

1972

Duval Medical Center: Summary of Data Processing Requirements as of 1972

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DUVAL MEDICAL CENTER

Summary of Data Processing Requirements
as of 1972

I. VOLUMES:

- A. Inpatient Beds - 700
- B. Yearly Inpatients - 20,000
- C. Yearly Outpatient Visits - 200,000
- D. Employees - 1,600
- E. Average Accounts Receivable - 15,000
- F. Active Medical Records - 250,000
- G. Central Stores Inventory - 15,000 items
- H. Pharmacy Inventory - 3,000 items
- I. Yearly Patient Meals - 600,000
- J. Yearly Laboratory Tests - 550,000
- K. Physical Property - 12,000 items

II. THE ACCOUNTING APPLICATIONS:

- A. Inpatient Billing and Departmental Charge Analysis
- B. Inpatient Statistics, Census, Insurance Pro-ration
- C. Discharged Inpatient Accounts Receivable follow-up
- D. Medicare - Medicaid - Billings
- E. Outpatient Accounts Receivable
- F. Cash Receipts and Revenue Analysis
- G. Cash Disbursements and Expense Distribution
- H. Payroll Writing, Reporting and Personnel Statistics
- I. Central Stores and Pharmacy Inventory
- J. Physical Property Control and Depreciation

III. THE ADMINISTRATIVE APPLICATIONS:

- A. Dietary Nutrient and Portion Calculation
- B. Pharmacy Drug Formulary and Narcotic Control
- C. Outpatient Appointment Scheduling
- D. Engineering Maintenance Scheduling
- E. Nursing Staff Scheduling and Patient Status Reports

IV. THE MEDICAL APPLICATIONS:

- A. Medical Record Disease and Operative Index
- B. Infection Control Statistics
- C. Drug Sensitivity and Bacteria Patterns
- D. Patient Physical and History Summary
- E. Automated Blood Chemistry Analysis
- F. Electro-cardiogram Analysis
- G. Electro-encephalogram Analysis
- H. Radiation Therapy Treatment Planning
- I. Pulmonary Function Study Analysis

V. GENERAL COMMENTS:

- A. The medical applications E. through I. have analog inputs. These can be handled by converters on digital computers.
- B. Ideally, the analysis of medical results and the associated accounting transactions can be captured simultaneously by having communication terminals at each nursing unit and in each ancillary department. Current research of low cost terminals by manufacturers should make this economically feasible by 1972.
- C. All applications included here are realistic in that they are operational in hospitals today. The incorporation of these into a total information system demands a heavy systems effort.