

General Disposal Authority for District Health Board Records

Appraisal Report

2006

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1. Executive Summary

1.1 Overview

This General Disposal Authority covers clinical and non-clinical records created by District Health Boards (DHBs).

1.2 Background

The Public Records Act 2005 clarified the position of records of the District Health Boards and now formally covers all records created by District Health Boards. In order to assist DHBs receive the maximum benefit from these provisions, Archives New Zealand decided to support the creation of a General Disposal Authority to cover District Health Boards records.

The Authority covers both clinical and non-clinical records of all formats and age. This comprehensive coverage will assist in communicating all retention and disposal decisions for District Health Board records throughout the country and at the same time assist in the implementation of these decisions.

The Health (Retention of Health Information) Regulations 1996 state that health information relating to identifiable individuals must be retained for a minimum of 10 years. This GDA authorised under Section 20 of the Public Records Act 2005 either maintains the minimum 10 year retention period and in certain cases extends it for specific classes of health information such as mental health patient files.

District Health Boards, as public offices are required to adhere to the minimum retention periods provided for in this GDA.

1.3 Methodology

The GDA was developed by a team from SWIM Ltd and Lindisfarne Information Consulting Ltd, with specific knowledge of archives management and appraisal practices. The team worked in close consultation with DHB representatives.

The initial research carried out was:

- Review of previous and existing DHB specific retention and disposal schedules and discussions with Archives New Zealand to identify issues particular to the District Health Boards
- Review of other similar schedules overseas. Particular attention was paid to the schedules developed by State Archives, New South Wales, Public Record Office of Victoria and the National Health Service in the United Kingdom
- Review of legislation pertinent to health information in New Zealand
- Review of existing General Disposal Authorities created by Archives New Zealand, and their possible application to non-clinical records
- Initial identification of potential record keeping issues facing DHBs in New Zealand

Once the research was complete consultation with the District Health Boards commenced.

1.4 Consultation

Extensive consultation was undertaken with DHBs. The various methods used for consultation included:

Advisory Board

As part of the governance structure for the project an Advisory Group was established to provide advice and act as conduits for staff with particular expertise. Full Terms of Reference and a list of the Advisory Group members can be found in Appendix One.

Workshops with District Health Board Representatives

Two workshops were held with representatives from the DHBs. The aim of the first workshop was to inform the DHBs of the project in more detail and identify the key functions and activities of the DHBs and the records associated with these. The aim of the second workshop was to confirm functions, activities and records to be covered by the schedule and discuss proposed retention periods.

Surveys

A survey was sent to all DHBs. The survey was in two parts. Part One of the survey concentrated on general recordkeeping practices within the DHB.

Part Two asked DHBs to provide information on the record holdings within the clinical and non-clinical areas. Information gathered in this section was used to confirm class holdings, descriptions and retention periods for the GDA. Fourteen of the twenty-one DHBs provided responses at the time of writing of this report. Summaries of the record holdings for clinical and non-clinical records can be found in Appendix Two of this report.

Site Visits

Visits were made to Waikato, Capital and Coast and South Canterbury DHBs. During the course of each of these visits interviews were held with over 20 representatives and information gathered on the functions within DHBs, the records associated with these functions and current retention periods. There was also high-level discussion on record keeping issues currently faced by DHBs.

Discussions with Specialist Groups

A number of specialist groups requested further information and discussions on the proposed General Disposal Authority. Presentations were made to the DHB Privacy Officers Forum, Mental Health Workers Forum, the Electronic Health Records Summit and the National Laboratory Quality Managers Forum and discussions were held on the proposed retention periods.

Consultation with health research organisations

Archives New Zealand also consulted with 4 selected health research organizations specifically on the potential long-term research value of information contained with clinical records and the availability of that data elsewhere. These organisations were:

- Health Research Council
- Medical Council of New Zealand
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australasian College of Physicians

Communication with Interested Parties

A Communications Strategy was developed for the project and three key audiences were identified. The DHBs were identified as *key stakeholders*.

The second audience was *Primary Interested Parties* i.e. those organisations who, while not directly responsible for creating and storing clinical and non-clinical records, have a strong vested interest in the outcome of any disposal decision. An initial letter outlining the aims of the project was sent to these parties and in some instances follow up briefing meetings were held.

The third audience was identified as *Secondary Interested Parties* i.e. those organisations who are likely to have an interest in the outcome of any disposal decision. A letter outlining the project was sent to these parties at the commencement of the project. These parties will also be notified when the draft disposal authority is available for comment on the Archives New Zealand website.

1.5 Scope of the General Disposal Authority

This general disposal authority is designed to cover clinical and non-clinical records covered by District Health Boards and their predecessors. It covers records in both paper and electronic format. There is some diversity in the types of services offered by different DHBs and it is unlikely that an individual DHB will have all of the types of records included in the GDA. However, to ensure comprehensive coverage for all DHBs and their predecessor agencies, the records identified through site visits and survey returns are included.

1.6 Records Exempted from the General Disposal Authority

As stated previously, the General Disposal Authority is designed to provide comprehensive coverage for all records created by the District Health Boards. One exemption to this is being sought. The exemption applies to the area of Patient Diagnostics - Specimens and Samples

A Human Tissues Bill has been drafted and is due to be passed this year. The Bill establishes a new regulatory framework for the collection, use, retention and disposal of human tissue for therapeutic and non-therapeutic uses of human tissue. The Ministry of Health is currently working with Standards New Zealand to establish this framework.

Given this process it is proposed to provide a cross reference to this work and once the framework has been agreed to the recommendations for retention can be incorporated into the GDA.

1.7 Structure of the Report

While criteria for the clinical and non-clinical records are separate, the schedules have been merged into one report with reference to Part One: Clinical Records and Part Two: Non Clinical Records. This minimises duplication and ensures that there is a single disposal authority for all District Health Board records. The report is divided into the following sections:

Introduction – this provides the context for the development of the GDA and discusses the processes undertaken.

Part One: Clinical Records – this discusses the clinical records in detail i.e. those records associated with the care and treatment of identifiable individuals. It includes criteria for retention and disposal, description of the record creating process, classes of records and disposal recommendations.

Part Two: Non-Clinical Records– this discusses all of those District Health Board records associated with the corporate functions of the DHBs. It provides discussion on the different classes of records and recommendations for disposal decisions.

Appendices – these provide detailed information on the recommendations.

1.8 Relevant Precedent

Part One: Clinical Records

Appraisals carried out for the predecessors of the District Health Boards were examined. In addition to these, a number of individual District Health Boards have previously developed retention and disposal policies and these were examined. The survey also provided information on current disposal practices across District Health Boards and provided guidance on business requirements for retention of clinical records.

Research was also undertaken to determine international practices for retaining medical records and in particular individual patient records. Precedents include:

Australia

Victoria and New South Wales both have extensive schedules covering health records. The retention periods are similar for both States:

- General Admission patient file - 15 years after last attendance provided the patient has reached 25 years of age
- Mental Health client file - 15 years after last attendance provided the client has reached 25 years of age
- Maternity records – 15 years or when the respective child has reached 25 years, whichever is greater

Netherlands

Under the Dutch Medical Treatment Act patient records must be retained for at least 10 years or as long as is required for the provision of good medical care. The Health Council of the Netherlands has sought to have this period extended.

United Kingdom

The National Health Service issued guidelines for the retention and disposal of public health records in 1999. The general direction for retention includes:

- Mental health service records - 20 years after no service is considered necessary
- General admission patients - 8 years after treatment is concluded
- Children and young people - after the patient's 25th birthday
- Maternity records - 25 years

These periods are under review and proposals include extending the retention period for general admission patient files to the lifetime of the patient.

Part Two: Non-Clinical Records

It was established initially through site visits that the General Disposal Authorities (GDAs) created by Archives New Zealand for Financial, Human Resources and Personnel, Administrative, and Housekeeping records were appropriate as a basis for the disposal of non-clinical and corporate records. All DHBs appear to have a core group of records that aligned with many of the record classes in the existing GDAs.

A more detailed analysis then followed, aligning the feedback from interviews and surveys with the broad records classes outlined in the GDA where possible, and identifying groups of records that were outside the GDA coverage.

A review of the legislation demonstrated that there were no legislated retention periods for specifically defined non-clinical DHB records. Therefore records are required to be compliant with appropriate general business, financial and staff-management legislation.

1.9 Disposal Criteria

Part One: Clinical Records:

Recommended for retention as public archives:

- Records documenting basic information on patient treatment and care at a summary level
- Records providing significant and unique patient information required for long term research purposes
- Records documenting basic patient information at a summary level on surgical operations and other significant treatment events provided by individual District Health Boards

Recommended for destruction:

- Records documenting routine low-level administrative or operational activities
- Records containing duplicated information or information captured elsewhere at a more appropriate level

Recommended for retention for appraisal:

- Records providing significant and unique patient information required for long term research purposes

Part Two: Non-Clinical Records

Recommended for retention as public archives:

- A1. Records providing evidence of significant and unique DHB input and participation in meetings that impact on key DHB functions and activities.
- A2. Records documenting the management and monitoring of incidents/issues/complaints that result in high level developments such as the setting of significant precedent, interventions by the Minister, or major changes in DHB policy and procedures.
- A3. Records providing evidence of DHB compliance and dealings under the Treaty of Waitangi, and DHB relationships/consultation with Maori.
- A4. Records documenting significant inward and outward Ministerial correspondence to/from DHBs on key ministerial decisions or recommendations, major changes such as changes in governmental/DHB policy or decision-making, or areas of major public interest, debate and/or controversy.
- A5. Records documenting high level corporate/stakeholder relationship issues, discussions, meetings, negotiations, agreements, inquiries and reports relating to key DHB functions or services.
- A6. Records outlining statutory and regulatory appointments made by the DHB or on its recommendation.

