

# RETENTION, STORAGE & DISPOSAL POLICY

## 1 INTRODUCTION

The BC Medical Quality Initiative (BC MQI) program makes the provincial Credentialing and Privileging (C&P) databases, privileging dictionaries, and CACTI modules (known as the C&P system) available for use to participating health organizations (HOs).

The BC Medical Quality Initiative Office (BC MQIO) is responsible for the administration of the BC Medical Quality Initiative, including the C&P system, and for providing related support services as defined in the Participation and Information Sharing Agreements.

As part of their duties, BC MQIO will develop, comply with, and make available to the participating health organizations, policies, protocols, standard operating procedures and other operational documents as necessary for the smooth and effective functioning of the BC MQIO and the performance of its duties and services.

A BC MQIO developed policy or procedure will not be binding on a participating health organization if it would cause that HO to be non-compliant with its own legal, privacy, or security requirements. Each HO has the option to have their legal counsel review the BC MQI policies and procedures that impact them to ensure alignment with their HO's internal policies and procedures.

This BC MQIO policy is specific to the retention, storage and disposal of C&P system records and supporting information (such as approved User Access Management Forms).

### 1.1 Purpose

The purpose of this policy is to advise BC MQIO Staff on the requirements related to the retention, storage and disposal of C&P records to ensure compliance with applicable legislation and organizational requirements.

### 1.2 Scope

This policy includes all records collected by, and stored in, the C&P databases and/or modules, as well as key operational documentation stored by BC MQIO.

### 1.3 Exceptions

None

## 2 POLICY

### 2.1 Policy Statement #1 -Retention

Each health organization is responsible for retaining their C&P related information that may not be included in the C&P system. BC MQI is responsible for the retention of data entered into the C&P system by the HOs.

- Medical staff credentialing files are to be retained for a **minimum** period of **35 years** as defined in the Provincial Health Services Authority, Administrative Records, Classification System, ARCS Supplement. *(Note: There is not the functionality to delete or archive these records in the 36<sup>th</sup> year, so for all intents and purposes, the data will be retained indefinitely.)*
- BC MQIO will retain **final** versions of all policies, procedures, standards and guidelines created by the BC MQIO indefinitely.

## 2.2 Policy Statement #2 - Compliance

All C&P system credentialing and privileging related records must be retained, stored and disposed of in accordance with:

- current BC Acts and regulations (including the *Freedom of Information and Protection of Privacy Act* (FIPPA));
- the Ministry of Health Guidelines/Directives.

Please reference Appendix A for additional information. [APPENDIX A: RETENTION PERIOD FOR CREDENTIALING FILES](#)

## 2.3 Policy Statement #3 – Record Format

All electronic records must be retained in the format in which they were made, and in such a way that does not change the information contained in those records.

## 2.4 Policy Statement #4 – Incomplete or Rejected Applications

Rejected and incomplete practitioner applications will only be accessible to the applicable HO's credentialing staff and as required for support functions, BC MQIO staff. All data, including historical records, must be available in the C&P system. *(Note: this does not include historical data prior to implementation of the C&P database.)*

## 2.5 Policy Statement #5 - Systems

All, or components of, the C&P system must only be destroyed when the records/data on it have been migrated to a new system performing the same function, or when the relevant retention schedules have elapsed, or the information has been preserved elsewhere.

## 2.6 Policy Statement #6 - Data Archiving

Access to archived data must be controlled through the approved C&P system Security Access Model(s).

## 2.7 Policy Statement #7 - Data Storage

All electronic documents must follow appropriate back-up procedures and control techniques to avoid damage or loss from possible disasters, mischief, accidental erasure or annotation or replacement that is not authorized.

Where electronic storage has been implemented, such storage must be carried out per PHSA Information Management/ Information Technology (IMITS) policies and procedures. All BC MQIO records must be retained and stored in a secure area free from extreme fluctuations in temperature, humidity and other environmental conditions that might cause the records to deteriorate.

## 2.8 Policy Statement #8 - Data Disposal

BC MQIO, and the participating health organizations, are responsible for compliance with their HO's internal policies and procedures related to the disposal and destruction of confidential information.

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Some electronic data may require a documented record upon destruction. BC MQIO and HO's should discuss these requirements with their HO's Privacy Office before disposing of electronic data records.

All computers and removable storage media including but not limited to, old computer hard drives, CDs, floppy disks, memory sticks, smart cards, and audio tapes, which have ever held C&P data must have that data completely removed using an approved destruction method prior to being discarded.

