



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6040.09

May 5, 2021

DAD-HCO

SUBJECT: Service Treatment Record (STR) Digitization, Quality Assurance, and Destruction

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (r) establishes the Defense Health Agency's (DHA) procedures to retain, validate, and destroy hard-copy Service Treatment Record (STRs) previously digitized by Record Processing Centers (RPCs) or Central Cells (hereafter collectively referred to as "RPCs").

2. APPLICABILITY. This DHA-PI applies to the DHA and Military Departments (MILDEPs), including the Coast Guard at all times.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (d) through (r), that:

a. In support of the full lifecycle management of the DoD Health Record, hard-copy STRs will be destroyed after digitization and successful validation of digitized versions are functionally equivalent, in accordance with Reference (m).

b. All STRs, regardless of format, are protected against loss, unauthorized destruction, tampering, unauthorized access, and unauthorized use throughout the digitization and hard-copy destruction process, in accordance with Reference (d).

c. STRs are the property of the Federal Government and not the property of beneficiaries or their legally authorized representatives. In accordance with References (e) through (g), beneficiaries have a right to a copy of the information in the DoD Health Record, but not a right to the original hard-copy STR.

4. RESPONSIBILITIES. See Enclosure 2.

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5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Healthcare Operations (HCO). When Activities are unable to comply with this publication the activity may request a waiver by providing justification that includes a full analysis of the expected benefits and must include a formal review by the activities senior legal officer. The activity director or senior leader will endorse the waiver request and forward them through their chain of command to the Director, DHA to determine if the waiver may be granted.

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures:

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs,” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- (e) Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPAA) of 1996,” August 21, 1996
- (f) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (g) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (h) Public Law 114-328, Section 702, “National Defense Authorization Act for Fiscal Year 2017,” December 23, 2016
- (i) Public Law 115-91, “National Defense Authorization Act for Fiscal Year 2018,” December 12, 2017
- (j) Public Law 115-232, “John S. McCain National Defense Authorization Act for Fiscal Year 2019,” August 12, 2018
- (k) Public Law 116-92, “National Defense Authorization Act for Fiscal Year 2020,” December 20, 2019
- (l) National Archives and Record Administration Record Schedule N1- 330-10-003 “Service Treatment Records (STR),” February 18, 2010
- (m) Assistant Secretary of Defense for Manpower and Reserve Affairs Memorandum, “Retention of Hard-Copy Service Treatment Records (STRs),” August 7, 2019¹
- (n) Code of Federal Regulations, Title 36, Part 1236
- (o) National Archives and Records Administration General Records Schedule 5.2, Item 020, July 2017
- (p) National Institute of Standards and Technology Special Publication 800-88, Revision 1, “Guidelines for Media Sanitization,” December 2014
- (q) DoD Instruction 8582.01, “Security of Non-DoD Information Systems Processing Unclassified Nonpublic DoD Information,” December 9, 2019
- (r) Code of Federal Regulations, Title 36, Part 1230

¹ This reference can be found in the “STR QA” section at: <https://www.milsuite.mil/book/community/spaces/dha-pad>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Maintain the formal joint DoD Health Records Management (HRM) Program and provide financial and personnel resources, as needed, to monitor performance and compliance with this DHA-PI in accordance with Reference (d).

b. Develop and issue additional implementation and procedural guidance, as needed, to specify documentation and management procedures for electronic record systems that support the STR.

c. Ensure the enterprise electronic systems supporting the digitized STR are managed, secured, and sustained in accordance with Reference (k).

d. Coordinate with the secretaries of the MILDEPs to ensure Service RPCs and any associated contractors digitizing and destroying hard-copy STRs comply with, oversee, and execute the procedures outlined in this DHA-PI now and throughout any consolidation of STR disposition functions under the authority, direction, and control of DHA in accordance with References (h) through (k).

