This form calls for a minimum amount of information on service provided the individual and on place of residence and is intended primarily for the information of local appropriating bodies. Certain additional information is compiled for maternal and child health and communicable disease services to be forwarded to the State health department. Reports are summarized once monthly. It is the belief of the Kanawha-Charleston Health Department that with this system professional personnel can obtain adequate additional information by an annual case-record review and by sample studies as the need arises.

Factors facilitating such reviews or studies are:

1. The distinctive color tab affixed to the folder to denote the clinic service or services which permits ready selection of records.
2. All services received by the individual complete in one folder or, if there is no folder, on one card.
3. Simplification of forms and reduction in their number, which reduces the task of extracting needed information.

Comment

Not long after the institution of this record system its advantages became apparent. Almost immediately satisfaction was evinced by all personnel concerned with medical and nursing records. In the 18 months that the new forms and procedures have been in use only minor changes have been necessary. Thus far no serious disadvantages have been found. One of the most important advantages noted is that the complete record accompanies the individual as he or she is routed for various clinic services. As a result, the work flow is smoother and the patient is served more effectively in less time than was possible with the old record forms and procedures. It is true that the index card has proved to be somewhat larger than necessary to record the required information on a substantial number of the patients reporting for service. However, this objection would seem to be overweighed by the advantage of being able to interfile index cards and old records of the same size.

PHR *symposium*

Portland, Maine

Reexamining Health Record Forms

By EDWARD W. COLBY, M.D., M.P.H.

RECORDS AND STATISTICS go hand in hand, but since records are the source of statistics, they are basic. If these basic records lack in quality, the conclusions drawn from them will be that much less valuable.

But however anxious we are to have usable records and the statistical data derived from them, to a goodly number the recording of information is a chore to be avoided. Why? Lack of time? Yes, to some extent. Lack of interest? Undoubtedly. Too much detail may require too much effort or the recordkeeper may discern no useful purpose for the information. Recording of information and data, unless carefully tended, may easily become merely a matter of habit. Like garbage, record procedures and forms must be reviewed and removed often to keep them from becoming obnoxious.

Change in Emphasis

It is generally agreed that records should be maintained for the purposes of: (*a*) providing the best possible service to individuals and fam-

ilies; (*b*) program planning; (*c*) more efficient program operation; and (*d*) program evaluation. In too many instances, however, records are maintained for justification—the accounting for time or the accumulation of impressive figures. The perpetuation of this fault cannot be blamed solely upon those in the profession. It must be shared by those to whom we may be responsible—the public at large, mayors, managers, councils, and boards.

To change this superficial approach to record-keeping, the health department must, perhaps, present public health to these groups in more solid and understandable terms, concentrating upon the substance from which these data are derived.

Many lengthy discussions have taken place as to how to record and account for certain activities. Consider nursing visits, for example. To the individual, family, and community served by the visit, the activity may be of major importance, as in the instance of an initial followup visit to a tuberculosis suspect. Yet when that particular visit is cumulated as a part of total "nursing visits" in an annual report, it becomes just another numeral and has no particular significance to the community.

How much would be lost if we discontinued accounting for such items as number of nursing home visits and substituted the number of nursing hours devoted to home visits, to school or clinic service, or to other special activities? This information, when related to the numbers of individuals served, would be of much greater significance to everyone. True, a long chain of precedence would be broken, for never again would that particular service be able to make a comparison with another agency on an annual basis of numbers of nursing visits alone. (If for some particular reason the number of visits were necessary, sampling would provide these data.) Are nurses employed for the number of visits they are to make or are they employed to give a certain number of hours of service per week? The answer is obviously the latter, and it is the only basis, particularly in a generalized service, upon which performance accounting is at all valid.

Dr. Colby has been health director of the Portland City Health Department in Maine since 1950. Previously he was director of the division of communicable disease control of the New Hampshire State Department of Health. Dr. Colby received his medical degree from the Albany Medical School in 1939 and his master of public health degree from the Harvard School of Public Health in 1947.

Standardization

Despite many statements to the effect that "standardization of forms and records is not possible because of the variation in program emphasis from one community to another," it is my personal contention that appreciable standardization is possible. The principles of public health are basically the same the country over, and in spite of varied emphasis standardized record forms could be used to considerable advantage. Perhaps the difficulty involves not only standardization of record forms but also the companion need of uniform nomenclature. More uniformity is possible. Witness the increasing acceptance of the Public Health Service recommended eating establishment and milk ordinances and codes, the national plumbing codes, and many of the service records relating to these. To some extent standardization has been accomplished in certain nursing records. The Public Health Service has promoted a certain degree of uniformity in tuberculosis and venereal disease service records, but much more can be accomplished in this respect.

