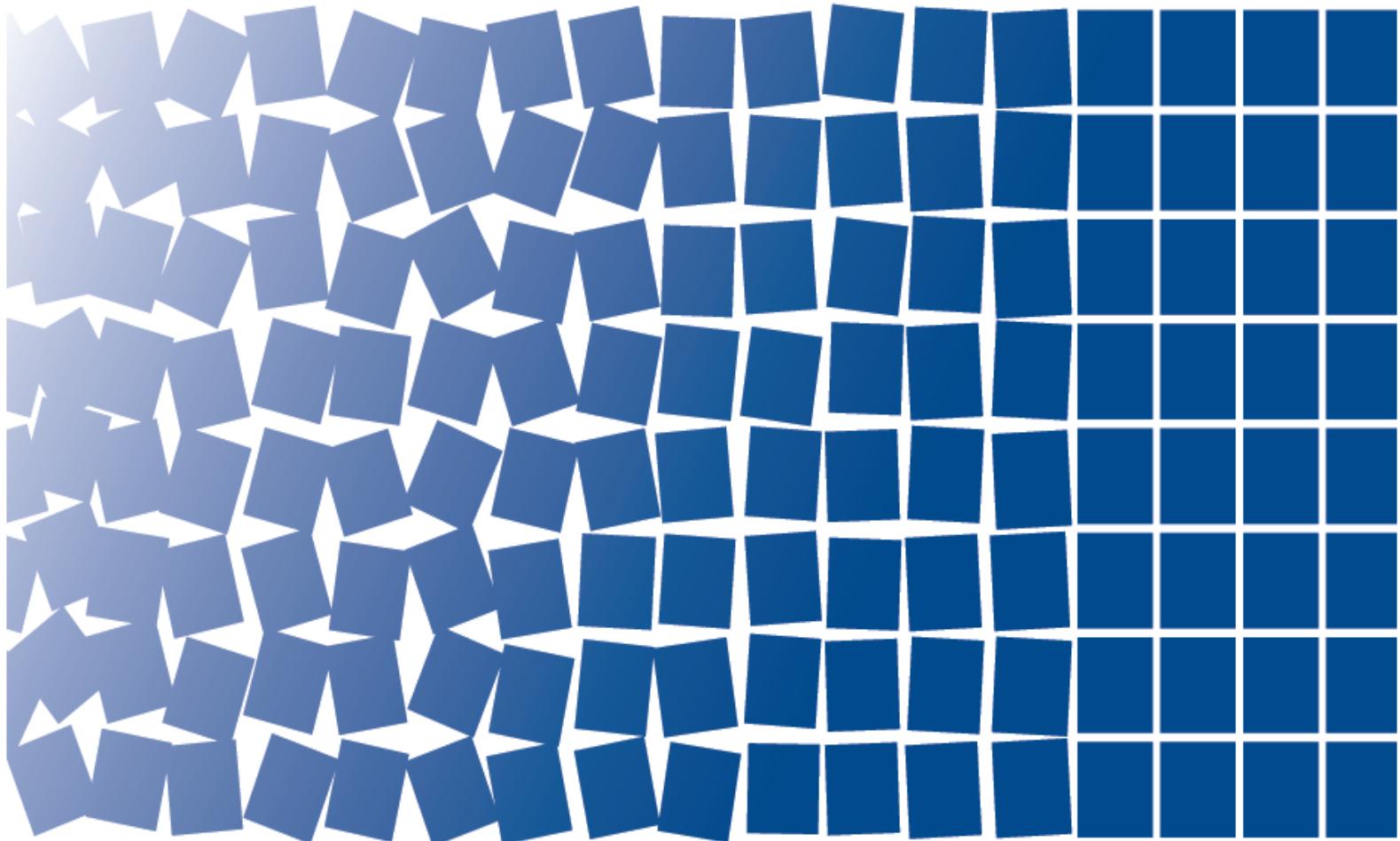


# **HEALTH AUTHORITY PERFORMANCE MANAGEMENT OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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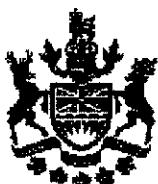
**GOVERNMENT RECORDS SERVICE**



# **HEALTH AUTHORITY PERFORMANCE MANAGEMENT**

## **OPERATIONAL RECORDS**

## **CLASSIFICATION SYSTEM**



**Province of  
British Columbia**

**Corporate Records  
Management Branch**



## ORCS REGISTER OF FORMAL AND ADMINISTRATIVE AMENDMENTS

This register lists all changes made to the *Health Authority Performance Management ORCS* and approved by either the Legislature (formal amendments) or the Public Documents Committee (PDC) Secretary (administrative amendments). Each amendment is uniquely identified as follows:

- **Formal amendments:** Schedule application number assigned to the amendment and used during the review and approval process conducted by the relevant ministry/agency, Records Management Operations (RMO), PDC, the Public Accounts Committee, and the Legislature; e.g., 123456.
- **Administrative amendments:** ADAM plus a registration number issued by Records Management Operations (RMO); e.g., ADministrative AMendment number thirty-eight is ADAM 38.

For administrative amendments policy and guidelines, see Recorded Information Management (RIM) policy entitled “Administrative Amendment of Approved Records Schedules” (CORP006) and *Standard ORCS Kit* chapter 3, section 3.3.

For more information about the changes listed here, see the relevant section, primary, and/or secondary; the ORCS may also have an appendix that provides a more detailed summary of changes.

<b>Unique identifier (ADAM # or Schedule #)</b>	<b>Date Approved</b>	<b>Section/ Primary/ Secondary</b>	<b>Changes</b>
194375	2011-05-19	25500	Semi-active retention periods of secondaries 25500-20 and -30 increased from 5 years to 10 years.
195771	2012-05-31	25400 and 25420	This amendment reflects revised operational requirements, and includes: expansion of the scope of primaries 25400 (Health Organizations - General) and 25420 (Heath Organizations - Appointments) to include appointments to non-health-related organizations; addition of secondaries 25420-05 (Public Health Protection Appointments) and 25420-06 (Appointment Tracking) to enable the classification and disposition of these record types; consolidation of secondaries 25420-30 (Society and Religious Organization Board Appointment Files) and 25420-20 (Heath Authority Board Appointment Files) into secondary 25420-20 (Appointment Files) to provide a general designation for appointments; re-classification of Delegation of Minister's Powers Files to case file secondary 25420-25; and finally, the re-classification of Ministry Inspector Appointments to secondary 25420-20 (Appointment Files) and the narrowing of scope of secondary 25420-04 to cover only Ministry Inspector

			Appointment Lists.



RECORDS RETENTION AND DISPOSITION AUTHORITY

Amendment No. 195771

This is a recommendation to amend the above-noted records schedule.

Title: Health Authority Performance Management - *Amendment 2*

Ministry of Health Services  
Office of the Chief Administrative Officer  
Legislation and Professional Regulation  
Board Appointments

Description and Purpose:

The purpose of this amendment is to expand the scope of primaries to include appointments to non-health-related organizations; addition of secondaries to enable the classification and disposition of records for public health protection appointments and appointment tracking; consolidation of secondaries for society and religious organization board appointments and health authority board appointments into one secondary for appointments to provide a general designation for appointments; re-classification of delegation of minister's powers records; and the re-classification of ministry inspector appointments and the narrowing of scope of secondary 25420-04 to cover only ministry inspector appointment lists.

For further descriptive information about these records, please refer to the attached schedule.

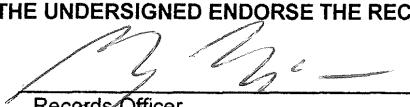
Date range: 1892 ongoing

Physical format of records: see attached schedule

Annual accumulation: 0.64 cubic meters

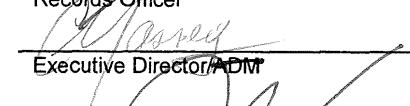
Recommended retention and disposition: scheduled in accord with attached records schedule.

THE UNDERSIGNED ENDORSE THE RECOMMENDATIONS:

  
Records Officer

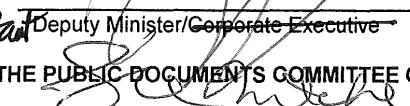
2011/01/13

Date

  
Executive Director ADM

2011/01/20

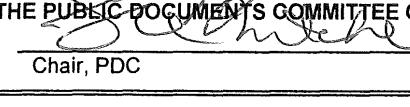
Date

  
Deputy Minister/Corporate Executive

2011/02/21

Date

THE PUBLIC DOCUMENTS COMMITTEE CONCURS:

  
Chair, PDC

31 MAR 2011

Date

THE SELECT STANDING COMMITTEE ON PUBLIC ACCOUNTS APPROVES THE RECOMMENDATION OF THE PUBLIC DOCUMENTS COMMITTEE:

NOV 02 2011

Date

APPROVED BY RESOLUTION OF THE LEGISLATIVE ASSEMBLY:

MAY 31 2012

Date

OTHER STATUTORY APPROVALS:

Signature  
Title:

Date

Signature  
Title:

Date

CONTACT: Mary McIntosh, Ministry Records Officer, (250) 387-9811

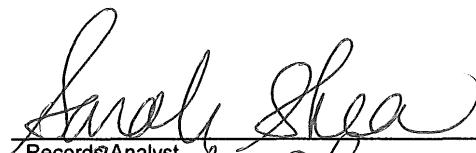
**RECORDS MANAGEMENT APPRAISAL:**

This appraisal documents the recommendation for active and semi-active retention periods.

These records are created and received under the authority of the *Health Authorities Act* (RSBC 1996, c. 180), the *Hospital Act* (RSBC 1996, c. 200), the *Continuing Care Act* (RSBC 1996, c. 70) and subsequent legislation governing the operational responsibilities and functions of the creating agency.

Functional duplicates and microfilmed records are indicated in the attached schedule.

The retention and final disposition guidelines specified in the attached *Operational Records Classification System* amendment meet the creating agency's information requirements, ensure fiscal and audit control, protect government's legal rights and liabilities, and provide for effective management of the agency's operational functions. Upon expiry of the active and semi-active retention periods, the records covered by this recommendation will no longer be of any primary value to government.

  
 \_\_\_\_\_  
 Sarah Shea  
 \_\_\_\_\_  
 Team Lead, ORCS Development

2011/01/11  
 Date  
 2011/01/11  
 Date

**ARCHIVAL APPRAISAL:**

This appraisal documents the recommendation for final disposition.

The final disposition recommendations protect records considered to have significant evidential and historical values. The specific reasons for retaining certain records are stated within the *ORCS*, as well as in the Executive Summary.

Record series or groups of records which will be retained in their entirety are indicated by "Full Retention."

Record series or groups of records which will be retained in part are indicated by "Selective Retention." Selective retention means that portions of the record series will be retained by means of recognized archival selection criteria. For the meaning of selective retention with respect to a specific record series, see the attached schedule.

The definitions of both selective and full retention provide that records will be preserved in the government archives, and that unnecessary duplicates, transitory materials, and ephemera may be discarded.

  
 \_\_\_\_\_  
 Archivist

2011/01/11  
 Date

The undersigned endorses the appraisal recommendations:

  
 \_\_\_\_\_  
 Manager, Policy, Appraisal and Storage

Jan 11, 2011  
 Date

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

This records schedule is approved in accordance with the *Document Disposal Act* (RSBC 1996, c. 99). It constitutes authority for retention and disposition of the records described herein provided ORCS has been implemented according to government policy and procedures. For assistance, contact your Records Officer.

A

SA

FD

### ***HEALTH AUTHORITY PERFORMANCE MANAGEMENT***

#### ***OPERATIONAL RECORDS CLASSIFICATION SYSTEM (ORCS)***

#### **EXECUTIVE SUMMARY FOR AMENDMENT 2**

This *Operational Records Classification System (ORCS)* establishes a classification system and retention and disposition schedule for the operational records created by the Appointments and Operations Branch, Ministry of Health Services, under the applicable authorizing legislation (see Appendix B).

This amendment reflects revised operational requirements, and includes: expansion of the scope of primaries 25400 (Health Organizations - General) and 25420 (Health Organizations - Appointments) to include appointments to non-health-related organizations; addition of secondaries 25420-05 (Public Health Protection Appointments) and 25420-06 (Appointment Tracking) to enable the classification and disposition of these record types; consolidation of secondaries 25420-30 (Society and Religious Organization Board Appointment Files) and 25420-20 (Health Authority Board Appointment Files) into secondary 25420-20 (Appointment Files) to provide a general designation for appointments; re-classification of Delegation of Minister's Powers Files to case file secondary 25420-25; and finally, the re-classification of Ministry Inspector Appointments to secondary 25420-20 (Appointment Files) and the narrowing of scope of secondary 25420-04 to cover only Ministry Inspector Appointment Lists.

The active and semi-active retention periods specified in the schedule meet all operational, administrative, legal, fiscal, and audit requirements. Records Management Operations has reviewed the final dispositions to ensure that records having enduring evidential and historical values are preserved.

For a detailed description of all changes, please consult Appendix A: Summary of Changes to the *Health Authority Performance Management ORCS* (concordance table).

