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Approved For Release 2005/08/16 : CIA-RDP70-00211R000800100004-7

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RECORDS MANAGEMENT PROGRAM

SURVEY REPORT OF THE

MEDICAL STAFF

OFFICE of the REGISTRAR

PREPARED BY

[Redacted Name]

Records Mgt Staff
January 1963

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Excluded from automatic
downgrading and
declassification

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THRU : Executive Officer, Medical Staff
: Chief, Records Management Staff

[redacted] Records Management Analyst

Paperwork Survey of the Medical Staff, Office of the Registrar

1. Attached is my report on the survey of certain paperwork activities in the Medical Staff. The report is presented in three parts: Discussion, Accomplishments, Recommendations.

2. The study was made as a result of discussions between Dr. Tietjan, [redacted] It was confined primarily to the Registrar section where the bulk of the paperwork is located. Personnel in the Clinical Division and the Psychiatric Staff were contacted to the extent necessary to study a procedure. After a preliminary study the Pre-employment and Entrance on Duty Evaluations were selected for the survey because they presented the greatest number of evaluations done during FY 1962.

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3. The accomplishments are the result of action on the part of the Registrar to accept the proposals and, where adoptable, put them into immediate use. I believe the proposals in Part 3 are sound and that their adoption, where possible, will bring about improvements in paperwork management and expedite the processing of medical evaluations. I believe that the adoption of these recommendations is essential before consideration should be given to any method of automating the medical paperwork processes. Further studies should be made in the Psychiatric Staff, Clinical Division and the Support Staff to seek other ways for streamlining paperwork processes in the Medical Staff.

4. While making this survey, members of the Medical Staff and I visited filing installations in the Pentagon, National Institute of Health, Treasury, and the District Government to observe procedures used in similar operations. We also visited the Carpenters Union and the local offices of filing equipment manufacturers in our search for new equipment.

5. During the survey I interviewed many members of the Medical Staff who were most helpful and cooperative, enabling us to approach this study on an objective basis. I particularly wish to commend [redacted] and [redacted] who were most helpful and made my association with the Medical Staff quite pleasant. This kind of cooperative spirit is conducive to good management relations.

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Attachments:

CONCURRENCE: [redacted]
Chief, Records Management Staff

[redacted]

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*See reverse side
distribution*

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SURVEY OF
PAPERWORK ACTIVITIES
of
MEDICAL STAFF
OFFICE OF THE REGISTRAR

Prepared by:

[REDACTED]

Records Management Analyst
January 1963

DISCUSSION

PART 1 - DISCUSSION

1. After a preliminary survey of the activities of the Registrar I elected to study the procedures and work flow relating to the initial medical processing of applicants for employment with CIA, specifically the pre-employment and entrance on duty evaluations. These constituted 37% of the total evaluations done during FY 1962.

2. A total of [] evaluations were done by the Medical Staff to determine the medical fitness of potential employees, current employees and their dependents. Of this total [] evaluations were done for pre-employment or entrance on duty. These evaluations originated in operating offices of the Agency with:

Office of Personnel originating	90%
Other components	10%

3. Routine submission of these evaluations required:

- 6 copies of Form 259, Request for Medical Evaluation
- 3 copies of Form 570, Request for Pre-employment Medical Evaluation
- 1 copy Form 89, Medical History filled out by individual
- 1 copy Form 88, Report of Medical Examination completed by Medical Staff during physical examination.

4. Disposition of Form 259 by the Medical Staff:

- 1 copy to Office of Personnel for official personnel folder.
- 1 copy to requestor with Medical disposition or evaluation.
- 2 copies to Psychiatric Staff if psychiatric action necessary, if none, copies are destroyed. (1 copy for Psychiatric folder, other eventually filed in clinical folder after PRO makes disposition).
- 1 copy to Immunization if evaluation for overseas, if not, destroyed.
- 1 copy generally retained by requestor who initiates action.

5. As part of the recruiting process, the Office of Personnel includes in its packet to applicants, a Form 89, Report of Medical History, to be filled out and returned by the applicant. When the form is received by the Office of Personnel, it is forwarded to the Medical Staff with a request for pre-employment medical evaluation. This initiates the processing procedure in the Medical Staff.

6. Form 89, Report of Medical History, is received by Medical Staff with 2 copies of Form 570, Request for Pre-employment Medical Evaluation, and five copies of Form 259, Request for Medical Evaluation. These are routed to the Physical Requirements Officer in the Registrar for review of the history. If acceptable the Form 570 is checked in the appropriate box and given to the appointment clerk who detaches one copy of Form 570 to return to the requestor. Remainder of file is placed in "hold file" and filed alphabetically.

7. Days and sometimes weeks later a telephone request is received by the appointment clerk to set up a physical examination for an applicant. Appointment clerk enters the name on her schedule for a date mutually agreed upon during the telecon. The day before the scheduled appointment the file is removed from the "hold file" by the appointment clerk who assigns the medical control number, types a list (11 copies) of the individuals scheduled for medical processing for the following day, attaches the corresponding files to one copy of the list which she carries to the File Room.

8. File room personnel prepare addressograph plates and stamp a packet of forms to be issued for the medical processing the following day. Listing is retained for reference purposes in the file room.

