RIE ED TRAK Downtime Contingency Plan v2.1

Updated Aug 2025 (next planned review Aug 2027)

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TRAK Down - One Page brief:

This standard operating procedure should be used for either planned or unplanned significant disruption to TRAK. Before deploying this plan, ask the site management team to confirm what is known.

If TRAK downtime is confirmed, use action cards below. Any ED area struggling to manage patient care or administration, must be encouraged to ask for help – even if it's administrative support. Deviation from this SOP can cause adverse outcomes for patient and staff alike and should not be tolerated.

Should the NIC / EPIC feel they do not have good oversight of the ED at any time, they must escalate concerns and ask for help.

Previous incidents have shown that handover is a particularly challenging period, - ensure enough time for outgoing team to complete paperwork, and for incoming team to clearly understand TRAK downtime responsibilities and processes. It is also critical to follow the action cards when TRAK function returns.

In previous incidents if Trak is down for a couple of hours, E-health will activate their business continuity plans and you should expect TRAK to be down for up to 24 hours.

Should power fail as well, this plan can still be used with adjustments as stated in the action cards. There are dedicated **RED** computers which should be able to be used in these circumstances.

OVERVIEW OF STEPS DURING A TRAK DOWN INCIDENT:

1. Confirm TRAK down
2. Brief the team – this must be done at each handover
3. Reestablish exactly who is in the department and use manually calculated EOS to assess risk of harm to patients/ staff to guide what support is needed.
4. Ensure all areas / teams are using correct administrative processes
5. Ensure ED service is being provided effectively given the IT failure
6. When TRAK is live again, ensure recovery actions cards / processes are followed.
7. NIC & EPIC should write a brief SBAR assessment of their shift to be emailed to the ED CNM/CSM/CD.

POD/OBS WARD/RESUS NURSE COORDINATOR – Action Card **1**

IT IS CRITICAL TO KNOW ALL THE PATIENTS IN YOUR AREA. IF YOU DO NOT, ASK FOR HELP

ACTIONS FOR TRAK DOWNTIME

1. **STOP ALL PATIENT MOVEMENT** in / out of your area, unless it is an emergency.
2. Do not use attempt to use TRAK unless instructed to by NIC
3. Use the patient registration sheet provided by NIC, then sheets provided in TRAK down box [1]
4. **ENSURE** all patients in your area:
   a. Are accounted for (inform NIC when complete)
   b. Have a wristband identifier (blank wristbands available in the TRAK down box)
5. Patient movement can resume following a Tannoy from NIC
6. Minimise patient movement in your area where possible
7. Ensure patient registration sheet is completed as follows:
   a. It is critical it is up to date **WITHOUT EXCEPTION**. Ensure **ALL** columns are filled in.
   b. Ensure **ALL** fields are complete for new patients arriving to your area. [2]
   c. When a patient moves out of your area, highlight their entry as per instructions at the bottom of patient registration sheet.
8. When patients are admitted, discharged, or move to another area in ED, **it is critical to check**:
   a. A printed copy of up-to-date clinical notes is attached to the blue front sheet
   b. A copy of the Shock Chart, SAS PRF (if available) and other relevant documentation.
   c. The patient registration sheet entry is complete for the patient.
9. To book a bed the POD coordinator should:
   a. [For Medicine]: Call AMU's designated number at the time of a decision to admit. [3]
   b. [For Specialties]: Alert site & capacity on #1590 at the time referral has been accepted.
10. It is **critical** to keep ALL patient record sheets together (including old ones).
11. Report 'time to 1st HCP'; 'No of patients waiting assessment'; 'No of bed waits' to NIC every hour
12. In preparation for handover, ensure patient registration sheets are complete. **STOP** all movement (unless it's an emergency) until new team have accounted for all patients.

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[1] Staff & time permitting, white boards (these are already available in PODS) may be used to see where patients are in your area. This must not be used in preference to the patient registration sheets. Full names should be used.

[2] Patients arriving from Interface MUST HAVE together with their blue sheet, a set of clinical notes, an up-to-date obs chart, a record of medicines given, and a copy of their SAS PRF if available.

[3] NIC will give you the number. It is the responsibility of AMU to manage the queue.

POD/OBS WARD/RESUS NURSE COORDINATOR – Action Card **2**

IT IS CRITICAL TO KNOW ALL THE PATIENTS IN YOUR AREA. IF YOU DO NOT, ASK FOR HELP

ACTIONS FOR TRAK RECOVERY

1. **STOP ALL MOVEMENT** in and out of your area (unless it's an emergency)
2. Attend ED control room when alerted by NIC
3. Give TRAK RECOVERY instructions to your POD – check senior doctor has done the same
4. **ENSURE PATIENT REGISTRATION SHEET IS UP TO DATE**

YOU WILL BE USING PATIENT REGISTRATION SHEETS & TRAK UNTIL NEXT PROCESS IS COMPLETE.

