

MEMORANDUM

Date: 11 October 2010

To: Greg Goulding, Acting Chief Archivist

From: [Names removed], Appraisal

Subject: Amending retention periods for patient files of deceased persons in the DHB schedule.

1. Purpose

a) To provide you with background information on the planned action to amend the disposal schedule for District Health Boards with regard to the retention of records related to deceased persons.

The proposal is that all clinical records be able to be destroyed 10 years after the date of death of a patient if they are no longer required for any other purpose.

This is not a change in the retention period per se, rather a clarification of the intent of the schedule.

b) To seek you approve to amend the DHB Schedule.

2. Background

Several DHBs consider the application of the DHB schedule to be different from the intention of the schedule when it is applied to *patient files of deceased persons*. They asked Archives New Zealand for a position on this.

2.1 Current Situation

Currently, the DHB schedule has various retention periods for different types of patient records, depending on the nature of the care they received from the DHB (see table below).

In every case, the disposal action is discharge or destroy. The advice Archives New Zealand gives DHBs, and the standard practice used when implementing disposal of these records, is to view all patient information as a 'virtual file', which may be in many places or systems. So if a patient has received radiotherapy care, then all patient information is retained for at least 40 years. Practical application of this by some DHBs, especially the larger ones, is that all patient records are being held for a minimum of 40 years, as it is administratively burdensome for them to check all types of patient information to ensure appropriate retention periods are being met. Generally DHBs are happy with or accept the logic of this advice.

The DHB schedule has slightly different requirements for retention of deceased records, which is causing confusion. Radiotherapy records can be discharged or destroyed after 40 years or "10 years after the date of death". Practically this means all patient records are held for 20 years post death, due to the mental health, paediatric and maternal care retention requirements in the schedule. Generally DHBs are not happy with this arrangement.

Type of patient records	Retention period	Provision for retention of deceased records	Proposed clarification for deceased records
General care	10 years	none	none
Maternal care	20 years	none	10 years after date of death
Paediatric care	20 years	none	10 years after date of death
Mental health	20 years	none	10 years after date of death
Radiotherapy care	40 years	10 years after date of death	10 years after date of death

2.2 Reason for the current situation

The question received by Archives New Zealand received was: **What is the reasoning behind the special provision for 10 years for radiotherapy records of deceased patients, and there being no similar provision for mental health, maternal health etc?** This question has been difficult to answer.

After researching this issue, my summary conclusion is that this was an oversight resulting from the late addition of the different post death provisions. More background is provided in the attached documents.

3. Response from Archives New Zealand

Appraisal considered several options for dealing with this issue. Ultimately it was considered that working with the DHBs to lead the process for slightly amending the schedule.

This involved:

1. contacting all clinical records managers at all DHBs and explaining the issues
2. Seeking feedback on the proposed amendment.
3. Assessing the feedback
4. Seeking approval from the Chief Archivist
5. Notifying DHBs of the outcome.

3.1 Consultation and response

All DHBs were consulted on the amendment. There are 20 DHBs. 14 DHBs responded. This is a 70% response rate.

1. 100% of records managers from responding DHBs supported the amendment

2. A dose of medical researchers from [Name removed] and [Name removed] DHB did not support the amendment.¹ They were forwarded the proposal by their clinical records manager (who did support the amendment). Their justification for this was concern over clinical records being destroyed that are required for specific medical or research purposes. They provided examples of various studies which used clinical information post 40 years from death. They recommend all clinical records be retained for 40 years post date of death (i.e., 20 years longer than currently held).

My response was that this amendment does not override the special provision in the DHB Disposal Schedule for specific records required for medical or research purposes to be retained for a very long time, including in perpetuity. This is class 1.6 of the schedule - *Collections or samples of patient records required for a specific purpose*. This was agreed when the schedule was first approved.

4. Recommendation

It is recommended that you approve the amendment of the DHB schedule (DA262) so that classes 1.1-1.5 are made clear that they can be destroyed 10 years after date of death of the patient, if they are no longer required for any other purpose.

This recommendation is supported by:

- [Name removed], Manager Appraisal
- [Name removed], Acting Group Manager, Government Recordkeeping Group

I approve / do not approve the rewording of DA262 for the purposes of clarifying the intent of the schedule.

Greg Goulding, Acting Chief Archivist.

¹ 'Dose' is used as a collective noun.