2. DAD-HCO. The DAD-HCO must provide guidance and oversight of the joint DoD HRM Program and DHA PAD.

3. CHIEF, DHA PAD. The Chief, DHA PAD, hereafter referred to as the DHA PAD Chief, will:

a. Execute the joint DoD HRM Program in coordination with representatives of the MILDEPs.

b. Perform quarterly QA audits of STR digitization processes by RPCs and inform the MILDEPs and RPCs of digitization accuracy rate results.

c. Develop and maintain STR QA standard operating procedures (SOPs) and related documentation.

d. Coordinate material updates to STR QA SOPs and related documentation with the MILDEPs, DAD-HCO, and other DHA governance as needed.

e. Coordinate with the MILDEPs to identify and implement improvements to STR disposition business processes and operations, as needed, to bolster digitization accuracy.

f. Adjudicate all STR QA audit rebuttal requests received from the MILDEPs.

4. SECRETARIES OF THE MILDEPS. In accordance with References (d) and (j), the Secretaries of the MILDEPs (in coordination with the Director, DHA) will:

a. Ensure RPCs and any associated contractors digitize complete STRs for upload into the approved document management system in accordance with References (d) and (q).

b. Coordinate with the DHA Patient Administration Division (PAD) to make available complete hard-copy STRs, as needed, for quarterly quality assurance (QA) audits.

c. Destroy hard-copy STRs having successfully met quarterly digitization accuracy rate targets as measured by DHA PAD STR QA audits.

d. Retain hard-copy STRs that failed to meet quarterly digitization accuracy rate targets in accordance with Reference (l).

e. Implement thorough in- and out-processing procedures at all RPCs to ensure all digitized records for a patient are available as soon as possible.

f. Implement procedures to track and report missing records at RPCs, and notify any affected beneficiary, party, or MTF in accordance with References (f), (g), and (r).

ENCLOSURE 3

PROCEDURES

1. STR QA PROGRAM. In accordance with References (d) and (m), DHA PAD must execute an enterprise-wide QA program to verify the accuracy of digitized STRs. At this time, the enterprise-wide QA program will be limited to STRs digitized by RPCs and uploaded to the Health Artifact and Image Management System (HAIMS), and not those STRs digitized at other locations, such as Reserve Component units or facilities. The Military Services may implement further internal quality control and QA procedures to further ensure image quality is accurate during the digitization process at RPCs. The STR QA program must consist of the following criteria:

a. RPCs will target a 99 percent STR page digitization accuracy rate to establish functional equivalence with paper STRs, pursuant to the standard established in Reference (m). Functionally-equivalent digital pages must be free from illegible or obscured original clinical content on a hard-copy page. Entirely missing digitized pages are also not functionally equivalent to the hard-copy STR. The accuracy rate will be calculated by DHA PAD as the ratio of the number of functionally-equivalent STR pages compared to the total number of digitized pages, converted into a percentage:

$$\text{Digitization Accuracy Rate} = \frac{\text{Number of Functionally Equivalent Pages}}{\text{Total Digitized Pages}} * 100$$

b. DHA PAD will perform a quarterly STR QA audit of Service scanning processes to monitor STR page digitization accuracy, including readability of formerly paper-based records, hand-written histories, physical examinations, laboratory results, and diagnostic images such as radiographs and electrocardiograms.

(1) Quarterly audits will be performed based on a population of scanned records stored on-site at RPC for the entirety of a quarter (e.g., October 1 – December 31), until the conclusion of the audit and hard-copy destruction determination has been made.

(2) RPCs and the DHA PAD audit team will schedule time for auditors to conduct audits on-site or at other agreed upon locations. RPCs will reserve or have space available and provide internet access for Government Furnished Equipment for the duration of the audits.

(3) If RPCs utilize the National Personnel Records Center for final hard-copy STR storage, DHA PAD will perform audits prior to any STR shipments to the National Personnel Records Center to prevent a need to request and re-file STRs.

(4) In advance of a quarterly DHA PAD audit, RPCs will submit a complete list of all Social Security Numbers (SSNs) associated with STRs digitized and uploaded into HAIMS by the RPCs during the specified quarter. RPCs will submit this SSN list to DHA PAD within 5 business days after end of the quarter. If RPCs are unable to do so, they will communicate with

DHA PAD to reschedule the audit if needed. The list must not include STRs digitized at non-RPC locations, including Reserve Component units or facilities. The list must also not include STRs digitized during the quarter that were subsequently deleted and re-digitized during another quarter (i.e., the audit will only apply to the “final” version of digitized STR parts). From the provided population (i.e., the SSN list), DHA PAD auditors will generate a random sample of 100 STRs and return a complete list of sampled hard-copy STRs to be pulled and secured by RPCs for the audit.

