

CLINDOC/STORK: FALL DAYLIGHT SAVING TIME

Audience: This tip sheet is intended for staff working during fall time change on Sunday, November 5, 2017.

Summary: Provides details about documentation during fall return to Standard time (one hour time frame - when time falls back at 2:00 a.m. to 1:00 a.m. local time zone).

Revised Date: November 5, 2017

Time Change

The time change occurs in conjunction with Epic downtime due to Epic Upgrade version 2017; the timeframe is adjusted to allow both time zones to fall back before the system is released to customers. Downtime will begin November 5 at 1:00 a.m. EST (the second 1:00 a.m., after the time change)/1:00 a.m. CDT (the first 1:00 a.m. before the time change) and ends at approximately 2:30 a.m. EST/1:30 a.m. CST.

Time Zone	Epic Downtime / Upgrade Starts (approx. 90 minutes)	Estimated Epic Downtime Ends	What this means...	Medical Device Interfaces turned off from...
Eastern	1:00AM EST	2:30AM EST	Eastern will reset clocks at 2:00AM EDT to 1:00AM EST. During the downtime/Upgrade, document on paper and back-chart in Epic per guidelines	1:45AM EDT to 4:45AM EST
Central	1:00AM CDT	1:30AM CST	Central will reset clocks at 2:00AM CDT to 1:00AM CST. During the downtime/Upgrade, document on paper and back-chart in Epic per guidelines	12:45 AM CDT to 3:45 AM CST

Eastern Daylight Time =EDT; Eastern Standard Time=EST

Central Daylight Time=CDT; Central Standard Time =CST

Medical Device Interfaces=iSirona, Alaris, OBIX

Flowsheet Documentation

Follow appropriate downtime policies for documentation. Utilize interim manual forms, and if policy requires, back-document in Epic with the following guidelines.

- A. When documenting times that overlap due to daylight saving time, a manual change of the time is recommended for the second overlapping entry to one minute after the first entry. For example, the second 1:30 a.m. (what would have been the 2:30 a.m. time) is changed to 1:31 a.m. In addition, add a comment detailing the workflow used to compensate for daylight saving.

- B. In the Notes activity, create a note to accommodate manual documentation of the accurate time that clinical assessments, observations, or titrations occurred. This allows you to maintain electronic documentation while preserving the chronological integrity of the record.
- C. In certain areas of the system, such as the last filed data column in the Flowsheets activity, the last filed value in the Flowsheet navigator section, flowsheet SmartLinks, and reports, it is possible for the data not to appear chronologically. For example, if a user documents a value at 1:30 a.m. during the first hour, and documents a different value in the row at 1:16 a.m. during the second hour, users might expect the 1:16 a.m. value to appear in the last filed column and other places that display the most recently filed value. However, the system always displays the data chronologically by the filed time, which in this case means that the 1:30 a.m. documentation appears as the last documented value.
- D. 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 Flowsheet activity after 2:00 a.m. 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 2:00 a.m., the volume totals will be incorrect.
- E. Integrating device data through an **Incoming Medical Device** interface is different than manually documenting data in the Flowsheets activity. Because medical devices send a message at the same instant every minute, the device data sent through the interface in the second hour will overwrite the device data already stored in the temporary repository in Epic from the first hour. For this reason, interfaces for medical devices will be turned off starting at 1:45 a.m. EDT/12:45 a.m. CDT and will remain off until 4:45 a.m. EST/3:45 a.m. CST. During this time, disconnect the devices from Epic and enter any data manually.



For Alaris Integration, please see specifics for interface downtimes and actions to take by referencing the tip sheet below.

[ClinDoc Stork TS Alaris Pump Integration Fall Daylight Saving](#)

- F. **Medication Administration**—Follow appropriate downtime policies for medication administration using interim manual forms. If your policy calls for back-documenting medications administered during downtime, the system does not automatically adjust

medication scheduled during daylight saving time; clinicians must manually adjust patients' medication schedules for the second 1:00 a.m. hour.

