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CHS Community Health Systems IRON MOUNTAIN

Session Objectives

- The Current Healthcare Landscape
- What is Information Governance (IG)?
- Case Study: Community Health Systems Records Retention - Risk Reduction and Defensible Disposition
  - Federal Rules of Civil Procedure
  - Challenges with Document and Record Retention
  - Plan of Action & Lessons Learned
- Next Steps
- Q&A

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The Current Healthcare Landscape

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The Current Landscape: Key Focus Areas

STRATEGIC TARGETS

- Quality outcomes
- Reduced compliance & privacy risks
- Savings targets
- Achieve margin improvement
- Leverage technology

OPERATIONAL EFFICIENCY

- Enhance labor efficiency/ productivity
- Reduce redundancies/ rework
- Improve workflow

COMPLIANCE RISKS

- Advance proactive data and information management
- Improve defensible disposition
- Minimize breach & cybersecurity risks

MERGERS & ACQUISITIONS

- Integrate systems
- Address data discrepancies/ source of truth defined
- Integrate hospitals, physician practices, clinics, & other business units
- Manage cultural shifts

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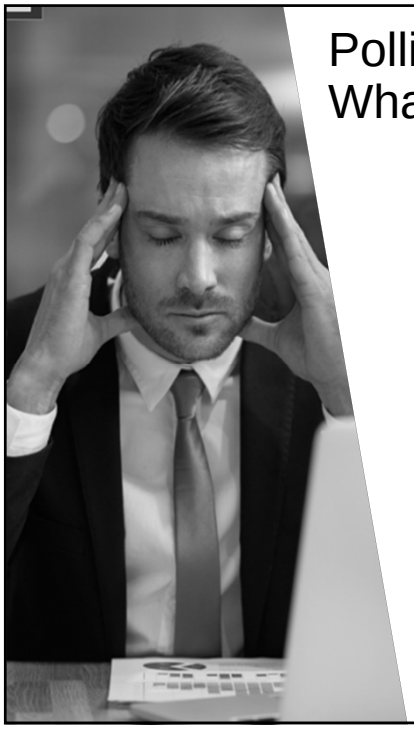

Polling Question: What Gives You a Headache?

- o Changing regulations
- o Advanced technologies
- o Patient-generated health data
- o Growing data volume
- o Lack of focus on life cycle of paper and electronic data
- o Data and information decisions made in silos
- o Ongoing threats of cyber attacks and breaches
- o Staff turnover

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Let's Talk About Paper…

Hospitals account for
1/3 of all healthcare breaches

Results varied by hospital type

Paper and films most often breached

- Theft
- Improper disposal
- Unauthorized access

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Resource: https://www.healthcare-informatics.com/news-item/cybersecurity/paper-records-films-most-common-type-healthcare-data-breach-study-finds

69%

DID YOU KNOW?

Did you know that 69 percent of the information in most companies serves no regulatory, legal or business purpose?

70%

FAST FACT:

In a typical company, as much as 70 percent of paper documents and 60 percent of unneeded electronic information can be defensibly disposed of in a compliant manner.

Resource: https://www.ironmountain.com/resources/general-articles/d/defensible-disposition-and-risk-mitigation-keep-everything-is-not-a-strategy

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What Is Information Governance?

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An organization-wide framework for **managing information throughout its lifecycle** and for supporting an organization's strategy, operations, regulatory, legal, risk, and environmental requirements.

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SOURCE: 2014 Information Governance in Healthcare Benchmarking Survey by Cohasset Associates and AHIMA and underwritten by Iron Mountain.

Polling Question: Where is your organization in its IG journey?

- o A formalized IG program is in place with numerous metrics and successes
- o A formalized IG program is in place but no metrics have been established
- o We've started talking about an IG program but have not yet formalized a program
- o Senior leadership has not yet embraced the need for an IG program
- o I have no idea

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Key IG Concept: Privacy & Cybersecurity

- Administrative Safeguards
  - Data and information inventories
  - Record retention policies and schedules
  - Defensible disposition practices
- Physical Safeguards
  - Buildings
  - Access
- Technical Safeguards
  - Systems
  - Appropriate access
  - Encryption, firewalls, cloud storage, data centers & redundancy

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Resource: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment

Health Care Industry Cybersecurity Task Force

"In health care, security and cyber risk has historically fallen to IT. ***Information governance*** *is a relatively new concept in the industry and should include not just IT and security stakeholders, but also information stakeholders. Governance structures should also include clinical and non-clinical leaders. Governance of information shifts the focus from technology to people, processes, and the policies that generate, use, and manage the data and information required for care."*

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https://www.phe.gov/Preparedness/planning/CyberTF/Documents/report2017.pdf

Defensible Disposition – A Critical Component of IG and Risk Avoidance

"It is natural that information – data and records in all formats – will have an *end of life* at some point in time. Defensible disposition comes into play at this juncture and relates to making decisions about what can be disposed of based on an official policy, and that may mean either moving it to a secure archive or destroying it in a compliant way."