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OPR = Office of Primary Responsibility

CY = Calendar Year

FY = Fiscal Year

NA = Not Applicable

w = week m = month

y = year

SO = Superseded or Obsolete

DE = Destruction

SR = Selective Retention

FR = Full Retention

OD = Other Disposition

VR = Vital Records





BRITISH  
COLUMBIA

Schedule No. 122352

RECORDS RETENTION AND DISPOSITION AUTHORITY

Amendment No. 194375

This is a recommendation to amend the above-noted records schedule.

Title: *Health Authority Performance Management Operational Records Classification System – amendment one*

Ministry of Health Services  
Health Authorities Division  
Home and Community Care and Performance Accountability

Description and Purpose:

The purpose of this amendment is to change the semi-active retention periods of secondary 25500-20 (home and community care planning files), and secondary 25500-30 (home and community care policy development files) from 5 years to 10 years.

For further descriptive information about these records, please refer to the attached schedule.

Date range: 1892 ongoing	Physical format of records: see attached schedule
Annual accumulation: 0.64 cubic meters	

Recommended retention and disposition: scheduled in accord with attached records schedule.

THE UNDERSIGNED ENDORSE THE RECOMMENDATIONS:

Sarah Shea Sept 18/08  
Records Officer, SARAH SHEA  
Katie Hill Sept 18/08  
Executive Director, DIRECTOR KATIE HILL  
Wendy Hill Sept 23/08  
Deputy Minister/Corporate Executive, ADM, Wendy Hill  
Sarah Shea 4 Jan 2009  
THE PUBLIC DOCUMENTS COMMITTEE CONCURS:  
Chair, PDC

THE SELECT STANDING COMMITTEE ON PUBLIC ACCOUNTS APPROVES THE RECOMMENDATION OF THE PUBLIC DOCUMENTS COMMITTEE:

L.T. June 9, 2010  
Date

APPROVED BY RESOLUTION OF THE LEGISLATIVE ASSEMBLY:

L.T. May 19, 2011  
Date

OTHER STATUTORY APPROVALS:

Signature  
Title:

Date

Signature  
Title:

Date

CONTACT: Sarah Shea, Ministry Records Officer, (250) 952-2179

**RECORDS MANAGEMENT APPRAISAL:**

This appraisal documents the recommendation for active and semi-active retention periods.

These records are created and received under the authority of the *Health Authorities Act* (RSBC 1996, c. 180) and the *Hospital Act* (RSBC 1996, c. 200), the *Continuing Care Act* (RSBC 1996, c. 70) and subsequent legislation governing the operational responsibilities and functions of the creating agency.

Functional duplicates and microfilmed records are indicated in the attached schedule.

The retention and final disposition guidelines specified in the attached *Operational Records Classification System* amendment meet the creating agency's information requirements, ensure fiscal and audit control, protect government's legal rights and liabilities, and provide for effective management of the agency's operational functions. Upon expiry of the active and semi-active retention periods, the records covered by this recommendation will no longer be of any primary value to government.

Records Analyst

Date

**ARCHIVAL APPRAISAL:**

This appraisal documents the recommendation for final disposition.

The final disposition recommendations protect records considered to have significant evidential and historical values. The specific reasons for retaining certain records are stated within the *ORCS*, as well as in the Executive Summary.

Record series or groups of records which will be retained in their entirety are indicated by "Full Retention."

Record series or groups of records which will be retained in part are indicated by "Selective Retention." Selective retention means that portions of the record series will be retained by means of recognized archival selection criteria. For the meaning of selective retention with respect to a specific record series, see the attached schedule.

The definitions of both selective and full retention provide that records will be preserved in the government archives, and that unnecessary duplicates, transitory materials, and ephemera may be discarded.

Archivist

Date

The undersigned endorses the appraisal recommendations:

Director, Corporate Information Management Branch

Date



BRITISH  
COLUMBIA

## RECORDS RETENTION AND DISPOSITION AUTHORITY

Schedule No. 122352

Accession No.

see "How to Use ORCS"  
part 3.9.1

This is a recommendation to authorize an operational records classification and scheduling system.

Title: *Health Authority Performance Management Operational Records Classification System*

Ministry of Health Services  
Performance Management and Improvement Division

Description and Purpose:

The *Health Authority Performance Management Operational Records Classification System (ORCS)* covers all operational records created, received, and maintained by the Performance Management and Improvement Division.

These records document the overall performance management of health authorities in the delivery of patient care and health services across the province including performance agreements, standards, policy and legislation, advice on issues, program development, policy and planning, Leadership Council meetings, and health organization appointments and approvals. For further descriptive information about these records, please refer to the attached executive summary.

Date range: 1892 ongoing

Physical format of records: see attached schedule

Annual accumulation: 0.64 cubic meters

Recommended retention and disposition: scheduled in accord with attached ORCS.

THE UNDERSIGNED ENDORSE THE RECOMMENDATIONS:

Records Officer

2004/04/15  
Date

Executive Director/ADM

Deputy Minister/Corporate Executive

April 28/04  
Date

THE PUBLIC DOCUMENTS COMMITTEE CONCURS:

Chair, PDC

3 JUN 04.  
Date

THE SELECT STANDING COMMITTEE ON PUBLIC ACCOUNTS APPROVES THE RECOMMENDATION OF THE PUBLIC DOCUMENTS COMMITTEE:

Date

APPROVED BY RESOLUTION OF THE LEGISLATIVE ASSEMBLY:

Date

OTHER STATUTORY APPROVALS:

Signature  
Title:

Date

Signature  
Title:

Date

CONTACT: McIntosh, Mary, Ministry Records Officer, (250) 952-2179

**RECORDS MANAGEMENT APPRAISAL:**

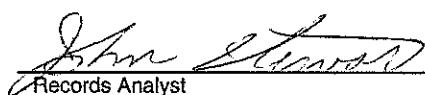
This appraisal documents the recommendation for active and semi-active retention periods.

These records are created and received under the authority of the *Health Authorities Act* (RSBC 1996, c. 180) the *Hospital Act* (RSBC 1996, c. 200), the *Continuing Care Act* (RSBC 1996, c. 70) and subsequent legislation governing the operational responsibilities and functions of the creating agency.

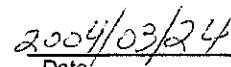
Functional duplicates and microfilmed records are indicated under appropriate classification headings.

The retention and final disposition guidelines specified in the attached *Operational Records Classification System* meet the creating agency's information requirements, ensure fiscal and audit control, protect government's legal rights and liabilities, and provide for effective management of the agency's operational functions. Upon expiry of the active and semi-active retention periods, the records covered by this recommendation will no longer be of any primary value to government.

The retention and final disposition guidelines have been established in consultation with the Records Officer and staff and managers of all branches conducting operational functions in the creating agency.



Records Analyst



Date

**ARCHIVAL APPRAISAL:**

This appraisal documents the recommendation for final disposition.

The final disposition recommendations protect records considered to have significant evidential and historical values. The specific reasons for retaining certain records are stated within the *ORCS*, as well as in the Executive Summary.

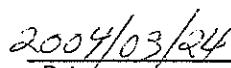
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The definitions of both selective and full retention provide that records will be preserved in the government archives, and that unnecessary duplicates, transitory materials, and ephemera may be discarded.

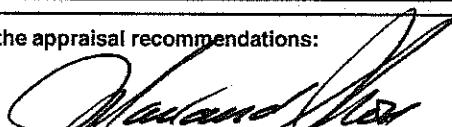


Archivist

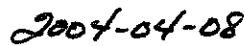


Date

The undersigned endorses the appraisal recommendations:



Director, Corporate Records Management Branch



Date

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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This records schedule is approved in accordance with the *Document Disposal Act* (RSBC 1996, c. 99). It constitutes authority for retention and disposition of the records described herein provided ORCS has been implemented according to standards approved by Corporate Records Management Branch. For assistance in implementing ORCS, contact your Records Officer.

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A      SA      FD

### **HEALTH AUTHORITY PERFORMANCE MANAGEMENT**

#### **OPERATIONAL RECORDS CLASSIFICATION SYSTEM (ORCS)**

#### **EXECUTIVE SUMMARY**

This *Operational Records Classification System* (ORCS) establishes a classification system and retention and disposition schedule for the operational records created by the Performance Management and Improvement Division of the Ministry of Health Services under the *Health Authorities Act* (RSBC 1996, c. 180), the *Hospital Act* (RSBC 1996, c. 200) and *Continuing Care Act* (RSBC 1996, c. 70).

These records document the overall performance management of health authorities in the delivery of patient care and health services across the province, including health authority performance agreements, standards, policy and legislation; consultative advice and support on issues related to health authorities; surgical wait lists and times; human blood, cell, tissue, and organ programs; home and community care services policy and planning; midwifery services; Leadership Council meetings; and health organization appointments and approvals. There are five regional health authorities (Northern, Interior, Vancouver Island, Vancouver Coastal, and Fraser) that govern, plan, and coordinate health services (e.g., acute care, continuing care, and adult mental health care) in their regions, and one centralized provincial health authority, the Provincial Health Services Authority (PHSA).

The active and semi-active retention periods specified in the schedule meet all operational, administrative, legal, fiscal, and audit requirements. Corporate Records Management Branch has reviewed the final dispositions to ensure that records having enduring evidential and historical values are preserved.

This ORCS covers records created and received since 1892 when the inspection and approval of hospitals was first required, although the majority of records were created and received since 1997 when the health authorities were first established. Previous records relating to the functions documented in this ORCS have been appraised and scheduled under one-time records schedule(s) and/or under ongoing records schedule(s), and transferred to the government archives or destroyed as appropriate.

(continued on next page)

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w = week m = month  
y = year

SO = Superseded or Obsolete  
DE = Destruction  
SR = Selective Retention  
FR = Full Retention  
FOI = Freedom of Information/Privacy  
VR = Vital Records

## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

This records schedule is approved in accordance with the *Document Disposal Act* (RSBC 1996, c. 99). It constitutes authority for retention and disposition of the records described herein provided ORCS has been implemented according to standards approved by Corporate Records Management Branch. For assistance in implementing ORCS, contact your Records Officer.

A      SA      FD

The following summary describes the types of records covered by this ORCS and identifies their retention periods and final dispositions. In this summary, record types are linked to the ORCS by primary and secondary numbers. Please consult the ORCS manual for further information.

- |    |   |    |    |    |
|----|---|----|----|----|
| 1) | <u>Policy and Procedures</u><br>(secondary -00 throughout ORCS) | SO | 5y | FR |
|----|---|----|----|----|

Throughout this ORCS, the government archives will fully retain all policy and procedure files created by offices having primary responsibility for policy and procedure development and approval. These records have evidential value. Draft and duplicate materials which hold insufficient value to merit preservation may be purged and discarded.

- |     |  |    |    |    |
|-----|--|----|----|----|
| 2). | <u>Denominational master agreement</u><br>(secondary 25440-02) | SO | 7y | FR |
|-----|--|----|----|----|

These records document the agreement between Province and the association that represents religious organizations that operate hospitals.

7y = The seven-year semi-active retention period ensures that the agreement is retained for the six-year limitation period for commencing an action with respect to a contract under the *Limitation Act* (RSBC 1996, c. 266, s. 3).

FR = The government archives will fully retain the denominational master agreement because it sets out the rights and responsibilities of religious organizations that operate hospitals in relation to those of health authorities.

- |     |  |    |    |    |
|-----|--|----|----|----|
| 3). | <u>Society amalgamations with health authorities files</u><br>(secondary 25440-40) | SO | 5y | FR |
|-----|--|----|----|----|

These records document the amalgamation of organizations such as hospital societies, continuing care societies, home support societies, mental health agencies, alcohol and drug treatment agencies, and public/community health agencies prior to 2001 with the previous regional health boards and councils, and society amalgamations since 2001 with the new regional health authorities.

(continued on next page)

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A      SA      FD

FR = The government archives will fully retain society amalgamations with health authorities files because they constitute the only complete record of society amalgamations with health authorities.

- 4). Human blood, cell, tissue, and organ issues files SO 5y FR  
(secondary 25600-20)

These records document issues around the collection and use of human cells, tissues and organs, including transplant tissue testing, blood utilization, and the review and approval of the Canadian Blood Service annual budget.

FR = The government archives will fully retain these files because they document issues with significant public interest and health concerns, and ministry involvement in these issues.

- 5) Province-wide health care program development files SO 2y FR  
(secondary 25100-30)

These records document the development of major provincial health care initiatives, such as BC Telehealth and BC Bedline.

FR = The government archives will fully retain province-wide health care program development files because they significantly document the development of major provincial programs designed to improve the health care system across BC, as well as the rationale behind the development of the programs. These files also include agreements between the ministry, the health authorities, and the federal government.

- 6) Health authority legislation and policy review files SO 2y FR  
(secondaries 25200-02, -20, -30)

These records document the review and formulation of recommendations on legislation and policy pertaining to health authorities.

(continued on next page)

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# OPERATIONAL RECORDS CLASSIFICATION SYSTEM

This records schedule is approved in accordance with the *Document Disposal Act* (RSBC 1996, c. 99). It constitutes authority for retention and disposition of the records described herein provided ORCS has been implemented according to standards approved by Corporate Records Management Branch. For assistance in implementing ORCS, contact your Records Officer.

A      SA      FD

**FR =** The government archives will fully retain health authority legislation review and policy development files because they significantly document the legislative framework and policy directions of the provincial government regarding health service delivery by health authorities, as well as the rationale behind approved policies.

