Health PEI

Medical Office Records Management Guide

Health PEI

Recorded Information Management Program

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INTRODUCTION

WHAT IS THE PURPOSE OF THIS GUIDE?

To ensure compliance with Health PEI (HPEI) policies and procedures in the management of HPEI patient charts in your medical office.

Adherence to HPEI policies and procedures will ensure that the medical offices continue to meet legal requirements (Archives & Records Act, Health Information Act) minimize risk, reduce storage and operating costs, organize charts for effective retrieval as well as improve efficiency and productivity.

WHAT IS RECORDED INFORMATION MANAGEMENT (RIM)?

RIM is the systematic management of all records, in all formats (which includes patient charts), throughout the lifecycle. All records have a lifecycle; they go through different stages, similar to a person going through different stages of life (birth to death).

The stages of the lifecycle for patient charts are *active*, *semi-active*, and *final disposition*.

WHY IS RIM IMPORTANT?

> **Have you taken RIM 101?**
>
> Find the link on the Staff Resource Centre

- Standardizes procedures
- Clarifies responsibilities
- Ensures accountability
- Supports consistent patient service / patient satisfaction
- Maintains patient history and ongoing care
- Assists in medical decision-making
- Improves office efficiency
- Minimizes risk for patient, physician, and organization
- Meets HPEI RIM requirements and provincial legislation

WHO IS RESPONSIBLE FOR RIM?

All staff who handle HPEI patient charts are accountable for creating, managing, organizing, and securing records within their custody in compliance with approved HPEI retention schedules.

The Government of PEI has a secure *Provincial Records Centre* (PRC) for approved off-site storage.

> **A thorough site assessment can be conducted to plan a records management strategy for the lifecycle of the patient charts.**
> **Contact the Health PEI RIM Team for more information.**

FREQUENTLY ASKED QUESTIONS

Q 1	Who is the custodian of the patient charts created in the medical office?
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Q 11	Our chart is at the Provincial Records Centre. How do we get it back?
Q 12	Our reception area is open to the public putting patient chart privacy at risk. What do we do?
Q 13	Our office receives referrals on patients. For a number of reasons, these patients did not receive services through us (e.g. multiple no shows, inappropriate referral, etc.). What do we do with these documents?
Q 14	Our office is receiving documentation from patients seen in the hospital but who have not been seen in the office. How is this documentation managed?
Q 15	Our office has received a release of information signed by the patient requesting transfer of their chart to a new physician. What is the office response?
Q 16	Our office has received a release of information signed by the patient requesting a copy of their chart. What is the office response?
Q 17	Shadow billing is one of our duties. What do we do with these documents?

Q 1. Who is the responsible for the patient charts created in the medical office?

- HPEI is responsible as the custodian
- HPEI applies government approved *retention schedules* to guide the management of patient charts
- HPEI has dedicated RIM staff to educate and plan management of the clinic's records

Q 2. Our office is new. Where do we start?

- See the RIM Guide Things to Consider to help your office:
  - Determine your preferred filing system
  - Plan your space
  - Choose equipment and supplies
- Begin managing your charts proactively:
  - Use *year bands* to identify last active date
  - Have a dedicated shelf/location for deceased charts
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 3. Our practice is moving. Where do we start?

- See the RIM Guide Things to Consider for planning new space
- Determine if there are any inactive or deceased charts that can be taken to *off-site storage*
- Remove all remaining charts from the shelf and place them in a standard sized storage/file
- Box charts, keeping them in order
  - Number each box appropriately so all can be accounted for at the new location
  - These box numbers will also facilitate the charts being returned to the shelves in the correct order
- Consult RIM for additional guidance: healthpeiRIM@ihis.org

Q 4. Our practice is closing. Where do we start?

- Consult RIM Team to help develop a plan: healthpeiRIM@ihis.org

Q 5. Our chart filing system is overflowing. What do we do?

- Inactive and deceased charts may be eligible for storage at the Provincial Records Centre
- Identify *inactive charts*:
  - Inactive charts are those patients who have not been seen in the office for a minimum of 3 years
  - These inactive charts can be easily identified by using year bands
  - If your office does not use year bands, you will need to review the chart to determine the patient's last active date
- Identify deceased charts
- Assess filing space and equipment for possible expansion
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 6. We have limited storage space. What do we do?

