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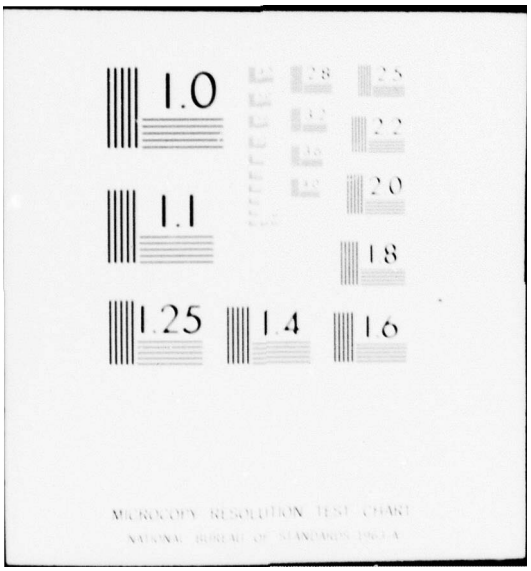
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(2) LEVEL II

PROBLEM-ORIENTED MEDICAL RECORD (POMR) STUDY

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March 1978

Final Report

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Prepared for:

UNITED STATES ARMY HEALTH SERVICES COMMAND (HSOP-PR)
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20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

The purpose of this study was to evaluate the problem-oriented medical record (POMR) and to determine the feasibility of its use within health care facilities of the Army Medical Department (AMEDD). It was determined that the POMR is being utilized to some degree in the majority of the Army medical treatment facilities within the US Army Health Services Command. It was also determined that 60 percent of the Army physicians responding to the survey believed that the AMEDD should provide official authorization for the use of the POMR. This report recommends that the AMEDD authorize use of the POMR, subject to certain restrictions.

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PROBLEM-ORIENTED MEDICAL RECORD (POMR) STUDY

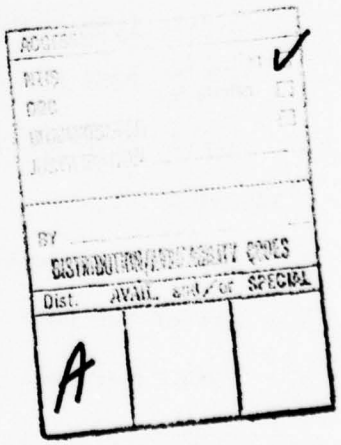
SUMMARY

The purpose of this study was to evaluate the Problem-Oriented Medical Record (POMR) and to determine the feasibility of its use within health care facilities at the Army Medical Department (AMEDD).

The objectives of the study included: an assessment of current utilization of the POMR within Army medical treatment facilities (MTFs), an evaluation of the degree of understanding and/or acceptability of the POMR concept by Army physicians, and a determination of whether or not there was a necessity to recommend the implementation of POMR within the AMEDD at this time.

Study findings and conclusions reflect that the POMR is being utilized to some degree in the majority of the MTFs within the US Army Health Services Command (HSC). Further, it was determined that 60 percent of the Army physicians responding to survey believe that the AMEDD should officially authorize the use of the POMR. Finally, it was concluded that there is no necessity to implement the POMR throughout the AMEDD, since the POMR is not now, nor anticipated to become, requisite for accreditation.

This report recommends that the AMEDD authorize the use of the POMR subject to certain restrictions. It is further recommended that the AMEDD consider future periodic ressessment of Army physician use of the POMR.



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1. INTRODUCTION.

1.1 Purpose. The purpose of this study is to evaluate the Problem-Oriented Medical Record (hereafter referred to as the POMR) and to determine the feasibility of its use within health care facilities of the Army Medical Department (AMEDD).

Results of this study could be used to facilitate decisions and/or establish guidelines for use of the POMR in the health care system of the Army.

1.2 Background. The concept of the POMR implies the standardization of a methodology to record all aspects of health care provided to a given patient. In theory, strict adherence to the POMR system provides readily accessible data to each physician, or other health care professional, responsible for the well-being of the patient. Presumably the chronological list of problems, as well as the treatment modalities being employed, will provide the total health profile of the patient. Ideally, if all problems are known by each provider of health care, supposedly a higher quality of care can be provided. Finally, the systematic approach to the recording of all patient data allegedly facilitates an audit of the medical records.

Although the precise date for the conversion of the first traditional or source-oriented medical record (SOR) to a POMR format is unknown, it is reasonable to assume that the modern day concept of the POMR was probably initiated in the early 1960s. Literature on the subject of medical records generally credits Dr. Lawrence L. Weed as being the modern day innovator in the design of one type of POMR (known as the "Weed System") and one of the earliest advocates for the use and teaching of the system.

Authorization to conduct this study was provided by the United States Army Health Services Command (HSC).

2. OBJECTIVES.

The objectives of this study are:

a. To determine if a standard application of the POMR concept exists,

b. To assess current utilization of the POMR to include requirements and/or mandates which might infer that implementation of the POMR is necessary at this time,

c. To investigate whether documentation exists to indicate that use of the POMR provides improved medical care and/or improved medical records,

d. To evaluate the degree of understanding/or acceptability of the POMR by physicians, the primary providers of health care,

e. To develop a recommended position for the AMEDD concerning the use of the POMR in Army health care facilities.

3. METHODOLOGY.

3.1 Overview. It was decided to approach this study in three possible phases. Phase I would be a review and evaluation of existing information on the POMR. Phase II would involve the collection of data concerning current utilization of the POMR within Army medical treatment facilities (MTFs), as well as an assessment of the degree of understanding and/or acceptability of the POMR by Army physicians. Phase III would be the possible pilot testing of the POMR within the AMEDD, if such was deemed appropriate on the basis of conclusions drawn from Phases I and II.

3.2 Procedures.

3.2.1 Literature Search. An exhaustive literature search of periodicals, books, and previous studies was undertaken, utilizing the computerized MEDLARS II (Medical Literature Analysis and Retrieval System). In addition, a bibliographic information search was initiated with the Defense Documentation Center for Scientific and Technical Information (DDC), Defense Logistics Studies Information Exchange (DLSIE), and The Army Study System (TASP). In all, more than 150 potential references were considered, although ultimately the number of applicable sources was reduced to approximately one-third of this total. Throughout the entire literature search the element of bias was considered since the vast majority of the literature was developed by proponents of the POMR.

3.2.2 Direct Contact and Communication. In addition to the literature review, contact was established with the Veterans Administration (VA) Central Office, Washington, D.C., and with the Audie Murphy VA Hospital, San Antonio, Texas, to obtain data relating to POMR usage within the VA health care system. Also, multiple telephone conversations were held with representatives of the AMRA (American Medical Records Association) and the AHA (American Hospital Association) in an attempt to obtain the most current profile of the POMR. Further, contact was established with the USAF (United States Air Force) Hospital, Homestead Air Force Base, Florida, since this was one of two hospitals which conducted POMR testing in 1973, as authorized by the USAF Surgeon General. Finally, information was obtained from the Uniformed Services University of the Health Sciences, Bethesda, Maryland, concerning programs for instruction in the use of the POMR.

3.2.3 Surveys. A survey of POMR utilization was conducted (May 1975) at 67 Army MTFs, which included: 8 medical centers (MEDCENs), 31 US Army hospitals (USAHs), and 28 US Army health clinics (HLTH CLs). A copy of the data collection instrument and a list of the 67 survey sites are attached to this report as Appendix A. In addition, a survey was initiated (August 1976) to determine the degree of understanding and/or acceptability of the POMR by Army physicians assigned to the US Army Health Services Command (HSC). The cover letter and the survey questionnaire utilized in the effort are attached to this report as Appendix B.