9. In the morning the reception clerk is given a copy of the list of persons who are scheduled for medical processing and the packets prepared by the file room personnel. These she gives to each applicant as he appears shortly after 8:15 A.M. Applicant moves through lab screening process then returns to the appointment clerk with his papers; these she checks over before she informs him to return the next day for the second phase of the medical processing-physical examination and psychiatric testing, if necessary.

10. Second day, applicant reports to receptionist who hands him an envelope containing his medical records from previous day. These he carries through the second phase of the processing.

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11. All charts are returned to the Registrar/Physical Requirements Officers for review of all laboratory reports and physical examination reports. PRO's evaluate the reports and determine disposition of case. If qualified, Form 259 is noted and one copy returned to the requestor, one copy filed in chart, one to Personnel, two copies to Psychiatric Staff (one for PS file and one for Psychiatric Staff to note PS disposition and return to PRO). If PRO feels applicant may be disqualified or has any reservations about the case the chart is set aside for review by a doctor from Clinical Division who makes the determination.

12. If disqualified, findings are written up and referred through the Registrar for coordination and referral to Chief Medical Staff for review and concurrence. If findings upheld a disqualification notice is sent on Form 259, one copy to requestor, one filed in medical chart, one to Office of Personnel, etc.

13. After completion of evaluation of medical records and distribution of all forms the charts are routed to the File Room to be filed numerically.

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ACCOMPLISHMENTS

APP 2 - ACCOMPLISHMENTS

During the survey, action was taken and/or completed on the following findings which were brought to the attention of the Registrar:

1. MEDICAL SCHEDULING SHEET REVISED.

The previous Form 1929, Medical Scheduling Sheet, was a 14" x 25" spread sheet printed on one side. It was cumbersome to handle and improperly designed for the manner in which it was used. Because of its size special filing precautions were necessary.

The form was redesigned to 8½" x 11", printed on both sides, pre-punched for filing in a three-ring binder, and can be filed in a safe cabinet. The form is used daily in scheduling appointments for the Medical Staff. Personnel using the form are pleased with the change.

2. USE OF APPOINTMENT REMINDER CARD.

An appointment reminder card was designed and printed for the appointment clerk to give to examinees who are scheduled to return for additional visits to the Medical Staff. The cards eliminate the many interruptions and telephone calls to the appointment clerk to check on time of next appointment. Also, a time saver to the individual since the information on the card is unclassified, and the size permits him to carry the card in his wallet.

3. RELOCATION OF APPOINTMENT CLERK.

A change in the physical location of the appointment clerk was made to improve the work flow and line of processing of examinees. Since more than half of the individuals reporting to the Medical Staff are not cleared when reporting for medical examinations, the appointment clerk was moved from a room in the cleared area to the uncleared reception area in close proximity to the reception clerk. A permanent counter will be established after a test period to determine the best physical location within this area for both the receptionist and the appointment clerk. In addition, Medical is considering a secured door to be operated by a buzzer system controlled by the receptionist who would permit only properly identified personnel access to the cleared area.

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4. PHYSICAL REQUIREMENTS OFFICERS RELOCATED.

Physical Requirements Officers were moved to a room closer to the flow of work. The room previously occupied was located within the lab area and housed files which were used many times a day by the lab personnel. The room has been relinquished to the lab personnel. Physical Requirements Officers are now occupying a room reserved for their exclusive use.

5. IDENTIFICATION PLATES ORDERED FOR PRO'S

Name plates for the Physical Requirements Officers were suggested as an aid to employees who are referred to a PRO for consultation. In most cases an individual is referred to a specific person. A name plate would readily identify Mr. X without further inquiry or disturbing others in the room. Medical feels that the names of the PRO's are classified and should not be displayed. There was no objection to plates with title identifications. These are now on order. The title identifications will not fully solve the problem. The Office of Security should be contacted to determine if there is any objection to having names displayed during working hours.

6. RESTRICTION SIGN ORDERED.

At present the File Room has over 40,000 medical files, both clinical and psychiatric. The room is open to all Medical Personnel who retrieve medical files at random, use the file room as a storage area, or trespass for personal and sundry reasons. To safeguard the information contained in the medical files and to properly maintain control of the files, access to the file room should be restricted to authorized personnel only. An appropriate sign has been ordered and will be posted as the first step toward restricting access to the room.

7. CHARGE OUT CARDS REPLACED.

Charge out cards specifically designed for shelf filing have been obtained and put into use. These replaced the conventional charge out cards which were designed for use in file drawers. The new cards have the OUT tab located to extend beyond the file folders on the shelf. The refiling operation has been expedited.

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8. LOCATOR DIRECTORY TO BE HUNG.

A directory listing office locations has been ordered to be hung in the entrance area leading to the Medical Staff offices. The Medical offices open into a maze after one enters through the door off the main corridor. A directory will aid Agency employees and visitors on official business to proceed in the proper direction within this area.

9. ROOM SIGNS POSTED.

Signs identifying the room numbers for the Laboratory and examination room have been procured and posted. During the medical processing, examinees are instructed to report to specific rooms for various phases of the medical processing. Prior to obtaining these signs, personnel would wander down the long hall, count the doors, and hope they had arrived at the correct door. With room numbers posted, some of the uncertainty is eliminated.