(a) RPCs will confirm all STR medical and dental volumes or parts uploaded in the same quarterly timeframe are accounted for and stored together. If medical or dental volumes or parts are received by RPCs in a later quarter, then RPCs will store those volumes or parts separately with the STRs subject to that quarter’s corresponding QA audit.

(b) RPCs will place complete and confirmed records (i.e., records uploaded within the quarterly timeframe with all physical parts present) in separate boxes apart from the entire quarter’s population. If any of the STRs from the sample cannot be audited, the sample will be invalidated, and the quarterly batch will be disqualified from destruction consideration. At the discretion of the DHA PAD or their designee, DHA PAD will conduct the audit with the remaining available STRs and calculate the STR page digitization accuracy rate to inform process improvement efforts. Reasons for disqualification due to an inability to audit at least one STR include, but are not limited to, the following scenarios:

1. All of an STR’s parts and volumes were digitized during a different quarter.

2. A complete volume of an STR was not digitized within HAIMS (e.g., a hard-copy dental volume is present but the corresponding digital dental STR parts do not exist within HAIMS).

(c) RPCs will store audit specific boxes in space reserved for the audit, and all boxes must be available at start of the audit. Each box must contain a log of all STR SSNs included in the box.

(d) If any hard-copy STR from the sample is not physically present for an audit, but the corresponding digitized complete volume(s) are present within HAIMS, DHA PAD will include the STR in the audit without disqualifying the quarterly batch. DHA PAD will instead audit the missing STR using standard practices, noting all randomly sampled pages as “missing page” errors. The MILDEPs may provide the DHA PAD audit team any STRs not present at the start of the audit but later located during the audit, but any STRs located after the audit’s concluding out-brief will not be audited.

c. In accordance with Reference (n), DHA PAD will maintain SOPs and other STR QA procedural information for the life of the STRs being digitized using existing processes, i.e., in accordance with the STR retention period outlined in Reference (l). In the event the National Archives and Records Administration (NARA) disposition schedule is revised or superseded, the most recently approved disposition schedule will be utilized.

d. If a record is deemed lost during the digitization process or QA audits, RPCs must exhaust all means to locate a missing record. When records are identified as missing, each RPC staff member or DHA PAD auditor is responsible for searching their immediate work area(s). Specific steps must be taken to report missing records at RPCs and notify the affected beneficiary, party or MTF in accordance with References (f) and (g). RPCs must also report missing records to NARA in accordance with Reference (r).

e. DHA PAD will provide an out-brief to RPC representatives at the close of each audit detailing preliminary findings. RPCs, with approval from MILDEP representatives, may formally rebut preliminary audit findings. Rebuttals are limited to refuting errors classified as “missing pages” only. Rebuttal reasoning and corresponding evidence must be presented to DHA PAD by no later than 5 business days after the delivery of the out-brief. The DHA PAD Chief or their designee, at their sole discretion, will adjudicate all rebuttal requests.

2. STR DESTRUCTION

a. In accordance with References (l), (m), (n), and (o), RPCs will destroy hard-copy STRs whose digitized versions meet a 99.0 percent STR page digitization accuracy rate as measured during quarterly STR QA audits by DHA PAD. The MILDEPs and RPCs must not destroy STRs digitized at non-RPC locations, as those STRs will not be included in STR QA audits.

(1) RPCs will destroy the entire corresponding quarterly batch of hard-copy STRs in their possession (or the possession of authorized contractors) in coordination with DHA PAD and not just the audited sample of STRs. Only quarterly batches of STRs digitized by RPCs are eligible for destruction at this time. Quarterly batches digitized at non-RPC locations must not be destroyed.

(2) If a quarterly batch of digitized STRs does not meet the 99.0 percent target as measured by DHA PAD, the entire hard-copy batch will be stored in accordance with Reference (l). In the event the NARA disposition schedule is revised or superseded, the STRs must be stored in accordance with the most recently approved disposition schedule.

