The Condition of the Archives

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Introduction

The aim of our study was to identify the issues confronting a selected sample of Victorian hospitals regarding the management of archives and records.

Having both worked in the hospital system for more than six years, we were very aware, anecdotally, of many of the problems associated with the disposal of administrative records in both our own hospitals and those where colleagues worked. We wanted to confirm whether what we had observed over that time was happening more widely. We wanted a profile of how each hospital dealt with its permanent and temporary administrative records as well as those in archival custody, and who was managing them. We have intentionally excluded medical records as they are a specialised sub-group managed by well established departments with trained staff.

The hospitals will remain unidentified as it will serve no useful purpose to 'point the finger' at any one of them and we felt that we would elicit more candid responses if the people we spoke to were assured of confidentiality.

We hope, with the following results, that we can present you with a 'snapshot' of current practices in the hospitals we surveyed. We hope also that it will be a starting point for a more detailed study in the future. Whilst we will comment throughout on our observations, we hope that you will largely draw your own conclusions from our findings.

How we sampled

We took a cross sectional sample of eight public hospitals—three country, three general metropolitan and two specialist metropolitan hospitals. We also included a private Melbourne hospital, which is

one of a large national network with a number of hospitals in Victoria. In the case of the public hospitals, the sample was taken from four of the six hospital networks.

The staff in all the hospitals were most co-operative, and none refused to participate. We were limited only by the resources available to carry out the study and would like to have extended it further. We visited all but one of the metropolitan hospitals and surveyed the country ones by telephone. We spoke to Human Resources Managers, Archivists, Records Managers, Curators, Health Information Officers, Librarians, Public Relations Managers, Pay office personnel and anyone else we could find who had the information we were seeking. Our survey, (over 60 questions), concentrated on details of archives and records management and was therefore more relevant in hospitals where an archivist was employed. There are many other hospitals we would like to have surveyed and hope this can be done in the future.

The survey covered the areas of:

- personnel responsible for records management and archives
- the role and responsibilities of these personnel
- the resources and support services available to them
- storage and environmental conditions where records are currently located
- the scope of the collections
- records management issues

Our Findings

Personnel responsible for records management and archives

Archivists and Curators

Of the nine hospitals surveyed, seven have staff and/or volunteers with designated responsibility for managing archival or museum collections.

Of these seven hospitals, five have employed staff and two have honorary positions only. One of the five employees is the hospital's Librarian who acts as a de facto archivist. Three of the employed archivists have post graduate training in archives and records management; the fourth has museum studies qualifications and the Librarian is qualified in her speciality. Only the Librarian is employed full-time but she is responsible almost exclusively for the management of the medical library. None of the archivists or curators is employed full-time, each working an average of 20 hours per week. Length of

appointment to the four archivist positions ranges from 18 and 24 months to 6 and 16 years. The two honorary curators have agreed to put in 7-10 hours per week respectively, but in fact one of them regularly puts in a great deal more than 10 hours.

The four archivists are employed in major metropolitan hospitals, although significantly, the largest hospital surveyed relies on the services of a dedicated honorary curator. (This hospital has in the past employed a professionally qualified records manager for a specific project). While all the hospitals surveyed had Health Information Officers (Medical Records Administrators) to manage their patient records, none employed a Records Manager to manage their administrative records.

One of the positive things we found was that all of the employed archivists report to senior administrative officers either one or two levels below the CEO. This places them appropriately in the corporate sector of the organisation. The honorary curator mentioned above is responsible to the Public Relations department, and one of the employed archivists has dual reporting responsibility also to the Public Relations manager. Another positive was that three of the employed archivists are employed as Administrative Officers with Award conditions (either casual or permanent part-time). The fourth has an irregular arrangement with funding derived from the hospital's Heritage Committee.

Table 1 shows the number of staff employed in each hospital but we should stress that these numbers fluctuate and are not published figures. The method of calculating the figures also appears to vary between hospitals depending on which department supplied the figures, but it does indicate the size of the organisation and the volume of records which might be found. This table also shows whether there is an employed Archivist or Curator etc.

If only four of the approximately 36 hospitals in the metropolitan networks employ professionally trained archivists/curators, and given that all report that they are nowhere near adequately fulfilling what they see as their professional role, the implications for the fate of administrative records in the other 32 hospitals must be questioned. Then there is the question of the country hospitals to consider as well. . . .

Table 1

Hospital	Admin. Records Personnel	Approx. Staff Nos.
A	1 P/T Honorary Curator	3,500
B	1 P/T Archivist	3,183
C	1 P/T Archivist/Curator	3,100
D	1 P/T Archivist	1,565
E		1,100
F	1 P/T Archivist	1,055
G	1 P/T Honorary Curator	382
H	1 F/T Librarian	350
I	unknown - smallest in sample	

Historical or Heritage Committees

Most of the hospitals were founded during the 19th century by charitable organisations and were independently managed until well into the 20th century. This sense of independence remains within the hospital communities which value and are proud of their heritage.

