Medical Record: A Supportive Service
A student working on a research project about malnutrition needs to know whether such cases were seen at VHUP during the last year. This may appear to be a task involving a lot of record searching, and in previous years this would have been true. Then all diagnoses were recorded on Termatex cards, a coding system punched on cards. To obtain information the researcher had to examine cards to find the relevant patient files.

Now the researcher contacts Rosanne Hinrichs, director of medical records at VHUP, who, together with her staff of three, instituted a computerized medical records system at the hospital. All it takes is to pose the question to the computer and in minutes a print-out listing all the cases, the specie, and the discharge status appears. It shows that the cases of malnutrition seen at VHUP during the last year occurred primarily in exotic animals. Armed with the case numbers the investigator can do further research and examine each patient file.

Four years ago, when Mrs. Hinrichs, an Accredited Records Technician, came to VHUP from the Department of Ontpatient Medicine at HUP, medical records was a complicated system where records and cross references were kept in different places. "We found that the old system, where a new case number was assigned to the patient each time it was admitted, could not handle the growing case load," she explained.

The new system is patterned after the medical records system used in human hospitals. Each animal is assigned a six-digit number which is used for all subsequent visits and the records are kept together under this number. "This provides continuity of care, it considers the animal as an entity and makes it easier for faculty and researchers to obtain information," Mrs. Hinrichs said.

The computer program which replaced the key punching and much of the manual record keeping was developed and written by George C. Farnbach, V.M.D., Ph.D., assistant professor of neurology. It was designed to meet not only the record keeping needs of the hospital but also the research and teaching requirements. The program, which is not a particularly large one, allows for storage of information on 800 diseases and disorders, each coded with a number.

It is not in its final form. "We get input from the staff," Mrs. Hinrichs said. "We continually ask what is needed in terms of information, and we upgrade the system as the needs are discovered."

The system permits many uses, such as determining the number of cases of fracture, infection, viral disease, and the like. It can be helpful in determining whether an outbreak of a disease is occurring in an area, or in a particular specie.

To ensure that all the required data reach the computer, a two-step procedure has been instituted. When an animal is admitted, information such as species, sex, age, owner's name, and so on, is recorded on the admission form and a plastic imprint card with the patient number is prepared. This initial information is fed into the computer when the record comes to medical records after the visit. The record, which also contains information about the illness, general condition of the animal, treatment, laboratory test results, and other findings, is not filed until it is completed by the clinician in charge who records the diagnosis and the discharge status. Then the record is coded, the diagnosis and discharge information are added to the computer records, and the file is placed in storage. Under this system files can be located quickly. Currently there are 60,000 files in the medical records office on the second floor and each year about 18,000 are added. Mrs. Hinrichs explained that the computer records are up-to-date, enabling researchers at the school to obtain current information on the nature of cases seen.

Medical records is responsible for having available the records of animals that come in for repeat visits. Such records are pulled the day prior to the visit when the medical records office receives the appointment schedule. In emergency cases, when an animal comes in during the night, records can be pulled because the emergency service has access to them. Incomplete records, where the final diagnosis has not been recorded, are kept track of through a card system. Clinicians are reminded periodically to complete a record so it can be coded and filed. "We get good cooperation from the staff. They know that records can be located quickly and that they are available to them," Mrs. Hinrichs said. "Under the old system they often kept the records in their offices and it was very difficult to locate specific files."

Medical records is a supportive service. The hospital is here to heal. We make it easier by having the data available when needed. We are a clearing house for information.