Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 8140.01
December 14, 2023

Health Informatics

SUBJECT: Service Limitation Events and Recovery Procedures for Enterprise Clinical Systems

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (n), establishes the Defense Health Agency (DHA) procedures for the continuity of healthcare operations through ordinarily-occurring scheduled or unscheduled enterprise clinical systems service limitation events (SLE), as well as guidance for recovery thereafter. This DHA-AI does not address catastrophes, disasters, or all-hazard emergencies, which are addressed in Reference (d).

2. APPLICABILITY. This DHA-AI applies to:

a. The DHA Enterprise (components and activities under the authority, direction, and control of the DHA) including assigned, attached, allotted, or detailed personnel.

b. All Program Executive Offices (PEO) and Program Management Offices (PMO) whose programs provide enterprise clinical systems and systems support to the Military Health System (MHS) and Combatant Commands.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (n), that:

a. The terms DoD health information technology system, enterprise clinical system, and electronic health record (EHR) system have essentially the same meaning for the purposes of this policy. Hereinafter, only the term "enterprise clinical system" is used in this document.

b. The terms related to the availability or functioning state of enterprise clinical systems are defined and prescribed in the Glossary of this DHA-AI.

c. Responsibilities be assigned and procedures delineated for all levels of the organization from headquarters to military medical treatment facilities (MTF)/dental treatment facilities, to enable them to sustain continued business and clinical operations during all SLEs related to enterprise clinical systems. Responsibilities are also included for recovery operations following such events. Hereinafter, for the purposes of this DHA-AI, the term MTF includes all geographic locations with any combination of MTF only, dental treatment facility only, or both (regardless of reporting structure).

d. Directors for MTFs must develop and implement local guidance, as appropriate, that follows this standardized headquarters-level guidance. Any such facility-specific guidance should center chiefly on differences between hospital/facility organizational structures and should not attempt to change standardized enterprise definitions. All such subordinate guidance must be made available to MHS stakeholders using a cyber-secured method, such as with a Controlled Access Card-protected web portal.

e. The guidance in this DHA-AI should not be construed to define or limit any particular critical information requirements regarding the availability or functioning state of enterprise clinical systems or information technology (IT).

f. DoD-provided enterprise clinical systems are intended to contain the full record of clinical information about an MHS beneficiary. As such, the EHR record must be maintained and updated, when appropriate, after any SLE that affects the documentation of patient care. Related to this:

(1) Personnel involved in creating, receiving, maintaining, or transmitting patient information containing DoD beneficiary protected health information and personally identifiable information must safeguard that information, as required by References (h) and (i).

(2) All personnel need to exercise discretion in the use of alternate digital methods (other than the EHR system) when creating, receiving, maintaining, or transmitting protected health information/personally identifiable information.

(3) Following an SLE, patient documentation recorded using physical backup methods (including paper records) must be added to the EHR within 72 hours of origination or receipt, per References (i) and (j). Physical backup methods and paper records must be developed in accordance with DHA forms management standards as defined in Reference (n).

g. Organizations expending defense health program funds on IT must implement the guidance in Reference (m) to achieve compliance with the Federal Information Technology Acquisition Reform Act and with MHS IT infrastructure and services standardization guidance. Per Reference (m), direct reporting organizations, including MTFs and networks, must avoid procuring and providing additional services supporting SLEs and recovery, if such services are already being procured or provided by DHA.

h. Per Reference (m), procurement approval of services referenced in paragraph g. need to be approved by DHA, Health Informatics (HI) and the PEO Medical Systems/Chief Information Officer (CIO), Deputy Assistant Director for Information Operations (J-6).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Director, HI. When components and activities are unable to comply with this publication the activity may request a waiver that must include a justification, including analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, HI to determine if the waiver may be granted by the Director, DHA, or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-AI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

CROSLAND.TELITA.1017383040 Digitally signed by CROSLAND.TELITA.1017383040 Date: 2023.12.14 16:25:12 -05'00'

