

When Technology Goes Down at a Healthcare Location

Understanding dependencies, local gaps and what recovery really means.

A technology disruption is experienced as a task people cannot complete. Knowing which part of that task is affected helps staff and support teams describe the problem more precisely.

One workflow can depend on several layers

Illustrative example: completing a front-desk check-in. Actual systems vary. [2]

01	LOCAL EQUIPMENT Power, workstation and required peripherals	A working application may still be unusable at a failed device.
02	CONNECTION Local network, Wi-Fi and the route to services	A restored external link does not verify every local connection.
03	ACCESS Sign-in, identity services and permissions	A sign-in page can load while authentication still fails.
04	APPLICATIONS + DATA Scheduling or EHR software and needed interfaces	An application can open while a dependent data exchange is still unavailable.

The layers above describe dependencies, not an order for restarting systems.

A restored connection leaves other questions open

SAFER guidance treats downtime recovery and restarting data exchange as planned activities.

A practical implication: the scope of a recovery message should match what has actually been verified. A reachable application alone does not establish that the local workflow is ready. [1]

Two local gaps that are easy to miss

Support hours and operating hours

Illustrative: a clinic stays open until 8 p.m.; its usual support desk closes at 5. The three-hour gap makes the approved after-hours escalation route important.

Instructions behind the failed system

A downtime guide stored only on an inaccessible portal is difficult to use. SAFER addresses accessible policies and communications that can work independently of EHR infrastructure. [1]

Restored is not the same as ready.

A connection can be back while devices, access or data still need attention. Confirm the affected workflow before describing it as recovered.

Make the next handoff useful

A useful update names the affected task, confirmed facts, remaining uncertainty and who is carrying the issue forward. HHS guidance emphasizes consistent messaging and a defined update cadence. [2]

A status update with enough detail to act on

Fictional example for an internal, approved incident channel.

WEST CLINIC 6:10 p.m. local Front-desk check-in access	
Confirmed	IT verified the site link was restored at 6:02 p.m. Staff can reach the application sign-in page.
Still affected	Sign-in is still failing at the front desk, so the normal check-in workflow remains unavailable there.
Not yet verified	Other workstations and locations have not been validated. The cause of the sign-in failure remains under investigation.
Owners	The IT incident lead coordinates technical work. The site lead provides local observations and operational impact, and coordinates the approved downtime process.
Next update	6:25 p.m. local through the designated incident channel. A recovery estimate has not been confirmed.

What the wording tells the reader

Observed symptoms stay separate from causes. A failed sign-in describes what staff see. Calling it an internet outage would add a diagnosis the example has not established.

The scope stays local. Verification at one front desk is not evidence that every workstation or location has recovered.

The next update is a communication commitment. It tells people when to expect more information, without implying that service will be restored at that time.

Follow your organization’s approved clinical, IT, incident and continuity procedures. This explainer does not authorize changes or decisions about care. Keep patient information out of general status updates.

Primary sources
1. ASTP/ONC, 2025 SAFER Guide: Contingency Planning, practices 2.2, 2.3 and 2.5.
2. HHS ASPR TRACIE, Healthcare System Cybersecurity: Readiness & Response Considerations, pp. 13, 24-25 and 28.

Know what’s connected. Know who owns the next step.

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