It is interesting to note that appointment to the four archivists' positions we have mentioned has come about because of pre-existing Archives/Heritage committees which saw the need to preserve the hospital's historical records and artefacts. Both the formation of these committees and the appointment of an archivist has in each case been linked to the writing of a history or a significant historical event in the life of that hospital. The committees are usually advisory committees and comprise former and current board members, former medical or nursing staff and current staff. These committees have been responsible for initiating the publication of hospital histories, the creation of museums or historical rooms and other projects of a historical nature.

In some instances, there is ambiguity in the employed archivist's position because of the dual reporting to a committee and to the administration of the hospital. This duality has come about because in all four hospitals where archivists are employed, the committee has initiated their appointment. The real danger of this relationship can be that the archivist remains peripheral to mainstream administrative issues unless they are prepared to be extremely pro-active. This problem is exacerbated by the apparent widespread perception of administrators that archival matters and history are not related to modern record keeping practices. A further danger is that the archivist

may be seen by them to have more relevance to the committee's activities than to the business of the hospital.

This may be an appropriate place to explain that current professional theory holds that records and archives form part of a continuum of documentation and that their management should be integrated.

Archives are records, and some records become archives. This may explain why we, as archivists, take such an interest in records management issues.

Volunteers

Seven of the nine hospitals rely on regular input from volunteers. These are drawn from a mixture of ex-staff and other interested people. The largest hospital in our sample uses the services of the largest number of volunteers of any of the hospitals surveyed in addition to their Honorary Curator. Their input ranges from 2-5 hours each per week. To our knowledge, none of the volunteers at any of the hospitals has formal training in any of the disciplines related to collections management.

The role and responsibilities of these personnel

The employed archivists and honorary curators fulfil multiple and diverse roles in the hospitals. Their collections are broad and include conventional paper records, digital records, photographs, films and other audio-visual material, artifacts and artworks. They curate exhibitions, small museums and manage valuable art collections. All provide a substantial enquiry service, including some FOI enquiries, or are assisting with research projects. Most perform all of the administrative and professional tasks involved with running an archives department themselves. Each reports that the administrative component overwhelms other tasks. In two cases, administration includes fundraising activity through seeking grants and sponsorships.

Table 2

Task	Average time spent on task, per cent
Admin of Archives department	70-80
Enquiries	20-30
Exhibition preparation	20-30
Core archival work	as low as 5

One question which invariably caused great laughter during the survey was 'Is the Archivist carrying out as many professional tasks as they feel necessary?' Every person surveyed with responsibility for archival collections expressed extreme frustration at the little core archival work they were able to achieve.

The resources and support services available

Economic and physical support

Only three of the hospitals surveyed have provided funds to employ an archivist part-time and the fourth is funded through the efforts of an archives/heritage committee. However, the funding is not adequate and as the most expensive component of an archive's budget is the Archivist's salary, the effect of these limited resouces is reflected in the reduced hours for which they are employed—if one is employed at all. The largest hospital in the survey provides only limited funds to its honorary curator on an ad hoc basis.

It is interesting to note that of the four employed archivists, only three have a computer. Two of these are networked to the rest of the hospital but only one has e-mail access.

As part of large institutions with a range of general service departments, all of these archives are otherwise well provided for. These service departments include Finance, Engineering, Environmental Services and especially Media services. The honorary curators have less access to these services as they are not employees. They are dependent on other members of staff sympathetic towards the work they are doing.

Shortage of space is a commonly reported problem, especially for storage of permanent records. Inadequate facilities for researchers is a particular area where improvement is also needed.

Personal support

There is a range of sources for advice on professional matters from professional bodies, workshops, publications and other professionals working in the field. Two of the country hospitals refer to local historians. Surprisingly, the Public Record Office (PRO) was rarely mentioned by the hospitals we surveyed as a provider of advice or support, but nor had most hospitals sought their help. In fact we found that several hospitals actively avoided contact with the PRO, in some cases because of fear of losing the historical records which they value so much.

Due to both physical and professional isolation, three of the archivists employed in metropolitan hospitals have set up there own informal network to support each other. They find their professional bodies to be remote from the day-to-day concerns of a small archives.

Of the professional bodies, Museums Australia in particular provides a range of very helpful workshops in aspects of the management of artifacts which are of great assistance to both professional archivists and the many volunteers working in the field. However, there is no equivalent program run by other professional bodies for curators and volunteers managing archival material. As a result, museums cataloguing procedures are being applied to many archival collections, including those in three of the hospitals surveyed, (one of these being a large important collection). We would argue that the management of objects is quite different from the management of information, records and archives, and is at odds with documentation procedures required by the PRO.

Storage and environmental conditions where records are currently located

Archives collections are housed in a wide range of physical environments in our sample. These range from a two-storey 19th century free standing house, through to 1930s former nursing home, to areas within more modern buildings. Only two were located in the main building of the hospital.

