



2019 Indian Health Service Partnership Conference

Spokane, Washington



PREPARING HEALTH RECORDS FOR NARA'S STRATEGIC PLAN

H/M 2022



LEARNING OBJECTIVES

- Understanding of the National Archives and Records Administration (NARA) Strategic Plan 2022
- Exam Disposition Schedules related to Health Information Management (HIM)
- Discuss the management of records before and after 2022

PURPOSE

As the custodian of the legal health record, this provides guidance to Health Information Management staff and their leadership on the options for meeting the NARA Strategic Goal 3.2 By December 31, 2022.

BACKGROUND – NARA STRATEGIC PLAN 2022

STRATEGIC GOAL 3 - Maximize NARA's Value to the Nation

- 3.2 By December 31, 2022, NARA will, to the fullest extent possible, *no longer accept transfers* of permanent or **temporary records in analog formats** and will accept records only in electronic format and with appropriate metadata.
- After December 31, 2022, NARA will no longer accept **new transfers of analog** records for storage by the Federal Records Centers Program (FRCPP) to the fullest extent possible.
- NARA will continue to *store and service* all records received by the FRCPP by that date *until their scheduled disposition date*.

<https://www.archives.gov/files/about/plans-reports/strategic-plan/2018/strategic-plan-2018-2022.pdf>, *Page 12*

NARA EXEMPTION MEMO

The HIM Program submitted a memo to NARA with the support of CAPT Mark Rives, CIO for an exemption to the NARA Strategic Plan 2018-2022 – Goal 3.2



DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service

5600 Fishers Lane
Mail Stop: 07E17B
Rockville, Maryland 20857

DATE: July 25, 2018

TO: National Archives and Records Administration
(NARA)

FROM: CAPT Mark Rives, DSc, CHCIO
Chief Information Officer, Indian Health Service
Through: Christopher Forney, Record Management Officer, OMS

SUBJECT: National Archives and Records Administration, 2018–2022 Strategic Plan,
February 2018/IHS Health Records

PURPOSE

This memorandum serves to request an exemption for the Indian Health Service (IHS) from NARA 2018-2022 Strategic Plan, goal 3.2.

Page 2 - Disposition Authority for Scanned Source Documents

Exemption/Extension from Goal 3.2

IHS currently has a hybrid record system for patient health records. Our current disposition schedule number DAA-0513-2014-0003 items 1-5 (paper, microform, electronic, master patient index and patient identification card) must be destroyed 75 year(s) after last episode of care or date of death. IHS patients born at our facilities continue to have services during the years for which a record for one patient may be at a minimum of 20 volumes. The cost of scanning analog records may cost millions due to staffing, equipment, training or contract labor.

Due to NARA's goal statement "*to the fullest extent possible*" IHS request for NARA to authorize that these volume paper health records (DAA-0513-2014-003) created before December 2022, be exempt to digitize, due to the magnitude of cost and resources it would take to create these records electronic.

IHS strives for interoperability and reaching goals for an electronic environment without a burden to cost and operations.

CAPT Mark Rives, DSc, CHCIO
Chief Information Officer, Indian Health Service

NARA EXEMPTION MEMO RESPONSE

From: Ron Mitchell [mailto:ron.mitchell@nara.gov]
Sent: Monday, July 30, 2018 4:43 PM
To: Rives, Mark T. (IHS/HQ)

Good Afternoon Captain Rives

I am the NARA FRC Account Manager for IHS. I have received your letter, and would like to respond as best I can to your concerns...

To my knowledge, there is ***not currently a mechanism in place to receive or process waiver requests to the actions outlined in the Strategic Plan***. In speaking with Mr. Forney, I understand that the concern at IHS is that there may be a requirement for your agency to digitize the health records.

As these are temporary records (although their temporary retention is arguably very long term), ...records as they will not at any point be accessioned to the National Archives. ***The Federal Records Centers Program (FRCP) has no capacity to receive or store electronic records.*** Digitized records on portable media (e.g., DVD, CD, Hard Drives) can be stored at the FRC as analog material. The strategic plan will apply to these types of records/media, as well as paper 'textual' records, as to our ability to accept any new transfers after the cutoff. After that time, ***we will no longer be accepting new transfers at the FRCP.***

Although there is no means at this time to request waivers for transfer to storage for temporary records...attachment to email.

v/r

Ron

WHO DOES THIS APPLY TO?

The NARA Strategic Goal 3.2 applies to:

- Federal agencies
- Tribal Organizations using Federal Records Center

RECORD RETENTION?



DISPOSITION SCHEDULE

By December 31, 2022 *inactive records* may be transferred to the FRC.

