Administrative Records Management and Archival Program: The Kingston Experience

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Abstract. Administrative records management and archival programs are important to the administration of health care institutions and to the historian of health care. The development of an administrative records management and archival program at the Kingston General Hospital is outlined in this report. This program has been possible because of the endorsement of the President and Board of Directors, the appointment of a hospital archivist, and an agreement to maintain the archives in Queen's University Archives. The records of the Kingston General Hospital Archives reflect the dramatic transformation from a charitable institution of the mid-19th century to a tertiary care centre. Much of the history of health care in Canada will be lost unless similar initiatives to ensure the preservation of primary records of Canadian health care institutions are undertaken.

Résumé. Les programmes de gestion et d’archivage des dossiers administratifs sont essentiels à la fois pour l’administration des services de santé et pour le travail de l'historien. Ce texte d’écrit le développement d’un tel programme au Kingston General Hospital, lequel programme a été mis en place grâce à l’appui du président et du conseil d’administration, à l’embauche d’un archiviste et à une entente avec les archives de l’université Queen’s pour la conservation des documents. Les dossiers de l’hôpital livrent de précieuses informations sur sa transformation d’une institution charitable au milieu du XIXᵉ siècle en un centre de services tertiaires. Une part majeure de l’histoire des soins de santé au Canada ne pourra être retracée à moins que des initiatives similaires soient entreprises pour préserver la documentation des établissements.

Hospital records management and the archives resulting from these programs are essential to ensure that health care institutions maintain control of their administrative records and that the primary records for the historian of health care are not lost. A dramatic expansion of health care is

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care took place during the 19th and 20th centuries. The need for programs to preserve the records of this era is highlighted by the restructuring of the health care system leading to the closure or amalgamation of many historically significant health care facilities in Canada.

The urgency to establish such programs has been identified by Carolyn Heald in Ontario\(^1\) and Donna Kynaston in Alberta\(^2\) as these jurisdictions endeavour to respond to the challenges of hospital restructuring. The need is acknowledged; however to date the response has been modest. The hospitals in Ontario undergoing closure or amalgamation have been advised to create a records inventory while the Ontario Hospital Association has revised its voluntary records scheduling guidelines. Implementation teams of the Ministry of Health are working on instructions to encourage hospitals to take measures to ensure proper handling of records. In Alberta, the Calgary Regional Health Authority, one of 17 Authorities in the province, established an Archives and Records Management Program in 1997 to manage the records of closing hospitals and meet the requirements of Freedom of Information and Protection of Privacy legislation.

The objective of records management is to improve the quality, relevance, and organization of records required for the operation of each administrative unit in the health care institution. The archives preserve records of administrative, legal, and financial value. The records of historical value permit the historian to explore the origins, operation, and legacy of the health care institution.

This report outlines the development of an administrative records management and archival program at the Kingston General Hospital. The program began in 1967 when Dr. Margaret Angus was commissioned to write the history of the hospital. Three years of research by this dedicated historian resulted in the publication of *Kingston General Hospital, A Social and Institutional History*.\(^3\) During the project, a wide range of often fragile primary documents were reviewed, many retrieved from damp basements and musty attics. These records became the nucleus of the Kingston General Hospital Archives. Subsequently, administrative records were periodically set aside for archival purposes. The development of a formal administrative records management and archival program began in 1993 after a pilot project in 1991.

Our experience may be useful to other health care institutions concerned about preserving their past. The Historic Sites and Monuments Board of Canada has declared the Kingston General Hospital to be of national significance because of its role in the provision of health care over the past 150 years. The archives of the Kingston General Hospital provide the primary records reflecting the dramatic transformation from a charitable institution of the mid-19th century to a tertiary care
centre. An understanding of Canadian health care requires similar primary records from health care institutions across the country. The opportunity will be lost if initiatives to assure the preservation of these records are not undertaken.

PROGRAM REQUIREMENTS

There are three essential requirements for the development of a records management and archival program. They are: (1) institutional commitment for the program; (2) a professional records management and archival staff; and (3) a facility to maintain the archival records.

The program at the Kingston General Hospital (KGH) was possible because of the support of the President and Chief Operating Officer, Dr. Peter Glynn, and the Board of Directors. The guidelines for the program are defined in an administrative records management policy. This policy states that "The hospital is committed to the preservation of historically significant records and acknowledges its responsibility to ensure that records of enduring legal, administrative, fiscal, and evidential value are retained." The progress of the program is reviewed regularly with the President by the honorary archivist while the Board of Directors has been kept informed by regular reports of the Archives and Museum Committee of the Board.