ENSURE ALL OF POD TEAM FOLLOW STEPS OUTLINED BELOW

5. Move patients no longer in your area to the TRAK major incident screen
6. New patients registered on TRAK arriving post recovery can use TRAK in the normal way
7. Patients who remain on TRAK, & are still in your area, can use TRAK in the normal way
8. Continue to update patient registration sheets for patients not yet registered on TRAK
9. The reception team will be working to register on TRAK remaining patients, to find these patients and add move them to your area, do the following:
   a. **STEP 1**: Use TRAK patient enquiry to Search for patient – if found, move to your area on TRAK
   b. **STEP 2**: Once remaining TRAK downtime patients are registered, move to your area on TRAK
   c. **STEP 3**: Once all patients are accounted for on TRAK, stop using patient registration sheets.
10. Once action 9 is complete, alert the NIC and confirm TRAK functioning normally
11. Return all patient registration sheets to NIC.

TRIAGE NURSE COORDINATOR – Action Card

IT IS CRITICAL TO KNOW ALL THE PATIENTS IN YOUR AREA. IF YOU DO NOT, ASK FOR HELP

ACTIONS FOR TRAK DOWNTIME

1. TRIAGE patients in the normal way but write triage information directly on Blue ED sheet
2. Use the patient registration sheet provided by NIC, then sheets provided in TRAK down box [1]
3. Ensure patient registration sheet is completed as follows:
   a. It **MUST** be up-to-date.
   b. All columns are completed & patients highlighted according to instructions at the bottom of patient registration sheet once they move out of triage
4. Ensure regular checks of Triage Notes Pile in reception
5. Report every hour (on the hour) to the NIC how many patients are awaiting triage (both SAS & Self Presenters) and time to triage for both queues.
6. Report to the NIC any surge in activity (> 15 self presenters & / or > 5 SAS patients per hour).

ACTIONS FOR TRAK RECOVERY

1. The nurse in charge will alert you when TRAK can be used. Do not use it until then.
2. When TRAK is working again, reception will register NEW patients in the usual way. Use TRAK to triage these patients in the usual way.
3. Patients in triage not yet registered on TRAK will be the first to be registered by reception, once this is complete, use TRAK to triage these patients in the usual way.
4. Once confirmed that TRAK can be used again, use TRAK IN THE USUAL WAY

[1] If there is admin staff helping, a white board may be used to see where patients are in your area. This must not be used in preference to the patient registration sheet.

NURSE IN CHARGE – Action Card **1 of 2**

ACTIONS IF THERE IS TRAK DOWNTIME

1. Confirm TRAK disruption with senior manager (check ED for any other IT system issues).
2. Confirm the senior manager will report disruption to E-health and provide updates to the ED.
3. If planned downtime > 30 minutes or if unplanned TRAK failure follow the following:

TANNOY: "*TRAK Down, no patient movement until further notice. Senior Staff, Pod Coordinators, Reception & Radiology leads attend ED Control room immediately*"

4. Generate and hand-out INITIAL patient registration sheets using the TRAK contingency app. for each area (PODS/RESUS/TRIAGE/OBS WARD). [1]
5. Give out action cards to POD coordinators, Senior decision makers & reception team (reception team can leave after this to instruct the rest of their team). Folders to each area.
6. Give the team a brief (remind everyone, if they need help, they must ask):
   a. **BE EXPLICIT:** leaders must ensure all staff follows instructions to the letter. If there is any uncertainty, they must check back with NIC / EPIC. **NO DEVIATION IS TO BE TOLERATED.**
   b. **GIVE CLEAR INSTRUCTIONS** how to complete patient registrations sheets, highlight:
      - Initial sheet is from TRAK contingency app
      - How to record when patients move out of their POD/AREA (follow instructions on sheet).
      - Sheets **MUST** be completed in full & kept up-to-date **WITHOUT EXCEPTION**
      - 1st action (with SDM support) is to check patients in their area match initial patient registration sheet, then alert the NIC all patients in their area are accounted for.
7. Once all areas have confirmed all patients are accounted for, make a further announcement:

TANNOY: "*Patient Movement within the ED can resume as normal*"

8. Ask Site & Capacity, duty & Senior managers to attend the ED – request:
   a. A scheduled for ED safety pauses (ensure EPIC and CNM in hours are aware).
   b. Admin staff to support with patient registration sheets and/or use of whitboard.
   c. It is made clear to labs / radiology / wards etc. to follow agreed action cards for TRAK down [2]
   d. Assessment to escalate to a business continuity incident to maximise flow for site.
9. Use NIC Trak Down Data Sheet to collect key ED parameters for safety pause & to complete the NIC Duty sheet/EOS.
10. Check with reception & EPIC that procedures have been explicitly shared with respective teams.
11. At handover ensure enough time to give a brief (complete actions 5 -8) with oncoming team.