## 2.9 Policy Statement #9 - Transitory Record Disposal

Transitory records (i.e. those not required to meet statutory obligations or to sustain administrative or operational functions) should be removed promptly to allow BC MQIO and/or HO staff to more easily identify and file key records into their recordkeeping system, where they can be easily found, and minimize the costs associated with storing and processing transitory records.

## 3 RESPONSIBILITIES & COMPLIANCE

### 3.1 Responsibilities

All C&P system users are responsible to understand and comply with this policy.

#### 3.1.1 BC MQIO

- comply with PHSA policies and BC Acts and regulations related to records retention;
- maintain policies, protocols, standard operating procedures and other C&P system operational documents and retain them in a central repository; and
- develop, implement and maintain a C&P system archiving policy.

#### 3.1.2 Health Organizations

- Compliance with FIPPA, and the internal privacy and security policies in place at their HO.

### 3.2 Compliance

All BC MQIO staff are responsible to understand and comply with the provisions of this policy.

### 3.3 Related Documents

- BC MQIO Committee Manager Purge Policy
- PHSA, Administrative Records Classification System, (ARCS), re: Medical Staff Credentialing Files
- Government Records Service Guide, Transitory Records
- PHSA IAP -020 – Privacy and Confidentiality Policy
- PHSA - Privacy and Confidentiality Policy – IA\_020
- PHSA, VCH, PHC – Information Security Policy

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## 4 DEFINITIONS

TERM	DEFINITION
ARCS	The Provincial Health Services Authority Administrative Records Classification System that supports common functions such as finance, personnel, and communications. <a href="https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/information-management-technology/records-management/orcs/provincial-health-services-authority.pdf">https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/information-management-technology/records-management/orcs/provincial-health-services-authority.pdf</a>
BC MQI	The BC Medical Quality Initiative program under which the C&P databases and privileging dictionaries are made available for use to the participating health organizations, and administered by the BC MQIO in accordance with the terms of the Participation Agreement and under the direction of PMSEC.
BC MQIO	The BC Medical Quality Initiative Office is tasked to administer the BC MQI including the C&P databases and privileging dictionaries and to provide certain support services (as defined in the Participation Agreement) to the participating health organizations regarding their use of the C&P system. The BC MQIO is within, and administered by, the Quality, Safety & Outcome Improvement department of PHSA.  PMSEC is responsible for the governance and strategic direction of both the BC MQIO and the BC MQI.
C&P	Provincial Practitioner Credentialing & Privileging System (C&P) that includes Privileging Dictionaries, Cactus (and/or symplr) software databases as defined in the Information Sharing Agreement (e.g. AppCentral and Visual Cactus) and Cactus software modules (e.g. iCommittee, iDirectory, etc.).
Confidential record	A record containing information that requires protection against unauthorized access or disclosure. All files and charts containing personally identifiable or confidential business information are confidential records.
Data	Data, including Personal Information or Confidential Information that is either directly or indirectly deposited in, stored in, or accessed from the C&P system.
Electronic Records	Records consisting of data and information that is inputted, created, manipulated and/or stored on electronic media that show evidence of actions and decisions occurring during the transaction of business.
FIPPA	<i>BC Freedom of Information and Protection of Privacy Act</i> <a href="http://www.bclaws.ca/Recon/document/ID/freeside/96165_00">http://www.bclaws.ca/Recon/document/ID/freeside/96165_00</a>
HOs	Health organizations comprised of BC health authorities and their affiliates participating in the Provincial Practitioner Credentialing & Privileging Program (C&P). Including:

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TERM	DEFINITION
	<ul style="list-style-type: none"> <li>• Fraser Health Authority (FHA)</li> <li>• Interior Health Authority (IHA)</li> <li>• Northern Health Authority (NHA)</li> <li>• Providence Health Care Society (PHC)</li> <li>• Provincial Health Services Authority (PHSA)</li> <li>• Vancouver Coastal Health Authority (VCH)</li> <li>• Vancouver Island Health Authority (VIHA)</li> </ul>
ORCS	Operational Records Classification Systems (ORCS) cover the classification, retention and disposition of information relating to specific business functions.
Original record	A record that exists in the physical state or states in which it was first created, or the earliest generation of the record.
PMSEC	The Provincial Medical Services Executive Council (previously known as the Physician Services Strategic Advisory Committee or PSSAC), which is comprised of the Vice Presidents of Medicine or equivalents from each of the Participating Organizations and a representative from the British Columbia Ministry of Health, and any successor to such Council that may be constituted from time to time.
PPCPP	Provincial Practitioner Credentialing & Privileging Program
Record	A “record” includes books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records.
Records Schedule	A prescribed timetable that describes a document's lifespan from the date on which it was created to the date of its final disposition, including the periods of its active and dormant [i.e., semi-active] stages either as waste or as a document of legal or historical value to be permanently preserved.
Transitory Records	<p>Records of temporary usefulness which are not an integral part of an administrative or operational record series, which are not regularly filed within a standard records classification system, and which are only required for a limited period for the completion of an action or the preparation of an ongoing record.</p> <p>Transitory records are not required to meet statutory obligations or to sustain administrative or operational functions.</p> <p>Examples Include:</p> <ul style="list-style-type: none"> <li>• Records of Short-term Use</li> <li>• Working Materials, Drafts, and Revisions</li> <li>• Advertising and Promotional Material from the Private Sector</li> <li>• Supplies of BC MQIO related publications and blank forms</li> </ul>

