Resource Matching and Referral (RM&R)

Downtime Policy

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Change History

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Purpose

The purpose of the document is to establish a backup process in the event that Resource Matching and Referral (RM&R) is unavailable. This policy will:

- Outline procedures that users should follow to ensure continuance of patient/client care during downtime.
- Define an all-site downtime communication process for clinicians to ensure information is relayed in a timely, discrete, and secure manner.
- Define procedures to follow in the event of a planned, unplanned, intermittent or site-specific downtime.

Scope

This policy outlines a process to support current referral procedures during periods of all-site or site-specific downtimes for senders and receivers.

Responsibilities

Participating Sites

The ultimate responsibility for implementing RM&R downtime processes lies with each organization. All members of staff are required to recognize their role in the event of downtime and adhere to the instructions in this policy. Each site is responsible for implementing processes and procedures that meet the following objectives:

- Assign downtime responsibilities to a designated function, role, or committee, and ensure the appropriate contacts are registered in the Outage Notification Distribution List maintained by the RM&R program
- Ensure downtime kits are readily available and up to date, and users are trained in downtime procedures.

Downtime Distribution List Recipients

Downtime Distribution List Recipients are the first receivers of any downtime notification received from the RM&R program. To ensure that communications are sent in a timely manner, it is important that Downtime Distribution List Recipients:

- Develop an internal communication strategy and mechanism to disseminate related information. In the event of a downtime, it is the responsibility of the downtime function, role, or committee to act on these procedures.

- Distribute communications received from the RM&R program in a timely manner.

RM&R Program

RM&R program maintains communication between the participating sites and the RM&R support team. The RM&R program is responsible for:

- Disseminating pertinent email communications to all participating sites via the Downtime Distribution List in a timely manner, as outlined within this policy.
- Monitoring the RM&R support team to ensure that support levels are maintained and that participating sites support needs are met.

RM&R Support

RM&R support is a helpdesk outsourced to the vendor of the RM&R application. It is the RM&R support teams responsibility to ensure that support is provided to all participating sites. This support is crucial in times of planned of unplanned downtime. Responsibilities for RM&R support include:

- Respond to calls within 15 minutes, and emails within one business day.
- Provide support between the hours of 0700 and 2030 EST, Monday through Sunday; and after hours support via a pager.

Downtime Kits

To support communication and dissemination of information, each organization must have a Downtime Kit, and it is your responsibility to ensure the Kit is stocked and maintained after each use. Each Downtine Kit must include, but is not limited to:

- RM&R Downtime Policy
- Paper-Based Forms for all RM&R Care Types (Refer to RM&R website https://resourcematchingandreferral.com/downtimeforms/
- Contact/Fax Numbers for participating organizations receiving referrals

Downtime Escalation

In the event of a planned or unplanned downtime, the RM&R Program will follow the steps outlined below:

Type of Downtime	Sites Impacted	Downtime Notification Trigger	Trigger	Incident Owner	Response Time	Communication Method	Rebroadcast	User Response Required	Responsible
Planned	All	3rd Thursday of every month is a regular scheduled maintenance window	Planned downtime (Regular maintenance window)	RM&R Program	5 business days before downtime	Distribute Communication and post a notification banner within the RM&R application	N/A	Distribute Communication Refer to Downtime Policy for revert to paper timeline	Downtime Distribution List recipient
Unplanned	One	1.Users report to the Help Desk 2. Users email RM&R Program Mailbox 3.RM&R System Notification Tool	1. Site Lead/Site RUG member at participating site contacts RM&R Program to notify 2.RM&R System Notification Tool alert 3.Strata notifies RM&R Program		30 Minutes after notification	Email notification or Urgent Downtime Distribution List	As updates become available	Distribute Communication Refer to Downtime Policy for revert to paper timeline	Urgent Downtime Distribution List
	Multiple				30 Minutes after notification		As updates become available	Distribute Communication Refer to Downtime Policy for revert to paper timeline	
	All				10 Minutes after notification		As updates become available	Distribute Communication Refer to Downtime Policy for revert to paper timeline	
Intermittent	One		1. Strata notifies RM&R Program 2. RM&R Program receives notification in mailbox 3.RM&R System Notification Tool email alert		1 hour after notification		Once resolved	Distribute Communication	Downtime Distribution List recipient
	Multiple				45 minutes after notification		Once resolved	Distribute Communication	
	All				30 Minutes after notification		Once resolved	Distribute Communication	
Sending organization	One	1. Users report to the Help Desk 2. Users email RM&R Program Mailbox	1. SHS notifies RM&R Program 2. RM&R Program receives notification in mailbox	Sending Organization & RM&R Program	2 hours after notification	Distribute Communication and post a notification banner within the RM&R application	Every 1 day	Distribute Communication	
	Multiple				1 hours after notification		Every 1 day	Distribute Communication	
Receiving organization	One			Receiving Organization & RM&R Program	2 hours after notification		Every 1 day	Distribute Communication	
	Multiple				1 hours after notification		Every 1 day	Distribute Communication	