- 7). Health authority performance agreement development files SO 2y FR  
(secondary 25320-20)

These records document the development, negotiation and approval of performance agreements between the Province and the health authorities.

**FR =** The government archives will fully retain health authority performance agreement development files because they document a unique accountability relationship implemented in March 2002 between the provincial government and the six health authorities.

- 8). Emerging health care issues files  
(secondary 25340-20) SO 2y FR

These records document the research and formulation of recommendations on emerging health issues, such as the emergence of new communicable diseases, which may affect the ability of health authorities to meet their performance expectations.

**FR =** The government archives will fully retain emerging health care issues files because they significantly document a variety of issues of concern to the ministry and health authorities.

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## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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		<u>A</u>	<u>SA</u>	<u>FD</u>
9).	<u>Leadership Council meeting files</u> (secondary 25700-20)	SO	2y	FR

These records document strategic planning for the delivery of quality health care; accountability frameworks; actions required to address provincial health care priorities and improvements; the performance of the health care system from the perspective of quality patient care, financial management, and efficiencies; and topical issues of interest to the ministry and health authorities. The Leadership Council consists of the Deputy Minister, senior ministry staff, and the Chief Executive Officers of the six health authorities.

FR = The government archives will fully retain Leadership Council meeting files because they significantly document provincial health system issues, priorities, and strategic directions.

10).	<u>Midwifery policy development and issues files</u> (secondary 25800-30)	SO	2y	FR
------	--	----	----	----

These records document the research and formulation of recommendations on midwifery issues, such as the professional registration of midwives and the establishment of special funds to cover extra costs incurred by midwives.

FR = The government archives will fully retain midwifery policy development and issues files because they significantly document the midwifery policy directions of the Province and topical midwifery issues.

11).	<u>PBCO reporting files</u> (secondary 25640-40)	CY+2y	2y	FR
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These records document the activities of the Provincial Blood Coordinating Office, including annual budgets, quarterly reports, project updates, newsletters [e.g., *Blood Matters*], and final project reports [e.g., *Final Report of the Blood Recipient Notification Project for Hepatitis C*].

FR = The government archives will fully retain PBCO reporting files because they significantly document the coordination and communication of provincial blood issues and programs.

(continued on next page)

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FY = Fiscal Year

NA = Not Applicable

w = week m = month

y = year

SO = Superseded or Obsolete

DE = Destruction

SR = Selective Retention

FR = Full Retention

FOI = Freedom of Information/Privacy

VR = Vital Records

## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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		<u>A</u>	<u>SA</u>	<u>FD</u>
12).	<u>Approved performance standards and background reports</u> (secondary 25360-02)	SO	nil	FR
	These records document the level of performance expected of health authorities in the delivery of patient care and health services, and the rationale behind the standards.			
	FR = The government archives will fully retain approved performance standards and background reports because they document the government's requirements for the delivery of health services in the province.			
13).	<u>Health authority performance monitoring files</u> (secondary 25340-30)	CY+2y	5y	SR
	These records document the monitoring of health authority compliance with performance agreements and expectations.			
	8y = The eight-year retention period is based on ministry legal counsel concerns of potential legal action in relation to complaint letters. Since complaint letters received for the past 15 years pertain exclusively to services, the eight-year retention period provides a reasonable period of time for the legal value of these records to be extinguished.			
	SR = The government archives will selectively retain these records because they significantly document the provincial government's health care performance monitoring requirements, and health authority planning strategies, budgets, and achievements.			
14).	<u>Midwifery fee schedule contract negotiation files</u> (secondary 25800-20)	SO	7y	SR
	These records document the negotiation of the compensation rate for qualified BC midwives to provide comprehensive maternity care for low risk pregnancies.			
	7y = The seven-year semi-active retention period is based on the six-year limitation period for commencing an action with respect to a contract under the <i>Limitation Act</i> (RSBC 1996, c. 266, s. 3).			
	(continued on next page)			

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---

A      SA      FD

SR = The government archives will selectively retain midwifery fee schedule contract negotiation files by retaining completed contracts. These records document the range of services and fees for midwifery in the province over time.

15).	<u><i>Home and Community Care Policy Manual</i></u> (secondary 25500-02)	SO	nil	SR
------	---	----	-----	----

These records document the policies on the provision of home-based and community based health services for residents who need assistance due to aging, illness or disability.

SR = The government archives will retain the *Home and Community Care Policy Manual* because it significantly documents provincial policies for home and community care services in BC.

16).	<u><i>Provincial Wait Time Trends</i></u> status reports (secondary 25900-08)	SO	nil	SR
------	--	----	-----	----

These records document the wait times for non-emergency surgical procedures since 1998.

SR = The government archives will selectively retain the *Provincial Wait Time Trends* status report because it provides a concise summary of the wait over time for non-emergency surgical procedures in BC.

17).	<u><i>Private hospital licence, inspection and approval files</i></u> (secondaries 25440-30, -32, -35)	SO	20y	DE
------	---	----	-----	----

These records document the approval of private hospital land, mortgage, company and share transfers, facility alterations, operating licences, and quality assurance inspections.

20y = The 20-year semi-active retention period is based on ministry legal counsel concerns of potential allegations of abuse of private hospital residents. The 20-year semi-active retention period combined with the active retention period provides a reasonable period of time for the legal value of these records to be extinguished.

(continued on next page)

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		<u>A</u>	<u>SA</u>	<u>FD</u>
18).	<u>Health care donations in trust files</u> (secondary 25440-03)	SO	10y	DE

These records document the minister's approval of the release of money that has been donated by agreement to the Province for specific health care purposes.

SO = when all funds covered by an agreement are released

10y = The 10-year semi-active retention period is based on the 10-year limitation period for commencing an action with respect to a trustee under the *Limitation Act* (1996, c. 266, s. 3).

19).	<u>Hospital designation files</u> (secondary 25440-05)	SO	10y	DE
------	---	----	-----	----

These records document the minister's approval of facilities to be designated as hospitals.

10y = Ministry legal counsel have advised that in light of the realignment of hospitals with health authorities in 2001, hospital designation records should be retained for a period of 10 years in semi-active storage, which allows sufficient time for legal value to be extinguished.

20).	<u>Surgical Wait List Registry submission data</u> (secondary 25900-20)	CY+9y	nil	DE
------	--	-------	-----	----

These records document scheduled inpatient and outpatient surgeries in BC hospitals.

10y = The relevance of raw data that is more than 10 years old is questionable because of the likelihood of changes in government policy directions and reporting requirements. However, an historical record of wait times and wait lists is assured by the retention of the Wait-R summary tables (classified under secondary -11).

(continued on next page)

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		<u>A</u>	<u>SA</u>	<u>FD</u>
21).	<u>Health organization land files</u> (secondary 25440-25)	SO	7y	DE
	These records document ministerial approval of hospital land transactions.			
	7y = The seven-year semi-active retention period ensures that records relating to agreements (e.g., lease and right-of-way agreements) are retained for the six-year limitation period for commencing an action with respect to a contract under the <i>Limitation Act</i> (RSBC 1996, c. 266, s. 3).			
22)	<u>Non-health authority specific correspondence files</u> (secondary 25100-20)	CY+2y	5y	DE
	These records document letters to the executive and senior branch staff and reply letters, as well as petition letters and organized writing campaigns related to the health system as a whole (i.e., not any one health authority in particular.)			
	8y = The eight-year retention period is based on ministry legal counsel concerns that responses interpreting ministry policies may be of potential legal value. The eight-year retention period provides a reasonable period of time for the legal value of these records to be extinguished.			
23)	<u>Electronic Records</u>			DE

The following electronic databases are covered by this ORCS: Central Transfusion Registry and the Surgical Waitlist Registry. The Information System Overview section provides information about the electronic systems, inputs and outputs and routine back-ups. Notes under the relevant ORCS secondaries provide information about the classification and scheduling of the records. These records have no enduring value to government at the end of their scheduled retention periods.

(continued on next page)

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A      SA      FD

24) All Other Records

DE

All other records are destroyed at the end of their semi-active retention periods. The retention of these records varies depending on the nature of the records and the function performed, but does not exceed seven years. The information these records contain is summarized elsewhere, or reflects policies and procedures adequately documented in records covered by the -00 Policy and procedures secondaries. Significant issues are documented in records that will be retained under the provisions of this ORCS, as well as in briefing notes to the ministry executive (ARCS secondary 280-03) and Ministry of Health annual reports (ARCS secondary 442-20). These records have no enduring value to government at the end of their scheduled retention periods.

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### ***HEALTH AUTHORITY PERFORMANCE MANAGEMENT OPERATIONAL RECORDS CLASSIFICATION SYSTEM***

#### **TABLE OF CONTENTS**

ORCS REGISTER OF AMENDMENTS

EXECUTIVE SUMMARY

TABLE OF CONTENTS

HOW TO USE ORCS

SECTION 1      25000 - 25999      HEALTH AUTHORITY PERFORMANCE MANAGEMENT

ISO SECTION    CTR                    CENTRAL TRANSFUSION REGISTRY

                  SWLR                  SURGICAL WAIT LIST REGISTRY

GLOSSARY

APPENDICES     APPENDIX A        SUMMARY OF CHANGES TO THE *HEALTH AUTHORITY  
PERFORMANCE MANAGEMENT ORCS (CONCORDANCE TABLE)*

                  APPENDIX B        LISTING OF LEGISLATION AUTHORIZING APPOINTMENTS AND  
    LEGISLATION

INDEX



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A      SA      FD

### SECTION 1

#### HEALTH AUTHORITY PERFORMANCE MANAGEMENT

#### PRIMARY NUMBERS

2 5 0 0 0 - 2 5 9 9 9

Section 1 covers records relating to managing the performance of health authorities in the delivery of patient care and health services across the province under the *Health Authorities Act* (RSBS 1996, c. 180). This includes records relating to: health authority performance agreements, standards, policy and legislation; consultative advice and support on issues related to health authorities; surgical wait lists and times; human blood, cell, tissue, and organ programs; home and community care services; midwifery services; Leadership Council meetings; and health organization appointments and approvals under the *Health Authorities Act*, *Hospital Act* (RSBC 1996, c. 200) and *Continuing Care Act* (RSBC 1996, c. 70).

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A      SA      FD

### SECTION 1

#### 25000 - HEALTH AUTHORITY PERFORMANCE MANAGEMENT - 25999

##### TABLE OF CONTENTS

25000 HEALTH AUTHORITY PERFORMANCE MANAGEMENT - GENERAL

25050 CONSULTATIVE ADVICE AND SUPPORT

25100 CROSS-PROGRAM SERVICES

25200 HEALTH AUTHORITY LEGISLATION AND POLICY REVIEW

25300 HEALTH AUTHORITY PERFORMANCE - GENERAL

25320    - AGREEMENTS  
25340    - MONITORING  
25360    - STANDARDS

25400 HEALTH ORGANIZATIONS - GENERAL

25420    - APPOINTMENTS  
25440    - APPROVALS

25500 HOME AND COMMUNITY CARE POLICY AND PLANNING

25600 HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - GENERAL

25640    - CLINICAL BLOOD PROGRAMS

25700 LEADERSHIP COUNCIL

25800 MIDWIFERY PROGRAM

25900 SURGICAL WAIT LIST REGISTRY

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A      SA      FD

### 25000 HEALTH AUTHORITY PERFORMANCE MANAGEMENT - GENERAL

Records not shown elsewhere in the health authority performance management section which relate generally to managing the performance of health authorities in the delivery of patient care and health services across the province.

There are five regional health authorities (Northern, Interior, Vancouver Island, Vancouver Coastal, and Fraser) that govern, plan, and coordinate health services (e.g., acute care, continuing care, and adult mental health care) in their regions, and one centralized provincial health authority, the Provincial Health Services Authority (PHSA).

PHSA works with the five regional health authorities to plan and coordinate the delivery of provincial programs and highly specialized services such as cancer treatment, cardiac care, treatment of severe burns, and organ transplants. It also governs and manages organizations that provide health services on a province-wide basis (e.g., B.C. Cancer Agency, Children's and Women's Health Centre of BC, BC Centre for Disease Control, BC Drug and Poison Information Centre, BC Transplant Society, Riverview Hospital, and Forensic Psychiatric Services).

The web pages classified under secondaries -02 and -03 provide information on the role and responsibilities of health authorities.

Record types include correspondence, reports, and web site.

Unless otherwise specified below, the ministry OPR (Performance Management and Improvement Division) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00      Policy and procedures

- OPR      SO  
- non-OPR      SO

5y      FR  
nil      DE

FR = The government archives will retain all policy and procedure files created by offices having primary responsibility for policy and procedure development and approval. These records have evidential value.

-01      General

(continued on next page)

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A      SA      FD

25000     **HEALTH AUTHORITY PERFORMANCE MANAGEMENT - GENERAL**  
(continued)

-02     Health authority internet web pages                        SO      nil      DE

SO = when the web pages are altered, updated, redesigned or closed

DE = As the web pages are updated, superseded/obsolete versions of documents on them may be destroyed in accordance with approved retention schedules. When the web pages are closed, they can be destroyed after relevant schedules have elapsed and/or the documents have been classified elsewhere.

