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AUTHOR Rineberg, Joan  
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ABSTRACT

The need for medical record administrators in New Jersey, and specifically in hospitals, was studied using a methodology that projects requirements and accounts for the utilization of Registered Record Administrators (RRAs) in alternative health care settings by 1990. Furthermore, employment opportunities in such nontraditional settings as insurance and pharmaceutical companies were explored. Surveys of hospitals were conducted to determine staffing patterns and personnel needs of the medical records departments. Positions were rated both in terms of the job title and professional certification of each individual employed. A survey, distributed to 100 New Jersey Medical Record Association (NJMRA) members at their January 1981 state meeting, collected data on present employment position and setting, educational training, and interest in further education. Response rates ranged from 62 percent for a mail survey to 94 percent for the survey of NJMRA members. The survey results were supplemented by a series of telephone conversations with state and national experts in the field. A shortage of 250 RRAs by 1990 was estimated. The continuing inability of hospitals, the principal employers of such personnel, to attract and retain RRA is presumably due to the increasing complexity of medical record management and to the lack of baccalaureate programs in New Jersey. It is recommended that two baccalaureate programs in medical record administration be established in the state, one in the north and one in the central or southern region. Evening and weekend courses are also recommended for continuing professional education. Survey forms are appended. (SW)

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ORM Volume 1: Report Number 3



MANPOWER PLANNING STUDIES

# An Analysis of the Need for Medical Record Administration Programs in New Jersey

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FEBRUARY 1981



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AN ANALYSIS OF THE NEED FOR MEDICAL RECORD  
ADMINISTRATION PROGRAMS IN NEW JERSEY

I. Introduction

This report updates and expands analyses of the need for qualified medical record administrators and technicians in New Jersey. Previous departmental efforts, including the New Jersey Health Professions Education Master Plan (May 1973), An Analysis of the Need for Health Professionals in New Jersey (June 1978) and the Report of the Task Force on Regionalization in Health Professions Education (March 1979), indicated a projected shortage of these health professionals trained both at the associate and baccalaureate degree level and the need to establish appropriate educational programs to address this situation.

The present needs assessment focuses primarily on the need for Registered Record Administrators (RRAs) in hospitals, the principal employment setting for medical records professionals. In addition, the methodology employed for projecting requirements also accounts for the utilization of RRAs in alternative health care settings by 1990. Furthermore, employment opportunities in such non-traditional settings as insurance and pharmaceutical companies have been explored.

Based upon the analysis, by 1990 there is projected to be a shortage of approximately 250 RRAs in New Jersey. A principal reason for this shortage is the lack of baccalaureate programs in New Jersey to train these personnel. It is therefore recommended that two baccalaureate programs in Medical Record Administration be established in the State; and, based upon the distribution of hospital beds in New Jersey, that one of these programs be located in the northern section of the State and that the other be located in the central or southern region.

IP. Medical Records Personnel

The Joint Commission on Accreditation of Hospitals (JCAH) Accreditation Manual for Hospitals 1981 Edition, defines a qualified medical record individual as either a Registered Record Administrator (RRA) or an Accredited Record Technician (ART), based upon the successful completion of examination requirements of the American Medical Record Association (AMRA). The Manual states, "when highly developed organizational, management and departmental evaluative skills are needed, a registered record administrator or a person with documented equivalent training and/or experience should be employed."<sup>(1)</sup>

Generally, medical record administrators are health professionals responsible for managing health information systems; planning and developing medical record services; and designing and implementing appropriate data collection and abstracting systems for the analysis and evaluation of medical records, reports and indices. In addition, medical record administrators assist medical staff in administrative and professional areas such as quality assurance and utilization review. The professional credential is the Registered Record Administrator (RRA) requiring either a baccalaureate degree or a post-baccalaureate certificate in medical records.

Medical record technicians provide trained, skilled technical assistance to administrators in maintaining medical records, reports, statistics and indices and in working with physicians and other health professionals on medical records and research projects. Medical record technicians may also be employed as directors of medical record departments in small hospitals, out-patient clinics and other health care facilities. The professional credential is the Accredited Record Technician (ART). Previously, educational qualifications for the ART could be met by either attainment of an associate degree in Medical Records or completion of an AMRA correspondence course combined with on-the-job training. However, as of April 1980, a minimum of 30 semester hours of academic credit must be completed in addition to completion of the AMRA course.

