

**SUNY Downstate Medical Center -University Hospital  
of Brooklyn Network  
Department of Pathology Policy and Procedure**



**Subject: LAB 39 UHB - COPATH INFORMATION SYSTEM  
MAINTENANCE AND SUPPORT**

Prepared By: Maria Yudlowitz

LTR: LTR12799

Edit Approved By: [Howanitz MD, Peter \(Electronic](#)

[Signature Timestamp: 10/28/2013 8:20:25 AM\)](#)

[Laquerre MS, Alix \(Electronic Signature Timestamp: 9/23/2013](#)

[10:28:32 AM\)](#)

[Yudlowitz, Maria \(Electronic Signature Timestamp: 8/22/2013](#)

[9:47:57 AM\)](#)

Reviewed By: [Zuretti MD, Alejandro \(11/13/2014 2:06:12](#)

[PM\)](#)

Supporting Documents:

Approval Workgroup: LIS Policy Approval

Revision: 3



TITLE: UHB/COPATH INFORMATION SYSTEM AND MAINTENACE SUPPORT

---

## **PURPOSE**

The UHB/CoPath Information System is a computer-based patient record system, which provides the functionality to support data capture, storage, processing, communication, and security.

The Database servers and agents are located in the computer room of the Information Services Department.

These servers are maintained and supported by the Information Services Department in collaboration with the Hospital Information and Laboratory Information System departments.

In order to effectively maintain and support these systems, the following policies must be observed.

---

## **POLICY**

1. Respect and adhere to all procedures established to manage the use of the system.
2. Respect the privacy and rules governing the use of any information accessible through the computer system or network and only utilize information necessary for performance of your duties.
3. All system procedure manuals must be located in the computer room and be easily accessible to all authorized users.
4. All scheduled maintenance must be executed and documented.
5. All logs (maintenance logs and downtime logs) must be regularly updated.
6. All new software must be tested in a test environment before going into production.
7. A test environment must be created to test new software.
8. Hardware and software upgrades and modifications must be documented.

9. All backup tapes must be properly labeled and stored in a safe place.
10. Copies of backup tapes must be stored in the Laboratory Information System room A2-445 in the A-Building for off-site storage.
11. Monitoring devices or alarms used by operators must be tested periodically.
12. Errors detected during maintenance must be documented along with corrective actions taken.
13. The computer room must be clean, properly maintained, and adequately ventilated.
14. A disaster recovery plan must be created to ensure security and prevent loss of data. This includes measures to protect laboratory information from damage, minimize disruptions, ensure stability, and provide for orderly recovery in the event of a disaster, such as flood, fire, etc.
15. Fire extinguishers must be maintained and available in case of fire.
16. The computer system must be protected against unexpected power interruptions and surges by an uninterruptible power supply (UPS) unit.
17. The UPS must be regularly maintained, tested, and documented to ensure reliability.
18. The contents of any record or report printed from the system must not be exhibited or divulged except to fulfill a work assignment.
19. Information accessible through the system should only be disclosed to those authorized to receive it.
20. Respect the confidentiality of any report printed from any information system containing patient information.
21. Prevent unauthorized use of any information in files maintained and stored by the system.

**EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT  
OF THE  
UHB/CERNER LABORATORY INFORMATION SYSTEM  
MAINTANANCE AND SUPPORT  
POLICY**

- ★ I acknowledge the receipt of the UHB/Cerner Laboratory Information System Maintenance and Support Policy.
  
- ★ I understand that this policy serves as Information Services employees guide for system data security and confidentiality.
  
- ★ I understand that it is my responsibility as an employee of **SUNY-HEALTH SCIENCE OF BROOKLYN** to review and use all applicable information contained in this policy in performing my duties.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_