TERM	DEFINITION
	Reference Appendix B for additional information on transitory records: <a href="#">APPENDIX B: EXAMPLES OF TRANSITORY RECORDS</a>

## 5 LINKS TO KEY REFERENCES

- 1) PHSA Information Access & Privacy:  
<http://2pod.phsa.ca/quality-safety/privacy/Pages/default.aspx>
- 2) PHSA Information Management/Information Technology Services (IMITS):  
<http://2pod.phsa.ca/our-phsa/browse-by-department/Pages/Information-Management-Information-Technology-Services-IMITS.aspx>
- 3) PHSA Policies & Procedures:  
<http://2pod.phsa.ca/workplace-resources/policies-procedures>
- 4) PHSA Legal Services:  
<http://2pod.phsa.ca/our-phsa/browse-by-department/Pages/Legal-Services.aspx>
- 5) BC MQI Teamsite:  
<http://our.healthbc.org/sites/CPsolutions/SitePages/Home.aspx>
- 6) BC *Freedom of Information and Protection of Privacy Act*:  
[http://www.bclaws.ca/Recon/document/ID/freeside/96165\\_00](http://www.bclaws.ca/Recon/document/ID/freeside/96165_00)

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## 6 APPENDICES

### 6.1 APPENDIX A: RETENTION PERIOD FOR CREDENTIALING FILES

#### 6.1.1 Practitioners who are Credentialed but Non-Practicing in an HO

In accordance with the section 31 of the *Freedom of Information & Protection of Privacy Act* (FIPPA), any record containing personal information about an individual that is used to make a decision that directly affects that individual is to be retained for a minimum of one year after being used. This allows the affected individual to have a reasonable opportunity to obtain access to that personal information.

#### 6.1.2 Practitioners who Practiced but are No-Longer Practicing

Medical staff credentialing files are to be retained for a minimum period of 35 years as defined in the Provincial Health Services Authority, Administrative Records, Classification System, ARCS Supplement.

This thirty-five-year retention period is based on legal counsel concerns that medical staff credentialing records may be of potential legal value in defending medical claims. The thirty-five-year period is based on the possibility of a medical staff member in their final year of service working on a patient who is a new born child. Under this scenario, and applying current ultimate limitation periods and discoverability rules in the Limitation Act (SBC 2012, c. 13, s. 21), patients have fifteen years to make a claim once they turn nineteen.

### 6.2 APPENDIX B: EXAMPLES OF TRANSITORY RECORDS

The table below provides a summary of information contained in the Province of BC Records Management Guides.

	Type	Description	Examples
1.	Records of Short-term Use	Records created or received for informational purposes only; OR convenience copies for reference or ease of use (i.e., the official copy has been filed in the office recordkeeping system)	<ul style="list-style-type: none"> <li>• Messages (e.g., email, voicemail, instant messages) that are <b>not</b> required to document a decision, action, or transaction</li> <li>• Duplicate copies, partial copies or extracts no longer needed for reference purposes</li> <li>• Input source documents no longer required</li> </ul>
2.	Working Materials, Drafts, and Revisions	Preliminary versions and supplementary documentation used to prepare a final document, which DO NOT indicate new decisions or provide approvals.	<ul style="list-style-type: none"> <li>• Drafts and revisions that provide no information on decisions or approvals that cannot be found elsewhere</li> <li>• Rough notes, calculations, outlines, lists of ideas or suggestions</li> <li>• Newspapers or magazines used for compiling daily 'news clippings' (physical or electronic)</li> </ul>