<sup>(1)</sup> Accreditation Manual for Hospitals 1981, JCAH, Chicago, Standard IV, p. 90.

### III. Research Methods

In conducting the needs assessment it was recognized that a recent change in hospital record keeping systems due to the initiation of the DRG System for hospital reimbursement was likely to increase significantly the need for qualified medical records personnel. As the Task Force on Regionalization reported in 1979:

"Primarily responsible for any projected changes [in the need for medical records personnel] is the State's initiation of the DRG System for hospital reimbursement. This is essentially a system which bases the reimbursement to a hospital not on the number of days a person stays in the hospital but rather on the diagnostic category into which he falls combined with information on secondary diagnoses, surgical procedures, and some demographic data. (The DRG program is currently an experimental one involving sixty-six hospitals across the State---however, it is scheduled to be phased in as standard procedure beginning in January, 1980 and to be fully operational by January, 1982)...The effect of this approach to reimbursement by the State Department of Health will be to place Medical Record Administrators into the position of...determining the mix and level of reimbursement received by the hospital for all its activities. In addition, the National Center for Health Statistics is developing a Comprehensive Health Statistics System (CHSS) which has as one component a minimum data set of medical records data which, by law, will be collected for every patient... Similarly, PSRO's in the course of their utilization review activities are imposing increased medical record data requirements on hospitals.

"It is estimated that the average size of the staff of a medical record department in an acute general hospital will increase by approximately 50% over the next five years and the numbers of such persons employed by HMOs, Ambulatory Care Clinics, Long Term Care Facilities, etc. will also increase substantially."

The Task Force's estimates were based upon early and subjective responses from the first twenty-six hospitals to implement the DRG System, prior to their entry into the system, as well as on the perceptions of future needs from other health care facilities.

In order to develop more precise data to address the question of current and projected need for medical record administrators, the following activities were undertaken by the Office of Research and Manpower of the Department of Higher Education in January 1981:

1. A survey, mailed to the twenty-six hospitals which fully implemented the DRG System in January 1980, asked questions with respect to staffing patterns of the medical record departments, both prior to entry into the DRG System and as of January 1981, as well as to changing personnel requirements as a result of entry into the DRG System by number and job title in two years and in five years. (See Attachment A.)
2. A telephone survey questioning future personnel needs of the medical record departments of the forty hospitals entering the DRG System in January 1981 was conducted. Positions were rated both in terms of the job title and professional certification of each individual employed. (See Attachment B.)
3. A survey, distributed to 100 New Jersey Medical Record Association members at their January 1981 State Meeting, collected data on present employment position and setting, educational training and interest in further education. (See Attachment C.)

A total of 166 surveys was distributed, with an explanatory note on the purpose of the study. (See Attachment D.) Although time constraints prevented follow-up contacts of non-respondents, the initial return was excellent. As Table I indicates, response rates ranged from 62% for the mailed survey to 94% for the survey of NJMRA members.

TABLE I  
SURVEY RESPONSES

	<u># Distributed</u>	<u># of Responses</u>	<u>Response Rate</u>
26 DRG Hospitals (mail survey)	26	16	62%
40 DRG Hospitals (telephone survey)	40	36	90%
<u>NJMRA Membership</u> (hand-out survey)	100	94	94%
Total	166	146	88% (average)

To further determine need, the survey results were supplemented by a series of telephone conversations with experts in the field, both in New Jersey and on the national level. Particular attention was given to exploring possible alternative settings (other than health care facilities) where medical records personnel might be employed.

Correspondence from the American Medical Record Association included a list of such employers (Table II). However, subsequent inquiries of a number of experts in the field indicated that this is at best only an assumption of an as yet unquantifiable future need. For example, Louis Orsini, Vice President of Research, Health Insurance Association of America, stated that there may be an appreciable demand for RRAs in insurance companies if DRGs become implemented widely among other states. At that time, companies will need access to better information, as well as personnel skilled in the development of new and more refined data bases. However, it will be at least one to two years before this potential demand can be quantified.