-
- A7. Significant/key summary documentation relating to the management of recruitment programmes sponsored by DHBs including:
- i. International Recruitment
 - ii. National Recruitment
 - iii. EEO Recruitment
- A8. Significant/key summary documentation relating to DHB input and involvement with medical training carried out in house.
- A9. Records detailing ultimate disposal decisions for DHB records (both paper-based and electronic), carried out prior to the application of this General Disposal Authority.
- A10. Records relating to legal action directly involving the DHB (e.g. court cases, dispute and mediation hearings, etc.) that are not held in the records of the court concerned or the records of another judicial agency.
- A11. Records concerning the implications of significant civil court and judicial decisions that affect key/vital DHB functions, policies, processes etc and/or have major ongoing compliance/risk management issues.
- A12. Records documenting the development, drafting, amendment and/or review of legislation administered by the DHB.
- A13. Records documenting the development and provide the final copy of policies and procedures that are key or wide-ranging in nature and that have significant and ongoing business/compliance impact on areas such as DHB management, employees, employee activities, or patients/clients.
- A14. Records relating to significant DHB involvement with civil defence emergencies
- A15. Records providing evidence of DHB's monitoring, investigations for, and reporting to external agencies on:
- Indoor and outdoor air quality
 - External/community childcare premises
 - Communicable disease control
 - Community health issues
 - Environmental health
 - Housing and health
 - Licenses (Food etc)
 - Quarantine health
 - Solid waste disposal
 - Water quality
- and DO result in legal action, significant DHB involvement, or raise a major public health issue.
- A16. High level records that document the establishment/maintenance of capital or significant projects that either have a key or wide ranging effect on DHB operations, or have key and ongoing relevance to DHB business.

- A17. Significant original master records of conferences, seminars, workshops etc that summarise the deliberations, discussions, proceedings and presentations relevant to key DHB functions and/or mandates.
- A18. Communications prepared by DHB for public release by the Minister.
- A19. Records covering significant national or major new sponsorship that are precedent setting, contentious or controversial, granted and/or received by the DHB in support of public sector activities.
- A20. Final/summarised research records (created or sponsored by the DHB) on key/significant DHB areas of activity, functions or issues, the delivery of appropriate health treatments or services, or areas of ongoing public health concern.
- A21. Records documenting the funding, development and establishment of corporate strategy, or clinical/medical services or groups that have a significant impact on DHB governance, business, quality/practice risk and compliance etc.
- A22. Records documenting the policy, procedures, planning and reporting of significant financial accounting processes and activities within a DHB including:
- Corporate Policy and Procedures
 - Major reviews
 - Corporate Planning and Reporting
 - Ministerial Reporting
 - Ministerial Approvals
 - Attendance at Cabinet and Select Committees
- A23. Records documenting significant funding applications
- A24. Records documenting major loans and use of loan funds
- A25. Records documenting strategic planning and funding of trust funds, bequests and donations managed by the DHBs.
- A26. Records documenting the negotiation, development and facilitations of significant contracts
- A27. Records detailing serious internal instances of fraud, theft, misappropriations or negligence within the DHB.
- A28. Records documenting significant property and contractual agreements including
- i. Deeds of title and ownership
 - ii. Patents and Trade Marks
 - iii. Major contracts and agreements
 - iv. Disposal of Major Capital Assets
- A29. Personnel files of senior personnel i.e.
- Chief Executives
 - Corporate Second Tier Managers
- A30. Personnel files of staff that received significant honours, achieved high distinction etc.
- A31. Records summarising employee histories

- A32. Significant documents relating to the health, safety and welfare of employees
- A33. Records covering the DHB's nomination for major honours and awards
- A34. Significant records covering major negotiations, discussions and disputes with unions that are not held by the Department of Labour
- A35. Records documenting DHB major input with industry training and organisations
- A36. Records documenting the significant development, control and operations of information systems and services
- A37. Records documenting the development and management of significant public relations events and communications developed or contributed to by the DHB
- A38. Records documenting significant policies and processes associated with the management of DHBs property and assets.

Recommended for destruction:

- D1. Records documenting the facilitation/administration of activities and processes carried out for compliance, audit and risk management (including accreditation to voluntary and mandatory health standards but does not include health emergencies such as disease outbreaks).
- D2. Records documenting the management and monitoring of routine/low-level issues/events that do not have an ongoing/significant effect on DHB policies and procedures.
- D3. Records documenting routine/low level financial and accounting transactions and administration.
- D4. Records documenting the administration and facilitation of high-level/governance meetings, the relationship management process and statutory appointments.
- D5. Records relating to the provision of schooling for patients.
- D6. Records documenting the facilitation, administration and monitoring of the employee certification/credentialing process and hospital volunteers.
- D7. Records outlining the administration and facilitation of legal processes and functions such as contract and agreement review and management, legal negotiations, legal actions, lease agreements, etc.
- D8. Records concerning the implications of minor court and judicial decisions for DHBs that have low level/short term compliance/risk management issues.
- D9. Records containing the final record of a policy, procedure etc that focuses on low-level internal, administrative activities with low compliance risk and/or may need to be kept longer for the DHB's internal compliance or risk reasons.
- D10. Records documenting the administrative processes and background information associated with:
 - a. Civil Defence
 - b. DHB monitoring and review of air quality
 - c. Communicable disease control
 - d. Dental health care

- e. Environmental health
- f. Premises
- g. Quarantine health
- h. Solid waste disposal
- i. Water
- j. Tobacco control
- k. Tuberculosis

D11. DHB records that monitor and investigate for and report to external agencies on:

- a. Indoor and outdoor air quality
- b. External/community childcare premises
- c. Communicable disease control
- d. Community health issues
- e. Environmental health
- f. Food safety
- g. Housing and health
- h. Licenses (Food etc)
- i. Quarantine health
- j. Solid waste disposal
- k. Water quality

and DO NOT result in legal action or significant DHB involvement, or raise a major public health issue.

- D12. Records documenting minor/administrative projects that have low-level effect on DHB operations and the day-to-day establishment/maintenance/reporting of all projects.
- D13. Records of information communicated externally to clients, stakeholders, interested parties and/or the general public that is routine or minor in nature.
- D14. Records documenting unpublished DHB discussions or relations with media.
- D15. Draft responses prepared by DHBs to Parliamentary Questions.
- D16. Records documenting the facilitation and administration of internal or external research and clinical trials.
- D17. Records documenting the administration of Ethics Committee membership, elections or selection of members, as well as its procedures and processes.
- D18. Records documenting research created or sponsored by the DHB on low level/administrative DHB areas, functions or issues that do not have compliance ramifications, or public health issues and clinical trials that are summarised elsewhere.
- D19. Records documenting the funding, development and establishment of low-level/administrative groups and services or records relating to key groups and services that are summarised in a form that is recommended for transfer to Archives New Zealand

- D20. General housekeeping records of an administrative and low level nature including:
- Personal Correspondence
 - Received for information only
 - Trivial work-related material
 - Incomplete material
 - Externally sourced material from a bulletin board or listserv
 - Copies of records already in the corporate recordkeeping system
 - Duplicates
 - Drafts
 - Working papers
 - Facilitation of meetings
- D21. Records documenting policies and procedures for minor and routine financial processes
- D22. Records documenting low level financial planning and reporting records e.g.
- Administrative Planning and Reporting
 - Financial Delegations and Authorities
 - Published Accounts
- D23. Records documenting internal estimate and budget formulations
- D24. Records documenting routine financial administration and transactions
- D25. Records detailing minor internal fraud, misappropriations, theft and negligence.
- D26. Records documenting routine and/or minor contracts and agreements, including:
- Routine contracts for supply and purchase, service, rentals etc
 - Tender documentation
 - Lease agreements
 - Insurance
- D27. Records documenting the procurement, installation, maintenance, storage and disposal of stores, supplies and equipment
- D28. Personnel files of employees dismissed for serious misconduct
- D29. Personnel files of employees killed or seriously injured while on duty
- D30. Personnel files of clinical and non clinical staff not covered by other sub classes of personnel files
- D31. Records documenting leave and attendance
- D32. Records documenting performance assessment and employee assessments that are not placed on personnel files
- D33. Records documenting administration of the recruitment and selection process
- D34. Records documenting routine administration of payroll and salaries, including information systems, taxation and audit

- D35. Records documenting routine administration of employee health, safety and welfare schemes and issues
- D36. Records documenting routine processes associated with the administration of human resources
- D37. Records documenting routine administration and documentation of industrial relations
- D38. Records documenting administration of training and career development for employees that do not need to be kept for accounting purposes
- D39. Records documenting the routine administration and operation of information management systems and services
- D40. Records documenting the routine administration and operation of public relations and communications
- D41. Records documenting the routine administration and operation of property and asset management

1.10 Implementing the GDA

An implementation guide accompanies the report. The guide is designed to assist District Health Board staff in managing the process for transferring records to semi current storage and eventual transfer to Archives New Zealand or destruction.

2. Appraisal Circumstances

Previously non-clinical records created by District Health Boards have been dealt with on an ad hoc appraisal basis. The status of clinical records and in particular patient files was uncertain; however some transfers to Archives New Zealand of these types of records have occurred in the past.

Previously DHBs have been using the Health (Retention of Health Information) Regulations 1996 to determine retention periods for health records. The passing of the Public Records Act clarified the status of all District Health Records. Under the Public Records Act the Chief Archivist is able to set mandatory minimum retention periods for public records. For the purpose of this General Disposal Authority the Health (Retention of Health Information) Regulations have been taken into account but in some instances (for example in the case of Treatment and Care files) the minimum retention periods have been extended.

