

Nature and Purpose of Local Health Unit Record and Report Systems

Largely by means of excerpts, the author of the concurrently issued Public Health Monograph presents here the main points of her thesis that records and reports are basic elements in any health department operation, that they require the thoughtful consideration and imaginative evaluation not only of those who maintain them but also of those who create and utilize them. On page 1081 the content of the monograph is outlined.

Records and reports represent an important aspect of public health administration. A more active exchange of experience and observations by means of technical papers and critical evaluations would tend to improve and strengthen current practice. The editors of Public Health Reports are prepared to facilitate such an exchange and will welcome receipt of appropriate manuscripts.

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Records aid in promoting continuity of service and provide source material for periodic and special analytical reports. Thus, records and statistical reports may be looked upon as distinct entities: Records are written statements noting facts and events pertaining to an individual or establishment. Reports are accounts, statistical summaries, or statements of relationships of pertinent material obtained from records.

Medical and nursing records in local health departments contain entries of the findings, observations, services given, and recommendations regarding individuals and members of their families; sanitation records contain entries of the findings, recommendations, and action of the health department regarding premises and establishments. These records are used by:

Medical staff to refer to the past history of the individual, to provide a source of data for special epidemiological and other research



Public Health
MONOGRAPH

No. 15

The accompanying summary covers the principal findings presented in Public Health Monograph No. 15, published concurrently with this issue of Public Health Reports. The author now is chief medical record librarian in the Clinical Center, National Institutes of Health. Between 1946 and 1951, she conducted surveys and demonstration projects for the Division of Public Health Methods and the Division of State Grants of the Public Health Service in the organization of record and report systems in local health departments. This monograph, which includes an index and 38 figures illustrating forms, equipment, and systems used by these health departments, presents her findings and recommendations.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and the major universities and in selected public libraries.

Johnson, Olive G.: Records and reports of local health departments. Public Health Monograph No. 15 (Public Health Service Publication No. 285). 92 pages. Illustrations. U. S. Government Printing Office, Washington, 1953. Price 45 cents.

studies, and to furnish materials for resident training and staff education.

Nursing staff to provide a tool for adequate nursing service to the individual and his family and for correlation of nursing services with the services given by other members of the health department staff, to furnish a means of integrating health department services with those of other agencies in the community, and to provide material which will aid in the inservice training and supervision of the staff.

Sanitation staff to provide source material for analyzing program operations, special problems, and personnel activities, and to furnish data for staff education.

Administrative staff to provide a source of information that is necessary for administrative coordination and control of each program, for evaluation of services furnished, for evidence in legal action, and for information to be used in answering authorized requests from other agencies.

Reports measure the services given by the local health department. They are needed to evaluate the general and specific programs of each division of the department in relation to the needs of the community, to determine the problems arising in each program, to direct the programs toward future needs, to analyze services in relation to administrative procedures and costs, to evaluate the achievements of department personnel and the efficiency of each division, to compare activities of the department with the work of similar agencies, and to provide material for public information and health education. Individual and family records form the basis for reports.

Basic Problems

Self-appraisal of record and report systems in local health departments has revealed that existing records and reports frequently are not meeting the health department needs. Staff members are becoming increasingly aware that records and reports serve their purpose only when they meet the specific needs of the administrative, medical, nursing, and sanitation staffs.

The objectives of the organization determine the content and function of records and re-

ports. Content and function, in turn, determine the source of material, the method of recording, the data to be recorded, the number of personnel to be employed, and the systems, methods, and procedures to be developed. To adopt a form or a procedure without considering the preliminary steps breeds confusion and waste. It is just as inconsistent to continue the same procedures year after year without reviewing the objectives.

However, many local health departments have maintained the record and report procedures started many years ago to assist in serving and appraising the programs then in existence. Since communicable disease was the focus of attention, service was directed to the case. Each case was considered an entity, and for some individuals several records were on file. This type of record system is a handicap to the health workers of today because current programs are directing attention to the individual and his family. A longer time period is involved; socioeconomic factors must be considered. The value of a continuous record of services given to each individual is recognized. Reference to these records reveals information on the individual's health history, social and economic problems, previous illnesses, results of diagnostic tests and therapy, and staff recommendations. When the records are not combined, it is difficult for the attending physician and nurse to refer to all records of an individual. There is frequently no way of knowing that the person has been seen or is at present being seen by another staff member. Duplications of service and of diagnostic tests may result; contrary recommendations may be made.

Similarly, the statistical reports that are prepared in many health departments were created and have been developed primarily to obtain a count of services given. The type of report which results does not present the data that are essential today. There is a continuing need to study the objectives of each program to determine the data necessary for evaluating service given and determining service and personnel required.

No health department can satisfactorily adopt the record and report forms or systems of another health organization without analysis of the suitability or usefulness of the data re-

corded for its own purposes. To be of value, records and reports must reflect the programs and objectives of each organization.

Central Administration

In many health departments, each division maintains records and administers what it considers necessary record procedures. One result is that service records are filed in separate locations. In addition, methods and procedures often vary among the divisions, each compiling data for its respective services. Since the sources of the data frequently vary, as do the definitions used, there is seldom comparability of material within a health department. It is not uncommon to discover that two or more divisions in a health department, each compiling its own reports, use different units—activity, case, individual, family—to represent service given. Duplication and waste result from this practice.

