

Dealing With the Records of Closing Hospitals: The Calgary Area Health Authority Plan

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Résumé

Les réorganisations du régime des soins de santé de l'Alberta et l'institution de services de santé régionaux commandent une gestion des documents actifs et historiques d'institutions individuelles. Plus particulièrement, les institutions en voie de fermeture ou celles dont leurs fonctions sont fusionnées avec d'autres, doivent être identifiées et leurs documents archivistiques et artefacts culturels conservés. À Calgary en 1996, trois importants hôpitaux de premiers soins fermèrent leurs portes; deux de ces institutions étaient plus que centenaires. L'archiviste peut jouer un rôle de premier plan lors de la fermeture de ces services de santé, en gérant l'évaluation et la disposition des dossiers tout en faisant des recommandations tenant compte des personnes. Les archivistes peuvent également prêter leurs concours aux services de santé régionaux en gérant les questions d'ordre légal que ne manquent pas de susciter pareilles fermetures.

Abstract

The reorganization of Alberta's health care system and the establishment of regional authorities necessitates the management of current and historical records of individual institutions. In particular, institutions which are closing or whose functions are being amalgamated with others require identification and preservation of their archival records and cultural artifacts. In Calgary in 1996, three major acute care hospitals were closed; two of these institutions were over one hundred years old. The archivist can play a vital role during the closure of health care centres, managing the records appraisal and disposition process, as well as advising in the more human side of such closures. Archivists can assist health care authorities with the management of legacy issues which arise during the closure of community institutions.

Introduction

The massive reorganization and reduction of health care funding in Canada is affecting many of us, from citizens facing changes to health services to health care professionals facing pink slips or struggling with a constantly changing environment. Regionalization of health care in many jurisdictions has meant the dissolution of individual hospital boards and committees, closure of some institutions, and merging or movement of health care programmes. One aspect of this changing environment includes the closure of hospitals and health centres.

In Alberta, for example, the Progressive Conservative government under Ralph Klein has reorganized the delivery of health care by creating seventeen regional health authorities which administer 124 acute care hospitals. The boards of these institutions have been dissolved. Six hospitals have been slated for closure; fifteen hospitals have been converted to Community Health Centres and ten hospitals have been converted to long term care facilities.¹ New administrative arrangements for hospitals and a change in their governance from Boards appointed locally, according to the terms of each hospital's governing instrument, to provincially-appointed boards of citizens has dramatically altered the local community governance of Alberta's hospitals.

"Decommissioning" of hospitals is the process of winding up the affairs of a hospital—the process of hospital closure.² In decommissioning, the institution is required to plan for and dispose of its property, resources, and obligations in a legal, ethical, and business-like manner. A significant part of this process is the management and disposition of administrative and clinical records, and the disposition of artifacts and other types of cultural resources. The archivist has much to bring to the table, together with the medical staff, hospital planners, administrators, public relations personnel, finance officers, engineering and maintenance staff, and legal counsel responsible for managing the changes and closures.

In most cases, a closing institution has not had the benefit of an effective records management programme to control its administrative records. By contrast, health care institutions generally have well-developed records programmes for their clinical or patient files. Health records departments are usually staffed by personnel who are trained in managing patient chart information. However, in both cases, the result is the same. Few health records programmes have disposed of inactive patient files on a regular basis. Like administrative records, the clinical files have accumulated in available storage space. All these circumstances result in the retention and storage of massive volumes of clinical and administrative records throughout the buildings of the closing site.

The most critical element in managing the disposition process is time. Often there is very little time to inventory, evaluate, and prepare the records and artifacts for permanent preservation. Officials managing the closure of an institution are faced with the result of years (and sometimes decades) of records management neglect. Ironically, processes undertaken at the end of the life of an institution emphasize the real need and value of a corporate perspective on records issues. It is all too true that health care authorities are likely to involve an archivist or other information management expert only when the hospital or health centre is about to close its doors.

For archivists who have faced this issue in other jurisdictions, weeks may seem a luxury while they “dumpster dive” for the remnants of a one hundred-year-old institution. In the case of a sixty-five year old hospital in Southern Alberta, I was contracted to “save their historical records” and manage the disposition process only a matter of weeks before they were scheduled to close.

This article examines the experience of the Calgary Regional Health Authority Archives Project. I believe this is an important case study because there was ample time (roughly nine months) to plan the project, become familiar with medical records and the related legislation, and to process the records and carry out their eventual disposition. This project may serve as a framework for planning and action in similar situations in other jurisdictions. It is also a relevant case study because the impetus for the project came from within—from the policy-makers, the new Regional Board charged with the responsibility for all sectors of health care in Calgary, and from the senior administrative staff of the closing hospitals. I believe that this combination of administrative and board support for the archival project gave it a high profile and contributed in a major way to its success. The Calgary experience underscores the importance of involving the archivist in the “decommissioning” process, from the planning stages to the final day of hospital closure.