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[1] Obs ward is an IP WARD

[2] Ensure AMU give you a number to call to alert them of bed requests – It's up to AMU to manage the queue.

NURSE IN CHARGE – Action Card **2 of 2**

ACTIONS FOR TRAK RECOVERY

1. Do not action recovery until the senior manager confirms that TRAK is working and can be used.
2. At this point, call the ED senior team to the ED control room.

TANNOY: "No patient movement until further notice. *Senior Staff, Pod Coordinators, Reception & Radiology leads attend ED Control room immediately*"

3. Give team a brief outlining the process of recovery (remind all, if they need help, they must ask):
   a. Confirm that TRAK is working. Highlight it is critical TRAK is used as instructed.
   b. ALL movement in the ED should STOP until recovery is complete, unless it's an emergency.
   c. Ensure patient registration sheet is up to date and remains up to date until further notice.
   d. TRAK will be update as follows:
      i. Coordinators & SDM to move all patients not in your area to the major incident screen
      ii. A dedicated TRAK team + POD coordinators will update TRAK (live PODS 1st) – they will update admitted patients, and then discharged patients.
   e. ED Patient administration and TRAK can be used as follows:
      i. New patients will be registered and managed by all in the usual way.
      ii. Trak can be used for patients registered on TRAK (newly or before downtime)
      iii. All patients who attended ED since TRAK downtime will be registered in reverse order.
      iv. TRAK may be used for reference for patients not yet registered on TRAK, but the remaining administration / ordering tests etc. should continue to follow Trak downtime instructions.
      v. Once all patients are accounted for the NIC will confirm TRAK can be used as normal.
4. **NIC TO ALLOCATE A DEDICATED TRAK RECOVERY TEAMS – CLINICAL & ADMIN (SEE ACTION CARDS)**

Actions NOW

1. Senior Doctor & pod coordinator to give instructions to team – these MUST be followed.
2. POD coordinator to follow action card, but in summary:
   a. **STOP ALL** movement in their POD (unless it's an emergency)
   b. Update and confirm patient record sheet is accurate **AND REMAINS ACCURATE**.
   c. Update your area on TRAK, then work with designated team to get TRAK up to date.
3. Reception team register in reverse order all patients who have attended since TRAK downtime
4. **NIC & EPIC TO ALLOCATE TRAK RECOVERY TEAMs**

INITIAL PATIENT REGISTRATION SHEET – Action Card

STEPS TO CREATE PATIENT REGISTRATION SHEET USING TRAK DOWNTIME APP [1]

1. Open TRAK contingency app on intranet.
2. *Click* TRAK DATA tab; *select* EMERGENCY DATA, *select* REPORTS (drop-down menu).
   a. *Select* HOSPITAL (e.g., RIE), WARD (e.g. IC, A&E), *select* REPORT (ED patient spreadsheet (excel)), hit GENERATE. Open this file from downloads
3. Manually remove patient from other PODS on excel spreadsheet as follows:
   a. *Select* **all cells** in the CURRENT LOCATION **column** (exclude column heading), *click* the SORT A to Z tab function on excel – *select* EXPAND THE SELECTION, then *select* SORT.
   b. *Select, then Delete* **rows** of patients not in your POD (Right click, then hit delete)
   c. Delete the last column BREACH REASON
   d. Check if the list of patients matches the patients in area (you may need to manually insert PATIENT LOCATION for patient on TRAK in the 'TO BE SEEN' section)
4. To Print do the following
   a. On the excel menu *select* PAGE LAYOUT:
      i. Click orientation and *select* LANDSCAPE
      ii. In the *scale to fit* tab, *select* WIDTH: AUTOMATIC; HEIGHT FIT to 1 PAGE TALL (if < 15 patients, FIT to 2 PAGES TALL if < 30 patients etc

[1] Note if TRAK contingency app is not available, instruct POD coordinators and SDM to make the initial patient registration sheets manually.

DEDICATED TRAK RECOVERY TEAM (CLINICAL) – Action Card

CLINICAL DEDICATED TEAM: *senior* nurse & clinician (staff should have no clinical duties)

STEP 1: GET EMERGENCY DEPARTMENT TRAK UP TO DATE

1. Support all areas to get ED TRAK up and running (follow POD Coordinator and Senior Doctor Recovery action cards) – go to live PODs first.

