SOURCES OF SECONDARY DATA RELATED TO FAMILY HEALTH GOVERNMENT HOME SCIENCE COLLEGE, SECTOR-10

HOSPITAL RECORDS

What are hospital records?

- The terms medical record, health record, and medical chart are used somewhat interchangeably to describe the systematic documentation of a single patient's medical history and care across time within one particular health care provider's jurisdiction. The medical record includes a variety of types of "notes" entered over time by health care professionals, recording observations and administration of drugs and therapies, orders for the administration of drugs and therapies, test results, x-rays, reports, etc. The maintenance of complete and accurate medical records is a requirement of health care providers and is generally enforced as a licensing or certification prerequisite.
- The terms are used for the written (paper notes), physical (image films) and digital records that exist for each individual patient and for the body of information found therein.

Dimensions of hospital record management:

The dimensions of hospital records have five different phases. It's against this phases that a hospital manager is required to be careful at the different stage of managing the hospital records. However, with the development of information technology, a hospital manager finds it convenient to manage the hospital records better. The following are the dimensions of hospital records;

- 1. **Creating the Hospital Records:** this is the first constituent or dimension of records management which draw an attention on the development of filling system, indexing, and cataloguing, record keeping in view of the requirements of different department for which the records are created. The creation focuses attention on the system adopted and quality promoted for the said purpose.

2. **Administering the records:** this is the second dimension of the management of hospital records which gravitates our attention the implementation of the system of developing records that you have created. Irrespective of the fact that it is technology driven or manual driven, you need to make it sure that the system is functioning on our direction and instruction.

3. **Retaining the hospital records:** since hospitals face the problem of space constraint, it is right that a microscopic analysis of the facts that how and in what way, the record are to be retained for future reference. While making classification of hospital records, some of the records are vital, important whereas some of the records are of temporary use.

4. **Submitting the records:** this is the first stage before you take a decision to destroy the records. This dimension of the management of hospital records make it essential that being a hospital manager, you come to know about the rationale behind documenting the same or storing the same in the memory of your computers.

5. **Destroying the hospital records:** This dimension of records management is found occupying an outstanding place because once you take a decision, you are not able to make use of the same. This makes it essential that before taking a decision regarding the destroying of the records, you consult different heads of department and in consultation with them take a final decision.

Use of Hospital Records

- The information contained in the medical record allows health care providers to determine the patient's medical history and provide informed care. The medical record serves as the central repository for planning patient care and documenting communication among patient and health care provider and professionals contributing to the patient's care. An increasing purpose of the medical record is to ensure documentation of compliance with institutional, professional or governmental regulation.
- The traditional medical record for inpatient care can include admission notes, on-service notes, progress notes (SOAP notes), preoperative notes, operative notes, postoperative notes, procedure notes, delivery notes, postpartum notes, and discharge notes.
- Personal health records combine many of the above features with portability, thus allowing a patient to share medical records across providers and health care systems.

How To Get Access TO Hospital Records ?