Background

The reorganization of Alberta’s health care system and the establishment of the regional authorities raised the issue of the management of current and historical records of individual institutions. In particular, institutions which were closing or whose functions were being amalgamated with others required some action and decision-making with regard to their records. In Calgary, three major acute care hospitals were designated for closure between 1996 and 1997. Five other institutions, including the Calgary Board of Health and a long-term care facility, were also disbanded or substantially reorganized in 1995-96. Of the acute care hospitals slated for closure, the Calgary General Hospital and the Holy Cross Hospital were two of the oldest public institutions in Calgary, established in 1890 and 1891 respectively.³

Members of the Boards of the Calgary General and the Holy Cross Hospitals established “legacy” committees in their last few months of activity to identify issues relating to the preservation of an historical legacy for these institutions. Although a vision for this legacy was not defined in the minutes of their meetings, it is clear that the members of both Boards felt some sort of preservation action should be undertaken as the institutions’ contribution to the community memory. The Board of the Holy Cross Hospital at one of its last meetings passed a resolution that the name of the Hospital and historical displays be commemorated at an active acute care site in the Calgary Region.

The Calgary General Hospital Board hired an archivist to “locate and inventory historical artifacts and assist in defining how the hospital could be commemorated after closure.” As the archival consultant in this project, I developed a detailed proposal for this “legacy” work, including a records inventory, identification and appraisal of archival records, archival processing, and a report identifying how the history and culture of this institution could be preserved. When the Board of the

Holy Cross Hospital sought a similar contract, members of the Regional Authority contacted me to undertake the work on a regional basis. Two key members of the new Regional Authority were especially interested and supportive of this legacy work. Recognizing the cultural and legal importance of managing the records and artifacts of the closing institutions, their interest in calling the archivist to the table on a regional basis was critical to the success of the project. It meant that the new authority had recognized that legacy issues were regional in nature, not specific to the closing institutions. The privilege of being called to the regional table meant dealing with issues which had to be resolved on a wider basis and required addressing the “big picture” in designing a process for the disposition of records and archives.

Archival consultants Elizabeth Denham and Donna Kynaston were contracted by the Calgary Regional Health Authority (CHRA) in January 1995. The consultants were instrumental in defining the scope of the project and the specific records management and archival tasks which had to be completed. The tasks included:

- inventorying the records of the primary administrative and medical offices of eight health care sites/programmes within the Calgary Region (three of these sites were slated for closure);
- evaluating the records and artifacts and making recommendations on their retention and disposal;
- undertaking preservation measures for the materials selected for permanent retention;
- arranging and describing the archival records of the three closing sites;
- preparing a report to identify options for the disposition of the records and artifacts.

Our work was not to include clinical (patient) files because existing, well-established medical records programmes and legislated retention periods provided guidance for the management of patient charts.⁴

Methodology

We developed a project management plan for dealing with the massive volume of material from the eight health care sites. The volume of material, roughly the equivalent of eight thousand linear metres of records, included many types of media: textual, microform, graphic, and electronic records; artifacts; antiquated medical equipment; and works of art.

The project was divided into several steps which we attempted to follow at each site:

- Stage 1. Locate, identify, and inventory records and artifacts from the senior administrative and medical offices.
- Stage 2. Appraise and establish records retention schedules at the series or file level.
- Stage 3. Archival processing of closed fonds.
- Stage 4. Disposal of records designated for destruction.

Specific site reports were prepared and the records retention schedules were forwarded to the appropriate senior officials of each hospital for approval.

To streamline the process, a policy or process document for senior administration and Board approval was drafted. The archives policy was the first policy approved by the new Regional administration. The policy, "Records and Artifacts Disposition Policy for Closing Facilities, Dissolved Boards and Agencies"⁵ was developed after a trial run was completed at two sites (test runs). The aim of the policy was to give some authority and permanence to records management and archival work in the Region. As a "catch-up" document, the policy was designed to standardize records disposition practices. The approval of the policy by senior management gave the archival project more credibility and increased awareness of the archivists and their work. This was very useful because the project had clear operational implications and brought the consultants into the administrative process; as outsiders and newcomers, we needed to be sensitive to the needs of people, communities, and administrators, as well as to the records and history. Our plan also involved public relations at every stage. Consulting with the various groups associated with individual hospitals became extremely important for enhancing the credibility of archival work and for developing real knowledge of the culture in each hospital.

