Winnipeg Regional Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé	REGIONAL  Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.		Level:
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POLICY	Retention and Destruction of Facility Health Records	75.00.050	1 of 6
1 02101	Approval Signature:	Section:	
	Original signed by B. Postl	HEALTH INFORMATION SERVICES	
	Date: December 2008	Supercedes: NEW	

## 1.0 **PURPOSE:**

- 1.1 To provide a coordinated approach for the retention and destruction of Facility Health Records.
- 1.2 To retain Facility Health Records for adequate periods of time so they are available for use and disclosure in the provision of health care, health care planning and evaluation, quality improvement, education of health care providers, health research, risk management, disease-related patient/family compensation claims and for access by individuals the information is about or their personal representatives.
- 1.3 To contain costs associated with the storage of Facility Health Records as well as their culling and preparation for permanent destruction.
- 1.4 To comply with retention and destruction provisions for documentation maintained in Facility Health Records as set out in federal or provincial legislation; i.e. the Personal Health Information Act of Manitoba, The Limitation of Actions Act of Manitoba, and the Food and Drug Act of Canada.

### 2.0 **DEFINITIONS**:

- 2.1 Facility Health Record A compilation of Personal Health Information about an individual that is typically created by health care providers and is maintained and stored by facilities or programs of the WRHA or WRHA funded facilities as the official record of care and services provided. The Facility Health Record is the physical property of a facility or program of the WRHA or WRHA funded facility. For the purposes of this policy, the Facility Health Record includes a Clinical Record as defined in The Mental Health Act of Manitoba. Facility Health Records as defined in this policy do not include electronic patient records, electronic health records, departmental records, documents or images that in the normal course of business are stored separate and apart from the Facility Health Record; for example, diagnostic imaging films and copies of diagnostic imaging reports.
- 2.2 <u>Information Manager</u> a person or body that processes, stores or destroys Personal Health Information for a trustee or provides information management or information technology services to a trustee.

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- 2.3 Personal Health Information information about an identifiable individual that relates to that individual's health; health care history, including genetic information about the individual; the provision of health care to the individual; payment for health care for the individual; and any identifying numbers or information assigned to the individual, or collected in the course of health care which is incidental to the provision of or payment for health care. For the purposes of this policy, Personal Health Information is that which is recorded or printed on paper, including that which has been converted from paper to microfilm or from paper to digital images to facilitate storage and accessibility.
- 2.4 Retention Period the length of time that Facility Health Records shall be kept prior to their permanent destruction. The Retention Period commences at the time that a volume of a Facility Health Record is closed. Closure of a volume usually coincides with the date of death or discharge.
- 2.5 <u>Retention Schedule</u> a timetable stipulating how long Facility Health Records shall be held and available prior to their permanent destruction. During or prior to the Retention Period, the media used to record the original information may change to facilitate storage and accessibility of the Facility Health Record; i.e. conversion of paper to microfilm, conversion of paper to scanned digital images.

Types of Care/ Categories of Facility Health Records:	Sites/Locations Where Services Occurred:	Programs & Sub-Programs Delivering Care:	Retention Period:
Acute Care: Inpatient Admissions  Day/Night Care Visits  Day Hospital Visits  Outpatient/Clinic Visits  Emergency Visits  Urgent Care Visits	<ul> <li>Teaching hospitals</li> <li>Community hospitals</li> <li>Misericordia Health Centre</li> <li>Pan Am Clinic</li> <li>Manitoba Adolescent Treatment Centre</li> </ul>	<ul> <li>Critical Care</li> <li>Adult Mental Health</li> <li>Child/Adolescent Mental Health</li> <li>Clinical Health Psychology</li> <li>Medicine</li> <li>Family Medicine</li> <li>Rehab/Geriatrics</li> <li>Oncology</li> <li>Surgery</li> <li>Cardiac Sciences</li> <li>Anesthesia</li> <li>Oral Health</li> <li>Diagnostic Imaging</li> <li>Palliative Care</li> <li>Child Health</li> <li>Genetics and Metabolism</li> <li>Women's Health (Gynecology)</li> <li>Emergency</li> <li>Manitoba Renal</li> <li>Sub-programs in any of the above clinical programs</li> </ul>	25 years

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Chronic Care and Residential Care (Adults)  Resident Admissions  Chronic Care Admissions  Respite Admissions  Day Hospital Visits	<ul> <li>Personal         Care         Homes</li> <li>Deer Lodge         Centre</li> <li>Riverview         Health         Centre</li> <li>Misericordia         Health         Centre         (interim         Personal         Care Home)</li> <li>St. Amant         Centre</li> </ul>	<ul> <li>Personal Care Home</li> <li>Chronic Care</li> <li>Respite</li> <li>Adult Day Hospital</li> </ul>	6 years
Chronic Care and Residential Care (Pediatrics)  Resident Admissions  Chronic Care Admissions  Respite Admissions  Day Hospital Visits	> St. Amant Centre	<ul> <li>Autism</li> <li>Acquired Brain Injury</li> <li>Developmental Disability</li> </ul>	25 years
Community Care (Adults)  Clinic Visits  Home Visits  Offsite Location Visits	<ul> <li>Community         Health         Services         sites</li> <li>Client's         Home</li> <li>Other offsite         locations in         the         community</li> </ul>	<ul> <li>Primary Care</li> <li>Adult Mental Health</li> <li>Home Care</li> <li>Public Health</li> </ul>	10 years
Community Care (Pediatrics): Clinic Visits Home Visits	<ul> <li>Community         Health         Services         sites</li> <li>Client's         Home and         other offsite         locations</li> </ul>	<ul><li>Primary Care</li><li>Home Care</li></ul>	25 years