10. BACKLOG OF CANCELLATION NOTICES ELIMINATED.

A backlog of over 550 notices was eliminated through the joint efforts of personnel located within the same office. During heavy workload period cancellation notices were relegated to a low priority level and permitted to stack up. Through the cooperative efforts of Registrar personnel the inactive files were removed from the "hold files" enabling the appointment clerk to gain sufficient filing space to accommodate current workload. Elimination of the inactive files speeds up reference to the active files.

11. RUBBER STAMP ORDERED.

A duplicate "Disqualified" rubber stamp has been ordered for the PRO secretary. Currently index cards are being pulled and attached to cases that are disqualified. The cards travel with the cases to another area to be stamped with correct disposition and returned to PRO secretary for filing in her control file. A duplicate stamp will permit the secretary to retain the card in her control file which is used frequently for telephone inquiries. It will also eliminate the need for searching for the file while card is out of file.

12. MOTORIZED FILE UNITS PROCURED.

Ten motorized file units have been procured at a cost of \$24,000 to replace the 25 sections of shelving in the

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File Rooms. These will house the current 40,000 medical files and provide an increase of 26% in filing space with a reduction of 26 sq. ft. of floor space. The change over to motorized units will increase the reference rate, increase employee morale and improve the physical appearance within the file rooms. The units are expected to be installed and operable early in 1963.

13. XRAY FILES RELOCATED.

Xray files had been physically located in the file room, Registrar area, but technically a responsibility of the Clinical Division. The xrays were serviced by the lab technicians. The xrays occupied wooden shelving extending from the floor to the ceiling which was incongruous with the type of shelving used to house the medical chart files. Additional filing space was needed for the expanding chart files.

The xrays have been moved to a room closer to the lab area, the file room has taken on a neater appearance, 83 cubic feet of space has been released and available for filing medical chart files, and the need for lab personnel to work in the file room has been eliminated.

RECOMMENDATIONS

PART 3 - RECOMMENDATIONS

The following recommendations are submitted for consideration by the Medical Staff:

1. PERMIT THE INITIAL REVIEW AND EVALUATION OF FORM 89, REPORT OF MEDICAL HISTORY TO BE DONE BY THE OFFICE OF PERSONNEL.

A pre-employment evaluation is required for prospective Agency personnel to determine whether they qualify under Agency medical standards. The basis for the evaluation is a Standard Form 89, Report of Medical History, completed by the individual. During FY 1962, [redacted] pre-employment evaluations were made by the Medical Staff. These were 37% of the total evaluations [redacted] reported by the medical personnel.

Of the [redacted] - approximately 10% required additional information necessitating correspondence by the Medical Staff

- [redacted]	are cancelled or failed to report	21%
- [redacted]	reported for physical exams	79%

To submit these [redacted] Form 89's to the Medical Staff for routine review required [redacted] forms.

3 copies F 570 Request for Pre-employment Evaluation (1 copy retained by requestor)

6 copies F 259 Request for Medical Evaluation
1 copy Form 89

10 forms for each individual.

If additional information is required by Medical, another 3 part set of Form 570 is prepared, or in some instances, a memo sent to requestor. About 10% of the evaluations required additional information - 10% [redacted]

[redacted] (Form 570) = [redacted]
[redacted] papers handled in submitting the Form 89's for initial review in FY 1962.

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A review of the cancellation notices for May through August 8, 1962 (535 notices) indicated that roughly 70% of the reasons for cancellation were "obtained another position" or "no longer interested". The Medical Staff was required to purge their files of these medical histories.

With the Office of Personnel performing the initial review the Form 89 would be retained in the Personnel applicant files until such time as the applicant actually enters on duty. Usually by this time security investigation has been completed or well under way. The Form 89 would be forwarded to the Medical Staff at the time a request is sent to schedule the individual for a physical examination. The Medical Staff would not establish a file until the individual was ready to report for a physical exam.

During the initial contact of the Office of Personnel with an applicant the recruiter undoubtedly has certain standards against which an applicant is measured. If medical standards and requirements were added to these standards along with any specific instructions or training necessary for making medical evaluations, a satisfactory decision on the applicant's qualifications could be made by the Office of Personnel. If additional information was required, it could be obtained directly from the applicant. If the recruiter in the field felt that a medical advisory opinion was required he should be able to consult with Federal medical officers located in nearby areas or refer the medical history to headquarters for review. Appointments to positions in the Agency are subject to physical examination. At such time the Medical Staff would evaluate an individual against specific Agency requirements.

Assuming this procedure, the Medical Staff during FY 62 would not have had to:

- review and set up "hold" files on [redacted] histories or 37% of its total evaluations.
- receive and process about [redacted] papers in conjunction with these histories.
- receive and act upon 857 cancellation notices.
- dispose of 8,600 papers relating to the cancellations.

Time spent on the processing of pre-employment evaluations could have been channeled to other services and support for which Medical Staff is responsible.