Resource: https://www.ironmountain.com/support/information-economics-academy/our-courses/defensible-disposition

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Challenges with Defensible Disposition

1. Not knowing where to start
2. Ill-defined process or execution plan
3. Legal and operational considerations
4. Limited technology
5. Missing or inadequate controls

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Resource: A Practical Guide to Records and Information Management Destruction, https://www.ironmountain.com/resources/whitepapers/d/defensible-disposition-report

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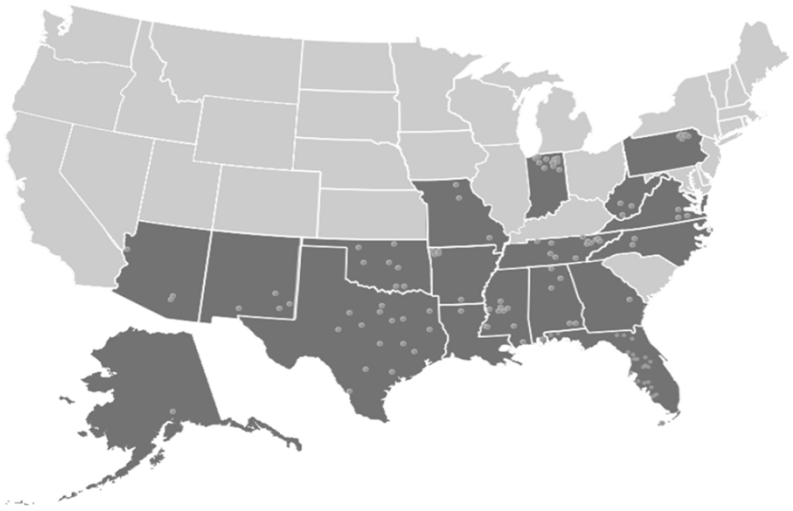

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What are Federal Rules of Civil Procedure ("FRCP")?

- Govern procedure for all civil suits in US District courts
- Established by the Supreme Court
- First adopted and made effective in 1938
- Several amendments with last one effective December 1, 2018
- Expected to set the tone for state and local courts over time

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FRCP and Discovery

- The discovery process for electronically stored information ("ESI") is equal to that of paper records
- Documents may be requested in native file format with metadata intact
- Inability to produce e-documents could result in fines and sanctions
- Sets the stage for comprehensive policies and procedures re: retention, retrieval, and destruction of records—including electronic records

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E-Discovery and Metadata Defined

- Electronic discovery or e-Discovery is the *electronic* aspect of identifying, collecting and producing electronically stored information (ESI) in response to a request for production in a law suit or investigation. ESI includes, but is not limited to, emails, documents, presentations, databases, voicemail, audio and video files, social media, and web sites.
- Metadata is the electronic equivalent of DNA, ballistics and fingerprint evidence, with a comparable power to exonerate and incriminate. Metadata sheds light on the context, authenticity, reliability and dissemination of electronic evidence, as well as providing clues to human behavior. All sorts of metadata can be found in many locations. Some is crucial evidence; some is digital clutter.
  - Resource: Federal Judges Association Newsletter November 29, 2006

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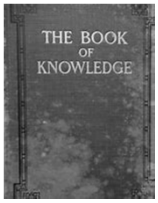
FRCP: What You Need to Know

- Metadata includes information about the content, context, location, version, and other characteristics of data
- Request a narrowed scope when "any and all" records are requested – this could actually include voicemails, text messages, emails, etc.
- Establish sources of info—back-up tapes, instant messages, voice mail, email, departmental computer systems (e.g., lab, imaging, pathology, and OR systems)
- Consider system access, data retention and destruction when IT is replaced or upgraded
- Legal Hold or Preservation Order applies to e-data under FRCP
- Spoliation is the intentional destruction, mutilation, alteration, or concealment of evidence
- State and local laws regarding e-discovery



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FRCP and What You Need to Do

- Carefully and clearly define your records
- Employ data classification procedures
- Determine when the useful life of a document has ended
- Craft complete record retention policies, include e-records
- Develop an airtight record destruction policy and follow it—including e-records
- Inform vendors and contractors with entity records of your retention and destruction policies – ensure you have air tight BAAs – you should virtually never sign a vendor's BAA if you are the covered entity

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FRCP and What You Need to Do

- Develop a process to notify relevant parties of a legal hold when a subpoena or other concern re: litigation is received
- Implement electronic processes to preserve “hold” data
- Establish comprehensive disaster recovery plans and procedures
- Educate, educate, educate
- Summary : initiate Information Governance Practices!