At both the Calgary General Hospital and the Holy Cross Hospital, nursing alumnae organizations, medical staff, museum committees, art committees, and volunteer associations were actively involved in collecting and maintaining historical collections. Archivists working for the new Regional Board were not immediately welcomed by these groups. Developing cooperation and trust was important to the success of the archives project. It was critical to meet with these groups and to remain sensitive to their institutional, site-specific loyalties, especially when the goal of establishing a centralized repository for the Region often conflicted with their objectives. Offering assistance to these groups and, in turn, accepting their help, pointing out the advantages of shared resources, and emphasizing the common goal of preserving Calgary's medical history helped alleviate some problems. However, the issues have not been resolved because these groups have not been integrated into the new Regional authority. The groups are still strongly institution-specific; without a permanent place for their collections and a programme to commemorate their historical contributions, they will remain dissatisfied.

Findings

Appraisal

The inventories, appraisal, arrangement, and description of the records at the eight sites took approximately 2500 person hours over a fourteen-month period. Archival consultants were assisted by a retiring executive secretary who greatly assisted in smoothing the administrative process. She knew all the contact personnel and could get in touch with the right person at the right time. As an insider, she also advised us on the politics and history of the organization, information which assisted the "outsiders" in working with particular groups and people.

The inventories of records, artifacts, and artwork held at the various sites revealed an extensive volume of administrative records, historical artifacts, and valuable art-

work which (under regionalization) will be the legal responsibility of the CRHA. There was little consistency in the management and retention of records, no institution-wide file classification systems, much duplication in record-keeping, both within and among institutions, and a tendency to retain records long past their administrative usefulness. Some of these records had been stored in empty patient rooms, electrical rooms, tunnels, and “cages” in the basements. Once the records were inventoried, we moved those which were clearly archival to a processing area designated at each site. The records to be disposed of were left in the storage areas awaiting destruction once the appropriate approvals had been obtained.

Approximately seventy per cent of the administrative records were disposed of immediately; twenty per cent were determined to have short-term value and were therefore retained in a semi-active state for administrative reference or financial requirements. Ten per cent of the records surveyed were appraised as having long-term evidential or historical value and were retained. The physical result of fourteen months of work was the destruction of sixteen tons of paper records, and the retention of approximately five hundred boxes (one hundred and seventy metres of records). Other records were determined to have short-term administrative value (between one and ten years) and were boxed and scheduled for future destruction.

In developing the criteria for appraisal, the archivists reviewed the provincial and federal legislation related to health care and hospital records, consulted with the staff who had created or used the records, became familiar with the mandates and functions of the eight organizations/sites, and developed an appreciation of the culture of the organizations which had created the records. This preparation served the archivists well in evaluating the records and preparing retention schedules.

In all retention reports presented to administrative officials of the CRHA, the archivists emphasized the value of preserving selected records and the cost savings and efficiencies to be achieved by shredding records of limited value. The archivists brought various issues to the table in retention scheduling; one such issue was that specific records had to be retained for administrative requirements. The Board records were required for the hospital accreditation process; legal files from closing hospitals were still required for ongoing litigation to protect the CRHA's rights and assets and to document its obligations. Personnel and financial records were required to protect employees' rights (e.g., movement of unionized staff to different facilities within the Region).

There were very few changes made by senior staff in the Region to the retention periods we recommended. We used the following criteria in developing our recommendations for the retention of records. Retention for an indefinite period was justified if the records:

- were required to be kept by statute or regulation (specific act(s) cited in retention schedule) or if they had clearly evident value for legal purposes;
- related to primary or mandated functions of the institution;
- were unique (in the Calgary Region, or beyond);
- documented official policy and procedures (administrative or medical);

- seemed to be of enduring value and use to the creators of the records or their successors;
- documented institutional or employee assets, rights, or responsibilities;
- could be used for scientific or medical research;
- were cultural artifacts or had aesthetic value.

The most valuable material documented the history of the institution by revealing the changes in medical policies, ethics, practices, and treatments over time. These documents were located in the offices of the senior administrator (president or chief executive officer), the Board's office, and the Office of the Medical Staff, and could vary according to the structure at the hospitals. In general, these offices held the major recorded decisions affecting the life of the hospital, its capital assets, medical practices, patients, and staff. Our analysis of most departmental records revealed that these frequently duplicated the records created or received by senior administration. This was true for support departments such as housekeeping, facility management, planning, finance, and material management. However, other departments such as Quality Assurance/Risk Management and Public Affairs held important series of original records relating to major corporate functions.

