Information Governance: Storage and Retention

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Hospital *for* *Special* Care

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About Us

- Long Term Acute Care Hospital (LTACH)
- Private, Not-for-Profit, 228 bed Rehabilitation & Chronic Care Inpatient
- Specialty Outpatient Clinics for Chronic Diseases

About Us

- One of the five largest, free-standing long-term acute care hospitals in the United States and the nation's only long-term acute-care hospital serving adults and children.
- HSC is recognized for advanced care and rehabilitation in pulmonary care, acquired brain injury, medically-complex pediatrics, neuromuscular disorders (including ALS research), spinal cord injury, comprehensive heart failure as well as diagnostic, assessment and consulting services for children and adolescents with autism spectrum disorders.
- Located in New Britain and Hartford, CT, HSC operates inpatient and outpatient facilities serving Southern New England and the Tri-State area on a not-for-profit basis.
- This year marks the 75th Anniversary of Hospital for Special Care.

Clinics & Services

Inpatient Units

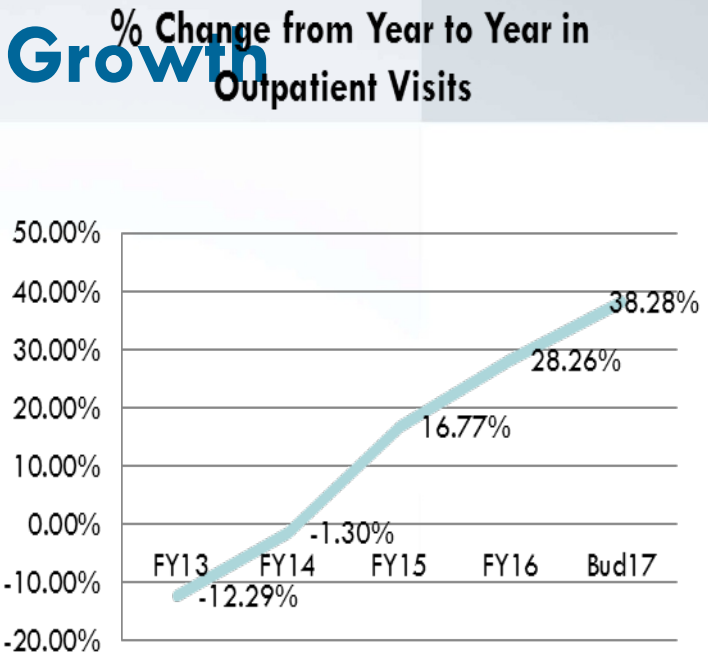
- Autism
- Cardiac Medical
- Close Observation
- Medical Rehab
- Neurobehavioral
- Pediatric
- Respiratory Care
- Transitional
- Satellite
- Step Down

Outpatient Clinics

- Asthma
- Autism
- Concussion
- Employee Health
- Neuromuscular
- Parkinson's
- Physician
- Psychology
- Pulmonary Rehab & COPD
- Rehab – PT, OT, ST & Aquatic

Outpatient Growth

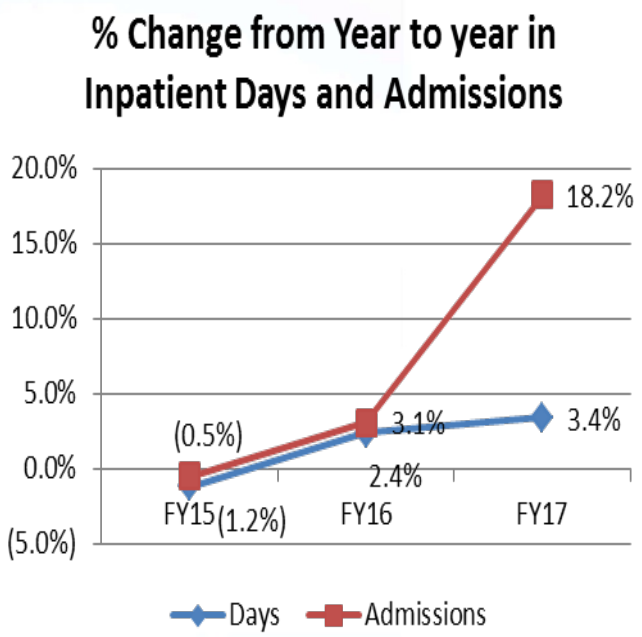
- **As of 2008 Hospital *for Special* Care was seeing outpatient visits grow at a rate of 7-9% annually.**
- **This growth in specialty outpatient services continued to drive the need for improved office and exam room space, up to date facilities and easier access for patients**
- **In 2010 a outpatient expansion project was kicked off, culminating in 2015. It more than tripled the service area size from 4,000 square feet to over 17,000 square feet.**
- **The expansion has benefited HSC with increased OP visit growth & revenue.**