NOTE: The health authority web pages are accessed through the Ministry of Health Services internet website (<http://www.healthservices.gov.bc.ca>). The web pages provide general information about health authorities, including related documents (e.g., performance standards, performance agreements, and health service redesign plans) and links to related web sites. Because this is a simple web site, an information system overview for a web site has not been developed.

NOTE: All documents presented on these web pages are classified under appropriate secondaries within this ORCS or in ARCS (e.g., performance standards are under secondary 25360-02, performance agreements are under secondary 25320-20, and health service redesign plans are under secondary 25340-30).

-03     Health authority intranet web pages                        SO      nil      DE

SO = when the web pages are altered, updated, redesigned or closed

DE = As the web pages are updated, superseded/obsolete versions of documents on them may be destroyed in accordance with approved retention schedules. When the web pages are closed, they can be destroyed after relevant schedules have elapsed and/or the documents have been classified elsewhere.

(continued on next page)

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A      SA      FD

25000    **HEALTH AUTHORITY PERFORMANCE MANAGEMENT - GENERAL**  
(continued)

NOTE: The intranet web pages, which are accessed through the Partnership Matters link, provide information to health authorities, ministry staff, and other approved users. The web pages include policy manuals, forms, organization charts, descriptions of projects, surgical wait times, and links to related web sites. Because this is a simple web site, an information system overview for a web site has not been developed.

NOTE: All documents presented on these web pages are classified under appropriate secondaries within this ORCS or in ARCS.

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A      SA      FD

### 25050 CONSULTATIVE ADVICE AND SUPPORT

Records relating to providing consultative advice and support to branch and ministry personnel on issues related to health authorities. This involves researching and advising on topical issues and existing and new ministry policies and programs that may affect health authorities or the ministry.

It also involves reviewing and approving medical staff bylaws and requests for out-of-province medical treatment, responding to Coroner's recommendations, and providing recommendations to the federal government on the issuance of minister's permits to immigrants to BC who have health conditions.

Record types include correspondence, reports, and other types of records as indicated under relevant secondaries.

Unless otherwise specified below, the ministry OPR (Medical Consultants, Performance Management Improvement Division) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - non-OPR	SO SO	5y nil	FR DE
-01	General				
-02	Consultative advice reference materials (includes articles, papers, and reports)		SO	nil	DE

NOTE: This secondary covers a collection of resource material used for reference and research.

-20	Consultative advice on health authority issues files (arrange by issue)	SO	2y	DE
-----	--	----	----	----

SO = when advice is given, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

(continued on next page)

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A      SA      FD

**25050      CONSULTATIVE ADVICE AND SUPPORT (continued)**

DE = Consultative advice on health authority issues files may be destroyed upon authorization of the records officer because the information is documented in minister's letters, and in reports to the branch and ministry executive, which are transferred to the government archives under the Executive Records schedule 102906.

-30	Medical staff bylaw approval files (includes bylaws) (arrange by the six regional health authorities and the board or council of earlier health authorities)	SO	2y	DE
-----	--	----	----	----

SO = when replaced by new approved bylaw

2y = The two-year semi-active retention period ensures these records will not be of any further use.

**NOTE:** Medical staff bylaws, which are approved by the minister under the *Hospital Act* (s. 2), define the working relationship, mutual obligations and rights, and recourse in disagreements between hospitals and physicians and other independent health care professionals (e.g., midwives and dentists) who conduct a portion of their medical practices in hospitals.

PIB	-40      Out-of-province gender reassignment treatment requests (includes copies of request letters and replies) (arrange by patient)	SO	nil	DE
-----	---	----	-----	----

**NOTE:** This secondary provides for the retention and disposition of a records series discontinued in 2003. The purpose of these records was to keep the division's medical consultants informed about gender reassignment treatment approvals. The responsibility for reviewing and approving these requests is Medical Services Commission (MSC) Support and Supplementary Benefits Program.

(continued on next page)

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A      SA      FD

25050    **CONSULTATIVE ADVICE AND SUPPORT** (continued)

PIB      -50     Out-of-province substance abuse treatment requests  
              (includes copies of request letters and replies)  
              (arrange by patient)

SO+1y    nil    DE

SO = when decision letter is sent

NOTE: These records document requests from physicians to the Province to cover the treatment costs of their substance addicted patients in facilities located in other Canadian provinces.

PIB      -60     Recommendations for minister's immigration permits  
              (includes correspondence, laboratory results, and related medical records)  
              (arrange by client)

SO+1y    nil    DE

SO = when recommendation letter is sent

NOTE: These records document federal government requests to the Province for recommendations on whether or not minister's permits should be issued to immigrants to BC who have health problems. A positive response means that the Province will cover the immigrants' medical costs.

PIB      -70     Responses to Coroner's recommendations to the ministry  
              (includes copies of coroner's reports and response letters)  
              (arrange by client)

SO+1y    nil    DE

SO = when response letter is sent

DE = Responses to Coroner's recommendations to the ministry may be destroyed upon authorization of the records officer because responses to Coroner's recommendations are fully retained in microfilmed case files from the *British Columbia Coroners Service ORCS* (schedule number 116356, secondary 81200-60).

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A      SA      FD

### 25100 CROSS-PROGRAM SERVICES

Records relating to services that involve or affect all program areas in the division. This includes managing the division's correspondence and providing strategic direction for specific province-wide programs.

Record types include correspondence, and other types of records as indicated under relevant secondaries.

For health authority specific correspondence, see secondary 25340-30.

Unless otherwise specified below, the ministry OPR (Program Services Branch) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00 Policy and procedures

- OPR      SO      5y  
- non-OPR      SO      nil      FR

-01 General

FOI      -20 Non-health authority specific correspondence files  
(covers letters to the executive and senior branch staff and reply letters, as well as petition letters and organized writing campaigns)  
(arrange by sender or client in files coded by letters of the alphabet [i.e., "A to Z" files]; or by subject, and then in "A to Z" coded files, whichever is appropriate)

CY+2y      5y      DE

8y = The eight-year retention period is based on ministry legal counsel concerns that responses interpreting ministry policies may be of potential legal value. The eight-year retention period provides a reasonable period of time for the legal value of these records to be extinguished.

DE = Non-health authority specific correspondence files may be destroyed upon authorization of the records officer because significant issues are documented in the health authority performance monitoring files (classified under secondary 25340-30) which will be retained by the government archives.

(continued on next page)

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# OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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A SA FD

**25100 CROSS-PROGRAM SERVICES (continued)**

**NOTE:** These records document complaints and inquiries that do not directly relate to a particular health authority. Health authority specific correspondence is classified under secondary 25340-30.

FOI: These records may contain personal information.

**NOTE:** Although the OPR is the designated non-executive office for minister's letters and replies, these records are classified in *ORCS* instead of *ARCS* in order to provide for a shorter retention period and destruction of these records.

-30 Province-wide health care program development files  
(includes correspondence, discussion papers, and reports)  
(arrange by program)

**SO** = upon conclusion, cancellation or abandonment of the development of the program, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

**FR =** The government archives will fully retain province-wide health care program development files because they significantly document the development of major provincial programs designed to improve the health care system across BC, as well as the rationale behind the development of the programs. These files also include agreements between the ministry, the health authorities, and the federal government.

**NOTE:** Examples of province-wide programs developed by the provincial government are the BC Telehealth Program (the use of technology for clinical information exchange, specialist services in rural areas, and continuing education) and BC Bedline (the provincial acute care bed management system). Responsibility for those programs has been transferred to the Provincial Health Services Authority (PHSA).

A = Active  
SA = Semi-active  
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PUR = Public Use Records  
OPR = Office of Primary Responsibility

CY = Calendar Year  
FY = Fiscal Year  
NA = Not Applicable  
w = week m = month  
v = year

SO = Superseded or Obsolete  
DE = Destruction  
SR = Selective Retention  
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## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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A      SA      FD

25200    **HEALTH AUTHORITY LEGISLATION AND POLICY REVIEW**

Records relating to reviewing and formulating recommendations on legislation and policy pertaining to health authorities and health services delivered by health authorities.

Record types include correspondence, discussion papers, briefing notes, manuals, and reports.

For requests for legislation and legislation drafts, see ARCS secondary 135-40, maintained by the Planning, Policy, and Legislation Division, Ministry of Health Services.

Unless otherwise specified below, the ministry OPR (Standards and Performance Development Branch) will retain these records for:

CY+2y    nil    DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO    nil    DE

-00	Policy and procedures	- OPR - <u>non-OPR</u>	<u>SO</u> <u>SO</u>	5y nil	FR DE
-01	General				
-02	Health service delivery policy manuals		SO	nil	FR

SO = when no longer required for reference purposes

FR = The government archives will fully retain health service delivery policy manuals because they document government policies, procedures, and guidelines for patient care in British Columbia since 1984.

NOTE: This secondary covers health authority policy manuals, as well as earlier acute care policy manuals dating from 1984.

-20	Health authority legislation review project files (arrange by project, and then by phase)	SO	2y	FR
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SO = when a request for legislation is submitted to legislative counsel or when the project is abandoned or cancelled, and when no longer required for reference purposes

(continued on next page)

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A SA FD

**25200 HEALTH AUTHORITY LEGISLATION AND POLICY REVIEW (continued)**

2y = The two-year semi-active retention period ensures these records will not be of any further use.

**FR =** The government archives will fully retain health authority legislation review project files because they significantly document the development of the legislative framework governing health authorities.

-30 Health authority policy development files  
(arrange by project) SO 2y FR

**SO** = when the policy is reviewed, developed, abandoned, or cancelled, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

**FR =** The government archives will fully retain health authority policy development files because they significantly document the policy directions of the provincial government regarding health service delivery by health authorities, as well as the rationale behind approved policies classified under secondary -02.

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A      SA      FD

25300    **HEALTH AUTHORITY PERFORMANCE - GENERAL**

Records relating to the performance of health authorities not shown elsewhere in this primary block.

Record types include correspondence.

Unless otherwise specified below, the ministry OPR (Standards and Performance Development Branch) will retain these records for:

CY+2y    nil    DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO    nil    DE

-00	Policy and procedures	- OPR	<u>SO</u>	5y	FR
		- non-OPR	<u>SO</u>	nil	<u>DE</u>

-01    General

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A      SA      FD

25320    **HEALTH AUTHORITY PERFORMANCE - AGREEMENTS** (continued)

-20    Health authority performance agreement development files      SO      2y      FR  
(includes correspondence, discussion papers, briefing notes, draft agreements, and copies of signed agreements)

SO = upon approval of the next agreement update, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

FR = The government archives will fully retain health authority performance agreement development files because they document a unique accountability relationship implemented in March 2002 between the provincial government and the six health authorities.

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A      SA      FD

### 25340 HEALTH AUTHORITY PERFORMANCE - MONITORING

Records relating to monitoring health authority compliance with performance agreements and other performance expectations.

This involves: reviewing and responding to health service redesign plans and corresponding budget management plans submitted annually by health authorities; meeting with health authorities to discuss performance expectations; researching and formulating recommendations on emerging health issues that may affect the ability of health authorities to meet their performance expectations; and monitoring health authority implementation of new ministry program initiatives.

Record types include correspondence and other types of records as indicated under relevant secondaries.

For performance agreements, see primary 25320.

Unless otherwise specified below, the ministry OPR (Performance Management Branch) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - non-OPR	<u>SO</u> <u>SO</u>	5y nil	FR <u>DE</u>
-01	General				

-20	Emerging health care issues files (includes correspondence, issue papers, and copies of briefing notes) (arrange by issue)	SO	2y	FR
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SO = upon resolution, cancellation or abandonment of the issue, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

(continued on next page)

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A      SA      FD

### 25340 HEALTH AUTHORITY PERFORMANCE - MONITORING (continued)

FR = The government archives will fully retain emerging health care issues files because they significantly document a variety of issues of concern to the ministry and health authorities.

NOTE: Issues addressed in these files include: quality control of transplant tissue, the West Nile virus, and Sudden Acute Respiratory Syndrome (SARS).

-30 Health authority performance monitoring files CY+2y 5y SR  
(includes correspondence, instructions, plans, report cards, minutes, copies of briefing notes, and reports)  
(arrange by health authority)

8y = The eight-year retention period is based on ministry legal counsel concerns of potential legal action in relation to complaint letters. Since complaint letters received for the past 15 years pertain exclusively to services, the eight-year retention period provides a reasonable period of time for the legal value of these records to be extinguished.

SR = The government archives will selectively retain these records because they significantly document the provincial government's health care performance monitoring requirements, and health authority planning strategies, budgets, and achievements.

The government archives will retain the final redesign and budget plan instructions sent to the health authorities, the final redesign and budget plans submitted by health authorities, minutes of meetings with health authorities, copies of briefing notes, and the quarterly reports prepared by the branch on health authority performance. All other records will be destroyed.

At the time that these files are prepared for transfer to semi-active storage, branch staff will box records for retention listed here separately from other records for destruction.

(continued on next page)

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## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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A      SA      FD

25340    **HEALTH AUTHORITY PERFORMANCE - MONITORING** (continued)

**NOTE:** This secondary covers executive and senior branch correspondence, instructions prepared for health authorities, plans submitted by health authorities, minutes of meetings with health authorities, quarterly reports documenting the government's review and analysis of health authority performance, and health authority funding information.