(3) If a Military Service fails to meet the 99.0 percent target for two out of four quarterly batches (on a rolling basis), DHA PAD will perform a business process evaluation initiative to identify and propose areas for improvement.

b. If different hard-copy STR volumes or parts are digitized by RPCs during different quarters, those individual portions will be subject to the audits and potential destruction of their respective quarters. For example, if the medical volume of an STR is digitized in Quarter 1, but the dental volume is digitized in Quarter 2, then any hard-copy destruction determination for Quarter 1 will only apply to the STR’s medical volume. The RPC must store the dental volume digitized in Quarter 2 until a subsequent quarterly QA audit is conducted.

c. The Military Services may destroy hard-copy STRs either on-site or off-site at RPCs depending on their unique needs. Off-site destruction must comport with same requirements as on-site destruction, to include compliance with References (n), and (p) through (r).

d. In accordance with Reference (p), the Military Services will destroy hard-copy STRs by using cross-cut shredders which produce particles with dimensions 1 millimeter (mm) x 5 mm (0.04 inch (in.) x 0.2 in.) or smaller, or by pulverizing/disintegrating the paper materials using disintegrator devices equipped with a 2.4 mm (3/32 in.) security screen.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
HAIMS	Health Artifact and Image Management System
HCO	Healthcare Operations
HRM	Health Records Management
in.	inch
MILDEP	Military Department
Mm	millimeter
NARA	National Archives and Records Administration
PAD	Patient Administration Division
QA	quality assurance
RPC	Record Processing Center
SOP	standard operating procedure
SSN	Social Security Number
STR	Service Treatment Record

PART II. DEFINITIONS

Central Cell. With regards to the United States Navy and the United States Marine Corps, the physical location where a separating Service member's health record is sent to be digitized and uploaded into HAIMS. For the purposes of this DHA-PI, the term "RPC" refers to all facilities formally named "Central Cells" or "Record Processing Centers."

disposition. The way in which a health record is handled after its period of active use. For the STR, the DoD must destroy or delete STR information 100 years after the Date of Separation of the corresponding Service member from the Armed Services. After separation, STRs are transferred to RPCs for digitization and storage.

digitization. The conversion of a paper health record into an electronic portable document format file that is saved in the official health system of record. STRs are digitized into the HAIMS document management system at this time.

DoD Health Record. Includes all medical and dental care documentation, including mental healthcare documentation that has been recorded for the individual. Information may be recorded and maintained in paper or electronic media. Three principal component records maintained within the DoD healthcare system, each of which is a specific subset of the information in the DoD Health Record, are the STR, Non-Service Treatment Record, and the Occupational Health Treatment Record. Inpatient records are also a part of the DoD Health Record for an individual. Certain documents from an inpatient record are also included in the STR and the Occupational Health Treatment Record. Administrative documents created to communicate copies of information contained in the health record to non-health care related activities are not part of the DoD Health Record.

functional equivalence. When comparing the hard-copy and digitized STR, functionally-equivalent pages are those free from illegible or obscured clinical content. Entirely missing digitized pages are also not functionally equivalent to the hard-copy STR. The ratio of functionally-equivalent pages is used to calculate a digitization accuracy percentage.

Reserve Component. As defined by 10 U.S.C. §10101, the Reserve Components of the Armed Forces are:

- a. The Army National Guard of the United States
- b. The Army Reserve
- c. The Navy Reserve
- d. The Marine Corps Reserve
- e. The Air National Guard of the United States
- f. The Air Force Reserve
- g. The Coast Guard Reserve

RPC. The physical location where a separating Service member's health record is sent to be digitized and uploaded into HAIMS. As of the publication of this document, each Military Service maintains their own RPC. Reserve Component-specific digitization locations are expressly excluded from the definition of RPC. For the purposes of this DHA-PI, the term "RPC" refers to all facilities formally named "Central Cells" or "Record Processing Centers."

STR. The chronologic record of medical, dental, and mental health care received by Service members during the course of their military career. It includes documentation of all outpatient appointments (i.e., without overnight admittance to a hospital, clinic, or treatment facility), as well as summaries of any inpatient care (Discharge Summaries), and care received while in a military theater of operations. The STR is the official record used to support continuity of clinical care and the administrative, business-related, and evidentiary needs of the DoD, the Department of Veterans Affairs, and the individual.