- In addition, regulatory changes such as Medicare Therapy Caps, Medicare G-Codes and Medicaid authorization requirements, were putting more pressure on the OP Rehab department.

Inpatient Growth

- **Average Length of Stay decreased 9% over the past 3 years, while admissions climbed by 18%**



- **In December 2015, HSC opened an 8 bed Inpatient Autism Unit.**

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Why establish IG for retention?

Why when we have a policy and process …. Or do we?

-process of using one account under HIM for all departments , then further subdivided by location

-logging, pickup, recall coordinated through HIM

-lack of following a destruction process (we do have a retention policy that is current, but the practice had evolved to relying on HIM)

-and the most compelling reason why this journey became an organizational priority – the "storeroom" that held boxes of documents and records in limbo

-Perfect scenario to propose and IG project!

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Information Governance Defined

- **Ahima defines information governance (IG) as an organization wide framework for managing information throughout its lifecycle and for supporting the organizations strategy, operations, regulatory, legal, risk and environmental requirements.”**

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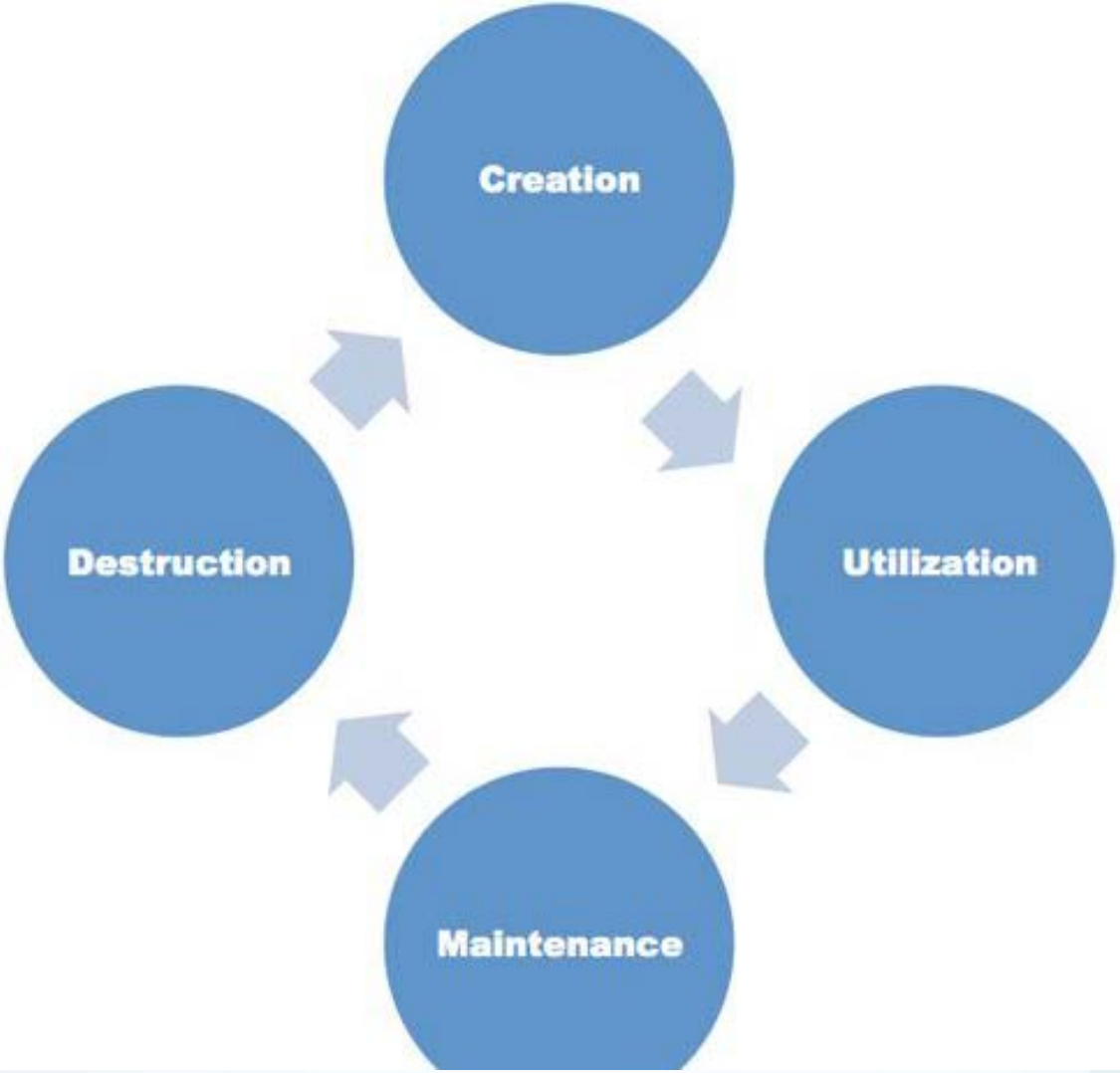