Types of Downtime

Planned Downtime

Planned downtimes are scheduled outages for the purposes of upgrades, maintenance, or other tasks. RM&R Program will inform organizations of the planned date, time, and expectations of all planned downtimes via email, using the RM&R Outage Notification Distribution List. The following standards are in place:

1. The hospital downtime contact (function, role, or committee) uses internal communications to announce the downtime to end users and initiates appropriate downtime activities.
2. If the downtime period exceeds the allocated time, the communications process for unplanned downtimes is initiated by RM&R Program.

Unplanned Downtime

Unplanned downtimes are unscheduled outages. The RM&R Program will inform Participating sites of the unplanned outage, and any updates, via email, using the RM&R Outage Notification Distribution List. The following standards are in place:

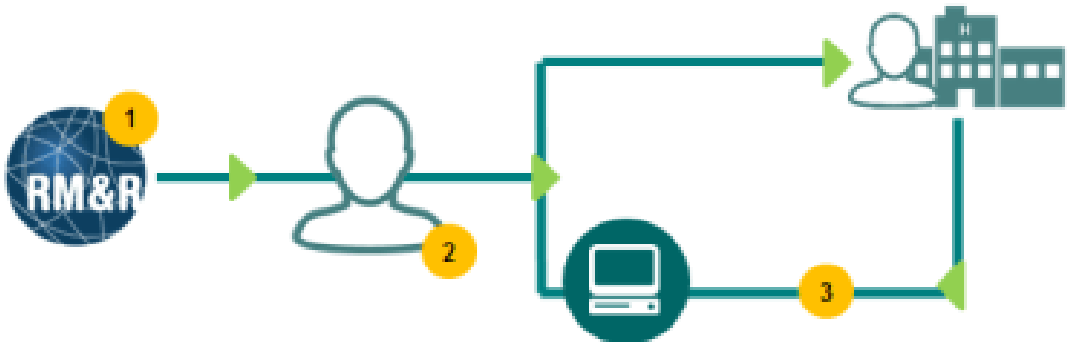
1. The hospital downtime contact (function, role, or committee) uses internal communications to announce the downtime to end users and initiates appropriate downtime activities.

Communications

The following communication pathways will help participating sites determine the steps required to:

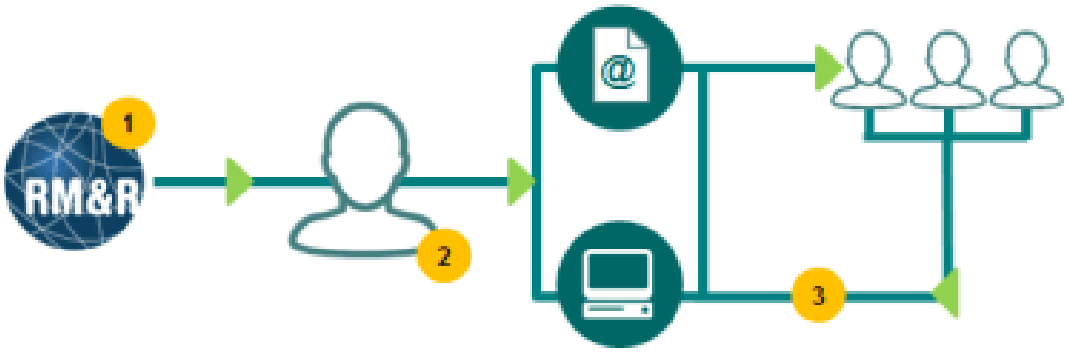
a.) Disseminate information
b.) Easily make details accessible to RM&R users