TELITA CROSLAND
LTG, USA
Director

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Glossary

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REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) DHA-Administrative Instruction 6055.02, "Emergency Management Program," September 25, 2023
(e) DHA-Procedural Instruction 8140.02, "The Military Health System Informatics Steering Committee Structure," May 19, 2022
(f) United States Code, Title 10, Chapter 55, Section 1073(c)
(g) Public Law 114-328, Section 702, "National Defense Authorization Act for Fiscal Year 2017," December 23, 2016
(h) Public Law 104-191, Section 264 "Health Insurance Portability and Accountability Act of 1996," August 21, 1996
(i) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(j) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
(k) DHA-Procedural Manual 6025.02, "DoD Health Record Lifecycle Management, Volume 1: General Principles, Custody and Control, and Inpatient Records," November 23, 2021
(l) Centers for Medicare and Medicaid Services website, "Electronic Health Records," current website edition[1]
(m) DHA Memorandum, "Fiscal Year 2023 Information Technology/Information Management Guidance to Military Health System Chief Information Officers, Information Technology Managers, and Staff," October 1, 2022[2]
(n) DHA-Administrative Instruction 5010.01, "Forms Management Program," January 12, 2021

[1] This reference can be found at: https://www.cms.gov/Medicare/E-Health/EHealthRecords

[2] This reference can be found at: https://info.health.mil/dadio/CM/wg/hitwg/Documents/FY20%20Guidance%20to%20CIO's/Fiscal%20Year%202023%20IT_IM%20Guidance%20to%20MHS%20CIOs_IT%20Managers%20and%20Staff_1%20OCT%202022.pdf?d=wcb18a8e1440543c98038082ee4606982

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Establish DHA procedures for the continuity of healthcare operations through SLEs for enterprise clinical systems, as well as guidance for recovery thereafter.

b. Ensure DHA, including all DHA components, networks, and MTFs, comply with the procedures outlined in this DHA-AI.

2. PEO MEDICAL SYSTEMS/CIO, J-6. The PEO Medical Systems/CIO, J-6 will:

a. Provide incident management guidance to users of enterprise clinical systems to track SLEs for the continuity of healthcare operations.

b. Encourage subordinate IT leaders to keep their clinical and functional counterparts informed regarding any significant SLEs.

c. Report significant SLEs to DHA-HI and Deputy Assistant Director (DAD), Medical Affairs (MA) in a timely manner.

3. DAD-MA. The DAD-MA will provide guidance that helps MTFs adhere to appropriate medical standards which seek to minimize impact to patient care during SLEs. As this DHA-AI supports healthcare for MHS beneficiaries, DAD-MA supports and endorses the approach in this DHA-AI, taking the position that enterprise clinical systems exist as vehicles to support the healthcare of MHS beneficiaries; they do not comprise healthcare.

4. DIRECTOR, HI. The Director, HI will:

a. Serve as the DHA proponent for an enterprise framework that integrates guidance from PEO Medical Systems/CIO, J-6, and DAD-MA for the continuity of healthcare operations during SLEs (specific to enterprise clinical systems only).

b. Provide program management, advice, and support for Informatics Steering Committees (ISC) regarding SLEs of enterprise clinical systems and recovery from such events.

c. Provide a sample framework (see Appendix 1) for a facility response plan (to be known as Continuity of Operations Plan (COOP)) specific to enterprise clinical systems. Each healthcare facility is required to generate a COOP that follows the guidelines set in this DHA-AI.

d. Facilitate communication and processes to help provide feedback between MTFs, networks, and headquarters, helping to mitigate challenges related to this class of SLEs and recovery therefrom. ISCs play a major role in this communication, these processes, and issue resolution.

5. DIRECTORS, DHA NETWORKS. The DHA Network Directors will work to enable the MTFs under their respective areas of responsibility to appropriately respond to SLEs specific to enterprise clinical systems. This effort will include gathering requested data to help the enterprise measure statistics related to SLEs and recovery.

6. MTF DIRECTORS. The MTF Directors will:

a. Ensure continuity of patient care is maintained during SLEs.

b. Establish directors' critical information requirements regarding SLEs, as appropriate. Such reporting requirements must maintain standardization of terminology related to SLEs as defined in this DHA-AI.

c. Publish a COOP for enterprise clinical systems specific to the requirements of their MTF and ensure all facility staff understand their responsibilities and procedures during system limitation events and recovery from such events.

d. Ensure MTF ISCs, as described in Reference (e), are established, and manage their respective MTF's plan for enterprise clinical systems SLEs and recovery.