- After determining if there are deceased and/or inactive charts that can be taken to off-site storage, consider whether there is secure on-site storage space you could be utilizing
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 7. We have a lot of old patient charts in the basement. What do we do with them?

- Determine if these are deceased and/or inactive charts that can be taken to off-site storage
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 8. Our office uses an electronic system for recording patient records. Can we scan all paper records into the system and shred the original?

- Patient/client information received by a program in paper format must be retained on the patient/client paper chart. This document can be scanned into the CHR to facilitate care, however, the paper is considered the legal record and must be retained according to the applicable records retention schedule.

Q 9. We want to convert our alphabetical filing system to PHN. Where do we start?

- See RIM Guide Things to Consider for advantages and disadvantages of both filing systems
- Determine whether to file in *consecutive PHN* order or *terminal digit PHN* order
- Consult RIM Team to help develop a plan: healthpeiRIM@ihis.org

Q 10. We have multiple volumes for one active patient. Can we get rid of the oldest volumes?

- No, all volumes must be kept on site and treated as a single file until the patient becomes inactive
- Older volumes can be stored in an accessible secure file location on-site
- Each volume needs to be clearly identified by volume number on the front cover

Q 11. Our chart is at the Provincial Records Centre. How do we get it back?

- See Retrieving a File from the Records Centre Storage
- Consult RIM Team for assistance: healthpeiRIM@ihis.org

Q 12. Our reception area is open to the public putting patient chart privacy at risk. What do we do?

- Refer to the RIM Guide Things to Consider for suggestions regarding space and equipment
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 13. **Our office receives referrals on patients. For a variety of reasons, these patients did not receive services through us (e.g. multiple no shows, inappropriate referral, etc.). What do we do with these documents?**

- Consider any future reference needs to these types of documents
- Consider legal consequences
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 14. **Our office is receiving documentation from patients seen in the hospital but who have not been seen in the office. How is this documentation managed?**

- Depending on volume and in consultation with the physician, your office will need a method of managing these documents:
  - Can you receive these reports electronically?
  - Was there an action performed from your office based on this documentation?
  - Will these documents need to be merged with the office chart if the patient is eventually seen in the office?
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 15. **Our office has received a release of information signed by the patient requesting transfer of their chart to a new physician. What is the office response?**

- The College of Physicians & Surgeons advises physicians retain their charts and send only copies to the requesting physician.
  - https://www.cpspei.ca/wp-content/uploads/2019/12/Retention-of-Records-Nov-42019.pdf
- Consult your medical office guidelines for release of information
- Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

Q 16. **Our office has received a release of information signed by the patient requesting a copy of their chart. What is the office response?**

- According to the HIA, a patient has the right to examine and/or receive a copy of their personal health information maintained by your office
- Consult the HPEI Access, Disclosure and Correction of PHI Protocol
- Consult Access to Information and Privacy (ATIP) Team for additional guidance as required: healthprivacy@ihis.org

Q 17. **Shadow billing is one of our duties. What do we do with these documents?**

- Identify documents you use for the billing process
- What documents do you reference should there be a discrepancy?
- Because this involves a financial transaction, this is an accounts payable function. Records are maintained by fiscal year for one year on-site and six years at the Provincial Records Centre until they are eligible for destruction. Consult RIM Team for additional guidance: healthpeiRIM@ihis.org

THINGS TO CONSIDER

Records management requires planning of the filing methods, space, equipment and supplies.

THINGS TO CONSIDER WHEN CHOOSING A FILING SYSTEM		
FILING SYSTEM	**ADVANTAGES**	**DISADVANTAGES**
ALPHABETICAL	◆ Easy to setup and learn (uses surname to identify patient chart) ◆ No index required ◆ Most practical for smaller filing systems	◆ Confidentiality is compromised ◆ If name changes, the chart label has to be changed (e.g. marriage, divorce) ◆ Misspellings will create problems ◆ Similar or identical names can cause confusion ◆ Large volumes of common surnames