4. FINDINGS.

4.1 POMR Utilization. The POMR is being utilized to some degree by the majority of the 67 Army MTFs that were surveyed. Response to this survey was 100 percent, with 57 replies received by return mail, and results of the remaining 10 responses obtained through telephone follow-up. Analysis of response indicates some degree of POMR utilization in nearly 57 percent of all MTFs surveyed. If the 28 HLTH CLs (which provide only outpatient care) are excluded from consideration, there is an approximate 72 percent indicator of "some degree of POMR utilization" among the 39 Army MTFs (MEDCENs and USAHs) that provide both inpatient and outpatient care. A recapitulation of survey response data to support this finding is attached to this report as Appendix C.

4.2 Army Physician Survey Response. There was an approximate 60 percent response (2664 sent versus 1591 returned) to the Army physician survey. A recapitulation of physician response shown by "N" (sample size, or number of respondents to each question) and percentage response to each question subentry is attached to this report as Appendix D. Subsequent findings are based on analysis of physician survey response.

4.2.1 POMR Familiarity. Of all physician respondents, 96 percent were assigned to either medical centers (MEDCENs) or medical department activities (MEDDACs). The vast majority of respondents, nearly 94 percent, indicated they were either "primarily clinically oriented" (65.9 percent) or "both administratively and clinically oriented" (27.8 percent). Of this group, 88 percent of the physicians indicated that they were familiar with the POMR.

4.2.2 POMR Acceptance. Considering only the physician population that indicated familiarity with the POMR, slightly more than 77 percent have personally used the POMR format in maintaining a medical record. However, only 58 percent of the physicians currently use the POMR format in maintaining medical records. Overall, 60 percent of the Army physicians thought the AMEDD should provide official authorization of the POMR format for maintaining medical records. In addition, if the POMR is officially authorized for use, slightly more than 71 percent of the Army physicians believe that its use should be on an optional basis.

4.2.3 POMR Application. The POMR does not exist as a single system, which would provide uniformity of application and standardization in recording all aspects of health care. Analysis of response from Army physicians who have personally used the POMR reveals that: 33 percent reported use of the "Weed System," 65 percent depicted their use as a "modification of the Weed System," and 2 percent indicated POMR usage which could not be described by either of the preceding categories.

5. DISCUSSION.

5.1 The POMR Elements. The four basic elements of any POMR are defined as: the data base, the problems list, the initial plan, and the progress notes. The absence of universal agreement regarding the information to be contained in each element seems to be the reason that a single accepted POMR system does not exist.

For example, the "Defined Data Base," in theory, represents the profile of the patient population to be treated. Hurst (1973) has suggested: "You define ahead of time what it takes to screen your population for illness. This is your Defined Data Base." This undoubtedly represents sage advice on the part of Dr. Hurst in addressing the individual civilian physician specialist who treats a relatively stable patient population of limited size. In contrast, the concept of defining a singular data base to adequately describe the total health spectrum of the entire and highly transient patient population served by the AMEDD almost defies imagination! That is, to obtain data base input from each medical specialty and subspecialty, on a population ranging from birth to the very aged, would surely result in a multipaged document. As supportive evidence of this contention, the recommended "Children's Medical History," or data base, as described in Annex C of Ambulatory Patient Care (APC) Model #24 (1974), consists of 7 pages of data.

The "Problems List" presents another area of potential, albeit lesser, controversy. The basic issue is whether problems of a chronic nature should be combined with those involving episodic care. As an example, it appears to be accepted that a diagnosis of diabetes mellitus belongs on the Problems List, but does the laceration of a finger, requiring a single episode of care, belong on the same list?

Development of "Initial Plans" is seemingly noncontroversial, even though differing approaches to treatment are reflected within medical specialties. Controversy does reappear in the matter of "Progress Notes." At issue is the question of whether Progress Notes of other health care providers should be integrated with those of the physician. Based on the survey of Army physicians (Appendix D), 20 percent of the respondents believed that entries in the POMR should be made by, "Only the physician(s) caring for the patient"; 77 percent felt that entries could be made by, "Any person participating in the care of the patient"; and 3 percent did not indicate a preference for either of the preceding choices.

While it does not appear that conflicts regarding the elements of the POMR are insolvable, it is evident that extensive coordination is required to resolve the kinds of issues which have been presented. Detailed guidance regarding the elements of a specific POMR format should be a prerequisite to consideration of implementation of the POMR in the AMEDD.

5.2 Use of the POMR. Research efforts failed to indicate any evidence of widespread use of the POMR in hospitals in the civilian health care sector. It was established that in either late 1972 or early 1973, the AHA intended to initiate a survey of member hospitals regarding the implementation of the POMR. However, the survey program was discontinued for unknown reason, and no interim results of findings were ever published.

Since no formal survey efforts regarding POMR use among civilian physicians were encountered, only general observations from the literature can be reported. In this context, the following observations are submitted. First, it appears that the POMR is most acceptable to civilian physicians who are active in a teaching role, either as part of a medical school faculty or as house staff, in monitoring the progress of residents and/or interns. Second, it appears that civilian physicians in internal medicine, followed by obstetricians, pediatricians, and family practitioners (although not necessarily in that order) are most receptive of POMR; while psychiatrists and surgeons are least receptive. Interestingly, in the survey of Army physicians, more internists and pediatricians reported use of the POMR than did psychiatrists and surgeons. Third, the POMR appears as being frequently acceptable to civilian physicians in private (solo or partnership) or smaller group practice. Unfortunately, the observations are inconclusive, since it is recognized that customarily only the advocates (rather than the opponents or middle-of-the-roaders) of a system will spend the extra time and effort required to prepare and submit an article for publication.

Adamson (1974) has reported the results of a 1972 survey designed to determine whether or not the POMR format was a part of the curricula in US and Canadian medical schools. Survey results, reported only for US medical schools, were as follows. First, 101 (or 89 percent) of the medical schools responded to the survey. Second, of the 101 schools responding, 82 (or slightly more than 80 percent) indicated that the POMR was taught to some degree; 17 schools (an approximate 17 percent) indicated that the POMR was not taught; and 2 schools were in the process of being organized and had not begun enrolling students. Third, in considering the 82 schools that were teaching POMR; a total of 47 of the 82 (or 57 percent) taught the POMR in all four years; 19 of 82 (or 23 percent) presented the POMR only in the first and/or second year; 15 of the 82 (or 18 percent) provided POMR instruction only in the third and/or fourth year; and 1 school in 82 (or 1 percent) formally utilized the POMR only at the graduate level.

In addition to the above, it has been established that the recently opened Uniformed Services University of the Health Sciences intends to include formal instruction in the use of the POMR as a part of the curriculum.

Interpretation of the foregoing data suggests that the majority of the US medical schools are providing some degree of instruction in the use of the POMR. Thus POMR may (or may not) emerge as the preferred method of recording patient data among physicians of the future.

5.3 POMR Experience. As previously indicated, research efforts failed to encounter any evidence of widespread use of the POMR in hospitals in the civilian health care sector. However, investigation disclosed that one element of the federal health care system, namely the Veterans Administration (VA), was attempting to implement the POMR on a system-wide base. A letter from the VA Chief Medical Director (1974), quoted in part, states: ". . . the problem oriented medical record (POMR) will be adopted, system-wide, on July 1, 1974."