In addition, a review of the literature available, primarily through the American Medical Record Association, was conducted. Of particular value was a recent article in Medical Record News, which described a basic approach to assessing the need for baccalaureate medical records administration programs.<sup>(2)</sup> In fact, Davenport's approach was adopted for use in determining the need for such programs in New Jersey.

#### IV. Needs Assessment

The methodology employed to assess the need for medical records administrators in New Jersey is based on Davenport's model and is essentially a variation of the fixed-population ratio model.

(2) Davenport, Sara R., "A Pre-empirical Approach to Assessing the Need for Medical Record Administration Education Programs," Medical Record News, Chicago, April 1980, pp. 53-56.



TABLE II

A Listing of Career Opportunities open to the Medical Record Practitioners

1. Administrative Assistant
2. Community Agencies
3. Consulting Firms
4. Data Processing
5. Education
6. Government Agencies
7. Grants and Working on Projects
8. Health Maintenance Organizations
9. Hospitals
10. Industrial Health Clinics
11. Hospital Informational Services Director
12. Insurance Companies
13. International Health Ships
14. Maintaining a Business for Medical Transcription Services
15. Medicolegal and Insurance Abstracting
16. Military
17. Nursing Homes
18. Outpatient Clinics
19. Penal Institutions
20. Pharmaceutical Companies
21. Printing Companies-Forms Design
22. Private Physician Clinics
23. Quality Assurance Program Coordinator
24. Registries
25. Research
26. Skilled Nursing Facilities
27. State and National Organizations
28. Special Health Related Surveys
29. World Health Organizations
30. Writing
31. World Voluntary Organizations
32. Veterinary Hospitals and Research Facilities

A. Requirements

First, national averages of RRAs staffing hospitals grouped according to bed size were used to estimate basic requirements. The averages were determined from JCAH data.<sup>(3)</sup> Implicit in the use of the JCAH averages was the assumption that national staffing patterns of hospital medical record departments provide a reasonable standard for use in New Jersey. The averages were applied to the number and size of general hospitals in the State, with the exception of hospitals with 25-99 beds for which averages are adjusted to "zero" RRAs. According to Davenport, the complexity of record management changes significantly as hospital bed size decreases. Therefore, to allocate an average number of RRAs to each of the hospitals in the lowest range would be to overestimate requirements, especially since many employ credentialled administrators on a consultant basis only. As Table III indicates, a basic current requirement for 208 RRAs is estimated.

TABLE III

Basic Demand for RRAs in New Jersey

<u>Bed-Size</u>	<u>A</u> Average No. RRAs on Staff	<u>B</u> No. of Hospitals	<u>C</u> Basic-demand for RRAs (AxB)
25-99	0	7	0
100-199	2	26	52
200-499	2	60	120
500+	<u>3</u>	<u>12</u>	<u>36</u>
TOTAL	N.A.	105	208

(3) In a telephone conversation with Davenport on January 26, 1981, she explained that the averages are based upon 1975 hospital "self-reports" to JCAH.

Using estimates developed from Davenport's model, this figure is then adjusted to account for dynamic conditions in the medical record field, including the implementation of federal record keeping requirements (e.g., CHSS "minimum data sets") and New Jersey's DRG System, which serve to increase the complexity of data requirements and therefore the need for RRAs. Table IV presents the application of the shift in the ratio of administrators to hospital bed size, resulting in a demand for approximately one hundred additional RRAs by 1982, when the DRG system is implemented statewide.

TABLE IV  
Demand Shift

Bed-Size	A Estimated Demand Shift	B No. of Hospitals	C Additional Demand for RRAs
25-99	+ .25	7	2*
100-199	+ .5	26	13
200-499	+ 1	60	60
500+	+ 2	12	24
TOTAL	N.A.	105	99

\*Rounded to nearest whole number.

