# *The use of a home record card for permanently housebound patients*

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*The need for a home record card*

The clinical records of patients who are never able to attend the surgery often leave much to be desired; a home medical record card may overcome this problem.

In practices where the medical record envelope is taken by the doctor on his rounds, the practice secretaries are responsible for producing them for all new visits requested. When revisits are made over a short period of time, the record may be retained by the doctor in his bag or car. Over longer periods the follow-up visits may go unrecorded, and in the case of the permanently house-bound patient, there may be no entry made in the envelope at all. In an effort to remedy this situation over the past five years, I have made an attempt with the co-operation of my partners, to introduce a home record card. It is similar to the widely used ante-natal co-operation card, where a record is kept in the possession of the patient, and used by hospital, midwife and general practitioner.

*The format of the record card*

The card used is simply an executive council continuation card (EC7 or 8). This is issued inside the unsealed envelope which the executive council issues for the ante-natal cards, with the wording slightly amended. At the top of the record card a three or four line summary of the main diagnoses or clinical problems is recorded (suitably edited in case of perusal by the patient), followed by a brief note of the present clinical state and current treatment. From then on the card is used exactly as if the patient were attending the surgery (and an entry recorded at each visit. Such a card may last, on average, one to two years; when full it is placed in the medical record envelope of the patient, and a fresh one made out by copying the summary (brought up to date) on to the top of the new card. It would be possible to issue a separate summary card such as an EC7a or 8a, or record the summary on the back of the envelope, but this we have not yet tried. To indicate that a home record card is in use, the record envelope at the surgery is tagged with the appropriate partner's initial.

*Advantages*

(1) Full clinical records are kept—an ideal not otherwise easily attainable.

(2) In an emergency, at night or weekends, full clinical records are available to the doctor on call, at the patient's house.

(3) The tagging of the record envelopes at the surgery creates a full register of the house-bound patients, which is obtainable at a glance. It also makes easier the individual responsibility of each doctor for his own house-bound patients. If a request for a visit is received during routine visiting hours, it can be seen from the tag who has care of the patient; otherwise new visits are shared out on the basis of one doctor for each disease episode. This system provides for one of the groups who need it most.

(4) It has increasingly led to the active sharing of the care of the patient with the district nurse, where she is in attendance. She keeps her record in the same envelope and finds our records of great help in her assessment of the patient's progress and in stimulating her interest.

(5) In the event of patients going to stay with relatives, entering hospital, nursing or convalescent homes, they are told to take the record card home with them, for the benefit of the new medical attendant. Many remarks have been expressed on the usefulness of this card. (The only problem has been that it has often proved difficult to persuade hospitals to relinquish the record when the patient returns to our care.)

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(6) For repeat prescriptions, relations are encouraged to bring the home record card to the surgery, when it can be seen at a glance what is required.

*Possible disadvantages*

(1) It takes time to make out a duplicate record. On the other hand, there is no doubt that the mental effort of making a disease summary often clarifies the existing clinical problem.

(2) Great care must be taken in issuing a home record card only to those *permanently* house-bound as psychologically the patient develops a built-in resistance to attending the surgery again! A geriatric patient with arthritis, or a patient with advanced multiple sclerosis or parkinsonism is one thing; an acute stroke quite another. My own house-bound list has averaged 40–50 for a nominal practice population of 2,500 over the past ten years.

(3) Theoretically, it might be possible for a patient to be upset by reading his own notes, but so far this has never happened. A bronchial carcinoma would be recorded as "lobectomy" for instance, but in practice such disguise has rarely been found necessary, the normal medical shorthand (and bad writing?) being sufficient.

*Possible developments*

A pilot study is taking place, on the basis of our house-bound register, of putting *all* the house-bound patients in the dual care of ourselves and our district nurse or health visitor. The home record card will be used jointly, and will in effect, become a co-operation card. It will be interesting to see how far the sharing of the responsibility for this group of patients can assist the doctor in reducing his work-load; assist the ancillary staff in widening the field of their interests; and assist the patient by raising the standard of his care.

**Summary**

A home medical record card, which is a duplicated summary of the medical record envelope, is described for use with permanently house-bound patients.

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"Experience shows that insecure families whose horizons and aspirations are limited and attitudes to money are irresponsible, are prone to acquire thoughtlessly on hire purchase, material possessions as a form of compensation or as status symbols. Articles commonly found in households where the family income does not cover bare necessities because of heavy debts, include tape recorders, radiograms, cocktail cabinets, and quite often one or more large pedigree dogs. Such possessions as well as washing machines and gas cookers are liable to disappear suddenly when reclaimed by suppliers or when the pride of ownership wears off."

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Wright, Cotherm H.; Lunn, S. E. **126**. P. 307.