

A SUGGESTED SIMPLIFICATION OF IN-PATIENT CLINICAL RECORDS

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THE War Office must obtain Clinical Records for statistical and other purposes. These records must be prepared by the M.O.s actually doing the clinical work. The numbers of different forms to be filled in by the Ward M.O. is slowly increasing year by year and is tending to markedly reduce the amount of clinical work he can undertake compared with his equivalent in civilian life.

The Ward M.O. often feels that his reputation and that of the hospital is judged more on the paper work than by the standard of the care and attention given to the patients.

In addition the nature of the present paper work appears to the Ward M.O. wasteful in time, energy and paper and out of proportion to its value. The following are examples of some of the faults in the present system.

- (i) Writing almost identical notes on three different forms, A.F.B. 178, A.F.B. 256a and A.F.I. 1244.
- (ii) In the case of a new patient or a transfer from another hospital; the difficulty of extracting the previous history, investigations and treatment from a mass of illegibly written forms of different sizes and shapes.
- (iii) The time lost in filing these different forms and the ease with which they may become mislaid.

I feel sure that the present system of paper work could be enormously simplified for M.O.s in charge of wards and at the same time be made much more efficient from the point of view of the War Office Records and the Regimental M.O.

All criticism is valueless unless it is constructive. Therefore the following is an outline of my plan:—

(1) No Army form for clinical notes in hospital will be used other than the A.F.I. 1220. The reception M.O. will make a few brief remarks on this form, i.e. provisional diagnosis and instructions to the ward. The ward M.O. will continue these notes, using several A.F.I. 1220 cards pinned together if necessary, as under the present system.

(2) When the ward M.O. wishes to discharge or transfer a patient he will go to the Divisional Office where a clerk will type three copies of a brief summary of the case direct from the M.O.'s dictation, with the aid of carbon papers. The first two copies will be on A.F.I. 1220 flimsies and the third copy on a A.F.I. 1220 card.

The brief summary will be typed under the following headings:—

- (i) *Diagnosis* in the usual place.
- (ii) A brief *History*.
- (iii) A brief summary of the *positive findings*, i.e. physical exam, X-rays, laboratory findings, etc.

- (iv) A brief summary of the *treatment* given, i.e. operations, etc.
 - (v) Briefly *his present condition*.
 - (vi) *Prognosis*, especially noting whether it is likely to interfere with his future efficiency as a soldier.
 - (vii) *Recommendation*, i.e. return to unit or convalescent depot, suggested category, general suggestions of after treatment to unit M.O., etc.
 - (viii) M.O.'s signature and typed name, rank, and appointment. When signed by a specialist it will therefore act as a specialist's report.
- (3) The A.F.I. 1220 card (third typed copy) will be attached to the usual written A.F.I. 1220 and both despatched to the War Office. It will obviously be a much more readable document and in addition better for photostatic work than is the case at present.

(4) The first A.F.I. 1220 flimsy will be kept by the hospital in lieu of the A.F.I. 1224. Particulars such as the next of kin on the present A.F.I. 1244 are not necessary as already recorded on the other documents by the Reception Clerk and Sister in charge of the ward.

(5) The second A.F.I. 1220 flimsy will leave the hospital with the patient in a R.A.F. A.F.I. 1220 type of envelope in lieu A.F.B. 256a; and A.F.B. 178; for retention by the unit.

In my opinion the following advantages would accrue from the above system:—

The records received by the War Office, Regimental M.O. and Ministry of Pensions, etc., would be much better than is the case at present.

(2) The amount of clinical work that could be undertaken by the individual M.O. would be increased.

(3) The clerical work of each hospital would be simplified.

(4) More rapid discharge of patients from hospital, e.g. a very busy or tired M.O. will often be willing to dictate notes whereas if he had to write them by hand on four separate forms he would tend to put it off until the next day.

(5) Much greater speed in dealing with convoys and other sudden admissions of large numbers of patients to hospital. They would arrive with concise typewritten notes on one form instead of an untidy package of many illegible forms of different sizes.

(6) Reduction in War Office printing costs.

(7) Rapid and simple filing of patients' documents on the wards.

(8) A lost record could be easily replaced as two other identical copies are in existence.

(9) The standard of clerks would be improved, i.e. personal dictation from M.O.s would improve their knowledge and spelling of medical terms.

I wish to thank the following officers for their helpful criticism: Colonel W. M. Cameron, *C.B.E.*, my Commanding Officer; and Lieut.-Colonel A. G. D. Whyte, *O.B.E.*, Majors P. J. Collard and P. Seelig, Captain H. F. Page, Lieut. H. Howell-Jones.

[A Committee consisting of representatives of the Royal Navy, the Army and the Royal Air Force is considering the question of the adoption of a system of medical documentation which could be common to all three Services using as a basis of this new system, the present method of medical documentation in use in the Royal Air Force.—Ed.]

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