2. HAVE THE PSYCHIATRIC EVALUATION PRECEDE THE PHYSICAL EXAMINATION IN THE MEDICAL PROCESSING OF APPLICANTS.

During FY 1962 approximately 5% of the [] evaluations of medical histories and physical examinations were disqualified by the Medical Staff. Of this group about 75% were disqualified for psychiatric reasons. If the psychiatric evaluation is considered a requirement in the Agency's personnel recruitment process, this evaluation might best be done in advance of the physical examination. For those persons who enter on duty with the Interim Assignment Branch, the personnel index could be given as part of the orientation program all undergo after arrival. The actual testing could be done within the IAB area either by IAB personnel or a person from the Psychiatric Staff. The completed forms would be forwarded to the Psychiatric Staff for review. Conducting these tests in the IAB would eliminate the trip to Headquarters for testing purposes. Disqualification by the Psychiatric Staff would preclude the need for further processing in the Medical Staff.

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3. SCHEDULE DEFINITE APPOINTMENTS FOR MEDICAL PROCESSING.

The lab screening and physical examination functions are the responsibilities of the Clinical Division. The scheduling of appointments, reviewing of charts, maintaining and filing charts, and the maintenance of the reception area (one for cleared personnel and one for uncleared) come within the jurisdiction of the Registrar.

In accordance with the wishes of the Clinical Division all persons scheduled for pre-employment and entrance on duty evaluations are requested to report to the Medical receptionist on or about 8:30 A.M. and at 1:00 P.M. These are generally uncleared males and females reporting for laboratory tests and for physical examinations. As a result an average of 50 persons appear before 8:45 a.m. to occupy the uncleared reception area which has seating facilities to accommodate only one-third of this group. The late comers have standing room only. Each of these individuals must report to the receptionist. She checks over her list of appointments, selects and gives the examinee his pre-prepared packet of forms and directs him to wait his turn to report for examinations. As in any similar situation where large groups of people are confined to small quarters, chaos reigns supreme.

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A typical week's schedule of appointments:

	8:30 AM	1:00 PM
Monday 9/24	males - screening males - physicals females - screening male - special procedure	females - physicals children
Tuesday 9/25	males - screening males - physicals females - screening	females - physicals
Wed. 9/26	males - screening males - physicals females - screening	females - physicals
Thurs. 9/27	males - screening males - physicals females - screening	females - physicals
Friday 9/28	males - screening males - physicals females - screening	females - physicals children

In addition, 30-40 Agency employees report daily to the receptionist for emergency treatment or on regular scheduled appointments. These persons occupy the "cleared reception area". The attention of the receptionist is divided between both groups.

Permitting the appointment clerk to schedule 3 or 4 persons per each 15 minute interval beginning with 8:30 A.M. would:

- relieve congestion at 16th Street shuttle stop prior to 8:30 a.m.,
- reduce the number of persons occupying the reception area at one time,
- permit an orderly movement of persons from the receptionist to the processing areas,
- result in more even flow of work to the receptionist, appointment clerk, laboratory technicians, and others,
- eliminate the need for several medical personnel to report for duty before 8:15 to handle the group,
- present a more serene atmosphere in the reception room before 9:00 a.m.,
- promote better public relations with persons reporting to Medical for the first time.

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4. DETACH FORM 1046 PHYSICAL EXAMINATION CHECK SHEET AFTER LABORATORY SCREENING AND GIVE TO THE EXAMINEE TO RETURN TO THE APPOINTMENT CLERK WHEN VERIFYING TIME OF NEXT APPOINTMENT.

Throughout the pre-employment process the examinee carries his medical records. This necessitates stapling the papers inside an envelope each time a process is completed, handing the envelope to the examinee who moves to next phase of process. Among the forms used for processing is Form 1046, Physical Examination Check Sheet, which serves as a reminder to medical personnel to complete the specific operations listed thereon. As each test or item is completed it is checked on the form. At the end of the laboratory screening the examinee is given an envelope with his papers stapled within and instructed to carry it back to the receptionist. She accepts the envelope, refers him to the appointment clerk who verifies his next appointment, records time on an appointment reminder card and gives it to the examinee. The appointment clerk then stacks all files on a designated area of the table in the next room. These are picked up by the lab technicians later in the day to record the individual findings of each lab test. Files are then stacked for the next day's processing.

If the examiner or lab technician returned only the check sheet Form 1046 to the applicant after the lab screening process was completed, the applicant could present the check sheet to the appointment clerk as an indication that that phase of the medical processing was finished. The receptionist or the appointment clerk would look over the check sheet to see that lab processing was completed, verify the time of next scheduled appointment, and examinee would be dismissed.

This procedure would require less handling and stapling of the records. The file would remain with the lab technicians until the lab findings were recorded then carried to the file room for overnight storage.

This process would eliminate

- the necessity for stapling papers several times within the envelope,
- having examinee carry his file back to appointment clerk,
- transfer of files by appointment clerk to stack area,
- trips by technicians to pick up the files and carry them back to the lab area,
- returning files to stack area for next processing,
- transferring the files to file room for overnight storage.

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5. CONDUCT A FORMS SURVEY IN AN EFFORT TO ELIMINATE AND DISCONTINUE THE CREATION OF BOOTLEG FORMS AND TO IMPROVE UPON EXISTING FORMS.