Final adjustments are made to incorporate the requirements for RRAs in other health care settings, such as intermediate and long term care facilities, mental health centers, and HMOS, many of which employ medical record administrators on a part-time or consultant basis. This adjustment also incorporates the projected impact of national health insurance by 1990. This results in a requirement for an additional 50 RRAs. (4) Table V presents the adjustments, which when added to the basic requirements, equal a total requirement of approximately 360 RRAs in 1990.

11

(4) See projection methodology developed for medical record administrators in "An Analysis of the Need for Health Professionals in New Jersey: 1975-1985," Health Manpower Planning Series, Report Number Three, New Jersey Department of Higher Education, June 1978, pp. 111-112.

TABLE V

Total RRA Requirements In New Jersey: 1990\*

Basic Demand	210
Adjustment 1: requirements shift based on changing conditions in medical records	100
Adjustment 2: requirements for other facilities and NHI	<u>50</u>

Total requirements = 360 RRAs

\*All figures are rounded to the nearest 10.

B. Supply

Supply estimates on the number of RRAs are based on membership in the State professional association, the New Jersey Medical Record Association (NJMRA). Although there may be RRAs in New Jersey who are not members of the professional association, it is assumed that their numbers are few, for to maintain current certification, RRAs must fulfill continuing education requirements which are monitored by the association at the national level. As of December 31, 1980, 110 RRAs belonged to the NJMRA.

C. Need

By subtracting supply from requirements, the need for RRAs in New Jersey may be estimated. As Table VI indicates; there is projected to be a shortage of 250 RRAs by 1990, assuming no change in the base supply. This assumption would appear reasonable in view of the fact that there has been virtually no change in the overall supply of RRAs since 1975, when a Department of Higher Education study identified 112 practicing RRAs in the State.<sup>(5)</sup> The in-state retention rate for graduates of New Jersey's four-year health professions education programs is 65%. Therefore, 380 RRAs must be trained in order to produce 250 practicing RRAs in New Jersey by 1990.

(5) Ibid.

TABLE VI

Need for RRAs in New Jersey (1990)

Requirements	360
Supply	<u>110</u>
Shortage	250

D. Discussion

These projections of need, established through the utilization of the modified Davenport model, corroborate the findings of the hospital surveys and the perception of experts in the field. The hospital surveys sought employment information for all medical record (MR) manpower categories, both credentialed and non-credentialed. Data collected indicated a strong recognition by the MR departments of increasingly complex data management requirements under the DRG System and of an accompanying need for additional, as well as more highly trained personnel. In addition, there are indications that, in fact, the turn-over rate for directors of medical record departments is increasing as a result of the added responsibilities inherent in the changing requirements for data management. Although this cannot be confirmed by hard data at this point, it is a phenomenon that a number of experts alluded to in private conversation.

In addition, the limited availability of RRAs in New Jersey may have contributed to a second phenomenon, i.e., the fact that more than half of the directors of hospital medical record departments are ARTS. The results of all three surveys indicated, in fact, a strong interest by these personnel in the availability of programs to update skills. Unsolicited responses to the telephone survey also revealed that a number of non-credentialed MR department employees are currently studying for ART certification. Moreover, 84% of the ART respondents to the survey of NJMRA members stated their interest in further education leading to a baccalaureate degree and RRA certification. This interest was further confirmed in a letter from the NJMRA to the Department of Higher Education

dated January 22, 1981, which expressed an urgent need for at least one baccalaureate program in the State which affords opportunities for employed ARTs to matriculate in such a program on a part-time basis. The following section discusses the need for educational programs in New Jersey in light of the analysis of manpower needs.

V. Need for Educational Programs

At the present time, New Jersey has two associate degree programs in medical record technology. The program at Union County Technical Institute was established in 1975, and the Hudson County Community College Commission began its program in 1979. A third program is scheduled to be implemented by Camden County College in September, 1981.

Currently, there are no baccalaureate programs in medical record administration in New Jersey. Residents must go out-of-state for training.

Baccalaureate programs in medical record administration are offered at Downstate Medical Center (SUNY) in Brooklyn and at Temple University in Philadelphia. While both programs are in close proximity to New Jersey, courses at these schools are scheduled during the day, making it difficult for ARTs to upgrade their skills and still maintain employment. The survey of NJMRA members indicates a strong desire for baccalaureate programs offering evening and/or weekend courses for students on a part-time basis. Clearly, any baccalaureate medical record administration programs developed in New Jersey should allow for the career mobility of interested ARTs.

