SYSTEM AND METHOD FOR SCHEDULING AND REPORTING PATIENT RELATED SERVICES INCLUDING PRIORITIZING SERVICES

This invention relates to a hospital medical record maintenance, generation and scheduling system, and more particularly, to a computerized system located throughout the hospital facility for maintaining and generating required medical records for a hospitalized patient and for scheduling various tests, therapies and other hospital services for that patient.

In the past, record keeping for a hospitalized patient has been a major problem for the proper administration of a hospital and a major administrative drain on the time of the medical staff. A patient's chart, or file, is typically maintained at the nurse's station, which is in the area of the patient's hospital room. However, documents from various parts of the hospital, such as laboratory reports, physical therapist's reports, doctor's reports and the like are continually generated at locations throughout the hospital, or in other places remote from the hospital, and must be placed in this chart. The need for continual access to the chart places additional work on the hospital support staff, such as the nurses and technicians, who must either travel to the chart area, or telephone the nurses station for a report on information contained in the chart. Further, a substantial expenditure of money on the part of the hospital results because of the necessity of employing runners or messengers to physically carry the various reports to the nurses station for inclusion with the chart. These procedures can delay the placing of important documents in the patient's chart for review by physicians and nurses.

Another problem commonly present in most hospital systems is the scheduling of patients for various services performed by the hospital. Some services, such as physical therapy, respiratory therapy, X-rays and the like may only be able to handle one, or a few, patients at a time. Further, a patient can only be scheduled to be in one place at a time. In order to properly schedule patients, the technicians in the various service organizations and nurses on the patient floor are constantly communicating by telephone to set up appropriate schedules. This takes up valuable time of the hospital personnel, which otherwise could be used for direct patient care. Furthermore, emergency situations often occur in a hospital, resulting in changes to the schedule to permit the emergency tests to be performed, thereby causing normally scheduled non-emergency tests to either be rescheduled or causing the patient to wait for long periods of time at the service area. Again, this takes up additional time of the hospital support staff which could better be utilized in providing direct patient care.

In addition to the above, there are many other problems which reduce the time that scarce medical staff has available to provided direct patient care. For example, for every patient discharged from a hospital, a discharge summary must be prepared based on the patients hospital stay. Much of the information contained in the discharge summary is contained in the patient's chart and needs to be summarized or abstracted before being placed in the discharge summary. In addition, physicians must dictate the discharge summary relating to the medical conclusions and future care of the patient. This results in additional physician time and inherent delays in the preparation of the discharge summary, since, after being dictated by the physician, it must first be sent to a transcription service firm, which typically is at a location remote from the hospital, and then returned to the hospital for inclusion with the chart before the patient is discharged. A similar problem exists for the history and physical reports, which are generated at the time the patient is admitted.

Most hospitals possess computer systems which are used for much of the administration within the hospital. For example, in most hospitals, computer systems provide the bills for the patients. To generate a bill, substantial data, such as tests and services performed, must be entered into the computer in order for the bill to be generated. Because of the existence of computerized billing utilized in most hospitals, computer terminals are typically positioned throughout the hospital in order to permit the data to be entered at the location that the charge is generated. For example, when laboratory tests are performed, the data is entered into the billing computer directly from the laboratory are so that the cost of the test can be placed on the patient's bill. However, much of the same data may be hand carried to the patient's chart for review by the medical staff.

One could substantially increase the efficiency and reduce the paper work in a modern hospital by more fully utilizing existing computer systems, or by installing supplemental systems, to relieve much of the administrative burdens placed on physicians and support staffs in the hospitals. For example, the maintenance of medical records can be substantially simplified by utilizing computer technology. In addition, the scheduling of patients can be simplified using the computer technology. By combining functions, such as scheduling and chart report generation into single systems, considerable efficiencies and duplications are further eliminated. Since much of the information is already being entered into a computer system for billing purposes, the incremental additional work is minimized. For example, one must now type in the various laboratory tests performed for billing; to additionally type in the test results would not require significant additional effort. The benefit, of course, is that once the test results are entered into the system, anyone with access to a terminal and a password can see the results without physically going to the chart or without calling and disturbing a nurse. Further, as soon as the results are typed into the system, they can be printed at the nurses' station and immediately be placed in the patient's chart.

The prior art discloses various computer systems which control portions of a hospital system, but nothing shows the entire integrated system as proposed herein. For example, reference is made to the following U.S. patents which show various prior art hospital computerized systems: U.S. Pat. No. 3,872,448 in the name of Baker A. Mitchell, Jr. and entitled, "Hospital Data Processing System"; U.S. Pat. No. 4,135,241 in the name of Eugene A. Stanis et al and entitled, "Inventory Control, Bed Allocation and Accounting Data Handling System"; U.S. Pat. No. 4,315,309 in the name of Robert D. Coli and entitled, "Integrated Medical Test Data Storage and Retrieval System"; U.S. Pat. No. 4,491,725 in the name of Lawrence E. Pritchard and entitled, "Medical Insurance Verification and Processing System"; U.S. Pat. No. 4,591,974 in the name of Donald H. Dornbush et al and entitled, "Information Recording And Retrieval System"; U.S. Pat. No. 4,658,357 in the name of Gary T. Carroll et al and entitled, "Time and Accounting System"; and U.S. Pat. No.