Since the VA mandate represented the only known large scale use of the POMR, and on the basis of similarity in characteristics between the VA and the Army health care delivery systems, coordination was maintained with the VA throughout the conduct of this study effort.

In July of 1977, three years after the implementation of the POMR mandate, the VA was queried regarding the status of the system. The response letter from the VA Chief Medical Director (1977), quoted in part, states: "After the implementation process was initiated, VA physicians became divided on the value of the POMR"; also, "For a variety of reasons, full implementation of the POMR was never achieved in the VA system"; and further, "In my opinion, the POMR method, as it is currently described in the literature, is not readily implementable. In fact, we have decided to rescind our mandate that the POMR be utilized as the exclusive method of record-keeping and to seek in its place a system that is more compatible with our professional and administrative requirements."

Another federal health care system experience occurred in 1973 at two USAF hospitals that tested the concept of implementing the POMR as the desired method of maintaining patient records. At the Air Force Regional Meeting of the American College of Physicians, in February of 1976, the Commander of one of the USAF test hospitals presented recommendations based on the POMR test experience. The verbatim extract of the unpublished text concludes: "There is not enough time in most typical USAF clinics to obtain a broad data base and accomplish a complete summary. It was not recommended that the problem-oriented medical record system be introduced as a requirement for the United States Air Force Medical Service."

The three year VA experience suggests that the mandate system of POMR use is not effective. The Air Force test suggests that use of the POMR should not be made a requirement.

In view of the VA and USAF experiences, it is believed that little or no new information would be gained by the implementation of a POMR pilot test program within the AMEDD.

5.4 POMR Benefits. Decision for conversion from the traditional or source-oriented medical record (SOR) to the POMR should logically be based on benefits which the latter system might provide. It is perceived that these benefits would be either in improved medical care or in improved medical records, or both.

The issue of whether POMR provides improved medical care has not been addressed on a large scale. However, Aranda (1974) has reported on a study concerning records generated within the Internal Medicine Clinic, Beach Army Hospital, Fort Wolters, Texas. Between February and March 1973, the clinical record of every third patient who had an appointment was reorganized and converted to the POMR format. After a five month period, 150 records, equally divided between the converted and nonconverted formats, were selected and presented for review by the Hospital Records Committee. Criteria for comparison consisted of: one, the number of problems in each record; two, availability and accessibility of objective data to support each problem; three, adequacy of follow-up for each problem; four, amount of time to review each record; and five, adequacy of the filing system. In summary of the study effort, there was no statistical difference between the two groups of records in the number of problems identified or in the availability of data and adequacy of follow-up.

In the area of value of the POMR as an improved medical record, Fletcher (1974) reports on a study that was performed to compare the speed and accuracy with which the POMR and the SOR could be audited. Basically, medical records of four hospitalized patients with complex medical problems were adapted to the POMR and SOR formats. Independent evaluation of completeness of each type of record was made by three physician reviewers. All agreed that records were comparable in length, expression, and content, although one of the three objected to the fact that progress notes were not numbered and that the data base was inconsistent. Both types of records were presented to 36 house staff in two teaching hospitals. Three dependent variables were measured: one, time taken to read each record and respond to 10 factual questions; two, accuracy in answering the questions; and three, proportion of independently determined major errors in medical care recognized in each history. The result was that no significant differences were observed in the performance of the two records.

It appears that there is an absence of documentation to prove the benefit of the POMR in either improved medical care or improved medical records. On the other hand, it appears that audit information is retrievable with equal facility from both the POMR and SOR.

5.5 Necessity for POMR Implementation. Throughout the investigative process of this study, emphasis was placed on determining the existence of data (current or programmed) which might infer the necessity for POMR implementation. Primary concern involved the question of whether use of the POMR was, or might in the near future become, a requisite for licensure and/or accreditation of a health care facility.

Based upon extensive literature review and coordination with activities and/or agencies (reference paragraph 1.2) external to the Army health care delivery system, no evidence could be found to indicate that the POMR is, or will be, required for licensure. In addition, detailed examination of the 1976 editions of the Accreditation Manual for Hospitals and the Interim Accreditation Manual for Ambulatory Health Care, both published by the Joint Commission on Accreditation of Hospitals (JCAH), failed to disclose any mention of the use of the POMR as a requisite for accreditation. Thus, it may be stated that there is no necessity to implement the POMR at this time.

6. CONCLUSIONS.

Conclusions resulting from this study are as follows.

a. The POMR is presently used in varying degrees in nearly 57 percent of all Army MTFs within HSC. If MTFs providing only outpatient care are eliminated from consideration, there is some degree of POMR utilization in approximately 72 percent of the MTFs that provide both inpatient and outpatient care.

b. A survey of all Army physicians assigned to HSC was undertaken and resulted in an approximate 60 percent response. Survey results show that 88 percent of the physician respondents were familiar with the POMR format.

c. The majority (slightly more than 82 percent) of the US medical schools responding to survey indicate that some degree of POMR instruction is a part of the curricula. In addition, the Uniformed Services University of the Health Sciences has indicated that POMR instruction is a part of their curriculum. The fact that a large number of medical schools are now presenting instruction in the POMR may, or may not, result in increased use of the POMR by physicians in the future.

d. There is no evidence to support the contention that use of the POMR results in either improved medical care or in improved medical records. Further, use of the POMR is not a requisite for licensure and/or accreditation. Therefore, there is no necessity to implement the POMR at this time.

e. The POMR does not exist as a single system. Response from Army physicians who have personally used the POMR shows that only one-third described their use as being the "Weed System," while nearly two-thirds described use as a "modification of the Weed System." Thus, to assure some degree of standardization in the maintenance of medical records, it is obvious that guidelines regarding the use of the POMR format must be established.

f. The recommendation developed from Air Force testing of the POMR, and the fact that the VA is rescinding the mandate for POMR usage after three years of experience, suggest that little (if any) new information would be gained by pilot testing the POMR in Army MTFs. It further indicates that required (mandatory) use of the POMR is not advisable.

g. The survey of Army physicians reveals that 60 percent of the respondents believe that the AMEDD should provide official authorization of the POMR format for maintaining medical records. Further, if the POMR is officially authorized, 71 percent of the responding physicians believe that use of the POMR should be on an optional basis.

7. RECOMMENDATIONS.

a. That the AMEDD authorize the use of the POMR format on an optional basis.

b. That the AMEDD consider future periodic reassessment of Army physician use of the POMR, utilizing the format of the survey questionnaire attached to this report as Appendix B.

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9. APPENDICES.

A. MTF Data Collection Survey Instrument and List of Sites Surveyed.

B. Cover Letter and Army Physician Survey Questionnaire.

C. Recapitulation of MTF Survey Results.

D. Recapitulation of Army Physician Survey Questionnaire Results.

APPENDIX A

MTF DATA COLLECTION SURVEY INSTRUMENT AND LIST OF SITES SURVEYED

DEPARTMENT OF THE ARMY
ACADEMY OF HEALTH SCIENCES, UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234

S: 23 June 1975

HSA-CHC 20 May 1975

SUBJECT: Problem-Oriented Medical Record (POMR)

SEE DISTRIBUTION

1. The US Army Health Services Command has authorized the Health Care Studies Division, Academy of Health Sciences, to conduct a one-time survey to determine current levels of utilization of the Problem-Oriented Medical Record (POMR) in all fixed Army medical treatment facilities, excluding those providing solely outpatient dental care.