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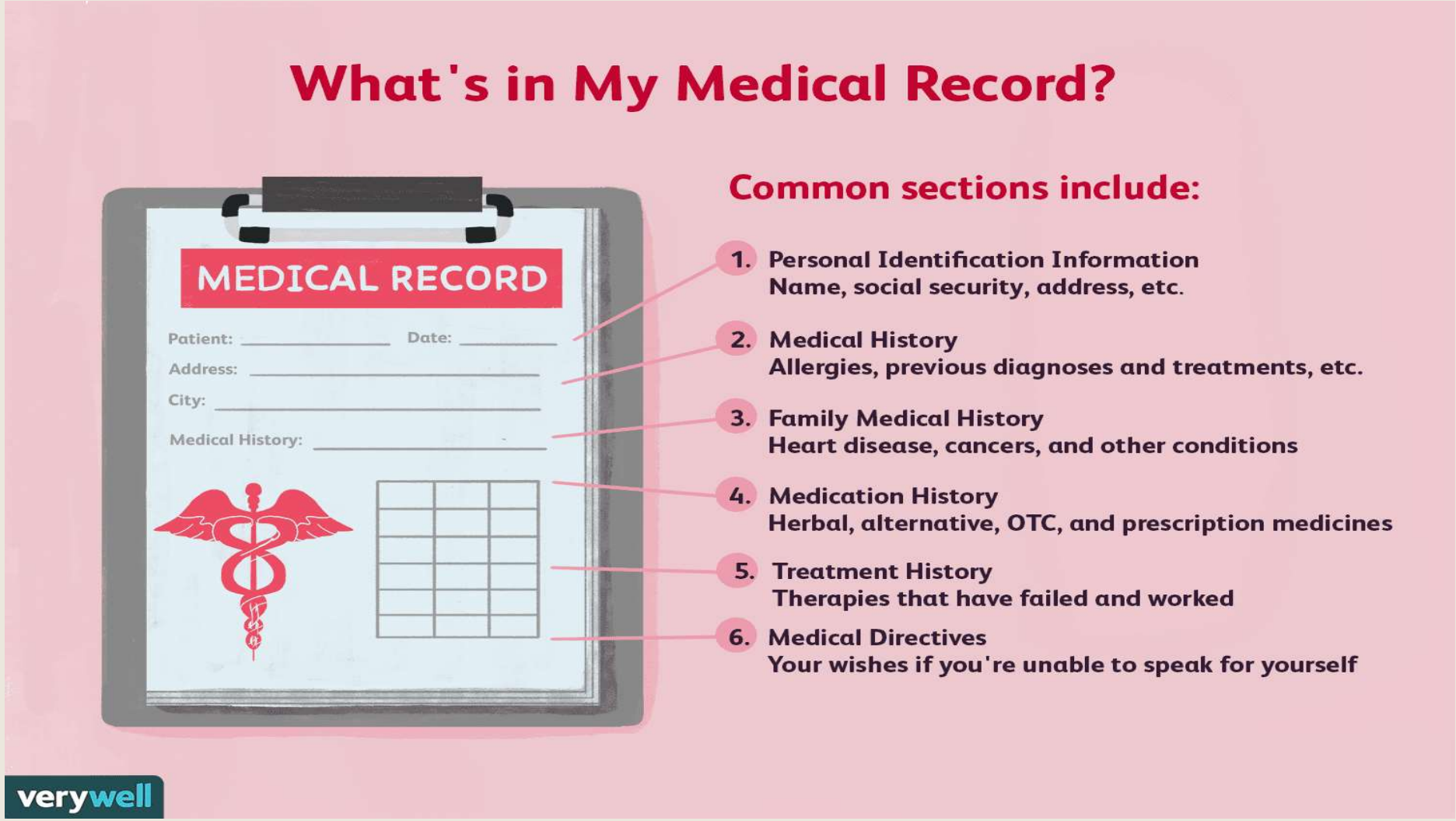
Components Of A Medical Record:




INDIAN ACADEMY OF PEDIATRICS
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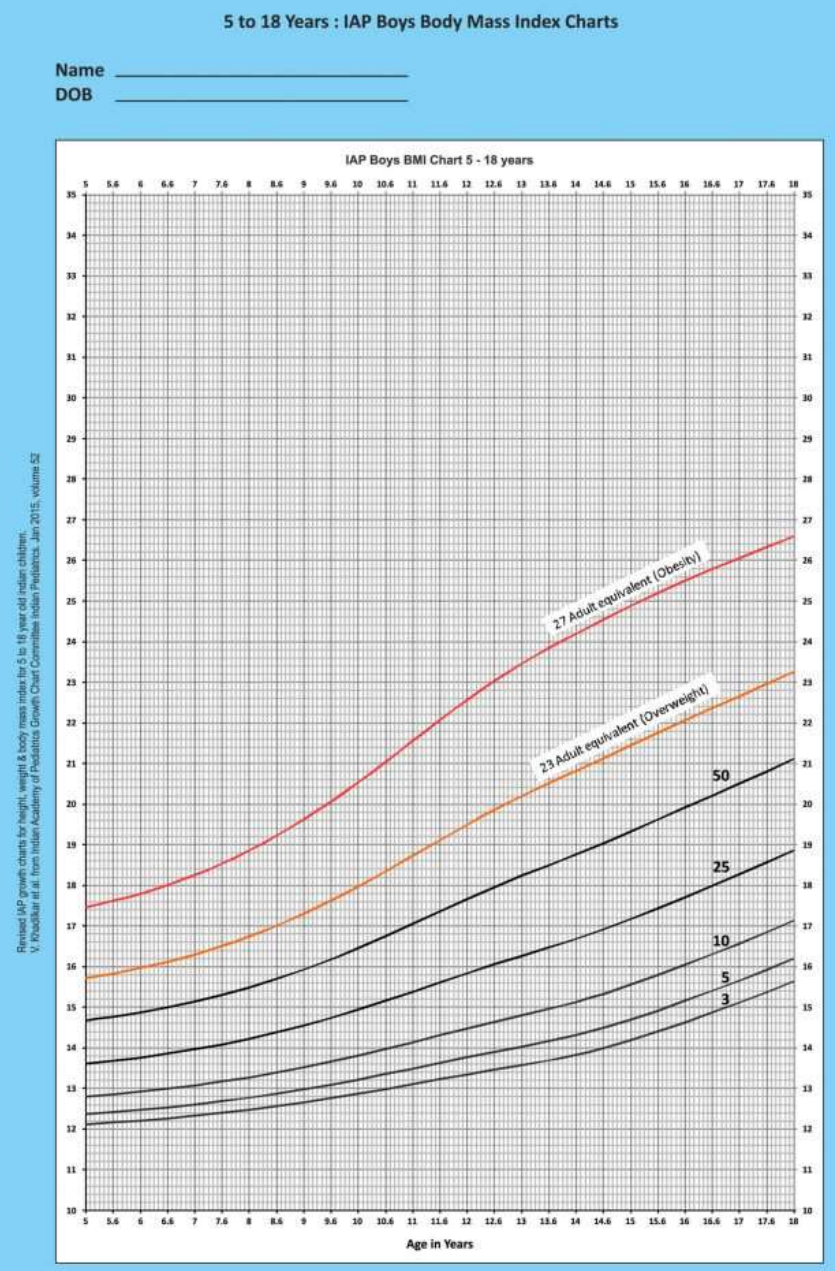
WHAT IS IAP?

- IAP STAND FOR INDIAN ACADEMY OF PEDIATRICS
- The aim of IAP is improvement of the health and well being of all children.