The survey of these three areas uncovered bootleg forms being used. These are being designed, typed, reproduced, stocked, and distributed within the Registrar, Psychiatric Staff, and the Clinical Division.

Medical Staff has 49 controlled forms listed with the Forms Management Branch of the Agency. A review of these forms should be made to determine which are now obsolete or which should be redesigned for current use. For example, Form 64, Medical Returnee Index, a 5x8 card designed to record information on medical returnees and reasons for return, was last ordered in 1957; Form 1588, Medical Statistical Work Sheet, last ordered August 1961 designed for recording statistics. Medical personnel appear to have need for information contained on both of these forms, yet bootleg forms were found to capture this information.

Creating forms reduces time personnel should spend on official assigned duties. The forms may fill the immediate needs of that office but fail to consider interoffice needs or long range plans as office automation, new regulations, etc. When new forms are coordinated it is possible to consolidate or eliminate other forms and procedures to the advantage of several operations or activities.

The inefficient and uneconomical practice of bootleg forms is officially discouraged by the Agency. Good forms result from cooperative effort of all who create, fill in, use or handle the forms. Many officials fail to realize that unsuitable forms actually bring about many operating problems. Much time is spent correcting mistakes and clarifying misunderstandings caused by poor forms. Medical Staff can ill afford to spend the time required to bring these forms into being.

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6. **CONSIDER REVERTING TO A ONE-DAY SCHEDULE FOR MEDICAL PROCESSING**

During FY 1962, a total of [] evaluations were done to determine the medical fitness of Agency employees, their dependents, and potential employees.

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Medical evaluations are prescribed for:

- Pre-employment
- Entrance on Duty
- Overseas assignments
- Overseas modified
- Overseas returnees
- TDY Standby
- Headquarters TDY
- Annals
- Special training
- Return to Duty
- Fitness for Duty
- Summer Employees
- Medical disability retirement
- Dependents

The responsibility for scheduling and preparing for these evaluations and for the technical and administrative review of all evaluations is centered in the Registrar. In addition, the maintenance and control of medical chart files is physically located in this office.

Under present procedures the medical processing for pre-employment and entrance on duty evaluations is done on a two-day schedule. Applicants report on first day for laboratory screening and on the second day for physical examinations, psychiatric testing, and consultations, if necessary.

Processing was extended to two days some time ago on the basis that the medical professional personnel felt that it was advantageous to them to have the results of the lab tests at hand when the physical examinations were being done. In effect, the two day process requires two visits by the examinee to the Medical Staff, doubling the workload for the receptionist and the appointment clerk as they now schedule him twice, see him on two occasions, handle his medical records twice more. For an individual coming from the Personnel Pool this means two trips to Headquarters and back; for persons brought in from out of town it requires a stay at an overnight accommodation.

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Although the medical professional personnel prefer to have at hand the results of the lab tests (urinalysis, blood, xray), generally no "on-the-spot" decisions are rendered by these persons. All information is returned to the PRO's who make the evaluation or disposition on each case, whenever possible. Questionable cases are referred to the Clinical Division for review or clarification before final disposition is made. In most cases, dispositions are made within one day, however, when additional review or information is necessary a time lag of from one week to one month was noted.

A change to a one-day schedule would alleviate the double workload for the receptionist, appointment clerk, file room personnel, and be more convenient to the examinee.

7. PERMIT EMPLOYEES REPORTING FOR EMERGENCY TREATMENT TO REPORT TO THE NURSING BRANCH WITHOUT HAVING MEDICAL RECORDS WITHDRAWN FROM THE FILES.

Approximately 150 employees visit the Nursing Branch each week for emergency treatment, such as, colds, headaches, cuts, aches, etc. During the "cold" or "hayfever" season this number may reach over 200.

Each employee reporting to the Medical Staff for treatment is required to report to the Receptionist who requests the employee to fill out a Form 198, Request for Loan of Folder, takes card to file room and returns to her desk.

Employee is asked to wait in reception room until Medical chart is withdrawn from the files and brought to the receptionist. Form 198 remains as the charge-out card in the File Room.

Receptionist then -
inserts chart in brown envelope,
staples envelope,
gives envelope to the employee,
directs him to Nursing Branch.

Nursing Branch -
accepts the employee's file,
removes staple and chart from envelope,
ascertains reason for visit,

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administers treatment,
records treatment on Health Record form in
chart file,
carries charts back to File Room at a convenient
time to be sorted and refiled.

File Personnel -

sort charts for filing,
remove charge out cards in files,
return charts to file.

If employees were permitted to report to the Nursing
Branch for emergency treatment without the chart files, the
procedure would:

- eliminate need for receptionist to leave desk
unattended to go to file room,
- speed up emergency treatment to employee,
- require less handling of medical records as
charts would remain in file,
- eliminate pulling over 10,000 charts annually,
and refiling,
- discontinue need for over 10,000 charge out
cards per year,
- permit the time and services of one file clerk
to be re-directed elsewhere,
- reduce the number of envelopes used and stapling
operation required for routing charts to Nursing
Branch,
- promote a better morale factor among employees.

