## INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-AFU-86-040

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

## Description:

Item 168/12/6 was superseded by N1-AFU-88-039 / 1. In 1989, Air Force submitted N1-AFU-90-003 to cover all of their temporary items in AFR 12-50, Volume II, Disposition of Air Force Records (dated 1987) under a single

job number. The remaining items on this schedule were temporary items. The items match N1-AFU-90-003. This schedule was therefore superseded by N1-AFU-90-003.

Date Reported: 8/29/2024 N1-AFU-86-040

REQUEST FOR RECORDS DISPOSITION AUTHORITY! (See Instructions on reverse)			MI-AFU-86-40				
TO: GENERAL NATIONA	L SERVICES ADMINISTRATION AL ARCHIVES AND RECORDS SERVICE, WASHINGTON,	DC 20400	DATE RECEIVE	3/8	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
1.FR OM (Agene	ereciablishment) ENT OF THE AIR FORCE	,	, NO	YTIFICA	TION TO AGEN	Y	
DEPARTM		<del></del>			e provisions of a scluding emendm		
	rate of Administration, HQ USAF		except for its	S Shet	may be marked Mn" in column 1	"depoition no	
. MINOR SUBD			are proposed for		of, the signature s		
	Management Branch	HONE EXT.	not required.	ABFMI	VIST OF THE U	THE PARTY	
	P. Dwyer 694-	3494	8-33-84	7	Frank Smk		
Accounting ( attached. A. GAO cond	vill not be needed after the retention periods spec Office, if required under the provisions of Title 8 of currence:   is attached; or  is unnecessary.						
B. DATE	C. SIGNATURE OF AGENCY REPRESENTATIVE	D. TITLE	GRACE T.	ROWE			
6 FEB 1986	C - Para				ement Bran		
	mare T Rowe		Director	ate o	f Administ		
ITEM	8. DESCRIPTION OF ITEM				9. GRS OR SUPERSEDED LOB CITATION	10. ACTION TAKEN WARS USE	
1	MEDICAL QUALITY ASSURANCE (QA) RECORDS (Table 168-12)				•		
2	Rules 3 and <u>4.</u> Covers disposition of p				1		

115-100 Copy to agency 8-29-86 NON 7540-00-00-004 Copy to NCF + NNM 9-2-86

B DESCRIPTION OF ITEM  (Tith factures Deter or Retention Periods)  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 iles, 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.  Rule 5. Covers disposition of patient or clinical service		OF 10. ACTION TAKEN (NARS USE ONLY)
respond to inquiries from civilian hospitals where former Air force practitioners are applying for priveleges, or for possble 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.		
Rule 5. Covers disposition of patient or clinical service		
questionnaires/surveys, currently covered in Table 168-1, cule 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 seful in examining MTFs QA. We will delete Rule 11 of able 168-1.	NC1-AFU- 78-58	
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 unnecessary "or when no longer needed, whichever is coner." 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	
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/GG staff assistance visits. If necessary, selected records are retained longer if particular problems persist or area needed for future surveys/inspections.		
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 ater 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.		
	ecords before the basic one year retention period ends, and or retain longer selected patient's opinions that could prove seful in examining MTFs QA. We will delete Rule 11 of able 168-1.  The will be able 168-1.  The escription is revised to reflect the records use and the isposition is revised to "destroy after 4 months", deleting somer. Reason for this short disposition is that after the statement data is extracted and included in other hospial management records, it has no further retention value. We will delete Rule 13 of Table 168-2.  The 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 using future Joint Commission on Accreditation of Hospital urveys, health service management inspections, and MAJCOMS/G staff assistance visits. If necessary, selected records re retained longer if particular problems persist or arelieved for future surveys/inspections.  The same and 9. Covers disposition of occurrence screening hecklists, identifying either validated or no-validated ositive occurrences. In Rule 8, disposition of one year or ater for checklists identifying validated positive occurrences is sufficient to ensure their availability for possble use during semi-annual professional credentials evaluations; allowing selected records to be kept longer if ecessary. In Rule 9, disposition of three months for checkists identifying no-validated positive occurrences is	ecords before the basic one year retention period ends, and or retain longer selected patient's opinions that could prove seful in examining MTFs QA. We will delete Rule 11 of able 168-1.  The patient of the problem records use and the escription is revised to reflect the records use and the isposition is revised to "destroy after 4 months", deleting so unnecessary "or when no longer needed, whichever is concer." Reason for this short disposition is that after he statement data is extracted and included in other hospial management records, it has no further retention value. We will delete Rule 13 of Table 168-2.  The patient of QA problem status records. He two year disposition of QA problem status records. He two year disposition is sufficient to ensure their availability for reference if the problem recurs, and for use uring future Joint Commission on Accreditation of Hospital urveys, health service management inspections, and MAJCOMS/G staff assistance visits. If necessary, selected records re retained longer if particular problems persist or arelieved for future surveys/inspections.  The patient of the problem recurs are records in the surveys and for use unique their availability for possible use during semi-annual professional credentials evaluations; allowing selected records to be kept longer if ecessary. In Rule 9, disposition of three months for checkits identifying no-validated positive occurrences is

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U L E	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 manage- ment (QA/RM) committee,	at medical treatment facilities (MTFs)	destroy after 4 years.	
2	TEATEMR	executive committee, medical staff and facility-wide committee, and civilian peer reviews	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 creden- tials review files of medical and dental staff members, and	records of practitioner's formal education, training, clinical experience, and physical, moral and ethical character, and activities concerning clinical priveleges	adverse action files	destroy 8 years after practitioner separates from the service.	
<b>1</b> 4	allied health care practitioners		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.	
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TA	BLE 168-12 (Continued)		•	
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U L E	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.
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