

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION A: NURSING SERVICE ORGANIZATION CHAPTER 4: PERFORMANCE IMPROVEMENT IN NURSING: QUALITY AND APPROPRIATENESS OF CARE</p> <p>Policy and Procedure: 4.2 Retention/Disposition Schedules for Nursing Forms</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

Standard of Practice:

The Nurse ensures that all public records related to nursing and under the purview of the nurse are retained or disposed of according to the rules and schedules for state agencies described below, **and in accordance with OP&P 9.8 “Record Retention Schedules for State Agencies”.**

Standard of Care:

The patient can expect that all records which pertain to him/her are retained/disposed of according to the retention schedules described in the Connecticut State Library web site, with attention paid to those items listed below.

Policy:

It is the policy of Connecticut Valley Hospital that all records are retained or disposed of as described in this procedure in order to meet the intent of the law and to protect the interest of the patient.

Procedure:

The Nurse is aware that all records which specify a required retention period may be destroyed only after CVH has received approval in the form of a “Records Disposal Authorization” (RC-108).

The Nurse contacts the Director of Health Information Management (HIM) to assist in the process of implementing this procedure. **The appropriate manager initiates the “Records Disposal Authorization” form.** It is the Director of HIM, **or the Chief of Financial Services,** who are designated as the Record Manager Liaison Officer (RMLO). The RMLO completes, signs, and dates the Records Disposal Authorization form and sends it to the Public Records Administrator. The Public Records Administrator approves the disposition of all public records. When the approval is received by the hospital, the records may be disposed of in the confidential shred bin located throughout each building.

Within the category of Health Information Management Records and Case Files found on the

Connecticut State Library website, the Nurse follows the retention/disposition schedules for the following documents as stated below:

A. GENERAL RECORDS

<u>Item #</u>	<u>Record Series Title</u>	<u>Minimum Retention Required</u>	<u>Disposition</u>
S4- <u>050</u>	Nursing 24-Hour Report	<u>6 months</u>	destroy
S4- <u>370</u>	Medical records QI/PI (quality improvement/ performance improvement)	5 years	destroy
<u>S1-015</u>	Minutes of administrative and professional staff meetings may be reviewed by JCAHO and/or all committees reporting to executive committee	5 years <u>from date of meetings</u>	destroy
<u>S2-280</u>	Orientation and skill inventory	<u>duration of employment plus 30 years</u>	<u>destroy</u>
<u>S2-340</u>	Orientation (attendance record, schedule, content, outline)	<u>3 years or until audited</u>	destroy
<u>S1-350</u>	Continuing education record, in-service, individual record of completion of orientation	until termination	destroy
S4-280	In-service, continuing education Statistics	5 years	destroy
<u>S2-280</u>	Competency assessment	<u>duration of employment plus 30 years</u>	<u>destroy</u>
<u>S4-340</u>	Preadmission Screening Form patients not admitted	<u>6 months from date of screening</u>	destroy
<u>S3-330</u>	Crash cart checklist (emergency equipment)	<u>3 years</u>	destroy
S4-440	Per Diem logs (list of Per Diem Nurses)	5 years	destroy

<u>S1-450</u>	Master monthly time schedules official time record, including all changes	<u>2 years</u>	destroy
<u>Item #</u>	<u>Records Series Title</u>	<u>Minimum Retention Required</u>	<u>Disposition</u>
<u>S1-440</u>	Patient restraint/seclusion report	<u>2 years from date of report</u>	destroy
<u>S1-340</u>	Policy Manual	<u>5 years from date superseded or voided</u>	retain permanently
S4-495	Staffing level, based on acuity classification system or minimum staffing level (may be computer generated)	5 years	destroy

The Nurse is aware that the retention periods for the documents (records) listed above are minimum periods.

See OP&P Procedure 9.8 Records Retention Schedules For State Agencies, sections on Electronic mail and Voice Mail.