An Attempt to Establish Functional Qualification Requirements for Medical Secretaries

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【研究論文】

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Abstract

This paper presents the functional ranking of assistants to medical clerks (hereinafter referred to as "medical secretaries"), where such ranking is necessary for the functional qualification requirements of the medical secretaries, based on the results of a survey by questionnaire about the work of 55 medical secretaries dispatched to eight hospitals in A Prefecture and the functional level of difficulty of such work in order to prepare documentary functional qualification requirements.

1. Introduction

In the 2008 medical remuneration revision to counter doctor shortage, a new system, additional subsidy payment related to medical remuneration service fees for assistance with doctors' clerical work (hereinafter referred to as "addition system"), was created in order to alleviate the overwork of hospital doctors. As a result, expectations for medical secretaries have risen as seen in a report that the effect of this system is "positive" at 42.8% target hospitals [1]. Under the influence of the positive effect, the number of students who want to find employment in jobs related to doctors' clerical work including those of the medical secretaries is on the increase [2].

The scope of the work of the medical secretaries qualified for the attention-garnering addition system includes assistance work, such as assistance work for documentation (e.g., medical certificates) under the guidance of doctors, proxy input of medical records, clerical work contributing to medical quality improvement, sorting of medical data, statistic taking and survey of in-hospital cancer registration and others, and preparatory work for doctors' education and clinical training conferences. In addition to them, the scope further includes administrative work, such as input to emergency medical information system and surveillance work for infectious diseases. Yonemoto conducted an actual condition survey of the medical secretaries' work (2010). He roughly classified the medical secretaries' work into reception work, insurance claim work, general secretarial work, research support work, operation support work, medical service support work, patient support work, cost control work, medical service information control work, certificate preparation work and nursing assistance work. Among these work, he found that the proxy work for entry of medical records was the highest in delegation from doctors [3]. Furthermore, by comparing the education curriculums for medical secretaries between Japan and the United States, he determined that the contents of the education curriculums for medical record managers (e.g., medical information managers) were comparatively closer to those of the contents the current medical secretarial work. On the other hand, judging from the difference in work between the medical record managers and the medical secretaries he determined that those who had completed the education for medical record managers might

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not have been enough to work immediately as medical secretaries [4]. Seto et al roughly classified the medical secretaries' work into three categories: absolute medical acts, relative medical acts and clerical work. Then, they determined that the verification and evaluation to see which delegated work would effectively alleviate doctors' clerical work were not sufficient [5]. Based on this determination, they asserted that it was essential to establish objective indexes to properly evaluate the medical secretaries' work [6].

2. Objective of Research

In view of the above problems and with the cooperation of a leading temporary staffing agency, the authors conducted this research aiming to establish the evaluation standard for the functional performance skill of the medical secretaries and, based on the results obtained, to attempt preliminarily rating of the medical secretaries. It was an awareness survey on the contents of the medical secretaries' work and the degree of difficulty about the functional performance skill necessary for carrying on the work. The surveyed were temporary staff engaged in the medical secretaries' work in hospitals in A Prefecture dispatched from the cooperative leading temporary staffing agency.

3. Method of Research

This survey was conducted to 55 medical secretaries dispatched to eight hospitals in A Prefecture (seven municipal hospitals and other one hospital) with the cooperation from N Company, a leading temporary staffing agency specialized in clerical staff for hospitals. The survey asked the subjects to fill in a survey sheet and obtained complete response from all subjects, the 100% response rate owing to a work order from their agency. At those hospitals with a small number of respondents, the survey was conducted on an anonymous basis. However, it was unavoidable to preclude the easy identification of the respondents, bias or the like adjustment should be taken in consideration. Seven hospitals of the eight surveyed were qualified for the additional system, and one hospital was not.

The work items listed on the survey sheet, including those for which the addition system was authorized, included all work items extracted by Seto et al in "Report on Actual Condition of Medical Secretarial Work" [5] and by Yonemoto in "A Consideration of Education in Competency for Medical Secretary" [3]. The work items were roughly classified into three categories: "over-the-counter work," "secretarial work" and "medical assistance work." Then, the "over-the-counter work," a division of the rough classification, was further classified into "new patient work," "follow-up patient work," "patient direction and paging work," "hospitalization work," "emergency reception work" and "thorough physical checkup reception work." In the same way, the "secretarial work" was further classified into "secretary work," "research assistance work" and "clerical work," and the "medical assistance work" into "proxy order input work," "medical collaborative work," "medical recording work," "insurance and other documentation work" and "nursing assistance work." These secondary divisions were further classified into 86 sub-work items, and the survey sheet was prepared accordingly.