2. Addressees are requested to complete and return the survey form (attached as Inclosure 1) directly to: Health Care Studies Division, Academy of Health Sciences, ATTN: LTC Hubbart, Fort Sam Houston, TX 78234.

3. Any questions concerning the completion of the survey form should be referred to the project officer, LTC James A. Hubbart, AUTOVON 471-3331 or 3116.

FOR THE SUPERINTENDENT:

Barry L. Biggs

1 Incl
as

BARRY L. BIGGS
MAJ, MSC
Secretary

DISTRIBUTION:

Cdr, BAMC, Ft Sam Houston, TX 78234
Cdr, Darnall AH, Ft Hood, TX 76554
Cdr, USAH, Ft Polk, LA 71459
Cdr, Reynolds AH, Ft Sill, OK 73503
Cdr, EAMC, Ft Gordon, GA 30905
Cdr, Martin AH, Ft Benning, GA 31905
Cdr, USAH, Ft Campbell, KY 42223
Cdr, US Army Hlth Clinic, Ft Clayton, CZ APO NY 09827
Cdr, US Army Hlth Clinic, Ft Gulick, CZ APO NY 09837
Cdr, Moncrief AH, Ft Jackson, SC 29207
Cdr, Noble AH, Ft McClellan, AL 36201
Cdr, USAH, Ft McPherson, GA 30330
Cdr, US Army Hlth Clinic, Ft Buchanan, Puerto Rico APO NY 09851

HSA-CHC 20 May 1975
SUBJECT: Problem-Oriented Medical Record (POMR)

DISTRIBUTION (Cont'd):

Cdr, USAH, Redstone Arsenal, Huntsville, AL 35809
Cdr, Lyster AH, Ft Rucker, AL 36360
Cdr, USAH, Ft Stewart, GA 31313
Cdr, US Army Hlth Clinic, Hunter Army Airfield, Savanna, GA 31313
Cdr, FAMC, Denver, CO 80240
Cdr, US Army Hlth Clinic, Dugway Proving Ground, UT 84022
Cdr, USAH, Ft Carson, CO 80913
Cdr, US Army Hlth Clinic, US Army Safeguard System, Nekoma, ND 58355
Cdr, Hawley AH, Ft Benjamin Harrison, IN 46216
Cdr, Munson AH, Ft Leavenworth, KS 66207
Cdr, General Leonard Wood AH, Ft Leonard Wood, MO 65473
Cdr, Irwin AH, Ft Riley, KS 66442
Cdr, US Army Hlth Clinic, Schilling Manor, Salina, KS 67041
Cdr, US Army Hlth Clinic, Ft Sheridan, IL 60037
Cdr, LAMC, Presidio of SF, CA 94129
Cdr, US Army Hlth Clinic, Oakland Army Base, CA 94626
Cdr, US Army Hlth Clinic, Sacramento Army Depot, Sacramento, CA 95813
Cdr, US Army Hlth Clinic, Sharpe Army Depot, Lathrop, CA 95330
Cdr, US Army Hlth Clinic, Sierra Army Depot, Herlong, CA 96113
Cdr, Silas B. Hayes AH, Ft Ord, CA 93941
Cdr, US Army Hlth Clinic, Ft MacArthur, CA 90731
Cdr, US Army Hlth Clinic, Presidio of Monterey, CA 93940
Cdr, MAMC, Tacoma, WA 98431
Cdr, US Army Hlth Clinic, Umatilla Army Depot, OR 97838
Cdr, Bassett AH, Ft Wainwright, AK APO SEA 98731
Cdr, US Army Hlth Clinic, Ft Richardson, AK APO SEA 98749
Cdr, US Army Hlth Clinic, Ft Greely, AK APO SEA 98733
Cdr, TAMC, Moanalou, HI APO SF 96438
Cdr, US Army Hlth Clinic, Schofield Barracks, HI APO SF 96557
Cdr, WRAMC, Washington, DC 20012
Cdr, US Army Hlth Clinic, Pentagon, Washington, DC 20310
Cdr, Andrew Rader US Army Hlth Clinic, Ft Meyer, VA 22211
Cdr, US Army Hlth Clinic, Forrestal Bldg, Washington, DC 20314
Cdr, Kirk AH, Aberdeen, MD 21005
Cdr, DeWitt AH, Ft Belvoir, VA 22060
Cdr, Womack AH, Ft Bragg, NC 28307
Cdr, Dunham AH, Carlisle Barracks, PA 17013
Cdr, US Army Hlth Clinic, Letterkenny Army Depot, Chambersburg, PA 17201
Cdr, US Army Hlth Clinic, New Cumberland Army Depot, New Cumberland, PA 17105
Cdr, US Army Hlth Clinic, Tobyhanna Army Depot, Tobyhanna, PA 18466
Cdr, Cutler AH, Ft Devens, MA 01433
Cdr, Walson AH, Ft Dix, NJ 08640
Cdr, McDonald AH, Ft Eustis, VA 23604
Cdr, US Army Hlth Clinic, Ft Monroe, VA 23651

20 May 1975

HSA-CHC
SUBJECT: Problem-Oriented Medical Record (POMR)

DISTRIBUTION (Cont'd):

Cdr, Ireland, AH, Ft Knox, KY 40121
Cdr, Kenner AH, Ft Lee, VA 23801
Cdr, Kimbrough AH, Ft Meade, MD 20755
Cdr, Patterson AH, Ft Monmouth, NJ 07703
Cdr, US Army Hlth Clinic, Ft Hamilton, NY 11252
Cdr, USAH, West Point, NY 10996
Cdr, WBAMC, El Paso, TX 79920
Cdr, McAfee US Army Hlth Clinic, White Sands Missile Range, NM 88002
Cdr, Raymond W. Bliss AH, Ft Huachuca, AZ 85613
Cdr, US Army Hlth Clinic, Yuma Proving Ground, AZ 85364

SUBJECT: Data Collection -- Problem-Oriented Medical Record (POMR) Study

NAME OF REPORTING MTF _____ DATE REPORT SUBMITTED _____

GRADE, NAME & TITLE OF RESPONDENT _____ AUTOVON NUMBER OF RESPONDENT _____

1. Is the problem-oriented medical record (POMR) being utilized in any capacity, official or unofficial, within your MTF?

_____ YES _____ NO (If "NO", the survey is completed. If "YES", please proceed to Question 2.)

2.

DEPARTMENT/SERVICE	Does your MTF offer this svc?		Is POMR used in the service:			Where is the POMR system utilized?			On what basis is the POMR system used?		
	Yes	No	Throughout	In part	Not at all	Only for Outpatient Records	Only for Inpatient Records	Both Inpatient and Outpatient Records	Mandatory for use	Optional use, but encouraged	Strictly optional (Voluntary)
CLINICS AND CHCS											
MEDICINE											
OBSTETRICS/GYNECOLOGY											
PEDIATRICS											
PHYSICAL MEDICINE											
PSYCHIATRY/NEUROLOGY											
SURGERY											

3. Does your MTF have a committee to <u>administratively</u> evaluate entries in inpatient and outpatient medical records? _____ YES _____ NO

4. Does your MTF have a committee to evaluate (or assess) quality of care as indicated by entries in inpatient and outpatient medical records?

