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LETTER

# UNIVERSALITY AND COMPATIBILITY OF THE CLINICAL RECORD OF PATIENTS IN THE CONCEPCIÓN PUBLIC HEALTH SERVICE. ARE RULES REALLY BEING COMPLIED WITH?

## Universalidad y compatibilidad de la historia clínica de los pacientes en el servicio público de salud de Concepción. ¿Se están cumpliendo realmente las normas?

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The use of the clinical record is fundamental and obligatory when performing health care functions, both in the public and private sectors. The clinical record is considered as the set of health data relating to a given individual, collected in a single record.[1]

For this purpose, there are currently various computer systems that make it possible to record all the medical services received, tests requested and performed, as well as everything else that needs to be recorded in relation to the patient's pathology and the actions taken to treat them.[1]

The purpose of the clinical record is to integrate the necessary information in the care process of every patient.[2] This principle – which implies that there must be universality and compatibility of the clinical information associated with a patient – is not being complied with in the health system of Concepción. Here, this task is mainly carried out with two computerized record systems, RAYEN and AVIS, at the various Health Centers. These systems do not allow interconnection or sharing of the information stored, thus omitting relevant background information associated with the care and interventions performed on the patient.

In a recent experience in a Family and Community Health internship held this year, we had the opportunity to demonstrate this failure of the system directly. A patient came to the CESFAM (Family Health Center), who wished to receive dental care and start treatment after several years without going to the dentist. Prior to treatment, a review of the patient's morbidity and past care, along with pharmacological information, was carried out.

There was no relevant information that would contraindicate care. The anamnesis examined whether the patient suffered from any chronic disease, whether he had undergone any operation during his life, whether he was taking any medication, and several other routine questions, to verify the information available in the AVIS system file. Given the negative answers to all the questions asked, and risks being ruled out, a supragingival scaling is performed.

After a couple of minutes, the patient becomes agitated and sweaty, and care is immediately discontinued. The patient touches his chest with his right hand and says that he has recently undergone cardiovascular surgery and that his medication had been changed and he was not used to it yet. After this alarming information, the corresponding medical referral was made, and antibiotics were prescribed due to the high probability of endocarditis or other severe infection.

The patient said that he had not said anything because he did not know that there was any relation between this situation and his teeth. The procedures performed, the operation, and all the medical history associated with the pathology were not available in his clinical record, since he had been treated at the Regional Hospital, where the RAYEN program is used for clinical records.

The RAYEN program is incompatible with AVIS, since the databases are coded differently, not allowing universality of the data associated with a national identity card (RUT). This is a major shortcoming in the public health system of our country, in the city of Concepción in this case. It is imperative to enable access to all the information of every patient, considered as sensitive data,[2] regardless of the system into which the data is entered. This is necessary both for the appropriate clinical decision making by the health professional, and to avoid compromising the patient's life.

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