

*W. J. ...
for 10/30/57***JACS - Standards for Clinical Laboratories in Hospitals**

Section: Records and Reports - Although there have been no arbitrary regulations adopted relative to the details of keeping laboratory records, all reports of findings should be filed and cross-indexed. The following filing system is suggested:

1. Requisition for work desired - This form should be applicable for all examinations.
- R* 2. Report of findings - This is required to be made in duplicate, one copy to go to the patient's file, the other to remain in the department.
3. Daily, monthly and annual reports - not applicable to discussion
4. Filing of reports - Usually the vertical folder and cabinet are used for the filing of the report, arranged alphabetically or according to the patient's number.
5. Cross index - Many methods of cross-indexing laboratory report are in vogue. A good system makes it possible to find data by name and by number and provides the necessary grouping of types of examinations and findings.

Another Bulletin dated August 1957, No. 15 has these comments re lab work:

"Oral requisitions for laboratory work are not condoned. Requisitions may be made out by the nurse but there should be an original order for the procedure, signed by the physician. This order should either be on the patient's medical record or in the physician's order book."

Also in same Bulletin - "Besides supervision and competence of personnel, the hospital laboratory is evaluated on the basis of the adequacy, speed and completeness of its laboratory service. All reports should be signed and filed in the patient's record. DUPLICATE COPIES should be filed in the laboratory."

The Medical Research Center
Brookhaven National Laboratory
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REPOSITORY *Records Holding Area Bldg. 494*
COLLECTION *Meetings / Minutes / Agendas*
BOX No. 3
FOLDER *Medical Records Committee*
1955 - 1968

1180335

For MRC Members on 10-30-57

The monthly meeting of the Medical Record Committee was held in the Chairman's Office this date. All members were present throughout the hour.

I. OLD BUSINESS:

A. Short-Stay Form - Presentation and Discussion of Second Draft:

1. Mr. Finn reported from Dr. Parr that authorization for re-admission of a Research patient was not legally necessary so that portion of the draft was deleted.
2. Re-write that section to include only a statement signed by the patient indicating the accuracy of previous sociological data; specific dates to be used in reference.
3. Have the draft mimeographed and issued as a temporary Form to be re-evaluated before final printing.

B. Authorization Form for Admission of Industrial Medicine Patients:

1. Committee's decision of 3-13-57 was reversed (in part); namely, no special or separate Form now considered to be necessary because:
 - a. Total number of cases per year is too low to justify effort and expense
 - b. Special Form for all Workmen Compensation Cases must be used anyway
 - c. The sole concern of BNL is that the patient understands his financial responsibility and agrees to assume such financial responsibility.
2. Decision was made to prepare only a brief statement which would indicate the financial obligation of the patient.
3. This statement will be typed or stamped on Form 1165 (Part I, Face Sheet) under "Special Information" for this category of inpatients.
4. The responsibility for carrying out this policy will be that of the Admitting Clerk.

C. Arrangement of Chart at Discharge and Chart Dividers:

1. Members approved outline as submitted (see attached).
2. Outline will appear in each inpatient's record.
3. This will not be effective until all equipment and supplies necessary for the conversion of the Research files are on hand and adequate personnel assigned to the task.
4. Vari-colored, 1/5th cut chart dividers were shown and rejected.

5. Retain the 1/5th cut positions, however.
6. First position will be in one contrasting color and will mean "outpatient record."

D. Revision of Laboratory Report Forms:

1. Recommendation was made that the Chairman of this Committee consult with the Chairman of the Laboratory Services' Committee regarding cooperation between the two groups in this undertaking.

II. NEW BUSINESS:

A. Care of research outpatients in the Clinic:

1. In view of the adequacy of current facilities and staffing in the Clinic, it was agreed that all services to a research outpatient should be administered in the Clinic per se. Specifically, this includes injections (e.g. insulin) and minor surgical procedures (e.g. phlebotomy) heretofore performed on the wards.
2. Isotope administrations and x-rays constitute known exceptions at this time.
3. Dr. Love will request temporary extra nursing services as and if needed to effect this policy.
4. The above action should provide for more complete and accurate clinical recording and also keep so-called legal hazards at a minimum.
5. Dr. Dahl urged that members remind other Staff members of the requirement for a complete diagnostic workup on each applicant for research study and/or treatment.
6. Also Staff members should be reminded not to take charts away from the Clinic unless brought directly to the area of the Medical Record Office for dictation, etc.

The next regular monthly meeting will be Wednesday, January 29, 1958 at the usual time and place.

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Respectfully submitted,

/s/ AMANDA L. HARRISON, RRL
Secretary

ARRANGEMENT OF RESEARCH MEDICAL RECORD FOR PERMANENT FILING

Data is arranged chronologically from the earliest date forward, inpatient and outpatient findings being sequentially filed as evidenced by chart dividers.

Being perpetual records, the Isotope-Radiation Summary and Dietary Record are pulled forward to their proper positions for each new admission.

I. MEDICAL SECTION

1. 3-Part Face Sheet
 - a. Part I - Sociological Data
 - b. Part II - Clinical Summary by topical outline
 - c. Part III - Isotope-Radiation Summary
2. Autopsy Protocol, including postmortem photographs
3. History and Physical Examination
4. Progress Notes
5. Consultations
6. Discharge Summary
7. Laboratory Reports
8. X-rays
9. Special Tests, Studies, Procedures as:
 - a. Electrocardiograms
 - b. Sight-Screener & Audiogram
 - c. Miscellaneous reports; e.g. handwriting samples
10. Pathological Reports from BNL only
11. Dietary Record

II. SOCIOLOGICAL SECTION

1. Correspondence including abstracts (BNL and other hospitals)
2. Authorizations, releases, permits
3. Clinical photographs

III. NURSES' SECTION

1. Special Graphs
2. Temperature & Pulse Charts
3. Doctor's Order Sheets

- IV. NURSES' NOTES - Form No. 660 - filed in separate folder which is available on request