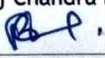




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POLICY ON MEDICAL RECORD RETENTION AND DISPOSAL

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI**



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1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
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Preparation	Approval	Issue
		

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IMS 4 - POLICY ON MEDICAL RECORD RETENTION AND DISPOSAL

1. PURPOSE

AIIMS Guwahati has a defined policy for retention, review and disposal of medical records to ensure availability of original medical records for medico-legal purposes, patient follow-up, continuity of care, audit, teaching, research and compliance with statutory and regulatory requirements.

2. SCOPE

This policy applies to retention, review and disposal of all medical records, data and information generated at AIIMS Guwahati, including OPD, IPD, emergency, medico-legal and statutory records, in physical and electronic formats.

3. RESPONSIBILITY

- Executive Director, AIIMS Guwahati
- Medical Superintendent
- Medical Record Department Officer (MRDO)

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- Medical Records Department (MRD) Staff
- Quality Management Team
- Treating Doctors and Nursing Staff (for timely completion of records)

4. POLICY & PROCEDURE

4.1 Retention Period of Medical Records

The purpose of retaining medical records is to ensure original medical records are available with the hospital for medico-legal purposes and patient follow-up.

The different categories of records are retained in the Medical Records Department for different lengths of time as follows:

- **In-patient medical records:** Minimum **5 years**
- **Medico-Legal Case records:** Minimum **10 years** or till disposal of court case, whichever is later
- **OPD Registers:** **3 years**
- **MLC Registers:** **10 years**

4.1.1 Legal Proceedings

- If AIIMS Guwahati is aware of any legal action initiated or anticipated, the concerned medical records shall be retained **until final disposal of the case by the highest court of law**, irrespective of routine retention timelines.

4.2 Review of Medical Records

- Medical records shall be **reviewed once every month**.
- Review shall be conducted using **statistical sampling**, depending on the number of files generated during the month.
- Samples shall include **both active and discharged OPD and IPD records**.

4.3 Responsibility for Review

- Review shall be conducted by **Quality Coordinators / Medical Audit Team**.
- The review shall assess:
 - Timeliness of documentation

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- Legibility
- Completeness
- Authentication (name, signature, date, time)
- Continuity of care documentation

4.4 Deficiencies, Corrective and Preventive Action

- A **deficiency report** shall be prepared for gaps identified during the review.
- Identified deficiencies shall undergo **root cause analysis**.
- **Corrective and Preventive Actions (CAPA)** shall be implemented.
- If required, **entire population of records of the concerned month** may be reviewed to regularize documentation.

4.5 Storage and Security During Retention

- Physical records shall be stored in areas **protected from dust, pests, fire, moisture and unauthorized access**.
- All MLC, birth and death records shall be kept **under lock and key**.
- Electronic records shall be backed up securely by the **MRD Module in hospital information system** with login id and password protection.
- Records shall not be removed from hospital premises except on **court order**.

4.6 Disposal of Medical Records

- Records eligible for disposal after completion of retention period shall be:
 - Verified and approved by **Medical Record committee**
 - Disposed of in a **confidential and irreversible manner** (shredding / secure digital deletion)
- Disposal shall ensure **complete destruction of patient-identifiable information**. Prior 1 month of disposal of medical records the approved list by the Medical record committee shall be published in the national and local newspaper.
- A **Record Disposal Register** shall be maintained by MRD.

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5. RECORD GENERATED

1. Medical Record Retention Register
 2. Medical Record Review and Audit Reports
 3. Deficiency and CAPA Reports
 4. Medical Record Disposal Register
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6.0 REFERENCE

- NABH: Pre-Accreditation Entry Level Standards for Hospitals, First Edition, April 2014