

Why not sort out our records?

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WHY not throw away all the irrelevant bits of paper in the medical record envelopes?

The notes and records in those envelopes are there for the benefit of the patient—or are they? What about the ‘fat’ envelopes I have seen in many surgeries and have in equal proportion in my own? Envelopes are generally fat not because of the high-grade information dutifully filed and ordered therein, but because of a wodge of paper folded over itself and congealed in such a way that one can be quite sure no-one has read anything in it for at least 10 years. In the worst examples, the paper itself is yellowing, particularly at the edges, and so brittle that bits flake off when its virginity is assaulted. The wodge comprises, for the most part, hospital letters and reports, but there is sometimes other detritus such as paper clips, pages from message pads (which for incomprehensible reasons appear to have only telephone numbers and doodles scribbled on them), segments of prescription pads (blank), and miscellaneous broken plastic and fluff. As has been truly said, the record envelope is the umbilicus of medicine.

Reading old records

What can be deduced from this? First, it can be no bad thing for us to open up and read all the material once in a while. We do it apparently when paid, for instance by insurance companies, and it seems logical to use that opportunity to sort, organize, and make useful the matter enveloped so generously and so expensively in terms of shelf space and cost. It takes very little time to open up, put into date order, and discard obvious irrelevancies (ancillary staff can do it for us) and there is often the bonus of finding misfiled letters and reports. It also takes little time to read it all quickly, and either ruthlessly discard old stuff that cannot possibly ever be relevant again (such as eight haemoglobin reports from a pregnancy in 1954, or a letter saying that Mrs Bloggs

missed her appointment in 1964) or better still, discard even more ruthlessly but make a summary card and/or a data base at the same time.

Discarding old records

I am beginning to work up the courage to discard old clinical records from my patients’ previous general practitioners—we all know the kind, pages of ‘debility’, or ‘neuritis’ or worse still, strings of initials whose significance has long ago decayed (my favourite being GOK—God Only Knows). It is worth abstracting the information briefly onto a fresh sheet: for example, ‘25 attendances for minor trauma and infection 1944–1957’. With this safeguard, I do not believe that anyone runs any legal risk, since the relevant factual matter is retained, and the Secretary of State to the Department of Health and Social Security, who legally owns the records, has a ‘proper’ record for that patient.

Getting the right thing done

Which brings me to my main point: someone once said he was not interested in knowing the right thing to do but in getting the right thing done. So it is with our clinical (and administrative) records: what is the use of an unwieldy mass of paper, unindexed, untidy, and so unattractive that it acts as a disincentive to sensible reference, besides giving us the image of a Dickensian solicitor’s office and a permanently guilty feeling that we ‘could do better’? Why not get a consensus with your partners (if you cannot, get on by yourself), organize a briefing session with your staff, get hold of the waste paper basket (buy a bigger one if necessary) and start *now*. Set aside some time, however little, each week (the habit and the benefits will grow on you) and start sorting; at the same time, whenever a fat envelope lands on your desk, sort it out there and then. It does not matter if it is in front of the patient—he never realized you were so interested in him and “Is that *all* mine, doctor?” sets him on a useful train of thought.