Participating sites may choose one of the two following options:
<u>Option 1: All User Communication Pathway</u> (Recommended for Large Acute Care Organizations)



1. RM&R will send communication to identified person (or mailbox) at Participating sites.
2. Identified person will then:
   a) Forward communication to all users
   b) Upload necessary information on the organization's RM&R intranet page
3. Clinicians may refer to organization's RM&R intranet page for detailed information

Option 2: Distribution List Communication Pathway (Recommended for smaller Participating sites)



1. RM&R will send communication to identified person (or mailbox) at Participating sites.
2. Identified person will then:
    a. Forward communication to all persons on a distribution list
    b. Upload necessary information on the Participating sites RM&R intranet page
3. Clinicians may refer to organization's RM&R intranet page for detailed information

Downtime Distribution Lists

RM&R Program manages two Downtime Distribution Lists for Planned and Unplanned downtimes, which are used to disseminate downtime information. The Downtime Distribution Lists, contain key site contacts, which may include hospital leadership, managers, supervisors, ancillary staff, and others.

For access to the current downtime distribution lists, participating sites should contact the RM&R Program at rmr_program@uhn.ca.

Downtime Distribution List

The Downtime Distribution List (DDL) is a list of contacts maintained by the RM&R program to disseminate downtime notifications to participating sites.

Urgent Downtime Distribution List

The Urgent Downtime Distribution List (UDDL) is a list of contacts maintained by the RM&R program to disseminate urgent downtime notifications to participating sites.

Email Notifications

A varaiety of email templates are used when notifying users of an outage depending on the type of downtime. Refer to Appendix **A** to view each colour-coded template.

Clinician Guidelines

The following guidelines should be used by clinicans when the RM&R application is inaccessible for an unplanned downtime.

All-Site Downtime Procedures

In the event that RM&R is unavailable, clinicians will facilitate the continuity of patient care and flow through implementation of the procedures below. Sites will ensure there is a mechanism in place to receive and distribute downtime notifications, including downtime updates in real time as they are received:

- Upon receipt of notice of downtime and the recommendation to proceed with paper-based processing, sites will initiate their internal communication strategy and ensure availability of the downtime kit.
- Designated site users will be trained in downtime procedures and are responsible for answering questions related to paper-based referral processing.

Note: *It is recommended that users should not revert to paper until the RM&R Program distributes an authorizing email communication. Ultimately, clinicians should exercise judgment to determine when to revert to paper so ptient discharge is not delayed.*

Revert to Paper Timescale

It is strongly suggested that referrals are delayed until after the downtime and the system is operational, whenever it is possible and safe to do so. However if there us a need to revert to paper, the following guidelines should be followed.

RM&R Program will communicate periods of extended downtime and the initiation of paper-based processing. Upon receipt of communication, staff should revert to paper-based records and use the downtime forms in the downtime kit. All completed forms should be retained locally for manual entry following the downtime.

The time scale values shown below are guidelines only; clinician discretion shall prevail. The time scale specifies the number of hours that have passed since the first report of the outage.

Care Type	Time Scale		
	IP[1]	OP/ED[1]	LHIN
LHIN – Home and Community	4 hours [2]	1 hour	N/A
Rehabilitation/Low Tolerance Long Duration (LTLD)	24 hours [2]	24 hours [2]	N/A
Complex Continuing Care (CCC)	24 hours [2]	24 hours [2]	N/A
Long Term Care (LTC)	24 hours [2]	24 hours [2]	N/A
Long Term Care (LTC) – Crisis Applications*	N/A	N/A	Immediate
Convalescent	24 hours	24 hours	24 hours
Long Term Care - Bed Vacancy Processes	3 hours	3 hours	N/A
Community Form	1 hour	1 hour	N/A
CNAP Application	1 hour	1 hour	N/A
Inpatient Palliative Care	24 hours [2]	24 hours [2]	N/A
Total Joint Replacement Outpatient Rehabilitation	24 hours [2]	24 hours [2]	N/A

[1] Based on 24-hour clock

[2] Except when discharge is expected within 24 hours

Site-Specific Downtime Procedures

In the event a single organization is unable to access RM&R, it is imperative this organization contact the RM&R Program immediately. The RM&R Program team will assist in disseminating information across the program.