_____ YES _____ NO

5. Are there current plans to expand the use of problem-oriented medical records (POMR) in your MTF? _____ YES _____ NO

APPENDIX B

COVER LETTER AND ARMY
PHYSICIAN SURVEY QUESTIONNAIRE

DEPARTMENT OF THE ARMY
ACADEMY OF HEALTH SCIENCES, UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234

HSA-CHC

27 AUG 1976

SUBJECT: Problem-Oriented Medical Record Survey

SEE DISTRIBUTION

1. The Health Care Studies Division, US Army Academy of Health Sciences, as authorized by the Commander, US Army Health Services Command, is conducting a one-time survey of all Army physicians assigned to the Health Services Command.

2. The purpose of this survey is to determine to what extent Army physicians presently understand the problem-oriented medical record (POMR), and also to determine how acceptable use of the POMR would be (or is) to them.

3. A sufficient number of survey questionnaires are attached as Inclosure 1 to provide dissemination on the basis of one questionnaire for each Army physician assigned to your command.

4. It is requested that the survey questionnaires be distributed, and that the surveys be completed and returned by individual Army physicians as soon as possible, but in any case not later than the date indicated in paragraph 4 of the "Specific Information" section of the survey document.

FOR THE SUPERINTENDENT:

Tom R. Edwards

1 Incl
as

TOM R. EDWARDS
LTC, MSC
Secretary

HSA-CHC
SUBJECT: Problem-Oriented Medical Record Survey

DISTRIBUTION:
Cdr, US Army Health Services Command, Ft Sam Houston, TX 78234
Supt, US Army Academy of Health Sciences, Ft Sam Houston, TX 78234
Cdr, Brooke Army Medical Center, Ft Sam Houston, TX 78234
Cdr, US Army MEDDAC, Ft Hood, TX 76544
Cdr, US Army MEDDAC, Ft Polk, LA 71459
Cdr, US Army MEDDAC, Ft Sill, OK 73503
Cdr, Eisenhower Army Medical Center, Ft Gordon, GA 30905
Cdr, US Army MEDDAC, Ft Benning, GA 31905
Cdr, US Army MEDDAC, Ft Campbell, KY 42223
Cdr, US Army MEDDAC Canal Zone, Ft Clayton, CZ APO NY 09827
Cdr, US Army MEDDAC, Ft Jackson, SC 29207
Cdr, US Army MEDDAC, Ft McClellan, AL 36201
Cdr, US Army MEDDAC, Ft McPherson, GA 30330
Cdr, US Army MEDDAC Redstone Arsenal, Huntsville, AL 35809
Cdr, US Army Aeromedical Center, Ft Rucker, AL 36360
Cdr, US Army MEDDAC, Ft Stewart, GA 31313
Cdr, Fitzsimons Army Medical Center, Denver, CO 80240
Cdr, US Army MEDDAC, Ft Carson, CO 80913
Cdr, US Army MEDDAC, Ft Benjamin Harrison, IN 46216
Cdr, US Army MEDDAC, Ft Leavenworth, KS 66027
Cdr, US Army MEDDAC, Ft Leonard Wood, MO 65473
Cdr, US Army MEDDAC, Ft Riley, KS 66442
Cdr, US Army MEDDAC, Ft Sheridan, IL 60037
Cdr, Letterman Army Medical Center, Presidio of San Francisco, CA 94129
Cdr, US Army MEDDAC, Ft Ord, CA 93941
Cdr, Madigan Army Medical Center, Tacoma, WA 98431
Cdr, US Army MEDDAC Alaska, Ft Richardson, AK APO SEA 98749
Cdr, Tripler Army Medical Center, Moanalou, HI APO SF 96438
Cdr, Walter Reed Army Medical Center, Washington, DC 20012
Cdr, US Army MEDDAC Aberdeen PG, Aberdeen, MD 21005
Cdr, US Army MEDDAC, Ft Belvoir, VA 22060
Cdr, US Army MEDDAC, Ft Bragg, NC 28307
Cdr, US Army MEDDAC, Carlisle Barracks, PA 17103
Cdr, US Army MEDDAC, Ft Devens, MA 01433
Cdr, US Army MEDDAC, Ft Dix, NJ 08640
Cdr, US Army MEDDAC, Ft Eustis, VA 23640
Cdr, US Army MEDDAC, Ft Knox, KY 40121
Cdr, US Army MEDDAC, Ft Lee, VA 23801
Cdr, US Army MEDDAC, Ft Meade, MD 20755
Cdr, US Army MEDDAC, Ft Monmouth, NJ 07703
Cdr, US Army MEDDAC, USMA, West Point, NY 10996
Cdr, William Beaumont Army Medical Center, El Paso, TX 79920
Cdr, US Army MEDDAC, Ft Huachua, AZ 85613

PROBLEM-ORIENTED MEDICAL RECORD SURVEY

GENERAL INFORMATION

1. Introduction. The Health Care Studies Division, US Army Academy of Health Sciences, as authorized by the Commander, US Army Health Services Command, is in the process of conducting a survey to determine the feasibility of implementing the problem-oriented medical record (POMR) for use within all medical treatment facilities of the Army Medical Department, excluding those providing solely outpatient dental care.

2. Background. The concept of providing a documented record of medical care is not new within the military health care system. For example, random audit of any outpatient or inpatient medical record within an Army medical treatment facility will undoubtedly show that the basis for the visit (outpatient) or admission (inpatient), as well as treatment/medication provided, are duly recorded. Not infrequently, closer examination of the medical record will show that each visit (outpatient) or admission (inpatient) has been handled as a separate entity. Thus, the medical history of the patient becomes a series of chronologically arranged documents. For the purposes of this survey, the types of medical records just described will be known as the "source-oriented record," or SOR.

In contrast to the SOR, a relatively new concept of recording medical care has been introduced in the past 10 to 15 year period. This newer concept is known as the "problem-oriented medical record," or POMR.

3. Purpose. The purpose of this survey is to determine the degree of understanding and/or acceptability of the POMR by Army physicians assigned to the US Army Health Services Command.

SPECIFIC INFORMATION

1. A copy of this survey questionnaire will be provided for each Medical Corps officer assigned to the US Army Health Services Command.

2. Please be advised that while this is an anonymous response questionnaire, and no attempt will be made to correlate responses to individuals, it is essential that all Medical Corps officers (except General Officers) identify their assigned unit for control purposes.

3. Any survey questions requiring clarification or further explanation may be directed to: LTC James A. Hubbart, MSC, AUTOVON 471-3331 or 4541.

4. It is requested that the survey be completed and returned as soon as possible, but in any case not later than 30 September 1976.

5. When the survey has been completed, please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail.

PROBLEM-ORIENTED MEDICAL RECORD SURVEY

SURVEY QUESTIONNAIRE

Section I: Control Data

1. I am currently assigned (all MCs, except General Officers) to:

   a. _____ Headquarters, US Army Health Services Command

   b. _____ US Army Academy of Health Sciences

   c. _____ MEDCEN (please identify) _____

   d. _____ MEDDAC (please identify) _____

   e. _____ Other (please identify)_____

2. I am currently serving in pay grade:

   a. _____ 08

   b. _____ 07

   c. _____ 06

   d. _____ 05

   e. _____ 04

   f. _____ 03

3. My total years of active federal service (round off to nearest whole year) are:

   a. _____ More than 20 years.

   b. _____ 15 to 20 years.

   c. _____ 12 to 14 years.

   d. _____ 10 to 11 years.

   e. _____ 8 to 9 years.

   f. _____ 6 to 7 years.

   g. _____ 4 to 5 years.

   h. _____ 2 to 3 years.

   i. _____ 0 to 1 year.