**NOTE:** This record series includes minister's letters and replies that relate to specific health authorities. Although, the OPR is the designated non-executive office for minister's letters, these records are classified in *ORCS* instead of *ARCS* in order to provide for a shorter retention period and destruction of these records.

**NOTE:** Non-health authority specific correspondence is classified under secondary 25100-20.

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A      SA      FD

### 25360 HEALTH AUTHORITY PERFORMANCE - STANDARDS

Records relating to establishing a level of performance expected of health authorities in the delivery of patient care and health services. The standards are statements of the quality of care expected, and may include guidelines for compliance and minimum reporting requirements.

Record types include correspondence, standards, and other types of records as indicated under relevant secondaries.

Unless otherwise specified below, the ministry OPR (Standards and Performance Development Branch) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - non-OPR	<u>SO</u> <u>SO</u>	5y nil	FR DE
-01	General				
-02	Approved performance standards and background reports		SO	nil	FR

SO = when no longer required for reference purposes

FR = The government archives will fully retain approved performance standards and background reports because they document the government's requirements for the delivery of health services in the province.

NOTE: Background reports summarize the rationale behind the standards and include bibliographies listing the sources consulted.

NOTE: These standards date from 2002. They include distance access standards for acute care health services and standards for the provision of high-risk elective surgeries.

-03	Evidence-based research materials (includes papers, articles, and reports)	SO	nil	DE
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(continued on next page)

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A      SA      FD

25360    HEALTH AUTHORITY PERFORMANCE - STANDARDS (continued)

NOTE: This secondary covers a collection of evidence-based research material on health service performance and practice in Canada and around the world.

-20    Health authority performance standard development files  
(includes correspondence, discussion papers, briefing notes, presentation material, and draft standards)  
(arrange by standard)    SO      2y      DE

SO = upon approval of the standard or when decision not to proceed with the standard is made, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

DE = Health authority performance standard development files may be destroyed upon authorization of the records officer because the approved standards and background reports (classified under secondary -02) will be fully retained by the government archives.

NOTE: This secondary includes research projects that have the potential to become standards. It also includes the development of minimum reporting requirements for compliance with approved standards, as well as the ongoing review and revision of definitions, methodologies, and indicators in approved standards.

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A      SA      FD

25400    **HEALTH ORGANIZATIONS - GENERAL**

Records relating to health organizations not shown elsewhere in this primary block. Health organizations covered by this primary comprise regional health authorities, non-profit societies and religious organizations that operate hospitals, continuing care societies, private hospitals, and health-related colleges, boards, councils, commissions and committees. May also include other organizations that relate to the operations of the branch.

Record types include correspondence.

Unless otherwise specified below, the ministry OPR (Appointments and Operations) will retain these records for:

CY+2y    nil    DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO    nil    DE

-00	Policy and procedures	- OPR - <u>non-OPR</u>	<u>SO</u> <u>SO</u>	5y nil	FR DE
-01	General				

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A      SA      FD

25420    **HEALTH ORGANIZATIONS - APPOINTMENTS**

Records relating to appointments to health and non-health-related organizations, including regional health authorities, non-profit societies and religious organizations that operate hospitals, continuing care societies, private hospitals, and colleges, boards, councils, commissions and committees. This primary also covers the delegation of certain powers of the minister, the appointment of ministry employees as health care facility inspectors, and the appointment of health authority employees as food safety inspectors, medical health officers and tobacco enforcement officers.

Record types include correspondence and other types of records as indicated under relevant secondaries.

For a listing of legislation authorizing appointments and delegations, see Appendix B.

Unless otherwise specified below, the ministry OPR (Appointments and Operations) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - non-OPR	<u>SO</u> <u>SO</u>	5y nil	FR DE
-01	General				
-02	(superseded by secondary -25 Delegation of minister's powers files)				

PIB	-03	Health authority appointment tracking system data (closed August 2010 – the system is retired) (electronic records)	<u>SO</u>	nil	DE
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NOTE: Because this is a simple database (currently Microsoft Access), an information system overview has not been created. Reports are generated on an ad hoc basis and are classified under the relevant ORCS or ARCS secondary.

(continued on next page)

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		A	<u>SA</u>	<u>FD</u>
25420	<b><u>HEALTH ORGANIZATIONS – APPOINTMENTS</u></b> (continued)			
-04	Ministry inspector appointment lists	CY+1y	nil	DE
	NOTE: Ministry inspector appointment files are classified under secondary -20.			
-05	Public health protection appointments (includes correspondence, orders in council, and minister's orders) (arrange by appointment type, then chronologically)	CY+1y	nil	DE
	DE = Public health protection appointments may be destroyed upon authorization of the records officer because orders authorizing the appointments are fully retained by the government archives under the <i>Order in Council Administration ORCS</i> , Schedule 107559.			
	NOTE: Examples of appointments include food safety inspectors, medical health officers and tobacco enforcement officers.			
-06	Appointment tracking (includes spreadsheets) (arrange chronologically)	SO	nil	DE
	SO = when no longer required for reference purposes			
	NOTE: Spreadsheets are sent monthly to the Deputy Minister's Office.			
-20	Appointment files (includes correspondence, orders in council, minister's orders, and biographical sketches) (arrange by appointment type, then by appointee name or by organization) (covers the majority of appointments, with the exception of Public health protection appointments classified under secondary -05)	SO	5y	DE
	SO = upon expiry or rescindment of appointment, and when no longer required for reference purposes			

(continued on next page)

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A SA FD

25420 HEALTH ORGANIZATIONS – APPOINTMENTS (continued)

5y = The retention period meets operational and reference requirements and provides a reasonable period of time for the legal value of these records to be extinguished.

**DE** = Appointment files may be destroyed upon authorization of the records officer. Appointments authorized by orders are fully retained by the government archives under the *Order in Council Administration ORCS*, Schedule 107559. Ministry inspector appointments have no ongoing value once their active/semi-active retention period has expired.

-25 Delegation of minister's powers files SO nil DE  
(includes correspondence and minister's orders)  
(arrange by ministerial order)

**SO** = when delegation is rescinded, and when no longer required for reference

DE = Delegation of minister's powers files may be destroyed upon authorization of the records officer because the minister's orders authorizing the delegation of powers are fully retained by the government archives under the *Order in Council Administration ORCS*, Schedule 107559.

**NOTE:** This secondary covers the delegation of the duties, powers and functions of the minister responsible for health as specified under authorizing legislation.

-30 (superseded by secondary -20 Appointment files)

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A      SA      FD

25440    HEALTH ORGANIZATIONS - APPROVALS

Records relating to ministerial approvals involving health organizations. This includes: donations to the Province in trust for health care purposes; the designation of hospitals; the approval of health authority bylaws and land matters; the approval of constitutions, bylaws, and land transactions of non-profit societies and religious organizations that operate designated hospitals; the approval of the amalgamation of health care societies and agencies with health authorities; and the approval of private hospital company and share transfers, and land and facility changes.

Record types include correspondence and other types of records as indicated under relevant secondaries.

Unless otherwise specified below, the ministry OPR (Societies Section) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - non-OPR	<u>SO</u> <u>SO</u>	5y nil	FR DE
-01	General				
-02	Denominational master agreement (includes agreement)		SO	7y	FR

SO = upon confirmation from ministry legal counsel that the agreement has expired or is terminated

7y = The seven-year semi-active retention period ensures that the agreement is retained for the six-year limitation period for commencing an action with respect to a contract under the *Limitation Act* (RSBC 1996, c. 266, s. 3).

FR = The government archives will fully retain the denominational master agreement because it sets out the rights and responsibilities of religious organizations that operate hospitals in relation to those of health authorities.

(continued on next page)

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A SA FD

**25440     HEALTH ORGANIZATIONS - APPROVALS (continued)**

**NOTE:** This secondary covers the original master agreement negotiated between the Province and the association that represents religious organizations that operate hospitals.

-03 Health care donations in trust files  
(includes correspondence and agreements) SO 10y DE

SO = when all funds covered by an agreement are released

10y = The 10-year semi-active retention period is based on the 10-year limitation period for commencing an action with respect to a trustee under the *Limitation Act* (1996, c. 266, s. 3).

**NOTE:** This secondary covers the minister's approval of the release of money that has been donated by agreement to the Province for specific health care purposes. The original agreements and minister's letters releasing the funds are maintained by the Ministry of Finance, Banking and Cash Management Branch.

-04 Health care donations in trust investment reports SO nil DE

**NOTE:** These reports are received monthly and annually from the BC Investment Management Corporation.

-05 Hospital designation files  
(includes minister's orders) SO 10y DE

SO = upon approval by minister or designate, and when no longer required for reference purposes

10y = Ministry legal counsel have advised that in light of the realignment of hospitals with health authorities in 2001, hospital designation records should be retained for a period of 10 years in semi-active storage, which allows sufficient time for legal value to be extinguished.

(continued on next page)

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VR = Vital Records

# **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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A SA FD

**25440      HEALTH ORGANIZATIONS - APPROVALS (continued)**

**DE** = Hospital designation files may be destroyed upon permission of the records officer because the minister's orders authorizing hospital designations are fully retained by the government archives under the *Order in Council Administration ORCS*.

NOTE: This secondary covers minister's orders designating nonprofit institutions as hospitals under the *Hospital Act* (s. 1).

-06 Sample corporate and land documents SO nil DE  
(includes sample constitutions, bylaws, and leases)

**NOTE:** This secondary covers a reference collection of health authority and hospital society and religious organization model bylaws and corporate and land legal documents that meet the government's approval requirements.

-20 Health organization corporate files  
(includes correspondence, copies of constitutions, and bylaws)  
(arrange by the six regional health authorities, and all other organizations, by facility) SO 5y DE

SO = upon approval of minister or designate, and when no longer required for reference purposes

5y = The five-year semi-active retention period ensures these records will not be of any further use.

(continued on next page)

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## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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A      SA      FD

25440    HEALTH ORGANIZATIONS - APPROVALS (continued)

DE = Health organization corporate files can be destroyed upon approval because they do not contain significant information about health organizations. These organizations are sufficiently documented through the retention of other records covered by this ORCS including: health authority legislation review projects files (25200-20), policy manuals and files (25200-02 and -30), performance agreements (25320-20), performance monitoring files (25340-30), the denominational master agreement (25440-02), and society amalgamations with health authorities files (25440-40). As well, early health organizations are well documented by records already in the custody of the government archives: hospital land titles and authorization records (1869-1985), long term care societies records (1950-1985), and hospital constitutions and bylaws (1900-1985).

NOTE: This secondary covers the approval of health authority bylaws under the *Health Authorities Act* (s. 8); approval of the constitutions and bylaws of non-profit societies and religious organizations that operate hospitals under the *Hospital Act* (s. 2); and approval of the bylaws of continuing care societies.

- |   |  |    |    |    |
|---|--|----|----|----|
| -25   | Health organization land files<br>(includes correspondence, state of title certificates, agreements, restrictive notices, and plans)<br>(arrange by land title office, then by hospital) | SO | 7y | DE |
| <p>SO = upon approval of minister or designate, and upon expiry or termination of any agreements, and when no longer required for reference purposes</p> <p>7y = The seven-year semi-active retention period ensures that records relating to agreements (e.g., lease and right-of-way agreements) are retained for the six-year limitation period for commencing an action with respect to a contract under the <i>Limitation Act</i> (RSBC 1996, c. 266, s. 3).</p> |  |    |    |    |

(continued on next page)

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A = Active	CY = Calendar Year	SO = Superseded or Obsolete
SA = Semi-active	FY = Fiscal Year	DE = Destruction
FD = Final Disposition	NA = Not Applicable	SR = Selective Retention
PIB = Personal Information Bank	w = week   m = month	FR = Full Retention
PUR = Public Use Records	y = year	FOI = Freedom of Information/Privacy
OPR = Office of Primary Responsibility		VR = Vital Records

# **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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A SA FD

**25440     HEALTH ORGANIZATIONS - APPROVALS (continued)**

**DE** = These files may be destroyed upon authorization of the records officer because significant records are duplicated in the records of the land title office, which are fully retained by the government archives.

**NOTE:** This secondary covers approvals required under the *Hospital Act* (s. 48) involving hospital land and buildings.

-30 Private hospital approval files  
(includes correspondence, company and share transfer documents, plans, mortgages, and leases)  
(arrange by hospital)

SO = upon approval of chief inspector or designate, and when no longer required for reference purposes

20y = The 20-year semi-active retention period is based on ministry legal counsel concerns of potential allegations of abuse of private hospital residents. The 20-year semi-active retention period combined with the active retention period provide a reasonable period of time for the legal value of these records to be extinguished.

**NOTE:** This secondary covers approvals required for private hospital mortgages, leases, structural alterations, land, company, and share transfers, and other changes specified under the *Hospital Act* (ss. 12 and 16).

-32 Private hospital licence files SO 20y DE  
(includes correspondence and copies of licences)  
(arrange by hospital)

OPR = Performance Management Branch

SO = upon revocation and cancellation of the licence, and when no longer required for reference purposes

(continued on next page)

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A SA FD

**25440      HEALTH ORGANIZATIONS - APPROVALS (continued)**

20y = The 20-year semi-active retention period is based on ministry legal counsel concerns of potential allegations of abuse of private hospital residents. The 20-year semi-active retention period combined with the active retention period provide a reasonable period of time for the legal value of these records to be extinguished.