The records inventoried at the various sites often appeared to be of the same type and general nature. However, retention decisions could only be made on the basis of full knowledge of the administrative structure, the operational philosophy, the record-keeping system, and inventories of the records. It was not possible to apply blanket generalizations such as the "Board minutes document everything of importance." It was also important to be aware of the administrative origin and history of the hospital (e.g., religious hospital, public general hospital, or a hospital administered by a charitable society such as the Salvation Army). The records created under these vastly different types of sponsoring agencies had an impact on the criteria used in appraisal. For example, the Medical Staff Therapeutic Abortion Committee minutes for the acute care hospitals documented institutional differences in the practice and ethics of abortion. A review of the Medical Staff By-laws for each of these hospitals revealed that abortions were not performed under the same set of circumstances in each hospital. Preserving the records of hospitals within one geographic area, but administered by different and unique sponsors, increased the value of a regional body of records accessible for comparative studies.

Arrangement and Description

The records fell naturally into three functional sous-fonds: Board/Executive records; administrative records; and medical records. This arrangement followed the organization of the health care organizations, and the archivists mirrored this structure in arranging and describing the archival records. Archival inventories were prepared for the Salvation Army Grace Hospital, the Holy Cross Hospital, and the Calgary General Hospital (the closing hospitals). The project did not allow sufficient time to arrange and describe properly the records of the other five institutions. The records were described in a descriptive inventory format compliant with the *Rules for Archival Description*. The fonds level descriptions of the closing hospitals are being en-

tered into the developing union guide to archives in Alberta--the Archives Network of Alberta (ANA)--to encourage use of the records.

Preservation Management

At each site, preventative conservation was required. The records had not been stored in a systematic manner at the closing sites. In the worst cases, early records and artifacts were deteriorating. Records were stored loosely on shelves, in acidic boxes, were improperly filed, or were housed in dusty rooms without consistent temperature or humidity controls. The project's time-line did not allow for measures beyond rudimentary preventative care. We requested processing and storage rooms in air-conditioned areas of the hospitals, with limited natural light and good security. We were provided with acid-neutral file folders and some specialized storage boxes for rare and fragile records and artifacts. The archival records were refoldered and boxed to slow the decay. A global, integrated preservation management plan can only be addressed in a future phase of the CRHA archives project.

Additional security was required at each site to protect valuable records, artifacts, and artwork. Even with the most secure measures possible, one 1910 admissions register disappeared during the project. Several pieces of valuable art and an historic pool table were removed from another site. Publicity and awareness of the project had both positive and negative results: many staff brought records and artifacts to the archivists' attention; other staff or members of the public removed items as "souvenirs." No amount of security could protect all resources, and security and preservation had to be measured against the effect on staff morale. The removal of all art work from the walls six months prior to closing may have better protected the art collection; however, it may have had a negative impact on staff and patient morale, serving as a reminder of the impending closure.

The Case to Preserve

The Calgary Regional Health Authority took the first step to ensure archival records and artifacts were identified, organized, and preserved. The Board recognized that preservation and access to the archives was important for staff morale and served as a sign of continuity and care. The Regional Authority received positive public attention during the project. The local radio and print media covered the archives project and took the view that it would result in a significant community legacy. The CRHA is the leader among the Regional Authorities in archival preservation in the Province of Alberta. It is hoped that the other health authorities will include archival expertise in the management of their records.

Because the archival project was given a fairly high profile during the closure of the hospitals, there were many opportunities to submit progress reports to senior staff and the Board, and to suggest that a formal presentation be made to the Board and senior management. This presentation occurred towards the end of the project. These reports provided critical opportunities to review the success and positive effects of the project and to bring issues to the table for the larger corporation to see as a whole.

The presentations also provided a forum to raise the issue of compliance with the *Alberta Freedom of Information and Protection of Privacy Act*. The *Act* was proclaimed on 1 October 1995 and applies to all provincial government agencies. Under this act, the Regional Health Authorities are considered to be local government bodies and, as such, compliance is expected to be required within the next three to five years. However, it was pointed out that the compilation of inventories, policy development, and the determination of records retention schedules was important preparatory work for future legislative requirements.

Disposition

As the final stage of the project, we recommended various options for the disposition of the records and artifacts of the closing hospitals. However, the disposition of these collections could not be separated from issues of storage and access. A presentation was made to the Board of the CRHA outlining three options for final disposition and the issues which were specifically related to each one:

1. Store all the records and artifacts identified during this project in a secure, centralized area with limited access provisions.
2. Store the records of short-term value in a designated storage facility and deposit the archival records in an established public archives.
3. Establish a medical archives programme under the authority of the CRHA.