Next, the functional degree of difficulty, the most important elements in making the functional requirement sheet by way of trial, was classified into four ranks. In ascending order, from the lowest in the degree of difficulty, they are Rank 1 "work that can be carried out even by persons who have completed the training but are inexperienced in work" (called "beginners' rank"), Rank 2 "work that can be carried out by persons who have experienced a little" (called "resident rank"), Rank 3 "work that requires a certain degree of experience and expertise" (called "staff rank"), and Rank 4 "work that requires a high degree of expertise and skill" (called "expert rank"). The ranking was made

based on the consciousness of the medical secretaries themselves and the judgment of the degree of difficulty that was applicable only to the work they were actually performing. The survey was conducted for one month of July 2010 by surveyors of N Company by visiting each hospital for this purpose. The survey sheet is attached to this paper (Data 1).

4. Results of Survey

4.1 Contents of secondary division work items

In terms of the number of hospitals implementing the secondary divisions of the work items, it was the largest in the "medical recording work" under the "medical assistance work" with seven hospitals out of eight, followed by the "insurance and other documentation work" under the same "medical assistance work" with five hospitals our of eight, and the "research assistance work" under the "secretary work" and the "order input work" under the "medical assistance work" with three hospitals out of eight, respectively (Fig. 1).

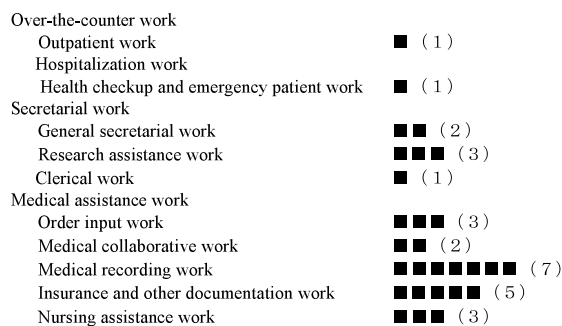**Work item surveyed : Number of hospitals implementing work item n＝8**

Over-the-counter work
  Outpatient work   ■ （1）
  Hospitalization work
  Health checkup and emergency patient work   ■ （1）
Secretarial work
  General secretarial work   ■■ （2）
  Research assistance work   ■■■ （3）
  Clerical work   ■ （1）
Medical assistance work
  Order input work   ■■■ （3）
  Medical collaborative work   ■■ （2）
  Medical recording work   ■■■■■■■ （7）
  Insurance and other documentation work   ■■■■■ （5）
  Nursing assistance work   ■■■ （3）

Fig. 1 Secondary division work items processed by medical secretaries dispatched from N Company, and the number of hospitals in A Prefecture implementing them

4.2 Contents of tertiary division work items

Referring to the number of hospitals implementing the tertiary division work items and the number of persons engaged in them, the "assistant work for hospitalization certificates on life insurance benefits" under the "insurance and other documentation work" were implemented at five hospitals out of eight or 34 persons out of

55, the largest both in the number of hospitals and the number of persons. In the number of implementing hospitals, the "assistance work on applications for sickness payment" under the "insurance and other documentation work" and the "assistance work for disease name entry and edition" under the "medical recording work" were implemented at five hospitals out of eight, large in number. The "assistance work for applications for livelihood protection," the "assistance work for opinions on nursing insurance" and the "proxy work for entry of medical certificates" were implemented at three hospitals out of eight, comparatively large in number. Also in the number of persons, the "assistance work for applications for livelihood and sickness payment," the "alternate work for entry of medical certificates" and the "assistance work for disease name entry and edition" were comparatively large in the number of persons engaged in these work (Fig. 2).
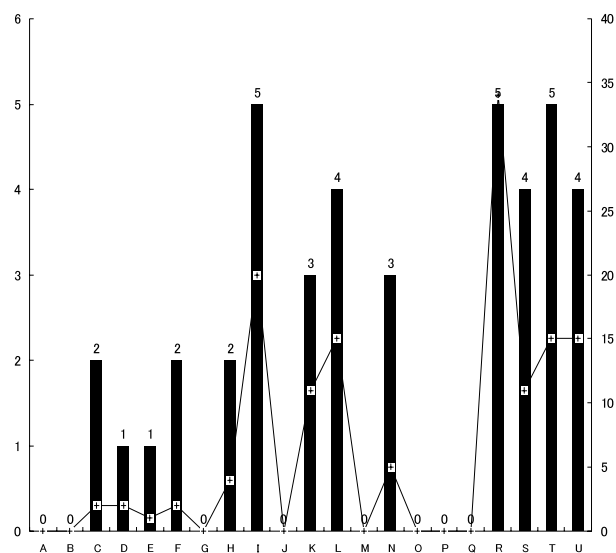
A: Input to operation ledger
B: Input to postoperative complication ledger
C: Proxy input to progress records
D: Sorting and retention of charts
E: Input to DPC format
F: Survey of survival rate (prognosis, outcome, actual status)
G: Sorting of X-ray pictures
H: Proxy entry to charts
I: Input and edit of disease names
J: Proxy entry to prescriptions
K: Proxy entry to doctor's opinion sheet
L: Proxy entry to medical certificates
M: Proxy entry to discharge summaries
N: Proxy input to cancer registrations
O: Proxy input to emergency medical information system
P: Proxy preparation of hospitalization and medical service plans
Q: Proxy input to infection disease surveillances
R: Assistance work for hospitalization paperwork on life insurance benefits
S: Assistance work for opinions on nursing insurance
T: Assistance work for application for sickness payment
U: Assistance work for application for livelihood protection