HIM Record Schedule DAA-0513-2014-0003 (Paper, Microform, Electronic, MPI Paper, and Patient Identification Card)

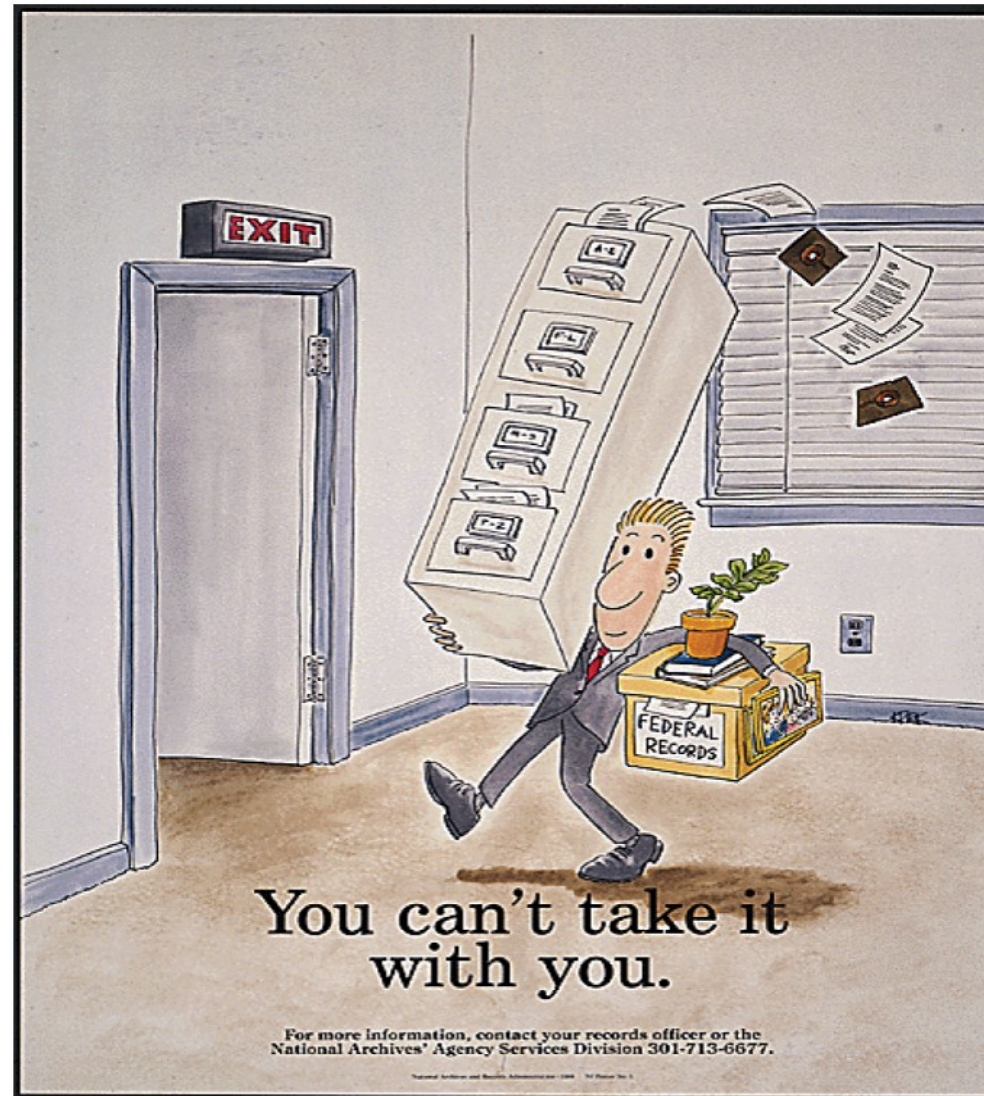
RECORDS SCHEDULES

- MPI - Permanent
- Health Record – 75 years
- 3-18 Fetal Monitor Strips – 25 years
- Log files:
 - 3-16 Operation Log Files – 10 years
 - 3-20 Emergency Room (ER) Log Files – 10 years
 - 3-21 Delivery Room Obstetrics – 10 years

IHS DRA Records Management Disposition Schedule

HAVE YOU ARCHIVED HEALTH
RECORDS IN THE 6 MONTHS-YEAR?

YOU CAN'T TAKE IT WITH YOU.