It quickly became evident that option two was not a possibility. Archival institutions in Alberta have been struggling with massive backlogs and staff cuts, and many have been refining their mandates or placing moratoria on accepting voluminous deposits. The records of the CRHA (a local government body larger than that of the City of Calgary) were not going to be accepted by an existing archives.

The Board of the CRHA accepted option one in the short term, and initiated a feasibility study to investigate the operational, policy, and funding requirements to establish a health care archives (option three).

Epilogue

At present, the archives of the CRHA are in limbo while option three is being investigated. Looking ahead, there are key issues which seem to support the establishment of a new archival programme. Firstly, the Region is struggling with legacy issues. The archivist will be a key player in managing the legacy programmes. The closure of the Holy Cross and Grace Hospitals has raised issues within various groups as to how the institutions should be commemorated. At an emotional closing ceremony for the 105-year old Holy Cross, the CRHA committed to preserving the legacy of the hospital. Citizens expressed a strong connection with the hospital in which they were born, where they were sick and cared for, and where family or friends had died. There was also a long history of community involvement, voluntarism, and philanthropy within these institutions. Therefore, the administration is now examining ways in which this legacy can be managed and preserved. It is obvious that an established archives programme is an appropriate legacy, as are

historical displays in the active acute care sites. The naming of buildings and spaces in honour of individuals, groups, or institutions is another way of keeping the history alive.

Secondly, organized and accessible information in the CRHA "archives" has already proved invaluable. Archival records provided evidence that conventional memory can be unreliable. A burial site believed to exist on the Holy Cross Hospital grounds was, in fact, paved over in the 1950s during the construction of a new wing. Ready access to this documentation proved to be important in the disposition and future use of the site. Access to hospital and City of Calgary agreements from the early years of this century have been pulled from the archives to help determine which body is responsible for the buildings on another CRHA site. Legally-reliable records are critical to determine responsibility for demolition of the buildings.

These issues may be enough to convince the CRHA to establish a permanent archives and records management programme. However, the preservation of health care archives, and the establishment of records management programmes, is too often at the whim or passion of a few individuals (a dedicated Board member, an interest group for the history of medicine, a hospital volunteer group, or an informed administrator). The success of the Calgary Regional Health Authority Archives Project is unknown; the establishment of a permanent archives with public access and appropriate legacy programmes will be the measures of a truly successful initiative. If, in fact, this comes to be, it will be the result of bringing the skills and knowledge of archivists "to the table" to contribute as policy advisors, planners, facilitators, community liaisons, media relations personnel, and guarantors of the completeness and accuracy of the records. This opportunity was provided by the foresight of the administrators and policy-makers, and through the active lobbying of citizens who expressed their desire to preserve something of the institutions which were often at the heart of their communities.

Notes

- 1 Alberta Health, Assistant Deputy Minister's Office, Hospital Status Report, (December 1995).
- 2 Decommissioning is the process of the orderly wind-up and transfer of an organization's assets and liabilities, and the closing of its facilities. The process in its entirety is not defined in any statute, order, or official guideline. The winding-up of business affairs and the transfer of property is governed by many statutes and these need to be used in the course of developing the requirements for any one closure. Other aspects of decommissioning involve the practical, physical facilities side (such as disposing of furniture and shutting off mechanical systems). Decommissioning also has a public relations side (community liaison, communications plan), medical side (transfer or closure of programmes, moving of patients), and a human resources side (pink slips, union transfers, etc.).
- 3 The institutions included in the project were: Calgary General Hospital (1890), designated for closure in March 1997; Holy Cross Hospital (1891), closed in March 1996; Salvation Army Grace Hospital (1926), closed in February 1996; Carewest (1960), reorganized in 1996; Mountview Health Unit (1951), closed in 1995; Calgary Board of Health (1909), dissolved February 1995; Alberta Children's Hospital Board, dissolved March 1995; and Foothills Hospital Board (1966), dissolved in March 1995.
- 4 In Alberta, legislation requires patient charts to be retained for ten years past the date of last treatment. Patient records for minors are required to be retained to the age of majority plus two years. However, the CRHA recently decided to retain all patient files indefinitely. These records were not considered in the initial phase of the archival project. Because of the value of this information for scientific and medical studies, I am working with the Regional Manager of Health Records to establish how the inactive patient files can be stored and made accessible.
- 5 This policy was developed while under contract to the CRHA; it may not be published or released without the permission of the senior administration.