7. MTF ISCs. The Chair of each MTF ISC will:

a. Serve as the MTF's proponent for developing and implementing its COOP, including planning for, responding to, and recovering from SLEs related to enterprise clinical systems.

b. Collaborate with MTF stakeholders to develop and ensure compliance with MTF local policies and procedures, as well as this DHA-AI.

c. Ensure that all aspects of patient healthcare for each staff member's specialty is represented in each MTF's COOP, to ensure continued operations during and after each SLE.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. All MTF employees must familiarize themselves with the enterprise-level and MTF-level guidance for continuity of operations in anticipation of, during, and following an SLE.

a. This DHA-AI represents enterprise-level guidance for creating a COOP addressing both continuity of operations *during* an SLE, and recovery procedures following the *conclusion* of the event. Term definitions defined in this DHA-AI are intended to be the standard for the DHA. While MTFs may add internal measures and terms to their own COOP, they must avoid conflating or confusing MTF-specific terminology with enterprise-level definitions or diluting those standard definitions.

b. Each MTF must develop, maintain, and publish a response plan for continuity of operations during an SLE. Appendix 1 includes a link to a sample COOP template. All personnel with EHR systems access must familiarize themselves with the COOP shortly after arrival for duty in accordance with MTF training standards.

2. PRIOR TO A SCHEDULED SLE. Following the COOP, notification of any previously scheduled SLE will be provided to all MTF staff using one or more methods (e.g., email, daily meetings, public address system, bulletin boards). By exercising clear communication, the effects of the planned SLE are expected to be mitigated for staff and patients to the extent possible. Be aware of all scheduled SLEs and act accordingly.

a. As outlined in Enclosure 4 paragraph 14c of Reference (e), MTF ISCs need to coordinate with their respective PEOs/PMOs regarding scheduled SLEs to minimize impact on patient care. Those PEOs/PMOs need to coordinate with MTF ISCs regarding the scheduling of SLEs.

b. Based on risk assessment, CIOs need to have additional onsite or remote resources available to address unforeseen impacts based on a scheduled SLE and need to engage ISCs accordingly.

3. DURING AN SLE

a. Triage and Report Unscheduled SLEs. Unless a specific provision of beneficiary care at an MTF has a single entry point, SLEs are typically experienced by two or more individuals. If any MTF staff member suspects their enterprise clinical system or dependent systems are not fully operational, and they cannot effectively provide care of or administration on behalf of a beneficiary, then do the following:

(1) Verify whether others who perform the same function can accomplish their tasks.

(2) If they can continue providing care, contact the local or enterprise help desk to help resolve the situation.

(3) If a peer cannot access the enterprise clinical system to provide care, then follow the steps in the MTF's COOP to identify and verify the limitation.

(4) If the staff member identifies a qualifying SLE (by performing the steps identified in paragraphs 3a(1) through 3a(3)), follow the steps in the COOP to notify the appropriate individuals (most likely, an immediate supervisor and the IT help desk). Each MTF follows an action plan when a SLE is identified, which includes verifying the limitation, assessing its impact, notifying affected EHR users, and supporting provision of health care through (and following) restoration of service.

b. Scheduled SLE. Reference the MTF COOP guidance regarding scheduled SLEs.

4. UPON RETURN OF SERVICE. Upon notification that an SLE has completed, and service is restored, begin the recovery process. It is critical for healthcare-related information captured during the SLE to be entered appropriately into the EHR system as soon as feasible.

5. AFTER-ACTION REVIEW. MTF staff will review causes of any SLEs to determine if there are methods to preemptively limit or reduce the impact of a similar SLE in the future. When conducted, the MTF Director will ensure the after-action review is up channeled to DHA HI for aggregate reporting.

APPENDIX 1

LINK TO SAMPLE COOP FOR ENTERPRISE CLINICAL SYSTEMS

1. Guidance per MTF. Each MTF must create a Continuity of Operations Plan (COOP) specifying details regarding planning for continuing healthcare operations during a service limitation event (SLE) related to their enterprise clinical system. This COOP must include what to do to prepare for an SLE, what to do during an SLE, and must specify how to perform recovery operations once service has resumed.

2. Location of sample template. A sample template is provided at the following link convenience in accomplishing this task. The document is only a sample template, and each MTF must customize the content to apply to its situation. The sample is located at: https://militaryhealth.sharepoint-mil.us/:w:/s/DHA-ECO/EYNwqbG4xzdHg0G2y9kgeJkBXcAzW32bpU4BQqqplt81nA?e=pmefSr.