STEP 2: GET ADMITTED PATIENTS ON TRAK UP TO DATE [1]

2. Collect all paper patient record sheets from the Nurse in Charge.
3. Patients highlighted in PINK should be admitted to the correct ward on TRAK as follows:
   a. STEP 1: Use TRAK patient enquiry to search (most should be in the major incident screen)
   b. STEP 2: ENSURE correct details are entered on TRAK:
      i. Care provider and time
      ii. Bed request and time
      iii. Discharge diagnosis and time

c. STEP 3: Admit patient to correct ward

STEP 3: GET DISCHARGED PATIENTS ON TRAK UP TO DATE

4. Patients highlighted in GREEN should be discharged home on TRAK as follows:
   a. STEP 1: Use TRAK patient enquiry to search for patient
   b. STEP 2: Ensure correct details are entered on TRAK:
      i. Care provider and time
      ii. Bed request and time
      iii. Discharge diagnosis and time

c. STEP 3: Discharge patient from TRAK

5. Once complete (no patients should remain on Major Incident screen), alert the Nurse in Charge

STEP 4: ASSIST ADDING CLINICAL NOTES TO TRAK & ORGANISE OUTSTANDING FOLLOW UP [2]

6. Together with typist, copy notes into TRAK. Identify and organise outstanding follow up.

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[1] Note: Clinical notes will be added to TRAK by the admin team. You will assist with follow-up

[2] Clinical notes are sent to: loth.trakdowntime@nhs.scot (typists / Band 7 Nurses). In OOH, the dedicated TRAK recovery team can start the process. Typist / Admin team will join the team in hours.

DEDICATED TRAK RECOVERY TEAM (ADMIN) – Action Card

ADMIN DEDICATED TEAM: duty typist or member of admin team

STEP 1: ACTIONS FOR TRAK DOWNTIME – SUPPORT DUTY RECEPTION TEAM

1. Receive instruction about Downtime from the ED Nurse in Charge
2. Work with reception team to register all patients who arrived whilst TRAK was down.

STEP 2: ACTIONS FOR TRAK RECOVERY – TRANSFERRING CLINICAL NOTES ON TO TRAK

The clinical team should have emailed all clinical notes as word docs. Care providers should have used a file name reflective of patient initials; UHPI (CHI or ED number); Date; Time. Go to the dedicated inbox loth.trakdowntime@nhs.scot (you should have access to this mailbox in your work email). [1]

1. Receive instruction from the Nurse in Charge about how the DEDICATED TRAK RECOVERY TEAM will update TRAK (working together with **clinical** dedicated Trak recovery team).
   a. Check if any of the dedicated TRAK recovery team have started the process of updating notes. If they have, agree how to work together to update remaining clinical notes (e.g once a note is added to TRAK delete email).
   b. Cut and paste clinical notes into ED TRAK episode.
   c. Check the follow up section of the clinical note, highlight any follow up still required to dedicated **clinical** team (or if able organise follow up as instructed in clinical note).
   d. If a patient who attended the ED does not have clinical notes (sent via email), go to reception to find the patient's blue registration sheet as clinical notes should have been printed and attached to this sheet. As a last resort, email care provider (patient registration sheets should have the detail of who the patient's care provider was).
2. Once clinical notes have been entered in to TRAK for all patients alert Nurse in Charge

[1] In the event of no wifi, care providers should have saved clinical notes to ED desktops. Once wifi is available, these notes can be sent to the dedicated mailbox then follow step 2. You will need to check all ED desktops.

In the event of power loss, the care providers should have written their clinical note on the back of the blue sheet – after an attempt to transcribe note to TRAK, send notes to patient records for urgent scanning and upload to SCI score – insert a TRAK note: This patient attended ED – There was an IT failure – clinical notes have been transcribed but may contain errors – original clinical written note can be found on SCI score.

