of patient observations
- Recording of patient notes - nursing, medical and physio
- Prescribing drugs and fluids
- Integration with Wardwatcher for payment and quality purposes
- Generation of handover sheets
- Risk assessment and care planning
- Family communications and contact details

2. PROCESS

<table>
<thead>
<tr>
<th>Recommendation (Action)</th>
<th>Justification (Rationale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Observations can be recorded on paper charts</td>
<td></td>
</tr>
<tr>
<td>2 Drug charts can be written following reference to Backup Reports for each patient</td>
<td>Backup Reports contain the previous 12 hours of patient data including drugs</td>
</tr>
<tr>
<td>3 Blood results can be recorded manually on the paper observation charts</td>
<td></td>
</tr>
<tr>
<td>4 The need for financial and ICNARC data is less immediate and this can be obtained following data restoration from the back up server</td>
<td></td>
</tr>
<tr>
<td>5 Paper care plans need to be completed</td>
<td>In section E2 in the main store room</td>
</tr>
<tr>
<td>6 Documentation and handover sheets need to be produced manually</td>
<td></td>
</tr>
<tr>
<td>7 After the system has been successfully tested and returned to the users, Data Take On must then commence.</td>
<td>Paper copies collated during this downtime should be stored within the patients’ casenotes.</td>
</tr>
<tr>
<td>Recommendation (Action)</td>
<td>Justification (Rationale)</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>8 There are several <strong>planned</strong> processes which may interrupt the MetaVision system, which are essential to perform to ensure smooth operations. These include: Generator Testing UPS Testing Anti Virus Protection Upgrade of the MetaVision Upgrade of other Trust Systems e.g. pathology</td>
<td>Where possible this work by its nature will be scheduled for “out of hours”.</td>
</tr>
<tr>
<td>9 The Contingency plan should be checked annually</td>
<td></td>
</tr>
<tr>
<td>10 In the event of Major Metavision failure there should be an AAR within 24 hours</td>
<td>Ensure robust review system</td>
</tr>
</tbody>
</table>

3. RESOURCES

iMDSoft website
Fukuda Denshi website
Appendix 1 EDA Access Guide Step-by-Step

This is sited on the PC sitting in the Matron’s office at the back on the right. It needs to be logged into ICUWS18.

On the desktop screen there is a symbol, with the title EDA MV.

Double click to startup and sign in as normal.

MetaVision will startup and present the Patient list.

First print the DRUG CHART.

With the Printer form up, scroll down the Report listing to find “Orders All.”

Then click on the NEWS Chart and print it to generate recent observations.

Then go back to Patient List and continue until each patient has and abs and drug chart.

Date: September 2017  Revision Date: September 2019  Author: FB/RS