Mr. Fenn

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MEDICAL RECORD COMMITTEE - MINUTES
January 25, 1956

MEMBERS PRESENT: All members of the committee were present.

The regularly scheduled meeting of the Medical Record Committee convened in the Chairman's Office on Wednesday, January 25, 1956 at 4:00 p.m.

The Minutes of the December meeting were approved as written.

Dr. Dahl announced that the Dietary Record, designed by this Committee, became effective on January 24, 1956.

The members again reviewed the proposed Isotope-Radiation Summary Record. After much discussion a decision was made to avoid differentiation via format between radiation given at Brookhaven National Laboratory and elsewhere. Instead the record is to be maintained in strict chronological sequence (by date) as a perpetual summary. Therefore, when an entry is made the physician will designate in writing the place where radiation was administered if other than Brookhaven. A decision was also made to insert the word, "Cumulative" in columns 6 and 8. The Committee recommended that the Form, as revised at this meeting, be mimeographed and distributed prior to the next meeting. The Hospital Staff will be informed of the inception of this Form, its purpose, and their responsibility in maintaining such a perpetual summary. After a reasonable trial period, during which criticism by the Staff will be encouraged, the Form will be re-evaluated by the Committee.

The members next examined and discussed the revision of Part I (admission data) of the Face Sheet. This Form was accepted as presented, is to be mimeographed and distributed as soon

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as possible; meanwhile, the medical record librarian is to continue redesigning Part II, Clinical Section, and present it to the members at an interim meeting.

Dr. Dahl requested a report from Mr. Finn in regard to messenger service. Mr. Finn stated that the problem is not solely a local one in the Medical Department; therefore, it is being considered with the problem of handling all mail service within the department ~~and resolved as an issue common to all BNL Departments~~. He volunteered to give a definitive report on this issue at the February meeting of the Medical Record Committee.

Dr. Dahl stated that Miss Harrison had suggested maintaining a Master Unit No. Control Book in one central office, preferably the Clinic where all patients are first screened. Its general format, reasons for, and value of, were presented by means of a graphic chart. A decision was made to adopt such a Control Numbering Book at Brookhaven. Entries are to be retroactive to January 1, 1956.

Mr. Finn then stressed the need for establishment of certain indices at BNL in order to maintain requirements of Accreditation as well as to serve the hospital better. He emphasized the necessity for developing these indices as quickly as is feasible. Particularly in view of the enormous backlog of clinical data accumulated in the past 5-6 years, he recommended that a specific portion of the medical record librarian's time and efforts be allocated daily to this function and further that no peripheral medical record activities of the Medical Department be allowed to infringe until these indices have been satisfactorily completed.

Miss Harrison stated that the following indices

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are required: (a) Patient Index, (b) Disease Index. (c) Operation Index, (d) Physician's Index. In addition she stated that an Isotope Index ~~must be developed in this particular type of Research Hospital.~~ is desired. The current status of these indices at Brookhaven was given and is repeated below:

a. Patient Index	4 such name files exist - up-to-date
b. Physician's Index	CY-1955 up-to-date; none for previous 5 yrs.
c. Disease Index	CY-1950 completed; none since
d. Operation Index -	None
e. Isotope Index	None

Miss Harrison stated that the 4 alphabetical name files need to be consolidated into one Master Patient Index but did not feel that this project should be undertaken until the backlog of work on other indices is completed. The individual cards in the Physician's Index for 1955 were shown and comments resulted in 2 recommendations:

1. Not only the name of the primary physician-in-charge of the case should be posted but also the name of any associated physician who was involved in the basic clinical care of the patient or research thereon X
2. For all physicians currently on the Staff make posting retroactive to the opening of the hospital.

A few general remarks on indexing were given by Miss Harrison. She pointed out that although Brookhaven must consider the requirements of the various accrediting agencies and the necessity of providing hospital clinical statistics to various local, state, and national organizations, the Staff must consider basically its own local purpose and needs. Because of the relatively low patient load in proportion to the total number of admissions-discharges (e.g. approximately 400 patients to-date and 700 discharges), she

recommends simple indexing requiring a minimum amount of time in posting and devoting more time to assisting physicians in abstracting desired data from records and preparing such data in various ways for use by the physicians. The simplified index should make provision for future expansion, however.

More specifically, Miss Harrison told the group that in the establishment and maintenance of the indices BNL must evaluate such factors as:

1. Total number of calls on the indices per year
2. Type of call such as:
   a. List of diagnoses for study (e.g. pull ALL hypertensive cardiovascular disease cases without any limitation otherwise)
   b. List of certain procedures (e.g. ALL lumbar punctures or thoracenteses without any limitation
   c. Statistical counts only of diseases entities, treatments, procedures
   d. Number of requests for search of individual cases
3. How often is various descriptive data necessary in the selection (e.g. age, sex, length of stay)
4. Number of requests for pathological, roentgenologic, photographic data
5. Number of requests for specific multiple diagnoses or associated diseases
6. Should "Supplementary Terms" (manifestations by SNDO) recorded on Face Sheets be posted to indices?

A proposed 5 x 8 disease index card was submitted but due to insufficient time very little lucid discussion was possible. Accordingly, the Committee suggested informal talks between the individual members and the medical record librarian in regard to coding and indexing prior to the next meeting. This subject will also be placed on the agenda for the interim meeting which will be called by the Chairman.

The next regularly scheduled meeting will be February 29, 1956 at 4:00 p.m. in the Chairman's Office.

The meeting adjourned at 5:20 p.m.

Respectfully submitted,

/s/ AMANDA L. HARRISON
Secretary

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