Nearly 20 years ago the American Public Health Association's Committee on Administrative Practice named a Subcommittee on Record Forms whose "purpose was to encourage the development of a satisfactory system of records for city health work." The workable forms drafted by the committee were edited by Walker and Randolph and published under the title of "Recording of Local Health Work." That volume outlined basic principles concerning forms and records applicable to the programs of that day, and it has remained about the most complete reference on the subject.

A valuable aid to many local health departments, small or large, would be a central reference source from which could be obtained sample records manuals with forms and informa-

tion regarding types of records systems. Many commercial distributors of business forms and methods seem to be of little assistance in adapting their systems to the needs of public health, although it would seem a simple matter to devise stock forms for public health similar to those available for private physician, dentist, and hospital records.

Records in Portland

The Portland health department's concern with a review of its records and records procedures began approximately 3 years ago, with a reorganization of the department. Most of the record forms of the department had been in use for an extended time. In many of them, items were being recorded as a matter of course without any particular knowledge of how the information could be used. Reasons for this were evident. The staff had not been indoctrinated in the use of the particular forms; it did not have the benefit of periodic review of forms, and no forms-use manuals existed.

For the two reasons, economy of staff time (work simplification) and to obtain more meaningful statistics for program planning and community education, a records review was undertaken. Because of the magnitude of the problem, it was decided to concentrate upon nursing and medical service records as the first step. A short-term loan of a Public Health Service records consultant was obtained to advise and assist. Following the basic step of a general study of the record forms procedures and files, a staff committee was appointed, and all proposals were discussed with the committee at frequent intervals. This procedure served not only to reconcile differences of opinion, but also served as inservice training.

Procedural Revisions

A summarization of accomplishments illustrates the value of such a study. Much time and effort have been saved by procedural revisions: transfer of certain phases of the recordkeeping process from nurse to clerk; rerouting the flow of records; redesign of work sheets and cumulative reports; and joint participation of clerk and nurses in certain preclinic records preparation. As an example, it was estimated that formerly at least 8 percent of the total staff nursing time, the equivalent of one nurse's time, was used in the keeping of other than service records. The time now required has been reduced to but a small portion of the previous figure. The elimination of miscellaneous registers containing information on record elsewhere was in itself a timesaver.

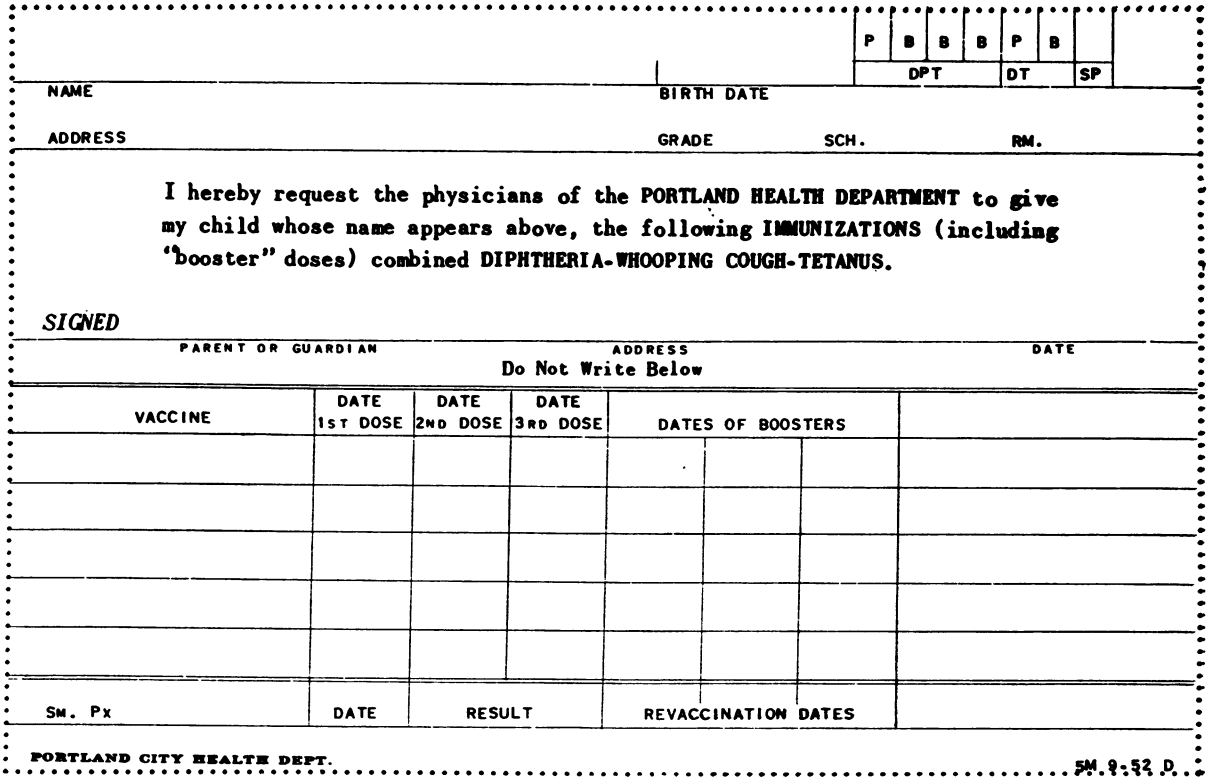
As planned, this study is only one step toward an eventual complete overhaul of records which will result in even greater economies of time and the accumulation of more valuable statistics. Long-range planning anticipates the use of mechanical tabulating procedures such as "mark-sense" records. These will enable the health department to accumulate administrative and service statistics with a minimum of extra effort. To this end, the department's basic record review and simplification process is an essential interim step. Many of the resulting records are intentionally designed for temporary trial and error use before final adaptation to mechanical tabulation forms.

