



NCIS GUIDENCE DOC

Managing Patient Data Following the Restoration of NCIS

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Managing patient data following the restoration of NCIS

Introduction

The National Cancer Information System (NCIS) has experienced significant unscheduled downtime, as part of the crisis response plan to a major ransomware attack on some of the Health Service Executive's systems during May 2021. During this period of downtime, hospitals which ordinarily use NCIS, have had to activate business continuity measures, for example reverting to standalone instances of legacy systems, or paper-based recording. NCIS Production has now been restored. Hospitals may wish to reconcile their NCIS patient records with data from the period of downtime.

Options

This document outlines options for retrospective entry of data onto NCIS. This document is intended as a guide only, and hospitals should complete records as per local policy.

Option 1: No retrospective data entry on NCIS	Option 2: Partial retrospective data entry onto NCIS	Option 3: Full retrospective data entry onto NCIS
<ul style="list-style-type: none">•Records of treatment maintained as per local policy in paper records and/or alternative system e.g. CliniChemo®•Records in NCIS are not completed for period of downtime	<ul style="list-style-type: none">•Utilisation of comment functionality within Therapy Plans to add notes to the patient record•Updating patients to their current status for scheduling purposes	<ul style="list-style-type: none">•Following the period of downtime, full retrospective entry of data is possible for verification, preparation or dispensing and administration steps

Figure 1: Options for retrospective data entry onto NCIS

Considerations for Hospitals

- Data entered retrospectively should have some clear indication on the patient record for future reference as audit timestamps and the entered activity will not match.
- If hospitals chose to do no retrospective entry or partial entry, this will impact on any possible reporting or data extract being utilised from NCIS for the downtime period.
- Therapy planning, verification, production and drug administration steps require an appropriate user group account (Physician, Pharmacist or Nurse). Clerical or administration staff cannot enter this data.
- Hospitals may need to consider that some level of retrospective data entry may be required to update patient records. Some examples may include (not exhaustive):
 - Recommendations made for patients at MDM during the period of downtime.
 - Changes to the patient's therapy plan e.g. dose reductions, delays etc.
 - Tasks which are outstanding in NCIS, but which may have been completed externally to NCIS during the period of downtime e.g. prepared/dispensed medications awaiting administration, open MDM registrations in NCIS that have not been locked.
 - Update lot management to current stock levels of products and infusion solutions.

Method

The following steps outline steps which can be taken to retrospectively enter data onto NCIS and assume that the user is either following

Option 2: Partial retrospective data entry onto NCIS

Option 3: Full retrospective data entry onto NCIS

Steps in yellow can either be used for partial retrospective documentation or to supplement full retrospective documentation, e.g., use of comment functionality.

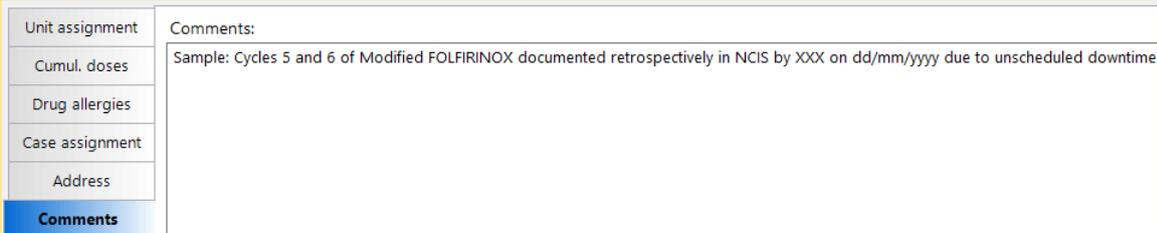
Steps show in green can be used to achieve full retrospective documentation.

Comment functionality

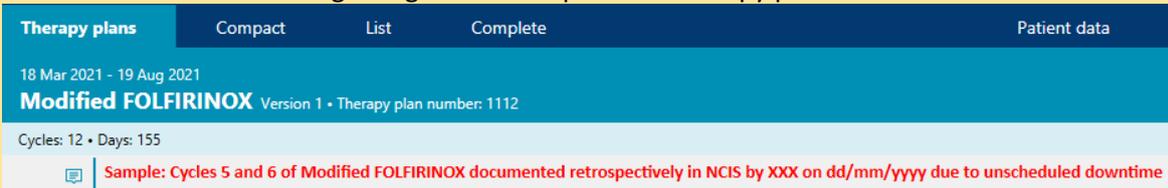
NCIS.Med has a number of places where comments can be added to a patient's record.

