

# Use of An Audit Report to Improve Business Continuity Access Testing

**Paula Wolski MSN, RN-BC, Dennis Fulton, MSHI**

*Brigham and Women's Faulkner Hospital, Boston, MA*

**Keywords:** BCA, Failsafe, Downtime Device Testing

## **Introduction/Background**

With the introduction of fully integrated Electronic Medical Record (EMR) systems, reliance on paper documentation has diminished. The digital divide has closed, revealing a generation of staff that have never documented in a paper-based format. The ability to know that the Business Continuity Access (BCA) device is being tested and performs as expected is essential. In 2018, the clinical informatics group and an enterprise report writer set out to validate that these devices were being used correctly.

## **Methods**

Informatics defined the workflow for testing a device and what outcome should be produced from testing. The report writer has access to data warehouse information that shows when staff entered the device and what tasks they performed. This helped to shape the development of an audit report. After going through Enterprise prioritization, report requirements were developed. Once a determination was made that the information could be retrieved, a report based on facility, unit and user was developed. Validation occurred manually over several months and then released to production. With review of the output of the report those areas that were non-compliant with testing received remedial education. Ongoing monitoring is performed monthly with operational oversight by department leaders. The report reveals when a user logs on, if they had login failures, what was viewed and what was printed.

## **Results**

The report has successfully shown whether or not BCA devices are tested across the institution. It revealed less than best practices in some areas. These areas were offered remedial education. Users in some areas were found to be logging into the device and then logging out without viewing or printing a single element. Users in other areas were printing everything. Some areas were completely missing from the report revealing no testing at all. The report continues to be refined to be user friendly for all operational leaders.

## **Discussion/Conclusion**

The need to be continually prepared for an unexpected downtime is essential in this era of complete integration with electronic medical records. Dependency on clinical information in a system downtime is essential in the healthcare environment today. The most effective way to attain this information is through Business Continuity Access. To ensure that this information is always available these devices must be tested regularly to ensure that they are receiving reports and can print as needed. This information is also informing some of the enterprise work on developing downtime drills and areas that require particular focus. We plan further refinement for the ability to extract and convert data into usable tables and graphs for operational leaders. The Enterprise is interested in this report for across-the-board viewing of the state of downtime readiness.

## **References**

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