DUTY RECEPTIONIST – Action Card 1

ACTIONS FOR TRAK DOWNTIME – REGISTRATION OF PATIENTS

1. Receive instruction from the ED Nurse in Charge. Do not use TRAK until instructed to by NIC.
2. Retrieve the TRAK downtime box from the cupboard behind reception.
3. Ensure all reception team are clear on TRAK downtime process.
4. Give new patients registered during TRAK downtime a **sequential** patient number (write this number at the top right of the patient blue record sheet. Pre-numbered sheets from RIEED001 – RIEED050 should be available in the downtime box.[1]
   a. For RIE ED use: RIE**ED**001, RIE**ED**002, ... etc
   b. For RIE MIU use RIE**MIU**001, RIEMIU002 ... etc
   c. Beyond the first 50 patients, write sequential patient numbers at the top right of the patient's blue sheet (**MUST** use the same format, e.g. RIEED051, RIEED052, … etc.).
5. Next, log on to the TRAK contingency app., then Select 'All patient search'
   a. Enter the Surname, First name and DOB (Or the CHI number if known).
   b. If patient found, click on 'details' then print an ED Patient label sheet & adult Laser band.
   c. Place patient sticker on top left of blue sheet, then write the following info on blue sheet:
      i. Complaint
      ii. Date & Time of attendance
      iii. Mode of arrival
6. If the patient is not found during the TRAK contingency app. search, register using a handwritten blue patient record ED sheet writing manually the following info:
   a. Patient demographics (include Name, DOB, Sex, Address, Next of Kin & GP details)
   b. Complaint
   c. Date & Time of attendance
   d. Mode of arrival
7. Once the blue patient record sheet is complete, take a photocopy and file the photocopied sheets together numerically – **this is a record of who has attended the ED.**
8. Once above steps are complete, the blue patient record sheet and laser-band can be put into a clear plastic wallet and placed in the triage tray.
9. Continue with usual business. Note, you can use the TRAK contingency app to locate patients in the ED. If you're unsure how to do this, please ask the Nurse in Charge.

[1] This format must be used to used. If these pre-numbered blue sheets are not available, or you go beyond pre-numbered sheets, write numbers in manually. Ensure you do not to use same number as a colleague.

DUTY RECEPTIONIST – Action Card 2

ACTIONS FOR TRAK RECOVERY

1. **DO NOT USE TRAK** until the nurse in charge confirms it is ok to do so
2. Once instructed, register all new patients arriving after TRAK downtime in the usual way.
3. Register all patients who arrived during TRAK downtime in **REVERSE ORDER** using the numerically filled photocopied sheets as a guide (register most recent patient first).
4. Alert the nurse in charge once this process is complete.
5. If able, support the DUTY TYPIST with their actions.

DUTY TYPIST – Action Card

ACTIONS FOR TRAK DOWNTIME – SUPPORT DUTY RECEPTION TEAM

3. Receive instruction about Downtime from the ED Nurse in Charge
4. Work with reception team to register all patients who arrived whilst TRAK was down.

ACTIONS FOR TRAK RECOVERY – TRANSFERRING CLINICAL NOTES ON TO TRAK

3. Receive instruction from the Nurse in Charge about how the DEDICATED TRAK RECOVERY TEAM will update TRAK.
4. The clinical team should have emailed the clinical notes. Go to the dedicated inbox loth.trakdowntime@nhs.scot (you should have access to this mailbox in your work email).
   a. Check if any of the dedicated TRAK recovery team have started the process of updating notes. If they have, agree how to work together to update remaining clinical notes.
   b. Cut and paste clinical notes into ED TRAK episode.
   c. Check the follow up section of the clinical note, highlight any follow up still required to dedicated clinical team (or if able organise follow up as instructed in clinical note).
   d. If a patient who attended the ED does not have clinical notes (sent via email), go to reception to find the patient's blue registration sheet as clinical notes should have been printed and attached to this sheet. As a last resort patient registration sheets should have the detail of who the patient's care provider was.
5. Once clinical notes have been entered in to TRAK for all patients alert Nurse in Charge

EPIC / SENIOR CLINICIANS – Action Card **1 of 2**

**EPIC ACTIONS IF THERE IS TRAK DISRUPTION

1. Support NURSE IN CHARGE to complete their actions.
2. Receive briefing from NIC (during in briefing, you should outline the clinical notes process:
   a. Clinical notes will be completed on a Word doc. [1]
   b. Completed notes should be emailed to typist at: loth.trakdowntime@nhs.scot
   c. Completed clinical note should be printed / stapled to the patient blue registration sheet as soon as possible but before any move to a new area (another POD / Obs ward / IP area).
3. After briefing, confirm the schedule of safety pauses with NIC
4. If the department is busy (EOS ≥ 15), consider delegating POD A to another consultant
5. CALL 'PACS team on call' via switchboard to request a PACS generic username / password, share this info with clinical team.
6. Check clinical team in other clinical areas are following procedures correctly.