Comment functionality in NCIS.Med

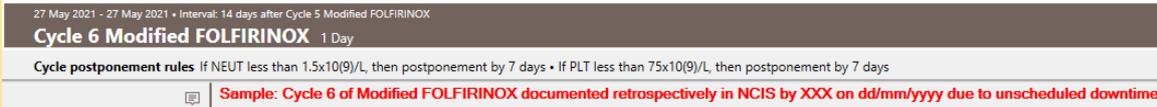
- **Comments within the Patient Data tab**



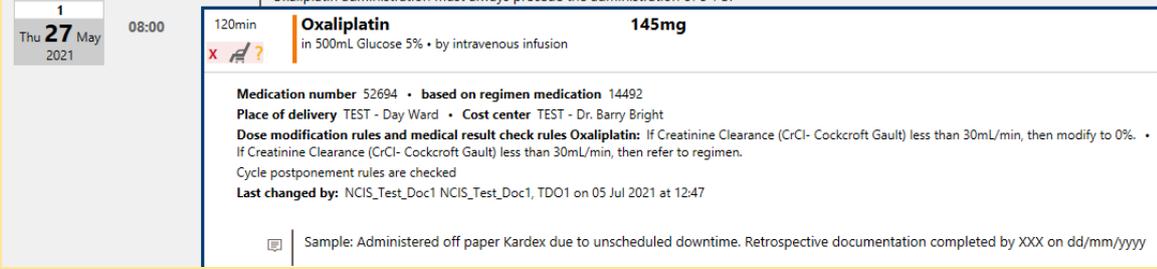
- **Comment at the beginning or end of a patient's therapy plan**



- **Cycle comments**



- **Individual medication comments**



Scanning in paper record

Documentation in NCIS.Chart

- It is possible to scan documents into the communication section in NCIS.Chart, this functionality could be used to include the paper copies of documentation used during down-time. The comments section could be used to highlight this.

MDM in NCIS.Chart

Conference appointments with patient registrations that have not been locked should be considered for retrospective data entry.

Full documentation of MDM

- Although the audit trail will record the time the data is entered into NCIS, the date of the conference appointment denotes the date the patient was discussed. If discussions have been deferred, then deferral may be selected for "conference ended with". It is possible to record a reason for the deferral and select a new date for their discussion. In order to make the registration for the selected date, the button "new registry" must be selected.
- If a patient was discussed during the downtime and a recommendation made, then conference ended with recommendation should be selected. If the date of discussion is different to the date recorded in NCIS, considered deferring the patient to the correct date or creating a separate conference appointment that is named appropriately to indicate that it was a discussion that took place during the downtime.
- If retrospective documentation is required for a patient who does not have an existing NCIS record, then a new NCIS record should be created. It may happen that the Master Patient Index (MPI) in NCIS is out of sync with the local hospital PAS system. This may result in not being able to find a patient in the MPI in NCIS. Please refer to your local guidelines on triggering a new message from the PAS system to NCIS for the patient. After the appropriate update on the PAS system, the patient should be found in NCIS.

Documentation in NCIS.Chart

- There may be patients in NCIS registered to conference appointment dates prior to the cyber-attack. These will appear in NCIS as if they have not been discussed therefore consideration should be given as to how these are handled. If full retrospective data entry is not appropriate then they may be un-registered from the conference and a note added as to whether they were discussed and documented outside NCIS.

Therapy planning, physician and pharmacist verification

Existing patients

1. Retrieve the patient's therapy plan on NCIS.Med.
2. Complete all relevant steps, i.e., physician verification, any dose modifications, pharmacist verification. This step will likely involve reconciliation between the therapy plan in NCIS, and the business continuity measure used during the period of downtime, for example, the paper prescription.

Considerations

- Consider who will complete these tasks – a physician and pharmacist user account will be required. Consider whether nominated users will complete these steps, or whether the actual physician or pharmacist who interacted with the paper prescription during the period of downtime will complete these steps.

New patients

Preparation steps

Set to Prepared (without modification of stock)

- This function sets the status of the medication to **prepared**.
- No lots of vials or vehicles or other consumables are deducted in lot management.
- The medication will not appear in cost centre accounting reports. Note: vehicles will appear in the Cost Centre Accounting report, even though vehicle lots are not deducted from lot management as part of this pathway.
- A final product label can be produced.

To use this function, the medication must be both **physician-verified** and **pharmacist-verified**

1. Within the Setup menu, click on ordered preparations.
2. Right-click on a medication to open the context menu, and select *Set to Prepared (without modification of stock)*.
3. Users may choose at this point whether to proceed with printing a label or not.

Full documentation of preparation and lots

- Retrospective entry of preparation can be completed following the usual steps of setting up the parts list and confirming preparation.
- The planned preparation date and time can be changed in the top left-hand side of the parts list to the actual date that the preparation was completed.
- Lots of vials, vehicles and diluents used may be recorded.

Considerations

- The guided preparation functionality is unlikely to be useful for retrospective entry due to the real-time nature of this piece of functionality.
- For stock inventory management, lots will likely need to be added retrospectively to lot management.
- A comment box appears when confirming preparation, which could be utilised to add a

note:

Prepared	Prep. no.	Med. no.	Patient	Preparation
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Dispensing steps

Full documentation of dispensing step

- Retrospective entry of dispensing can be completed following the usual steps of setting up the parts list and clicking confirm dispense.
- The planned dispense date and time can be changed in the top left-hand side of the parts list to the actual date that dispensing was completed.
- The actual lots of the outsourced product dispensed to the patient can be added in at lot management and reconciled in the parts list.

Administration steps

Full documentation of administration step

- Main medications, i.e., SACT medications, must be **prepared** or **dispensed** for the administration step to be completed.
- The actual date and time of administration can be recorded retrospectively.

Test product 1a 20mg (20mL)

Start: on 30/10/2019 at 13:00

End: on 30/10/2019 at 14:00

Only partly 100 %

Reason

OK Cancel