Fig. 2 Tertiary division work items processed by medical secretaries dispatched from N Company, and the number of hospitals in A Prefecture implementing them and the number of persons implementing them

4.3 Functional ranking

In the survey on the consciousness of medical secretaries themselves as to the ranking of functional degree of difficulty, three work items, the "preparation and input work for hospitalization/ discharge plan (path)" under the secondary divisions of the proxy work for orders, and the "proxy entry work for cancer registration" and "survey work for survival rate (prognosis, outcome, actual status)" under the secondary divisions of the medical recording work, were ranked as Rank 4, the highest degree of difficulty. As the work at Rank 3, the "examination order slip processing work" under the secondary divisions of the proxy order input work was extracted, the "proxy input work for progress records," "input work for DPC format," "disease name input and edit work," "proxy work for entry of medical certificates," "proxy entry work for doctor's opinion sheet" and "proxy entry work for medical charts" under the secondary divisions of the medical recording work were extracted, and the "assistance work for application for sickness payment" and "assistance work for application for livelihood protection" under the secondary divisions of the insurance and other documentation work were extracted. However, the "proxy input work for progress records," the "input work for DPC format" and the "measurement work for body temperature, body weight and eyesight" were not reflected in the functional requirement sheet because the number of their samples was only one (Fig. 3).

n=55

Work item	Number of responders	Average degree of difficulty	SD	Rank
Preparation and input work for hospitalization and discharge plan (path)	11	4.00	0.00	
Proxy entry work for cancer registration	5	4.00	0.00	
Survey work for survival rate (prognosis, outcome, actual status)	2	3.50	0.71	4
Proxy input work for progress records	1	3.00	–	
Input work for DPC format	1	3.00	–	
Measurement work for body temperature, body weight and eyesight	1	3.00	–	
Proxy work for entry of medical certificates	16	2.88	0.34	
Proxy entry work for doctor's opinion sheet	12	2.67	0.49	
Disease name input and edit work	20	2.65	0.59	
Inspection order slip (input) processing work	15	2.60	0.74	
Assistance work for application for sickness payment	15	2.53	0.64	
Assistance work for application for livelihood protection	15	2.53	0.64	
Proxy entry work for medical charts	4	2.50	0.58	3
Assistant work for hospitalization paperwork on life insurance benefits	34	2.35	0.49	
Assistance work for opinions on nursing insurance	11	2.27	0.79	
Information collection work	2	2.00	1.41	
Diet order slip (input) processing work	2	2.00	0.00	
Treatment order slip (input) processing work	1	2.00	–	
Intravenous drip order slip (input) processing work	2	2.00	0.00	
Referral data preparation work	1	2.00	–	
Statistical data input work	2	1.50	0.71	
Assistance work for reply to referral form preparation	4	1.50	0.58	2

Note：Ranks and their standards:
・Rank 1 = "Work that can be carried out even by persons who have completed the training but are inexperienced in work" (called "beginners' rank")
・Rank 2 = "Work that can be carried out by persons who have experienced a little" (called "resident rank")
・Rank 3 = "Work that requires a certain degree of experience and expertise" (called "staff rank")
・Rank 4 = "Work that requires a high degree of expertise and skill" (called "expert rank")

Fig. 3 Results of the ranking according to the degree of difficulty based on the consciousness of medical secretaries themselves dispatched from N Company to hospitals in A Prefecture