Research Value of Clinical Records

In designing the GDA, consideration was given to both the administrative needs of the DHBs as well as the long term research requirements. These research requirements can be considered from two aspects, firstly clinical research needs and secondly broader social research. These two aspects are discussed below:

Clinical Research

As noted, considerable consultation was undertaken with DHBs when designing the GDA and subsequently by Archives New Zealand with 4 selected health research organisations. While all DHBs are subject to the provisions of the Health (Retention of Health Information) Regulations which state medical records should be retained for 10 years, the majority of DHBs indicated that this retention period was insufficient for research purposes and most DHBs are keeping their client files for longer. In order to reflect current practices, an analysis was undertaken of the types of medical files that are being retained longer and discussion was then held with DHB representatives to identify suitable retention periods. As a result, the retention period for the majority of client files has been extended to take into account clinical research needs. Details on retention periods are outlined in Section 4 of the draft Appraisal Report.

In addition to retention periods being extended, a separate class of records has been created for collections or samples of patient records retained for a specific purpose. This will allow particular sets of records that demonstrate significant developments in medical history to be permanently retained.

As well as individual client files, summarised clinical information is being passed to the New Zealand Health Information Services and this data is held in collections for research purposes. Details of these data collections can be found in appendix 4 of the draft Appraisal Report.

Social Research

The second aspect of research requirements comes under the umbrella heading of social research. Uses may include patient audits, medical education, studies on ethnicity, class or gender as well

as family history. Derek Dow¹, in writing on the potential uses of historical medical records, notes that the volume of patient files now being created means that it is not feasible to permanently retain all client files. However, he states that “one of the most useful sources of information for historians and certainly the most concise are hospital admissions and discharge registers”² Under the proposed GDA all patient admission and discharge registers are to be retained. This includes summaries of Patient Management Systems which contain admission and discharge information.

3. Agency Information

District Health Boards (DHBs) are responsible for providing, or funding the provision of, health and disability services in their district.

There are 21 DHBs in New Zealand and they have existed since 1 January 2001 when the New Zealand Public Health and Disability Act 2000 came into force.

The statutory objectives of DHBs include:

- Improving, promoting and protecting the health of communities
- Promoting the integration of health services, especially primary and secondary care services
- Promoting effective care or support of those in need of personal health services or disability support

Other DHB objectives include promoting the inclusion and participation in society and independence of people with disabilities, reducing health disparities by improving health outcomes for Maori and other population groups, and to reduce toward elimination, health outcome disparities between various population groups.³

¹ Derek Dow was formerly employed as the Greater Glasgow Health Board Archivist and is now Hon. Senior Lecturer, Department of General Practice and Primary Health Care at the University of Auckland. He has written extensively on the history of health in New Zealand, including a history of the Department of Health.

² Derek Dow, “*To File a Few Copies of these Unique Records*”: *Should we retain health information for historical purposes.*” New Zealand Archivist Vol VI No 4 Summer/December 1995

³ Sourced from www.moh.govt.nz/districthealthboards

Part One: Class information on Clinical Records

4.1 Patient Treatment and Care

Class Title:

Patient File – General Admission/Community Services/Allied Services

Class number:

1.1

Class Description:

This class of records refers to the process of documenting every aspect of healthcare provided by a DHB and its allied services to an identifiable in-patient/outpatient/consumer/client and may be in either a single file, multiple files, hard copy (e.g. paper based) or electronic (digital, audio, videos etc). All records associated with the care and treatment of a patient are filed on the individual's patient file.

The only exception to this is treatment and care undertaken by mental health services. (See class number 1.5).

Every individual treated in the health system is given a National Health Index Number File (NHI) and this number is subsequently used as a classification system for patient files.

While all records relating to patient treatment and care eventually end up on the single patient file, there may be some instances where records of treatment by separate departments remain with these departments prior to being filed on the main patient file, hence some cross referencing occurs on the GDA to cover this practice.

The typical contents of a patient file include records associated with the following activities:

- Assessment
- Investigation and results
- Diagnosis
- Plan of care
- Prevention and health promotion activities
- Treatment, medications and procedures provided
- Consumer/patient progress
- Health and support services provided
- Follow up and ongoing care/treatment

A full list of typical contents can be found in Appendix Three.

The primary purposes of the patient file are to record the provision of care to the individual and provide information to health professionals who collectively contribute to that individual's health care.

*Class Description
cont.*

In addition to these purposes the patient files can be used to meet administrative, funding, legal and contractual obligations. Examples include:

- Medico-legal evidence (e.g. medical misadventure, complaint, coroner)
- Clinical review and audit purposes (e.g. sentinel event investigation)
- Legal evidence in respect of claims by a third party (e.g. for injuries, occupational diseases and product/device failure)
- Consumer/patient requests in relation to restrictions on the disclosure of information they have provided in confidence
- Ease of commissioning of other health care services required for consumer/patient care (e.g. community support, secondary healthcare services)
- Evidence of workload for quality, funding purposes and monitoring particular practices and resource use (e.g. prescribing utilisation, ultrasound, laboratory requests and referrals)

Possible additional purposes include:

- Providing correlation between evidence-based guidelines and diagnosis and treatments
- Teaching and training purposes
- Epidemiological monitoring; surveillance of possible effects of drugs
- Clinical research
- Publicly available statistical reports (e.g. annual clinical report)⁴

⁴ see New Zealand Standard, Health Records NZS 8153:2002

Value:

Information on individual patients is available in the more accessible form of summarised information (see for example section 4.3). These summaries, which were traditionally held in paper format registers, are now held in electronic form; for example in Patient Management Information Management Systems.

Clinical information is also increasingly being gathered and held in summarised forms in National Databases. Examples of these information collections are outlined in Appendix Three.

This summarised information provides both evidence of treatment of individuals and broader clinical evidence. It is therefore recommended that individual patient files not be transferred to Archives New Zealand. It is recognised that some exemptions will be required and these are identified and covered in class number 1.6 (Collections or Samples of Patient Records Retained for a Specific Purpose) and 1.7 (Research Data Warehouses or Databases).

A key function of the GDA is to identify not only final disposal actions but also retention periods by DHBs prior to final disposal. The Health (Retention of Health Information) Regulations 1996 defined the minimum retention period as “a period of ten years beginning on the day after the date shown in the health information as the most recent date on which a provider provided the health service or disability services, or both, to that individual”.

An analysis of survey returns shows that of the 14DHBs who responded to the surveys, only 5 were destroying general admission patient files within that recommended minimum retention period.

It is proposed to retain this minimum retention period for general admission patient files. The wording from the Health (Retention of Health Information) Regulations relating to minimum retention periods has been retained as DHBs have a clear understanding of this phrasing.

Recommended for destruction or discharge if meet criteria of s.25 Public Records Act

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - Individual general admission patient files

<i>Class Title:</i>	Patient File – Paediatric Care
<i>Class number:</i>	1.2
<i>Class Description:</i>	All records associated with the care and treatment of paediatric patients.
<i>Value:</i>	It is recommended that paediatric care files be retained for minimum of 20 years from date of contact with the organisation, or when the respective child has reaches 25 years of age, whichever is greater. This minimum retention period has been recommended to ensure any record of a child presenting as a patient will be available if they subsequently present as an adult thereby alerting clinicians to any complications that may arise due to childhood illnesses and/or treatments for these.

Recommended for destruction or discharge if meet criteria of s.25 Public Records Act

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - Individual paediatric patient files

Class Title: **Patient File – Maternity Care**

Class number: 1.3

Class Description: Maternity care is included in the general admission file.

Value: It is recommended that those patient files containing information on birth episodes be retained for a minimum of 20 years. The longer time period allows clinicians to note the previous medical history of birth episodes should the individual patient present again for maternity care.

This reflects current practice with the DHBs; i.e. those DHBs that are implementing the 10 year minimum retention rule are generally making an exception for maternity records and destroying these after 20 years.

A summary of birth episodes is contained in the birth register and individual records are not recommended for permanent retention.

Recommended for destruction or discharge if meet criteria of s.25 Public Records Act

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - Individual patient files containing maternity care

<i>Class Title:</i>	Patient File – Radiotherapy Care
<i>Class number:</i>	1.4
<i>Class Description:</i>	Radiotherapy care is included in the general admission file. This sub class of records relates to recording the process of documenting every aspect of radiotherapy care provided to an identifiable in-patient/out-patient/consumer/client.
<i>Value:</i>	<p>The retention period is based on the Ministry of Health <i>Code of Safe Practice For The Use of Irradiating Apparatus in Medical Therapy. 1992.</i></p> <p><i>”8.1 The requirements for recordkeeping: Records of any radiotherapy treatment, sufficient to show what parts of the body were irradiated, the quality of the radiation, the magnitude of the radiation dose and the relevant date on which the estimate of the radiation dose was based shall be retained in a form and location to allow retrieval if necessary for at least 40 years or 10 years after the death of the patient, whichever occurs first.”</i>⁵</p>

Recommended for destruction or discharge if meet criteria of s.25 Public Records Act

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - Individual patient files containing radiotherapy care

⁵ See <http://www.nrl.moh.govt.nz/ieindex.html>

<i>Class Title:</i>	Client File – Mental Health
<i>Class number:</i>	1.5
<i>Class Description:</i>	The contents, purpose and use of the mental health client file is largely the same as general admissions patient file. The records are kept separately from the general admission file both intellectually and physically.
<i>Value:</i>	<p>An analysis of survey returns shows that of the 14 DHBs who responded to the surveys, only 2 were destroying mental health client files within the recommended minimum retention period of 10 years.⁶</p> <p>It is suggested that the mental health client files are retained by District Health Boards for a minimum period of 20 years. The retention period for mental health client files is longer than that of general admission files as it is more likely that mental health clients will require treatment over extended periods of time. Recent legal cases (for example action taken against Lake Alice Hospital) also demonstrate that there are strong medico legal reasons to retain these files for longer periods.</p> <p>Information on individual client files is available in a summarised form and individual files are not recommended for transfer to Archives New Zealand.</p>