To maintain control for statistical purposes the
Nursing Branch would maintain a log on which employee would
record his name and purpose of visit. The nurse would record type
of treatment or medication administered and determine whether
the visit should be recorded in employee's file. A pre-deter-
mined symbol could be used on the log as a reminder. At end of
the day the log (or a carbon copy of the log) would be sent to
the file room to have the file personnel transcribe the necessary
entry on the employee's record. The number of entries to be
made would be far less than the present 10,000 or more now
being recorded in the files.

The use of a TelAutograph telecriber (see recommendation
18) by the Nursing Branch could be used for requesting files from
the file room. If the Nursing Branch decides that the employee's
folder is required it can be requested via the telecriber and
delivered to the Nursing Branch while the employee is being
treated.

8. DEVELOP AN OFFICIAL MEDICAL FOLDER AND ESTABLISH STANDARDS FOR ITS CONTENTS.

A review of medical charts revealed that both administrative and medical type papers are being filed in the charts. The contents of a sampling of 50 employee clinical charts and 10 dependents charts were analyzed. A breakdown of the contents is shown on the following page.

The folders contained forms, letters, and papers of varying sizes, some were originals, handwritten, and typed copies. A number of charts contained several cables. From one to nine copies of Form 88, Report of Medical Examination, were found in each chart; 26 charts had five or more Form 88's. Stapled to most Form 88's was an X-ray. A listing of one of the charts reviewed is as follows:

- 1 incoming letter
- 16 memos for the record
- 4 carbon copies of letters
- 6 Form 88's
- 4 Form 89's
- 1 report of qualification
- 2 written memos
- 3 x-rays
- 2 routing sheets.
- 1 release of information
- 3 health record cards
- 4 requests for medical action
- 3 requests for medical evaluation
- 1 consolidated lab report
- 27 lab slips
- 5 medical summaries
- 1 P 543 sick leave
- 8 EKG

Although the sampling did not include psychiatric files, a cursory review indicated various and sundry papers were being filed within the charts. Standardizing the contents of these folders appears warranted.

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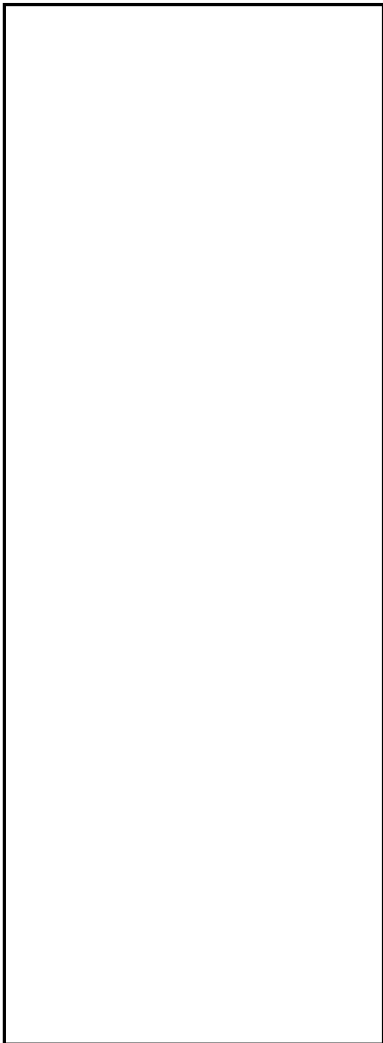
REVIEW OF MEDICAL CHART FILES
SAMPLING

Employees (50) Dependents (10)

Letters incoming
Cables
Memo for record
Bills/receipts
Letter carbons
Form 88-Medical Exams

Form 37-32 Report of Phys. Qual.
Form 89 Medical History
Written Notes
Clinical Treatment Reports
X-rays

Form 1066 Interim History
Form 1076 Disability Claim
Medical Supplement Sheet
Release of Information
Health Record Card
Request for Med. Action and Report
Form 259 Request for Med. Evaluation
Form 504PS Disposition Form
Consolidated Lab Report
Lab Slips
Written Lab Reports
Medical Summaries
Form 543 Sick Leave
EKG
Evaluations Written by Doctors
Routing Sheets
Authorizations for Operation



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* 26 charts had 5 or more F 88's
* 9 charts had 5 or more x-rays

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9. CONSIDER ANOTHER SYSTEM FOR FILING THE MEDICAL CHART RECORDS.

Faster and accurate service with reduction of time and cost to a bare minimum are legitimate objectives of a filing system. All records require some time to classify, sort, file, find, and eventually destroy or preserve. Medical Staff should give consideration to changing its present method of filing the medical records in view of past experience with its present method of filing.

The present filing arrangement of the medical records is by medical registry number. Additions to the file are limited to the end of the file, necessitating back shifting of charts to provide filing space whenever additional space is required.

Within the past decade the medical records have grown In 1953 this collection measured 210 cubic feet, today it occupies 525 cubic feet of filing space. With indicators pointing toward still more files, the Medical Staff purchased ten motorized shelf units which are expected to be installed and operable early in 1963. These will provide 2200 more filing inches or an increase of 26% in filing space. The units will alleviate the current filing space problem and delay the time when Medical Staff will again be required to back shift to gain filing space. Past experience has shown that back shifting is a laborious task reluctantly performed by a few.

