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HEALTH RECORDS AND REPORTS - A CHALLENGE
TO THE HEALTH ADMINISTRATOR

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The Modern Health Administrator

The modern approach to community health problems makes new and challenging demands upon health administrators. No longer is it sufficient for the health leader to know the rudiments of administration, something about fiscal affairs and old-fashioned approaches to personnel problems. His ceremonial duties too, have rightfully declined to a position of secondary importance. Today, to meet the personal responsibilities of his job, the health administrator must be an expert in health planning and decision-making -- two functions which take the major share of his knowledge, skills and time.

Health planning and decision-making require an understanding of public and business administration. Planning involves skillful matching of resources to meet health needs. It may be on a long-range or on an annual basis. It may be national, state or community-wide. It may embrace a single health program or discipline. Decision-making is synonymous with problem-solving. That is, the public health administrator systematically defines his problem, considers alternate solutions and makes a value judgment in arriving at the best choice.

The word "administration" has varying meanings to different persons. Finding a satisfactory understanding of the term is difficult, not only for health administrators but for all public administrators.

Comments made by some of the leaders in the field give an idea of the diversity of what is meant by public administration. Paul Gordon 1/ speaks of four approaches to administration: (1) the traditional, (2) behavioral, (3) decisional and (4) ecological.

Wallace Sayre 2/ views principles of administration as four sets of conceptual systems concerning the organization of human work: (1) as a technological system, (2) as a system for policy formulation and decision-making, (3) as a social process and (4) as a system of responsibility and accountability.

In speaking of accepted administrative principles, Herbert Simon 3/ observed that, like proverbs, they often occur in contradictory pairs (e.g. "Look before you leap", but "He who hesitates is lost".) To illustrate, Simon speaks of traditional administrative principles to increase efficiency: (1) making use of specialists, (2) establishing hierarchy of authority, (3) limiting span of control to a small number, (4) exercising control by grouping workers according to: purpose, process, clientele or place.

Simon raises these questions: How can a hierarchy of control be established when there are both generalists and specialists? How can span of control be limited where there are large numbers of individual programs? How can control be exercised when some groups are in the central office and others are scattered throughout the field?

He argues that the so-called "traditional principles" are not really principles of administration as much as they are a series of concepts or criteria to be used in describing and diagnosing administrative situations, weighing relevant advantages and making good choices. Today less faith is put in "principles"; greater reliance is placed on an understanding of the behavioral elements of administration. A new flexibility has appeared.

A health administrator does not become an expert in public administration simply by reading a textbook or by working for a number of years in a health agency. In fact, it is evident from a review of a sample taken from health departments in both North and South America, that far too few health administrators have become experts in public administration. However, one of the ways the health administrator can improve his administrative skills is by establishing and using good records and reports.

In their day-to-day work, administrators rely heavily in both planning and operating, upon communication of accurate and complete statistics. Most of the statistics communicated depend upon a Records and Reports System that supplies raw material and summaries of precise data. Thus, a Records and Reports System becomes the key to effective administration. In community health work this is particularly true because we are handling the statistics of life and death; that is, vital statistics.

What are some of the obstacles that hinder the development and use of an efficient Records and Reports System in health agencies? How can we remove these obstructions? What is the role of the statistician?

People who are non-statisticians are often confused by the word statistics. To them, it conjures up images of magic numbers, strange symbols, complicated computing devices and a language foreign to the uninitiated. Of course, in using statistical data effectively, it helps to be a statistician but even the average person can learn to use good records and reports.

The health administrator is basically concerned with obtaining current information, promptly and accurately, on all the activities of his agency, both administrative and technical. He can obtain this information from a Records and Reports System that is developed to meet the needs of the particular agency under his supervision. Health statisticians have the responsibility of establishing and improving such statistical services and should be called upon to perform these tasks.

Good Records and Reports System are essential to the efficient operation and evaluation of health activities. Therefore, statisticians trained in the formulation and use of health records and reports are essential in large health agencies for planning and review of health programs. Smaller health centers and hospitals do not require professional statisticians to maintain their Records and Reports Systems. The professionals should be used, however, to initiate Systems designed to meet the particular needs of the smaller unit and then should periodically review their effectiveness.

In comprehensive health planning, in making epidemiological, social and administrative studies, and in planning individual health programs (e.g. tuberculosis, malaria, water pollution), the health administrator needs expert statistical advice. He may obtain such expertness in a variety of ways, but if his agency is a sizeable one he needs full-time statistical personnel of high quality.

The essential foundation of a well-planned and efficiently-operated health agency is a Records and Reports System encompassing all activities. A high prevalence of mediocre health agencies is a sure sign that a country or state has incomplete and inaccurate information on the health needs of its people, on its resources to meet these needs and on administrative organization and management of its programs.