While most of these buildings do not have air-conditioning, the records appear to be in reasonably stable environments. One notable exception is where a large number of key 19th and early 20th century records are kept in a basement which is subject to high temperatures from overhead hot water pipes and humidity from periodic flooding. There is a mixture of administrative and patient information records here which are not yet under the archivist's control. They are known to have been stored in these conditions for many years, pre-dating the appointment of the archivist. We are relieved to say that moves are now afoot to transfer these records to the PRO. One of the country hospitals also reported that its storage area is subject to extreme temperature variation.

Two of the five metropolitan public hospitals use some off-site commercial secondary storage for temporary records. Three have all their records on-site. There were no permanent records retained in the private hospital we sampled, but temporary records are kept on-

site. We know that one of the country hospitals stores all records on-site.

The scope of the collections

The scope of collections is very broad and is not limited to archival material. Most of these collections could be classed as 'good luck' collections. The records and objects have survived far more by good luck than good management in the past, usually because of a handful of amateur historians on the staff. All of these collections include historical and clinical photographs, audio-visual material, memorabilia and artifacts. Several collections include significant quantities of patient records in addition to administrative records. Administrative records typically found in hospitals include:

- Annual Reports, frequently the only extant copies
- Minutes of Board of Management and its various committees such as Ethics and Research
- Minutes of hospital executive committees
- Minutes of many other committees such as Senior Medical Staff
- Documentation of research programs
- Human Relations records
- Medico-legal records
- Engineering/property records
- Financial records

The collections also include a considerable quantity of patient records. Many of these records are classified for permanent retention under the Public Records Act. There are also items which don't easily fit into these categories—diaries, personal letters, medical and nursing student notes etc. which augment the more formal records listed above.

Records management issues

None of the hospitals surveyed has an archives or records management policy in place, either within the hospital or across the network of hospitals. General administrative staff are untrained in records management practices and are mostly unaware of the legislative requirements for correct retention and disposal of records. The employed archivist, working without the framework of official policy, has no authority to require the many departments in a hospital to

adopt proper practices. As all are employed part-time and are lone voices, it is very difficult to mount a campaign to turn the record keeping practices of the organisation around.

In all nine hospitals in the sample, individual departments take responsibility for the records they create. The contrast between departments observing record keeping standards and those which are oblivious of them is marked. In departments such as Finance, Human Resources and Health Information (patient records), where there are specialist administrative staff and a relevant Public Record Office Disposal Schedule, we observe that records tend to be better managed. Awareness for the need to manage records effectively in these departments has been heightened by the need to also satisfy accreditation requirements within hospitals.

In the past, there appears to have been little need to satisfy the accrediting body as to the broader management practices for administrative records within hospitals. We're hoping that under the new accreditation process being currently implemented by the Australian Council on Healthcare Standards, known as EQuIP, (Evaluation and Quality Improvement Program), this problem will be addressed. EQuIP requires continual interaction between the accrediting body and the hospital. The focus will be on evidence of actions taken and it promises to be a more comprehensive method of assessment than its predecessor. Under EQuIP, information systems will also come under scrutiny.

We have observed a widespread belief in many hospitals that records—of any kind—must only be retained for seven years. In one country hospital, personnel records are being destroyed seven years after an employee has left, although the responsible officer believes that in doing so they are complying with legislation. We suspect that they are complying with the record keeping requirements of the Commonwealth Workplace Relations Act only and are unaware that the Victorian Public Records Act requires much longer retention periods.

There are many Acts of Parliament, both State and Commonwealth, with record keeping provisions and we believe there is confusion and ignorance about this among many of the staff who have responsibility for managing records. This task often falls to clerical staff who usually have no training in records management systems. It appears that there is only limited awareness of responsibility under the Public Record Act at senior management level in most of the metropolitan

hospitals surveyed and possibly less in the country hospitals. Private hospitals do not have to comply with the Public Records Act.

Few of the metropolitan and to our knowledge, none of the country hospitals in our sample, have transferred any records to the PRO, and those that have been transferred are temporary patient information records which are mostly now due for sampling and destruction. Two of the five metropolitan hospitals surveyed are currently considering transferring records.

The archivists employed in metropolitan hospitals try to raise awareness of, and ensure that the Public Record Act is upheld wherever possible. However, we all know that this is an impossible task in such large hospitals where we are alone in this mission and employed only part-time.

Conclusion

So what is the prognosis?

We realise that we have little to report that is positive and we fear for the 'health' of records in the public hospital system generally. Hospitals have undergone enormous change and loss of funds over a very short period of time. In this climate, it is difficult for administrators to allocate funds to activities which do not appear to be central to their main function of patient care. We are confident that it could be proven that by implementing sound records management practices, hospitals would be run more efficiently and benefit from cost savings. However, how do we get this message across?

We feel that we have barely scratched the surface with this survey, although the consistency of our findings leads us to believe that the results are indicative of the broader picture. We think that there is scope for a much more comprehensive examination of archive and record keeping practices in Victoria's hospitals and an urgent need for the implementation of education programs for all hospital staff responsible for managing records.

We hope that responsible authorities will take up the challenge.

Women's and Children's Healthcare Network