Recommended for destruction or discharge if meet criteria of s.25 Public Records Act

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - Individual mental health client files

⁶ Although DHBs were retaining mental health client files for longer periods, the volume of holdings was significantly less than general admission patient files i.e. approximately 25,000 linear metres

<i>Class Title:</i>	Collections or Samples of Patient/Client Files of Patient Records Retained for a Specific Purpose
<i>Class number:</i>	1.6
<i>Class Description:</i>	Collections or samples of patient/client records identified as having continuing value for medical or social research purposes.
<i>Value:</i>	<p>It is recognised that the medical profession and/or social researchers will want to retain as public records individual files or particular sets of significant and unique patient/client records that demonstrate significant developments in medical history</p> <p>In order to assist with this selection it is proposed that individual DHBs use the following criteria to identify exemplary or unique collections of records that are to be retained for consideration or appraisal for permanent retention. Records may be selected because:</p> <ul style="list-style-type: none"> • The service has taken a leading role in the development and delivery of new or specialised treatments <p>Or because the records:</p> <ul style="list-style-type: none"> • Illustrate or provide comparative insight into the provision of services to particular community groups • Illustrate or provide comparative insights into aspects of treatment, care and the delivery of services over time • Document significant achievements in research or breakthroughs in research or relate to research of major national or international significance, interest or controversy • Document significant outbreaks of disease that represented major public health risks and their impact • Document critical points of change or developments in the treatment or management of a particular type of condition, illness or disease • Relate to the diagnosis, management, treatment of, or research into, particularly rare diseases or condition and would significantly enhance and contribute to the existing body of knowledge of these diseases or conditions⁷ <p>It is recommended that DHBs that consider that they hold records meeting the above criteria should contact Archives New Zealand.</p>

⁷ Note –these criteria are taken from *Recommendations in General Retention and Disposal Authority – Public Health Services: Patient/Client Records (GDA 17) State Records New South Wales*

Recommended for retention for appraisal

- Records providing significant and unique patient information required for long term research purposes

Class Title:

Research Data Warehouses or Databases

Class number:

1.7

Class Description:

Data warehouses or databases created by individual DHBs to undertake research on particular aspects of health conditions and treatment in order to provide appropriate services.

Value:

An increasing number of DHBs are developing specific research data warehouse or databases to compile information on research undertaken on specific conditions (for example diabetes) and the services delivered by DHBs to treat these conditions. These information collections provide detailed evidence of specific conditions and treatments within a confined geographical area and are of long-term value.

Recommended for retention for appraisal

- Records providing significant and unique patient information required for long term research purposes
 - Research data warehouses or databases

4.2 Patient Diagnostics

<i>Class Title:</i>	Patient Diagnostics - Imaging
<i>Class number:</i>	2.1 - 2.5
<i>Class Description:</i>	<p>This class of records is associated with the process of creating procedures and tests of a non-textual nature for the purpose of patient/client diagnosis. This includes diagnostic radiology, magnetic resonance imaging (MRI), ultrasound, mammography and related diagnostic digital imaging procedures.</p> <p>The sub classes of records associated with patient diagnostic imaging are:</p> <p><i>Requests</i> Diagnostic service copy of medical officer's request for an imaging procedure.</p> <p><i>Identification and Tracing Systems</i> These consist of recording systems maintained by the imaging service to identify and trace all images created. Examples include an imaging register.</p> <p><i>Diagnostic reports</i> These records document findings based on analysis, evaluation or interpretation of recordings and/or procedures. The original report is kept on the patient files but in some instances a copy of the report is retained by the Radiology Department in either paper or electronic form.</p> <p><i>Recordings</i> Recordings are the non-textual records produced as a result of the diagnostic process. They include x-rays, videotapes, films, photographs and ultrasound devices.</p>
<i>Value:</i>	<p>Records associated with the administration of diagnostic processes (for example request forms and registers, copies of diagnostic reports) are of short-term value and are recommended for destruction.</p> <p>Original diagnostic reports will be held with the patient file and proposed retention periods and disposal outcomes are matched according to the recommendations for particular classes of patient files.</p> <p>It is noted that the Ministry of Health Code of Safe Practice for the Use of X-Rays in Medical Diagnosis NRLC5 4-37 states “Every x-ray exposure of a patient shall be recorded on his/her medical record, and should be recorded also on an independent record of the facility’s x-ray procedures.”⁸ While no retention period is stated in the Code, the minimum retention period for these records has been aligned with the patient files.</p>

⁸ <http://www.nrl.moh.govt.nz/ieindex.html>

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
 - e.g. Requests forms
 - e.g. Identification and Tracking Systems
 - e.g. Recordings

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - e.g. Diagnostic reports

Class Title: **Patient Diagnostics – Pathology and Laboratory Services**

Class number: 2.6-2.8

Class Description: This class of records is associated with procedures and tests performed on body specimens for the purposes of patient/client information.

It should be noted that this class of records excludes specimens and samples as retention periods for these are being dealt with under the Human Tissues Bill

The sub class of records associated with pathology and laboratory services are:

Requests

Pathology and Laboratory services copy of a request for a pathology procedure.

Procedures and Methods

These are records relating to the services, approved methodologies and standard procedures for the conduct of tests and procedures. Examples include manuals and guidelines.

Value: Records associated with the pathology and laboratory process are of short-term value and are recommended for destruction.

Original diagnostic reports will be held with the patient file and proposed retention periods and disposal outcomes are matched according to the recommendations for particular classes of patient files.

The Australian National Pathology Accreditation Guidelines for Retention of Laboratory Records and Diagnostic Material are being used as minimum standards in DHBs and the minimum retention periods in the DHB GDA have been aligned with these.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
 - e.g. Requests forms
 - e.g. Manuals and guidelines
- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - e.g. Diagnostic reports

4.3 Patient Registration and Identification

Class Title:

Registers and Indexes

Class number:

3.1-3.10

Class Description:

This class covers summary and control records relating to patient admission, identification, diagnosis and treatment, and discharge. It should be noted that while many DHBs no longer record this information in paper format nor in a formal registration system, a summary of this type of information can be made available from electronic recordkeeping systems, for example Patient Information Management Systems.

Registers/indexes/summary information covered under this class include:

Patient/Client Master Index

This index contains the names of patients, the NHI (National Health Index) number, date of birth, date of death, gender, address and other details to assist in the identification of the patient.

Admission and Discharge Register

Mental Health Register

These registers list the date of admission and name of patient. Further information may include time of admission, patient's NHI number, address, gender, date of birth, next of kin, admitting diagnosis, discharge date and length of stay.

Register of Birth

A record of each birth occurring in the hospital.

Register of Deaths

Summary information of deaths occurring in the hospital, including deaths on arrival.

Operation or Theatre Register/Register of Surgical Operations and other Medical Procedures

Theatre/Surgical/Operation Registers provide a summary of the procedures. Contents can include: register listing date, serial number of operation, time, patient's name, gender, age, NHI number, diagnosis and operative procured, name of surgeon, assistance surgeon and anaesthetists, any anaesthetic complications and remarks. Some registers also include details on radiotherapy and other medical procedures.

Value:

Operation or Theatre Register/Register of Surgical Operations and other Medical Procedures provide a basic summary record of a significant medical event. These records have been kept in the past for evidential, and accountability and genealogical purposes. If the recommendation for Patient files is accepted, these will be the only extant documentation of this type of medical treatment.

The other registers identified in this class provide a high level summary of patient information and treatment. The registers are a valuable source of information in those instances where the individual patient file is destroyed within the recommended period but an individual may subsequently need to query an aspect of treatment. They have an important value for subsequent genealogical research and have been used for broader medical services in the community. There have been previous transfers of these registers to Archives New Zealand and researchers have heavily used them.

Access restrictions will apply to these records (see section 5).

Recommended for retention as public archives

- Records documenting basic information on patient treatment and care at a summary level
 - e.g. Admission and Discharge Registers
 - e.g. Registers of Births and Deaths
 - e.g. Mental Health Register
 - e.g. Accident and Emergency Register

- Records documenting basic patient information at a summary level on surgical operations and other significant treatment events provided by individual District Health Boards
 - e.g. Register of Surgical Operations and other Medical Procedures
 - e.g. Theatre Register
 - e.g. Operations Register

<i>Class Title:</i>	Ward Records
<i>Class number:</i>	3.11
<i>Class Description:</i>	Records relating to the management, treatment and care of patients on the ward that are not incorporated into the main patient record
<i>Value:</i>	These records largely document shifts by ward staff. They may include routine information about the shift, clinical information about the patient's status or treatment and events during the shift. Any substantive patient information will be held in the individual patient file.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
- Records containing duplicated information or information captured elsewhere at a more appropriate level
e.g. Ward report books, records and forms

<i>Class Title:</i>	Lists and Schedules
<i>Class number:</i>	3.12
<i>Class Description:</i>	Compilations of lists/schedules compiled for in house business and scheduling purposes. Examples include theatre bookings and waiting lists.
<i>Value:</i>	These records are of short-term administrative value only and are summarised elsewhere. They are recommended for destruction.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
 - e.g. Theatre bookings
 - e.g. Waiting lists

<i>Class Title:</i>	Census/Statistics>Returns
<i>Class number:</i>	3.13
<i>Class Description:</i>	Periodical returns or routine reports to external agencies. Examples include patient numbers and movements.
<i>Value:</i>	These returns are filed with the appropriate agencies (for example the New Zealand Health Information Service) and are available in summarised published form. They are of medium term administrative value only and are recommended for destruction.

