
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

interruption of care processes. End-users involved in providing hospital services should be trained on the planned manual system and know how to shift once the electronic system is down.

Downtime system must be assessed for effectiveness regularly and after actual downtime incidents. Documented reports of this assessment should be available and actions are taken in response to any deficiencies.

MOI.10 The hospital implements a process for data backup.

MOI.10.1 The hospital has a process in place for regular information system data backup and retrieval.

Standard Intent:

Even though organizations may treat their storage media with care, they can be damaged accidentally or on purpose and files can be unconsciously changed or erased. Therefore, making backup copies limits the amount of information that is lost. Backup media should be safely stored in a different location, preferably a different building than the original.

As part of information and data integrity, organizations are expected to have a clear mechanism to backup data in order to ensure ease of retrieval. The backup process is regularly implemented to avoid any data loss or gaps in information which may affect gaps in the care and service provided as well as to avoid misinformed decision making by leaders.

MOI.11 The hospital uses and contributes to comparative reference databases in accordance with national guidelines.

MOI.11.1 The hospital contributes to external databases in accordance with national laws and regulations.

MOI.11.2 The hospital uses external reference databases for comparative purposes to identify areas in which performance deviates from expected patterns.

Standard Intent:

Where nationally required, the hospital contribution to a comparative database will provide for its positioning in relation to other care providers in the country. National databases help project the national healthcare status of both communities and service providers. Without providers, accurate data and the informed plans and decisions will not be reflective or comprehensive.