CONSIDERATIONS BEFORE 2022

Implementing paperless records

- Conduct **forms** inventory
- Conduct **file room** inventory
- Convert to digital format

CONDUCT FORMS INVENTORY

- Conduct review of what paper documentation forms are still being utilized
- Use your local forms log to determine if local approved forms are inactive or converted to an EHR template
- Collaborate with your local CAC and forms owner to convert form to a template
- Determine which forms will need to be maintained for contingency plan
- Determine which forms require a patient signature and plan for a digital signature or to scan the form
- Address copyright forms
- Contact the owner of the form at least 6 months in advance to prepare for transition. Follow facilities policies and procedure for forms approval process.

CONDUCT FILE ROOM INVENTORY

Analysis of records

- How many records are possibly *inactive*?
- What year was the last FRC transmittal?
- Establish your final archiving project based on this information with deadline dates to ensure all inactive patient records are shipped in time.

CUT OFF?



PREPARING PAPER RECORDS FOR STORAGE

- Remove any paper records that have no patient documentation.
- Thinning Records is the process of removing non-essential documents from the legal health record. Documents that should be removed includes: file dividers, health summaries, duplicate EHR notes and other records.
- Scan documents into the EHR to eliminate storage cost.
 - HIPAA forms, CIB, etc.
 - Prenatal records, flow sheets, consent forms.

PAPERLESS – NEW PATIENTS

- Collaborate with Patient Registration to stop establishing paper records for new patients.
- Identify documents to scan: CIB, Power of Attorney, HIPAA Acknowledgement form, etc., and to include quality check process.
- Train Patient Registration on VistA Imaging Administrative Tab.
- Ensure there is an approval process for Business Office (BO) documents to be scanned into VistA approved policy.
- Ensure there is a system that identifies the format and location of the patient record, (Master Control Log and Page 8 of RPMS Patient Registration).
- Ensure BO and HIM staff collaborate on paperless record transition.

MASTER CONTROL LOG EXAMPLE

Number	Patient's Name	Active	EHR	Expired	FRC	Destroyed
00 00 00						
01 00 00						
02 00 00						

SET GOALS AND BUDGET

- Create an action plan with a time line
- Identify resources and cost (staff, materials, FY funding cut-off)
- Transfer records annually to keep up before the NARA deadline

RAISE YOUR HAND IF YOU DON'T
CREATE PAPER RECORDS?

RECORDS MANAGEMENT AFTER 2022

By January 1, 2023, Service Units may no longer transfer records to the Federal Records Center.

Service Units must:

- Establish a process for scanning documents
- Determine record storage option
- Determine the need for contract vendor(s)

RECORD STORAGE

There are 5 options available:

- Scanning Health Records
- Agency Operated Records Center
- Records Center Operated by Another Agency
- Records Stored in Agency Office Space (internal storage)
- Commercial Storage

SCANNING HEALTH RECORDS

Presently, there is no Agency Directive to Digitize health records. It is highly recommended to optimize scanning to meet the NARA directive and implement a paperless health record.

- Analysis of records on site
 - Estimate future workload
 - Estimate if additional staff may be needed based on productivity for scanning
- Set goals and budget
 - Create an action plan and time line
 - Hire and train staff if necessary
 - Set productivity and quality standards

STORAGE CAPACITY PLANNING

- Review the amount of storage capacity to determine volume of documents/images consumption rate.
- Consumption rate can be used to estimate future storage capacity need.
- Coordinate with Local and Area OIT for storage capacity and estimate cost of additional servers.



VI Storage
Capacity Planning

QUALITY OF SCANNING

- Naming of Documents
- Access/permissions/security
- Audits/quality controls
- Identify a “Super User”
- Provide training
- Set Productivity Standards
- Set a timeline
- Workflows



CONTRACT VENDORS (1 OF 3)

Scanning:

- Cost of scanning records from a contract service varies from each vendor. Companies may charge by the record or the paper.
- Some companies expect the documents to be ready for scanning (remove staples, taping etc.) and to be scanned offsite. Note: Agency policy does not allow removal of records for this purpose.
- Hours of operation
- Extra cost for quality checks and destruction if included
- Training in VistA
- BAA agreements in place

CONTRACT VENDORS (2 OF 3)

Shredding:

Consider variations in shredding cost

Other Cost:

Contract staff require background checks, PIV cards, laptops, scanners etc.

Overtime cost of IHS staff

Space:

Consider space issues for contract scanning staff

CONTRACT VENDORS (3 OF 3)

Security:

Consider security issues for contract vendors to access the department.

Contract language:

Coordinate with local/area acquisition, privacy, security, and other SMEs for scope of work and other requirements.

Currently HHS-Program Support Center (PSC)
<https://psc.gov/services/digital-document-management> offers scanning services. There is no charge for an initial assessment.
Contact PSCpublishing@psc.hhs.gov

HIRE MORE STAFF OR CONTRACT STAFF?