Before discussing the kinds of Records and Reports Systems necessary, it can be stated unequivocally that the chief of a health agency who does not give high priority and adequate support to the maintenance of a Records and Reports System as a part of his statistical operations, is missing a golden opportunity to increase his managerial effectiveness.

What Kinds of Records and Reports are Needed?

To accomplish his tasks, the health administrator needs a Records and Reports System to encompass all activities - health centers, hospitals, laboratories and field work, (including environmental health). The records of a health center and hospital may be combined, although such an effort calls for articulation of records and reports of a variety of services. If civil registration of births and deaths comes under the health administrator's jurisdiction, this activity should also be included. The Records and Reports System is necessary both for administrative control of operations and for supervision of medical services.

In health centers where general and special health services are given, statistical consultants may recommend family records to facilitate comprehensive health services for all family members. If such a plan is followed, the laboratory records and reports should be included in the health center's System, even if the laboratory is operated separately. Family records require professional attention and should not be attempted by untrained personnel.

The health administrator must have current and correct data on mortality, morbidity (both prevalence and incidence) and disability. So, the Records and Reports System should be geared to such health needs. He also requires data on resources -- money, manpower and facilities -- and also on the attitudes of people toward their own health and the health of their community. The health administrator cannot establish standards of operation for health centers and hospitals or enforce these standards unless he has accurate and complete data. Vital statistics are equally as important and necessary as health center and hospital data. These vital data provide the health administrator with health indices to use in planning programs and measuring progress.

The Records and Reports System should be designed by statistical experts to meet the needs of a particular health agency. Routine records and reports are not often usable for research purposes because research requires special information, meticulous accuracy and completeness of content. Most health agencies should use the simplest System that meets their administrative needs. Often smaller health centers can have data analyzed and administrative reports prepared cheaply and efficiently by sending their individual reports to a district or regional statistical center.

In summary, the health administrator needs a Records and Reports System in his statistical operations: (1) to manage his affairs efficiently, (2) to provide clinicians with medical records for continuing care of patients and (3) to obtain basic data for devising the health and resource indices necessary for measuring results quantitatively.

What Kind of Personnel are Needed?

To operate a Records and Reports System in a health agency requires skilled personnel of several types -- professional, technical and auxiliary. Unfortunately, the various kinds of personnel are not always used as efficiently as they might be. For example, in many parts of North, Central, and South America, physicians perform tasks that could be done more cheaply and effectively by non-medical personnel. While it is impossible to have a trained statistician in every small health agency, it is possible to have records and reports handled satisfactorily by trained auxiliaries under the supervision of a competent worker who has been technically trained by experts.

Smaller health agencies can use professional experts from larger health agencies to help in planning their Records and Reports Systems, in training the necessary personnel and in reviewing the System after it is operating. Large health agencies, because of their responsibilities and functions, need expert statisticians for planning, operations, public health research and teaching.

Suggested Approaches for Improving Health Records and Reports

Health administrators must realize that without well-trained, adequately-compensated personnel, the outlook for improving the quality of health administration and its key component, a good Records and Reports System, is dark. Time is required to change this situation. Progress may be slow but at least the problem can be defined and some alternate solutions offered.

Specific obstacles to successful development and use of Records and Reports Systems in health agencies are: (1) indifferent attitudes of health officials, (2) lack of manpower, (3) lack of facilities and (4) lack of money. Organization and management of the administrative aspects of Health Records and Reports Systems cannot go forward until these obstacles are overcome.

The first approach toward removing such obstacles is to try to change the attitudes of health administrators who either fail to recognize the defects of their own operations or do not give high priority to their statistical services and a good Records and Reports System. Such administrators are usually so occupied with routine duties that they do not wish to be bothered with statistical services. Instead, they delegate the task of maintaining their records to others. Of course, it is difficult to change such attitudes, but it can be done. Once their professional colleagues have shown health administrators the value of Records and Reports Systems in administrative organization and management, they can be convinced of the need.

Continuation education courses for health leaders on Records and Reports Systems and administrative communication would be most useful. Perhaps the international organizations could assist health centers and small hospitals by setting up traveling exhibits on model Records and Reports Systems for hospital and out-patient services and for the control of specific diseases like tuberculosis and malaria.

Perhaps schools of public health could devote less curriculum time to the conquest of past epidemics -- often irrelevant to today's health problems -- and spend more time on public administration, including Records and Reports Systems. More instruction by schools of public health in the formulation and use of Records and Reports could favorably influence the administrative behavior of the new crop of potential health leaders who each year enter the field of community health.

Wherever training is given, some of the new teaching and learning techniques should be employed. Didactic lectures should no longer be used as the sole teaching method. Instead, innovation is the order of the day. Small group approaches are valuable in affording actual problem-solving experiences. Self-teaching methods to provide new information and techniques are also fast, inexpensive and highly effective.