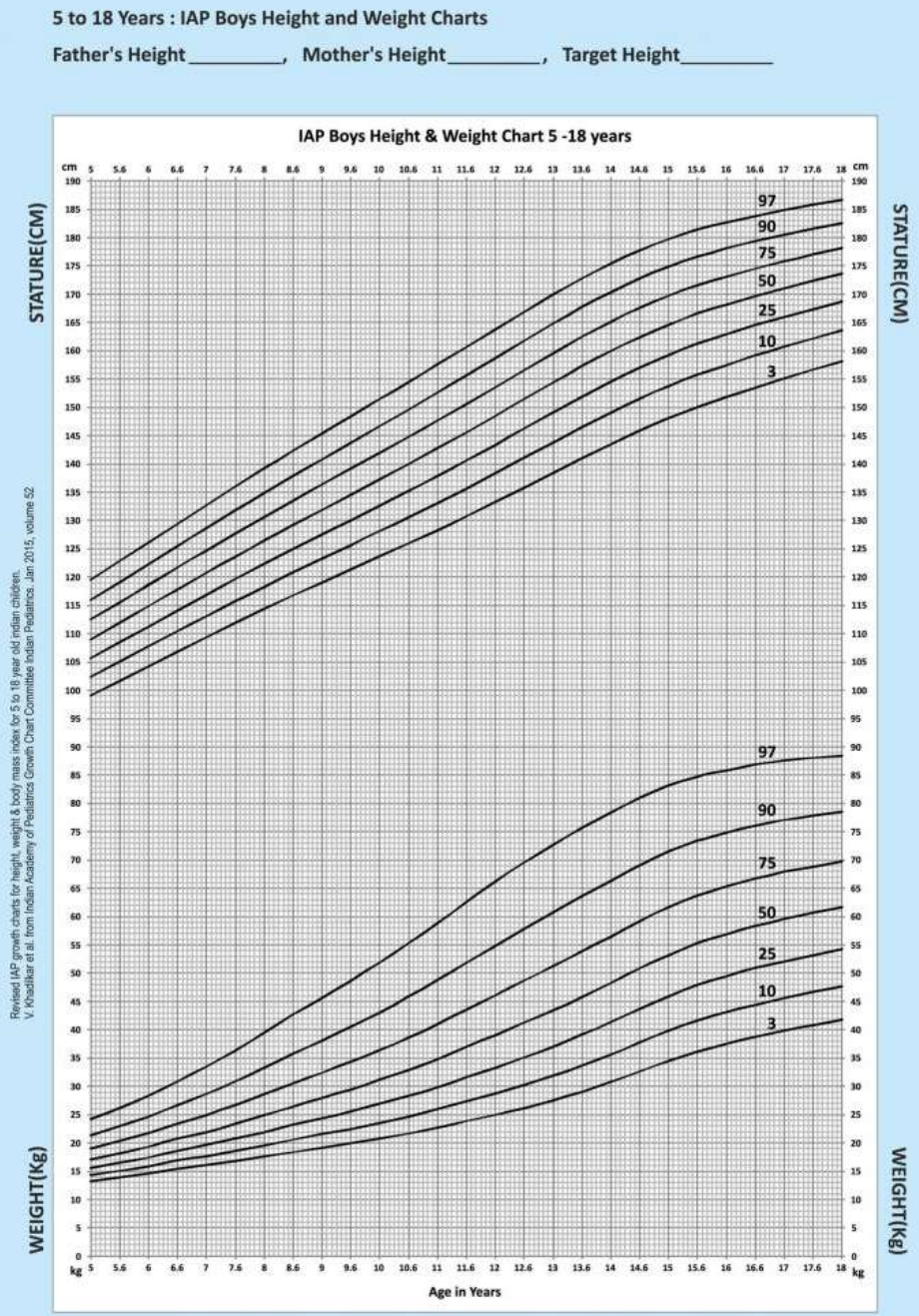
OBJECTIVES

- To establish standard evidence based protocols-(already we have.
- To sensitize pediatricians to follow them with meticulous discipline
- To strengthen the expertise and skill in clinical diagnosis so that there is least possible dependence on investigations
- To strengthen the expertise and skill in identification of sick children and their timely reference at higher centre.
- To build the confidence in clinical diagnosis without investigations or with minimal investigations



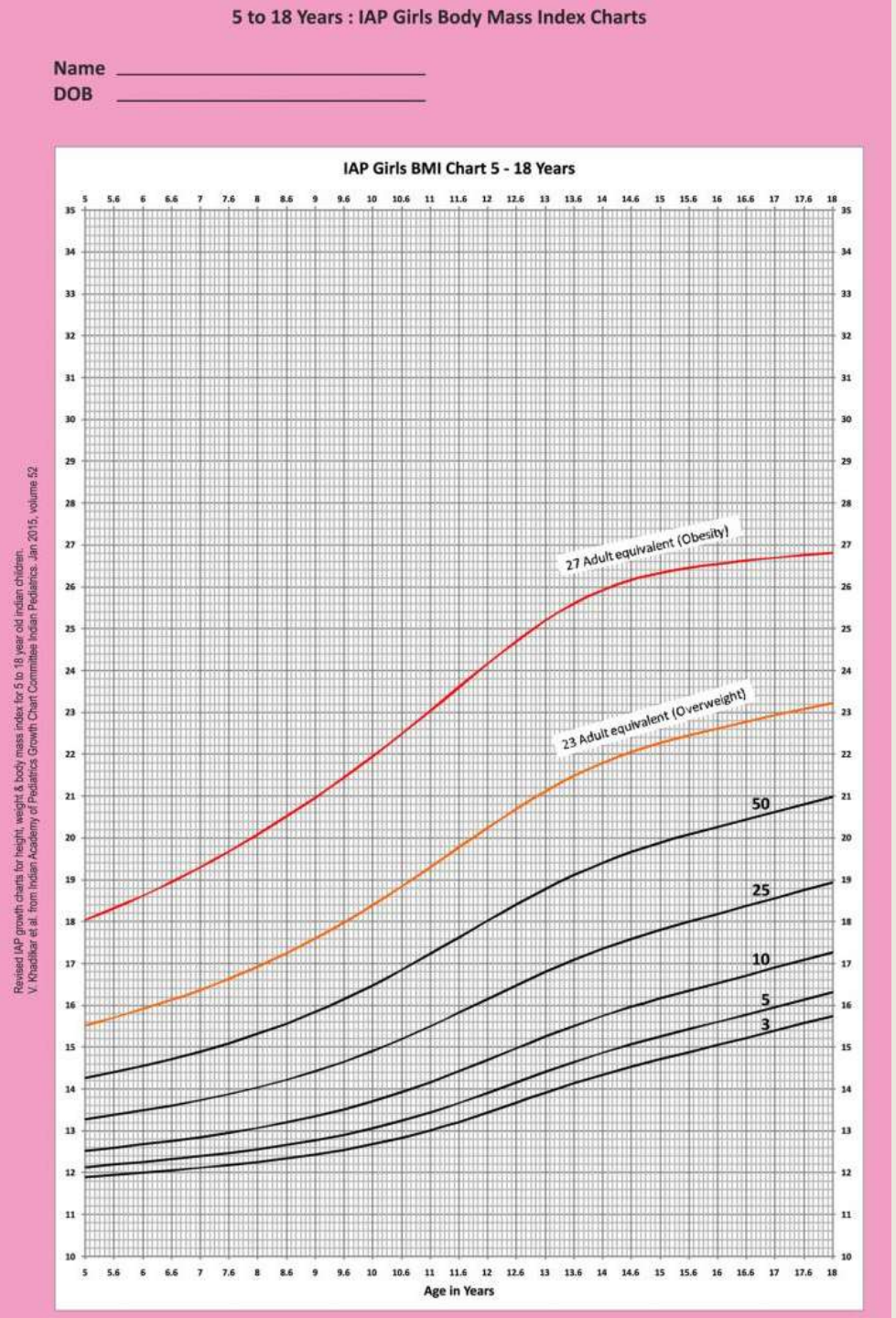
IAP STANDARDS FOR BODY MASS INDEX FOR BOYS

