

**Department of Health and Human Services (HHS)**

**Annual Evaluation of the Strengths and Weaknesses  
Of the  
Records Management (RM) Program  
(For the Period of January 2007-December 2007)  
Compared to Established NARA Standards**

Prepared for:

Secretary of the U.S. Department of Health and Human Services

Assistant Secretary Resources and Technology

The HHS Chief Information Officer

Prepared by:

***HHS Records Management Council (RMC)***

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# 1 GENERAL INFORMATION:

## 1.1 Requirement

The Department of Health and Human Services (HHS) is the U.S. government's principal agency for protecting the health of all Americans. The policy and procedures for documenting the actions taken in support of completing this mission is the essence of the Records Management Program. The authority for the program is found in:

**44 U.S.C. Chapter 31, § 3102. Establishment of program of management** which states:

“The head of each Federal agency shall establish and maintain an active, continuing program for the economical and efficient management of the records of the agency. The program, among other things, shall provide for

(1) effective controls over the creation and over the maintenance and use of records in the conduct of current business;

(2) cooperation with the Administrator of General Services and the Archivist in applying standards, procedures, and techniques designed to improve the management of records, promote the maintenance and security of records deemed appropriate for preservation, and facilitate the segregation and disposal of records of temporary value; and

(3) compliance with sections 2101-2117, 2501-2507, 2901-2909, and 3101-3107, of this title and the regulations issued under them.”

**36 CFR, Subpart B, §1220.42 Agency internal evaluations** states:

“Each agency must periodically evaluate its records management programs in relation to records creation and record keeping requirements, maintenance and use of records, and records disposition. These evaluations shall include periodic monitoring of staff determinations of the record status of documentary materials in all media, and implementation of the decisions. The evaluations should determine compliance with NARA regulations in this subchapter, including requirements for storage of agency records and records storage facilities in 36 CFR part 1228, subparts I and K, and assess the effectiveness of agency's records management program.”

**Federal Management Regulation (FMR), Amendment 2008-03, effective February 8, 2008, Subchapter G-Administrative Programs, Part 102-193-Creation, Maintenance, and Use of Records** states:

“Under the Act, GSA is responsible for economy and efficiency in records management and NARA is responsible for adequate documentation and records disposition”.

**HHS-OCIO-2005-0004.001, Policy for Records Management** – Established the Policy for records management implementation within the Department of Health and Human Services (HHS) including the HHS records management enterprise architecture relationship.

*HHS-OCIO-2007-0002.001C, Department of Health and Human Services Records Management Council (RMC) Charter paragraph X. Reports* requires that:

“An annual evaluation reporting the strengths and weaknesses of the HHS Records Management Program compared to the standards established by the National Archives and Records Administration (NARA) (see appendix i) is also prepared by the Chair, with review and comment by the Council. This annual report is due on January 31<sup>st</sup> of each year and will report the status of the program as of December 31<sup>st</sup> of the previous year.”

*Federal Enterprise Architecture Records Management Profile, Version 1.0, NARA, OMB and Architecture and Infrastructure Committee, Federal Chief Information Officers Council*, states:

“...Federal agencies produce records that are important business assets supporting Government operations. Agencies must manage their records throughout the records life cycle from creation through final disposition.”

## **1.2 Background**

The important and sensitive mission of the Department of Health and Human Services (HHS) requires all components be held accountable for the decisions, communications, and processes taken to protect the health of all Americans. Consequently, accurate and trustworthy documentation of these actions must be created and maintained to support all transactions relating to meeting the mission. This documentation or record, regardless of the media, must be managed consistently across HHS and in a manner that meets Federal mandates and internal requirements.

The National Archives and Records Administration Act of 1984 amended the records management statutes and divided Federal records management responsibilities between the National Archives and Records Administration (NARA) and the General Services Administration (GSA). Under the Act, NARA is responsible for the adequacy of documentation and records disposition and GSA is responsible for economy and efficiency in records management. NARA regulations are codified in Subchapter B of 36 Code of Federal Regulations Chapter XII. GSA records management regulations are codified in 41 CFR, part 102-193. Federal agency records management programs must be compliant with all regulations promulgated by both NARA and GSA. In addition, the agency records program must be structured in a manner designed to meet the unique requirements driven by the mandates and agency policy.

NARA provides the authority and establishes specific time intervals for Federal records that need to be held. In doing so, NARA arranges its holdings according to the archival principle of provenance. “This principle provides that records be:

- attributed to the agency that created or maintained them and
- arranged there under as they were filed when in active use”.