NUMERICAL BY PHN
  ◆CONSECUTIVE
  ◆TERMINAL
	◆ Permanent unique identifier assigned to an individual
	◆ Reduces the risk of selecting the incorrect patient with similar or identical names
	◆ Eliminates congestion since it allows charts to be spread out evenly
	◆ Misfiles are easily identified since the chart numbers are color coded
	◆ Built in security
	◆ Most practical for larger filing systems
		◆ Requires constant reference to an index
		◆ Takes time to learn
		◆ Numbers can easily be transposed

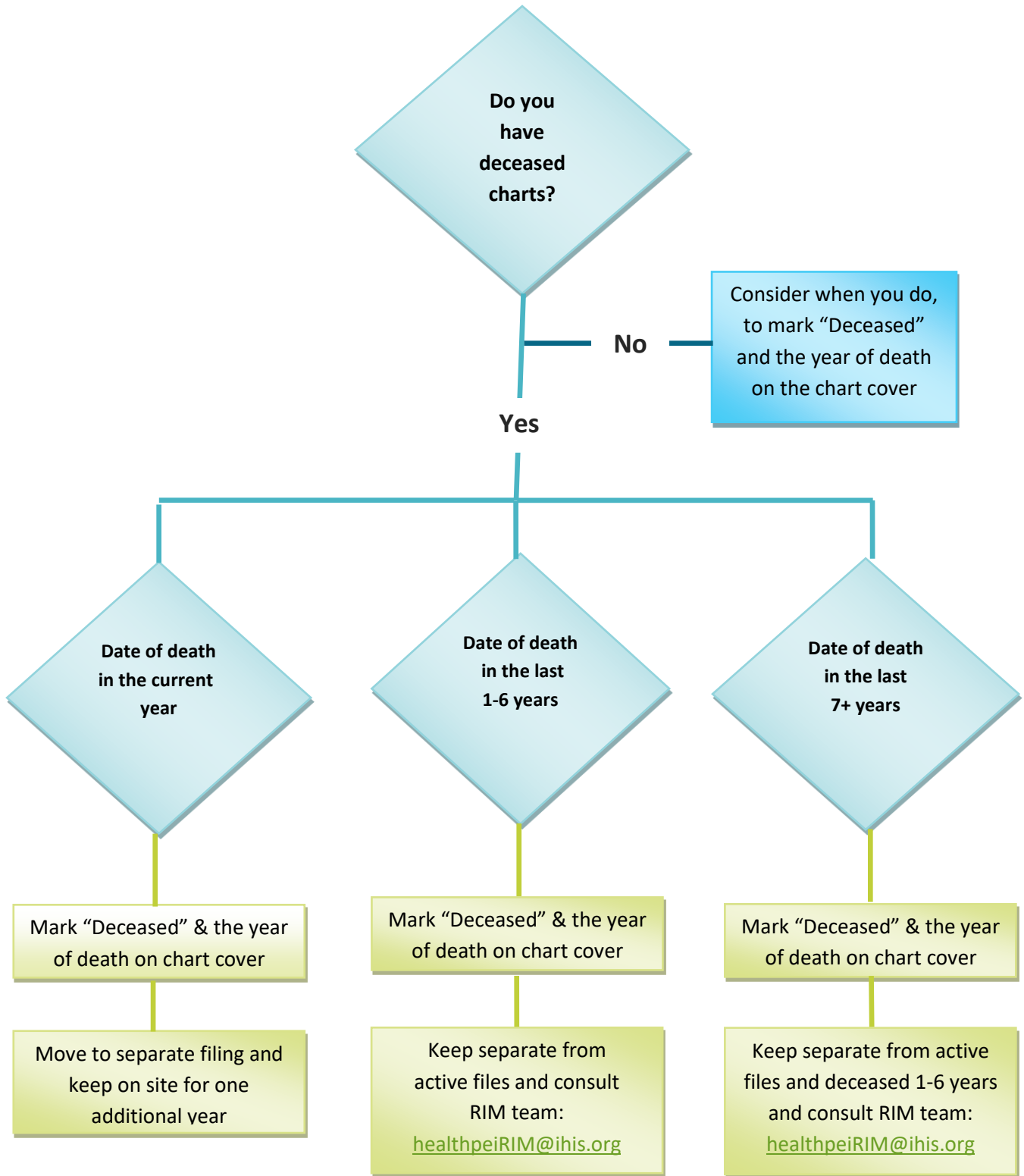| THINGS TO CONSIDER WHEN PLANNING YOUR SPACE	
LAYOUT & ACCESSIBILITY	- Is there sufficient space to place the storage equipment and to open and access drawers and/or shelves safely? - Allow for ample space - Avoid opening cabinets into traffic aisles - Allow at least 3 ft. for drawer opening, if using pull outs - Allow 5.5 ft. if cabinets are in a passageway - Allow 8 ft. if cabinets open face-to-face - Allow 9.5 ft. if cabinets open face-to-face and passageway is required - Cross aisles should be available if rows are over 25 ft. in length - Allow for future growth
FLOOR LOAD CAPACITY	- Is the floor of the location strong enough to safely bear the weight of the anticipated storage equipment and files? - How do you calculate the weight of your cabinet? Paper files weigh about 2lbs per filing inch. Some other approximate guidelines include: - Letter Size File: 40 to 52 lbs. per drawer - Legal Size File: 60 to 78 lbs. per drawer 36" Wide Lateral File: 93 lbs. per drawer 43" Wide Lateral File: 114 lbs. per drawer
SAFETY	- Try to position cabinets so they do not open into high traffic areas - Close the drawers when not in use - Do not open more than one drawer at a time - Use the handles to close drawers, don't curl your fingers around the ends or top to avoid catching them - Put heavier things in bottom drawers - Fill cabinets starting at the bottom (you don't want a heavy drawer near the top to make the cabinet unstable) - Secure cabinets to wall joists or floor - Do not keep things on top of the cabinets (especially heavy things) - Do not overfill the cabinets - Empty cabinets before you try to move them
SECURITY	- Do you need filing equipment that is: - Lockable, Fireproof, Waterproof
COST	- Consider the cost of: - Equipment - Special needs - Supplies