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FRCP Challenges: Admissibility

- Records will be admitted in court if one can demonstrate consistent application of policies, procedures, and methods that support the creation and maintenance of reliable, accurate records
- Printed data from information stored in a computer that accurately reflects the original, is an original (Federal Rules of Evidence)

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Challenges: Data Maintenance & Disaster Planning

- Write policies and procedures to prevent alteration, tampering, and loss of data
- Include procedures to address technology obsolescence or loss during conversion processes
- Consider length of time to retain paper copies of imaged records—refer to state or other retention requirement
- Implement policies for maintaining, protecting, backing up, and recreating data when subject to natural disasters, fire, system downtime, or vandalism
  - Data back up – are your tapes stored in a 'secure' environment?
  - Disaster recovery plan
  - Emergency operations procedures
  - Testing and revision procedures
  - Data and applications analysis

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Challenges: Destruction

- Purge and destroy records according to written retention and destruction schedules – stick to the guidelines – ***if you have the records you must produce them***
- Electronic or imaged records and the accompanying structured and unstructured computer data (audit trails, metadata) should also be destroyed if state regulations allow
- Include destruction method and security of the destruction process in the destruction policy

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Policy Check-Up

- Access and produce e-records pursuant to a legal request
  - Periodically review policies and technical capabilities to ensure a smooth discovery process
  - Stop destruction plans for documents upon which notice of potential litigation is received
- Storage and production of records, including the native file format and metadata maintenance
  - Plan for how business records will be retained and disclosed
  - If info is not necessary, it should not be retained
  - Implement an email retention policy including classification of emails
- Evaluation of compliance with the organization's storage, retention, and destruction policies

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Case Study: Records Retention

- Foreword
- Challenges
  - Size of organization
  - Resources
  - Turn-over
- Plan of Action

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Case Study: Which of these boxes….

- Could have been destroyed more than 10 years ago but will likely generate storage fees for another 10 years?
- Could be harmful to your value and brand?
- Is highly valuable information and may be destroyed because of an incorrectly assigned destruction date?

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Case Study: Plan of Action Initial Steps

- Creation/update of Policies and Procedures, including Retention Schedule
- Establish Document and Record Retention Committee
- Develop Survey Questions for Inventory!
- Communicate Plan of Action to Staff
  - Begin with Corporate departments first
  - Deploy to all hospitals and their affiliated entities

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Case Study: Announcement to Staff

The Corporate Compliance Department has organized a Document Retention project including both paper and electronic storage of documents – including email. It is more important than ever to ensure documents and electronic media files are categorized, inventoried and destroyed according to schedule (insofar as no litigation hold exists), while continuing our effort to minimize the expense associated with maintaining our obligations for document retention.

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Case Study: Phase One Inventory Questions

- Demographic data such as entity name, department name, contact information for person completing survey
- List all off-site storage vendors
- List all locations of on-site storage
- Estimate how many boxes stored with each vendor
- Are logs/manifest/indexes of each stored box maintained?
- Attach a copy of your document retention policy

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Case Study: Project Goals

Primary goal: maintain secure, cost-effective storage of records and specifically to:

- Assess compliance with document retention and destruction guidelines
- Reduce liability of storing unnecessary documents
- Eliminate storage of documents in locations not meeting our security criteria
- Minimize off-site storage costs

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Case Study: Phase Two Actions & Tools

- Project tools* were created to enable determinations regarding:
  - Physical security of current storage,
  - Whether documents continued to require storage, and
  - If records may be destroyed or moved
- Key terms defined: records, secure, unsecure, known & unknown
- A second, more detailed assignment Worksheet* was deployed
- Attestation of Completion*