The National Archives application of the principle of provenance takes the form of **numbered record groups**, with each record group comprising of the records of a major government entity. For example, the National Archives Records Group 468 is the Records of the Office of the

Secretary, Department of Health and Human Services. Each record group is assigned a Record Officer who has the overall responsibility for ensuring that records are created and maintained to support that specific mission area. In HHS, Records Group assignments, during calendar year 2007, made by NARA are provided in the below table.

<b>Records Officer Name</b>	<b>Organization</b>	<b>RG</b>
Douglas Johnson	Administration for Children and Families	292, 102, 363
Harry Posman	Admin for Aging (AOA)	439
Kathleen Melendez	Healthcare Research and Quality (AHRQ)	510 90
Jimmy A. Harrison	Centers for Disease Control & Prevention (CDC)	442
Vickie Robey	Centers for Medicare & Medicaid Services (CMS)	440
Seung Ja Sinatra	Food and Drug Administration (FDA)	88
Angela, Tuscani	Health Resources & Services	512 , 90,102
Thomas Todacheeney Jr.	Indian Health Service (IHS)	513 90
Katy Perry	National Institute of Health (NIH)	433
Elaine Pankey	Office of Secretary (OS)	468 235
Melinda Hill	Program Support Center (PSC)	998 90
Lynne Klein	Substance Abuse & Mental Health Services Administration (SAMSA)	511 90

Table 1.

The Office of the Secretary is a special Record Group (RG). It includes RG 468 and RG 235 which identifies and establishes the initial disposition guidance for the records being created and accumulating in the:

- Immediate Office of the Secretary (IOS)
- Office of the Deputy Secretary (DS)
- Assistant Secretary for Administration and Management (ASAM)

- Assistant Secretary for Resources and Technology (ASRT)
- Assistant Secretary for Health (ASH)
- Assistant Secretary for Legislation (ASL)
- Assistant Secretary for Planning and Evaluation (ASPE)
- Assistant Secretary for Public Affairs (ASPA)
- Office of the Assistant Secretary for Preparedness and Response (ASPR)
- Departmental Appeals Board (DAB)
- Office for Civil Rights (OCR)
- Office of Global Health Affairs (OGHA)
- Office of Intergovernmental Affairs (IGA)
- Office of the Secretary's Regional Directors
- Office on Disability (OD)
- Office of Inspector General (OIG)
- Office of Medicare Hearings and Appeals (OMHA)
- Office of the National Coordinator for Health Information Technology (ONC)
- Office of the General Counsel (OGC)
- Center for Faith-Based and Community Initiatives (CFBCI)
- Surgeon General

Table 2.

Table 1 (above) shows that 12 Records Officers are servicing 21 Records Groups. Each Records Group identifies the unique records being created by the 58,672 HHS employees assigned to perform the duties associated with each Records Group nation-wide. Table 2 identifies the 11 Operating Divisions (OPDIVS) and the 21 Office of the Secretary Staff Divisions (STAFFDIVS) (being supported by 1 Records Officer) performing mission related functions that the 12 Records Officer are supporting.

A Records Officer for any HHS Records Group must be a Federal employee and should have acceptable professional work experience in three or more of the following categories:

- Management of a Records Management Program
- Records Creation and Use
- Active Records Systems
- Inactive Records Systems
- Records Protection
- Records and Information Management Technology
- Records Management Training, Education, and Awareness
- Experience in applying agency or NARA retention manuals/schedules or in developing required records control schedules on a SF-115.
- Experience in developing a files classification plan

In addition to the OPDIV/STAFFDIV Records Officers, one full time employee is assigned as the Department Records Officer. The Department Records Officer is responsible for providing leadership of the program and performs the following functions:

- Identify and establish standards/guidelines for documenting and maintaining transactions.
- Create a trustworthy, reliable and usable Department-wide record keeping system.
- Evaluate and measure compliance with Federal and HHS guidelines.
- Provide Records Management training.
- Ensure that Records Management issues are addressed in:
  - Strategic Planning
  - Business Process Design
  - Capital Planning and Investment Control
  - Solutions Development Lifecycle
  - Enterprise Architecture
  - Information Security
- Department Mail Management Officer

In January 2007, a new Department Records Officer was hired by the HHS Office of the Chief Information Officer located in the Assistant Secretary for Resources and Technology (ASRT). The direction given to the new employee was to develop and implement an HHS Records Management Program that would prepare the Department for migrating from a paper based organization to one that would allow media neutral record keeping practices.

### **1.3 Scope**

This report covers the period from January to December 2007 and reflects each HHS OPDIV/StaffDiv Records Program as of December 31, 2007. This is the first report prepared by the Records Management Council, Chartered August 21, 2007 and thus establishes the format for future reports. See RMC Charter in Appendix ii and thus establishes the format for future reports.