The benefit of procedural revision was clearly demonstrated after a system of hand-sort punch cards was installed for recording and analyzing vital statistics. Prior to its use approximately 2 months were required to assemble and tabulate data for the annual report. It now takes approximately 2 weeks for the same procedure.

Single Immunization Record

A single immunization record was developed which permanently records the parent's signature giving consent for both primary immunization and "booster" doses. This same record also provides for an individual's chronologic history of all immunizations. This one card replaces at least three record forms maintained for separate immunization procedures. In arranging for school immunization clinics, this record avoids the further necessity of preparing and sending home to parents separate consent slips when "booster" shots fall due.

Besides saving the costs of the several different immunization forms and consent slips and the time spent in processing all of these, this innovation also eliminated three separate immunization registers. Information recorded in these latter was actually a duplication of data already recorded on separate cards.



P B B B P B
DPT DT SP

NAME BIRTH DATE

ADDRESS GRADE SCH. RM.

I hereby request the physicians of the PORTLAND HEALTH DEPARTMENT to give my child whose name appears above, the following IMMUNIZATIONS (including "booster" doses) combined DIPHTHERIA-WHOOPING COUGH-TETANUS.

SIGNED

PARENT OR GUARDIAN ADDRESS DATE

Do Not Write Below

VACCINE	DATE 1ST DOSE	DATE 2ND DOSE	DATE 3RD DOSE	DATES OF BOOSTERS	

SM. PX	DATE	RESULT	REVACCINATION DATES	

PORTLAND CITY HEALTH DEPT. SM. 9-52 P.

New Immunization Record Card

Master-Location File

The establishment of a so-called master-location file within the sanitation unit combined records housed in many separate files. This is a general resource file for information on premises, other than those of special classification (restaurants, bakeries, and pasteurization plants). In this file, in individual 8½- by 11-inch folders arranged alphabetically by streets and street numbers, are kept all records and correspondence pertaining to a particular address, housing sanitation original inspection reports, the resultant orders issued, exchange information from fire, electrical, building, public works, and other departments. These folders contain extensive chronologic histories and, to avoid loss of papers, since they are used by several persons, a patented "corner clip" affixed to the folder binds them in place, yet makes removal and insertion a simple matter. This combination has eliminated a number of different sized card and record file cabinets and the consequent number of places to search for information. It takes no imagination to realize the savings in time and patience resulting from the use of this centralized-file procedure.

Within the current year the city of Portland has been officially divided into census tracts for the first time. Henceforth, the health department will be able to relate sanitation and nursing services to population and environment, the more effectively to evaluate service as well as to plan future program requirements.

To those who may be concerned with the development and use of records, these simple suggestions are made:

1. Plan carefully.
2. Design simply.
3. Pretest if possible.
4. Seek assistance from practical consultants.
5. Make friends with a good printer.
6. Develop a forms-use guide.
7. Review periodically and revise when indicated.