Recommended for destruction

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - e.g. Statistics on births
 - e.g. Statistics on mental health care services provided
 - e.g. Booking status information

<i>Class Title:</i>	Diaries and Appointments
<i>Class number:</i>	3.14
<i>Class Description:</i>	This class covers records used to record time and dates of appointments. Examples include appointment books, ward diaries and personal/work diaries or appointment books
<i>Value:</i>	These records are of short term administrative value only and are recommended for destruction

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
 - e.g. Personal/work diaries
 - e.g. Ward diaries
 - e.g. Appointment books

4.4 Notifications and Reporting

<i>Class Title:</i>	Births and Deaths
<i>Class number:</i>	4.1-4.2
<i>Class Description:</i>	This class of records comprises copies of records District Health Boards use to notify authorities of births and deaths. It should be noted that original birth registration forms and death certificates are held on individual patient files. Birth and Death registers will be retained as they contain more complete information than the notifications.
<i>Value:</i>	While this was previously a manual process, notification is largely done electronically now with information being sent directly to the appropriate agencies.

Recommended for destruction

- Records containing duplicated information or information captured elsewhere at a more appropriate level
e.g. Summary reports to appropriate authorities

<i>Class Title:</i>	Notification of Diseases
<i>Class number:</i>	4.3-4.4
<i>Class Description:</i>	This class of records comprises copies of records District Health Boards use to notify other medical authorities of notifiable diseases such as tuberculosis.
<i>Value:</i>	<p>While this was previously a manual process, notification is largely done electronically now with information being sent directly to the Ministry of Health and The Institute of Environmental Science and Research (ESR). This information is then stored in a national database (EpiSurv). This process has been underway since 1996. Prior to this time, the predecessors of individual DHBs retained records of notifiable diseases in a paper based register.</p> <p>It is recommended that all records on notifiable diseases prior to 1996 be retained as public archives. As records created after this date are now held in a central database it is recommended that copies of this information held in individual DHBs be destroyed.</p>

Recommended for retention as public archives

- Records providing significant and unique patient information required for long term research purposes
 - e.g. Records on notifiable diseases created prior to 1996

Recommended for destruction

- Records containing duplicated information or information captured elsewhere at a more appropriate level
 - e.g. Records on notifiable diseases created after 1996

4.5 Quality Control

Class Title:

Legal Matters and Incident Reporting

Class number:

5.1

Class Description:

Incident reports are used to record accidents or “unusual” events and to report such incidents to management. The reports can include medical issues (e.g. an accident involving a patient) or non-medical issues (e.g. unsafe working conditions for staff). Some DHBs distinguish between incidents and significant incidents. Reports provide details of the incident and may make recommendations for improvements. The line between “incidents” and subsequent legal action cannot always be clearly drawn and therefore the two terms are used in the class descriptions to assist implementation.

Value:

Incident reports are of medium term administrative value to District Health Boards. The reports can be used to:

- Identify existing or potential problems
- Provide adequate remedies where incidents have occurred
- Monitor the effectiveness of remedies
- Eliminate unsafe conditions or practices
- Prevent worker’s compensation claims
- Prevent and/or protect in law suits⁹

While the records are a valuable administrative source for DHBs in the medium term, they do not have long-term evidential or informational value and are recommended for destruction.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
e.g. Incident reports

⁹ Meg Wallace and Sue Johnson, *Health Care and the Law*, Wellington, Brookers, 1995 p. 183

<i>Class Title:</i>	Register of Patient Injuries
<i>Class number:</i>	5.2
<i>Class Description:</i>	These provide a summarised form of information on injuries received by patient during the course of treatment and care.
<i>Value:</i>	As with the incident reports, these registers have medium term value to District Health Boards but do not have long-term evidential or informational value. It should be noted that serious cases would be retained as part of the legal class of non-clinical records.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
e.g. Register of Patient Injuries

<i>Class Title:</i>	Equipment Sterilisation
<i>Class number:</i>	5.3
<i>Class Description:</i>	Records relating to the sterilisation of surgical instruments and equipment used in procedures. This includes records such as sterilisation print outs and log books or sterilisation registers used to keep a record of a sterilisers' performance
<i>Value:</i>	The original record is held in the patient file. In some instances DHBs may have duplicate holdings of this information. The records are of short-term administrative use only.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
e.g. Sterilisation print outs

4.6 Pharmaceutical Supply and Administration

<i>Class Title:</i>	Pharmaceutical Supply and Administration
<i>Class number:</i>	6.0
<i>Class Description:</i>	These records document the sale, supply, administration, dispensing and use of pharmaceutical products. While this function is largely outsourced by many DHBs, a small number of DHBs have either retained some of these services in house or have retained records from when these services were provided in house.
<i>Value:</i>	The records associated with the supply and administration of pharmaceutical products are of short to medium term value. In house retention periods have been based on health regulations and <i>Interim Good Clinical Research Practice Guidelines</i> issued by Medsafe in 1998.

Recommended for destruction

- Records documenting routine low-level administrative or operational activities
 - e.g. Supply and administration
 - e.g. Stock control
 - e.g. Clinical trials

4. 7 Health Records in Electronic Format

Class Title:

Health Records in an Electronic Format

Class number:

7.0

Class Description:

Survey results and discussions with DHBs representatives have shown that while many DHBs are in a hybrid situation of both paper and electronic formats for clinical records, many are planning to move at least some component of records associated with patient care to a fully electronic format. A reference to Electronic Health Record has been added to the GDA to clarify that the disposal decisions apply regardless of format.

4.8 Historical Records

Class Title:

Historical Records

Class number: 8.1-8.2

Class Description: This class is designed to cover historical records. There are two sub classes. The first covers records created prior to 1920. The second sub class covers records created between 1921 and 1946. The 'grandparent date' of 1946 has been selected to align with the existing Archives New Zealand General Disposal Authorities'. This is on the premise that prior to 1920 and 1946 sources of information are limited and thus may have greater archival value.

Value:

As previously noted, the DHB GDA is designed to cover not only the District Health Board but also its predecessors, and the majority of records created by these agencies have been incorporated into the GDA.

The survey showed that there are a small number of historical records being held by DHBs. It is recommended that all records created prior to 1920 be transferred to Archives New Zealand. In some instances it is likely that records created past this date can be sentenced against the classes in the GDA. However, it is recommended that records created between 1920 and 1946 be offered to Archives New Zealand so they can assess the condition of the records and determine whether they have any intrinsic value. An example of the types of records that may fall into this category has been provided in the GDA.

Part Two: Non-Clinical Records:

The class evaluations and disposal recommendations made in this general disposal authority are based on the existing Archives New Zealand General Disposal Authorities where a match could be made with class descriptions and disposal actions. In some instances specific sub-classes have also been established that are particular to the DHB environment. For example the Population Health class.

For the convenience of implementation however, all reference to existing Archives New Zealand GDA class numbers have been excluded so that DHB staff having to implement this DHB specific GDA only need to refer to the complete list of disposal criteria as listed in section 1.9 of this report.

4. 9 Administration Records

<i>Class Title:</i>	Administration
<i>Class number:</i>	9.0
<i>Class Description:</i>	Administration records outline a range of distinct corporate administrative processes such as the recording of meetings. They also cover housekeeping records that are duplicated in some shape or form as well as superseded administrative instructions.
<i>Value:</i>	Significant meetings to do with non-governance issues have long-term evidential and informational value in terms of contemporary compliance, issues management and key strategy.

Recommended for retention as public archives

- Records providing evidence of significant and unique DHB input and participation in meetings that impact on key DHB functions and activities
e.g. Quality management/improvement meetings

Recommended for destruction

- General housekeeping records of an administrative and low-level nature
e.g. Personal correspondence
e.g. Trivial work related material
e.g. Incomplete material
e.g. Duplicates
e.g. Drafts

4. 10 Compliance, Audit and Risk Management Records

Class Title: **Compliance, Audit and Risk Management**

Class number: 10.0

Class Description: Records that cover all compliance, auditing and risk management requirements (both internal and external) relating to non-clinical processes, as well as any clinical processes that do not relate to individual patients.

They also cover the monitoring and management of issues raised within this compliance, audit, and risk management process.

This class covers records generated or held within DHBs within the existing Legal, Risk, and Audit etc group structures.

Value: Some groups of records have high informational and evidential value due to the fact that they document high-level corporate management policies and activities. These records document the management of significant issues that affect the DHB, the ongoing monitoring of these significant issues, and the documentation of high-level relationship management between the DHB and Maori.

Most of the other records have low-level/short-term informational value, focusing on the facilitation/administration of activities and processes, or the monitoring of low-level issues.

Recommended for retention as public archives

- Records documenting the management and monitoring of incidents/issues/complaints that result in high level developments such as the setting of significant precedent, interventions by the Minister, or major changes in government or DHB policy.
e.g. Initial complaint documentation and associated correspondence
- Records documenting the policy, procedures, planning and reporting of significant financial accounting processes and activities within a DHB
- Significant documents relating to the health, safety and welfare of employees
- Records detailing serious internal instances of fraud, theft, misappropriations or negligence within the DHB
- Records providing evidence of DHB compliance and dealings under the Treaty of Waitangi, and DHB relationships/consultation with Maori

Recommended for destruction

- Records documenting the facilitation/administration of activities and processes carried out for compliance, audit and risk management activities

- Records that document the management and monitoring of routine/low level issues/ events that do not have an ongoing/significant effect on DHB policies and procedures
e.g. Monitoring reports of low level issue management, issues etc
- Records documenting routine administration of employee health, safety and welfare schemes
- Records detailing minor internal fraud, misappropriations, theft and negligence

Other retention

- Resource Consents

Due to high compliance requirements and the requirement for long term retention it is advised that the DHB retain these for 20 years after the consent expires, or if no expiry date provided, permanently. However, this does not mean transfer to Archives New Zealand, as they are not considered to be of significant informational or evidential value.