*Refer to separate document or upcoming slide

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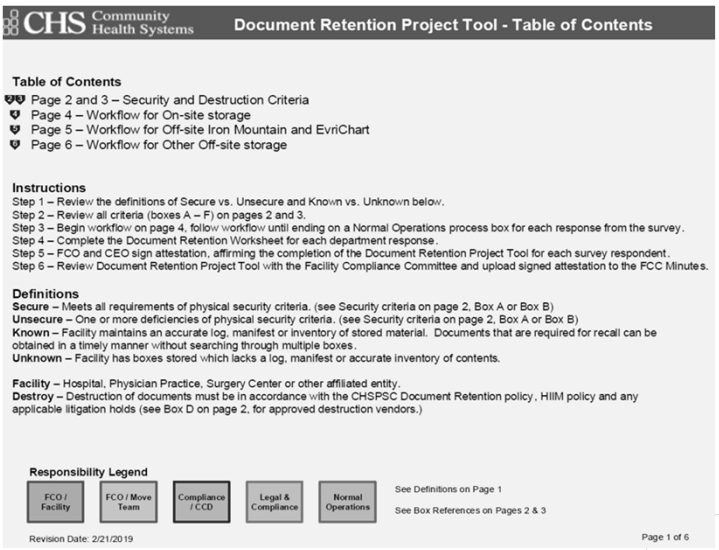
Case Study: Project Tool



CHS Community Health Systems — Document Retention Project Tool - Table of Contents

Table of Contents

Instructions

Step 1 – Review the definitions of Secure vs. Unsecure and Known vs. Unknown below.
Step 2 – Review all criteria (boxes A – F) on pages 2 and 3.
Step 3 – Begin workflow on page 4, follow workflow until ending on a Normal Operations process box for each response from the survey.
Step 4 – Complete the Document Retention Worksheet for each department response.
Step 5 – FCO and CEO sign attestation, affirming the completion of the Document Retention Project Tool for each survey respondent.
Step 6 – Review Document Retention Project Tool with the Facility Compliance Committee and upload signed attestation to the FCC Minutes.

Definitions

Secure – Meets all requirements of physical security criteria. (see Security criteria on page 2, Box A or Box B)
Unsecure – One or more deficiencies of physical security criteria. (see Security criteria on page 2, Box A or Box B)
Known – Facility maintains an accurate log, manifest or inventory of stored material. Documents that are required for recall can be obtained in a timely manner without searching through multiple boxes.
Unknown – Facility has boxes stored which lacks a log, manifest or accurate inventory of contents.

Facility – Hospital, Physician Practice, Surgery Center or other affiliated entity.
Destroy – Destruction of documents must be in accordance with the CHSPSC Document Retention policy, HIIM policy and any applicable litigation holds (see Box D on page 2, for approved destruction vendors.)

Responsibility Legend

FCO / Facility | FCO / Move Team | Compliance / CCD | Legal & Compliance | Normal Operations

See Definitions on Page 1
See Box References on Pages 2 & 3

Revision Date: 2/21/2019

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Case Study: Definitions

- **Secure**: Meets all requirements of physical security criteria
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- **Known**: Facility maintains an accurate log, manifest or inventory of stored material. Documents that are required for recall can be obtained in a timely manner without searching through multiple boxes.
- **Unknown**: Facility has boxes stored which lacks a log, manifest or accurate inventory of contents.

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Case Study: Definitions – On-Site & Off-Site Physical Security Criteria

- **On-Site** Physical Security Criteria
  - Storage location is within the main facility
  - Secured behind locked door and access is limited to appropriate facility personnel

- **Off-Site** Physical Security Criteria
  - Perimeter Security (e.g. fence, proximity sensors, monitored cameras, 24/7 Guard)
  - All entry points are locked
  - Controlled access to facility via badge, guard, key or keypad
  - All employees must have background checks to screen out potential employees for arrests and/or convictions including: theft and/or identity theft
  - Access log maintained
  - 24/7 guard and/or video surveillance
  - Intrusion, fire protection and moisture alarm system
  - HVAC climate controlled to prevent freeze and exposure to extreme heat
  - Multi tenant storage segregation; affiliate storage is inaccessible to others