THINGS TO CONSIDER WHEN SELECTING EQUIPMENT		
CABINET TYPE	**ADVANTAGES**	**DISADVANTAGES**
VERTICAL CABINET	◆ Suitable for small file systems ◆ Drawers lock	◆ Additional space requirements to open drawers ◆ Only one drawer can be accessed at a time ◆ Requires hanging folders, which may break and increases cost of supplies ◆ Tipping danger with top drawer open ◆ Takes up more depth than lateral cabinets ◆ Difficult to read folder labels at back of top drawers ◆ Difficult for color coding
LATERAL CABINET	◆ Suitable for small file systems ◆ Can be equipped with doors and locks ◆ Easily accessible	◆ Additional space required to open drawers ◆ Only one drawer can be accessed at a time ◆ Requires hanging folders, which may break and increases cost of supplies ◆ Tipping danger with top drawer open ◆ Takes up more wall space than vertical cabinets
OPEN SHELF FILES	◆ Suitable for both small and large filing systems ◆ No drawers to open into aisles ◆ Easily accessible ◆ Efficient for color coding as files are visible ◆ Easily adaptable to color coding, bar coding, and computer-based tracking systems ◆ Less expensive than units with drawers ◆ More than one person can access at a time ◆ Rapid retrieval and refile	◆ More difficult to move than drawer cabinets ◆ Contents cannot be locked without addition doors (adds to expense) ◆ Records are visible

HIGH DENSITY SHELVING (Moving on rails or rotating vertically or horizontally)	◆ Most suitable for large filing systems ◆ As much as doubles available storage capacity ◆ Can be equipped with locks to improve security and limit access ◆ Easily adaptable for other needs	◆ Requires more floor load capacity ◆ Difficult to move ◆ Wait to access desired area until aisle or shelf is available ◆ More expensive than other types of equipment ◆ If electric, records are not accessible during a power outage

SPECIALIZED EQUIPMENT	◆ Do you have video or images captured on:
	   ◆ Optical Disc (CD, DVD, BLU-RAY)
	   ◆ SD Card
	   ◆ Microfilm or microfiche
	◆ If so, you may need specialized equipment to maintain these records	