The simplest method of filing is the straight alphabetical system. It facilitates filing and finding without use of other finding aids or clues. It is easy to install, easy to operate, and easily understood by all persons. An alphabetical system would expand and contract throughout all letters of the alphabet thus reducing the need for back shifting except for that required within the limits of each letter rather than the entire file. A precedent has been established in filing similar material by name in the office of Personnel where the official personnel folder which contains significant sensitive material is filed alphabetically. Medical files are requested by name and retired by name, therefore, assigning a medical registry number appears to delay the filing and finding operations in the file room. Errors in transposing numbers would be eliminated. The use of sufficient guides to divide the alphabet into parts would speed up filing operations. Restriction of authorized personnel within the file room would provide greater control over the files.

Filing by numbers to permit the use of the medical registry number may be retained. However, instead of the straight numerical system now being used, the Medical Staff should consider the Terminal Digit System if security or confidentiality of files is of primary importance. The Medical Staff has purchased 10 motorized units. By utilizing one unit for one terminal digit each (files ending in 1 be filed in one unit; those ending in 2 would be filed in the next unit, etc.) the medical files could be evenly distributed throughout the ten units. The outstanding advantage of this system would be the fixed location of filing material which would expedite locating and filing. The files would be expanded or contracted within each unit and reduce the need for back shifting the entire file each time more space is required. Once the changeover has started it should be completed in the shortest possible time to eliminate confusion and a breakdown in operations. One primary disadvantage to any numerical file is the need for a cross reference index. The search through an index adds to the time required to find a file and introduces a hazard in transposing numbers which will further delay filing and finding.

Also under consideration is a common agency number which is being studied for possible application in Medical, Security, Personnel, Payroll, and wherever employees' files are maintained according to a number. Its effect on the medical files should be considered by the Medical Staff.

10. DEVELOP PHYSICAL STANDARDS FOR USE IN DETERMINING QUALIFICATIONS OF APPLICANTS FOR DUTY WITH CIA OR FOR SPECIFIC ASSIGNMENTS WITHIN THE AGENCY.

The determination as to whether an applicant is medically qualified for employment with the Agency or whether an employee is qualified for specific duties within the Agency is not being done according to prescribed standards established for this Agency. Decisions rendered by the Psychometrist and the Physical Requirements Officers are based on personal experience, current knowledge, or attitude of the reviewer, or a combined co-worker decision following a discussion; in some instances, standards prescribed by other Federal agencies are used as a basis for evaluation. Developing standards will provide reviewers with guides for making uniform decisions; assign responsibility within specific areas; assist personnel in addition to the Physical Requirements Officers to weigh qualifications of applicants against the standards.

11. DESTROY ALL PERSONAL INDEX BOOKLETS EXCEPT THOSE ON WHICH FURTHER STUDY IS REQUIRED.

After completing the Personal Index the examinee returns the booklet to the psychometrist who reviews it for certain categories. An initial determination is made as to which require further study or review. About 30% of the PI's are set aside for further consideration by the Psychiatric Staff; the remaining 70% are routed to the file room with no further action or review.

Based on the premise that the testing phase and the review are steps in the process to seek out those cases that may be of interest to the Psychiatric Staff, could not the remaining 70% be discarded immediately? Is it necessary to retain for an infinite period any testing material on which a satisfactory decision has been made to prove that the applicant had been acceptable at a specific period?

The Medical Staff is retaining all Personal Indexes for a maximum period of 75 years after birth of an applicant. Those on which no further action is required should be destroyed immediately or, at least, after a short holding period long enough to assure that the individual has favorably cleared all preliminary requirements for Agency employment.

By destroying all Personal Index booklets except those requiring further action, consultation or study by the Psychiatric Staff would

- eliminate 70% of the Psychiatric charts from the files,
- discontinue the need for establishing a Psychiatric folder for the file,
- reduce the number of files to be maintained in the file room,
- discontinue maintenance of inactive files in an otherwise active file room,
- permit destruction of 28 cubic feet of inactive PI files now at the Records Center,
- speed up filing operations by having less files to search through.

12. CONSIDERATION BE GIVEN TO REDESIGNING THE PERSONAL INDEX AS A QUESTIONNAIRE.

The current Form 621 Personal Index is a 20-page booklet which originated in 1955, was revised in 1956 and 1958 and is currently under consideration for revision. Up to April 1961 the Medical Staff ordered over 25,000 copies of the Personal Index. Estimating a printing cost of 7 cents a booklet these have cost about \$1,800.

Reprinting the booklet as a questionnaire rather than a question and answer booklet would reduce the quantities to be ordered by about 80%; printing costs would be greatly reduced since the number of printed pages would be less; the questionnaire would be used over and over with answers written in an answer booklet supplied with the questionnaire.

13. DISCONTINUE INDISCRIMINATE USE OF FORM 1066 INTERIM HISTORY STATEMENT.

Form 1066 is given by the receptionist to all individuals who are to be seen by the Clinical Division. Employees are requested to complete the form while waiting in the reception area for their medical charts to be pulled and eventual referral to the Nursing Branch. An average of 40 forms per day are issued.