Of course, all long-range attempts to improve Records and Reports Systems must recognize the importance of providing students in medicine, nursing, sanitary engineering and hospital administration with improved instruction in the necessity and use of good records and reports.

Facilities are Important

The facilities needed for most Records and Reports Systems are relatively modest. To be sure, hospitals and health centers require space sizeable enough to handle a large volume of records. Unless there is an active record-disposal plan, storage space presents an ever-increasing problem. Hospitals and health centers should use simplified record forms and modern equipment to handle data expeditiously. Administrative control of the design and use of new records forms is equally important.

Large hospitals and health centers could save money and effort by using electronic data processing equipment. This can be handled either by their own computer staffs, or on a time-rental basis at a nearby installation. The computer system, if required, should be fitted to the needs of the health agency. However, a system should not be installed simply as a convenience to the staff or because it would allow the agency to have equipment equal to that of other governmental agencies. One unfortunate aspect of using a computer system is that one or two years are often necessary to determine feasibility.

However, regardless of their size, facilities are important. Experts in records and reports need to have an adequate place to work and the necessary supplies and equipment to do their jobs well. Pleasant working conditions and good equipment help to attract personnel to the field who might otherwise go elsewhere.

Records and Reports Systems Cost Money

Funds for community health activities are difficult to obtain because so many groups -- social welfare, education, agriculture, public transportation and utilities, just to name a few -- compete for the tax dollar. With so many demands for the same funds, there seems only one approach that offers hope to public health and that is to put its work on a performance basis. Innovation in this area will pay dividends by justifying financial support of health programs. The same holds true for a Records and Reports System. It can produce results in quantitative terms.

Money for routine activities like records and reports is particularly hard to obtain. Therefore, the health administrator will have to exercise ingenuity to get such funds. He should attempt to get money for a demonstration project, to obtain advisory services or personnel for training from an

agency like PAHO, or he may be assisted by funds from a voluntary health agency or foundation. He may also transfer funds from a non-productive activity that can be reduced in size and use them for a Records and Reports System.

Benefits of a Records and Reports System to the Health Agency

With objective information from a Records and Reports System, the health administrator can do better planning and define everyday health problems in quantitative terms. He can also improve decision-making, more promptly and accurately arrive at the best choice of alternate solutions to problems and more confidently predict consequences. Because the health administrator is often judged by his decision-making ability, skillful problem-solving is a valuable asset.

Administrative reports from the Records and Reports System will enable him to manage his manpower, facilities and supplies in a business-like manner and allow him to measure the performance of operational units and individuals in terms of money spent and benefits received. He will also be better able to allocate scarce resources where they will do the most good. Thus, the health administrator will be measuring effect and not just effort.

Clinicians rendering care to families and other staff working in communities would, with a good Records and Reports System, have the current knowledge necessary to supervise their clients efficiently. Health center and hospital administrators could use clinical data plus statistical information to maintain administrative control of operations, to make meaningful reports to their health agencies and to render full account of their stewardship.

The environmental health services which complement personal health services in the community also require an enormous amount of record keeping and current analysis of data for control purposes. Sanitary engineers, with their mathematical backgrounds, have a singular opportunity to lead the way in showing how a health agency can objectively measure results. Sanitarians are also accustomed to using quantitative work units.

Because of the new fields of interest uncovered and the new questions in health administration raised, health leaders who learn to use a Records and Reports System inevitably become involved in evaluative studies and research in public health practice. If the data from the System are not specific or comprehensive enough for research purposes, it is not difficult to add special records. A System that performs well can stimulate a health administrator to do studies on improving the management of component parts of his health agency.

The greatest benefits to health agencies accruing from good Records and Reports Systems are solid indices of health and of community resources -- data which are essential to all phases of health planning. National planning

for health will be only as sound as the local information upon which that planning is based. In formulating the extent and characteristics of health problems, in assaying the resources available to meet community needs and in developing a plan of operation that will put the resources to work meeting health needs, nothing takes the place of statistical analysis of accurate and comprehensive data from a Records and Reports System.

In state and local health agencies, individual programs to combat a disease, injury, defect or environmental hazard can be planned efficiently and economically only if objective data on needs and resources are readily available. In this age of modern methods, the health administrator, even in local areas, will be judged largely by his planning and problem-solving ability.

Thus it becomes clear to the modern health administrator that a Records and Reports System as a part of the statistical services, is an indispensable tool for planning and operating all health activities in the community. If he uses this tool with his newly-acquired administrative talents, it is certain to produce results. It will also help him obtain the funds necessary to meet the health needs of the people and to gain the respect of community leaders for a task well done.

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