THINGS TO CONSIDER WHEN PURCHASING CHART SUPPLIES	

FOLDERS	◆ Necessary for management of paper charts
	◆ Folder selection and quality will depend on:
	   ◆ Type of storage cabinet or shelving being used
	   ◆ Frequency of use and **desired durability**
	   ◆ Placement of tabs:
	      ◆ To suit hanging folder style storage systems (tab placement along top) or shelf systems (tab placement along the side)
	      ◆ To ensure patient privacy (name tab located inside or outside folder, for example)
	◆ Consider using colorless folders as color can bleed onto the records in a situation where records are exposed to water damage or humidity

CHART ID LABELS	◆ Needed for chart identification
	◆ Selection of labels, whether alpha or numerical, will depend on the type of filing method used (alphabetic vs. numeric)
	◆ Always purchase from the same company when reordering
	   ◆ Each company uses different colors and sizes
	   ◆ Consistently using the same labels will allow misfiles to be easily identified

YEAR BANDS	◆ Chart labels that identify the year the patient was last seen in the office

IDENTIFYING DECEASED CHARTS FOR STORAGE

Do you have deceased charts?

No → Consider when you do, to mark "Deceased" and the year of death on the chart cover

Yes

Date of death in the current year

Mark "Deceased" & the year of death on chart cover

Move to separate filing and keep on site for one additional year

Date of death in the last 1-6 years

Mark "Deceased" & the year of death on chart cover

Keep separate from active files and consult RIM team: healthpeiRIM@ihis.org

Date of death in the last 7+ years

Mark "Deceased" & the year of death on chart cover

Keep separate from active files and deceased 1-6 years and consult RIM team: healthpeiRIM@ihis.org

IDENTIFYING INACTIVE CHARTS FOR STORAGE

Do you have inactive charts?

— **No** → Consider how you would identify inactive charts.
Consult RIM for guidance:
healthpeiRIM@ihis.org

Yes ↓

Has it been 3+ years since last active date?

— **No** → Keep on-site until 3 years have elapsed since last active date

Yes ↓

Are any of these charts for patients less than 18 years of

— **No** → Move inactive adult charts to separate filing space if available and consult RIM:
healthpeiRIM@ihis.org

Yes ↓

Consult RIM: healthpeiRIM@ihis.org to establish a plan to manage these charts

PREPARING FOR STORAGE

SUPPLIES CHECKLIST

☐ Permanent markers (preferably black or other dark color)

☐ Storage boxes
- ◆ Must be one cubic foot in size
- ◆ Have a double strong bottom
- ◆ Have a detached lid

☐ Sticky notes

☐ Scotch tape

PREPARING THE CHARTS CHECKLIST

◆ The following items cannot go through a shredder, so must be removed:
- ☐ paper clips and bulldog clips
- ☐ elastic bands
- ☐ metal chart fasteners
- ☐ sheet protectors
- ☐ laminated items
- ☐ hard plastic material
- ☐ CDs & SD cards

◆ Does the front cover of the chart contain demographic information?
- ☐ Place a patient demographic label
  OR
- ☐ Write two identifiers, preferably name and PHN

PREPARING THE BOXES

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PREPARING THE BOXES CHECKLIST

- ◆ How are the charts organized in the box?
  - ☐ Alphabetically
  - ☐ PHN/MRN

- ◆ How much does your box weigh?
  - ☐ no more than 20-25 pounds
  - ☐ 4 inches (one hand width) of space in the box will ensure each box is the proper weight

- ◆ How have you identified each box?
  - ☐ Apply an identifiable label (sticky note secured with a piece of tape)
    - ▪ Example: Deceased 2018 Box 1
  - ☐ Do **NOT** write directly on the boxes