For site-specific downtime, the following process will be enacted:

Referral Receiver

When a Receiving facility is offline and unable to process referrals, please note:

- You will need to communicate the downtime internally and ensure downtime kits are available
- Provide RM&R Program with an up-to-date list of appropriate contacts (including: unit /program telephone number(s) and fax number(s))
- RM&R Program will notify sending facilities of the downtime, including the alternative contact details for the receiving site.
- You should notify senders of the status of referrals (Accept, Request for Information, Deny and Admit) via telephone for the duration of the downtime.
- *For Long Term Care and Convalescent Referrals:* Referrals received on paper should be date and time stamped to ensure wait lists remain congruent when the offline site returns to normal operations, and is able to transcribe referrals accurately into RM&R.
- RM&R Program should be kept apprised of downtime status on an as-needed-basis.

Referral Sender sending to offline Referral Receiver

Please reference the chart below if you are SENDING a referral and the intended *RECEIVER IS OFFLINE*:

Care Type you are Sending	Process
LHIN – Home and Community - Hospital sending - LHIN Office is offline	- RM&R Program will notify sending facilities affected by the downtime. - Sending facilities should not revert to paper; all applications can be processed in RM&R. The following process is to be followed **by units**: i. Initiate and process referral in RM&R ii. Send referral to LHIN via RM&R iii. Print a paper copy of the referral and fax to LHIN Hospital Office iv. Follow up communication to occur via phone/fax
Rehab/CCC - Acute Care Hospital sending - Rehab/CCC receiver site is offline	- RM&R Program will notify sending facilities of the downtime. - Sending facilities should not revert to paper; all applications can be processed in RM&R. The following process is to be followed: i. Initiate and process referral in RM&R ii. Send referral to all programs via RM&R (including programs at the offline site) iii. Print a paper copy of the referral and fax to the Admitting Office at the offline site iv. Follow up communication with the offline site to occur via phone/fax
Long Term Care - Hospital completes appropriate tabs - LHIN offline - Hospital and Placement Office	- RM&R Program will notify sending facilities of the downtime. - The following process is to be followed: i. Contact the Hospital LHIN staff to initiate referral in paper form ii. Complete s LTCH forms respective to Hospital staff iii. Hospital LHIN staff to complete paper copy of application and fax to the appropriate LTCH(s) and Placement Office for Out of Town home choices and assign to appropriate FC caseload in CHRIS if available iv. Follow up communication to occur via phone

Long Term Care Hospital LHIN staff sending to Placement Office - Placement Office Sends to Long Term Care Home - Toronto Central Long Term Care Home Offline	- RM&R Program will notify sending facilities affected by the downtime. - Hospitals and LHIN should not revert to paper; all applications can be processed in RM&R. The following process is to be followed: i. Hospital LHIN staff initiates and process referral in RM&R along with Hospital staff. ii. Hospital LHIN staff sends referral to appropriate LTCH(s) via RM&R iii. Hospital LHIN staff prints a paper copy of the referral and faxes to the offline LTCH iv. Hospital LHIN staff assigns appropriate Placement FC as secondary CC in CHRIS and follows up accordingly v. Follow up communication to occur via phone/fax for offline LTCH choice Bed Vacancy Process: i. LTCHs must complete Bed Vacancy Form on paper (template provided) and fax to Placement Office
Long Term Care (Community) - Community Coordinator (CC) completes application in RM&R - CC sends to Long Term Care Home - Long Term Care Home offline	i. RM&R Program will notify sending facilities affected by the downtime. ii. Community Coordinators should not revert to paper; all applications can be processed in RM&R. The following process is to be followed: iii. Community Coordinator initiates and processes referral in RM&R. iv. Community Coordinator sends referral to appropriate LTCH(s) via RM&R v. Community Coordinator prints a paper copy of the referral and faxes to the offline LTCH vi. Follow-up communication to occur via phone/fax for offline Long Term Care Home choice
Community Services	- Notify RM&R Program of the downtime - Send referrals manually to Receivers - Follow up communication with via phone if necessary - Communicate with patients to conduct assessments - Manually keep track of assessment results or any application changes. - Communicate the status of "Urgent" referrals to the Senders (Emergency Departments, Inpatient Units, LHIN's and Agencies) via the phone
CNAP Application	- Notify RM&R Program of the downtime - Receive paper copies of referrals from Senders (Emergency Departments, Inpatient Units, LHIN's and Agencies) via fax - Process referrals manually - Follow up communication with Senders via phone if necessary - Communicate with patients to conduct assessments - Manually keep track of assessment results or any application changes. - Communicate the status of "Urgent" referrals to the Senders (Emergency Departments, Inpatient Units, LHIN's and Agencies) via the phone
Inpatient Palliative Care - Acute Care Hospital OR Rehab/CCC facility sending - Inpatient Palliative Care unit/hospice receiver site is offline	- RM&R Program will notify sending facilities of the downtime. - Sending facilities should not revert to paper; all applications can be processed in RM&R. The following process is to be followed: i. Initiate and process referral in RM&R ii. Send referral to <u>all</u> units via RM&R (including programs at the offline site) iii. Print a paper copy of the referral and fax to the Admitting Office at the offline site iv. Follow up communication with the offline site to occur via phone/fax

