Clinical and Other Notes

MEDICAL RECORDS IN THE ARMY

BY

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Registrar

(Continued from page 222)

THE UNIT MEDICAL RECORDS SYSTEM

Sir Hugh Cairn’s excellent and able Address should leave no doubt in our minds as to what the purpose and uses of Hospital Medical Records should be. A study of Chart “A” might further stimulate interest in the rôle which medical records play in the general set-up of modern medical administration.

In military medical circles I feel there is need for some concentration of effort to improve medical records. In my experience a patient’s dossier consists for the most part of an untidy and sometimes inconclusive record of his stay in hospital and of treatment given as an out-patient. This is a great pity, for almost invariably the medical case notes themselves are, to my mind, of very high quality, written clearly, concisely and yet with a vast amount of detail. Time and time again I have seen a ministerial or other enquiry adequately dealt with solely on the merits of these notes.

I do hope I have not conveyed the impression that military medical records are in all cases so much behind those in civil hospitals. I am led to believe that in those latter hospitals where the matter is not regarded seriously their records are in fact not equal to ours. The difference rests in the fact that on the whole, the civilian hospitals management committees recognize the importance of having a high standard of medical records upon which so much depends for the efficient administration of a hospital.

These departments are placed in the charge of specially trained staff and experienced staff, but, even so, improvements could not be undertaken without some increase in hospital expenditure. An illustration of what has been accomplished in this direction may be seen in the Medical Records Department of the Royal Hampshire County Hospital, Winchester.

The basic principle of Medical Records is the “Unit Medical Records System.”

This in brief comprises the following:

(i) All notes on an individual patient, however widely separated in time, and however many departments (in-patient and out-patient) have rendered service to him, are kept in one folder. In order to allow for the variations in thickness of the notes of different patients, the folders should be of the
two-boards-with-fastener type. ("Casualty" notes, which are of doubtful value, need not be included if not required for further reference.)

(ii) The notes for each term of treatment appear in a prescribed order, e.g. front sheet, Registrar's summary, progress notes, medication and diet records, pathological reports, X-ray reports, other special reports, social service report, photographs, post-mortem report, correspondence. Simple forms (holed for binding) for each purpose are used.

(iii) All notes are on standard-size stationery (approximately quarto) smaller documents being mounted (in series if there are more than one kind) on sheets of standard size.

(iv) Each sheet contains the basic identification data on the patient to ensure that misfiling risks are minimal.

(v) A single numbering system is employed; the patient retains the number allotted to him throughout his connexion with the hospital.

(vi) A master alphabetical name index of patients is the key to the numerically filed notes.

(vii) A diagnostic index is maintained, so that all notes of patients treated for each disease can be rapidly isolated for medical, administrative or research purposes.

(viii) Records are controlled, from initial registration to final disposal, by the hospital medical records officer, and are issued to and withdrawn from wards, clinics and departments as required, always returning to the central filing system. Notes are not handled by patients. An efficient appointments system for all out-patients is required. The records department should control the registration office, appointments bureau, medical and secretarial staff and the indexing, filing and statistical clerks, and should hold the in-patient waiting lists.

The unit medical record requires some consideration apart from medical records as a whole for it is much more than an improved filing system of a patient's papers. Its necessity would probably never have arisen but for the growth of specialized medicine and of hospitalization, for while the G.P. was able to attend to all, or most, of his patients' needs, the problem did not exist.

The unit medical record has developed as the means of correlating the findings of a given patient, made at different times and by different specialists usually in the same hospital.

The purpose of a unit medical record is not accomplished merely by correlating in a single folder all the data on one patient. Details must be so arranged and prepared so that one may quickly find any particular paper or note among all the others. The general aspect of the case should be available at once without the necessity of search.