- THE CHART ON THE LEFT SHOW THE IDEAL BODY MASS INDEX ACCORDING TO THE IAP IN BOYS BETWEEN THE THE AGE OF 5 TO 18 TO MAINTAIN THE IDEAL STANDARDS AND THE PREVENT OBESITY



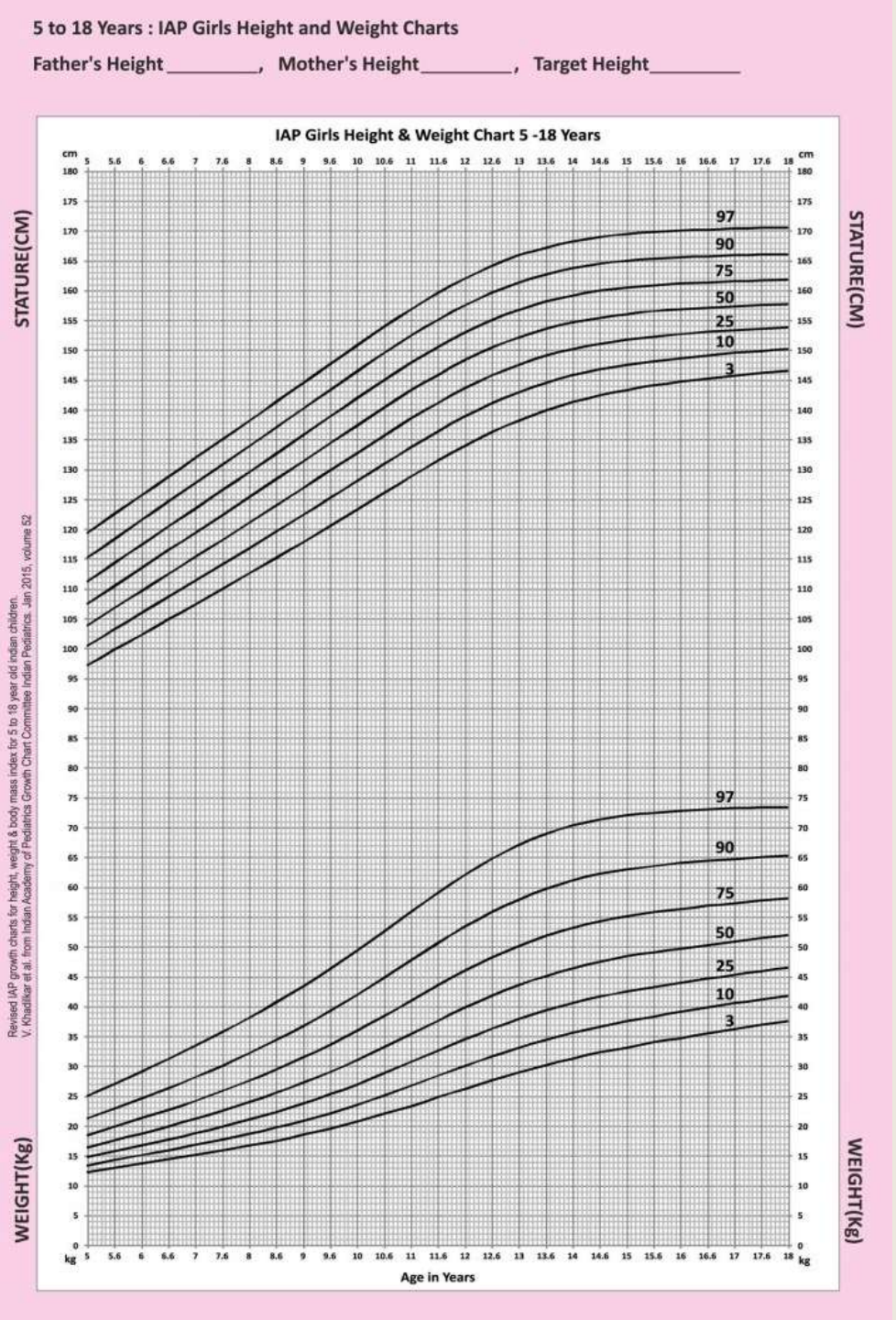
IAP BOYS HEIGHT AND WEIGHT AGE 5 TO 18 YEARS