4. I graduated from medical school (round off to nearest whole year):

a. _____ More than 20 years ago.

b. _____ 15 to 20 years ago.

c. _____ 12 to 14 years ago.

d. _____ 10 to 11 years ago.

e. _____ 8 to 9 years ago.

f. _____ 6 to 7 years ago.

g. _____ 4 to 5 years ago.

h. _____ 2 to 3 years ago.

i. _____ 0 to 1 year ago.

5. My current medical specialty or subspecialty (list only one) is:

_____

6. Within my current medical specialty or subspecialty, I am:

a. _____ Fully trained. (See (1) and (2) below).

(1) _____ Board Certified.

(2) _____ Board Eligible.

b. _____ Partially trained.

c. _____ In Training (Resident or Intern).

d. _____ Other (please explain) _____

7. I consider my present duty assignment as:

a. _____ Primarily administratively oriented.

b. _____ Primarily clinically oriented.

c. _____ Both administratively and clinically oriented.

d. _____ Other (please explain) _____

8. I consider my current military status as:

a. _____ Planning to remain in the Army until eligible (or I am already eligible) for retirement.

b. _____ Planning to leave the Army before reaching eligibility for retirement.

c. _____ Undecided at this time.

d. _____ Other (please explain) _____

Section II: Response Data

1. Are you familiar with the problem-oriented medical record (POMR) format?

a. _____ Yes (please continue with Question 2).

b. _____ No (please go to Question 12).

2. How did you first become familiar with the POMR format?

a. _____ It was part of my training during medical school.

b. _____ It was part of my training during my internship.

c. _____ It was part of my training during my residency.

d. _____ Through my own initiative (eg.- reading articles, attending seminars).

e. _____ Other (please explain) _____

3. Have you ever personally used the POMR format in maintaining a medical record?

a. _____ Yes (please continue with Question 4).

b. _____ No (please go to Question 12).

4. When you personally used the POMR format was it in:

a. _____ An outpatient medical record?

b. _____ An inpatient medical record?

c. _____ In both outpatient and inpatient medical records?

5. Why did you personally use the POMR format?

a. _____ It was required for use.

b. _____ It was optional, but encouraged, for use.

c. _____ It was optional, strictly voluntary, for use.

d. _____ Other (please explain) _____

6. Would you describe your personal use of the POMR format as:

a. _____ The "Weed" system?

b. _____ A modification of the "Weed" system?

c. _____ Other? (please explain) _____

7. In a comparative analysis of the POMR format and the SOR format, do you believe:

a. _____ The POMR is superior to the SOR?

b. _____ The POMR is equal to the SOR?

c. _____ The POMR is inferior to the SOR?

d. _____ Other? (please explain) _____

NOTE: QUESTIONS 8, 9, 10, and 11, should be answered ONLY if responses to 7 b or c, Section I, and response 1 a, Section II, were checked.

8. Do you currently use the POMR format in maintaining medical records?

a. _____ Yes (please continue with Question 9).

b. _____ No (please go to Question 12).

9. Where do you currently use the POMR?

a. _____ In outpatient records only.

b. _____ In inpatient records only.

c. _____ In both outpatient and inpatient records.

10. Is the current use of the POMR by you:

a. _____ On a mandatory (required) basis?

b. _____ On an optional, but encouraged, basis?

c. _____ On an optional, strictly voluntary, basis?

11. In your opinion, who should be allowed to make entries in the POMR pertaining to patient care?

a. _____ Only the physician(s) caring for the patient.

b. _____ Any person participating in the care of the patient (eg.-RNs, OTs).

c. _____ Other (please explain) _____

12. Should the Army Medical Department provide official authorization of the POMR format for maintaining medical records?

a. _____ Yes (please continue with Question 13).

b. _____ No (please consider the survey completed).

c. _____ No opinion (please consider the survey completed).

13. If the Army Medical Department officially authorizes the POMR, what type of POMR format should be utilized?

a. _____ The "Weed" system.

b. _____ A modification of the "Weed" system.

c. _____ It should be up to the discretion of the user.

d. _____ Other (please explain) _____

14. If the POMR is officially authorized by the Army Medical Department it should b

a. _____ Mandated (required) for use.

b. _____ Optional, but encouraged, for use.

c. _____ Optional, strictly voluntary, for use.

d. _____ Other (please explain) _____

Thank you for participating in this survey. Please feel free to make any comments you desire in the space provided below. COMMENTS (Optional):

(STAPLE HERE AFTER FOLDING)

(FOLD ON THIS LINE SECOND)

PARTMENT OF THE ARMY

HEALTH CARE STUDIES DIVISION
ACADEMY OF HEALTH SCIENCES, US ARMY
FORT SAM HOUSTON, TEXAS 78234

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APPENDIX C

RECAPITULATION OF MTF SURVEY RESULTS

SUBJECT: Recapitulation -- Problem-Oriented Medical Record (POMR) Survey: All Medical Treatment Facilities (MTFs) (N= 67)

1. Is the problem-oriented medical record (POMR) being utilized in any capacity, official or unofficial, within your MTF?

38 (56.7) YES 29 (43.3) NO

2.

DEPARTMENT/SERVICE	Does your MTF offer this service? YES	NO	Is POMR used in the service? Throughout	In part	Not at all	Where is the POMR system utilized? Only for Outpatient Records	Only for Inpatient Records	Both In-patient & Outpatient Records	On what basis is the POMR system used? Mandatory for use	Optinal use, but encouraged	Strictly optional (voluntary)
CLINICS AND CHCS	35 (92.1)	3 (7.9)	3 (8.6)	25 (71.4)	7 (20.0)	28 (100)			5 (17.9)	17 (60.7)	6 (21.4)
MEDICINE	28 (73.7)	10 (26.3)	8 (28.6)	16 (57.1)	4 (14.3)	7 (29.2)	2 (8.3)	15 (62.5)	6 (25.0)	13 (54.2)	5 (20.8)
OB/GYN	23 (60.5)	15 (39.5)	1 (4.3)	4 (17.4)	18 (78.3)	1 (20.0)		4 (80.0)	2 (40.0)	3 (60.0)	
PEDIATRICS	27 (71.1)	11 (28.9)	5 (18.5)	17 (63.0)	5 (18.5)	6 (27.3)	1 (4.5)	15 (68.2)	2 (9.1)	13 (59.1)	7 (31.8)
PHYSICAL MEDICINE	12 (31.6)	26 (68.4)		3 (25.0)	9 (75.0)	1 (33.3)		2 (66.7)		3 (100)	
PSYCHIATRY/NEUROLOGY	21 (55.3)	17 (44.7)	1 (4.8)	4 (19.0)	16 (76.2)	1 (20.0)	1 (20.0)	3 (60.0)	2 (40.0)	2 (40.0)	1 (20.0)
SURGERY	23 (60.5)	15 (39.5)	1 (4.3)	8 (34.8)	14 (60.9)			9 (100)	2 (22.2)	2 (22.2)	5 (55.6)

3. Does your MTF have a committee to administratively evaluate entries in inpatient and outpatient medical records? 31 (81.6) YES 7 (18.4) NO

4. Does your MTF have a committee to evaluate (or assess) quality of care as indicated by entries in inpatient and outpatient medical records?