4.11 Financial and Accounting Records

<i>Class Title:</i>	Financial and Accounting
<i>Class number:</i>	11.0
<i>Class Description:</i>	Financial and accounting records cover all financial and accounting processes and activities within a DHB, from group level to DHB-wide.
<i>Value:</i>	Records are of low-level/short-term informational value. They cover routine and low level financial and accounting transactions and administration.

Recommended for retention as public archives

- Records documenting the policy, procedures, planning and reporting of significant accounting processes and activities within a DHB

e.g. Ministerial financial approvals

Recommended for destruction

- Records documenting routine/low level financial and accounting transactions and administration
e.g. Routine low-level financial reports
- Records documenting low level financial planning and reporting records
e.g. Administrative planning and reporting
e.g. Financial delegations and authorities
e.g. Published accounts
- Records documenting routine administration of payroll and salaries, including information systems, taxations and audit

4.12 Governance Records

<i>Class Title:</i>	Governance
<i>Class number:</i>	12
<i>Class Description:</i>	Governance records cover all high-level corporate governance records, documenting information that relates to the top-level decision-making processes within a DHB, and how these decisions are carried out.

<u><i>Value:</i></u>	<p>Many of these governance records have very high informational and evidential value due to the fact that they document high level corporate management strategy, policy and activities that are key to the ongoing management of the DHB as an organisational entity.</p> <p>Records include significant ministerial correspondence and decisions, establishment documentation, high-level relationship information and official records of governance and executive group meetings.</p> <p>Most of the other records have low-level/short-term informational value, focusing on the administration of meetings and the administration/facilitation of processes surrounding relationship management.</p>
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Recommended for retention

- Records documenting significant inward and outward Ministerial correspondence to/from DHBs on key ministerial decisions or recommendations, major changes such as changes in governmental/DHB policy or decision-making, or areas of major public interest, debate and/or controversy
e.g. Correspondence outlining Ministerial decisions
- Records documenting high level corporate/stakeholder relationship issues, discussions, meetings, negotiations, agreements, inquiries and reports relating to key DHB functions or services
e.g. Correspondence outlining high level discussions with the Ministry of Health
- Records outlining statutory and regulatory appointments made by the DHB or on its recommendation
e.g. Official record of appointment decisions
- Personnel files of senior personnel
- Records documenting the policy, procedures, planning and reporting of significant financial accounting processes and activities within a DHB

Recommended for destruction

- Records documenting the administration and facilitation of high-level/governance

meetings, the relationship management process and statutory appointments

e.g. Correspondence arranging meeting times

4.13 Human Resources and Personnel Records

<i>Class Title:</i>	Human Resources and Personnel
<i>Class number:</i>	13
<i>Class Description:</i>	<p>Records that relate to the recruitment, monitoring, training, support etc of DHB employees.</p> <p>This class covers all records to do with Human Resource Management, regardless of whether they are created by an employee or the HR Department.</p>
<i>Value:</i>	<p>Many of the records have low-level/short-term informational value, focusing on the facilitation/administration of processes surrounding association memberships for employees, employee certification and travel and volunteer management.</p> <p>Some classes of records pertain to personnel files.</p> <p>A few records are recommended for transfer to Archives New Zealand due to their documentation of significant or key functions such as overseas recruitment and on-site training, and their associated evidential and informational value in summarised form.</p>

Recommended for retention as public archives

- Records documenting the development and provide the final copy of policies and procedures that are key of wide-ranging in nature and that have significant and ongoing business/compliance impact on areas such as DHB management, employees, employee activities, or patients/clients
- Records documenting the finding, development and establishment of corporate strategy, or clinical/medical services or groups that have a significant impact on DHB governance, business, quality/practice risk and compliance
- Significant/key summary documentation relating to the management of recruitment programmes sponsored by DHBs
 - e.g. Summary reports on recruitment programme success
- Records covering the DHB's nomination for major honours and awards
- Personnel files of senior personnel
 - e.g. Chief Executive
 - e.g. Corporate Second Tier Managers
- Personnel files of staff that received significant honours, achieved high distinction etc.
- Records summarising employee histories

- Significant documents relating to the health, safety and welfare of employees
- Significant records covering major negotiations, discussions and disputes with unions that are not held by the Department of Labour
- Records documenting DHB major input with industry training and organisations
- Records documenting the significant development, control and operations of information systems and services

Recommended for destruction

- Records documenting the facilitation, administration and monitoring of the employee certification/credentialing process and hospital volunteers
 - e.g. Administrative correspondence
- Records relating to the provision of schooling for patients (please note, these records are the responsibility of the school in which they are enrolled, or the relevant Regional Health School).
- Records documenting routine administration of payroll and salaries, including information systems, taxation and audit
- Records documenting routine administration of employee health, safety and welfare schemes and issues
 - e.g. Files containing incident, accident, near miss reports and employee health information
- Records documenting routine administration and documentation of industrial relations
 - e.g. Facilitative correspondence
- Personnel files of employees seriously killed or injured while on duty
- Records documenting administration of training and career development for employees that do not need to be kept for accounting purposes
 - e.g. Travel applications
 - Guest invitations
 - Catering correspondence
- Personnel files of employees dismissed for serious misconduct
- Records documenting leave and attendance
- Personnel files of clinical and non clinical staff not covered by other sub classes of personnel files
- Records documenting performance assessment and employee assessments that are not placed on personnel files

- Records documenting administration of the recruitment and selection process
- Records documenting routine processes associated with the administration of human resources

4.14 Information Management Systems and Services Records

<i>Class Title:</i>	Information Management Systems and Services
<i>Class number:</i>	14
<i>Class Description:</i>	Records that document the creation, monitoring, maintenance, administration of information technology and its processes, information systems (including records, library management systems), information control systems and mail and distribution management systems.
<i>Value:</i>	<p>Many of the records have low informational value (e.g. facilitative records) or are records of high informational value for the short-term (e.g. systems documentation).</p> <p>Significant records relating to the development, control and operations of information systems and service records are recommended for transfer to Archives New Zealand. This includes items such as significant web-site development records or records detailing the disposal of DHB records prior to official agreements with Archives New Zealand provide ongoing informational value for researchers.</p> <p>Please note that with records relating to the disposal of DHB records under this general disposal authority it is being recommended that they are permanently retained by the DHB.</p>

Recommended for retention as public archives

- Records documenting the significant development, control and operations of information systems and services
 - e.g. Summary web site design reports
 - e.g. Significant records disposal information, including discharge of records to individuals or historical societies
- Records detailing ultimate disposal decisions for DHB records (both paper based and electronic), carried out prior to application of the General Disposal Authority
 - e.g. Significant records disposal information, including discharge or records to individuals or historical societies

Recommended for destruction

- Records documenting routine administration and operation of information management systems and services
 - e.g. Day to day web content updates
 - Correspondence discussing RFP responses
 - Patches, executables etc
 - User guides for externally purchased software
- Records documenting routine administration of payroll and salaries, including information systems, taxation and audit

4.15 Legal Records

<i>Class Title:</i>	Legal
<i>Class number:</i>	15
<i>Class Description:</i>	Legal records cover legal activities and processes carried out by/for DHBs. Records document the maintenance of legal agreements, contract management and legal monitoring of issues and incidences that have impact on DHB business.

<u><i>Value:</i></u>	<p>Some of the records have significant informational and evidential value as they either relate to key areas of legal action or document legislative change impacting DHBs.</p> <p>Other records (such as those records that facilitate the contracting process) are mainly low-level/administrative/facilitative, and therefore do not have any long-term evidential or informational value.</p> <p>Records of minor court/judicial decisions are not recommended for transfer due to their short-term evidential value.</p>
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Recommended for retention as public archives

- Records relating to legal action directly involving the DHB (e.g. court cases, dispute and mediation hearings, etc.), that are not held in court records or the records of another judicial
 - e.g. Legal advice; briefings and instructions to Lawyers
- Records concerning the implications of significant civil court and judicial decisions that affect key/vital DHB functions, policies, processes etc and/or have major ongoing compliance/risk management issues
 - e.g. Comments, reports, briefs, etc about significant decisions.
- Records documenting the development, drafting, amendment and/or review of legislation administered by the DHB
 - e.g. Submissions
 - Substantive legislative drafts
- Records documenting the negotiation, development and facilitation of significant contracts
- Records documenting significant property and contractual agreements
 - e.g. Major contracts and agreements

Recommended for destruction

- Records outlining the administration and facilitation of legal processes and functions such as contract and agreement review and management, legal negotiations, legal actions, lease agreements, etc
e.g. Contract templates; routine correspondence with Healthpac
- Records documenting routine and /or minor contracts and agreements
e.g. routine contracts for supply and purchase, service, rentals
- Records concerning the implications of minor court and judicial decisions for the DHB that have low level/short term compliance/risk management issues
e.g. Research reports
- Records documenting the routine administration and operation of property and asset management

4.16 Policy and Procedure Records

Class Title: **Policy and Procedure Records**

Class number: 16

Class Description: The Policy and Procedure class is a "catch all" for all records that develop, describe, instruct, inform, guide, and advise on DHB policy, procedure, activities, and processes and best practice.

Value: Records are of short-term/low level informational value, because they concern policies and procedures that are low-risk or have low-level compliance requirements associated with them.

Recommended for retention as public archives

- Records documenting the development and provide the final copy of policies and procedures that are key or wide-ranging in nature and that have significant and ongoing business/compliance impact on areas such as DHB management, employees, employee activities, or patients/clients
- Records documenting the policy, procedures, planning and reporting of significant financial accounting processes and activities within a DHB

Recommended for destruction

- Records containing the final record of a policy, procedure etc that focuses on low-level internal, administrative activities with low compliance risk and/or may need to be kept longer for the DHBs internal compliance or risk reasons
 - e.g. Library policy
 - Data input codes
 - HR and Recruitment policies
- Records documenting policies and procedures for minor and routine financial processes

4.17 Population Health Records

Class Title:

Population Health

Class number:

17

Class Description:

This class relates to records that document areas of general public health concern and general health issues as well as the specific monitoring of agencies, processes and procedures as a service for external agencies.