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Geriatric Care:  Day Hospital  Visits  Home Visits	<ul> <li>Deer Lodge         Centre</li> <li>Riverview         Health         Centre</li> <li>Client's         Home</li> </ul>	<ul> <li>Program of         <ul> <li>Integrated Managed</li> <li>Care of the Elderly</li> <li>(PRIME)</li> </ul> </li> <li>Geriatric Program         <ul> <li>Assessment and</li> <li>Treatment</li> </ul> </li> <li>Geriatrics Mental         <ul> <li>Health (Out-patients)</li> </ul> </li> </ul>	10 years
Obstetrics and Newborn Care: Inpatient Admissions Day/Night Care Visits Outpatient/Clinic Visits Home and Community Visits	<ul> <li>Teaching hospitals</li> <li>Emergency or any other areas of a community hospital</li> <li>Client's Home</li> </ul>	<ul> <li>Women's Health (Obstetrics)</li> <li>Child Health (Newborns)</li> <li>Primary Care Program (Midwifery, Antenatal Home Care, Newborns)</li> <li>Public Health Program (Newborns)</li> </ul>	25 years
Palliative Care at Long Term Care Hospitals: Inpatient Admissions	<ul><li>Riverview Health Centre</li></ul>	Palliative Care	6 years
Rehabilitation Care at Long Term Care Hospitals Inpatient Admissions Out patient/Clinic Visits	<ul> <li>Deer Lodge         Centre</li> <li>Riverview         Health         Centre</li> </ul>	Rehabilitation	10 years

# 3.0 **POLICY:**

3.1 Facility Health Records shall be retained for the entire applicable Retention Period stipulated in the Retention Schedule.

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- 3.2 During the Retention Period, Facility Health Records shall be organized and maintained in a way that facilitates their availability for direct patient care and other authorized purposes. This includes Facility Health Records and culled portions thereof that may be stored apart from the main storage area(s) within a facility, or at an off-site location.
- 3.3 The Retention Schedule and Retention Period shall apply to types of care and categories of Facility Health Records that were created at certain sites pre-regionalization or pre-consolidation of a program or sub-program; for example, Obstetrics, Neonatology, and Ophthalmology.
- 3.4 Facility Health Records shall be permanently destroyed within four (4) months of the end of a calendar year according to expiration of the applicable Retention Period as stated in the Retention Schedule.

  Exception: Facility Health Records required pursuant to legal claims or other investigations, or Facility Health Records required for reference during ongoing health care; for example where there has been a birth injury, may be retained on a case-by-case basis for periods that exceed the Retention Period to satisfy a particular need and shall be permanently destroyed immediately thereafter.
- 3.5 Permanent destruction of Facility Health Records shall be done using methods that preserve the privacy of the individual the Personal Health Information is about. The preferred method of permanent destruction is supervised cross-shredding.

### 4.0 **PROCEDURE:**

- 4.1 Staff of facilities and programs of the WRHA or other WRHA funded facilities shall identify Facility Health Records requiring an extended Retention Period and bring them along with supporting justification and recommended extension time lines to the attention of the site Health Information Services Manager, or delegates for consideration and approval (or rejection) of the requested extension.
- 4.2 The facility Health Information Services Director/Manager (or delegate) or in the absence of same, other facility/site or program designated staff shall:
  - 4.2.1 Review and approve (or reject) requests to retain Facility Health Records beyond the Retention Period.
  - 4.2.2 Create and implement processes to document, flag and maintain Facility Health Records approved for an extended Retention Period per the exception stated in 3.4 of this policy.
  - 4.2.3 Determine and document site processes and procedures for the culling of Facility Health Records and for the conversion of Health Records from one media to another when such practices are necessary to facilitate use of available storage space and accessibility.
  - 4.2.4 Determine and document processes and procedures for permanently destroying paper documents once they have been successfully converted to microfilm or digital images.
  - 4.2.5 On an annual basis and not later than four (4) months following the end of a calendar year, cull and permanently destroy Facility Health Records or advise the Information Manager to permanently destroy Facility Health Records according to the applicable Retention Period set forth in the Retention Schedule.
  - 4.2.6 Create, or request that an Information Manager create a log that states the method by which Facility Health Records were permanently destroyed, the

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- dates on which they were destroyed, and the time period(s) that destroyed records pertained to.
- 4.2.7 Maintain the log referenced in 4.2.6 indefinitely.
- 4.2.8 Create and implement additional facility or site or program-based procedures required to comply with this policy.

#### 5.0 **REFERENCES**:

- 5.1 The Personal Health Information Act of Manitoba
- 5.2 The Mental Health Act of Manitoba
- 5.3 The Limitation of Actions Act of Manitoba
- 5.4 Health Canada, Health Products and Food Branch Inspectorate, Guidance for Records Related to Clinical Trials Guide 0068 Interpretation of section C05.012 of the Food and Drug Regulations Division 5 "Drugs for Clinical Trials Involving Human Subjects" implemented June 15, 2006 http://www.hc-sc.gc.ca/dhp-mps/alt\_formats/hpfb-dgpsa/pdf/compli-conform/gui\_68-eng.pdf
- 5.5 Canadian Standards Association, 2004 Blood Standard Z902-04, Section 19.6.3.1 Records of Recipients
- 5.6 Guideline 117 the Physician Medial Record, College of Physicians and Surgeons of Manitoba http://www.cpsm.mb.ca/guidelines/117.php
- 5.7 Regional Health Record Retention and Destruction policies from the following Regional Health Authorities in Manitoba: Brandon, Central, South Eastman, North Eastman, Interlake, and Assiniboine.

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