Kean College has submitted a program approval document to the Department of Higher Education for a baccalaureate program in medical record administration, which does provide access to ARTs through weekend and evening, as well as day-time courses. When fully operational, the program will graduate 30 students per year. Assuming an approximate three year lag time, this program will train approximately 210 graduates by 1990. Based upon the historic in-state

retention rate (65%) for graduates of health professions baccalaureate programs, this program would provide New Jersey with an additional supply of 140 RRAs. The projections in the study indicated, however, a need for 250 additional RRAs in the labor force by 1990. It would therefore seem quite reasonable to encourage the establishment of two baccalaureate programs in medical record administration in New Jersey.

An additional consideration is the location of these two programs. Figure 1 shows the distribution of general hospitals by bed size in New Jersey. There is a clear concentration of hospitals in the northeastern portion of the State. Based upon the estimates in the study, which were calculated in terms of hospital bed size, more than 35% of the demand for RRAs exists in HSA II alone. Moreover, on the same basis, hospitals in the central and southern portions of the State, i.e., HSA IV and HSA V, account for more than 40% of the total RRA requirements for New Jersey. In order to afford interested students the opportunity to matriculate in a baccalaureate program without incurring the difficulties of long commuting distances, it seems prudent to recommend the establishment of one program in the central or southern portion of the State in addition to one in the northeast.