A review of some of the completed forms showed that 90% of the "no" boxes were checked. Of the 10% checked "yes" a very brief explanation was given. The information that was given could have been elicited from the individual during his physical examination or consultation with the Clinical personnel.

The form also instructs the employee who is returning from an overseas tour of duty to include all illnesses or injuries incurred during the overseas tour. This duplicates information already made known to the Medical Staff by cable or dispatch forwarded to Headquarters during the tour, or duplicates records which will be forthcoming from the field.

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Discontinuance of the wholesale use of the form would:

- eliminate the need for the receptionist to prepare these forms for distribution each day,
- remove the inconvenience caused by lack of writing facilities in the reception area,
- exclude over 200 forms per week from the medical files,
- reduce the quantity of forms to be printed and stocked by the Medical Staff,
- eliminate duplicate records for employees who have served overseas.

14. REVIEW OF THE REPORTING REQUIREMENTS AND THE REPORTING PATTERN BE MADE.

During the initial survey several reports were noted in the three areas studied. Some of these reports contained from ten to thirty items which were being typed and retyped each month. In some instances, feeder reports were being typed and forwarded, to be rearranged and re-typed at another level. At each reporting level copies were being made and distributed.

Reporting is a costly paperwork operation. Many manhours are required for actual preparation, including posting to worksheets, compiling, typing, proofing and reviewing. Analyzing and compiling data from the reports add to the handling costs. Medical Staff should reappraise its reporting requirements and question the need for the information being reported. Keeping of duplicate statistics at various levels should be discouraged as well as the typing of repetitive items for each report.

15. STUDY LOGGING AND CONTROL PROCEDURES WITHIN THE MEDICAL STAFF.

During the preliminary survey several control points were observed that could be eliminated. Duplicate control cards, logs, and suspense files should not be permitted. Preparation of these are non productive actions which increase work costs, decrease quantity and quality of work output and delay the flow of case processing. The logs are not being maintained to satisfy security or medical requirements but

merely as "just in case" controls. Since the Medical Staff is now one big family located within a small area it would seem logical that a charge out card in the file room should be ample control and that the subsidiary controls maintained by the secretaries and clerks could be discontinued.

16. REVIEW AND UPDATE THE RECORDS CONTROL SCHEDULE FOR THE MEDICAL STAFF.

The Records Control Schedule when maintained on a current basis provides effective control over the creation, organization, maintenance and use of records and their disposition. While the schedule is not mandatory, compliance with the instructions contained therein will facilitate the segregation and disposal of temporary records and assure that records of continuing value are maintained.

The current schedule for the Medical Staff was revised in 1959 since that time the Staff has moved to a new site, functions have been realigned, an organizational change has taken place, and additional records accumulated. The occurrence of any one of these situations would bring about changes which should be reflected in a current schedule.

17. TRANSFER DEPENDENT MEDICAL RECORDS TO THE RECORDS CENTER AFTER COMPLETION OF RETURN FROM OVERSEAS PROCESSING.

At present folders for the dependents of overseas employees are maintained adjacent to the clinical folders for the employees. The records for all members of one dependent's family are confined to one folder, if possible. Generally, records accumulated overseas are very voluminous and require more filing space per folder. No actual count of the number of dependent folders was made during the survey. Assuming two percent of the present total of 40,000 folders in the files would mean there are 800 dependent folders in the file room.

In an effort to alleviate crowded conditions in the file room the dependent folder could be retired to the Records Center after all records have been received from the overseas station. A definite retirement period would be

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established to permit transfer of at least one cubic foot at any given time. The folder can be recalled when and if the dependent is again scheduled for overseas processing.

By retiring these records, the Medical Staff will eliminate a group of inactive records from its active files. While an employee remains at headquarters there is no further activity within the dependent folder. When a report of separation is received by the Medical Staff the corresponding folder for the employee is pulled and, unless the file clerk is alert enough at that time to check for any additional folders, the dependent folder may be overlooked and remain in the files indefinitely. Transfer of dependents folders to the Records Center shortly after a return from overseas assignments will speed up reference service in the file room.

18. CONSIDER THE USE OF A TELAUTOGRAPH TELEScriBER SERVICE.

The TelAutograph Telescriber System is an electronic communication device designed to transmit hand written messages from one point to another. You can write in your office and have the message read elsewhere in the organization.

The System is custom made to meet individual needs. Within the Medical Staff it could be used for requesting files from the File Room. The receptionist could request medical records without leaving her desk. The request would be transmitted via the telescriber. The message received in the file room would be used as the charge out card. One telescriber could be installed in the Nursing Branch to be used for requesting folders while an employee is being given emergency treatment if it was felt that the folder was necessary. Another telescriber might be installed in the Psychiatric Staff as the survey indicated that many requests are made by that Staff for folders from the file room. At the present time employees are leaving their work areas to either request files from the file room or pull the folders they desire.

Strategic placement of telescribers in the Medical Staff would permit prompt writing of requests direct to the file room. The message received would serve as the charge out for the folder. If folder is not in file a telescribed message to the requestor would inform him of the location of the file. A telescriber system would also eliminate the need for other than file personnel to be present in the file room, thereby giving file personnel greater control over the files.

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