### **1.4 Method used to prepare the report**

The methods used in the preparation of this report consist of the Department Records Officer observations, review of written internal policies, handbooks and data calls using a modified version of the National Archives and Records Administration's Self Evaluation Survey. This self assessment survey was sent to all of the Records Officers (OPDIVs and STAFFDIVs) in March of 2007. A second data call was made in December to ascertain any changes/improvements from the March data call. The results of both surveys were analyzed by the Department Records Officer and discussed with the OPDIV/StaffDiv Records Officers. This process provided the methodology used in preparing the report. Identifying the strengths and weaknesses and soliciting responses in an open Records Officer environment proved to be a useful tool in developing cross organizational solutions.

## 2 Observation

### 2.1 Department Records Officer observation - Oversight

Most of the OPDIVs/STAFFDIVs Records Officers had established controls, policies and procedures for managing their unique areas of responsibility. The Department, however, had not established a process to evaluate or provide assistance to either the OPDIVs or STAFFDIVs. Each OPDIV/STAFFDIV operated in a vacuum. Occasionally a Records Officer would bounce an ideal, process or question off of another Records Officer or the NARA Archivist assigned to their Records Group in the hopes of receiving a solution that would work to meet their needs. Department-wide records management practices were not standardized and specific written guidance was not easily found.

Without specific written guidance, HHS is at risk of not having records available to conduct business and also at risk of retaining records beyond their retention dates. The lack of documentation indicating that reviews of activities of the various OPDIV/StaffDiv by the Records Officers combined with the lack of assessments made regarding how well OPDIV/STAFFDIVs performed their records management responsibilities was a clear indicator that oversight responsibilities were not being met.

The initial survey uncovered that appropriate resources had not been assigned to the Program. Key Records Officer positions were either not promptly filled, filled by personnel that did not have the qualifications or assigned as an additional duty. The Department Records Officer position had been vacant for sometime. This required that the Acting OS Records Officer perform double duty and act as the HHS Records officer. OPDIV Records Officers were in some instances assigned records management functions as a co-lateral duty. This was accomplished in some cases with out a determination of qualifications and/or without providing appropriate training. It appeared that the qualifications of a Records Officer position were not a factor in the selection process. Position descriptions for Records Officers did not reflect the duties required to be performed.

Records Officers traditionally are trained and required as stated in the various statutes stated in appendix i. to perform the following:

- Identify and establish standards/guidelines for documenting and maintaining transactions.
- Create a trustworthy, reliable and usable Department-wide record keeping system.
- Evaluate and measure compliance with Federal and HHS guidelines.
- Provide Records Management training.
- Ensure that Records Management issues are addressed in:
  - Strategic Planning
  - Business Process Design
  - Capital Planning and Investment Control
  - Solutions Development Lifecycle
  - Enterprise Architecture
  - Information Security
- Manage a Records Group.



## **2.2 Department Records Officer observation -The HHS Record**

The Department updated the Records Management Policies in 2005. Both the HHS Policy for Electronic Records Management –HHS 2007-0001.001, dated September 15, 2005 and HHS Policy for Records Management- HHS 2007-0002.002, dated September 15, 2005 provided a high level overview of roles, responsibilities and definitions. While I am sure that the expectation was that the HHS “record copy” would be defined at the OPDIV/STAFFDIV level, it did not occur. In OS, for example, the Department Records Handbook, dated 1977 and the OS Handbook, dated 1983, were not clear regarding who was to be the custodian of the record copy.

## **2.3 Department Records Officer observation -E-Government Records Management Requirements:**

- Electronic Records. Most of the records produced in HHS are in an electronic format. HHS was just beginning to examine these issues and appropriate procedures had not been established.
- Federal Enterprise Architecture. The guidelines provided by the RM profile for the Federal Enterprise Architecture (FEA) have not been implemented.

## **2.4 Department Records Officer observation - Non-Records Procedures**

- Department level procedures for maintaining reference material, extra copies, or any other non-record were not to be found. As e-discovery and electronically stored information litigation processes change, traditional Records Management procedures must be modified to include non-record maintenance procedures.

## **2.5 Department Records Officer observation - Records Management Training**

In house Records Management Awareness training was not consistent across the organization and no entry or exit training regard records responsibilities was consistently provided. The following topics should be covered as a minimum.

- Files Plans: A Department Files Plan was not found. Files plans found in some of the OPDIVs/STAFFDIVs were inadequate in many cases.
- Email as records: Most employees are not aware that Emails can be and sometimes are records. These electronic records can be stored electronically only when an approved electronic recordkeeping system is in place. In light of HHS not having an approved electronic recordkeeping system, HHS requires electronic records be printed to paper and then filed. However, since established Files Plans were inadequate if they existed at all, so even this conservative method of maintaining electronic records in paper files is inadequate.