This class does not cover the monitoring/management of specific clinical/health service concerns and issues occurring within the DHB.

This is a unique class for DHBs.

Value:

Many of the groups within this class contain information that could be argued to be of long-term evidential value, because of the monitoring of issues that the DHBs feel may have long term compliance ramifications (and potential evidential value and historical interest). However, none of them are being recommended for transfer “as is”. This is because:

- The information is available in summary form in databases or in some other records that are being recommended for transfer to Archives New Zealand; or
- The information is prepared for other external agencies such as Territorial Local Authorities and Regional Councils or the Ministry of Health; or
- External monitoring issues that are escalated (and therefore have greater long-term value) will be documented within other records that are being recommended for transfer to Archives New Zealand. (E.g. major issues to do with community water quality, solid waste disposal, would be covered under Issues Management or under Significant Legal and/or Governance records.)

Recommended for retention as public archives

- Records relating to significant DHB involvement with civil defence emergencies
e.g. Aftermath reports, plans of action
- Records providing evidence of DHB’s monitoring, investigations for, and reporting to external agencies on:
 - a. Indoor and outdoor air quality
 - b. External/community childcare premises
 - c. Communicable disease control
 - d. Community health issues
 - e. Environmental health
 - f. Food safety

- g. Housing and health
- h. Licenses (Food etc)
- i. Quarantine health
- j. Solid waste disposal
- k. Water quality

and DO result in legal action, significant DHB involvement, or raise a major public health issue

e.g. Reports from other agencies; monitoring records; reports

Recommended for destruction

- Records documenting the administrative processes and background information associated with:
 - a. Civil Defence
 - b. DHB monitoring and review of air quality
 - c. Communicable disease control
 - d. Dental health care
 - e. Environmental health
 - f. Premises
 - g. Quarantine health
 - h. Solid waste disposal
 - i. Water quality
- e.g. Facilitative correspondence, reporting.
- DHB records that monitor and investigate for and report to external agencies on:
 - a. Indoor and outdoor air quality
 - b. External/community child care premises
 - c. Communicable disease control
 - d. Community health issues
 - e. Environmental health
 - f. Food safety
 - g. Housing and health
 - h. Licenses (Food etc)
 - i. Quarantine health
 - j. Solid waste disposal
 - k. Water quality

And DO NOT result in legal action or significant DHB involvement, or raise a major

public health issue.

4.18 Procurement and Supply Management

<i>Class Title:</i>	Procurement and Supply Management
<i>Class number:</i>	18
<i>Class Description:</i>	Procurement and supply records relate to the purchase, ordering, transfer, supply, disposal etc of assets, supplies, items etc required by DHBs.
<i>Value</i>	<p>Those records detailing sale, transfer and /or write off of major capital assets have long term evidential value of how the DHB managed significant assets. This includes sale and asset transfer agreements.</p> <p>Those records documenting lower level or less significant procurement and supply activities are of short-term value only. This includes records such as stores supplies, service and system tendering processes.</p>

Recommended for retention as public archives

- Records documenting significant property and contractual agreements

Recommended for destruction

- Records documenting the procurement, installation, maintenance, storage and disposal of stores, supplies and equipment

4.19 Project Management

Class Title:

Project Management

Class number:

19

Class Description:

Records documenting the administration, maintenance, monitoring of DHB-related projects and programmes, big or small, with the exception of information technology and property projects (which are covered within their relevant class because of their specificity).

Value:

Some of the records have significant informational and evidential value as they document areas of high capital expense or significant employee involvement or they summarise key service programmes and have long term impact on DHB functions and activities.

Other records (such as those records that facilitate the project/programme management process) are mainly low-level/administrative/facilitative, and therefore do not have any long-term evidential or informational value.

Records of minor projects/programmes are not recommended for transfer due to their short-term evidential value.

Recommended for retention as public archives

- High level records that document the establishment/maintenance of capital or significant projects or service programmes that either have a key or wide ranging effect on DHB operations, or have key and ongoing relevance to DHB business
 - e.g. Final report on establishment of Committee of Inquiry
 - e.g. Report outlining immunisation programme

Recommended for destruction

- Records documenting minor/administrative projects that have low-level effect on DHB operations and the day-to-day establishment /maintenance/reporting of all projects.
 - e.g. Low-level project charts, time-management reports, project reports

4.20 Property and Asset Management Records

Class Title: **Property and Asset Management**

Class number: 20

Class Description: Records that document the development and ongoing maintenance of a DHB's property and assets.

Value: One group of records has high evidential, historical and informational value, pertaining to significant DHB discussion with Maori over land.

Recommended for retention as public archives

- Records documenting significant property and contractual agreements
 - e.g. Deeds of title and ownership
 - e.g. Disposal of major capital assets
- Records documenting the policy, procedures, planning and reporting of significant financial accounting processes and activities within a DHB
- Records documenting significant policies and processes associated with the management of DHBs property and assets

Recommended for destruction

- Records documenting the procurement, installation, maintenance, storage and disposal of stores, supplies and equipment
- Records documenting low-level financial planning and reporting records
- Records documenting the routine administration and operation of property and asset management

- **4.21 Public Relations and Communications Records**

Class Title:

Public Relations and Communications Records

Class number:

21

Class Description:

This class covers records that concern how DHBs communicate with external agencies in official or promotional ways.

Value:

Some of the records have long-term informational and evidential value because the function they document is significant in terms of how DHBs see themselves operating as organisational entities. Therefore records such as significant presentations, media reporting of “hot topics” and significant sponsorships have been recommended for retention.

Other records (such as those records that facilitate the public relations process) are mainly low-level/administrative/facilitative, and therefore do not have any long-term evidential or informational value.

Records of minor discussions/draft responses with external agencies are not recommended for transfer due to their short-term evidential value.

Recommended for retention as public archives

- Significant original master records of conferences, seminars, workshops etc that summarise the deliberations, discussions, proceedings and presentations relevant to key DHB functions and/or mandates
e.g. Record of proceedings, programmes (masters)
- Communications prepared by DHB for public release by the Minister
e.g. Ministerial speech notes other than those used in Parliament; reports issued under Ministerial approval
- Records covering significant national or major new sponsorship that are precedent setting, contentious or controversial, granted and/or received by the DHB in support of public sector activities
e.g. Proposals; accountability reports
- Records documenting the development and management of significant public relations events and communications developed or contributed to by the DHB

Recommended for destruction

- Records documenting the routine administration and operation of public relations and communications
e.g. Minor correspondence; address lists; travel itineraries
Administrative records that facilitate conferences, seminars, workshops

- Records of the information communicated externally to clients, stakeholders, interested parties and/or the general public that is routine or minor in nature
e.g. Routine speeches on minor issues; articles of a minor nature
- Records documenting unpublished DHB discussions or relations with media
e.g. Correspondence asking for information
- Draft responses prepared by DHBs to Parliamentary Questions
e.g. Background information prepared by DHB

4.22 Research Management Records

Class Title: **Research Management**

Class number: 22

Class Description: This class contains records that document DHB research in all its forms. They range from the documentation of past research and historical records to current research and its management,

Value: Some records have long term research, informational and evidential value in the form of final or summarised reports about key or significant research areas within the DHB.

Most of the records however do not have long-term value. Most are low-level administrative or facilitative in nature (i.e. research facilitation).

Recommended for retention as public archives

- Final/summarised research records (created or sponsored by the DHB) on key/significant DHB areas of activity, functions or issues, the delivery of appropriate health treatments or services, or areas of ongoing public health concern
 - e.g. Reports of significant clinical, health, drug etc trials
 - Reports on areas of public health concern such as reports on environmental health programmes
 - Significant reports of employee research
 - Summary records of Ethics Committee decisions

Recommended for destruction

- Records that document the facilitation and administration of internal or external research and clinical trials
 - e.g. Research applications; associated correspondence
- Records documenting the administration of Ethics Committee membership, elections or selection of members, as well as its procedures and processes
 - e.g. Facilitative correspondence; unsummarised approval documentation
- Records documenting research created or sponsored by the DHB on low level/administrative DHB areas, functions or issues that do not have compliance ramifications, or public health issues and clinical trials that are summarised elsewhere
 - e.g. Research returns; reports
- General housekeeping records that are of an administrative and low level nature
 - e.g. Draft questionnaires

4.23 Strategic Planning and Funding Records

<i>Class Title:</i>	Strategic Planning and Funding
<i>Class number:</i>	23
<i>Class Description:</i>	Records that cover all forms of DHB strategic planning and needs assessments (including corporate, funding, risk/compliance and service planning), as well as all forms of reporting on these strategic planning processes. It also covers the establishment of DHB groups and services.

<i>Value:</i>	Some records have long term research, informational and evidential value documenting key corporate strategy and funding processes and issues within the DHB, and determining high level quality/practice/risk compliance planning. Most of the records however do not have long-term value. Many are either low-level administrative or facilitative in nature (e.g. facilitative correspondence) or of short-term informational/evidential value.
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Recommended for retention as public archives

- Records documenting the funding, development and establishment of corporate strategy, or clinical/medical services or groups that have a significant impact on DHB governance, business, quality/practice risk and compliance etc
 - e.g. Final strategy reports
 - e.g. Strategy on electronic health record and recordkeeping
 - e.g. Meningococcus B Vaccine strategy
 - e.g. Information services strategic plan
- Records documenting significant funding applications
- Records documenting major loans and use of loan funds
- Records documenting the policy, procedures, planning and reporting of significant financial accounting processes and activities within a DHB
- Records documenting strategic planning and funding of trust funds, bequests and donations managed by the DHBs

Recommended for destruction

- Records documenting the funding, development and establishment of low-level/administrative groups and services or records relating to key groups and services that are summarised in a form that is recommended for transfer to Archives New Zealand
 - e.g. Routine funding applications

- Records documenting internal estimate and budget formulations
- Records documenting the facilitation/administration of activities carried out for compliance, audit and risk management

5. Access Recommendations

[have been removed]

6. Transfer Arrangements

6.1 Process of Transfer

The process for transferring records will be covered in detail in the implementation guide.