5. Experimental Preparation of Functional Requirement Sheet

In the functional requirement sheet made by way of trial, the row shows the frameworks of secondary divisions of work items, i.e., the "order assisting work," the "collaboration support work," the "medical recording work" and the "insurance and other documentation work." The line shows the degree of functional difficulty from Rank 4 (highest) to Rank 2. Rank 1 was excluded because the scope of the medical

secretarial work was ambiguous and numerous. The grid-like sheet was filled with the work items of tertiary divisions obtained through survey according to the ranking to complete the functional requirement sheet (Fig. 4).

| Rank | Medical assistance work | | | |
	Order assisting work	Collaboration support work	Medical recording work	Insurance and other documentation work
4	Can assist the preparation of hospitalization/discharge plan (path)		Can assist the input of cancer registration	
			Can survey the survival rate (prognosis, outcome, actual status)	
3	Can assist the input of examination orders		Can assist the input of progress records	Can assist the preparation of applications for sickness payment
			Can assist the input to DPC format	Can assist the preparation of applications for livelihood protection
			Can assist the entry of medical certificates	
			Can assist the entry of doctor's opinion sheet	
			Can assist the input and edit of disease names	
			Can assist the entry of charts	
2	Can assist the input of diet orders	Can assist the preparation of patient referral data		Can assist the preparation of hospitalization certificates on life insurance benefits
	Can assist the input of treatment orders	Can assist the preparation of replies to patient referral forms		Can assist the preparation of opinions on nursing insurance
	Can assist the input of intravenous drip orders			

Fig. 4 Initial experimental preparation of functional requirement sheet based on the consciousness of the medical secretaries themselves dispatched from N Company to hospitals in A Prefecture (excluding Rank 1)

6. Summary

The main work items of the medical assistance work are the "medical recording work" and the "insurance and other documentation work." Particularly, the "assistant work for hospitalization certificates on life insurance benefits," the "proxy work for entry of medical certificates" and the "assistance work for disease name entry and edition" are carried out at many hospitals. The results agree and confirmable with those of the earlier studies by Yonemoto and Set et al. Therefore, the authors assume in preparing the functional requirement sheet that the extraction of work items is now sophisticated enough to be valid on some level.

On the degree of functional difficulty, the "preparation and input work for hospitalization and discharge plan (path)," the "proxy entry work for cancer registration" and the "survey work for survival rate (prognosis, outcome, actual status)" are ranked at the highest Rank 4 because they may be affected by how much the medical expertise necessary for the work performance has been acquired. From the fact that the doctors' function is backed up by abundance in medical expertise, it may be easily assumed that the rise in the degree of functional difficulty of medical secretaries is proportional to abundance in medical expertise that medical secretaries have acquired. From this, it is conceivable that those work items that highly requires medical expertise may be positioned in the superiority of the degree of functional difficulty in the future.

7. Assignments in the Future

For making the objective evaluation indexes for medical secretaries in a visible manner, Seto showed three methods: "making by medical secretaries themselves," "making by managers from the viewpoint of management" and "making by temporary staffing agency from the viewpoint of temporary staff's ability value" [6]. This survey made the indexes by combining the first method, "making by medical secretaries themselves," and the third method, "making by temporary staffing agency from the viewpoint of temporary staff's ability value." Here, a problem is that many medical secretaries were permanent employees who were not the subjects of this survey. Another problem is that the preparation of the functional qualification requirements was designed to improve the ability of each staff and raise the motivation of each staff by properly evaluating their treatment, and therefore the entry by medical secretary

themselves might want for objectivity and the evaluation from the viewpoint of management is essential. Therefore, in preparing the functional requirement sheet in the future, both the viewpoint of medical secretaries themselves including permanent employees and that of the managers should be combined. Furthermore, while the number of hospitals to be surveyed should be increased and the survey contents should be refined, the actual data of wage level and personnel review should be added in order to complete the standard functional requirement sheet for medical secretaries.

8. Acknowledgement

[References]
[1] "Questionnaire Survey to 2009 Medical Chief Secretary," N.I.C. Corporation, 2009, p. 53
[2] K. Yonemoto, "A Consideration of License and Authorization Types and Tests Related to Medical Secretarial Work for Grasping Divisions of Work," Presentation at Chubu Block Society, Japan Society of Applied Business Students, 2010
[3] K. Yonemoto, "A Consideration of Education in Competency for Medical Secretary," Presentation at Chubu Block Society, Japan Society of Applied Business Students, 2009
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[5] R. Seto et al, "Report on Actual Condition of Medical Secretarial Work," Public Symposium "Outlook on Medical Secretaries," 2010
[6] R. Seto et al, "Special Topic - Utilization of Ever-Developing Medical Secretaries, Part 1," Japan Medical Planning, Phase 3, No. 313, p. 19, 2010