**NOTE:** This secondary covers licences issued to private hospitals (i.e., for-profit extended care facilities) under the *Hospital Act* (s. 6). Revoked licences must be returned to the OPR for cancellation.

-35 Private hospital quality assurance inspection files SO 20y DE  
(includes correspondence, mortgages, and reports)  
(arrange by hospital)

OPR = Performance Management Branch

**SO = upon completion of inspection, and when no longer required for reference purposes**

20y = The 20-year semi-active retention period is based on ministry legal counsel concerns of potential allegations of abuse of private hospital residents. The 20-year semi-active retention period combined with the active retention period provide a reasonable period of time for the legal value of these records to be extinguished.

**NOTE:** Responsibility for private hospital quality assurance inspections may be transferred to health authorities during fiscal year 2004/05.

-40 Society amalgamations with health authorities files SO 5y FR  
(includes correspondence, consents to amalgamation,  
and agreements)  
(arrange by the six regional health authorities and the  
board or council of earlier health authorities)

SO = upon approval of minister or designate, and when no longer required to trace the history of society amalgamations with health authorities

(continued on next page)

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## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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A      SA      FD

25440    HEALTH ORGANIZATIONS - APPROVALS (continued)

5y = The five-year semi-active retention period ensures these records will not be of any further use.

FR = The government archives will fully retain society amalgamations with health authorities files because they constitute the only complete record of society amalgamations with health authorities.

NOTE: This secondary covers society amalgamations prior to 2001 with the previous regional health boards and councils, and society amalgamations since 2001 with the new regional health authorities. The records comprise three binders.

NOTE: The *Health Authorities Act* (s. 16) provides that amalgamations with health authorities may only occur with the written consent of the minister.

Amalgamations allow organizations such as hospital societies, continuing care societies, home support societies, mental health agencies, alcohol and drug treatment agencies, and public/community health agencies to merge with health authorities. On amalgamation, the health authority assumes the organization's operations, property, assets, and liabilities.

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A      SA      FD

### 25500 HOME AND COMMUNITY CARE POLICY AND PLANNING

Records relating to planning and establishing policies for home and community care services in BC.

Home and community care services are provided by health authorities to eligible BC residents who need assistance due to aging, illness, or disability. The services include home-based services such as care assessments, nursing services, and assistance with daily living (e.g., bathing, dressing, eating, and managing medication); and community-based services such as adult day programs, residential care services (i.e., 24 hour professional care for people who can no longer be looked after in their own homes), hospice, and short stay and assessment centres.

Record types include correspondence, discussion papers, and manuals.

Unless otherwise specified below, the ministry OPR (Home and Community Care Branch) will retain these records for:

CY+2y    nil    DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO    nil    DE

-00	Policy and procedures	- OPR - non-OPR	<u>SO</u> <u>SO</u>	5y nil	FR <u>DE</u>
-01	General				
-02	<i>Home and Community Care Policy Manual</i> (electronic records)		SO	nil	SR

SO = when no longer required for reference purposes

SR = The government archives will retain the *Home and Community Care Policy Manual* because it significantly documents provincial policies for home and community care services in BC.

Branch staff will print one complete copy of the manual for transfer to the archives when this ORCS is approved. After that, staff will print off one complete copy of this manual for transfer to the archives in years ending in zero.

(continued on next page)

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## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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A      SA      FD

25500      **HOME AND COMMUNITY CARE POLICY AND PLANNING** (continued)

Electronic versions of this report may be destroyed after each update.

-03      Ministers' home and community care presentations  
(includes overhead slides and speaking notes)      CY+5y      nil      DE

NOTE: This secondary covers presentations prepared for the ministers of health.

-20      Home and community care planning files  
(arrange by project)      SO      10y      DE

SO = when the project is completed, abandoned, or cancelled, and when no longer required for reference purposes

10y = The ten-year semi-active retention period ensures these records will not be of any further use.

-30      Home and community care policy development files  
(arrange by policy)      SO      10y      DE

SO = when the policy is reviewed, developed, abandoned, or cancelled, and when no longer required for reference purposes

10y = The ten-year semi-active retention period ensures these records will not be of any further use.

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A      SA      FD

25600    HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - GENERAL

Records relating to issues around the collection and use of human blood, cells, tissues, and organs not shown elsewhere in this primary block. This includes issues related to provincial funding provided to the national blood supply authority (Canadian Blood Service [CBS]), blood utilization in British Columbia, and cooperation and liaison with CBS, the federal government, and provincial/territorial committees.

Record types include correspondence, reports, and other types of records as indicated under relevant secondaries.

Unless otherwise specified below, the ministry OPR (Medical and Pharmaceutical Services Division) will retain these records for:

CY+2y    nil    DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO    nil    DE

-00	Policy and procedures	- OPR - <u>non-OPR</u>	<u>SO</u> <u>SO</u>	5y nil	FR <u>DE</u>
-01	General				
-02	Blood shipping reports (covers every province and territory, except Quebec)		SO	nil	DE

SO = when no longer required for review and analysis

NOTE: The purpose of these reports is to monitor the province's utilization of blood and blood products, and for comparison with the rest of Canada.

-20	Human blood, cell, tissue, and organ issues files (includes correspondence, issue papers, copies of briefing notes, copy of memorandum of understanding with CBS, and CBS annual reports, corporate plans, budgets, and financial statements) (arrange by issue)	SO	5y	FR
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SO = upon resolution, cancellation or abandonment of the issue, and when no longer required for reference purposes

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## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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A      SA      FD

25600    **HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - GENERAL**  
(continued)

5y = The five-year semi-active retention period ensures these records will not be of any further use.

FR = The government archives will fully retain these files because they document issues with significant public interest and health concerns, and ministry involvement in these issues.

NOTE: Issues addressed in these files include: the collection and use of human cells, tissues, and organs; transplant tissue testing; blood utilization and overuse; and issues related to CBS, including the review and approval of its annual budget.

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A      SA      FD

25640    HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - CLINICAL BLOOD PROGRAMS

Records relating to clinical blood programs. Clinical blood programs are currently the responsibility of the Provincial Blood Coordinating Office (PBCO).

PBCO was established by the Ministry in 1997 in order to coordinate provincial blood programs, provide a vehicle for the communication of provincial blood issues, and to support the needs of BC hospital blood banks, an example of which is the Central Transfusion Registry (CTR). CTR is a central database of blood transfusion recipients in BC and related hospital blood and blood products.

Record types include correspondence, reports, web site, and other types of records as indicated under relevant secondaries.

For the CTR Information System Overview (ISO), see the ISO section.

Unless otherwise specified below, the ministry OPR (Provincial Blood Coordinating Office) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - non-OPR	<u>SO</u> <u>SO</u>	5y nil	FR <u>DE</u>
-01	General				
-02	Bloodlink BC web site		<u>SO</u>	nil	DE

SO = when the web site is altered, updated, redesigned or closed

DE = As the web site is updated, superseded/obsolete versions of documents on it may be destroyed in accordance with approved retention schedules. When the web site is closed, it can be destroyed after relevant schedules have elapsed and/or the documents have been classified elsewhere.

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## OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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A      SA      FD

25640    HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - CLINICAL BLOOD PROGRAMS (continued)

NOTE: The web site (<http://www.bloodlink.bc.ca>) provides general information about the activities of PBCO, including related documents (e.g., newsletters and final project reports) and links to related web sites. Because this is a simple web site, an information system overview for a web site has not been developed.

NOTE: All documents presented on this web site are classified under appropriate secondaries within this ORCS or in ARCS.

-03    Blood unit/recipient lookback-traceback files  
(includes correspondence and forms)  
(arrange by Canadian Blood Services [CBS] case number)

SO      nil      DE

SO = upon completion of the request, and when no longer required for reference, research, or analysis

NOTE: This secondary covers requests from CBS for information on BC patients who received blood that may be tainted. PBCO redirects the requests to the appropriate hospitals with enclosed blank forms. Hospitals complete the forms and return them to PBCO for forwarding to CBS. PBCO retains copies. The information on the forms is also duplicated in hospital records.

PIB    -04    Blood unit/recipient lookback-traceback data  
(electronic records)

SO      nil      DE

SO = when no longer required for reference, research, or analysis

NOTE: The information, which is taken from the files classified under secondary -03, is currently on a Microsoft Access database.

(continued on next page)

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A SA FD

**25640    HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - CLINICAL BLOOD**  
**PROGRAMS (continued)**

**NOTE:** Because this is a simple database, an information system overview has not been created. Reports are generated on an ad hoc basis and are classified under the relevant ORCS or ARCS secondary.

PIB -05 CTR reports  
(paper and electronic records) SO nil DE

**NOTE:** These reports are generated by CTR, and can be reconstructed at anytime. They identify recipients of blood transfusions and document blood product and blood utilization information reported by BC hospitals to CTR.

PIB -06 Hospital CTR reporting - electronic records  
(includes diskettes) SO+3y nil DE

SO = when loaded to CTR

3y = Three years provides sufficient time to detect and resolve discrepancies with CTR.

NOTE: These records are currently on diskette.

PIB -07 Hospital CTR reporting - paper records (includes forms) SO+3m nil DE

SO = when converted to electronic format

NOTE: The converted electronic records are classified under secondary -06.

PIB -20 CTR data (electronic records) SO nil DE

**SO** = when no longer required for blood recipient tracing, blood product sourcing, or blood utilization planning, and when no longer required for reference, research, or analysis

(continued on next page)

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A SA FD

**25640    HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES - CLINICAL BLOOD**  
**PROGRAMS (continued)**

-30 PBCO provincial blood project files  
(paper and electronic records)  
(arrange by project) SO nil DE

SO = upon completion, abandonment, or cancellation of the project, and when no longer required for reference purposes

**DE** = PBCO provincial blood project files may be destroyed upon authorization of the records officer because significant information is retained by the government archives under secondary -40.

**NOTE:** Because the electronic records are on a simple database (currently Microsoft Access), an information system overview has not been created.

-40 Provincial Blood Coordinating Office reporting files CY+2y 2y FR  
(includes correspondence, annual budgets, quarterly reports, project updates, newsletters [e.g., *Blood Matters*], and final project reports [e.g., *Final Report of the Blood Recipient Notification Project for Hepatitis C*])

OPR = Medical and Pharmaceutical Services Division

5y = The five-year retention period is sufficient for review and consultation.

**FR =** The government archives will fully retain PBCO reporting files because they significantly document the coordination and communication of provincial blood issues and programs.

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A      SA      FD

### 25700 LEADERSHIP COUNCIL MEETINGS

Records relating to meetings of the Leadership Council.

Established in December 2001, the Leadership Council supports and advises the Deputy Minister on the overall strategic direction of the British Columbia health care system and provides a forum for the ministry and health authorities to address issues of common interest and to share information. The Council is chaired by the Deputy Minister and consists of the six health authority Chief Executive Officers and senior ministry staff.

Record types include correspondence, agendas, minutes, presentation material, discussion papers, and reports.

For the Minister's Forum, see the records of the Deputy Minister, Ministry of Health Services.

NOTE: This record series is included in ORCS, and not covered by the *Executive Records* schedule 102906 in order to schedule Leadership Council meeting files for full retention. The OPR serves as the secretariat to the Leadership Council.

Unless otherwise specified below, the ministry OPR (Assistant Deputy Minister, Performance Management Improvement Division) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00      Policy and procedures	- OPR - <u>non-OPR</u>	<u>SO</u> <u>SO</u>	5y nil	FR DE
-01      General				

-20      Leadership Council meeting files (arrange chronologically)	SO	2y	FR
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SO = when the Council is no longer active and/or file/volume has been closed for one year

2y = The two-year semi-active retention period ensures these records will not be of any further use.

(continued on next page)

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A      SA      FD

25700      LEADERSHIP COUNCIL MEETINGS (continued)

FR = The government archives will fully retain Leadership Council meeting files because they significantly document provincial health system issues, priorities, and strategic directions.

NOTE: These records document strategic planning for the delivery of quality health care; accountability frameworks; actions required to address provincial health care priorities and improvements; the performance of the health care system from the perspective of quality patient care, financial management, and efficiencies; and topical issues of interest to the ministry and health authorities.

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A      SA      FD

### 25800 MIDWIFERY PROGRAM

Records relating to the midwifery program. This program involves the negotiation of the midwifery fee schedule contract with the Midwives Association of British Columbia, the establishment of midwifery fee and billing policies, and research and recommendations on related midwifery issues.

Record types include correspondence, and other types of records as indicated under relevant secondaries.

Unless otherwise specified below, the ministry OPR (Medical and Pharmaceutical Services Division) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00	Policy and procedures	- OPR - <u>non-OPR</u>	<u>SO</u> <u>SO</u>	5y nil	FR <u>DE</u>
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-01 General

-20	Midwifery fee schedule contract negotiation files (includes correspondence and contracts) (arrange chronologically)	SO	7y	SR
-----	---	----	----	----

SO = upon expiry or termination of contract

7y = The seven-year semi-active retention period is based on the six-year limitation period for commencing an action with respect to a contract under the *Limitation Act* (RSBC 1996, c. 266, s. 3).