The development of the Records Management Program began with the appointment of an archivist in 1993. A full time archival assistant was added in 1999. The archival staff has been supplemented by term appointment archival assistants funded by the Hannah Institute for the History of Medicine, the Department of Canadian Heritage and the Canadian Council of Archives. The collaboration between the hospital archivist and the staff at Queen’s University Archives has assured optimal professional standards. This collaborative program has provided a valuable experience for the archival students who have held term appointments each year.

The KGH Archives are housed in and are the responsibility of Queen’s University Archives. This arrangement was made possible by an agreement signed in 1981 between the Kingston General Hospital and Queen’s University. Access to the KGH Archives, a closed collection, is regulated by an Access to Archival Administrative Records Policy. Access privileges may be obtained in several ways: hospital staff may contact the Archives directly; others must enter into a research agreement with either an archivist at the hospital or Queen’s University Archives. Access to restricted records requires authorization from the office of origin.
ADMINISTRATIVE ORGANIZATION OF THE HOSPITAL

An administrative records management and archival program must understand the complexities of a tertiary care hospital and the need for periodic organizational adjustment to adapt to changing responsibilities within the hospital and the health science centre.

The records management program at the Kingston General Hospital is responsible for five categories of administrative units: (1) Board of Directors; (2) hospital administration; (3) professional administration; (4) clinical services; and (5) volunteer organizations. The administrative units in each category contribute in a unique way to the health care provided in the hospital.

The Board of Directors and its committees act on behalf of the Governors of the hospital. The senior hospital administration includes the office of the President and three Vice-Presidents, each responsible for a number of hospital management services. The professional administration includes the office of the Chief of Staff, Medical Advisory Committee, Medical Director, Medical Staff, and the office of the Vice-President responsible for nursing and a number of patient care services.

Patient care within their disciplines is provided by 14 clinical services and their divisions. The staff of the clinical services are also the faculty of the clinical departments in the Faculty of Health Sciences, Queen's University. The Administrative Records Management and Archival Program for the hospital clinical services and the faculty clinical departments were developed in tandem because of the interrelationships of these functions. The tertiary care hospital includes an increasing number of special diagnostic and treatment units with an independent administrative office.

Various affiliated volunteer organizations, such as the hospital auxiliary, are important to the hospital. The volunteers not only provide a wide range of support services but through their fund-raising activities they enrich the resources available for patient care in the hospital.

DEVELOPMENT OF THE RECORDS MANAGEMENT PROGRAM

The Administrative Records Management and Archival Program Policy and Procedural Manual approved by the Board of Directors outlines the stages in the development of the records management program.

Record Inventory

The hospital archivist works with the staff of each administrative unit. All active and inactive records, with the exception of personnel and electronic records, are identified. The organization, site, and space requirements of the storage areas are determined. The files are examined to determine the
format, name and content of each file. The characteristics of each file including purpose, inclusion dates, primary custodian, retention requirements, and accession restrictions, if any, are established.

**Records Schedule**

The schedule establishes the period of time that records are kept. All records which reflect the legacy of the hospital and document health care practices are retained. Retention recommendations are determined by a number of additional factors. Administrative value is based upon their usefulness in the purpose for which the file was created. Fiscal value relates to their usefulness in documenting receipt or use of funds. Legal value relates to their usefulness in documenting compliance with statutes or regulations, or as evidence in legal proceedings, or in legal proof of transactions.

Disposition recommendations for files include: archived, selectively archived, or destroyed. Archived files include those that provide evidence of the origins, structure, functions, policies, and operation of the administrative units and its staff. Recommendations for destruction include files of no historic value such as background and reference papers, duplications, or copies from a primary office of origin.

The schedule is organized in series, which include files with a common purpose and retention period. Each series is given a unique alphanumeric code that identifies the administrative unit and series name. The series is given a time line for retention and disposition. The records schedule is the key to records management and must be approved by the senior administrative officer of each administrative unit. Series descriptions serve to standardize records. Some are common to all administrative units while others are customized to reflect unique features of the specific administrative unit.

**Records Schedule Implementation**

Primary implementation brings the archivist back into the administrative unit. A plan outlining the records to be removed is prepared. Records are removed in keeping with the disposition decision of the records schedule. Since this is an active treatment hospital, a form has been created to be left in the files to inform those working in the office that records have been removed. Files to be archived are transferred to the Archival Processing Room for appraisal and arrangement. Files are appraised, sampled for selective retention, and boxed; box lists are then prepared. Files are transferred into acid-free folders and labelled. Transfer and destruction lists are created for approval by the senior administrative officer of the unit. During implementation, the archivists conduct short information sessions for the benefit of the administrative staff.
Records Management Maintenance

Regular accruals from each administrative unit with a records schedule is the key to the maintenance of a record management program. Accruals are received in two ways. Administrative units familiar with their record retention schedule will identify records on their disposition date and transfer records to the hospital archivist. A formal accrual is often necessary. Following permission from the senior administrative officer, files that have reached their disposition date are removed. The organization and responsibilities of the unit are reviewed and changes will be incorporated into a revised records retention schedule. A formal accrual permits a constructive relationship to be maintained between the hospital archivist and the administrative unit. Again, file lists to be transferred to archives and to be destroyed are prepared and authorized by the senior administrative officer.