- a. For example, when 2:00 a.m. occurs and the time changes back to 1:00 a.m. a medication scheduled to be administered at 1:00 a.m. will have already been administered. We recommend the manual creation of a new administration at 1:01 a.m. or another time between 1:00 a.m. and 2:00 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 need to cancel the last administration of the medication to preserve the correct number of administrations.
- b. For medications with a frequency greater than once an hour, clinicians must use the MAR to document administrations that occur after the time change as occurring one hour earlier. For example, if a medication with a frequency of Q3H has due times of 12:15 a.m., 3:15 a.m., and 6:15 a.m., clinicians should document the 3:15 a.m. administration at 2:15 a.m. and the 6:15 a.m. administration at 5:15 a.m., in order for the medication to be given every three hours.
- c. For medications with frequencies equal to or shorter than once an hour, clinicians must use the MAR to document any additional administrations that need to occur as a result of the second 1:00 a.m. hour. For example, if a medication with a frequency of once every half hour has due times of 1:45 a.m., 2:15 a.m., and 2:45 a.m., clinicians should document and give an administration at the second 1:15 a.m. and 1:45 a.m. as well, in order for the medication to be given once every half hour. Additionally, clinicians should add a comment to any administrations documented during the second 1:00 a.m. hour to show that they were given because of DST.
- d. If a medication with a frequency equal to or shorter than once an hour has a fixed number of doses, clinicians should also adjust the medication's schedule to account for the additional administrations documented during the second 1:00 a.m. hour. Continuing the previous example, if the medication had only those three doses scheduled, and clinicians created two new administrations during the second 1:00 a.m. hour, they should cancel the 2:15 a.m. and 2:45 a.m. administrations.

G. **BestPractice Advisories**—BestPractice Advisories (BPA) have lockout times which do not take into account the time change. Be aware, related settings for medications, procedures, flowsheets, and result BPAs do not consider the time change.

H. **Code Narrator**—Do NOT use the Code Narrator during DST. Code events cannot be fired at a time prior to the start event and it is important that this documentation be accurate and in order. You can either back-enter the information after the time

change or use the downtime Code Blue paper forms and send to Medical Records for scanning after the Code event.

Stork

Follow facility policy for downtime, including utilizing interim manual forms. If your policy requires back-documentation, the primary impact of daylight saving time on Stork is related to time calculations. This includes: labor length, time since rupture of membranes, time since last cervical exam, baby's hours of life, and APGAR score times.

- A. **Labor Length:** Labor calculations spanning the time change can be up to one hour off. This issue affects both the Delivery Summary and filing labor lengths to Obstetrics History. For all labor calculations that span the time change, manually calculate the labor lengths and document this information in a note. Additionally, after signing the Delivery Summary, clinicians can access the History activity and manually update the patient's labor lengths in the Obstetrics section.
- B. **Time since rupture of membranes:** Calculations for ruptured membranes occurring prior to the time change can be up to one hour off. For calculations that span the time change, alert clinicians that the time since rupture of membranes will be off.
- C. **Time since last cervical exam:** Calculations for cervical exams occurring prior to the time change can be up to one hour off. For calculations that span the time change, alert clinicians that the time since last cervical exam will be off.
- D. **C-sections:** Since charging and procedure time averaging depend on the amount of time in between key events rather than the actual times, nurses should:
 - 1) Change the case tracking event times so that the amount of time between events is accurate.
 - 2) Add a nursing note that includes the actual times for that patient, even if it looks incorrect because of the time change.

By documenting the correct amount of time and adding a note with the actual timing events, nurses ensure that the patient is charged correctly, that Obstetricians have appropriate time added to their average, and that the actual times are documented on the patient's chart.

- E. **Fetal monitor integration:** Follow Integrating device data (refer to item E under Flowsheet Documentation of this document).
- F. **Hours of Life:** Calculations for baby's hours of life can be up to one hour off. Daylight savings events affect any location in Hyperspace where an infant's patient age appears in hours, such as the patient header, print groups, report columns, and SmartLinks. For infants born prior to the time change, alert clinicians that during the daylight savings events, the hours of life calculation is incorrect.