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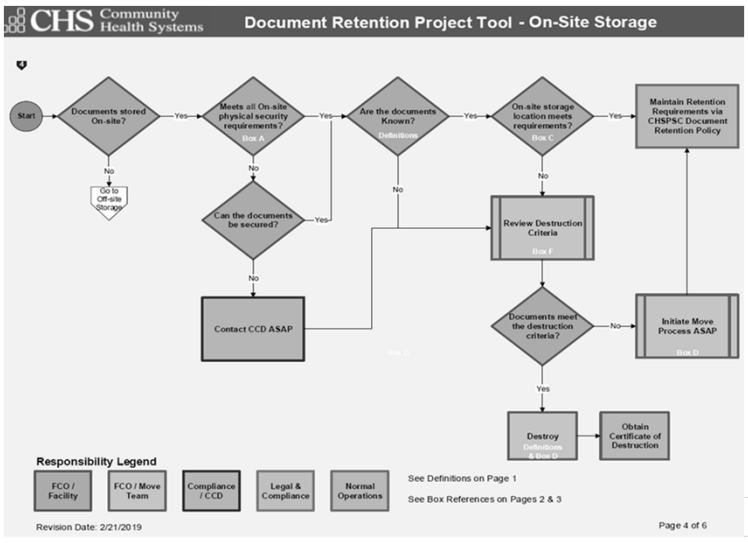
Case Study: Workflow Example



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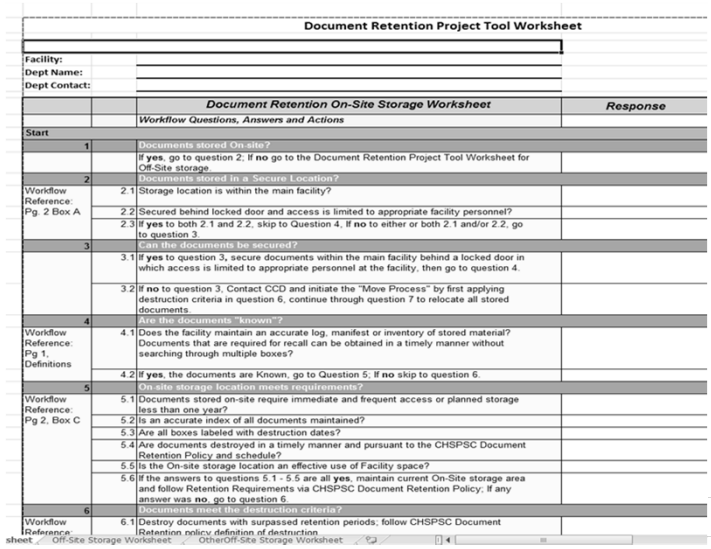
Case Study: Worksheet



Document Retention Project Tool Worksheet

Facility:
Dept Name:
Dept Contact:

		Document Retention On-Site Storage Worksheet	*Response*
		Workflow Questions, Answers and Actions	
Start			
1		**Documents stored On-site?**	
		If **yes**, go to question 2; If **no** go to the Document Retention Project Tool Worksheet for Off-Site storage	
2		**Documents stored in a Secure Location?**	
Workflow Reference: Pg. 2 Box A	2.1	Storage location is within the main facility?	
	2.2	Secured behind locked door and access is limited to appropriate facility personnel?	
	2.3	If **yes** to both 2.1 and 2.2, skip to Question 4; If **no** to either or both 2.1 and/or 2.2, go to question 3.	
3		**Can the documents be secured?**	
	3.1	If **yes** to question 3, secure documents within the main facility behind a locked door in which access is limited to appropriate personnel at the facility, then go to question 4.	
	3.2	If **no** to question 3, Contact CCD and initiate the "Move Process" by first applying destruction criteria in question 6, continue through question 7 to relocate all stored documents.	
4		**Are the documents "known"?**	
Workflow Reference: Pg 1, Definitions	4.1	Does the facility maintain an accurate log, manifest or inventory of stored material? Documents that are required for recall can be obtained in a timely manner without searching through multiple boxes?	
	4.2	If **yes**, the documents are Known, go to Question 5; If **no** skip to question 6.	
5		**On-site storage location meets requirements?**	
Workflow Reference: Pg 2, Box C	5.1	Documents stored on-site require immediate and frequent access or planned storage less than one year?	
	5.2	Is an accurate index of all documents maintained?	
	5.3	Are all boxes labeled with destruction dates?	
	5.4	Are documents destroyed in a timely manner and pursuant to the CHSPSC Document Retention Policy and schedule?	
	5.5	Is the On-site storage location an effective use of Facility space?	
	5.6	If the answers to questions 5.1 - 5.5 are all **yes**, maintain current On-Site storage area and follow Retention Requirements via CHSPSC Document Retention Policy; If any answer was **no**, go to question 6.	
6		**Documents meet the destruction criteria?**	
Workflow Reference:	6.1	Destroy documents with surpassed retention periods; follow CHSPSC Document Retention policy definition of destruction	

sheet | Off-Site Storage Worksheet | OtherOff-Site Storage Worksheet

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Case Study: Attestation

CHSPSC Compliance Department requires the FCO and CEO to complete a Document Retention Project Tool Worksheets & Attestation to certify complete and accurate review of each Document Retention Project Tool. A signature blank has been provided at the end of the document; typed names and signature are required. By signing this document, you are certifying the following:

I certify the Document Retention Project Tool has been completed for each survey response. All issues of concern or non-compliance have been reported to a CHSPSC Compliance Director.