Archival Program

The files from each administrative unit considered to be of archival value are transferred to the KGH Archives housed in Queen’s University Archives. The appraisal continues to verify the primary office of origin and the range of dates, and to remove duplications or published material. Box lists and transfer dates are confirmed. The condition of the records is assessed to determine if conservation procedures are required. Each administrative unit is arranged in fonds. Series and sub-series of files are established. Restricted files are identified. If these files represent an accrual, connections to previous records are determined. The preparation of the finding aid begins with the administrative history. Record descriptions are prepared according to Rules for Archival Description (RAD). The finding aid will indicate intellectual connections with other fonds, series, or files. The finding aid will be revised to incorporate subsequent accrual of files into the fonds of the administrative unit.

K.G.H. ADMINISTRATIVE RECORDS MANAGEMENT & ARCHIVAL PROGRAM

Records inventories and schedules have been created and implemented for many of the administrative units in the hospital. Records management programs are completed for the Board of Directors, approximately 60% of the hospital administration, and 80% of the professional administration, clinical services, and special units.

There are 84 administrative units in the records management program. These are subject to change in response to new functions and changing assigned responsibilities in the hospital.

The space allocated to administrative records includes the office of origin supplemented by storage areas ranging from cupboards to rooms.
Administrative Records Management and Archival Program

...to a whole floor. The storage space requirements continue to grow exponentially in the absence of a records management program. The stored records become of decreasing value due to inadequate organization or loss of administrative staff who created them. The alternative when the limits of assigned space have been reached is an indiscriminate "housecleaning" with loss of records of administrative and historical value.

The inventory processed by the records management program since 1993 includes 928 linear metres of records within which there were 14,200 files. Implementation of the records schedule has led to a striking reduction of the inventory and the space required for stored records.

The records transferred to archives represents approximately 10% of the implemented inventory. There is now in excess of 200 linear metres in the Kingston General Hospital Archives documenting the origins and activities of each administrative unit.

A number of files such as personnel records, performance reviews, disciplinary actions, and medical incident reports remain as restricted records in the office of origin. Policies regarding long term management of these files remain to be determined.

DISCUSSION

Health care is an essential part of the fabric of our society. The hospital represents the common ground on which the patient, community, and health care professional meet. As Barbara Craig has shown, public and private archives of primary materials have been recognized as important sources of research for the history community in Canada.4

The scholarly investigator in health care needs a fully developed archive. The policies of the hospital prepared by the Board of Directors, hospital, and professional administration are important. However the major developments in medicine and the care of the patient are products of the dedication and service of the professional and support staff within the clinical services and special units. These primary records are necessary to preserve evidence of these activities for current and future generations.

Administrative records management and archival programs are important to the hospital administration. These programs assure that records of administrative, legal, fiscal, and evidential value are retained. Additionally, records schedules highlight recommendations to improve the organization of administrative files contributing to operational efficiency. Implementation of the schedules eliminates records that are no longer necessary for the daily operation of the hospital. The result is more relevant administrative files with reduced storage and space requirements.
The development of the administrative records management and archival program in the Kingston General Hospital has been presented in detail to emphasize the magnitude of the task to create a program to preserve existing records and to assure the appropriate management of future records. The completion of the project to develop this program at the Kingston General Hospital will represent a decade of effort by a number of archival professionals. Such programs must be in place before the emerging problem of the preservation of electronic records can be seriously undertaken. The challenge to health care institutions planning to initiate such a program will only increase with the passage of time.

A dedicated archivist is the key to the development of such a program in an active treatment hospital. The archivist establishes a relationship with the administrative staff and, without interrupting the daily activities of the office, assures that each stage of the program is achieved. Our hospital archivist Tamara Nelson, working in collaboration with Donald Richan, Paul Banfield, and Gillian Barlow of Queen’s University Archives, assures uniform standards throughout the program. The archivists provide valuable services for the hospital and those conducting research in health care. The hospital archivist responds to the many requests received by the hospital from past patients and the community and retrieves relevant records from the archives required by the hospital staff. There has been a steady increase in the number of research agreements. The archivists assist these researchers by completing research agreements and, when necessary, arrange access to restricted records through the office of origin.

Ours is a small beginning in relation to the large records management problem of the health care institutions in Canada. The experience in Kingston has demonstrated that the development of a records management program in an active treatment hospital is labour intensive and requires a professional staff. There is an urgent need for a greater commitment if the records management requirements of Canadian health care institutions are to be met.

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NOTES