**SENIOR CLINICIAN IN CHARGE OF POD/RESUS – ACTIONS IF THERE IS TRAK DISRUPTION

7. Receive briefing from Nurse in Charge.
8. Check with POD coordinator that initial patient registration sheet is complete / up to date.
9. Brief clinical team – It is imperative instructions are followed without exception:
   a. Administration: **IT IS CRITICAL** care providers record on the patient registration sheets: time patient picked up, name & TRAK user code, referrals with time, all patient movement, destination (another POD, Obs. ward, IP bed or home) and a discharge diagnosis.
   b. Ordering tests: Care providers should follow their action card - requests **MUST** have accurate location & contact details (discuss all CT requests with Senior clinician).
   c. Clinical notes: See step 2 and footnote (1) below.
   d. Patient disposition: Patients moving to another area **MUST** have up-to-date clinical notes (printed & attached to blue sheet) and a completed patient registration sheet entry.
   e. TRAK: DO NOT USE TRAK UNTIL INSTRUCTED TO DO SO BY THE NURSE IN CHARGE
10. Continue to provide emergency care as per usual
11. DO HANDOVERS IN PODS
    a. Take the time to go over action card with on coming team
    b. Highlight CTs awaited, patients of concern.

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[1] Care providers must use WORD PROFORMA found on RIGHT DECISIONS for clinical notes. Instructions are available on their action card. If power fails, care providers should hand-write clinical notes, legibly, on the back of the blue sheet (as per action card)

EPIC / SENIOR CLINICIAN – Action Card **2 of 2**

****EPIC ACTIONS FOR TRAK RECOVERY**

1. Receive briefing from Nurse in Charge
2. Support NURSE IN CHARGE to complete their actions.
3. Allocate a senior doctor to the TRAK RECOVERY TEAM (ask CMT for extra staff to cover this)
4. If the department is busy (EOS ≥ 15), consider delegating POD A to another consultant until TRAK recovery is complete.

****SENIOR CLINICIAN IN CHARGE OF POD/RESUS ACTIONS FOR TRAK RECOVERY**

5. Listen to briefing from NIC – you are responsible to share instructions with clinical team.
6. Brief clinical team – it is imperative instructions are followed without exception:
   a. Use TRAK normally for any patient already registered on TRAK
   b. Continue to use Trak downtime processes for all other patients [1]
7. Check with POD coordinator that patient registration sheet is complete.
8. Support POD coordinator to complete their actions.
9. Continue to provide emergency care as per usual.
10. Alert medical team when TRAK can be used normally (You will be alerted by the NIC).

[1] TRAK can be interrogated for clinical info for patients not yet registered on TRAK. Do not use it for anything else until patient's attendance to ED appropriately registered on TRAK.

CARE PROVIDER – Action Card

ACTIONS IF THERE IS TRAK DISRUPTION

1. Receive briefing from Senior Clinician (follow procedures exactly – **if you are unsure, ask**).
2. It is critical you record on the patient registration sheets (found at POD Coordinator desk):
   a. Time of 1st assessment / Your name & TRAK user code / Any referrals with time referral made / Patient destination (another POD, Obs. ward, IP bed or home) / Discharge diagnosis.
   b. Highlight any patient movement within an area (try to keep movement to a minimum).
   c. IF you take over / handover a patient – **IT MUST BE** recorded on patient registration sheet
3. It is critical to complete clinical notes asap post clinical encounter, using pre-formatted Word File available on right decisions ('**TRAK DOWN CLINICAL NOTE**'). Follow this process: [1, 2]
   a. Complete **ALL** fields.
   b. Once entry is complete, save file to the desktop using the following format: Patient initials; Unique Hospital Patient Index (UHPI) number (Use CHI or ED number – top of blue sheet, if UHPI not available), Date; Time (e.g. **MV 123456789R 271024 1605**)
   c. Where possible, any clinical note entry update should be made / saved to same word doc.
   d. Once notes are complete, using NHS email, send word doc to: loth.trakdowntime@nhs.scot [3]
   e. Completed clinical note should also be printed / attached to the patient blue registration sheet as soon as possible **but before any move to a new area** (POD / Obs ward / IP area).
4. Continue to provide emergency care as per usual.
5. See action card over on how to order investigations and use TRAK contingency app

ACTIONS FOR TRAK RECOVERY

6. Receive briefing from Senior Clinician (follow procedures exactly – if you are unsure, ask).
7. Use TRAK as per usual for any patient already registered on TRAK [4]
8. Continue to use Trak downtime processes (as above) for all other patients – ensure patient registration sheets are kept up to date.
9. Continue to provide emergency care as per usual.
10. You will be alerted when TRAK can be used normally.

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[1] For an unknown patient, use **Name**: Unknown, Unknown; **DOB**: 01/01/1899; **Unique identifier:** Use UHPI or ED Number (top right of blue registration sheet), if UHPI not available – if unsure, ask senior clinician.

[2] If power fails, legibly hand-write clinical notes on the back of the blue sheet with essential info only. Include your name, care provider code, note the time you see patient and relevant history, examination, referrals (and time), discharge diagnosis, and any outstanding tasks/follow up required.