6.2 Discharge of Records under s. 25 (2) Public Records Act 2005

A discharged record is a record, which has its status as a public record cancelled in accordance with Section 25 of the Public Records Act. If individual DHBs wish to continue the practice of offering patient records back to the patients themselves, there are some requirements that must be met including:

- The Chief Archivist and the administrative head of the "controlling office" (i.e. each DHB head) must have an agreement for the discharge of the class of public records
- There must be appropriate procedures in place to ensure that a record is discharged only to the person who is the subject of the information or their authorised agent

The District Health Board GDA authorises the return of certain classes of health information to the individual patient by the process of discharge authorised in section 25 of the Public Records Act 2005. Permission is sought under section 25(2) of the Public Records Act to allow the individual DHBs to discharge patient records back to the individual concerned once the minimum retention period has been reached. This represents a change from the Health (Retention of Health Information) Regulations 1996. Specifically, the Chief Executive of each District Health Board must agree to the process of returning patient records. In addition, such records can only be returned after the minimum periods outlined in the GDA

Refer to any sentencing guidelines accompanying this report for specific recommendations:

- Records must be kept for the minimum period specified.
- Records may be destroyed at any point once the minimum retention periods have passed. Records do not have to be destroyed; the agency may keep them for longer if required.

This authority is valid for a period of 10 years from date of signing, unless previously agreed with the Chief Archivist.

Appendix 1 Project Advisory Group Terms of Reference

Archives New Zealand is currently undertaking a project to develop a general disposal authority for District Health Board records (both clinical/patient and non-clinical). [consultants] have been contracted to develop this general disposal authority. Site visits, surveys and one workshop have already been held with DHB representatives and the project is progressing according to the timetable with an estimated completion date of end of June 2006.

PURPOSE

The purpose of this Advisory Group is to:

- Provide expert advice on DHB records and business
- Act as representatives for their region, or area of expertise to provide comment on and input into the formation of disposal classes
- Provide input and advice during the drafting process, particularly with regard to retention and disposal periods
- Act as conduits to appropriate staff within their region and expert forums regarding the project
- Provide leads to other experts that we may need to involve answering tricky questions

ADVISORY GROUP MANAGEMENT

[consultant] will facilitate the Advisory Group.

ADVISORY GROUP MEMBERS

Specialists:	Regional Representatives:
DHB Legal Group – [name removed]	[name removed] (Northern region)
DHB Quality and Risk - [name removed]	[name removed] (Midland region)
DHB CIO - [name removed]	[name removed] (Lower Northern region)
DHB Medical Records/Health Information - [name removed]	[name removed] (Southern region)
DHB Privacy Group – [name removed]	

APPROACH

The Advisory Group is a ‘virtual’ group with contact and input envisaged to be undertaken via electronic means. A face-to-face meeting may be required, and if so, [consultants] will facilitate this.

The project consultants, [names removed] will email drafts for comment directly to members of the advisory group, and contact by phone for any specific queries.

Attendance at the second project workshop scheduled for Thursday 4th May is desirable as this workshop will be focussing on retention and disposal periods, which the Advisory Group will have already, have had some input on.

The group’s advice and input will include in the draft GDA. Once the draft has been completed, it will be tendered (by DHB NZ) to the DHB CEOs Forum as their June meeting for approval, prior to submission to the Project Steering Group and ultimately the Chief Archivist.

Appendix 2: Summary of Record Holdings within DHBs of Clinical Records

This appendix provides detail of holdings of clinical records from the DHBs that responded to the survey conducted during this project.

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Appendix 3: Example Contents of Patient File

A patient record typically contains the following information

Personal/Service Information

Personal service information is updated with each event and includes:

- Identification of the patient using unique identifier (i.e. the National Health Index number) and full name, date of birth and gender
- (If a child) names and addresses of both parents plus another contact person
- Patient's current address
- Patient's preferred person to be contacted in emergency
- Patient's ethnicity (voluntary)
- Name of facility, clinic or service providing health care

Admission Information

For each admission the following is recorded:

- Date and time of arrival
- Full documentation of all known allergies and clinical alerts e.g. infection risks, adverse drug reactions
- Other risk alerts e.g. self-harm, violence, arson
- Referral source information
- Identification of the reason for admission or entry to the service
- Patient's history relevant to the condition being treated, including relevant details of present and past clinical history, family history and social considerations
- Clinical assessment of the patient, which conforms to site/service standards and which includes details of clinical examination

Diagnosis

Patient's clinical diagnosis

- For each admission to the service there is a documented diagnosis by a health professional in the medical record. This may be provisional. In the case of an in-patient admission, a medical practitioner makes this diagnosis.
- Entries should include documentation noting results of requested and diagnostic tests received.

Problem list/Key health Information Summary

A brief summary of all key information should be readily available at the front of the active health record. An example of a key health information summary is outlined below:

Active Problems/Conditions:

- Major allergies and/or sensitivities
- Serious and/or sentinel events
- Major diagnoses/problems
- Salient current treatment
- Significant social/lifestyle clinical risks
- Other significant risks (e.g. suicidal, violent tendencies, MRSA status)
- Advance directives

Key Historical Information:

- Resolved diagnoses of importance
- Previous treatment of importance
- Major operative and non operative procedures
- Immunisation status

Treatment Information

- Treatment/management plans with clinical outcome measures e.g. care plan
- Record of treatment administered/provided
- Referral for consultation
- Documented evidence of any internal referral outcome
- Medication orders are entered by the health professionals with prescribing rights
- Medication record
- Record of herbal remedies used
- Therapeutic orders and the ordering of diagnostic tests and results of these tests
- Other treatment, care and service details
- Where appropriate an anaesthetic record
- Where appropriate, pre-operative checklist
- Operative report, written immediately after surgery
- Evidence of patient's informed consent to treatment (including documentation of discussion with patient's whanau/family), refusal of treatment, advance directories or evidence that consent has not been obtained
- Patient progress notes, observations and consultation reports, recording all significant events e.g. alteration in the patient/client's condition and responses to treatment and care. This may include any near misses, incidents or adverse events
- Evidence of involvement of patient/client/family/whanau/caregivers in care planning and patient/client management

- Evidence of information or education provided to patient/client/family/whanau/caregivers (this may be a statement that such information was provided)
- Documentation of any products inserted into the patient (e.g. implants, pacemaker, prosthesis) with sufficient detail (e.g. type, make, serial number) to allow for safe removal
- Documentation of products removed from patient
- Aids or appliances provided to the patient
- Advance directives (which are?)

Discharge/Transfer Information

- Discharge plan/report. A summary for each admission is completed at the time of discharge or death or as soon as the relevant information is available. It includes all relevant diagnoses and procedures to enable a classification to be assigned using a current revision of the International Classification of Diseases or another nationally recognised classification system. Original remains in medical records
- Allocation of complete and precise codes (diagnosis and procedure codes by clinical coding staff)
- A copy of the discharge summary/letter (which must accompany the patient returning to the care of another health professional assuming responsibility for their care). This summary letter must include:
 - discharge diagnosis
 - procedures performed/investigations undertaken
 - a summary of significant findings and events during the course of patient care/treatment
 - medication and treatment prescribed
 - patient condition on discharge
 - follow up arrangement and plans
 - patient instructions
- Copy of the discharge letter (if different from above), which must be sent to the health professional assuming responsibility for the patient's care, and a copy to the patient (when there is no such health professional). Original is retained in the medical record
- Discharge summary/letter must provide sufficient detail to allow safe ongoing care of the patient must be useful to the patient and completed within 48 hours of the patient's discharge
- A copy of the transfer letter. This must accompany the patient being transferred to another health or disability service organisation, and include the information contained in the discharge letter
- A record of how, when and what clinical information was sent to persons external to the health provide e.g. by mail, fax. Copies of all such information must be retained in the medical record

Other Information

- Autopsy report when a post mortem is performed
- Reportable event report relating to harm to patient
- Self discharge information
- Programme records where services are provided in a group situation e.g. ante-natal education
- Other relevant correspondence of documentation e.g. Criminal Justice papers, documentation required by the Mental Health Act 1992

Appendix 4: Examples of National Data Collections on Clinical Information

While summarised information is available in registers, (both in electronic and paper form), there are also extensive national data collections of clinical information. These collections are managed by the New Zealand Health Information Service and include:

Maternity and Newborn Collection (MNIS) – this collection provides information relating to maternity and newborn services up to 9 months before and 3 months after a birth. The collection is the primary source for the *Report on Maternity*, which has been published annually since 1999. NZHIS acknowledge that the clinical information is variable but the data quality is expected to improve in the future.

Mental Health Information National Collection (MHINC) - this database contains the raw data sent in by health providers and should reflect what each District Health board has in its own patient management system.

Mortality Collection – this collection classifies the underlying cause of death for all deaths registered in New Zealand from 1988 onwards. Results are published annually in *Mortality and Demographic Data* and *Fetal and Infant Deaths*.

New Zealand Cancer Registry – This population-based register records all primary malignant diseases diagnosed in New Zealand. It was set up in 1948 and there has been significant improvement in the quality of data since 1997. Results are published in the annual report *Cancer – New Registration and Deaths*