SR = The government archives will selectively retain midwifery fee schedule contract negotiation files by retaining completed contracts. These records document the range of services and fees for midwifery in the province over time. The ministry will remove contracts from files and box them separately for retention when the files are prepared for transfer to offsite storage.

(continued on next page)

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w = week   m = month  
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SO = Superseded or Obsolete  
DE = Destruction  
SR = Selective Retention  
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FOI = Freedom of Information/Privacy  
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## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

This records schedule is approved in accordance with the *Document Disposal Act* (RSBC 1996, c. 99). It constitutes authority for retention and disposition of the records described herein provided ORCS has been implemented according to government policy and procedures. For assistance, contact your Records Officer.

A      SA      FD

**25800      MIDWIFERY PROGRAM (continued)**

**NOTE:** The contract, which was first negotiated in 1998, sets the compensation rate for qualified BC midwives to provide comprehensive maternity care for low risk pregnancies.

-30      Midwifery policy development and issues files  
(includes correspondence, issue papers, and copies of briefing notes)  
(arrange by policy or issue)      SO      2y      FR

SO = upon resolution, cancellation or abandonment of the policy or issue, and when no longer required for reference purposes

2y = The two-year semi-active retention period ensures these records will not be of any further use.

FR = The government archives will fully retain midwifery policy development and issues files because they significantly document the midwifery policy directions of the Province and topical midwifery issues.

**NOTE:** Policies and issues addressed in these files include the professional registration of midwives and the establishment of special funds to cover extra costs incurred by midwives (e.g., compensation for providing preceptorship [i.e., practicum] opportunities for midwifery students).

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A      SA      FD

25900    SURGICAL WAIT LIST REGISTRY

Records relating to wait times at selected BC hospitals for a variety of non-emergency surgical procedures. Wait time information is currently collected from BC hospitals that have at least 1000 surgeries per year (approximately 45 hospitals). The information is loaded to electronic databases collectively known as the Surgical Wait List Registry. The purpose of the Registry is to serve as a central repository for monitoring and analyzing wait lists and wait times in BC.

Every month, hospitals electronically submit their inpatient and outpatient scheduled surgeries to the Registry. The data is downloaded directly to the Registry without modification. Any identified errors are reported back to the hospital, and corrected by the hospital.

Certain surgeries and treatments (e.g., cancer treatments, cardiac surgery, and organ transplants) are not routinely reported to the Registry. That information is collected monthly from the appropriate source (e.g., Cancer Agency, Cardiac Registry, and BC Transplant Society) and recorded on documents classified under secondary -05. It is also included in the *Provincial Wait Times Trends* status report (classified under secondary -08) and the Surgical Wait Times web site.

The Surgical Wait Times web site also contains a discrete subset of the Registry data, which is updated monthly. The web site provides a central source for physicians and the public to check wait times for surgical procedures and wait lists of specialists.

Record types include electronic data, web site, and reports.

For the Surgical Wait List Registry Information System Overview (ISO), see the ISO section.

Unless otherwise specified below, the ministry OPR (Performance Management and Improvement Division) will retain these records for:

CY+2y      nil      DE

Except where non-OPR retention periods are identified below, all other ministry offices will retain these records for:

SO      nil      DE

-00    Policy and procedures	- OPR - <u>non-OPR</u>	<u>SO</u>	5y	FR
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-01    General	<u>SO</u>	<u>nil</u>	DE
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A      SA      FD

25900    SURGICAL WAIT LIST REGISTRY (continued)

-02    Hospital scheduled surgeries reporting data  
(includes data received through file transfer protocol,  
diskettes, electronic mail, and CD-ROMS)  
(electronic records)

SO = when loaded to the Surgical Wait List Registry and  
upon verification of data integrity

-03    Monthly *Coded Unknown Procedure* report  
(electronic records)

NOTE: This report is generated for informational purposes  
from the Registry database. It tracks the instances of  
hospitals' reporting that surgical procedures or  
treatments are unknown.

-04    Monthly *Patients Waiting More than 12 Months* report  
(electronic records)

NOTE: This report is generated for informational purposes  
from the Registry database.

-05    Monthly static surgical wait list data page

DE = These records may be destroyed upon authorization of  
the records officer because the information is  
summarized in the *Provincial Wait Time Trends* status  
reports, which will be retained by the government  
archives.

NOTE: This secondary covers wait times for surgeries and  
treatments not routinely reported to the Surgical Wait  
List Registry (e.g., cancer treatments, cardiac surgery,  
and organ transplants). Staff collect the information  
from the appropriate source (e.g., Cancer Agency,  
Cardiac Registry, and BC Transplant Society) for the  
creation of this document, and incorporation into the  
*Provincial Wait Time Trends* status report (classified  
under secondary -08).

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A      SA      FD

25900    SURGICAL WAIT LIST REGISTRY (continued)

-06    Monthly status of Registry reporting  
          (electronic records)  
          (includes spreadsheets)     SO      nil      DE

NOTE: These records list the hospitals that have reported each month, the date of the reported data, and the date received. They are currently created on Microsoft Excel spreadsheets.

-07    Monthly surgical wait list variance reports  
          (includes spreadsheets)     SO      nil      DE

NOTE: These reports are used to compare the changes between the current month and the previous month of wait times, number of surgeries, and number of patients waiting. The reports are currently created on Microsoft Excel spreadsheets from information taken from the Registry.

-08    *Provincial Wait Time Trends* status report  
          (electronic records)     SO      nil      SR

SR = The government archives will selectively retain the *Provincial Wait Time Trends* status report because it provides a concise summary of the wait over time for non-emergency surgical procedures in BC.

Branch staff will print one complete copy of the report for transfer to the archives when this ORCS is approved. After that, staff will print off one complete copy of this report for transfer to the archives in years ending in zero.

Electronic versions of this report may be destroyed after each update.

NOTE: This report documents wait times since 1998. It is created from information taken from the Registry and information collected from other sources. It is published on the ministry internet web site.

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# OPERATIONAL RECORDS CLASSIFICATION SYSTEM

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A SA FD

**25900 SURGICAL WAIT LIST REGISTRY (continued)**

PIB -09 Surgical Wait Times web pages  
(paper records) SO nil DE

**NOTE:** This secondary covers a monthly printout of the Surgical Wait Times web site, the purpose of which is to check wait times and reporting hospitals at a particular point in time.

PIB -10 Surgical Wait Times web site  
(electronic records) SO nil DE

**SO** = when the web site is altered, updated, redesigned or closed

**DE** = As the web site is updated, superseded/obsolete versions of documents on it may be destroyed in accordance with approved retention schedules. When the web site is closed, it can be destroyed after relevant schedules have elapsed and/or the documents have been classified elsewhere.

**NOTE:** The Surgical Wait Times web site is accessed through the Ministry of Health Services website <http://www.healthservices.gov.bc.ca/waitlist>.

The Surgical Wait Times web site contains wait times on surgeries and treatments not routinely reported to the Surgical Wait List Registry, as well as a discrete subset of the Surgical Wait List Registry data. Only information specified for the subset (i.e., surgeon names, types of surgery, number of patients waiting, and median wait times) is downloaded to the web site server. There is no link from the downloaded information to additional information on the Registry.

The web site provides data on wait times in BC by type of surgery, hospital, and physician. It also includes general information about wait times, including related documents (e.g., *Provincial Wait Time Trends*). Because this is a simple web site, an information system overview for a web site has not been developed.

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## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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A      SA      FD

25900    **SURGICAL WAIT LIST REGISTRY** (continued)

NOTE: All documents presented on this web site are classified under appropriate secondaries within this ORCS or in ARCS.

-11	Wait-Reporting (Wait-R) summary tables (electronic records)	SO	nil	DE
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SO = upon cancellation of the Surgical Wait List Registry program, and when no longer required for reference purposes

NOTE: Wait-R is a Registry database that produces summary tables of wait times and wait lists.

PIB	-20    Surgical Wait List Registry submission data (electronic records)	CY+9y	nil	DE
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10y = The relevance of raw data that is more than 10 years old is questionable because of the likelihood of changes in government policy directions and reporting requirements. However, an historical record of wait times and wait lists is assured by the retention of the Wait-R summary tables (classified under secondary -11).

NOTE: This data is currently on the Surgical Waitlist Information File Transfer (SWIFT) and Wait-Submission (Wait-S) databases of the Surgical Wait list Registry.

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## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### **INFORMATION SYSTEM OVERVIEW**

**Name of Creating Agency**

Ministry of Health Services  
Medical and Pharmaceutical Services Division  
Provincial Blood Coordinating Office

**System Title**

Central Transfusion Registry (CTR)

**Purpose**

The purpose of CTR is to facilitate the notification of recipients of blood and blood products in BC of risks to which they may have been exposed, and for monitoring and planning blood utilization in BC.

**Information Content**

CTR contains the names of facilities reporting blood transfusions; blood recipient names, addresses, personal health numbers, hospital chart numbers, and dates of birth; and identification of all blood, blood components and fractionated blood products used (whether transfused, destroyed, or shipped), with identifiers to traceback to the recipients of the product.

**Inputs, Processes, and Outputs****Inputs**

CTR inputs consist of blood transfusion recipient information and details of related blood products submitted by all BC hospitals according to a regular reporting period. Hospitals with computerized record systems, extract the relevant data and submit it electronically (currently on diskettes) for loading to CTR. Hospitals with manual systems submit completed standardized forms, which are converted to electronic format (currently on diskettes) for loading to CTR.

CTR also receives current addresses of blood recipients from the Ministry of Health Services' Client Registry database and mortality information and name changes from the Department of Vital Statistics.

**Processes**

CTR allows for online searching of blood transfusion recipients and blood product utilization.

**Outputs**

CTR outputs consist of reports.

**Technical Maintenance**

Electronic records are maintained on the system until their retention schedule is completed. (This usually parallels the schedule for related paper records.) The electronic records are then purged from the system. Any exceptions to this purge routine are noted under specific secondaries.

The electronic system is routinely backed up in accordance with ministry policy and special schedule 112910 in the ARCS manual.

For retention and disposition schedules, see relevant primaries, which are listed in the classification section below.

**Classification**

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### **Electronic System**

The electronic system is not classified in the ORCS. The classifications for the electronic records it generates are listed below. The system schedule is provided under "System Scheduling and Disposition".

### **Electronic Records**

<b>Secondary No.</b>	<b>Secondary Title</b>
25640-20	CTR data

### **Inputs**

<b>Secondary No.</b>	<b>Secondary Title</b>
25640-06	Hospital CTR reporting - electronic records
25640-07	Hospital CTR reporting - paper records

### **Outputs**

<b>Secondary No.</b>	<b>Secondary Title</b>
25640-05	CTR reports

### **Other Related Records**

- For transitory electronic data processing (EDP) records, see special schedule 102902 in the ARCS manual.
- For computer system backup records, see special schedule 112910 in ARCS.
- For administrative records relating to the system, see ARCS section 6 and other relevant primaries.

### **System Scheduling and Disposition**

The system will be destroyed when the function it supports is no longer performed by the provincial government, and when the approved retention schedules covering the information on it have elapsed, or the information has been preserved elsewhere.

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### **INFORMATION SYSTEM OVERVIEW**

**Name of Creating Agency**

Ministry of Health Services  
Performance Management and Improvement Division

**System Title**

Surgical Wait List Registry

**Purpose**

The purpose of the Registry is to serve as a central repository for monitoring and analyzing wait lists and wait times for non-emergency surgical procedures in selected BC hospitals (currently those that have at least 1000 surgeries per year).

**Information Content**

The Registry contains patient names, addresses, dates of birth, gender, and personal health numbers; physician names, medical service plan numbers, and specialties under which hospital privileges have been granted; procedure codes; dates procedures are added to and removed from wait list; reasons procedures are removed from wait list; level of care required (e.g., in-patient or day care); and brief comments related to the surgery.

**Inputs, Processes, and Outputs****Inputs**

Registry inputs consist of inpatient and outpatient scheduled surgeries submitted electronically by hospitals.

**Processes**

Every month, hospitals electronically submit their inpatient and outpatient scheduled surgeries to the Registry. If errors are detected (e.g., in the form of omissions or invalid data), reports detailing the specific nature of the errors are generated and sent to the submitting hospital for correction. Once the corrections are made, the hospitals resubmit the data.

Submitted data is downloaded directly to the Registry's Surgical Waitlist Information File Transfer (SWIFT) database, which then feeds the data to the Wait-Submission (Wait-S) database. (Future plans are to replace SWIFT with Wait-S). Wait-S transfers summary data to the Wait-Reporting (Wait-R) database for the creation of reports.

**Outputs**

Registry outputs consist of reports and a discrete subset of Registry data posted to the Surgical Wait Times web site.

**Technical Maintenance**

Electronic records are maintained on the system until their retention schedule is completed. (This usually parallels the schedule for related paper records.) The electronic records are then purged from the system. Any exceptions to this purge routine are noted under specific secondaries.

The electronic system is routinely backed up in accordance with ministry policy and special schedule 112910 in the ARCS manual.

For retention and disposition schedules, see relevant primaries, which are listed in the classification section below.

