Daylight Savings Time: Fall

The paper and electronic worlds share the challenges of documentation during this time. For example, because the time between 1 a.m. and 2 a.m. occurs twice during fall daylight saving, it is difficult to determine when 1:30 a.m. really occurred.

- When documenting times that overlap in the Documentation Flowsheets activity due to daylight saving time, we recommend manually changing the time of the second overlapping entry to one minute after the first entry. Using the example above, the second 1:30 a.m. (what would have been the 2:30 a.m. time) is changed to 1:31 a.m. Additionally, we suggest that you add a comment detailing the workflow used to compensate for daylight saving.

  > Keeping the chronological integrity of the patient record presents special challenges in the Documentation Flowsheets activity. In areas where there are frequent patient assessments or medication titration documentation such as the ICU, ED or Labor and Delivery, it is especially important for the medical record to reflect a clear and accurate picture of the sequence of patient care events.

  > Refer to downtime procedures at 0100 for one hour, resuming documentation when the time change occurs at the second 0100.

- During the Fall time change, volume calculations for infusion groups do not take into account the time change. To ensure accurate data, we recommend adding a time column in the Documentation Flowsheet activity after 2am. For all active Infusion groups, users need to manually calculate the volume and document it in this column. After the manual calculation is documented, users can resume using the auto-calculate and rate verify functionality. If users try using auto-calculation before they manually document after 2am, the volume totals will be incorrect.

- Integrating device data via an Incoming Medical Device interface is different than when manually documenting all data in the Documentation Flowsheets activity. Because medical devices send a message at the same instant every minute, the device data sent via the interface in the second hour will overwrite the device data already stored in the temporary repository in Epic from the first hour. Epic recommends stopping the communications on the Incoming Medical Device interface for one of the 1:00 - 2:00 AM time periods. During the hour of offline time, users should document manually on paper according to their downtime procedures. When restarting the Incoming Medical Device communication daemon, verify that the interface is correctly filing device data before the end users resume validating electronic device data in Data Validate or in the Documentation Flowsheets activity.

- Medications scheduled during daylight saving time must also be taken into consideration because times are not automatically adjusted by Hyperspace. As a result, an administration in the MAR activity will be missed when the time changes during fall daylight saving. For example, if a medication is scheduled to be administered every hour (for example, 12 a.m., 1 a.m., 2 a.m., 3 a.m., etc.), when 2 a.m. occurs the time changes back to 1 a.m., a time when the medication has already been administered. We recommend the manual creation of a new administration at 1:01 a.m. or another time between 1 a.m. and 2 a.m. to account for the missed administration. Additionally, add a comment describing the workflow that was used to compensate for daylight saving time. Because you are adding a medication administration, you will need to cancel the last administration of the medication to preserve the correct number of administrations.

Emergency Room (additional considerations)

- Pt Care Timeline reports may be incorrect due to having two occurrences of the 1 – 2 am hour. ED staff and ED Coders will need to be aware of the possible confusion in any report or documentation that involves times.

- ED staff should try to minimize moving the patients within the Care Areas to avoid errors occurring from the repeat of the 1am hour.

- ED staff should room all patients in an OTF bed during the second 1am hour and try to leave them there until 2:01 am to avoid errors. This needs to be done prior to fall back. So, at 1:50 am (prior to the clocks falling back) put everyone in OTF. If you wait until after clocks fall back to drag patients to OTF, they're probably going to get errors that prevent them from doing so.

- If possible, ED staff should not discharge any patients during the second 1-2 am hour to avoid ADT errors.

- Patient statuses in the second hour will revert to whichever status they were during the first hour. Even if a manual update is done during the second hour, the patient status may change unexpectedly. Therefore, users should work from the All Patients or My Patients views and manually update