

Inform-a-Tech



Inform-a-Tech Program

What and Why's
of Medical Information

Inform-a-Tech Program: Background

- Education campaign developed to explain the importance of gathering medical information and the need for patients to give pertinent information about their illnesses and history
- Consists of a poster, pamphlet and PowerPoint presentation
- Basic Premise: “If you think you could be pregnant, Inform-a-Tech.”

Medical Records

- Medical record, health record and medical chart are a systematic necessity in the continuity of care for each and every patient that enters a medical facility
- Without them, patient care is redundant , haphazard and deadly at it's worse
- The questions are asked to learn what has been done before the patient's visit as to not repeating efforts in diagnosing disease

Medical History

- **Goal:** obtain information from patient(s)
- **Purpose:** this information is useful to the physician in formulating a diagnosis, developing a treatment plan and providing medical care to the patient.

Gathering Medical History

- Patient information is collected by a physician or other medical personnel
- Obtained verbally, primarily through asking specific questions
 - May also be in written format
- Asked to either the patient or other person(s) who have been given authority to provide answers

Types of Information

- Symptoms
 - Medically relevant complaints reported by the patient or others familiar with the patient complaint
- Clinical evaluation
 - Obtained through direct examination on the part of qualified medical personnel

Questions to Ask

1. Identification and demographics
 - a) name, age, height, weight
2. Chief Complaint - the major health problem or concern, and its time course
 - a) Ask open questions to learn what happened:
“Tell me what happened that made you come into hospital today?”
 - b) Should be recorded in the patients own words.

Questions to Ask

3. History of Complaint – details about the complaints
 - a) When did this start?
 - b) What happened next?
 - c) Have you had that before?

If patient describes pain, remember **SOCRATES** – *Site, Onset, Character, Radiation, Associations, Timing, Exacerbating and Severity.*

Questions to Ask

4. Past Medical History – including major illnesses, any previous surgery/operations, any current ongoing illness, e.g. diabetes
5. Most common illnesses and diseases – jaundice, anemia, myocardial infarction, tuberculosis, hypertension, heart disease, rheumatic fever, epilepsy, asthma, COPD, diabetes or stroke

Questions to Ask

6. Review of other organ systems – Systematic questioning about different areas of the body
7. Family History –
 - a) Pay close attention to those relevant to the patient's present complaint
 - b) Are your parents alive and well? Cause of a parents death?

Helpful Tip: *BE TACTFUL*

Questions to Ask

8. Childhood illnesses – very important in pediatrics
9. Social History –
 - a) includes living arrangements, occupation, marital status, number of children, drug use (including tobacco, alcohol, other recreational drug use), recent foreign travel and exposure to environmental pathogens through recreational activities or pets.

Patients sometimes underestimate how much they drink and smoke!

Questions to Ask: Special Consideration

Questions about the topics below are of a very sensitive nature. If patient seems uncomfortable, it may be necessary to discuss these questions at another time.

- Smoking
- Alcohol use
- Drug use
- Living Situation
- Activities of Daily Living
- Anxiety
- Depression
- Diet
- Exercise
- Relationships
- Sexual history
- Support

Questions to Ask

10. Medications – includes those prescribed by doctors, and others obtained over-the-counter or alternative medicines)
11. Allergies – includes those to medications, food, latex and other environmental factors
12. Sexual history and obstetric/gynecological, as appropriate

Privacy Concerns

- Individual, specific records of medical encounters should be marked by discrete summations of patient history
- Medical records are personal
- There are many ethical and legal issues surrounding them, including storage and disposal

Know your privacy policy!

Privacy Concerns

- Continuity of care
- Serves as basis for planning care
- Documents communication between health care provider and other health care providers assisting in patients' care
- Protects patients' and health care providers' legal interest

Privacy Concerns

- Are legal records and subject to the laws of country and state
- All entries into a person's medical records must be marked with the date and time, and written in ink/pen without use of corrective paper or corrective liquid.
 - Errors should be crossed out with a single line and initialed by author
 - Orders and notes must also be signed

Privacy Concerns

- Medical record data belongs to the patient
- Patients' right: to ensure their information is accurate
- Patients can petition their health care provider to fix factually incorrect information in their records
- HIPPA – only the patient (or person given permission by patient) and health care provider directly involved in delivering care have the right to view the records

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