FCO Name (print)	FCO Signature	Date
CEO Name (print)	CEO Signature	Date

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Case Study: Outcome Questions

- Is the Document Retention Project complete?
- Did the FCO & CEO sign the Attestation?
- Date the Attestation was presented to the Facility Compliance Committee
- Number of respondents who completed the Worksheets
- How many boxes were destroyed?
- How many boxes are eligible for destruction?
- How many boxes were sent to vendor storage?
- How many boxes are currently stored within the main hospital/entity?

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Case Study: Lessons Learned & Best Practices

- Accountability: designate Executive Leadership & a Champion point person
- Team effort
- Education
- Oversight: use an existing Committee
- On-going monitoring:
  - Internal Audit
  - Vendor or internal tracking

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Case Study: Don't forget…

- Electronically stored information: email, voicemail, back-up tapes, cloud storage, etc.
- Records stored with contracted or outsourced vendors
  - Consider voice data, web-based applications or websites for Human Resources, Marketing, etc.
- New acquisitions
- Document scanning to EHR

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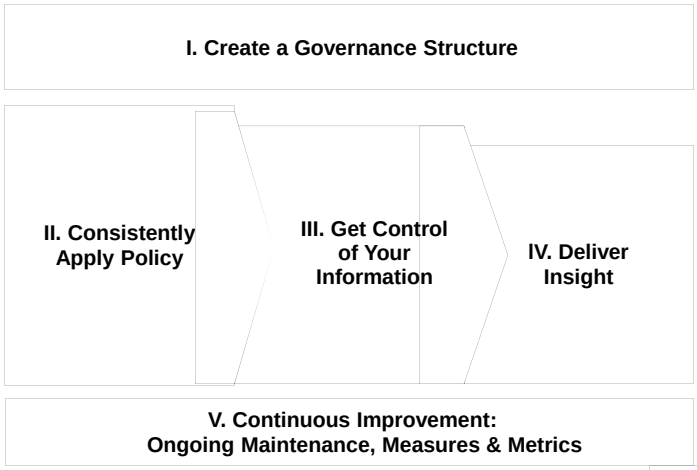
Getting from Here to There

IRON MOUNTAIN®

Roadmap to Achieve Compliance & Enable Enterprise-Wide IG



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Polling Question: Who should lead IG at your organization?

- o CEO/COO
- o CFO
- o CIO/CITO/CISO
- o Compliance
- o Legal
- o HIM
- o It depends…
- o None of the above
- o I have no idea!

IRON MOUNTAIN®

The Positive Impact of an IG Program

STRATEGIC TARGETS

- Quality outcomes
- Reduced compliance risks
- Savings targets
- Achieve margin improvement

OPERATIONAL EFFICIENCY

- Enhance labor efficiency/ productivity
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- Advance proactive data and information management
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MERGERS & ACQUISITIONS

- Integrate systems
- Address data discrepancies/ source of truth defined
- Integrate hospitals, physician practices, clinics, & other business units
- Manage cultural shifts

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A Multi-Phased Approach to Defensible Disposition

A 3-PHASED APPROACH

Phase 1	Phase 2	Phase 3
Assess	**Optimize**	**Transform**
Assess current state & design program	Optimize for risk and cost reduction	Transform for enhanced business value

Defensible disposition is dependent on a solid policy around information/data/IT assets retention and disposition

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Breaking It Down – Manageable Next Steps

Phase 1	Phase 2	Phase 3
Assess	**Optimize**	**Transform**
✓ Develop a record retention policy & schedule or refresh your current one	✓ Look for a record retention policy & schedule	✓ Develop an enterprise-wide plan for defensible disposition
✓ Ensure it is manageable	✓ Evaluate it for currency & thoroughness	✓ Put policy into action
✓ Educate across the workforce, including location of policy/schedule & establish accountabilities	✓ Ask staff if they are aware of a retention policy/schedule & where it is located	✓ Monitor & report metrics & continuously improve

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