[3] If wifi failure omit this step. Instead, save file to the desktop using same file name described above.

[4] TRAK can be interrogated for clinical info for patients not yet registered on TRAK.

Ordering investigations & TRAK Contingency App – Action Card

READ INSTRUCTIONS CAREFULLY (INCLUDING FOOTNOTES)

REQUESTING INVESTIGATIONS INSTRUCTIONS

1. It is critical to *fill out* investigation request form completely & legibly.
2. Ensure requester clinician / location / contact details, and clinical details are completed & accurate.
3. All lab / imaging / BTS request forms must have a min. patient set:
   a CHI or UHPI (if unavailable, include: Post Code and / or First line of patient's address) [1, 2]
   b Name (Forename / Surname)
   c DOB (DD/MM/YYYY)
4. For radiology request, in addition to above, **you must** also include: exact patient ED location (e.g. POD C3), TRAK use code (e.g. mev3) & date & time of request.
5. If available, use patient stickers on request forms (legible handwritten forms are acceptable).
6. Blood Samples require legible, handwritten min. patient set as above.
7. Lab results will be available via Trak Contingency (see below)
8. Imaging (& reports available via PACS (generic username / password available via senior clinician)
9. Emergency CT/MRI results will be phoned directly to either 23511 or 23687

USING TRAK CONTINGENCY APP – RESULTS (PREVIOUS RESULTS AND CLINICAL INFO)

1. Go to Intranet, select Apps; scroll & click TRAK Contingency App: use NHSL login details.
2. Limited clinical info, current and past investigations is available via SCI Store Viewer tab - either enter CHI or patient demographics.
3. Trak contingency app can produce patient stickers and wristbands if patient is registered with a GP in Scotland. If no CHI available, search using the FIND BY DEMOGRAPHICS function: enter all fields (SURNAME; FORENAME; DOB). The reception team should be able to help with this.

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[1] If patient arrives after trakcare is down, check if CHI or UHPI is available from TRAK contingency app (see above). If CHI or UHPI number, AND postcode &/or 1st line of address not available (e.g., unidentified patient), enter the ED generated number generated by ED reception, found at top right of blue registration sheet e.g. RIEED002.

[2] Enter unique identifier info in the: 'Address' box for X-ray requests; 'Ref. No.' box on blood tubes; and the 'No. Box' on BTS samples.

TRAK DOWN CLINICAL NOTE (Please complete all fields)

- **TODAY'S DATE**: DD/MM/YrYr
- **TIME OF NOTE** (24HR):
- **PATIENT NAME**:
- **TRAK USER CODE**:
- **CARE POVIDER NAME**:
- **TIME OF 1ST ASSESSMENT**:
- **NOK/1st CONTACT:**
- **UHPI, CHI OR ED NUMBER**:

CLINICAL NOTE

1. **PRESENTING COMPLAINT**

2. **HISTORY OF PRESENTING COMPLAINT**

3. **SOCIAL HISTORY:**

4. **RELEVANT PMH HX:**

5. **RELEVANT DRUG Hx / ALLERGIES:**

6. **EXAMINATION FINDING**

7. **RELEVANT INVESTIGATION RESULTS**

8. **IMPRESSION/WORKING DIAGNOSIS**

9. **PLAN**

10. **OUTSTANDING TASKS**

11. **DISCHARGE DIAGNOSIS (State if confirm or suspected)**

12. **REFERRAL TO SPECIALTY & TIME**

13. **FOLLOW-UP (ORGANISED OR NEEDS TO BE ORGANISED)**

SAVE FILE AS:

- Patient initials **(space)** Unique Hospital Patient Index (UHPI) number (CHI or ED number – top of blue sheet, if UHPI not available), **(space)** Today's Date **(space)** Time

- Example: **MV 123456789R 271024 1605**) [1,2]

[1] For an unknown patient, use **Name**: Unknown, Unknown; **DOB**: 01/01/1899; **Unique identifier:** UHPI number or ED UNIQUE PATIENT (top right of blue registration sheet – if unsure, ask senior clinician)

[2] If power fails, legibly hand-write clinical notes on the back of the blue sheet with essential info only. Include your name, care provider code, note the time you see patient and relevant history, examination, referrals (and time), discharge diagnosis, and any outstanding tasks/follow up required.

