

Integrated Medical Records - Proposal

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This proposal is one possible solution to deal with the problem of having multiple medical records for patients, notably the records maintained by outpatient clinics such as Herzl, Oncology, Psychiatry, and other hospital departments. These departments maintain their own charts, entirely independently of the official hospital U-chart. Access to these charts especially outside of regular working hours is difficult, and can even be dangerous, for example when patients are seen in the emergency.

Departments which maintain their own records often have excellent reasons for doing so. Oncology, for example, needs immediate access to results of lab tests and other investigations, and cannot wait for this data to be filed in the hospital chart. Psychiatry is located outside of the main hospital, and the logistics of transporting charts between two different buildings would be problematic. They are also concerned about confidentiality of medical records.

The proposed solution attempts to meet these needs, by providing for large clinics to continue to have their own facility for charts, and to have the charts they use right at hand. It will also eliminate duplication of charts, thus obviating the difficulty of keeping multiple charts synchronized.

Essential Elements

- Outpatient data will always be kept in a separate folder (tome) from hospitalization information.
- For patients of Herzl, Oncology, etc., the outpatient data tome will be physically kept in the clinic where the patient is seen most frequently.
- Inpatient data tome(s) will continue to be physically maintained in central medical records.
- Existing charts in Herzl, Oncology, etc. will be integrated into the official outpatient tome.
- Outpatient tomes for patients who are not followed by any clinic which currently maintains its own charts, will continue to be kept in central medical records.

Desirable Elements

- In order to make such a system work smoothly, the personnel looking after charts in Herzl, Oncology, etc. should ideally be part of Medical Records. This will help ensure adequate training, supervision, and quality assurance, with the goal of meeting hospital-wide standards for chart completeness, integrity, and availability, as well as confidentiality of patient data.
- Medical Records personnel should be available 24 hours per day, with full access not only to central records but also to the outpatient charts stored in Herzl,

Oncology, etc., to ensure that services like the Emergency Room can obtain charts in a timely fashion.

- Lab test results and discharge summaries can be printed out at the location (ie Herzl, Oncology) where the outpatient chart is kept, to facilitate and speed up filing.
- Copies of discharge summaries should be kept in a separate section of the outpatient chart.
- Each location where charts are kept should be provided with bar code readers so that checking charts in and out can be semi-automated.
- Outpatient charts should be identified, perhaps by colour-coded folders, both to identify them as outpatient charts and to indicate their customary location.

Advantages

- No duplication of information, thus no possibility of charts becoming unsynchronized.
- A single chart is cheaper to maintain.
- Users are more likely to have all the information about a patient available if it is all in a single chart, even if it consists of more than one volume.
- If the outpatient tomes contain copies of discharge summaries for inpatient admissions, these tomes will contain all the information most chart users are likely to need.

Disadvantages

- Switching over to such a system requires a large labour outlay initially to integrate the outpatient charts from Herzl, Oncology, and other clinics, with the U-charts, and to separate U-charts into individual outpatient and inpatient tomes.
- Herzl, Oncology, etc. may need more storage space for charts, since they will have the entire outpatient chart for each of their patients, not just their own chart.
- Accessing a complete chart will often require deliveries from two locations. However, this will be a complete chart, as opposed to having an outpatient chart which has no information from Herzl or Oncology.