Total Joint Replacement Outpatient Rehab - Acute Care Hospital sending - Outpatient Total Joint Replacement Rehab unit receiver site is offline	- RM&R Program will notify sending facilities of the downtime. - Sending facilities should not revert to paper; all applications can be processed in RM&R. The following process is to be followed: I. Initiate and process referral in RM&R II. Send referral to <u>all</u> units via RM&R (including programs at the offline site) III. Print a paper copy of the referral and fax to the Admitting Office at the offline site IV. Follow up communication with the offline site to occur via phone/fax

<u>Referral Sender</u>

When a <u>Sending</u> facility is offline, and unable to submit referrals please note:

- Communicate the downtime internally, and ensure downtime kits are available.
- Receiving facilities will be notified of the downtime, and may begin to process paper-based referrals, solely from your site.
- Care-Type specific procedures are above
- RM&R Program should be kept apprised of downtime status on an hourly basis.

Referral Receiver receiving referral from offline Referral Sender

Please reference the chart below if you are RECEIVING a referral and the *SENDER IS OFFLINE*

Care Type you are Receiving	**Process**
LHIN – Home and Community - Hospital LHIN staff receiving - Hospital sending is offline	LHIN will be notified of the downtime and may begin to process paper-based referrals solely from the offline site. Subsequent activities will include: - For Existing Referrals in RMR: Process referrals (Accept, Request for Information, Deny, and Admit) previously sent in RM&R and follow-up via phone with the offline facility for the duration of the downtime. - For New Referrals: Hospital LHIN staff will be asked to track status of referrals (Accept, Request For Information, Deny, and Admit) received via paper for recovery process, outlined below, as well as contact the appropriate individual at the offline site for the duration of the downtime.
Rehab/CCC - Rehab/CCC site is receiving - Acute care hospital sending is offline	Rehab/CCC Admitting Offices will be notified of the downtime and may begin to process paper-based referrals solely from the offline site. Subsequent activities will include: - For Existing Referrals in RMR: Process referrals (Accept, Request for Information, Deny, and Admit) previously sent in RM&R and follow up via phone with the offline facility for the duration of the downtime. - For New Referrals: Rehab/CCC Admitting Offices (or equivalent) will be asked to track status of referrals (Accept, Request for Information, Deny, and Admit) received via paper for recovery process, outlined below, as well as to contact the appropriate individual at the offline site for the duration of the downtime.
Long Term Care - Placement Office and Long Term Care Home staff receiving - Hospital sending is offline	LHIN will be notified of the downtime and may begin to process paper-based referrals solely from the offline site. Subsequent activities will include: - Communicating the downtime with Long Term Care Homes, as appropriate - For Existing Referrals in RMR: Process referrals (Accept, Request for Information, Deny, and Admit) previously sent in RM&R and follow up via phone with the offline facility for the duration of the downtime. For New Referrals: - Placement Office will transcribe the application into RM&R and send to the appropriate LTCHs - LHIN and Long Term Care Homes should respond directly in RM&R - Placement Office may contact the appropriate individual at the offline site by phone for the duration of the downtime.
Long Term Care (Community) - Placement Office and Long Term Care Homes receiving - Community Coordinators sending are offline	Placement Office and Long Term Care Homes will be notified of the downtime and may begin to process paper-based referrals as appropriate. - For Existing Referrals in RMR: Process referrals (Accept, Request for Information, Deny, and Admit) previously sent in RM&R and follow up via phone with the Placement Office for the duration of the downtime. - For New Referrals: - Placement Office will transcribe the application into RM&R and send to the appropriate LTCHs - LHIN and Long Term Care Homes should respond directly in RM&R - Placement Office may contact the appropriate individual at the offline site by phone for the duration of the downtime.