Completing the Box Inventory

- ☐ Request an electronic inventory template from healthpeiRIM@ihis.org

- ☐ Email completed inventory(s) to healthpeiRIM@ihis.org
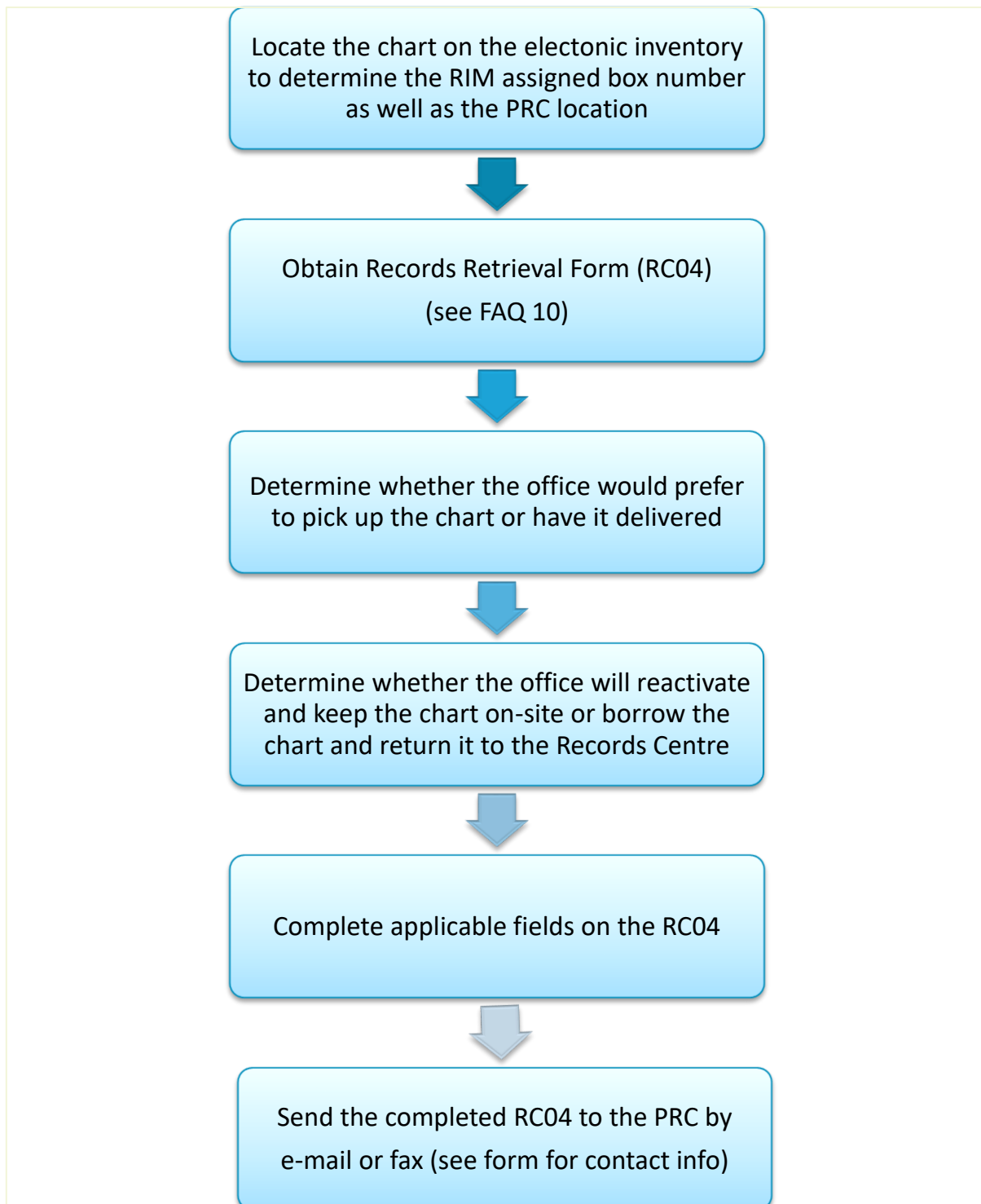
- ☐ RIM will respond with next steps

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PREPARING FOR TRANSFER (After RIM Approval)

PREPARING FOR TRANSFER CHECKLIST
(After RIM Approval)

☐ In black marker:
  ☐ Write RG42 to the left of the box handle
  ☐ Below RG42, write the RIM assigned box number (see picture)

☐ Place two copies of the final version of the inventory list in the matching box

☐ Limit access to these boxes to ensure charts have not been removed or added

☐ If charts are reactivated and removed, update the paper copy as well as the electronic copy of the inventory

☐ Once RIM receives approval for boxes to go to the Records Centre, a Records Shipping Form (RC03) will be emailed and RIM will arrange pick up

☐ Before pick-up, take this opportunity to double check that the contents of the box match the inventory list. The Records Centre has strict criteria that must be met, or the boxes will be returned.