	Type	Description	Examples
3.	Advertising and Promotional Material from the Private Sector	Advertising and promotional material from businesses or business professionals which DOES NOT relate to a transaction with a private sector provider	<ul style="list-style-type: none"> <li>• Company profiles, pamphlets</li> <li>• Direct mail/email notices and bulletins</li> <li>• Catalogues</li> <li>• Free trial CDs and DVDs</li> <li>• Course and seminar announcements</li> </ul>
4.	Supplies of BC MQIO related publications and blank forms	Stocks of publications and blank forms which have no further usefulness	<ul style="list-style-type: none"> <li>• Blank forms, including blank e-forms and e-templates</li> <li>• Blank stationary with out-of-date information</li> <li>• Out-of-date published material (e.g., pamphlets, brochures, and newsletters)</li> </ul>

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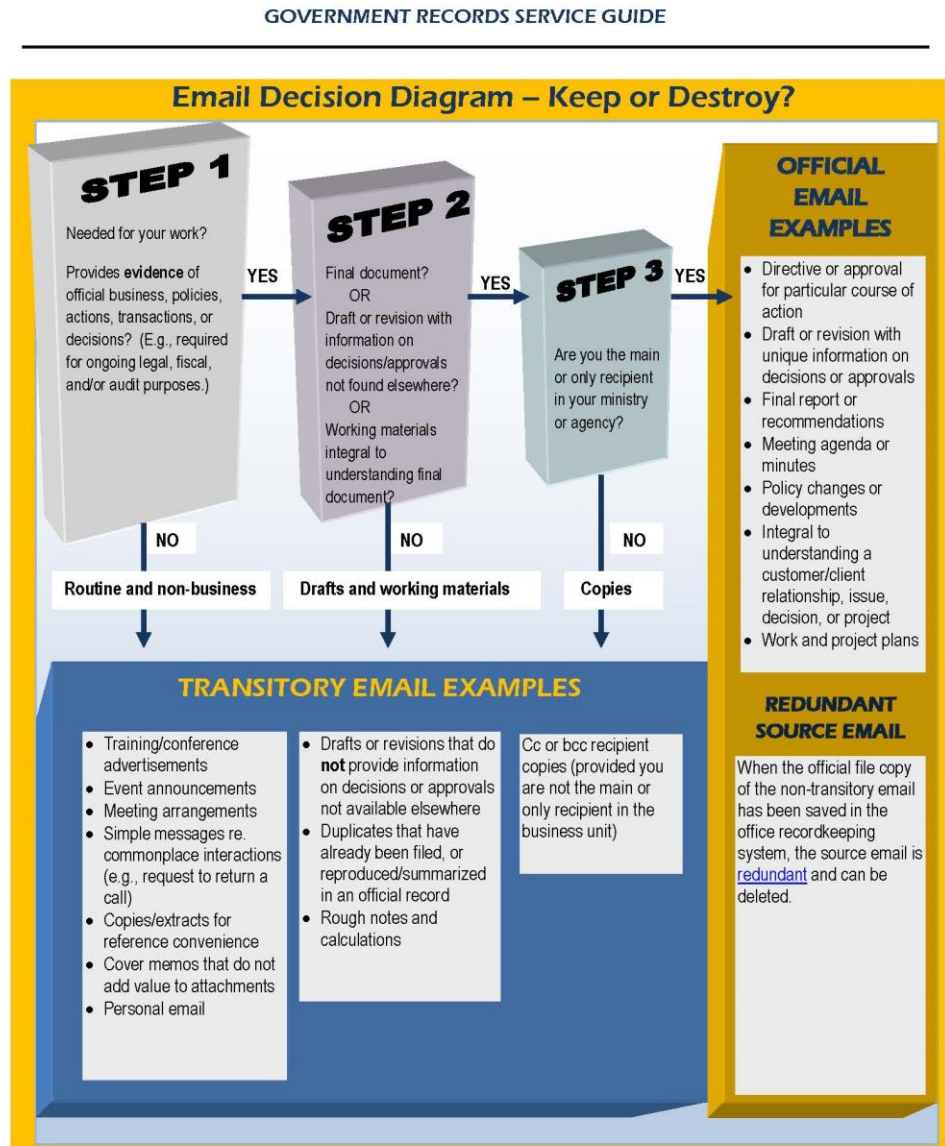
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**e-Mail Decision Diagram**

The decision diagram below is from the Province of BC Records Management Guides and provides an overview of types of government email records that should be retained. Although specific to government, the diagram provides a helpful visual that can also be applied to public bodies.

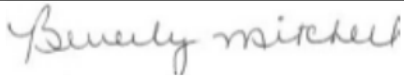


**Additional Information:** Contact your [Records Officer](#) or check out the Records Management website – see especially the *Transitory Records Guide*.

ARCS 195-45 RM Guide: Email Decision Diagram

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