IHS LIMITED STORAGE OPTIONS

- Agency-Operated Records Center
Presently this is not an option for IHS
- Records Center Operated by Another Agency
Due to the 75 year retention period required for IHS health records, another agency may not be able to accommodate.

RECORDS STORED IN AGENCY OFFICE SPACE (INTERNAL STORAGE) (1 OF 3)

- In a records staging or holding area within your agency office space; and
- The capacity of that area for holding records is **LESS than** 25,000 cubic feet (1 box = cubic foot)

However:

- If the records staging or holding are in your office space can hold a volume of records **GREATER than 25,000 cubic feet**, then the area must be approved as an agency records center.

RECORDS STORED IN AGENCY OFFICE SPACE (INTERNAL STORAGE) (2 OF 3)

What is considered a records staging or holding area?

For purposes of the NARA regulations, a records staging or holding area is an area designated **within** the agency's office space that is used for the **temporary storage** of records.

The term **does not include off-site storage** (e.g., a storage unit outside the office building). Records staging or holding areas may be established by an agency for maintaining records no longer needed in office space but whose volume or retention periods are insufficient to warrant transfer to a record center before final disposition.

RECORDS STORED IN AGENCY OFFICE SPACE (INTERNAL STORAGE) (3 OF 3)

Does NARA have to approve my records staging or storage area?

- You ***do not have to provide any documentation*** to the National Archives and Records Administration (NARA). However, *you must comply with the storage standards found in 36 CFR 1234.10 – 1234.14 (formerly numbered 36 CFR 1228.228 – 1228.232)* available and in records storage standards toolkit
- **Questions?** Contact your Area Records Manager Officer
- Reference: Records Management Storage Standards Toolkit

WHAT CHALLENGES DO YOU
HAVE FOR INTERNAL STORAGE?

COMMERCIAL STORAGE

Commercial records storage facilities must be approved by the NARA and must comply with the

36 CFR 1234 Federal Records Storage Facility Standards
(formerly numbered 36 CFR 1228, subpart K).

- Examples of facility standards:
 - Facility constructed with non-combustible materials (walls, columns, roof, floor etc.)
 - Roof meets all safety building codes by county and state, and has a sprinkler system.
 - Facility must be 5 feet above and 100 feet from any 100 year old plain areas or have a protected flood wall.

REQUIREMENTS FOR COMMERCIAL STORAGE (1 OF 2)

An agency must provide documentation to NARA demonstrating that the commercial facility meets the storage standards set in *36 CFR 1234*, at least 45 days before beginning to transfer records to a commercial records storage facility.

Documentation for each individual facility must be submitted. The documentation can be either:

- A copy of the contract with the commercial records storage facility that incorporates the requirements of *36 CFR 1234* into the contract requirements; **or**
- A statement from the agency's records officer certifying the facility meets all of the requirements of *36 CFR 1234*. As part of the certification, the agency must submit information about the fire-safety detection and suppression system.

REQUIREMENTS FOR COMMERCIAL STORAGE (2 OF 2)

- Submit the completed Facility Standards for Record Storage Facilities Inspection Checklist and Supplemental Checklist or complete a certification statement containing the information.
- The Checklists may be prepared by the vendor, knowledgeable agency facility staff, or an ***engineering firm*** or ***fire protection firm***.
- NARA will **not** review documentation sent directly by commercial vendors nor does NARA inspect commercial facilities upon request by the agency or the vendor. The certification statement, if used, must be prepared by a Federal records officer or other agency staff member.



NARA_Inspecton_
Checklist

HOW DOES NARA REVIEW THE REQUIREMENTS?

- NARA reviews the documentation to ensure the facility demonstrates full compliance with the 36 CFR 1234 standards.
- NARA will notify your **Records Officer** within **30 days** if the documentation is not adequate or if NARA has other information that suggests that the facility is not compliant with the standards.
- Contact your Area Records Coordinator for any questions.

COMMERCIAL STORAGE LINKS

- List of Currently Approved Commercial Records Storage Facilities by State: <https://www.archives.gov/records-mgmt/storage-standards-toolkit/commercial-records-storage-facilities-by-state>
- Records Storage Standards Toolkit: <https://www.archives.gov/records-mgmt/storage-standards-toolkit/file3.html>
- Recommended Contract Language: <https://www.archives.gov/records-mgmt/handbook/records-mgmt-language>

INSPECTION REQUIREMENTS

Agencies must ensure, by contract or otherwise, that **agency** and *NARA officials*, or their delegates, have the right to inspect commercial records storage facilities to ensure that such facilities fully comply with the standards.

