

**Policy and Procedure**

Title:	<b>Retention and Destruction of Health Records</b>
Policy Number:	06.008
Effective Date:	April 22, 1999
Revised Date:	May 12, 2017
Approving Body:	President and CEO
Authority:	CancerCare Manitoba Act
Responsible Officer:	President and CEO
Delegate:	
Contact:	Health Information Services and CCMB Privacy Officer
Applicable to:	CCMB Staff and Physicians

1.0 **BACKGROUND:**

Not Applicable

2.0 **PURPOSE:**

- 2.1 To provide a guideline for the retention and destruction of CancerCare Manitoba (CCMB) Facility Health Records.
- 2.2 To retain Facility Health Records for adequate periods of time so they are available for use and disclosure in the provision of health care, health care planning and evaluation, quality improvement, education of health care providers, health research, risk management, for disease-related patient/family compensation claims and for access by individuals the information is about or their personal representatives.
- 2.3 To contain costs associated with the storage, culling and preparation of Facility Health Records for destruction.
- 2.4 To comply with retention and destruction provisions for Personal Health Information maintained in Facility Health Records set out in federal or provincial legislation, i.e. the Personal Health Information Act of Manitoba.

3.0 **DEFINITIONS:**

- 3.1 **Facility Health Record:** Personal Health Information that is typically compiled by health care providers, is recorded or printed on paper or paper that has been converted to microfilm or a digital image, and is maintained and stored by facilities or programs of CCMB as the official record of care and services provided. The Facility Health Record may consist of one or more volumes and is the physical property of CCMB. For the purposes of this policy, the Facility Health Record includes a Clinical Record as defined in The Mental Health Act of *Manitoba*. The Facility Health Records as defined in this policy do not include electronic health records, departmental records or documents or images that in the normal course of business are stored separate and apart from the Facility Health Record, for example diagnostic imaging films.
- 3.2 **Information Manager:** A person or body that processes, stores or destroys

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Personal Health Information for a trustee or provides information management or information technology services to a trustee.

- 3.3 **Personal Health Information:** Information about an identifiable individual that relates to that individual's health; health care history, including genetic information about the individual; the provision of health care to the individual; payment for health care for the individual; and any identifying numbers or information assigned to the individual, or collected in the course of health care which is incidental to the provision of or payment for health care. For the purposes of this policy, Personal Health Information is that which is recorded or printed on paper, including that which has been converted from paper to microfilm or from paper to digital images to facilitate storage and accessibility.
- 3.4 **Retention Period:** The length of time that Facility Health Records shall be kept prior to permanent destruction. The Retention Period commences at the time that a volume of a Facility Health Record is closed. Closure of a volume usually coincides with the date of death or may be last activity date.
- 3.5 **Retention Schedule:** A timetable stipulating how long Facility Health Records of last activity or deceased patients/clients shall be held and available prior to their permanent destruction. During or prior to the Retention Period, the media used to record the original information may change to facilitate storage and accessibility of the Facility Health Record; i.e. conversion of paper to microfilm, conversion of paper to scanned digital images.

#### 4.0 **POLICY:**

- 4.1 Facility Health Records shall be retained for the entire applicable Retention Period stipulated in the Retention Schedule. *(See Appendix A)*
- 4.2 During the Retention Period, Facility Health Records shall be organized and maintained in a way that facilitates their availability for ongoing direct patient care and other authorized purposes. This includes culled portions of Facility Health Records that may be stored apart from the main Health Record storage area(s) within a facility or at an off-site location.
- 4.3 The Retention Schedule and Retention Period shall apply to types of care and categories of Facility Health Records that were created pertaining to Oncology and Hematology Care.
- 4.4 Facility Health Records shall be permanently destroyed within four (4) months of the end of a calendar year according to expiration of the applicable Retention Period as stated in the Retention Schedule.  
*Exception: Facility Health Records required pursuant to legal claims or other investigations, or Facility Health Records required for reference during ongoing health care; for example where there has been an injury, may be retained on a case-by-case basis for periods that exceed the Retention Period to satisfy a particular need and shall be permanently destroyed immediately thereafter.*

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- 4.5 Permanent destruction of Facility Health Records shall occur using methods of destruction that preserve the privacy of the individual the Personal Health Information is about. The preferred method of permanent destruction is supervised shredding.