3. Document Conventions for Sample Template. The sample template includes:

a. Directions in red print. Content in red is instructional guidance related to the content to include . COOP developers will customize the text as appropriate MTF.

b. Directions in red print, wrapped in red {curly braces}. Information in red curly braces serves as variables that COOP developers will replace with information specific to their facility. Customize the text as appropriate for the MTF.

c. White text highlighted in magenta. Instances of white text highlighted in magenta illustrate examples of the type of content that may be appropriate for that relevant section. The text that follows this marking is not boilerplate content to include. COOP developers must determine if it is relevant and accurate for their MTF. If not, remove it, and add relevant text.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CIO	Chief Information Officer
COOP	Continuity of Operations Plan
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
EHR	electronic health record
HCA	Healthcare Administration
HI	Health Informatics
ISC	Informatics Steering Committee
IT	information technology
J-6	Information Operations
MA	Medical Affairs
MHS	Military Health System
MTF	Military Medical Treatment Facility
PEO	Program Executive Office
PMO	Program Management Office
SLE	service limitation event

PART II. DEFINITIONS

beneficiary. For the purposes of this document, a beneficiary is a member of the MHS (including service members or their families) that are entitled to and enrolled in healthcare coverage provided by the MHS and tracked in any MHS enterprise clinical system.

EHR. For the purposes of this DHA-AI, per the Centers for Medicare and Medicaid Services website (dated 1 December 2021), an EHR is an electronic version of a patient's medical history that is maintained by the provider over time. The EHR may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medication, vital signs, past medical history, immunizations, laboratory

data and radiology reports. The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.

end user. An end user is an individual with an account in a current or legacy enterprise clinical system who uses the MHS health IT system (at an MTF or elsewhere) for direct or indirect care of an MHS beneficiary. The term end user applies to a single individual with a single unique account; shared or group accounts are generally not permissible, except in situations such as training.

enterprise clinical systems. This term refers to all health information technology systems used to manage patient care within the MHS. It is inclusive of current systems and legacy systems. Because all healthcare-related records for and about a beneficiary are considered to comprise the EHR, enterprise clinical systems are also referred to as EHR systems.

event. An event is a single occurrence, in this case of an issue that prevents or inhibits end users from documenting patient care in the EHR because of the event. See service limitation event.

failover. A term describing a method of protecting computer systems from failure, in which standby equipment or network-based backups and data capture are automatically triggered when the main system fails.

information technology. Any equipment or interconnected system or subsystem of equipment used in the automatic acquisition, storage, analysis, evaluation, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information; this includes computers, ancillary equipment (including imaging peripherals, input, output, and storage devices necessary for security and surveillance), peripheral equipment designed to be controlled by the central processing unit of a computer, software, firmware and similar procedures, and services (including support services and related resources). Per reference (m), this definition excludes medical devices, proprietary, specialized systems such as facility control systems, industrial, building safety control systems/life safety systems, centrally funded products, and services.

recovery. Recovery is the process of returning to normal clinical operations once a planned or unplanned SLE ends, and the system is again accessible as expected. Recovery includes the incorporation of all information captured during an SLE into the appropriate enterprise clinical system on a timely basis. This information includes patient encounters; clinician notes; laboratory, radiology, pharmacy, or other orders; business information (including registration, billing, or coding); and any other data related to the provision of healthcare for each MHS beneficiary.

scheduled SLE. A period of time designated in advance, which must include advance notification, during which an SLE will occur at an MTF. Scheduled maintenance on facility IT infrastructure (such as the routine application of patches and upgrades) is an example of a scheduled SLE. See SLE.

SLE. A period of time where users of the enterprise clinical system either cannot access the system for the provision or administration of healthcare for an MHS beneficiary, or experience limitations in system capabilities. Sometimes referred to as "downtime," the term SLE is favored in this document as being more inclusive; SLEs include planned and unplanned full or partial interruptions, cessations of service, slow-downs, or degradations in expected speed of service, or restrictions in capabilities resulting from ancillary systems. For example, an inability to access information from DEERS may limit the actions that can be performed in an enterprise clinical system. The period of time that this limitation applies is considered an SLE. When ancillary clinical capabilities (such as the ability to order labs or radiology studies) cannot be accessed, that inability is considered an SLE until the capability is restored.

unscheduled SLE. Any period of time in which users of an enterprise clinical system unexpectedly either cannot access the system, or experience limitations in system capabilities, as described in the definition SLE. Unplanned SLEs typically affect two or more users.