- Back-up files: It appears that “back-up” files may have been used to restore electronic individual email boxes. This puts HHS in the possible position of reviewing all electronic files for all FOIA/e-discovery requests.
- Critical Information: Due to the disparaging maintenance of records, the likelihood of missing or inaccessible critical information may lead to agency inadequate or inaccurate information being produced. This damages an Agency’s reputation and can result in a failure to perform the mission. It is also time consuming and contributes to expensive litigation.
- Training not Provided: Standard, annual training Records Manager is not a requirement for those performing records management functions. Two individuals were identified who have been told they will perform records management functions based on attendance of a week long course. Historically, funding has not been provided for experienced records managers to attend training necessary to maintain skill sets.
- Hires and Outgoing Personnel: Appropriate RM processing is not addressed and there was no plan to established one.

## **2.6 Department Records Officer observation - Records Management Risks**

The most obvious Records Management risks, in my opinion, are identified below:

- loss of HHS records due to inappropriate storage and access and automated deletion in different HHS communications channels such as instant messaging programs or Blackberry devices;
- use of unauthorized electronic storage due to the lack of an adequate/appropriate e-records system for storage of documentation;
- records leakage during employee out-processing, due to storage of record, non-record and personal information (both in paper and electronic format) in shared locations;
- loss of (or prolonged storage of) Administrative records given lack of records disposition guidelines;
- early destruction of records due to confusion around duplicate storage of documentation ;
- obsolescence of electronically scanned copies of legacy paper records;
- Loss of Email records given varying Email storage practices across HHS.
- Record integrity loss due to partial records retained, therefore “painting an inaccurate picture.

Risks denote potential negative impact to HHS - such as economic, legal, public relations, agency accountability, mission accomplishment, public confidence and historical documentation problems - which may arise from the existing processes and activities surrounding HHS records. Using the self-assessment tool from NARA, on-site interviews at several locations the March and December 2007 self-assessments, the Department Records Officer compiled the following risk assessment table. The table focuses on the compliance of mandates, the financial risks of non compliance and the support of the Department’s strategic plan.

## Determining Risk

<b>Compliance</b>		Yes	No
1.	Does the Agency Policy define the role and responsibilities of the Records Officer and the scope of the Records Management Program and provide authority to the Records Officer to conduct an effective Directorate-wide program as described in Title 44?		X (the information was not current)
2.	Are Records Management responsibilities included in the position descriptions for all personnel in the Agency Records Program?		X
3.	Do Program Managers, Record Officers, Record Managers, secretaries, file clerks and others with regular records duties receive training?	X*	
4.	Does the Agency Records Officer brief senior officials and Program Managers regarding the Agency status in meeting the requirements?	X	
5.	Are written evaluation reports and written responses prepared?		No
6.	Does the Agency have employee entrance and exit procedures established?	X*	
7.	Has the Agency established standards and procedures for classifying, indexing, filing and retrieving records and made them available to all employees?	X*	
8.	Is the Federal Enterprise Architecture Records Management Profile being followed?		X
9.	Do contracts identify which contractor-created records are Federal records?		Don't know
10.	Have standards been established for electronic record keeping?		X

\*3. NARA's web-based training is posted on the Intranet for all employees. Agency currently conducted E-mail/Records Mgmt training

\*6. Agency's exit procedures require Records officer to sign exit form to ensure all their records have been transferred to a staff member/manager or a shared drive.

\*7. Agency's File plan is posted on the Intranet

<b>Financial</b>		Yes	No
1.	Has the Agency issued guidance on the record status for documenting policies, decisions and transactions including oral and electronic approvals?		Don't know
2.	Are all Agency transactions documented and validated as they occur?		Don't know
3.	Can the Agency produce records that document accountability and stewardship of materials?		Don't know
4.	Is the Agency able to locate requested (from public, congress or an oversight authority) documentation in a timely fashion?	X*	
5.	Are internal records management controls established and audit procedures enforced and effective?		Don't know. CMS has an internal control process.

\*4. Established procedures with General Counsel and components for tracking litigation holds and providing requested information.

