

REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

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JOB NO.

NI-AFU-86-40

DATE RECEIVED

3/3/86

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3305, the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.

TO: GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

1. FROM (Agency or establishment)
DEPARTMENT OF THE AIR FORCE

2. MAJOR SUBDIVISION
Directorate of Administration, HQ USAF

3. MINOR SUBDIVISION
Records Management Branch

4. NAME OF PERSON WITH WHOM TO CONFER
Mr. R. P. Dwyer

5. TELEPHONE EXT.
694-3494

DATE
8-25-86

ARCHIVIST OF THE UNITED STATES
Frank S. Burt

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records, that the records proposed for disposal in this Request of 4 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached.

A. GAO concurrence: is attached; or is unnecessary.

8. DATE 26 FEB 1986	C. SIGNATURE OF AGENCY REPRESENTATIVE <i>Grace T. Rowe</i>	D. TITLE GRACE T. ROWE Records Management Branch Directorate of Administration
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7. ITEM NO.	8. DESCRIPTION OF ITEM <i>(With Inclusive Dates or Retention Periods)</i>	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN <i>(NARS USE ONLY)</i>
	MEDICAL QUALITY ASSURANCE (QA) RECORDS (Table 168-12) (Applicable Air Force-wide) This is a new 168 series table consisting of new records and records transferred from other series.		
1	Rules 1 and 2. Covers disposition of committee meeting and civilian peer review minutes. These include minutes of quality assurance and risk management (QA/RM) committee, executive committee, medical staff committee, and civilian peer review. The medical staff and facility-wide committee minutes are currently covered in Table 160-1, Rule 1. The QA/RM and executive committee minutes are new existing records additions. The civilian peer review minutes will soon be created when the civilian peer review groups begin auditing medical treatment facilities (MTFs) QA for an indefinite time period. In Rule 1, the four year disposition, same as for Table 160-1, Rule 1, is sufficient to allow the MTFs to resolve QA problems. In Rule 2, the one year or later disposition is sufficient to allow the major commands surgeon generals (MAJCOMS/SG) to monitor QA problem resolutions at the MTFs and to retain selected records longer if necessary. We will delete Rule 1 of Table 160-1.	NN-170-33	
2	Rules 3 and 4. Covers disposition of professional credentials review adverse action and non-adverse action files, currently covered in Table 160-1, Rule 5. In Rule 3, for adverse action files, the eight year disposition after practitioner separates	NC1-AFU-77-82	

REQUEST FOR RECORDS DISPOSITION AUTHORITY - CONTINUATION		JOB NO.	PAGE
7 ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARS USE ONLY)
	from the service is a sufficient time to permit MTFs to respond to inquiries from civilian hospitals where former Air Force practitioners are applying for priveleges, or for possible litigation purposes. In Rule 4, for non-adverse action files, the five year disposition after practitioner separates from the service is sufficient for same reasons in Rule 3. We will delete Rule 5 of Table 160-1.		
3	Rule 5. Covers disposition of patient or clinical service questionnaires/surveys, currently covered in Table 168-1, Rule 11. Disposition is changed slightly by adding "whichever is later" to prevent possible destruction of these records before the basic one year retention period ends, and to retain longer selected patient's opinions that could prove useful in examining MTFs QA. We will delete Rule 11 of Table 168-1.	NC1-AFU-78-58	
4	Rule 6. Covers disposition of medical facility incident statements, currently covered in Table 168-2, Rule 13. The description is revised to reflect the records use and the disposition is revised to "destroy after 4 months", deleting as unnecessary "or when no longer needed, whichever is sooner." Reason for this short disposition is that after the statement data is extracted and included in other hospital management records, it has no further retention value. We will delete Rule 13 of Table 168-2.	NC1-AFU-81-64	
5	Rule 7. Covers disposition of QA problem status records. The two year disposition is sufficient to ensure their availability for reference if the problem recurs, and for use during future Joint Commission on Accreditation of Hospital surveys, health service management inspections, and MAJCOMS/SG staff assistance visits. If necessary, selected records are retained longer if particular problems persist or are needed for future surveys/inspections.		
6	Rules 8 and 9. Covers disposition of occurrence screening checklists, identifying either validated or no-validated positive occurrences. In Rule 8, disposition of one year or later for checklists identifying validated positive occurrences is sufficient to ensure their availability for possible use during semi-annual professional credentials evaluations; allowing selected records to be kept longer if necessary. In Rule 9, disposition of three months for checklists identifying no-validated positive occurrences is sufficient.		

TABLE 168-12

MEDICAL QUALITY ASSURANCE RECORDS				
R U L E	A	B	C	D
	If documents are or pertain to	consisting of	which are	then
1	committee meetings and civilian peer reviews	minutes of the quality assurance and risk management (QA/RM) committee, executive committee, medical staff and facility-wide committee, and civilian peer reviews	at medical treatment facilities (MTFs)	destroy after 4 years.
2			copies of QA/RM committee and civilian peer review minutes at MAJCOMS/SG	destroy after 1 year, or when no longer needed, whichever is later.
3	professional credentials review files of medical and dental staff members, and allied health care practitioners	records of practitioner's formal education, training, clinical experience, and physical, moral and ethical character, and activities concerning clinical privileges	adverse action files	destroy 8 years after practitioner separates from the service.
4			non-adverse action files	destroy 5 years after practitioner separates from the service.
5	patient or clinical service questionnaires/surveys	patient's opinion of the quality of care received and/or services rendered		destroy after 1 year, or when no longer needed, whichever is later.
6	medical facility incidents	statements, with supporting data, which report accidents inconsistent with routine medical facility operation or patient care and which establish follow-up remedial actions		destroy after 4 months.

TABLE 168-12 (Continued)

R U L E	A	B	C	D
	If documents are or pertain to	consisting of	which are	then
7	quality assurance problem status records	continuing and supporting records of the assessment, action, and follow-up which is accomplished related to identified problems		destroy after 2 years, or when no longer needed, whichever is later.
8	occurrence screening	checklists identifying spe- cific potentially important results of medical or sur- gical treatment	identify validated positive occurrences	destroy after 1 year, or when no longer needed, whichever is later.
9			identify no validated positive occurrences	destroy after 3 months.