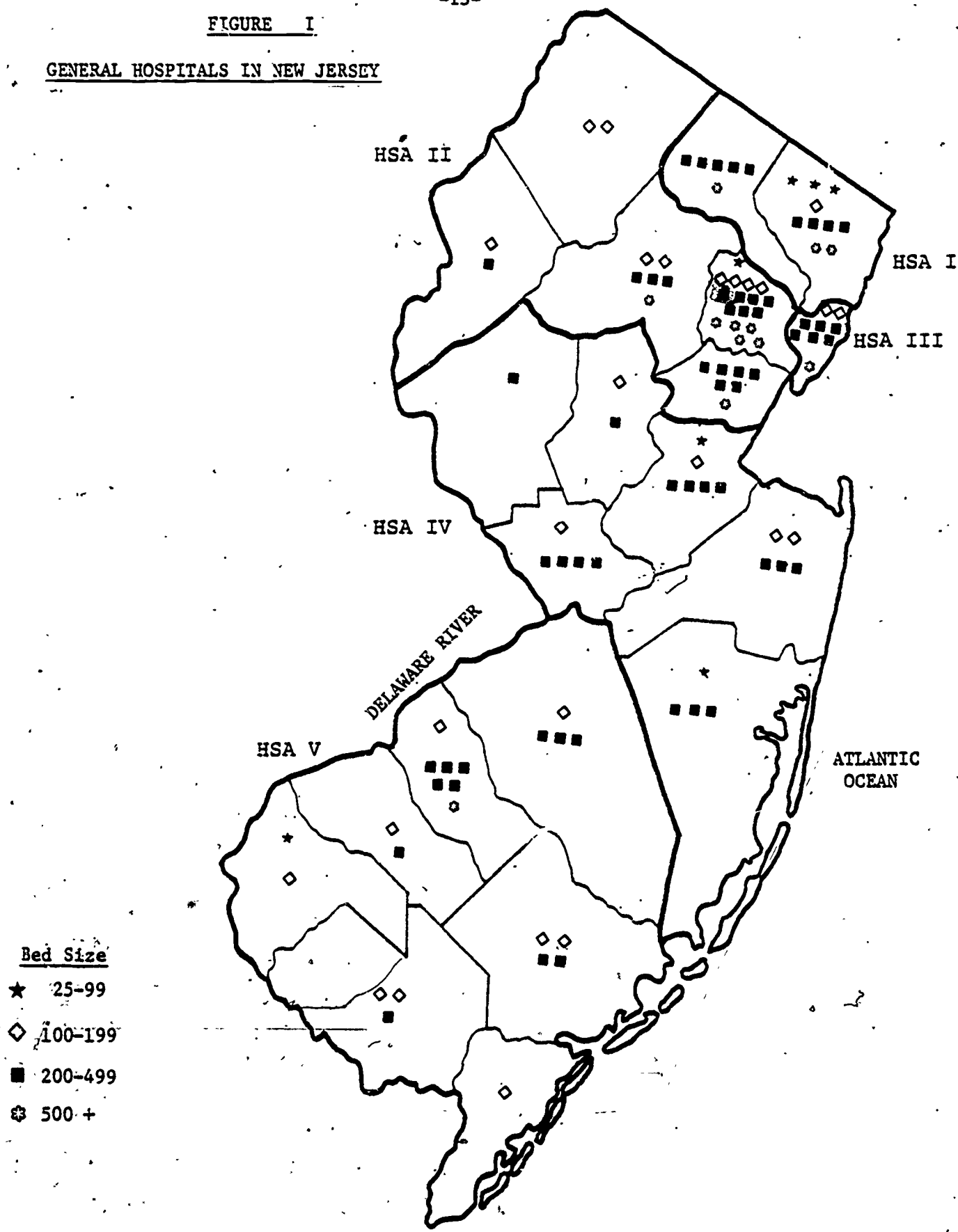
#### V. Conclusions and Recommendations

To analyze the need for medical record administrators in New Jersey, a projection methodology has been employed which estimates a shortage of 250 RRAs by 1990. This assumes a continued base supply of 110 RRAs, a figure that remained virtually unchanged over the past five years. The continuing inability of hospitals, the principal employers of such personnel, to attract and retain RRAs is presumably due to the increasing complexity of medical record management and to the lack of baccalaureate programs in New Jersey.

It is important to note, however, that the estimates in the study are not exact. The collection of firm data is difficult, as there is no licensure

FIGURE I

GENERAL HOSPITALS IN NEW JERSEY



Bed Size

- ★ 25-99
- ◇ 100-199
- 200-499
- ⊛ 500 +

SOURCE: New Jersey Department of Health



for this profession, and the field is in a state of flux. In addition, absolute requirements may be obscured by the fact that there is no single route for entry into medical record administration. While RRAs have the formal credentials, many administrative positions are held by ARTs. Further, as medical record departments grow in size, other personnel, including RNs and computer specialists, may be utilized if sufficient numbers of credentialed medical record personnel are not available.

In conclusion, there is a clear and immediate need for the establishment of baccalaureate medical record administration programs in New Jersey. It is recommended that such programs provide for the upgrading of the skills and credentials of currently employed ARTs by offering evening and weekend courses, on a part-time basis. The findings indicates that two programs would likely be sufficient to meet RRA personnel needs over the next decade. Moreover, based on the distribution of hospitals, it is recommended that one baccalaureate program in medical records be established in the northern region of the State. It is further recommended that a second baccalaureate program be established in the central or southern region.

Medical Records Administration  
DRG Hospitals

Hospital: \_\_\_\_\_

Name of person answering survey: \_\_\_\_\_

Date: \_\_\_\_\_

We are assessing the need for medical records personnel in New Jersey and would appreciate your assistance. We would like the following information:

- 1) Prior to entry into the DRG system, what was the staffing pattern in your department?

<u>Title</u>	<u># Full-time</u>	<u># Part-time</u>	<u>How many hours? (PT)</u>
Clerk	_____	_____	_____
ART	_____	_____	_____
RRT	_____	_____	_____
Other (please specify)	_____	_____	_____

- 2) Have your personnel requirements (needs) changed since entry into the DRG system?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, in what way? For example, have you required

Additional Staff \_\_\_\_\_

Higher Level Staff \_\_\_\_\_ (e.g., increased training/education)

Could you please elaborate \_\_\_\_\_

- 3) How many employees do you have at present?

<u>Title</u>	<u># Full-time</u>	<u># Part-time</u>	<u>Hours PT</u>	<u># Unfilled budgeted positions</u>
Clerk	_____	_____	_____	_____
ART	_____	_____	_____	_____
RRT	_____	_____	_____	_____
Other (please specify)	_____	_____	_____	_____

- 4) To the best of your ability, please estimate, by job title, the # of individuals you will need by position.