Long Term Care (ALL) - Long Term Care Homes receiving - Placement Office offline	- Hospitals, Community and Long Term Care Homes will be notified of the downtime and may begin to process paper-based referrals as appropriate. - For Existing Referrals in RMR: LHIN staff and LTCHs should continue to process referrals previously sent in RM&R, and follow up via phone with the Placement Office for the duration of the downtime. - For New Referrals: LHIN will be asked to track status of referrals (Accept, Request for Information, Deny, and Admit) received via paper for recovery process, outlined below, as well as to contact the appropriate individual at the sending site for the duration of the downtime. Bed Vacancy Process: - Communication between Placement Office and LTCHs to occur via phone/fax - Once a vacancy has been filled, Placement Office must complete Bed Fill Form on paper (template provided) and send to the LTCH by fax
Community Services - Hubs receiving	- Notify RM&R Program of the downtime - Receive paper copies of referrals from Senders (Emergency Departments, Inpatient Units, LHIN's and Agencies) via fax - Process referrals manually - Follow up communication with Senders via phone if necessary - Communicate with patients to conduct assessments - Manually keep track of assessment results or any application changes and communicate the status of "Urgent" referrals to the Senders (Emergency Departments, Inpatient Units, LHIN's and Agencies) via the phone
CNAP - Agencies receiving	- Receive paper copy of referrals from the Hub Response Team via Fax - Revert to process described in CNAP protocol document communication via phone If necessary - Communicate "Urgent" referrals to the Hub Response Team via the phone
Inpatient Palliative Care - Inpatient Palliative Care unit/hospice is receiving - Acute care hospital OR Rehab/CCC facility sending is offline	Inpatient Palliative Care Admitting Offices will be notified of the downtime and may begin to process paper-based referrals solely from the offline site. Subsequent activities will include: - For Existing Referrals in RMR: Process referrals (Accept, Request for Information, Deny, and Admit) previously sent in RM&R and follow up via phone with the offline facility for the duration of the downtime. - For New Referrals: Inpatient Palliative Care Admitting Offices (or equivalent) will be asked to track status of referrals (Accept, Request for Information, Deny, and Admit) received via paper for recovery process, outlined below, as well as to contact the appropriate individual at the offline site for the duration of the downtime.
Total Joint Replacement Outpatient Rehab - Outpatient Total Joint Replacement Rehab unit is receiving - Acute care hospital facility sending is offline	Outpatient Total Joint Replacement Rehab Admitting Offices will be notified of the downtime and may begin to process paper-based referrals solely from the offline site. Subsequent activities will include: - For Existing Referrals in RMR: Process referrals (Accept, Request for Information, Deny, and Admit) previously sent in RM&R and follow up via phone with the offline facility for the duration of the downtime. - For New Referrals: Outpatient Total Joint Replacement Rehab Admitting Offices (or equivalent) will be asked to track status of referrals (Accept, Request for Information, Deny, and Admit) received via paper for recovery process, outlined below, as well as to contact the appropriate individual at the offline site for the duration of the downtime.

Recovery Procedures

Immediately following an all-site or site-specific downtime and there is a return to normal system operation, RM&R Program will send an email to the Downtime Distribution List. Downtime function/role/committee at each participating site is responsible for ensuring this information is disseminated, downtime kits are restocked, and staff use RM&R for all supported referrals.

Procedures to input the appropriate backlogged manual information should be executed immediately. The following standards are to be followed:

RM&R Function	Process
Referral Sender	- Long Term Care Home Applications completed on paper **must** be faxed to Placement Office to be entered into RM&R. - Rehabilitation, Complex Continuing Care, Inpatient Palliative Care and LHIN – Home and Community referrals started in RM&R prior to the downtime, and completed on paper during the downtime, or started and completed on paper during the downtime, follow these guidelines: ➢ If the projected time to discharge is 0-7 days, the referral may remain on paper. ➢ If the projected time to discharge is 8 days or greater, the referral is to be entered into RM&R. ➢ Requests for Home Safety Assessments may remain on paper. Note: when the client is ready for discharge, this is a net new referral and should be input into RM&R. - Rehabilitation, Complex Continuing Care, Inpatient Palliative Care and LHIN – Home and Community referrals started in RM&R prior to the downtime and completed on paper that will *not* be completed in RM&R must be **disabled**. - For referrals that have been sent to a receiver on paper, but will be entered into RM&R, senders must notify the receiver to expect the electronic referral. - Unit/Referral leaders should review their dashboards to ensure referral statuses are correct (i.e. disabled if completed on paper, or completed and sent per above policy) - For Community Services referrals, it is expected that the site initiating the referral will send to Hub Response Team
Referrals Receiver	- Receivers are to be aware of the above standards for manually entering referrals into RM&R post-downtime, and that some referrals will remain paper-based. - For referrals received via RM&R, previously received on paper, status (Accept, Request for Information, Deny, and Admit) date should reflect the date provided via paper. - Admits during the downtime should be reflected in RM&R and dated appropriately. Note: Accept date must be on or before the Admit date. - Upon system recovery, it is expected that CNAP Agencies will: ➢ Process referrals Hub Response Team ➢ Communicate status via phone if necessary ➢ All actions should be dated to reflect the date of occurrence

Recovery for Bed Vacancy Process

Organization	Action Required
Long Term Care Homes	- Upon system recovery, it is expected that LTCHs will: ➢ Post discharges and admissions into RM&R ➢ Status referral responses appropriately ➢ All actions should be dated to reflect the date of occurrence
LHIN Placement Office	- Upon system recovery, it is expected that LHIN will: ➢ Post vacancies and match clients on behalf of the LTCHs ➢ All referrals must have a status (Accept, Request for Information, Deny, and Admit) to reflect the date provided via paper.

Glossary of Terms

All-Site Downtime
Downtime that affects all users and facilities using RM&R.

Downtime
The time during which the RM&R system is non-operational.

Downtime Kit
An electronic or physical file containing instructions, supplies, and paper forms sufficient to maintain patient care and flow during downtime.

Downtime Process
The procedure to follow during downtime.

Planned Downtime
A scheduled outage for the purposes of upgrades, maintenance, or other planned tasks.

Resource Matching and Referral (RM&R) application
An application used in Toronto Central LHIN to send electronic referrals between participating sites

RM&R Program
A team, which supports the RM&R application on behalf of the participating sites.

RM&R Support
A helpdesk outsourced to the vendor of the RM&R application

Referral Sender
A sender of electronic referrals, sent through the RM&R application

Referral Receiver
A receiver of electronic referrals, received through the RM&R application

Participating Site
A site ororganization that has opted into the RM&R application and uses it for all orsome referral caretypes

Site-Specific Downtime
Downtime that is isolated to, and only affects, a single organization using RM&R.

Unplanned Downtime
The event in which RM&R is unavailable at any time for unexpected reasons, such as power failure or severe system error.

Appendices

APPENDIX A: Downtime Email Templates

Planned

RM&R Planned Downtime	
When?	
Why?	
Who is impacted?	
What do you need to do?	
For any other questions or concerns regarding this issue, or if you feel you are experiencing problems, please contact the Resource Matching and Referral Support Team at **1(866)556-5005**;referrals@uhn.ca, or **your local help desk**. Please print and share with RM&R users.	

RM&R Notification Colour Codes				
Planned Downtime	**Unplanned Downtime**	**Resolved Downtime**	**Program Update**	**Service Interruption**

Unplanned Downtime

RM&R Unplanned Downtime	
When?	
Why?	
Who is impacted?	
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RM&R Notification Colour Codes					
Planned Downtime	**Unplanned Downtime**	**Resolved Downtime**	**Program Update**	**Training Notification**	**Service Interruption**

Service Interruption

RM&R Service Interruption	
When?	
Why?	
Who is impacted?	
What do you need to do?	

Resolved

RM&R Resolved Downtime	
When?	
Why?	
Who is impacted?	

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RM&R Notification Colour Codes

Planned Downtime	Unplanned Downtime	Resolved Downtime	Program Update	Training Notification	Service Interruption

RM&R Resolved Service Interruption	
When?	
Why?	
Who is impacted?	

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RM&R Notification Colour Codes

Planned Downtime	Unplanned Downtime	Resolved Downtime	Program Update	Training Notification	Service Interruption