34 (89.5) YES 4 (10.5) NO (NOTE: The four "NO" responses were provided by Health Clinics which were too small to have "Formal" committees; although individuals, normally the Health Clinic commander, did review medical records for quality.)

5. Are there current plans to expand the use of problem-oriented medical records (POMR) in your MTF? 15 (39.5) YES 23 (60.5) NO

SUBJECT: Recapitulation -- Problem-Oriented Medical Record (POMR) Survey: Medical Centers (MEDCEN) Only (N=8)

1. Is the problem-oriented medical record (POMR) being utilized in any capacity, official or unofficial, within your MTF?

   8 (100) YES 0 NO

2.

DEPARTMENT/SERVICE	Does your MTF offer this service?		Is POMR used in the service?			Where is the POMR system utilized?			On what basis is the POMR system used?		
	Yes	No	Throughout	In part	Not at all	Only for Outpatient Records	Only for Inpatient Records	Both in-patient & outpatient Records	Mandatory for use	Optional use, but encouraged	Strictly optional (voluntary)
CLINICS AND CHCS	8 (100)	0	1 (12.5)	5 (62.5)	2 (25.0)	6 (100)			1 (16.7)	4 (66.6)	1 (16.7)
MEDICINE	8 (100)	0	2 (25.0)	5 (62.5)	1 (12.5)		1 (14.3)	6 (85.7)	4 (57.1)	2 (28.6)	1 (14.3)
OB/GYN	8 (100)	0		2 (25.0)	6 (75.0)			2 (100)	1 (50.0)	1 (50.0)	
PEDIATRICS	8 (100)	0	2 (25.0)	5 (62.5)	2 (12.5)		1 (14.3)	6 (85.7)		5 (71.4)	2 (28.6)
PHYSICAL MEDICINE	6 (75.0)	2 (25.0)		3 (50.0)	3 (50.0)	1 (33.3)		2 (66.7)		3 (100)	
PSYCHIATRY/NEUROLOGY	8 (100)	0	1 (12.5)	2 (25.0)	5 (62.5)		1 (33.3)	2 (66.7)	2 (66.7)		1 (33.3)
SURGERY	8 (100)	0		5 (62.5)	3 (37.5)			5 (100)	1 (20.0)		4 (80.0)

3. Does your MTF have a committee to administratively evaluate entries in inpatient and outpatient medical records? 7 (87.5) YES 1 (12.5) NO

4. Does your MTF have a committee to evaluate (or assess) quality of care as indicated by entries in inpatient and outpatient medical records?

   8 (100) YES 0 NO

5. Are there current plans to expand the use of problem-oriented medical records (POMR) in your MTF? 7 (87.5) YES 1 (12.5) NO

SUBJECT: Recapitulation -- Problem-Oriented Medical Record (POMR) Survey: US Army Hospitals (USAH) Only (N=31)

1. Is the problem-oriented medical record (POMR) being utilized in any capacity, official or unofficial, within your MTF?

20 (64.5) YES 11 (35.5) NO

2.

DEPARTMENT/SERVICE	Does your MTF offer this service?		Is POMR used in the service?			Where is the POMR system utilized?			On what basis is the POMR system used?		
	Yes	No	Throughout	In part	Not at all	Only for Outpatient Records	Only for Inpatient Records	Both In-patient & outpatient Records	Mandatory for use	Optional use, but encouraged	Strictly optional (voluntary)
CLINICS AND CHCS	18 (90.0)	2 (10.0)	1 (5.6)	12 (66.7)	5 (27.7)	13 (100)			1 (7.7)	8 (61.5)	4 (30.8)
MEDICINE	18 (90.0)	2 (10.0)	6 (33.3)	9 (50.0)	3 (16.7)	5 (33.3)	1 (6.7)	9 (60.0)	2 (13.3)	10 (66.7)	3 (20.0)
OB/GYN	14 (70.8)	6 (30.0)	1 (7.1)	1 (7.1)	12 (85.5)			2 (100)	1 (50.0)	1 (50.0)	
PEDIATRICS	16 (80.0)	4 (20.0)	3 (18.8)	10 (62.4)	3 (18.8)	4 (30.8)		9 (69.2)	2 (15.4)	6 (46.1)	5 (38.5)
PHYSICAL MEDICINE	6 (30.0)	14 (70.0)			6 (100)						
PSYCHIATRY/NEUROLOGY	13 (65.0)	7 (35.0)		2 (15.4)	11 (84.6)	1 (50.0)		1 (50.0)		2 (100)	
SURGERY	15 (75.0)	5 (25.0)	1 (6.7)	3 (20.0)	11 (73.3)			4 (100)	1 (25.0)	2 (50.0)	1 (25.0)

3. Does your MTF have a committee to administratively evaluate entries in inpatient and outpatient medical records? 18 (90.0) YES 2 (10.0) NO

4. Does your MTF have a committee to evaluate (or assess) quality of care as indicated by entries in inpatient and outpatient medical records?

20 (100) YES 0 NO

5. Are there current plans to expand the use of problem-oriented medical records (POMR) in your MTF? 8 (40.0) YES 12 (60.0) NO

SUBJECT: Recapitulation -- Problem-Oriented Medical Record (POMR) Survey: US Army Health Clinics (HLTH CL) Only (N=28)

1. Is the problem-oriented medical record (POMR) being utilized in any capacity, official or unofficial, with your MTF?

10 (35.7) YES 18 (64.3) NO

2.

DEPARTMENT/SERVICE	Does your MTF offer this service?		Is POMR used in the service?			Where is the POMR system utilized?			On what basis is the POMR system used?		
	Yes	No	Throughout	In part	Not at all	Only for Outpatient Records	Only for Inpatient Records	Both In-patient & Outpatient Records	Mandatory for use	Optional use, but encouraged	Strictly optional (voluntary)
CLINICS AND CHCS	9 (90.0)	1 (10.0)	1 (11.1)	8 (88.9)		9 (100)			3 (33.3)	5 (55.6)	1 (11.1)
MEDICINE	2 (20.0)	8 (80.0)		2 (100)		2 (100)				1 (50.0)	1 (50.0)
OB/GYN	1 (10.0)	9 (90.0)		1 (100)		1 (100)				1 (100)	
PEDIATRICS	3 (30.0)	7 (70.0)		2 (66.7)	1 (33.3)	2 (100)				2 (100)	
PHYSICAL MEDICINE	0	10 (100)									
PSYCHIATRY/NEUROLOGY	0	10 (100)									
SURGERY	0	10 (100)									

3. Does your MTF have a committee to administratively evaluate entries in inpatient and outpatient medical records? 6 (60.0) YES 4 (40.0) NO

4. Does your MTF have a committee to evaluate (or assess) quality of care as indicated by entries in inpatient and outpatient medical records?

6 (60.0) YES 4 (40.0) NO (NOTE: The four "NO" responses were provided by Health Clinics which were too small to have "formal" committees; although individuals, normally the Health Clinic commander, did review medical records for quality.)

5. Are there current plans to expand the use of problem-oriented medical records (POMR) in your MTF? 0 YES 10 (100) NO

APPENDIX D

RECAPITULATION OF ARMY PHYSICIAN
SURVEY QUESTIONNAIRE RESULTS

N = Number of respondents to each question. Response shown in percentages.