- THE CHART ON THE LEFT SHOW THE IDEAL RELATIONSHIP BETWEEN THE HEIGHT AND WEIGHT RATIO ACCORDING TO THE AGE OF THE BOY AND THE STAGE OF DEVELOPMENT THEY ARE IN



IAP STANDARDS ON BODY MASS INDEX OF GIRLS BETWEEN THE AGE OF 5 TO 18 YEARS

- THE CHART ON THE LEFT SHOW THE IDEAL BODY MASS INDEX ACCORDING TO THE IAP IN GIRLS BETWEEN THE THE AGE OF 5 TO 18 TO MAINTAIN THE IDEAL STANDARDS AND THE PREVENT OBESITY



IAP STANDARDS FOR GIRLS AND WEIGHT BETWEEN THE AGE OF 5 TO 18 YEARS

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DIETARY SURVEY

Diet Survey

- Dietary survey is the scientific assessment of food consumption and using this data for various purposes including assessment of nutritional status.

Purpose of Dietary Assessment

- To improve the diet of people at household level particularly to improve diets or feedings of young children, pregnant and lactating women.
- For planning of national food strategies especially on food crisis.
- As a research purpose to assess the effect of nutrition education programme.

- Periodic dietary surveys done at time intervals provide information on trends of food consumption.
- The survey also help to know the special preference for a food and food avoided and alternate foods consumed during the special condition like droughts.
- When designing specific programme on nutrition, dietary surveys are needed to have evidence based data.

Dietary Assessment Principles

- Adequacy- a diet that provides enough energy & nutrients to meet the needs according to the recommended dietary intakes/allowances.
- Balance- a diet that provides enough, but not too much of each type of food.
- Variety- a diet that include a wide selection of food within each food group.

WHO STANDARDS

WHO

- WHO stands for world health organization
- It is an agency of the United Nations , established in 1948 .
- It is concerned with improving the health of the worlds people and preventing or controlling communicable diseases on a worldwide basis through various technical projects and programs .

- The world health organization sets standards for disease control , health care and medicines , conducts education and research programs and publishes scientific papers and reports .

- A major goal is to improve access to health care for people in developing countries and in groups who do not get good health care .