In many instances, better coordination of health services and greater cooperation among personnel can be achieved through centralized responsibility, with one person supervising the installation of record and report systems and devising and maintaining procedures.

Essentials of Management

The importance and value of records and reports must be recognized by every member of the health department staff. "Individuals forget—records remember" is the reason for maintaining records. In addition to their use in introducing an individual to the "new" physician and nurse on the staff and in refreshing the memory of staff personnel who have previously served the individual, records are the source for reports through which results—and the reason for results—may be determined.

Directors of health departments are becoming more and more aware of the need for advance planning to develop standards and procedures for record and report systems. Many administrators have appointed a record committee and have designated one person to be in charge of the office of records and reports. These two steps are essential for the proper administration of record and report systems.

The Record Committee

In a large department, the record committee would include representatives of division directors and of the administrative, medical, and nursing staffs; the statistician; and the supervisor of the office of records and reports. A committee with no less than 5 and no more than 10 members seems to achieve the best results. In a small department, the health director, chief nurse, chief sanitarian, and record clerk should be the members of the committee. Regardless of size of department, however, the basic principles and responsibilities are the same.

The duties and responsibilities assigned to the committee may include: study and recommendations as to the need for records and reports, decisions as to the type of statistical summaries which will be of assistance in evaluating the results of service and in the planning of new programs, and decisions as to the specific data which will be of service to the health department staff and to the individual served. Concurrent with analysis of the type of data needed for records and reports, a review of the value of existing records and reports may be accomplished to determine if their use justifies their cost. In addition, this committee may approve all forms used for service records and may formulate definitions of terms used within the health department for recommendation to the director.

The Supervisor of Records

The appointment of one person to supervise service records—to be responsible for the examination of records for completeness and accuracy, the development of methods and procedures for their flow between offices and clinics, the release of confidential data from records, and compilation of reports—represents a concrete step toward coordination of health department services.

The person in charge of reports may conduct special conferences at which the chiefs of divisions may express their need for specific data. Duplications can be eliminated, uniformity established, and more efficient utilization of available facilities achieved. This individual may also be responsible for supervising and

Outline of Content of Public Health Monograph No. 15

Many local health departments have recently studied their record and report systems and have found it necessary and desirable to develop simpler, more effective, and more adaptable procedures. Findings and recommendations presented in Public Health Monograph No. 15, "Records and Reports of Local Health Departments—Criteria and Methods for Organization, Maintenance, and Use," are based on surveys of systems used in 25 local health departments in 8 States and on demonstration projects in a city and a city-county health organization, which were conducted at the request of the State and local health departments concerned. The studies and demonstrations were sponsored by the Division of Public Health Methods and the Division of State Grants of the Public Health Service.

The monograph illustrates a method in which the staff of various divisions of a health department, working in collaboration, critically examine each record and report maintained by the department. This self-appraisal is considered as an essential step in improving the usefulness of each record and in developing a system of records and reports that will meet the needs of all units of the health department. Principles of organization and detailed explanations of the mechanics of recordkeeping are given. The principles and methods described are not dependent on the size of organizations involved; they are applicable equally to small and large health departments.

Application of principles as carried out in a demonstration project—a city health department serving a population of over 500,000—is described

in some detail, beginning with the initiation of the project. Considerations involved in installing the record and report systems are reviewed, with discussion of problems associated with selecting and tabulating minimum data and with establishing an office of records and reports. The record and report procedures followed by each person concerned are outlined.

Supplementing this demonstration area material are six "case studies" illustrative of the greater accessibility, uniformity, and usefulness of local health department records which can be achieved through reorganization. Diagrammatic representations of the systems support the examples, which are:

Case I. Medical and nursing records in a health center in a city-county health department.

Case II. Medical and nursing records in a three-county unit health department.

Case III. Medical and nursing records in a health center in a city-county health department.

Case IV. Sanitation records in a city-county health department.

Case V. Establishing a central index in a city-county health department.

Case VI. Facilitating interchange of information among a health organization's units.

Included in the appendix to the monograph is a statement of basic principles governing service statistics in public health, as prepared by a working group of the Public Health Conference on Records and Statistics in 1951.

training clerical personnel. Central control of clerical services should facilitate the installation of standard procedures and aid in the elimination of duplication. It should also permit greater utilization of clerks by making possible the transfer of employees from one office to another, for example, during the time of the day when there is a peak load in one office and a slack period in another or when an employee is absent from duty.

Meeting Community Needs Economically

Recognition of the adequacy or inadequacy of existing systems is an essential step in determining the need for records and reports. This often leads to clarification of problems existing in the administration of health services and frequently results in coordination, increased efficiency, and economy of services.

Health department services—and, reflecting

these services, their record and report systems—vary with community population and habits, climate and topography, natural resources, and the available personnel, facilities, and functions of other health agencies in the community. The variance among programs in scope and development emphasizes the value of analyzing activities and achievements against

the background of community requirements. Analytical reports, in addition, can serve as tools for the evaluation of performance of staff members, can aid in the study of administrative procedures, and can furnish data essential for informing the community of its resources for health service and unmet needs.

—By OLIVE G. JOHNSON

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