Record retention lifecycle Ahima "retention and Destruction of Health Information 2011

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Background work to set the stage for Retention IG

- **Begin with a plan**
  - Business Case
  - Goals/ alignment to organizational strategy
  - Identify stakeholders
  - Identify and review policies
  - Engage Vendor/partner
  - Outline benchmark steps
  - Tentative timelines
  - Measurements including financials savings/costs
- **Present to Management/Leadership for buy in**
  - HIM VP- SR CFO executive sponsor
  - Management team recognition of the need and goals
  - Team all in to improve

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Records Retention IG team

Used subaccounts to identify team members

- **HIM- coordinator and overall governance project oversight**
  - Nursing Development (also in charge of overall nursing units
  - Legal
  - Finance
  - Marketing
  - Foundation
  - Quality
  - Outpatient
  - Manes and Motion
  - Infectious Disease
  - Medical Staff
  - Psych
  - Autism

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IG Benchmark steps

Agree on goals

-Support retention and destruction guidelines as outlined in HFSC policy

-Apply consistent practices for all documents and records enterprise wide

-Support a retention/destruction Information Governance Structure

-Establish accountability enterprise wide to ensure accurate records are maintained for patient care, legal, audit or examination purposes

-Practice fiscal responsibility by following record retention policies, procedures and practice

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Rention IG steps to success

- **Train / retrain stakeholders on process of identifying documents and records for storage and retention**
  - Used vendor to assist with training
  - Established accounts for each area
  - Established electronic access to manage area and perform all retention , storage recall functions including ordering supplies
  - Gave one month to establish we started in March 2018.
- **Identified other areas (including basement storage) that were holding documents and files with expectation that records would either be destroyed per schedule or sent to storage. For those records with a shelf life of one year or less they are the only legitimate files for basement storage besides overflow of patient records.**

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Retention IG check in

- **May 2018 check in of all areas and agreement on next steps**
  - Everyone trained
  - Basement storage organized
  - Still work needed for nursing files
  - Work needed for medical record outpatient files – secured agreement they will now go to offsite storage
  - Agreement on developing IG charter for Record Retention and Destruction
  - Agreement to include as second phase data retention

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Retention IG – why did we hit the ground running

- Found a common vexing issue for most departments
- Risk
- Financial
- Developed team work amongst departments that do not normally work together

Final words – use a common pain point theme to begin your IG journey!

THANK YOU !

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References

- **AHIMA “Retention and Destruction of Health Information.” (updated October 2013)**
- **AHIMA “Information Asset Inventory for Information Governance” February 2017 practice brief**
- **AHIMA “Information Governance: Just Get Started: December 2015**