WHO guidelines

WHO guidelines on child health :

- Assemble medical reasons for use of breast milk subsitutes
- Antireoviral therapy for HIV infection in infants and children
- Guideline : neonatal vitamin A supplementation
- Guideline : use of multiple micronutrient powders for home fortification of foods consumed by infants and children

WHO guidelines on chronic diseases , injuries and disability

- Cancer control : knowledge in action : diagnosis and treatment
- Guidelines on the provision of manual wheelchairs in less resourced settings
- Focus on diet and physical activity : what works : summary report
- World report on child injury prevention

WHO guidelines on environmental health

- WHO guidelines for indoor air quality : dampness and mould
- WHO guidelines for outdoor air quality : selected pollutants
- WHO handbook on indoor radon : a public health perspective

WHO guidelines on HIV/AIDS

- Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants
- Antiretroviral therapy for HIV infection in adults and adolescents
- Antiretroviral therapy for HIV infection in infants and children : towards universal access
- WHO recommendations on the diagnosis of HIV infection in infants and children

WHO guidelines on maternal and reproductive health

- Guideline : use of multiple micronutrient powders for home fortification of foods consumed by pregnant women
- Guideline : Vitamin A supplementation during pregnancy for reducing the risk of mother to child transmission of HIV
- Guideline : Vitamin A supplementation in pregnant woman
- Medical eligibility criteria for contraceptive use

WHO guidelines on mental health and substance abuse

- Clinical management of acute pesticide intoxication : prevention of suicidal behaviours
- Guidelines for the psychosocially assisted pharmacological treatment of opioid dependance
- Pharmacological treatment of mental disorders in primary health care

WHO guidelines on nutrition

- Guidelines :iron and folic acid supplementation in menstruating women
- Guideline : iron supplementation in preschool and school age children
- Guideline : neonatal vitaminA supplementation
- Guideline : vitamin A supplementation in postpartum women

WHO guidelines on Tuberculosis

- Fluorescent light – emitting diode (LED) microscopy for diagnosis of tuberculosis policy
- Same day diagnosis of tuberculosis by microscopy : WHO policy statement
- Tuberculosis and air travel : guidelines for prevention and control
- WHO policy on TB infection control in health – care facilities , congregate settings and households

U5MR – UNDER FIVE MORTALITY RATE

- The under-five mortality rate (U5MR) is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year or period dying before reaching the age of five if subject to current age-specific mortality rates.

Concepts:

A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life—such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles—whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered a live birth.

Rationale and Interpretation:

Mortality rates among young children are a key output indicator for child health and well-being, and, more broadly, for social and economic development. It is a closely watched public health indicator because it reflects the access of children and communities to basic health interventions such as vaccination, medical treatment of infectious diseases and adequate nutrition.

FORMULA'S

$$\text{Infant mortality rate} = \frac{\text{Number of deaths under 1 year of age in 1986}}{\text{Total number of live births in 1986}} \times 1000$$

$$\text{Under-5 mortality rate} = \frac{\text{Number of deaths under-5 years of age in 1986}}{\text{Total number of live births in 1986}} \times 1000$$

$$\text{Sex-specific Infant mortality rate} = \frac{\text{Number of specific sex deaths under 1 year of age in 1986}}{\text{Total number of specific sex live births in 1986}} \times 1000$$

$$\text{Sex-specific under-5 mortality rate} = \frac{\text{Number of specific sex deaths under-5 years of age in 1986}}{\text{Total number of specific sex live births in 1986}} \times 1000$$

NMR- NEONATAL MORTALITY RATE

Formula:

Neonatal mortality rate (NMR) = (Number of Neonatal Deaths × 1000) / Total Number of Live Births.

Neonatal mortality rate (NMR) refers to the number of infant deaths occurred during the first 28 completed days per 1000 live births in a given year. NMR is further divided into early neonatal deaths and late neonatal deaths. The former represents the number of deaths during first seven days and later states the death after the seventh day but before the 28th day.

PMR – PERINATAL MORTALITY RATE

The number of perinatal deaths per 1000 total births

A perinatal death is a fetal death (stillbirth) or an early neonatal death.

The perinatal mortality rate is calculated as:

(# of perinatal deaths / total # of births (still births + live births)) x 1000

A stillbirth is the death of a fetus weighing 500g or more, or of 22-weeks gestation or more if weight is unavailable (ICD 10).

An early neonatal death (END) is the death of a live newborn in the first 7 days (i.e., 0-6 days) of life.