**Classification**

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### **Electronic System**

The electronic system is not classified in the ORCS. The classifications for the electronic records it generates are listed below. The system schedule is provided under "System Scheduling and Disposition".

### **Electronic Records**

<b>Secondary No.</b>	<b>Secondary Title</b>
25900-11	Wait-Reporting (Wait-R) summary tables
25900-20	Surgical Wait List Registry submission data

### **Inputs**

<b>Secondary No.</b>	<b>Secondary Title</b>
25900-02	Hospital scheduled surgeries reporting data

### **Outputs**

<b>Secondary No.</b>	<b>Secondary Title</b>
25900-03	Monthly <i>Coded Unknown Procedure</i> report
25900-04	Monthly <i>Patients Waiting More than 12 Months</i> report
25900-08	<i>Provincial Wait Time Trends</i> status reports
25900-10	Surgical Wait Times web site
25900-11	Wait-Reporting (Wait-R) summary tables

### **Other Related Records**

- For transitory electronic data processing (EDP) records, see special schedule 102902 in the ARCS manual.
- For computer system backup records, see special schedule 112910 in ARCS.
- For administrative records relating to the system, see ARCS section 6 and other relevant primaries.

### **System Scheduling and Disposition**

The system will be destroyed when the function it supports is no longer performed by the provincial government, and when the approved retention schedules covering the information on it have elapsed, or the information has been preserved elsewhere.

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### APPENDICES

#### TABLE OF CONTENTS

##### APPENDIX CODE

##### APPENDIX TITLE

APPENDIX A	SUMMARY OF CHANGES TO THE <i>HEALTH AUTHORITY PERFORMANCE MANAGEMENT ORCS</i> (CONCORDANCE TABLE)
APPENDIX B	LISTING OF LEGISLATION AUTHORIZING APPOINTMENTS AND LEGISLATION



APPENDIX A: Summary of Changes to the *Health Authority Performance Management ORCS* (concordance table)

<b>Primary/ Secondary</b>	<b>Title</b>	<b>Type of Change</b>	<b>New retention period</b> A/SA/FD
25400	<b>HEALTH ORGANIZATIONS – GENERAL</b>	Scope note updated and expanded to include branch appointments to non-health-related organizations. Ministry OPR changed to Appointments and Operations.	n/a
25420	<b>HEALTH ORGANIZATIONS – APPOINTMENTS</b>	Scope of primary expanded to cover appointments to all health and non-health-related organizations. Cross-reference added to Appendix B: Listing of Legislation Authorizing Appointments and Delegations. Ministry OPR changed to Appointments and Operations.	n/a
25420-02	Delegation of minister's powers	<b>Deleted.</b> Superseded by secondary -25 Delegation of minister's powers files.	n/a
25420-03	Health authority appointment tracking system data	<b>Obsolete.</b> This secondary is no longer used by the branch. The system was retired August 2010.	n/a
25420-04	Ministry inspector appointment files	Title changed to Ministry inspector appointment lists. Scope of secondary narrowed to cover only the appointment lists. Secondary note added. Retention period changed from SO/nil/DE.	CY+1y/nil/DE <i>Changed</i>
25420-05	Public health protection appointments	<b>New</b>	CY+1y/nil/DE
25420-06	Appointment tracking	<b>New</b>	SO/nil/DE
25420-20	Heath authority board appointment files	Title changed to Appointment files. Qualifiers updated/added. Retention period increased from SO/3y/DE. Destruction note expanded.	SO/5y/DE
25420-25	Delegation of minister's powers files	<b>New</b>	SO/nil/DE
25420-30	Society and religious organization board appointment files	<b>Deleted.</b> Superseded by secondary -20 Appointment files.	SO/nil/DE

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### **APPENDIX B**

#### **Listing of Legislation Authorizing Appointments and Delegations**

Appointments and delegations are authorized under the following and subsequent legislation governing the operational responsibilities and functions of the creating agency:

*Administrative Tribunals Act* (SBC 2004, c. 45)  
*Community Care and Assisted Living Act* (SBC 2002, c. 75)  
*Continuing Care Act* (RSBC 1996, c. 70)  
*E-Health (Personal Health Information Access and Protection of Privacy) Act* (SBC 2008, c. 38)  
*Emergency and Health Services Act* (RSBC 1996, c. 182)  
*Food Safety Act* (SBC 2002, c. 28)  
*Forensic Psychiatry Act* (RSBC 1996, c. 156)  
*Health Authorities Act* (RSBC 1996, c. 180)  
*Health Professions Act* (RSBC 1996, c. 183)  
*Hospital Act* (RSBC 1996, c. 200)  
*Medicare Protection Act* (RSBC 1996, c. 286)  
*Mental Health Act* (RSBC 1996, c. 288)  
*Patient Care Quality Review Board Act* (SBC 2008, c. 35)  
*Pharmacy Operations and Drug Scheduling Act* (SBC 2003, c. 77)  
*Public Health Act* (SBC 2008, c. 28)  
*Society Act* (RSBC 1996, c. 433)  
*Tobacco Control Act* (RSBC 1996, c. 451)



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### ***HEALTH AUTHORITY PERFORMANCE MANAGEMENT***

### ***OPERATIONAL RECORDS CLASSIFICATION SYSTEM (ORCS)***

### **INDEX**

This index provides an alphabetical guide to ORCS subject headings and relevant primary number(s). It should enable the user to locate the primary number(s) in which documents relating to a specific subject or function may be classified. It should also aid the user in retrieving, by subject, documents which have been classified and filed.

Employees responsible for records classification should use this index as a means of access to the contents of ORCS. Once they have located what appear to be relevant index entries for a given subject, they should refer to the primary or primaries listed in order to determine which is the correct classification and also to determine the correct secondary. Often, the primary scope notes will clarify whether or not a document should be classified in a given primary. Primary scope notes should be read carefully as they delineate a primary's subject and content.

This index contains an alphabetical listing of:

- a) all keywords which appear in primary titles;
- b) all keywords which appear in secondary titles;
- c) keywords which appear in primary scope notes;
- d) common synonyms for indexed keywords; and
- e) common abbreviations.

#### **Cross-references:**

"See" references indicate that the subject heading sought is indexed under an alternate entry (a more appropriate keyword, a full or official name, etc.).

"See also" references are used when additional information can be found in another entry.

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### SUBJECT HEADINGS

### PRIMARY NUMBERS

#### - A -

ADVICE (See MEDICAL CONSULTATION)

AGREEMENTS (See PERFORMANCE AGREEMENTS)

AMALGAMATIONS (See SOCIETIES)

APPOINTMENTS 25420

APPROVALS

- medical staff bylaws 25050
- Minister's permits 25050
- out-of-province medical treatment 25050

#### - B -

BC BEDLINE 25100

BC TELEHEALTH PROGRAM 25100

BIOGRAPHICAL SKETCHES (See APPOINTMENTS)

BLOOD UTILIZATION (See HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES)

BLOODLINK BC WEB SITE 25640

BUDGET MANAGEMENT PLANS 25340

#### - C -

CANADIAN BLOOD SERVICE (CBS) (See HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES)

CENTRAL TRANSFUSION REGISTRY (CTR) 25640

CLINICAL BLOOD PROGRAMS (See also HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES)

- Blood unit/recipient lookback-traceback 25640
- Central Transfusion Registry (CTR) reports, data 25640
- Hospital CTR Reporting 25640
- Provincial Blood Coordinating Office (PBCO) 25640

CODED UNKNOWN PROCEDURE REPORT 25900

CORONER'S RECOMMENDATIONS 25050

CORPORATE FILES (See also HEALTH ORGANIZATIONS) 25440

CORRESPONDENCE (See HEALTH AUTHORITY CORRESPONDENCE)

CTR (See CENTRAL TRANSFUSION REGISTRY)

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### SUBJECT HEADINGS

### PRIMARY NUMBERS

- D -

DELEGATION OF MINSTER'S POWERS	25420
DENOMINATIONAL MASTER AGREEMENT	25440

- E -

EMERGING HEALTH CARE ISSUES (See PERFORMANCE MONITORING)

- F -

FOOD SAFETY INSPECTORS	25420
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- G -

GENDER REASSIGNMENT (See MEDICAL CONSULTATION)

- H -

HEALTH AUTHORITY CORRESPONDENCE	25100
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HEALTH AUTHORITY INTERNET	25000
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HEALTH AUTHORITY INTRANET	25000
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HEALTH AUTHORITY POLICY DEVELOPMENT	25200
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HEALTH ORGANIZATIONS	
- by-laws	25400
- constitutions	25400
- land transactions	25400
- private hospitals	25400

HEALTH SERVICES DELIVERY POLICY MANUAL	25200
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HOME AND COMMUNITY CARE POLICY AND PLANNING	
- policy manual	25500
- minister's presentations	25500

HOSPITAL DESIGNATIONS	25440
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HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES (See also CLINICAL BLOOD PROGRAMS)	
- blood shipping reports	25600
- issues	25600

- I -

IMMIGRATION PERMITS (See MEDICAL CONSULTATION)

## **OPERATIONAL RECORDS CLASSIFICATION SYSTEM**

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### SUBJECT HEADINGS

### PRIMARY NUMBERS

- J-  
- K -  
- L -

LAND FILES 25440

LEADERSHIP COUNCIL 25700

LEGISLATION AND POLICY REVIEW

- legislation recommendations 25200
- policy development 25200

LETTER-WRITING CAMPAIGNS (See HEALTH AUTHORITY CORRESPONDENCE)

LOOKBACK/TRACEBACK (See CLINICAL BLOOD PROGRAMS)

- M -

MEDICAL STAFF BY-LAWS 25050

MEDICAL CONSULTATION

- reference materials 25050
- health authority issues 25050
- medical staff bylaws 25050
- Minister's permits 25050
- out-of-province gender reassignment treatment 25050
- out-of-province substance abuse treatment 25050
- responses to Coroner's recommendations 25050

MEDICAL HEALTH OFFICERS 25420

MIDWIFERY PROGRAM

- fee schedule contract negotiation 25800
- policy development 25800

MINISTER'S PERMITS (See MEDICAL CONSULTATION)

MINISTRY INSPECTORS 25420

- N -  
- O -

OUT-OF-PROVINCE GENDER REASSIGNMENT TREATMENT  
(See MEDICAL CONSULTATION)

OUT-OF-PROVINCE SUBSTANCE ABUSE TREATMENT  
(See MEDICAL CONSULTATION)

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### SUBJECT HEADINGS

### PRIMARY NUMBERS

- P -

PATIENTS WAITING MORE THAN 12 MONTHS REPORT 25900

PBCO (Provincial Blood Coordinating Office) (See CLINICAL BLOOD PROGRAMS)

PERFORMANCE AGREEMENTS 25320  
(See also PERFORMANCE MONITORING)

PERFORMANCE MANAGEMENT 25000

PERFORMANCE MONITORING (See also PERFORMANCE AGREEMENTS)

- health authority compliance with performance agreements 25340
- performance expectations 25340
- implementation of new ministry program initiatives 25340
- emerging health care issues 25340

PERFORMANCE STANDARDS

- approved standards and background reports 25360
- evidence-based research materials 25360
- development 25360

PETITIONS (See HEALTH AUTHORITY CORRESPONDENCE)

POLICIES (See secondary –00 under the appropriate subject primary)

PRIVATE HOSPITALS

- Approvals 25440
- Inspections 25440
- Licenses 25440

PROVINCIAL BLOOD COORDINATING OFFICE (PBCO)

(See HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES)

PROVINCIAL WAIT TIMES TRENDS REPORT

25900

- Q -

- R -

REDESIGN PLANS 25340

REPORT CARDS 25340

REPORTS

- approved performance standards and background reports 25360
- blood shipping reports 25600
- CBS annual reports 25600
- *Coded Unknown Procedure* 25900
- Coroner's reports – response 25050
- CTR reports 25640

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### SUBJECT HEADINGS

### PRIMARY NUMBERS

- health care donations in trust investment reports	25440
- PBCO reports	25640
- monthly surgical wait list variance reports	25900
- <i>Provincial Wait Time Trends</i>	25900
- <i>Patients Waiting More than 12 Months</i>	25900
- performance review of health authorities – quarterly reports	25340

- S -

### **SURGICAL WAIT LIST REGISTRY**

(See also the Information System Overview in the ISO section)

- hospital scheduled surgeries data	25900
- Surgical Wait Times web pages and web site	25900
- Wait-Reporting (Wait-R) summary tables	25900

### **SOCIEITES**

25400

### **STANDARDS (See PERFORMANCE STANDARDS)**

### **SUBSTANCE ABUSE TREATMENT (See MEDICAL CONSULTATION)**

### **SURGICAL WAIT TIMES WEB SITE**

25900

- T -

### **TELEHEALTH (See BC TELEHEALTH)**

### **TOBACCO ENFORCEMENT OFFICERS**

25420

### **TRANSPLANT TISSUE (See HUMAN BLOOD, CELL, TISSUE, ORGAN ISSUES)**

### **TRUST FILES**

25440

- U -  
- V -  
- W -

### **WAITLIST (See SURGICAL WAITLIST REGISTRY)**

### **WAIT-REPORTING (WAIT-R) (See SURGICAL WAIT LIST REGISTRY)**

- X -  
- Y -  
- Z -