

WHAT WOULD YOU DO IF THE RESIDENTS' MEDICAL RECORDS WERE DESTROYED?

September 13, 2011

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OVERVIEW

- Past/Current Events
- State Retention and Transfer of Resident Records
- State Regulations for Resident Record Requirements
- Real Life Events

Past and Current Events

PAST

- Flood - Des Moines, IA
- Tornado - Naperville, IL
- Hurricane – New Orleans, LA
- Thunderstorm & Torrential Rain – Chicago, IL (2010)

CURRENT

- Tornado – Joplin, MO (May, 2011)
- Floods – Mississippi River (2011)
- Earthquake – Down State Illinois

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- ID TAGS F516 & F517
- Interpretive Guidelines: 483.75(1)(3)
 - The facility must safeguard clinical record information against loss, destruction, or unauthorized.
- Interpretive Guidelines: 483.75(m)(1)
 - The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

Section 300.1840 Retention and Transfer of Resident Records

- a) Records of discharged residents shall be placed in an inactive file and retained as follows:
 - 1) Records for any resident who is discharged prior to being 18 years old shall be retained at least until the resident reaches the age of 23.
 - 2) Records of residents who are over 18 years old at the time of discharge shall be retained for a minimum of five years.
- b) After the death of a resident, the resident's record shall be retained for a minimum of five years.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

<http://www.ilga.gov/commission/jcar/admincode/077/077003000I18400R.html>

Section 300.1840 Retention and Transfer of Resident Records (con't)

- c) It is suggested that the administrator check with legal counsel regarding the advisability of retaining resident records for a longer period of time, and the procedures to be followed in the event the facility ceases operation.

- d) When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

<http://www.ilga.gov/commission/jcar/admincode/077/077003000118400R.html>

Section 300.1810 Resident Record Requirements

- Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.
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- D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for that particular piece of information.

<http://www.ilga.gov/commission/jcar/admincode/077/077003000I18100R.html>

Recovery

- Are you prepared?
- Do you have a Disaster Plan which includes protection of your Health Information?
- Life Happens

When Disaster Strikes

- July 23, 2010 - weather report – rain 1 to 2 inches/hour, over 7 inches estimated
- At Infant Welfare Society of Chicago, the flat roofed building had water overpowering the internal water elimination system



Water disaster

- 1 AM - ADT Flood alarm goes off
- 1:15 AM - First Responder –
Maintenance Supervisor - onsite
- 2 AM Administration and IT onsite
- 7 AM - Health Information Director
Onsite

What was affected?

Flood in the Lower Level

- HIM
- IT – servers
- Building Maintenance
- Family Services
- Employee Area



Now what do we do?

- Saved essential patient information and IT equipment
 - Moved all records in harms way to higher level
 - Moved IT equipment to higher level
- Call went into:
 - Electric company – to shut down power
 - Staff and patients – close clinic
 - Insurance company
 - Included: ServePro and CRE (Contents Recovery Experts)
- All infrastructure in the building was down
 - No electricity
 - Air conditioning
 - No ventilation
 - No plumbing – potable water

Health Information Recovery

- Call the professionals
 - Contents Recovery Experts
 - <http://www.contentsrecoveryexperts.com/documents.html>



What to do with wet medical records?

- Printed materials exposed to water or high humidity levels, especially for long periods of time, become very sensitive to movement and handling.
- Attention must be placed on the transportation, especially the packing procedures, to ensure the paper will not succumb to additional damage when handled.

Move Quickly

Remove
records from
the scene as
soon as
possible



CRE procedures



- With packing and handling precautions taken, the papers were removed from IWS and were transported via a refrigerated truck to a local facility.
- At the facility, the documents were stored in a frozen state until they were transitioned to a drying chamber.
- Once dry, the documents were cleaned with a vulcanized dry sponge, to remove any odors.
- After the drying and cleaning process is complete, the documents were moved to a separate chamber where ozone and “fog” eliminated any remaining odors.

Where did we see patients?

- First estimate for reopening was 3 weeks
- Moved Clinic to Chiropractic office across the street
- Moved HIM to Funeral Home across the street
- Moved back into clinic building after 3 months - OCT 12

Process Analysis

- Underestimated the availability of electrical equipment
- Underestimated the assessment by insurance company to provide approvals for work to proceed
- Underestimated the ability of contractor to clear debris and remodel the lower level
- Important to build in time to reorganize records, as they can be out of sequence due to the external cleaning process.

PLANNING: Steps to be completed in preparation for potential flood

1. Evaluate the facility for flood hazard(s).
Know your flood risk and elevation above flood stage.
2. Have staff emergency phone list at the security desk.
3. Install check valves in building sewer traps to prevent flood water from backing up into building drains.
4. Have sand and sandbags on hand to ward off floodwaters. Train on sandbagging techniques.
5. Maintain an annual inventory of equipment, tools, furniture, and anything that would need to be replaced include pictures.
6. Invest in flood insurance by either calling the National Flood Insurance Program at (800) 427-4661 or contacting your local insurance agent.