PROBLEM-ORIENTED MEDICAL RECORD SURVEY

SURVEY QUESTIONNAIRE

Section I: Control Data

1. I am currently assigned (all MCs, except General Officers) to: N = 1591

.4 General Officers

a. .5 Headquarters, US Army Health Services Command

b. .9 US Army Academy of Health Sciences

c. 48.6 MEDCEN (please identify) _____

d. 47.4 MEDDAC (please identify) _____

e. 2.2 Other (please identify) _____

2. I am currently serving in pay grade: N = 1591

a. .2 08

b. .3 07

c. 12.8 06

d. 16.3 05

e. 54.6 04

f. 15.1 03

.7 Others

3. My total years of active federal service (round off to nearest whole year) are: N = 1591

a. 4.5 More than 20 years.

b. 8.2 15 to 20 years.

c. 5.8 12 to 14 years.

d. 4.9 10 to 11 years.

e. 8.2 8 to 9 years.

f. 13.5 6 to 7 years.

g. 16.0 4 to 5 years.

h. 14.3 2 to 3 years.

i. 24.4 0 to 1 year.

.2 Others

4. I graduated from medical school (round off to nearest whole year): N = 1591

a. 6.1 More than 20 years ago.

b. 8.0 15 to 20 years ago.

c. 5.9 12 to 14 years ago.

d. 5.3 10 to 11 years ago.

e. 8.4 8 to 9 years ago.

f. 17.5 6 to 7 years ago.

g. 29.2 4 to 5 years ago.

h. 13.6 2 to 3 years ago.

i. 6.0 0 to 1 year ago.

5. My current medical specialty or subspecialty (list only one) is:

---

6. Within my current medical specialty or subspecialty, I am: N = 1580

a. 72.0 Fully trained. (See (1) and (2) below).

(1) 36.6 Board Certified.

(2) 35.4 Board Eligible.

b. 5.9 Partially trained.

c. 20.4 In Training (Resident or Intern).

d. 1.7 Other (please explain) _____

7. I consider my present duty assignment as: N = 1585

a. 3.7 Primarily administratively oriented.

b. 65.9 Primarily clinically oriented.

c. 27.8 Both administratively and clinically oriented.

d. 2.6 Other (please explain) _____

8. I consider my current military status as: N = 1588

a. 25.7 Planning to remain in the Army until eligible (or I am already eligible) for retirement.

b. 35.9 Planning to leave the Army before reaching eligibility for retirement.

c. 38.4 Undecided at this time.

d. 0.0 Other (please explain) _____

Section II: Response Data

1. Are you familiar with the problem-oriented medical record (POMR) format? N = 1580

a. 88.0 Yes (please continue with Question 2).

b. 11.8 No (please go to Question 12).

.2 Other

2. How did you first become familiar with the POMR format? N = 1391

a. 45.5 It was part of my training during medical school.

b. 12.6 It was part of my training during my internship.

c. 10.0 It was part of my training during my residency.

d. 23.9 Through my own initiative (eg.- reading articles, attending seminars).

e. 8.0 Other (please explain) _____

3. Have you ever personally used the POMR format in maintaining a medical record? N = 1391

a. 77.4 Yes (please continue with Question 4).

b. 22.4 No (please go to Question 12).

.2 No response

4. When you personally used the POMR format was it in: N = 1080

a. 9.8 An outpatient medical record?

b. 20.6 An inpatient medical record?

c. 69.6 In both outpatient and inpatient medical records?

5. Why did you personally use the POMR format? N = 1077

a. 39.4 It was required for use.

b. 35.6 It was optional, but encouraged, for use.

c. 20.1 It was optional, strictly voluntary, for use.

d. 4.9 Other (please explain) _____

6. Would you describe your personal use of the POMR format as: N = 1059

a. 33.0 The "Weed" system?

b. 65.0 A modification of the "Weed" system?

c. 2.0 Other? (please explain) _____

7. In a comparative analysis of the POMR format and the SOR format, do you believe: N = 1054

a. 58.9 The POMR is superior to the SOR?

b. 22.0 The POMR is equal to the SOR?

c. 7.9 The POMR is inferior to the SOR?

d. 11.2 Other? (please explain) _____

NOTE: QUESTIONS 8, 9, 10, and 11, should be answered ONLY if responses to 7 b or c, Section I, and response 1 a, Section II, were checked.

8. Do you currently use the POMR format in maintaining medical records? N = 947

a. 57.8 Yes (please continue with Question 9).

b. 42.2 No (please go to Question 12).

9. Where do you currently use the POMR? N = 550

a. 22.7 In outpatient records only.

b. 10.9 In inpatient records only.

c. 66.4 In both outpatient and inpatient records.

10. Is the current use of the POMR by you: N = 553

a. 14.6 On a mandatory (required) basis?

b. 29.2 On an optional, but encouraged, basis?

c. 56.2 On an optional, strictly voluntary, basis?

11. In your opinion, who should be allowed to make entries in the POMR pertaining to patient care? N = 579

a. 19.8 Only the physician(s) caring for the patient.

b. 77.4 Any person participating in the care of the patient (eg.-RNs, OTs).

c. 2.8 Other (please explain) _____

12. Should the Army Medical Department provide official authorization of the POMR format for maintaining medical records? N = 1599

a. 60.1 Yes (please continue with Question 13).

b. 20.7 No (please consider the survey completed).

c. 19.2 No opinion (please consider the survey completed).

13. If the Army Medical Department officially authorizes the POMR, what type of POMR format should be utilized? N = 932

a. 17.0 The "Weed" system.

b. 46.5 A modification of the "Weed" system.

c. 32.7 It should be up to the discretion of the user.

d. 3.8 Other (please explain) _____

14. If the POMR is officially authorized by the Army Medical Department it should be N = 991

a. 27.3 Mandated (required) for use.

b. 53.8 Optional, but encouraged, for use.

c. 17.4 Optional, strictly voluntary, for use.

d. 1.5 Other (please explain) _____

Thank you for participating in this survey. Please feel free to make any comments you desire in the space provided below. COMMENTS (Optional):

10. GLOSSARY OF ACRONYMS AND ABBREVIATIONS:

AHA	American Hospital Association.
AMEDD	Army Medical Department.
AMRA	American Medical Records Association.
DASG	Department of the Army Surgeon General.
DDC	Defense Documentation Center for Scientific and Technical Information.
DLSIE	Defense Logistic Studies Information Exchange.
HSC	United States Army Health Services Command.
HLTH CL	Health Clinic.
JCAH	Joint Commission on Accreditation of Hospitals.
MEDCEN	Medical Center.
MEDDAC	Medical Department Activity.
MEDLARS II	Medical Literature Analysis and Retrieval System.
MTF	Medical Treatment Facility.
"N"	Sample Size, or Number of Respondents.
POMR	Problem-Oriented Medical Record.
SOR	Source-Oriented Medical Record.
TASP	The Army Study Program.
USAF	United States Air Force.
USAH	United States Army Hospital.
VA	Veterans Administration.
Weed System	A POMR System Developed by D. Lawrence L. Weed.

11. DISTRIBUTION.

Defense Documentation Center (2)

HQDA (DASG-HCP) (5)

Dir, Joint Medical Library, Offices of The Surgeons General, USA/USAF, The Pentagon, Rm 1B-473, Washington, DC 20310 (1)

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