5.0 **PROCEDURE:**

- 5.1 CCMB Staff shall identify Facility Health Records requiring an extended Retention Period and bring these Facility Health Records along with supporting justification and recommended extension time line to the attention of the site Health Information Services Manager, or delegate for consideration and approval (or rejection) of the requested extension.
- 5.2 The facility Health Information Services Director/Manager (or delegate) or in the absence of same, other facility/site or program designated staff shall:
- 5.2.1 Review and approve (or reject) requests to retain Facility Health Records beyond the Retention Period.
- 5.2.2 Create and implement processes to document, flag and maintain Facility Health Records approved for an extended Retention Period per the exception stated in 4.4 of this policy.
- 5.2.3 Determine and document site processes and procedures for the culling of Facility Health Records for the conversion of Health Records from one media to another when such practices are necessary to facilitate use of available storage space and accessibility.
- 5.2.4 Determine and document processes and procedures for permanently destroying paper documents once they have been successfully converted to microfilm or digital images.
- 5.2.5 On an annual basis and not later than four (4) months following the end of a calendar year, cull and permanently destroy Facility Health Records or advise the Information Manager to permanently destroy Facility Health Records according to the applicable Retention Period set forth in the Retention Schedule.
- 5.2.6 Create or request that an Information Manager create a log that states the method by which Facility Health Records were permanently destroyed, the dates on which they were destroyed, and the time period(s) that destroyed records pertained to.
- 5.2.7 Maintain the log referenced in 5.2.6 indefinitely.
- 5.2.8 Create and implement additional facility or site or program-based procedures required to comply with this policy.

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6.0 **REFERENCES:**

- 6.1 The Personal Health Information Act *of Manitoba*
- 6.2 The Mental Health Act *of Manitoba*
- 6.3 WRHA "Retention and Destruction of Facility Health Records" Policy 75.00.050

**Policy Contact:**

All enquiries relating to this policy should be directed to:

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**DOCUMENTATION**

**Policy Location:**

This policy is located (hard and e-copy formats):

1. The original signed and approved policy is on file in the Executive Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library, SharePoint
- 3.

**Revision History:**

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
22/04/1999	1	Initial		
20/11/2008	2	Revision	LCosta	Revised to align with WRHA policy.
23/11/2015	3	Minor revision	LCosta Policy Team	Revisions made to align with WRHA policy; 25 year retention period instituted.
22/02/2016	4	Minor revision	L Costa Policy Team	Pediatric records – retention period to be 25 years following age of majority (18).
12/05/2017	5	Final	Policy Office	Requirement for retention of diagnostic images removed from Appendix A. Final review and editing for approval.
05/04/2018	5	Minor revision	S.Friedenberger	Reformatted to new template

**Approvals Record:**

This Policy requires approval by:

Approval	Date	Name / Title	Signature
		Not required.	

**FINAL APPROVAL:**

Date	Name / Title	Signature
May 12 2017	Dr. S. Navaratnam President and CEO, CCMB	Original signed by Dr. S. Navaratnam

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**APPENDIX A**

**CCMB Facility Health Records Retention Schedule**

<b>Category</b>	<b>Site</b>	<b>Program Delivering Care</b>	<b>Retention Period</b>
Adult Active Records	CCMB Facility	Oncology Hematology	25 years from date of last activity
Pediatric Active Records	CCMB Facility	Oncology Hematology	25 years from the age of majority (18 years)
Closed Records (date of death)	CCMB Facility	Oncology Hematology	25 years from date of death