NARA may conduct periodic inspections of contracted commercial records storage facilities.

The using agency, **not NARA**, will be responsible for *paying any fee or charge assessed by the commercial records storage facility for NARA's conducting an inspection.* NARA will contact the agency holding a contract with a commercial records storage facility in advance to set a date for the inspection.

OTHER NARA LINKS

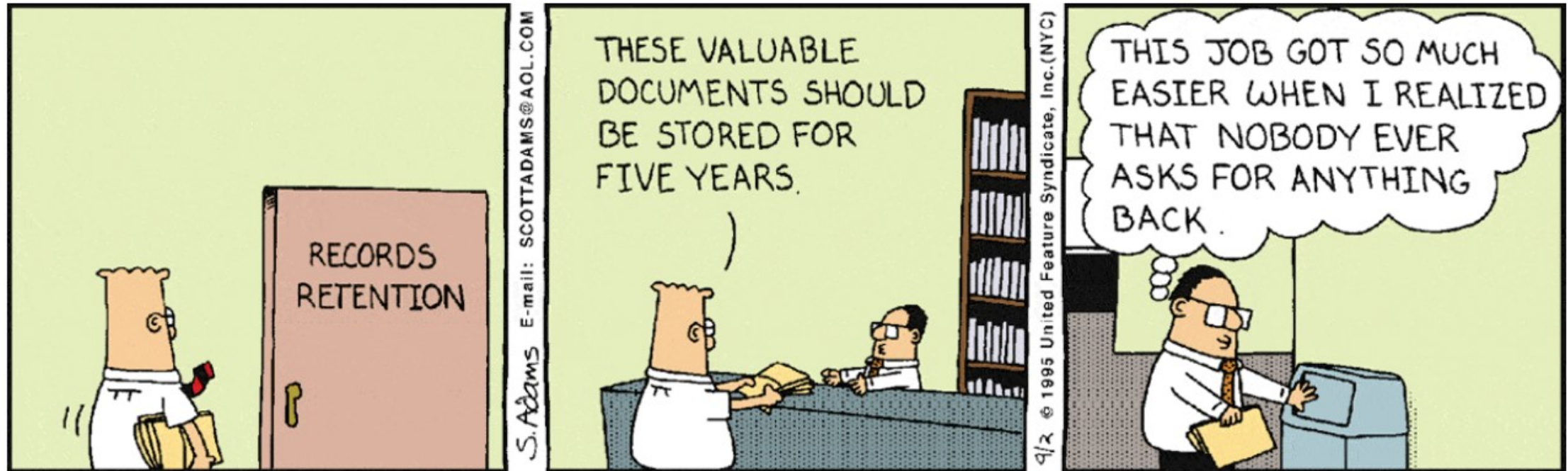
- **Existing Regulations Relating to Facility Standards:**
 - **File 5:** [Part 1234](#) Facility Standards for Records Storage Facilities
 - **File 6:** [Appendix A](#), Minimum Security Standards (*scroll down to get to the appendices*)
 - **File 7:** [Appendix B](#), Alternative Certified Fire-safety Detection and Suppression System(s)(*scroll down to get to the appendices*)
- **Other NARA Guidance and Information Relating to Facility Standards:**
 - **File 8:** [Facility Standards PowerPoint Presentation](#)
 - **File 9:** [NARA Bulletin 2008-06: Records Storage Facility Standards](#)
 - **File 10:** [List of Currently Approved Commercial Storage Facilities](#)
 - *Please read statement at the top of File 10 list*
 - **File 11:** [FAQ](#)

WHICH OF THE 5 OPTIONS IS
BEST FOR YOUR SERVICE UNIT?

RETRIEVAL OF RECORDS AFTER 2022

- Retrieving records from FRC for active patients will change the original disposition date.
 - Stored or Scanned?
- NARA needs to know that reactivated records will not be returned.
- Retrieving records for administrative purposes (copies or records, reviews etc.) may be returned to the FRC.

RECORDS RETENTION



SUMMARY

Before 2022:

- Perform Forms and File Room inventory
- Transfer inactive/death records to FRC annually
- Eliminate paper records
- Perform cost analysis for:
 - Record Storage vs Scanning
 - Cost of Contract Service vs Staff
 - Cost of equipment such as servers, scanners etc.

RESOURCES

- Local and Area HIM to assist with meeting the NARA Strategic Goal
- Local and Area Privacy Coordinators for any PIA assessments
- Local and Area OIT for CPIC assessments for new technology request (*signature pads, iMed consent, etc.*)
- Local and Records Coordinators to assist with any record transfer to FRC
- NARA Strategic Plan 2018-2022

QUESTIONS?



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