Support Services

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Medical records in Israel

Complete and accurate medical records are essential to the work of any health service. The organization of a comprehensive medical records service is, however, not without its problems, as experience in Israel has shown.

Many physicians and other members of the medical team are insufficiently aware of the importance of keeping medical records. As used in developed countries with high standards of health care, such records fulfill the following main functions.

— They provide a basis for the planning of treatment, including continuity of care.

— They facilitate communication between the physician and specialists and others concerned with the patient’s well-being.

— They provide an ongoing account of the patient’s medical problems and illnesses, the treatment given, and the results of treatment.

— They provide documentary evidence on questions involving the legal rights of the patient, the treating physicians, the medical team, and other professionnal staff involved in health care.

— They provide valuable material for epidemiological studies, evaluations of treatment, research, and training.

Training

In Israel, the day-to-day handling of medical records is usually entrusted to specially trained professional staff, namely medical secretaries and medical records officers.

The training course for medical secretaries comprises 380 hours of lectures. Before going on to a higher qualification, they must gain two to three years’ experience in a recognized medical institution under the professional supervision of a medical records officer. The course for medical records officers comprises 600–650 hours of lectures, in addition to various projects and practical exercises. Courses of both kinds are held by professional training establishments, and in-service training is also available.

The training curriculum is subject to approval and close supervision by the Ministry of Health. The language of the courses is Hebrew, but medical terminology, anatomy, physiology, and pathology are taught in English as well, so that the students can use English-language dictionaries and the International Classification of Diseases.

Professional Organizations

Progress in the area of medical records in Israel led in 1967 to the foundation of the
Association for Medical Records Officers, which now has nearly 200 members. In 1968, the Association became a member of the International Federation of Health Records Organizations. This Federation, which is one of the nongovernmental agencies in official relations with WHO, brings together medical records organizations from more than 20 countries and holds a congress every four years. Its main aims are:

— to provide a means of communication between persons working in the field of health records and health record management in all countries;

— to advance the standards of health records and health information management in hospitals, dispensaries, clinics, community health centres, and all areas of primary health care;

— to develop and promote techniques for the efficient use of health information, not only for present and continuing patient care, statistics, research, and teaching, but also for disease prevention and health promotion; and

— to provide means for the exchange of information on educational requirements and training programmes for personnel concerned with health records and health information management in all countries.

**Classification of Diseases and Retrieval of Information**

Apart from the handling of numerous medical records for both in-patients and out-patients in connection with treatment, follow-up, and continuation of care, medical records officers deal with the coding and classification of diseases and procedures in medicine.

In 1982, Israel adopted an American clinical modification of the ninth revision of the *International classification of diseases* (1). This adaptation (usually referred to by its abbreviated title ICD-9-CM) makes it possible to classify every existing disease, operation, or procedure in medicine according to a four or five digit code suitable for electronic data-processing, thus facilitating planning, assessment, and research in (or on behalf of) health and medical services. Most of Israel’s hospitals will, it is hoped, be directly on line to the ICD-9-CM system. The coding procedures require special professional skill and knowledge and are taught in the courses for medical records staff.

Unfortunately, disease coding and classification are at present used in Israel only at in-patient facilities. The processing of medical records has not progressed as much as might be desired in the out-patient services, mainly because of a lack of demand on the part of physicians and a shortage of professional medical records staff. Most services for ambulatory patients, such as polyclinics or consultants’ clinics, maintain a rather simple medical records system, from which little information can as yet be extracted. Yet most of the country’s medical problems are dealt with by these services, which are attended by more than 90% of the population. The urgent task of updating and centralizing the records for out-patients will require a very big increase in medical records staff.

**Tasks of the Medical Records Officer**

The medical records officer holds a key position in any health or medical service. His first task is to collect, prepare, and present medical information; indeed, he is the principal channel through which such information is passed on to the management of the service. He is also administratively responsible for the Department of Medical Records and Information at the institution to which he belongs. He works in close cooperation with legal advisers and lawyers, preparing medico-legal documents in accordance with the policy of the institution, as
well as certificates for the national insurance body, the police, employers, and the military authorities. In some instances, he may be called upon to present medical files in court.

The National Medical Records Committee

To encourage the keeping of proper records at all medical institutions in Israel, the Director-General of the Ministry of Health appointed a National Records Committee in 1983. The main task of the Committee is to propose standards and procedures to the Ministry of Health for application by all health and medical services and eventual inclusion in the national health ordinance. The Committee, which consists of specialists in medical records (physicians, records officers, lawyers, and nurses), meets once a month.

As long ago as 1977, the Director-General of the Ministry of Health requested that a medical records committee be set up in each hospital. Most hospitals have complied with this request, with a consequent gain in the efficiency of their records systems.

Storage of Medical Records

Every medical institution, whether for out-patients or in-patients, stores its records in a special archive. Each record carries the number or code assigned to the patient at the first contact.

Every inhabitant of Israel is given an eight or nine digit identification number at birth or at the time of immigration. All persons over 16 carry identity cards, and children's identification numbers are entered on their parents' cards. Each person's medical form bears his or her number, and the medical records are filed according to a colour-coded terminal-digit system. A patient's file can easily be retrieved by giving the records clerk the relevant identification number.

This system has its negative as well as its positive aspects. Since, by law, medical records for both in-patients and out-patients have to be kept for a minimum of 25 years after the last visit, and those for deceased persons for seven years after the date of death, the records take up an increasing amount of space. New archives have had to be opened, and the task of retrieving records for patients who have not visited the doctor for some time has thus become more complicated.

New buildings being out of the question for financial reasons, one obvious solution to the problem is to microfilm all records, filing them under the same identification numbers. However, for the moment there are not enough funds for this to be done on a countrywide scale, particularly as the services of specially trained teams would be needed.

An alternative would be to computerize the existing medical records or at least to computerize individual records when the patients are discharged. This would require careful planning and programming by specialists, and the expense of installing facilities for electronic data-processing in all medical records departments would not be very welcome at the present time of financial constraint.

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The collection, updating, accurate compilation, and timely handling of medical records can be accomplished only through a concerted effort by all users, in particular the physicians and other members of the medical team looking after the patients concerned. In Israel, as elsewhere, one frequently hears professional health workers echo the old refrain "We aren't clerks", but it cannot be too strongly emphasized that the correct recording of data at the time of each patient's examination and treatment is essential to all medical activity and particularly to the continuation of care. Good record-keeping serves as a "memory" for every practising physician, whether he works in a small clinic or a large university hospital.

REFERENCE