



In many cases, facilities are motivated to launch a VRP program by their insurance provider. Other industries or categories of businesses are additionally required by law or governmental regulations to provide adequate VRP.

Regardless of the driving motivation, having a detailed, written set of policies dealing with VRP is a generally acknowl-edged best practice for any organization that gathers and stores information and data. Especially in the aftermath of events such as the September 11 terrorist attacks, constant updating and revision of VRP plans are becoming necessary. A business continuity and disaster recovery strategy is only as strong as its ability to protect vital data.

VRP and HIPAA

The health information field is the most obvious profession subject to VRP policy requirements such as those men-tioned above, including, but not limited to, records protection guidelines set forth under HIPAA. Patient records (digital and paper), employee information. and insur-ance documentation are some of the doc-uments that are legally categorized as vital records, which covered organizations should be protecting from disaster at all times. Although the absence of technolog-ical specifics regarding how organizations need to go about securing their records may make HIPAA compliance easier in some ways, in other ways it will be more difficult for covered entities to understand whether they are in compliance.

One measure to be taken that is universally understood and relatively simple to comply with is that covered entities must carefully establish security policies and procedures (including business continuity and disaster recovery plans) and document why they chose certain tactics and tech-nologies to secure their systems. Any orga-nization that does not display due diligence in starting this process will be in noncompliance. As a word of warning, ex-perts predict that

the government will finger a number of noncomplying organizations to be "the poster children for HIPAA compliance."

It is worth noting that HIPAA is not only a technology/information security is sue, it's also a policy, procedure, and cul-ture change. Change brings opportunity, and HIPAA represents an opportunity for all professionals involved with medical records, not just medical records managers at hospitals, to increase their value to the organization by playing a key role in ensuring HIPAA compliance.

Standards Organizations

American Society for Testing and Matierials

100 Barr Harbor Drive P.O. Box C700 West Conshohocken, PA 19428-2959 www.astm.org

National Fire Protectio Association

1 Batterymarch Park Quincy, MA 02269-9101 www.nfpa.org

Underwriters' Laboratory

333 Pfingsten Road Northbrook, IL 60062-2096 www.ul.com

Various Approaches to VRP

potential approaches protecting vital records include offsite storage at another location of the organization, storage at a vendor that spe-cializes in off-site vital records storage, and an on-site fire-rated vault, safe, or file cabinet system. Out of necessity, the majority of medical em-ploy organizations various combinations of these ap-proaches. Whether the decision is made to go with on-site or off-site storage, the first step is to procure fireproof safes and filing cabinets for on-site storage. An active medical organization will always, at one point or another, have vital

records on site, and, obvious-ly, no one can accurately predict the precise time a business interruption or disaster will occur.

Some offices fulfill these VRP requirements by sending the records to off-site locations with ample fireproof storage; other medical offices use more cost-effec-tive on-site VRP. Brenda Laws, office man-ager at E.H. Perez, MD, in Ashville, N.C., explains the situation in her office.

"We were storing our electronic medical records duplications at an outside storage company," Laws says. "That was turning into a hassle and becoming very expensive, so we looked into using a fire-proof safe to store records on site. The safe has not only saved us money, but it has also made getting access to our non-current files much easier and faster, allowing us to better help our patients in regards to their medical records."

There are several practical reasons why patient records can be stored in on-site fireproof containers. Some of the most im-portant uses of medical include records securing proper documentation of a doc-tor's diagnosis and subsequent treatment of a patient's health or disease, serving as a tool for further clinical research and quality care assessments; providing a de-fense in possible future litigation; and ad-dressing reimbursement issues with a third party such as an insurance company. Regardless of the reasons they are kept safe from fire, all doctor's offices-no mat-ter the size-need to eliminate, as best as possible, the risk of permanently losing these types of records.

For vital records that are on site—whether temporarily or otherwise—a ma-jority of consumers believes standard filing equipment offers enough fire protection. This thinking, attractive to management because it seems cheaper, is erroneous and potentially dangerous. Re-member, you are attempting to protect the organization's most vital information assets, and it is



highly advisable to seek the highest quality of protection. Price should not be an overriding factor in the decision. It is imperative to seek products that are tested by Underwriters' Laborato-ry or other nationally known independent testing labs. Absolutely steer clear of equipment with manufacturers' or nonin-dependent ratings. No other testing and standards organization matches Under-writers' Laboratory's reputation.

One "trick" to be wary of is a product that claims to be built to a certain Under-writers' Laboratory class specification claim. This is marketing-driven wordplay and it leads the customer to falsely believe they are getting an Underwriters' Laborato-ry rating, but in reality it's just the manu acturer's dubious claim. Underwriters' Laboratory has never tested it, and how it will stand up to a real fire is anyone's guess.

One thing to consider is the fact that VRP does not start and finish with patient records. Additional categories of recorded data in a medical organization that typi-cally fall under the category of vital may include the following:

- contracts/agreements that prove owner-ship of property, equipment, vehicles, products, etc;
- operational records such as current or unaudited accounting and tax records, current personnel and payroll records, client account histories, and shipping delivery records;
- · current vendor files;
- current standard operating procedures; and produced reports and summaries. The above list should be considered a basic starting point. Also consider that although a specific category of records may not be deemed vital, it does not au-tomatically mean that type of record is not worth protecting. Each type of record must be analyzed and tiered to determine the amount of protection

you should provide. If not vital, you may de-termine nonvital but valuable records to be classified as:

- 1) Important: not irreplaceable but could be reproduced only at considerable ex-pense, time, and labor;
- 2) Useful: records that, if lost, will cause some inconvenience but could be readily replaced;
- 3) Nonessential: records that are in line for routine destruction.

To validate the classifications, those responsible for the vital records program should interview the managers and personnel who create records. Fortunately, you do not have to implement this cru-cial element of the business continuity/disaster recovery plan in a vacuum. There are a number of standards bodies and organizations, most of which have a healthy amount of information publicly available on the Internet. The standards apply not only to the vital records them-selves, but the actual facility and vaults housing the vital records and data recovery equipment as well.

The AHIMA assists the healthcare industry when it comes to gathering, managing, and storing medical records. A doctor's office will have rules and regula-tions regarding VRP imposed on them by the state in which they operate. The AHIMA only makes guidelines or recommendations, and then each state decides to fully accept, slightly alter, or completely disregard the guidelines for their own individual legislation.

Kevin Gould, director of public relations at the AHIMA, comments on how medical facilities of all sizes should pro-tect backup documents and files as best as possible, saying, "Your backup plan should include where and how backups will be stored. Backups will be useless if they are destroyed in a widespread disas-ter such as a fire. You should consider storing backups some place other than near your computer. Alternatives include such simple options as a fireproof container

or file cabinet. You may also choose to store your backups off site in a secure location."

As noted, specific medical record retention laws vary from state to state and change depending on the exact type of record. For example, a state may re-quire that paperwork regarding the specific information surrounding a treatment given to a patient should be retained for 10 years after the patient is discharged, or that same state could en-force an indefinite retention period for documents such as surgical records, birth certificates. and death certificates. Some medical facilities even go as far as to create blanket retention policies regarding all records or documents, not only medical records.

Keeping vital records anywhere other than a fireproof filing cabinet or safe is a risk no medical office should take. Until legislation is passed to require fireproof record storage in every state, it is up to each office to fireproof their record stor-age. Taking the proactive step to eliminate the risk of permanently losing medical records can prove to be a major time, effort, and money saver.

- Van Carlisle