Standard Intent:

The hospital maintains the privacy and confidentiality of data and information and is protecting the confidentiality of sensitive data and information. The balance between data sharing and data confidentiality is addressed. The hospital decides the level of privacy and confidentiality maintained for different categories of information. Maintaining data integrity is an important aspect of information management. The information contained in a database must be accurate in order to assure the reliable interpretation of results from data analysis.

Policies and procedures address security procedures that allow only authorized staff to gain access to data and information. Access to different categories of information is based on need and defined by job title and function, including those conducting research/studies. An effective process defines who has access to data and information; the information to which an individual has access; the user's responsibility to retain information confidential; the process for maintaining data integrity; and the process followed when confidentiality, security, or data integrity are violated.

MOI.7 The hospital uses a standardized definition, abbreviations, and symbols.

MOI.7.1 The hospital uses standardized and approved definitions.

MOI.7.2 The hospital implements a list of approved and prohibited abbreviations and symbols.

MOI.7.3 The lists are consistent with national standards and professional organizations concerned with patient safety.

MOI.7.4 The lists are developed and approved by the medical staff and other relevant structures (e.g., medical records review committee, pharmacy and therapeutics committee).

MOI.7.5 The lists are revised periodically (e.g., annually).

Standard Intent:

Standardized terminology, definitions, vocabulary, and nomenclature facilitate comparison of data and information within and among hospitals. Standardization prevents miscommunication and potential errors. The uniform use of diagnosis and procedure codes supports data aggregation and analysis.

Abbreviations can be problematic and at times even dangerous, particularly in the context of prescribing medications. In addition, when one abbreviation is used for multiple medical terms, confusion as to what the author means may result in medical

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