	<u>in 2 years</u>	<u>in 5 years</u>
Clerk	_____	_____
ART	_____	_____
RRT	_____	_____
Other (please specify)	_____	_____
	_____	_____
	_____	_____

HOSPITAL MEDICAL RECORDS SURVEY

Hospital: \_\_\_\_\_

Would you connect me with the Director of Medical Records please.

Hello, this is \_\_\_\_\_ from the New Jersey Department of Higher Education, Office of Research & Manpower. We are conducting a brief telephone survey to measure the changing needs for medical records personnel for the purpose of planning educational programs. Since your hospital is now implementing the DRG System, the information you provide will afford us valuable insight into the current & future need for such personnel.

Could you answer just a few questions for me at this time? (If the answer is "NO", ask when it would be a convenient time to call back).

1. How many people are currently employed by your Department? (including Clerks, Technicians and Administrators).

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

2. What are the job titles & the highest level of certification of your medical records administrators? (eg. Manager/Director, Ass't. Manager/Director)

<u>Title</u>	<u>Certification</u> (ART, RFA)	<u>How many</u> <u>Full-time</u>	<u>How many</u> <u>Part-time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. What are the job titles & highest level of training of your medical records technicians?

<u>Title</u>	<u>Certification</u> (ART, RRA)	<u>How many</u> <u>Full-time</u>	<u>How many</u> <u>Part-time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you perceive any present or future changes in your personnel requirements, or needs, due to entry into the DRG System?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, in what way? For example, will you require additional staff? \_\_\_\_\_, Higher level staff (eg. increased training/education)? \_\_\_\_\_ . Could you please elaborate \_\_\_\_\_

5. To the best of your ability, please estimate, by job title & Certification the # of individuals you will need:

<u>Position</u>	<u>Certification</u> (ART, RRA)	<u>in 2 years</u>	<u>in 5 years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of New Jersey  
DEPARTMENT OF HIGHER EDUCATION  
225 WEST STATE STREET  
P. O. BOX 1203  
TRENTON, NEW JERSEY 08647

MEDICAL RECORDS ADMINISTRATION SURVEY

Survey of NJMRA members

The Department of Higher Education is studying the changing needs for medical records personnel in the State for the purpose of planning educational programs. By taking a few minutes to complete this questionnaire, you will provide us with valuable information on the current status and future needs of your profession.

- 1) Present position (title): \_\_\_\_\_
- 2) Facility: \_\_\_\_\_
- 3) Years employed in medical records administration: \_\_\_\_\_
- 4) Highest level of education attained: High School \_\_\_\_\_ Associate Degree \_\_\_\_\_  
 AMRA Correspondence Course \_\_\_\_\_ Baccalaureate Degree \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_
- 5) Medical record professional status: ART \_\_\_\_\_ RRA \_\_\_\_\_ Neither \_\_\_\_\_
- 6) State in which highest level of medical records education was received. \_\_\_\_\_  
 If New Jersey, please specify school: \_\_\_\_\_
- 7) Would you be interested in pursuing further education leading to the Registered Records Administrator (RRA) level? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, would you attend PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_  
 would you prefer DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ WEEKENDS \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION

January 9, 1961

Ms. Eileen Esche  
Director Medical Records  
Newark Beth Israel Medical Center  
201 Lyons Avenue  
Newark, NJ 07112

Dear Ms. Esche:

The Department of Higher Education is currently studying the changing needs for medical records personnel in the State for the purpose of planning educational programs for medical record technicians and administrators. Since your hospital was among the first in New Jersey to implement the Case-Fix Project, or IAS System, the information you provide on the attached questionnaire will afford us valuable insight into the current and future need for such personnel.

Would you please spend a few minutes to complete the attached questionnaire and return it in the enclosed self-addressed, stamped envelope by February 2, 1961. If you have any questions, please do not hesitate to contact me at 609/984-4389.

Thank you for your time and assistance.

Yours truly,

Joan H. Rinberg  
Program Officer  
Office for Health Manpower

Attachment: as stated

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