## Strategic

		Yes	No
1.	Are Records Management practices an integral part of strategic management planning?		X
2.	Has Records Management been successful in accomplishing past goals and is the practice appropriately applied?		X
3.	Do our records management policies and systems effectively support the organization's strategic direction and initiatives?		X
4.	Are the Agency's Vital Records appropriately maintained and available when needed?		X
5.	Are decisions supported with adequate documentation? And is this readily available to support the decision made?		Don't Know

### Assessing the level of Risk

Questions answered No:

0-5 = Moderate Risk  
6-14 = Significant Risk  
15-20 = Critical Risk

With 15 questions answered either no or don't know, the Department Records Officer's observation is that the Department has reached the "critical risk" category. Specific actions needed to reduce this risk are under review by the HHS Records Management Council.

## 2.7 Department Records Officer observation - Senior Management Responsibility

As referenced in part 1.1 Requirements above, Federal mandates require that the Head of the Agency be responsible for establishing and maintaining an active, continuing program for the economical and efficient management of the records of the agency. HHS-OCIO-2005-0002.002, Policy for Records Management, further delegates these responsibilities to the Heads of the OPDIVs/STAFFDIVs and appoints a Department Records Officer to review all proposed agency records retention values. While these responsibilities were delegated, it appeared to me that the requirements were not fully understood. I observed the some employees with no experience or qualifications have been appointed to develop a records program.

## 2.8 Department Records Officer observation - Communication

A process for providing a quick reference to records management information was not found.

## 2.9 Department Records Officer observation - Results of Self Assessment

The results of the first of two self assessment surveys sent to all of the Records Officers are provided below:

Twelve surveys were sent out. Five completed surveys were returned or 40%.

- 60% of the Records Officers were too busy to participate or forgot.
- Records Management (RM) Program advancement is a low priority.
- RM resources are stretched to the limit.

**The survey is designed to teach minimum requirements. All answers should be a yes or not applicable.**

- The answers received indicate that terms were not fully understood.
- Some Records Officers were assigned as an RO without proper training.

**Department Records Officer observation for each section of the survey is addressed below.**

- Section I. Program Management
  - Clear Records Management guidance and leadership has not been provided.
  - Roles and responsibilities are not clear.
  - There is a lack of training on all levels.
  - E-Records are not defined/developed/understood/responsibilities.
  - Record audits have not developed or conducted.
  - Requirements for the record are not defined.
  - Adequacy of the record is questionable.
- Section II. Records Creation/Recordkeeping Requirements
  - Requirements for the record not defined.
  - Adequacy of the record questionable.
  - Responsibilities and requirements for records being created by contractors is not defined and/or adequate guidance provided.
  - Electronic Records not defined
  - No guidance has been provided.
- Section III. Records Maintenance (General)
  - Standards are not developed.
  - Access is not controlled.

- Procedures are not provided.
- Training/standardization is not developed.
- Section IV. Maintenance of Special Records
  - Electronic record keeping standards not developed.
  - Electronic Storage of Information guidance has not been provided.
  - Audiovisual records are not clearly defined.
  - Cartographic and architectural Records not completely understood.
- Section V. Records Disposition
  - Records and disposition processes are not understood and/or being implemented in all cases.
- Section VI. Vital Records (**NOT COOP RECORDS**)
  - The Department Vital Records Program was not clearly defined.

## **2.10 Results of Second Data Call**

**The responses received from the December 2007 self-assessment are provided below:**

**Food and Drug Administration (FDA)** FDA provided the following information.

### **FY 2007 FDA Records Inventory Project**

#### **Project Outcomes:**

- Comprehensively updated FDA's Records Control Schedules issued in 1989 by revising outdated schedules and adding new schedules, in compliance with the Federal Records Act;
- Identified records groups that may be scheduled agency-wide and standardized a records retention policy for similar business lines across Centers;
- Logically organized FDA records information by business lines and developed an Electronic File Structure (EFS) that will allow us to systematically file electronic records and to transition from a paper-based system to an official electronic recordkeeping system. Our goal is to maintain electronic records as official records and to eliminate dual filing practices by keeping both paper (legal) and electronic (convenience) copies on various network drives.

## **Review/Approval Status of the Revised Records Control Schedules:**

### **Approved Schedules by NARA:**

- CBER schedules (excluding Electronic Information Systems).
- CDER schedules (excluding New Drug Application (NDA) files).
- Agency-wide schedules including OC (except for the schedules mentioned below in other categories).

### **Schedules at NARA for Final Approval:**

- Agency-wide schedules that Include Correspondence Files and 7 other records series: the Federal Register Notice will be closed on 2/8; if there is no comment, it will be signed by the Archivist.
- Agency-wide schedules that include PAO files: the Federal Register Notice will go out on the week of 2/11.
- NCTR Schedules: currently working with OCC to resolve information disclosure issues relating to pre-accessioning of permanent e-records at NARA. Once this issue is resolved, it will be ready for the Federal Register Notice.
- Agency-wide Schedules with 6 main records series: NARA is currently reviewing the schedules; responded to NARA questions on 1/29/08.
- Dockets Schedules: Due to the change in leadership within Dockets and the implementation of the Federal Dockets Management System (FDMS), there have been changes in business processing. Therefore the schedules previously submitted need to be revised to reflect these changes. A meeting with NARA has been set for 2/13.

