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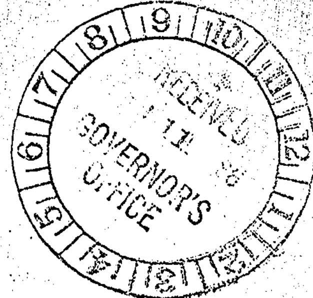
DEPARTMENT OF PUBLIC WELFARE

TO: Dr. Galen Adkins, Medical Director
Mr. John Stocking, Administrator
Cambridge State School and Hospital

February 10, 1966

FROM: David J. Vail, M. D.
Medical Director



SUBJECT: Accreditation Report #2; Medical Records

I visited Cambridge State School and Hospital on January 6, 1966, as you know, and spent the entire day going over medical and other clinical records. Specifically I checked the following:

1. Six active cases admitted prior to 1962
2. Four active cases admitted since January 1, 1965
3. Five death cases admitted 1959-65
4. Five sets of nursing notes, doctor's orders and medical progress notes on Cottage 7 (disturbed boys)
5. Six sets of nursing notes, etc., on Cottage 11 (Mental Health Treatment Service).

In checking these, I followed the general format used by the Joint Commission on Accreditation of Hospitals. Cases were selected at random.

COMMENT:

Generally, my impression is quite favorable. I think the records are in their way, quite complete. They show evidence of the staff working very hard to keep up with a heavy and complex caseload, and annotating progress as they go. The nursing notes on Cottage 7 are a good example of an overworked staff trying very hard, and with quite fair success, to record the progress of the cases. I was also impressed by the rapidity with which the physicians attend to admission work ups, including physical examinations. I hope you will convey my congratulations to them.

There is a notably upgrading in quality as time progresses, i.e., 1965 records are much better than 1960 records. This is to the credit of Dr. Adkins and the administration.

The major weaknesses can be attributed to two main causes: (1) The problems of medical records throughout the institutions, hopefully to be corrected by the new medical records system; and (2) the tradition of the Mentally Deficient and Epileptic Section, which have maintained certain key decisions (e.g., admissions) at the central office; this will change as the new system of hospital-county relationships and communications is brought into play. Thus it is often very

difficult to find out exactly why the patient is coming into the institution. The admission notes (in JCAH terminology, the "complaint" and "present illness") in this sense are often weak, and one must wade through batches of County Welfare Department notes, correspondence from the Mentally Deficient and Epileptic Section, etc., to find out exactly what the problem is.

Case plans, expectations, predictions, etc., are sometimes not well recorded.

Another problem is that team and other staff conferences notes tend to be haphazard in their arrangement. Again this creates the effect of a very unclear chronology and low visibility decisions (i.e., it is not clear what is happening, why, and who is responsible). Thus major decisions, such as transfer to Mental Health Treatment Service, trial visits, discharge, etc., are often not adequately documented.

The old double-record system, thankfully being discarded throughout, means that there is information in ward records that may not appear on the central record, and vice versa. This makes for tough, confusing reading, especially on death cases where it may be difficult to follow the events leading to death. Generally the records are weak with regard to recording terminal events (e.g., Deanna Strege, Damon Gagnon, Floyd Campbell). In one case (Campbell) the progress notes do not, in fact, explain the death. I believe that the death in the case of Mary Ellen Henfling is not self-evident, and that there should have been an autopsy. There were no discharge summaries on the death cases that I examined, as there should be.

As one finds in most hospitals (and your situation is about average) signatures are missing from medical progress notes and occasionally doctor's orders.

My review of Cottage 11 records had to be cursory. Certainly the progress notes here are frequent and informative.

In this visit I did not, as I had hoped, have a chance to dig too far into procedures regarding ordering and dispensing of drugs. Mrs. Hiltz has dealt with this in her report.

SUMMARY

I think the current records are good in their way, but they could be better. For various reasons, you could probably not pass muster on a JCAH survey of medical records at the present time. Implementation of the new system should help correct many of these problems.

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I have not looked into X-ray, pharmacy, Laboratories and other areas required in JCAH surveys. I think that between the previous Accreditation report and this one that you have plenty to keep you busy for a while. Major areas of concern are medical staff organization and functions, and upgrading the medical records.

DJV:rcj

cc - Mr. Morris Hursh
Mrs. Sally Luther
Mental Health Medical Policy Committee
Children's Mental Health Committee