# Information Technology Outage Evaluation Guide

**Evaluator Name: Date/Time of Exercise:**

**Work area: Evaluator Phone/Email:**

## Evaluation Points

| **Evaluation Point** | **Yes or No** | **Comments** |
| --- | --- | --- |
| Staff checked for outages on the Help Desk website.If not listed, called Help Desk to report. |  |  |
| Staff informed the Supervisor and others in their work area. |  |  |
| Staff followed their work area response plan procedures and used the alternative manual processes for documenting critical information. |  |  |
| Staff know where to locate/ access manual back up forms. Staff completed appropriate back up forms. |  |  |
| Staff maintained operations and ensured the safety of the staff, patients, and visitors including confidentiality of patient information. |  |  |
| All relevant information was entered back into the electronic environment as soon as possible after the system recovered. |  |  |
| Forms and/or equipment were restocked. |  |  |
| Other Points to evaluate *[work area specific actions such as* “Staff notified Manager.” or “Blue Book referenced.”] |  |  |

## Top 3 Successes

1. List first success
2. List second success
3. List third success

## Areas for Improvement

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| **Information Sharing and Communication** |
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| **Resource Mobilization and Asset Allocation** |
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| **Security and Safety** |
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| **Staff Roles and Responsibilities** |
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| **Utility Systems** |
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| **Patient Clinical and Supportive Care Activity** |
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