☐ At this point, only the permanent identifying markers (RG42 and the RIM assigned box number) should be on the box

RETRIEVING A FILE FROM THE RECORDS CENTRE STORAGE

Locate the chart on the electonic inventory to determine the RIM assigned box number as well as the PRC location

Obtain Records Retrieval Form (RC04)

(see FAQ 10)

Determine whether the office would prefer to pick up the chart or have it delivered

Determine whether the office will reactivate and keep the chart on-site or borrow the chart and return it to the Records Centre

Complete applicable fields on the RC04

Send the completed RC04 to the PRC by

e-mail or fax (see form for contact info)

DEFINITIONS

COMMONLY USED RIM TERMS	
ACTIVE CHART	Refers to a patient or client who has attended the clinic, or records have been added to the paper or electronic chart, in the last 3 years. The chart is kept within the office space.
ACTIVE STAGE	A stage in the retention schedule during which the chart must remain within the office space.
ADULT CHART	The chart of a patient 18 years of age or older.
ALPHABETICAL FILING SYSTEM	A chart filing method that uses letters, usually surname, to identify each chart.
CHART	A file that contains the records regarding patient care.
CHART (RECORDS) INVENTORY	A detailed list of the charts within each storage box.
CHILD CHART	The chart of a patient 17 years of age and younger (when the patient turns 18, they are an adult).
CONSECUTIVE PHN FILING	A type of numerical filing system. • Organizes charts by PHN, from lowest to highest.
DECEASED CHART	The chart of a patient that your office has been notified as deceased.
EXCEPTIONAL CASE	Exceptional cases are files of clients with hereditary disease (i.e. rare congenital syndromes or genetic disorders) whose information could be useful for future generations and/or patients who have suffered an unidentified or suspicious death (i.e. foul play or complicated legal case). Such files shall be identified by a health professional or staff.
FINAL DISPOSITION	The final stage of the chart's lifecycle once the retention period has been met. RIM must be consulted before any record is destroyed.
HEALTH PEI RIM TEAM	A group of individuals specifically trained in record management practices according to the Government of PEI RIM Guidelines.
INACTIVE CHART	Refers to a patient or client who has not attended the clinic, or records have not been added to the paper or electronic chart, within the last 3 years. • These charts may be retrieved should they be required (e.g. patient returns to be seen after 3 years).
LAST ACTIVE DATE (LAD)	As defined by the office, LAD may be the date the patient was last seen in the office or the date on the last document received. Either way, the LAD must be applied consistently. Consult RIM to discuss: healthpeirim@ihis.org

NUMERICAL FILING SYSTEM	A chart filing method that uses numbers, usually the PHN, to identify each chart. • Two common types: consecutive numerical and terminal digit filing.
OFF-SITE STORAGE	A secure storage location.
PATIENT DEMOGRAPHIC LABELS	A label that contains patient name, date of birth, and PHN.
PERSONAL HEALTH NUMBER (PHN)	A unique number assigned to each patient by PEI Medicare.
PROVINCIAL RECORDS CENTRE	A secure, government owned storage location.
RECORD	Document(s) within the patient chart.
REFERRAL - NO SERVICE PROVIDED	A referral received but the patient has not been seen (e.g. patient declines appointment, multiple no show, unable to be contacted, etc.). • Consult RIM if this scenario applies: healthpeirim@ihis.org
RETENTION PERIOD	The period of time that must elapse before final disposition of a chart can occur.
RETENTION SCHEDULE	A HPEI approved schedule that describes the period of time a record must be retained.
SEMI-ACTIVE STAGE	A stage in the retention schedule that allows charts to be stored off-site.
TERMINAL DIGIT PHN FILING	A type of numerical filing system. • Organizes charts by the last two, three, or four digits of the PHN, then sequentially by the preceding numbers.
TOBACCO LITIGATION	The Province of PEI has commenced a legal claim against tobacco companies to see damages for the recovery of health care costs. As part of this action, it is essential that we preserve and produce all documentation in the possession of the Province and its agencies, therefore, proper authorization must be obtained prior to destruction of any record.
YEAR BANDS	Chart labels that identify the year the patient was last seen in the office.