### **Schedules AT OCC:**

- CDER NDA schedules: review by OCC has been completed and it is being routed for comment to CDER.
- CDRH--currently being reviewed by OCC
- CFSAN
- CVM--currently being reviewed by OCC
- ORA
- CBER Electronic Information Systems
- Agency-wide Inspection and Compliance Action Case Files

### **Agency for Health Resources and Quality Services (AHRQ)**

No Response.

## **Indian Health Services (IHS)**

No Response.

## **National Institutes of Health (NIH)**

The National Institutes of Health (NIH) is the primary Federal agency conducting and supporting medical research. Composed of 27 Institutes and Centers (ICs), the NIH provides leadership and financial support to researchers in every state and abroad. The NIH Records Management Program resides in the Office of Management Assessment (OMA), Division of Management Support. The NIH Records Management Officer (RMO) and staff provide management and oversight of records policy and compliance and provide guidance and outreach to the NIH Office of the Director (OD) and 27 IC RMO liaisons. NIH currently has 52 FTE part-time liaisons residing in the NIH OD and ICs who partner with the NIH RMO to receive updated guidance, instructions and standard procedures for use in their respective organizations to ensure consistency and compliance throughout NIH.

The NIH RMO Office is responsible for the following records management functions:

- Identify and establish standards/guidelines for documenting and maintaining transactions
- Maintain a reliable and usable NIH-wide record keeping system with an up-to-date Records Management Tracking Inventory List of all records stored/awaiting disposal at the Washington National Records Center (WRNC) and those sent permanently to the National Archives and Records Administration (NARA) for historical archiving
- Evaluate and measure compliance with Federal and HHS guidelines
- Provide Records Management education, outreach and training
- Ensure that Records Management issues are addressed in:
  - Strategic Planning
  - Business Process Design
  - Capital Planning and Investment Control
  - Solutions Development Lifecycle
  - Enterprise Architecture
  - Information Security
  - Risk Management Assessments
  - Continuity of Operations Plans (COOP)

Each NIH OD and IC RMO liaison at the NIH is responsible for providing information to the NIH RMO Office in support of the above functions in their specific organizational areas.

NIH accomplishments include the following projects and initiatives:

- In compliance with Federal mandates (Proper Management of Vital Records - 44 U.S.C. 3101; Management of Vital Records Program – 36 CFR 1236; Emergency Preparedness - Executive Order 12656, Part 2; and Federal Preparedness Circular 65) NIH RMO Office participated in the NIH COOP Working Group to:
  - Review and edit portions of the NIH COOP to include language specific to vital records and federal records management guidelines



- Develop Annex D – Vital Records – of the NIH COOP
- Initiation of Vital Records Inventory Project
- Develop secure information system to house vital records
- Created a new Records Management Tool located on the NIH OMA Website with step-by-step procedures and flow charts entitled, “Moving Inactive Records Out of the Office” <http://oma.od.nih.gov/ms/records/>
- Developing a clearer and more comprehensive updated policy document for use by NIH staff for records management (NIH Manual Chapter 1743). Changes currently incorporated or scheduled include:
  - Updating information regarding disposition schedules in compliance with NARA guidelines
  - Review of other NIH Manual Chapters to ensure appropriate records management language is included and consistent with Manual Chapter 1743
- Effectively managed and tracked expenditures by the NIH OD and ICs for the FY07 WNRC Storage and Service Fees
- Participated as NIH representatives on the DHHS Records Officers group and provided comments to the HHS RMO for both the Records Management Policy and HHS Records Management Council Charter.

The NIH RMO Office continues to not only meet but exceed standards set in DHHS Records Management expectations and guidance. We continue to foster positive working relationships both within our OPDIV as well as other federal organizations including other DHHS components, and NARA.

### **Office of the Secretary (OS)**

The Acting Records Officer for the Office of the Secretary serves also as an alternate Department Records Officer. Responses to the surveys and actions taken to improve the program are mixed with the items mentioned in paragraph 3. Program Improvements made in Calendar Year 2007 below.

### **Program Support Center (PSC)**

No Response.

### **Substance Abuse and Mental Health Services Administration (SAMSA)**

No Response.