Flood Preparedness - HIM

1. If possible have medical records storage on upper floors.
2. Develop a plan for restoring the records if there is a disaster.
3. Do not use the bottom selves of filing units.
4. Do not keep archived records in boxes on the floor.
5. Keep hard drives on top of desks.
6. Have the expert's (CRE) phone number on hand
7. If Electronic Records – make sure you have backup offsite and know how to get to it when needed.
 - Be prepared with paper record packets/forms in case you are down for several days to be able to maintain accurate records.

On to the City Dump



Paper Reconstruction

- Multidynamic teaching health care organization with a large ambulatory practice and 1,000 bed hospital
- Process
 - Printed all scheduled appointments and bills
 - Determine providers and services rendered
 - Approach each provider for their notes
 - Approach each patient for copies of advance directives

Paper Reconstruction (con't)

- Departments for copies
 - Radiology
 - Laboratory
 - Outside Labs
- Contracted Services
 - Transcription Companies
- Approached referring physicians for letters or copies of progress notes coming from the organization
- Developed letter of explanation of the event for inclusion in the reconstructed records

Electronic Medical Record Procedures – Third Party Vendor

- Site backup (frequency- weekly)
- Site differential database backup – daily
 - Media storage (Disk, tape, etc.)
- Transaction log backup – every 30 minutes
- Full and differential backups copied to tape media – daily and stored offsite
 - Restorability confirmed for each tape shipped
- Disaster recovery center where access assured within 72 hours

Policy and Procedure for Nursing Home Recovery

- To meet requirements:
 - Written policies and procedures should a disaster occur
 - Computer Interruption or Failure
 - Who to contact (facility emergency name and numbers)
 - How soon to make contact
 - Procedures for each contact individual to follow
 - Determine how long the system may be down
 - Procedure should paper charting become necessary
 - Timeframe to wait before paper charting begins
 - What happens to paper charting when system goes online
 - Do facility staff enter the information, is it faxed to vendor for entry, etc.
 - Scan paper documents

Hazard Assessment

Evaluate your facility and the area surrounding it for vulnerability to each of the identified natural hazards.

Directions: Using the rating system identified below, enter the appropriate number for your estimate of Potential Damage, Frequency of Event, and Secondary Problems. Then, multiply each figure by the following figure to get the Total Score. (Scores may range from 1 to 125 points.)

Potential Damage: Range 1 - 5

- 1 = Little or no likelihood of this event occurring in or affecting your area.
- 2 = Some likelihood of this event occurring in or affecting your area.
- 3 = Moderate likelihood of this event occurring in or affecting your area.
- 4 = High likelihood of this event occurring in or affecting your area.
- 5 = Very high likelihood of this event occurring in or affecting your area.

Frequency: Range 1 - 5

- 1 = Has not occurred in last 100 years.
- 2 = Happens at least once every fifty years.
- 3 = Happens at least once every ten years.
- 4 = Happens at least once every five years.
- 5 = Annual event, or more often.

Secondary Problems: Range 1 - 5

Remember, secondary effects include loss of services such as power and phone services. It may affect roadways and access to other areas of the city. Secondary effects may interfere with food and medical supplies being delivered to the area.

- 1 = No secondary effects or problems likely.
- 2 = At least one secondary effect, short-term in nature.
- 3 = Multiple secondary effects; may 2 or 3 days. (Begins to be a problem.)
- 4 = Significant secondary effect(s). May last a week. (Is a problem.)
- 5 = Significant secondary effects last more than a week. (Long-term and/or big problem.)

Example:

HAZARD	POTENTIAL DAMAGE	FREQUENCY	SECONDARY PROBLEMS?	TOTAL SCORE
Flood	3 (Probably will affect this area)	4 (Happens about every 5 years)	2 (Would probably cause problems, but short-term)	24

Out of a possible 125 points, this would be considered a pretty low risk.

Score your hazards now:

HAZARD	POTENTIAL DAMAGE	FREQUENCY	SECONDARY PROBLEMS?	TOTAL SCORE
Earthquake				
Fire (e.g., wildfires)				
Flood				
Landslide				
Severe Weather				
Tornado				

Once you have completed the scoring, look at the Total Scores. The highest number indicates what you think may be your highest risk(s).

Useful Websites:

http://www.fema.gov/pdf/areyouready/basic_preparedness.pdf

<http://www.khca.org/Kansas/uploads/LTCDisasterChecklist.pdf>

<http://www.co.pierce.wa.us/xml/abtus/ourorg/dem/EMDiv/planning/guidance%20template%202.pdf>

<http://www.co.pierce.wa.us/xml/abtus/ourorg/dem/EMDiv/planning/Evac%20Presentation.ppt#286,26,Supplies:Laundry,Activities,Dietary>

Acknowledgements

- MDI Achieve, Inc.
- Parkview Haven Retirement Community
- PointClickCare
- Content Recovery Experts

Questions and Answers

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