RIE – EMERGENCY DEPARTMENT
TRAK Downtime Patient Registration Sheet

Area in ED…….. **Sheet Number……..**

Patient No. & Arrival Time	Patient Name & DOB	Triage Cat.	Cubicle Number	Care Provider & Time	Referred to Speciality (Which & Time)	Bed Request Location & Time	Discharge Time	Discharge Destination	Discharge Diagnosis

Admitted Patients – Highlight in PINK Discharge Patients (i.e home) – Highlight in GREEN Discharged to other ED area – Highlight in YELLOW

PLEASE ENSURE ALL SECTIONS OF THIS REGISTRATION SHEET ARE COMPLETED

RIE – EMERGENCY DEPARTMENT
TRAK Downtime Patient Registration Sheet

RESUS **Sheet Number……**

Patient No. & Arrival Time	Patient Name & DOB	Triage Cat.	Resus Space (e.g. 1A)	Care Provider & Time	Referred to Speciality (Which & Time)	Moved to which POD	Bed Request Location & Time	Discharge Time	Discharge Destination	Discharge Diagnosis

Admitted Patients – Highlight in PINK Discharge Patients (i.e home) – Highlight in GREEN Moved to another ED area – Highlight in YELLOW

PLEASE ENSURE ALL SECTIONS OF THIS REGISTRATION SHEET ARE COMPLETED

RIE – EMERGENCY DEPARTMENT
TRAK Downtime Patient Registration Sheet

TRIAGE **Sheet Number……**

Patient No. & Arrival Time	Patient Name & DOB	Triage Cat.	Area Moved to in ED	Discharge Destination	Discharge Time	Discharge Diagnosis

Patients moved to Resus/PODS or Admitted – Highlight in PINK

Patients Re-directed / Discharged from ED – Highlight in GREEN

PLEASE ENSURE ALL SECTIONS OF THIS REGISTRATION SHEET ARE COMPLETED

RIE – EMERGENCY DEPARTMENT
TRAK Downtime Patient Registration Sheet

ED OBSERVATION UNIT **Sheet Number……**

Patient No.	Patient Name & DOB	Cubicle No.	PLAN	Discharge Destination	Discharge Time	Discharge Diagnosis

Patients moved to Resus/PODS or Admitted – Highlight in PINK

Patients Re-directed / Discharged from ED – Highlight in GREEN

PLEASE ENSURE ALL SECTIONS OF THIS REGISTRATION SHEET ARE COMPLETED

NIC DATA SHEET TRAK DOWNTIME

Date:	Time:

Triage	
No. of SP	
TTT SP	
No. of SAS	
TTT SAS	
No >15mins	

Resus	
No. of Patients	
No. expected	
Code red active?	
Concerns / Plans?	

POD A	
Total Patients	
First Ax Time	
No. Waiting first Ax	
Spec reviews?	
No. waiting AMU	
LW for AMU	
No. of Patients waiting ARC Beds and LW:	
Infection Risks	
Concerns?	

POD B	
Total Patients	
First Ax Time	
No. Waiting first Ax	
Spec reviews?	
No. waiting AMU	
LW for AMU	
No. of Patients waiting ARC Beds and LW:	
Infection Risks	
Concerns?	

POD C/D	
Total Patients	
First Ax Time	
No. Waiting first Ax	
Spec reviews?	
No. waiting AMU	
LW for AMU	
No. of Patients waiting ARC Beds and LW:	
Infection Risks	
Concerns?	

POD E / ED OBS	
Total Patients	
First Ax Time	
No. Waiting first Ax	
Spec reviews?	
No. waiting AMU	
LW for AMU	
No. of Patients waiting ARC Beds and LW:	
Infection Risks	
Concerns?	

Total Patients in ED		Total Patients waiting Beds	

	0	1	2	3	4	5	Now	Points
Total ED Patients (Total pts minus ED boarders) (1)	≤31 85% Capacity	32-47	48-62	63-77	78-93	≥94 250% capacity		
Time to Care Provider (2)	≤1	1-2	2-3	3-5	5-8	≥8		
Total resus Patients (1 extra point for code red) (3, 4)	≤1	2	3	4	5	6		
Hospital Boarders (5)	0	1-7	8-14	15-28	29-47	≥48+		
Triage and Staffing (MAX 5 points)								
Triage:	Self Presenters: 1 point per 45min to triage & / or per 18 patients waiting triage. SAS: 1 point per 30 min to triage & / or per 5 patients waiting triage.							
Staffing:	1 point per 2 nursing staff less than minimum & / or per 1 health care provider less than minimum numbers.							
Footnotes	1. Not including Hospital boarders, patients awaiting triage, patient in either ED Obs. Ward, or in MIU. 2. The 90th centile time to HCP is used as a more representative time to 1st assessment. 3. Including patients in Resus for procedures requiring advanced monitoring (e.g., sedation, chest drains etc.) 4. EXTRAORDINARY acuity: add 1 point for an enhanced trauma, and add 2 points per code red trauma. 5. 1 point per 5 hospital borders with LOS in ED ≥ 12hrs. GIRFT data							

ED EOS