### **Centers for Disease Control and Prevention (CDC)**

CDC implemented two policies with records management implications: the Management of Electronic Records policy and CDC's In-Out Processing of CDC FTEs, PSCs, Contractors and Other Non-FTEs policy, with checklists that address departing employees' records and email accounts.

CDC also:

- implemented a new records control schedule for the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) Division of Select Agents and Toxins.
- developed and refined a completely electronic system for submission of SF-135s to Federal Records Centers.
- developed and refined a CDC Unified Process Guide for drafting and submission of SF-115s.

### **Centers for Medicare & Medicaid Services**

CMS implemented the following records management activities

- Established and operating a Vital Records Program.
- In lieu of printing e-mail records, suggested employees create .pst folders for records that reside in the email system.
- Records management tools published/updated on the Intranet
  1. NARA's Web-based Records Management Training for Managers and Employees
  2. Vital Records Training CMS Master File Plan
  3. Continuity of Operations Plan (COOP) – Annex G
  4. CMS Records Schedule
  5. CMS Master File Plan
  6. Retention Guidelines for E-mail records
- Exit procedures to prevent the loss of agency information
- Litigation Hold process established with OGC to provide requested information
- Established a Records Schedule for the Office of the Administrator
- Established a media-neutral record schedule for Rulemaking Record for Regulations
- Records Management Training for CMS employees (10 sessions) in conjunction with E-mail reconfiguration
- Developed an E-Recordkeeping Business Process Model (BPM) for CMS' Customer Inquiry System and Freedom of Information Case Tracking System
- Working with the CMS' Enterprise Architecture Staff to develop a Records Management BPM for all agency processes.

### **National Institute of Health NIH**

Major initiatives for the NIH are:

- Working with the COOP Plan Working Group and OMA Vital Records Team Members to:
  - Begin the Vital Records Project by interviewing and collecting all identified vital records for the COOP Emergency Support Teams, Office of the Director and Institutes and Centers

- Develop Annex D – Vital Records – of the NIH COOP
- Develop secure information system to house vital records
- Created a new Records Management Tool located on the NIH OMA Website with step-by-step records management instructions and flow charts entitled, “Moving Inactive Records Out of the Office” <http://oma.od.nih.gov/ms/records/> and shared it with DHHS and other OPDIVs to benchmark for their agency records management programs and WebPages.

NIH focused on what was accomplished in 2007. Aside from practices already in place, the development of the Electronic Records Management (ERM) is in the planning phase and won't be completed for some time. NIH is currently developing partnerships with the NIH CIO Leads to map the project out in order to meet the NARA October 2009 deadline for identifying and scheduling all electronic systems. They have also been using this time wisely by benchmarking accomplishments by the FDA and CMS (who are ahead of the game with the ERM – Very nice!) and researching ERM NARA Guidelines.

The NIH RMO Liaisons in the field are mostly part-time with their involvement in records management but we wanted to express how well the NIH has done with limited resources and the recent changes in 2007; and they have also been very patient with audits and request for changes from the lead NIH RMO.

The NIH continues to move towards building a stronger records management program and foster positive working relationships with the OPDIVs and other federal organizations.

### **3. Program Improvements made in Calendar Year 2007**

In addition to the OPDIV program improvements reported in the second survey as outlined above, several other initiatives have made an impact on ensuring that records management mandates are followed. In August 2007, the Department of Health and Human Services Records Management Council (RMC) was established to address cross organizational Records Management (RM) issues and to provide leadership, direction, and support for the integration of records management concepts in documenting HHS business functions. The RMC takes a collaborative approach enabling the collective expertise, capabilities and professionalism of the members to advise the HHS leadership regarding the management of records and records management activities. This process is within the responsibilities and requirements of Agency Heads as outlined in Section 3101 of title 44 U.S.C.

Since its inception, the RMC has either made or assisted in making the following program improvements:

#### **Oversight**

- Updated the Records Management Policy.
- Established Records Management Policy for Emails.
- Established Records Management Policy for Employee Departure.
- Conducted ASRT Files Plan pilot for the purpose of developing STAFFDIV records training program for the Office of the Secretary to capture 100% of the records.

## **The HHS Record**

- Developed and initiated procedures to capture electronic mail records in a fashion that will allow a cross walk to records retention values.
- Conducted ASRT Files Plan pilot for the purpose of developing STAFFDIV records training program for the Office of the Secretary to capture 100% of the records.
- Assisted in the preparation of identifying records managers in various components.
- Assisted Emergency Medical Countermeasures with their Records Program.

## **Interpretation of Federal Mandates**

- Established the Records Officer Bulletin for the purpose of interpreting and applying National Archives and Records Administration Management (NARA) guidelines to HHS and provided a communication too.
- Established Department-wide Records freeze/hold procedures as outlined in a Records Management Bulletin.