The basic arrangement of papers is chronological. The grouping of notes of each type such as laboratory reports and so on seems to destroy as it were the narrative of the case, however convenient it may be to follow progress in
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AREA OR REGIONAL HOSPITAL RECORDS AND STATISTICS

LARGE HOSPITALS.
- MEDICAL RECORDS OFFICER.
- UNIT MEDICAL RECORDS.
- OWN DIAG. INDEX AND OTHER INDICES IF REQUIRED.
- TRANSCRIPTIONS BY OWN STAFF
  - BED STATE RETURNS
  - ADM. & DIS. RETURNS
  - OUT-PATIENT RETURNS

MEDIUM HOSPITALS.
- MEDICAL RECORDS OFFICER.
- UNIT MEDICAL RECORDS.
- TRANSCRIPTIONS BY OWN STAFF
  - BED STATE RETURNS
  - ADM. & DIS. RETURNS
  - OUT-PATIENT RETURNS

SMALL HOSPITALS.
- UNIT MEDICAL RECORDS.
- TRANSCRIPTIONS BY VISITING STAFF FROM LARGE OR MED HOSPITALS
  - BED STATE RETURNS
  - ADM. & DIS. RETURNS
  - OUT-PATIENT RETURNS

BUREAU OF HOSPITAL STATISTICS.

TRANSCRIPTION FORMS.
- CODE
- PUNCH
- SORT
- TABULATE

BED STATE RETURNS.
- PUNCH
- SORT
- TABULATE

ADM. & DIS. RETURNS.
- PUNCH
- SORT
- TABULATE

OUT-PATIENT RETURNS.
- PUNCH
- SORT
- TABULATE

GENERAL SUPERVISION OF HOSPITAL RECORDS.

TRAINING HOSP STAFFS IN UMR SYSTEM
- TRANSCRIBING CODING

CONSULTATION CENTRE FOR M.D.'S

DEVELOPMENT OF TECHNIQUES

STATISTICAL ANALYSIS.

PREPN. OF TABLES AND REPORTS.

MINISTRY FOR ANNUAL REPT. AND PLANNING PURPOSES.

INVESTIGATORS FOR RESEARCH ETC.

MEDICAL SCHOOL FOR MEDICAL EDUCATION.

HOSPITALS FOR ADMINISTRATIVE AND MEDICAL PURPOSES.
Obituary

a given line of treatment. In some cases there are very good reasons to depart from this rule but these are the exception.

Because, no doubt, of the special functions of the Military Hospital for Head Injuries, frequent demands are made to furnish files on patients and many hours are spent to make the files presentable before despatch. As most of the cases have been long-term patients it has been found possible only to arrange their papers in departmental order, such as laboratory reports, X-ray reports, and so on. In one case it took a senior clerk five hours to arrange the papers in this manner.

At this stage someone might argue, where does all this get us? We have managed so well in the past, let us carry on as we have done previously. I really think that if such a person once saw a properly presented medical record this viewpoint would disappear.

(To be continued)

Obituary

Lieut.-Colonel AUGUSTINE THOMAS FROST, O.B.E., M.B.
Royal Army Medical Corps

In Reading on June 1, 1949, Lieutenant-Colonel Augustine Thomas Frost, O.B.E., M.B., R.A.M.C., retired.

Born February 28, 1878, he took the M.B. of the Royal University of Ireland in 1902, and entered the R.A.M.C. July 30, 1904.

Promoted Captain January 30, 1908, Major July 1, 1915, and Lieutenant-Colonel April 20, 1928, he retired January 24, 1933. On retirement he took the Retired Pay appointment in Reading, which he held till December 3, 1948.

During the 1914–1918 war, he served in India and Mesopotamia, being brought to the notice for valuable services rendered and also mentioned in despatches and awarded the O.B.E., British War and Victory Medals.

Colonel Frost was a quiet unassuming officer who was liked by everyone with whom he served. He will be remembered by many as a very competent authority on Venereal Diseases and a painstaking teacher.

Lieut.-Col. GODFREY KINDERSLEY MAURICE, D.S.O., M.C.

At Manton Weir, Marlborough, on June 22, 1949, Lieutenant-Colonel Godfrey Kindersley Maurice, D.S.O., M.C. Born in Marlborough, Wilts, January 15, 1887, he was appointed Lieutenant, R.A.M.C., T.A., June 23, 1912, and mobilized August 5, 1914. He was appointed to a regular commission, as a Captain June 23, 1920. Promoted Major August 28, 1927, he retired with the rank of Lieutenant-Colonel March 24, 1931.