Datal : Survey Sheet

Work item			Work that is carried out now by doctor clerks	Rank1 (Beginner) Work that can be carried out even by persons who have completed the training but are inexperienced in work	Rank2 (Resident) Work that can be carried out by persons who have experienced a little	Rank3 (Staff) Work that requires a certain degree of experience and expertise	Rank4 (Expert) Work that requires a high degree of expertise and skill
Over-the-counter work	New patient work	・Response to new patients over the counter					
		・Preparation of new patient charts					
		・Issuance of patient registration cards					
		・Request for entry to medical interview sheets					
		・Reception work for outpatient subscription					
	Follow-up patient work	・Response to follow-up patients over the counter					
		・Preparation of follow-up patient charts					
	・Patient direction and paging work						
	Hospitalization work	・Reception work for hospitalization/discharge					
		・Preparation of hospitalization charts					
		・Direction to patients					
		・Supplemental explanation of referral to personal physicians					
		・Assistance work for referral form preparation					
	・Reception work for emergency patients						
	・Thorough physical checkup reception work						
Secretarial work	Secretarial work	・Response to visitors					
		・Response to phone calls					
		・Photocopying of documents					
		・Scanning of documents, etc.					
		・Sorting of business cards, magazines and books					
		・Management of magazines and books					
		・Management of each meeting room, reception office and room					
		・Sorting of mail matter					
		・Management of fixtures and expendables					
		・Seal setting on documents					
	Research assistance work	・Assistance work for research papers and theses					
		・Preparation for academic conferences and lectures					
		・Collection of information					
		・Input of statistical data					
		・Photographing and videotaping of operations					
	Clerical work	・Preparation of doctors' schedules					
		・Filing (retention) of documents					
		・Preparation for meetings (committee meetings)					
		・Preparation for images for conferences					
		・Preparation of data for conferences					
		・Appoint-making and negotiations with medical representatives					
		・Preparation of minutes and reports					
		・Transfer of charts					
		・Transfer of X-ray pictures					
		・Patient room admission/discharge control					
		・Adjustment of operation schedules					
		・Management of medical service records and image examination results					
		・Input of cases of scary minor incidents					

			Work that is carried out now by doctor clerks	Rank1 (Beginner) Work that can be carried out even by persons who have completed the training but are inexperienced in work	Rank2 (Resident) Work that can be carried out by persons who have experienced a little	Rank3 (Staff) Work that requires a certain degree of experience and expertise	Rank4 (Expert) Work that requires a high degree of expertise and skill
Medical assistance work	Proxy order input work	・Messages transfer work					
		・Preparation (input) work for hospitalization/ discharge plan (path)					
		・Diet order slip (input) processing work					
		・Examination order slip (input) processing work					
		・Treatment order slip (input) processing work					
		・Intravenous drip order slip (input) processing work					
		・Blood transfusion order slip (input) processing work					
		・Prescription type change work (inside hospital ⇔ outside hospital)					
	Medical collaborative work	・Response to subscribed patients					
		・Assistance work for referral form preparation					
		・Assistance work for reply to referral form preparation					
		・Referral data preparation work					
		・Preparation work for application for operation					
		・Confirmation work for consent form acquisition					
	Medical recording work	・Input to operation ledger					
		・Input to postoperative complication ledger					
		・Proxy input to progress records					
		・Sorting and storage of charts					
		・Input to DPC format					
		・Survey of survival rate (prognosis, outcome, actual status)					
		・Sorting of X-ray pictures					
		・Proxy entry to charts					
		・Input and edit of disease names					
		・Proxy entry to prescriptions					
		・Proxy entry to doctor's opinion sheet					
		・Proxy entry to medical certificates					
		・Proxy entry to discharge summaries					
		・Proxy input to cancer registrations					
	Insurance and other documentation work	・Proxy input to emergency medical information system					
		・Proxy preparation of hospitalization and medical service plans					
		・Proxy input to infection disease surveillances					
		・Assistance work for hospitalization paperwork on life insurance benefits					
		・Assistance work for opinions on nursing insurance					
		・Assistance work for application for sickness payment					
		・Assistance work for application for livelihood protection					
	Nursing assistance work	・Measurement work for body temperature, body weight and eyesight					
		・Assistance work for examination including electro-cardiogram					
		・Cleaning and disinfection of instrumentation					
		・Carriage of oxygen cylinders and drip setups					
		・Assistance work during medical service					
		・Preparation, communication and coordination for rounds					
		・Response to nurse calls					
		・Preparation for colonoscopic examination					
		・Checking of results including CPAP and PSG					
		・Explanation of examination procedures					
		・Explanation of medical treatment life					