## **E-Government Records Management Requirements**

- Drafted Standards for electronic record keeping.

## **Non-Records Procedures**

- Worked with the OGC regarding the development of a Litigation Plan for Records and electronically stored information.
- Worked with the CTO to present the HHS position regarding email record keeping requirements and responsibilities in relation to electronically stored information.

## **Records Management Training**

- New employee records management orientation has been developed.
- Departing employee records management training has been developed
- Monthly Records Officer Meetings are held for the purpose of educating and sharing best practices and problem resolution
- Developed lesson plans for formal training to be given through the HHS University.
- Created a Records Management Test Site in SharePoint.
- Provided various components with Records Management Training Focused on their need for electronic record keeping.
- Assisted CMS in preparing the records management portion of the “Mail box” presentations given to all CMS employees.

## **Records Management Risks Aversion**

- Initiated a periodic Records Management Program review process.
- Established guidelines for Files Plan creations.
- Conducted ASRT Files Plan pilot for the purpose of developing STAFFDIV records training program for the Office of the Secretary to capture 100% of the records.
- Conducted a self inspection exercise with all OPDIVs to determine the condition of the program and to develop an action plan to bring HHS in compliance with Title 44 USC.
- Worked with the Federal Document Management System (FDMS) to establish Records Management processes for the e-rulemaking system.

## **Senior Management Responsibility Awareness**

- Initiated and established bi-weekly briefings with the Assistant Secretary for Resources and Technology (ASRT) to raise awareness of the program condition and to brief the planned improvements.
- The Department Records Officer represents HHS on a bi-monthly basis in the Federal Record Officer Council and the NARA Records Officer meetings. This information is shared with all HHS Records Officers.
- Hand-outs have been prepared for records management awareness. The hand-outs included, “Documenting Your Public Service”, “Can I Take it With Me?” and a hand-out for ASRT was specifically developed to be distributed at a Senior Management Off site.
- Drafted Records Management Policy for electronic, web, and paper records.
- The Department Records Officer represents HHS in the Federal Working Group for Litigation Preparedness.

## **Communication**

- Established the Records Management website.
- Hold monthly Records Officer Meetings for the purpose of educating and sharing best practices and problem resolution
- Initiated and established bi-weekly briefings with the Assistant Secretary for Resources and Technology (ASRT).
- Created hand-outs for records management awareness. The hand-outs included, “Documenting Your Public Service”, “Can I take it With Me?” and a hand-out for ASRT was specifically developed to be distributed at a Senior Management off-site meeting.
- Provided briefings to all web managers regarding web record responsibilities.
- Conducted one-on-one training with members of the Web Content Division regarding records management.
- Briefings have been conducted for senior management (including the Assistant Secretary for Resources and Technology) regarding the status and future plans for the Records Management Program every two weeks.
- A limited test of software (SharePoint Portal) has been initiated to determine if it could be a possible solution for HHS records management requirements.
- Arranged a Presentation to be given using video technology regarding the proper way to identify and protect Electronically Sensitive Information (ESI).

- Conducted Records Management Briefing for Departing Senior Staff Members.
- Coordinated the departure briefing for the Deputy Secretary through the OGC.

## **4. Summary**

### **Weaknesses:**

Each Records Management Program area (OPDIVS/STAFFDIVs and the Department Records Officer functions) needs to be improved. Using the NARA Self Evaluation, detailed weakness of the HHS Records Management Program are easily identified and specific areas strengthen. This report identifies some of the areas needing improvement. In my opinion, the major weakness in the program is the lack of management understanding of the RM Program requirements or concern from managers at all levels. The assumption that “someone” is keeping the record copy “somewhere” is the pervasive norm Department wide. This is not only a major weakness but it puts HHS at risk in every transaction/initiative undertaken.

### **Strengths:**

Senior leadership has recognized that a problem exists and is beginning to support the Records Management Council. Assistant Secretary for Resources and Technology (ASRT) has made managing records a priority and is providing support for the program. ASRT has personally addressed Records Management with the Senior Staff both in group settings and in one-on-one meetings. ASRT also directed that a pilot be conducted in ASRT to determine the best workable approach for conducting an inventory and establishing a Departmental Files Plan. While these are only a few of the initiatives recommended and being supported by ASRT, they demonstrate that the senior leadership is taking an active role in correcting any unacceptable issues.

In addition to the efforts of the senior leadership, the Records Management Council provides support and offers a Department-wide view for the unique HHS Records Program. This provides a group of Records Management Professionals to mentor the novice Records Management assignees. It also provides a vehicle for developing a standardized Records Management Program.