errors. Abbreviations and symbols are also standardized and include a do-not-use listing. Such standardization is consistent with recognized local and national standards.

MOI.8 The hospital has a policy on the retention of data and information.

MOI.8.1 There is a policy on the retention of data and information that is consistent with relevant laws and regulations.

MOI.8.2 The policy defines the length of time required to retain the data and information.

MOI.8.3 The policy addresses how confidentiality, integrity, and security of the data and information will be maintained during retention.

Standard Intent:

Different types of data and information are present within a hospital to enable smooth flow of its operations. Therefore, data storage must be in accordance with specified policies. However, data cannot be stored indefinitely. Hospitals are expected to specify the types of information and the duration each category should be maintained within reach in accordance with laws and regulations of the country.

MOI.9 The hospital maintains sufficient provisions that ensure the operation of the information system during scheduled or unscheduled (unexpected) downtime.

MOI.9.1 There are procedures and forms to be used during scheduled or unscheduled (unexpected) downtime.

MOI.9.2 End-users are trained on procedures to follow during interruptions of the information system.

MOI.9.3 Patient information is documented and reported during the downtime (e.g., reporting laboratory results).

MOI.9.4 The integrity of the system and data entry is verified after the downtime.

MOI.9.5 There is review of the downtime assessment report.

MOI.9.6 The downtime system is regularly tested for effectiveness.

Standard Intent:

Despite advances in infrastructure robustness, many organizations still face database, hardware, and software downtime, lasting short periods to shutting down the work for days.

In order to maintain completeness of data as well as comprehensiveness, adequate data capturing during downtimes process is highly critical. Gaps in patient data may result in gaps in patient care. Complete manual system must be prepared to be used during the downtime period including both managerial and clinical activities to prevent