HIM Then and Now

Save to myBoK

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The role of HIM professionals has become even more significant as our responsibilities have been recognized. According to Edna K. Huffman in the Manual for Medical Records Librarians (1941), a medical record librarian (MRL) would have been responsible for completing records and providing information—the same as today's HIM professional. However, methods would have been vastly different due to the increased utilization of computers, the transition to the computer-based patient record, the change from manual to electric typewriters to word processing systems, and increasing regulation/accreditation standards.

Yet the call for lifelong learning was heard even as far back as the 1940s. According to Huffman in 1941, a medical record librarian "must not assume that because she becomes a member of the American Association of Medical Record Librarians, and of her state and local associations, or because she is registered that her goal has been reached and that she can rest on her laurels. She must keep abreast of changing methods." The same is true today and through the Vision 2006 initiative, this legacy lives on.

Reference

Huffman, Edna K. *Manual for Medical Records Librarians*. Chicago: Physician Record Company, 1941.

1941	1998
Operations reports were dictated as the MRL took shorthand, and the MRL typed the report from shorthand.	Shorthand has been replaced by digital and voice-recognition dictation equipment; reports are now prepared on word processing systems rather than manual or electric typewriters.
Indexes for diseases, operations, photographs, and physicians were manually maintained, requiring each index card or binder page to be updated for each patient visit—typed or handwritten. Those in larger facilities may have been fortunate enough to use key-punched cards for indexing. This required the use of a punch machine similar to a typewriter, a sorter that automatically assembled cards of a given group, and a tabulating machine, which selected and tabulated specific items.	Statistics are calculated and indexes are maintained on computers. A single event triggers the update for all indexes and statistical calculations.
Facility daily, monthly, and annual statistics of all kinds—census, average daily census, discharge days, length of stay, etc.—were all recorded and calculated manually.	
Procedures to ensure an accurate MPI were similar to those used today; however, the MPI consisted of alphabetically filed index cards.	The MPI—no longer on index cards—is the vital data set in all computer systems that link patient, person, or member activity within an organization (or enterprise) and across patient care settings—not just within a single facility.
A member of the medical records committee reviewed every completed record before it could be permanently filed.	Medical record/health information committees no longer review records of all discharged patients. They are now responsible for setting policy and steering the transition to a computer-based patient record.
The MRL may have been responsible for the medical library, preparing letters for physicians, processing mail, and sending telegrams.	With Internet access, information resources are no longer limited to the medical library. While telegrams are still used, the telephone is used extensively and electronic mail is becoming increasingly popular. Networking with colleagues has been simplified through e-mail listservs, electronic bulletin boards, and telemedicine services.
Physicians were required to do their own coding, but because some did not, the MRLs learned how to code.	Coding guidelines are far too complex and change rapidly. Consequently, physicians no longer code. Due to continually increasing regulation and accreditation standards, documentation requirements have increased accordingly. Record completion is done as much on paper as on the computer, (i.e. through the use of electronic signatures and online review of documentation).

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