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School of Public Health

Perception about informed consent for surgical procedures as part of  
patient safety practice among service providers and patients in Addis  
Ababa hospitals, 2017

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A thesis to be submitted to the school of public health College of health science  
Addis Ababa University as partial fulfilment of the Degree of Masters of Public  
Health

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**Addis Ababa University**

**College of Health Science**

**School of Public Health**

This is to certify that this thesis entitled “Perception about informed consent for surgical procedures as part of patient safety practice among service providers and patients in Addis Ababa hospitals, 2017” by Meaza Birile BSc A thesis to be submitted to the school of public health College of health science Addis Ababa University as partial fulfillment of the Degree of Masters of Public Health. It is prepared in accordance with the regulation of the university and meets the accepted standards with respect to originality and quality.

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## **Dedication**

This thesis work is dedicated to my father “Yeneta” Birile Yimer (Sergeant) who wishes always to see my success but, not getting the chance to see my academic performance.

<b>Table of content</b>	<b>Pages</b>
1. Background.....	1
1.1. Statement of the problem .....	1
1.2. Significance of the study .....	2
2 -Literature Review .....	3
2.1 history of surgical informed consent.....	3
2.2 present practice of informed consent .....	3
2.3 Informed consent process.....	6
2.4 Informed consent as an ethical doctrine .....	6
2.5. Conceptual Framework for Informed consent .....	8
3- Objectives .....	10
3.1. General objective: .....	10
3.2. Specific objective .....	10
4. Methods.....	11
4.1. Study Design and Period .....	11
4.2. Study Area.....	11
4.3. Source Population .....	11
4.4. Study Population .....	12
4.5. Sampling technique and procedures.....	12
4.6. Sample size.....	12
4.7. Eligibility Criteria .....	15
4.8. Data collection Procedures.....	15
4.8.1. Data collection.....	15
4.8.2. Data Collection Process.....	15
4.8.3. Data Quality Management.....	16
4.8.4. Data entry, Cleaning and Analysis Techniques.....	16
4.9. Data Quality assurance:.....	17
4.10. Study Variable.....	17
4.11. Operational Definition.....	17
4.12. Ethical Considerations.....	18
4.13. Dissemination of Results.....	18
5. Result .....	19

5.1 Quantitative study results .....	19
5.1. 1. Socio-Demographic Characteristics of Study Population .....	19
5.1. 2. Participants Information/ Awareness, voluntariness. ....	21
5.1.3. Physician- Patient communication during informed consent .....	23
5.1.4. Participants comprehension assessment .....	25
5.1.6. Factors associated with surgical informed consent .....	29
5.1.7: - Association between socio-demographic -variables and surgical informed consent	32
5.2. Qualitative study Interview .....	35
5.2.1. Discussion of the proposed surgery is part of patient safety .....	35
5.2.2. Reason of Implementation of Patient safety practice .....	36
5.2.3. Limitation in implementing patient safety practice.....	39
5.2.4. Processof informed consentthrough implementation patient safety .....	40
5.2.5. Participation of patient in decision making during informed consent.....	41
6. Discussion .....	43
7. Strength and limitation.....	47
8. Conclusion .....	48
9. Recommendation .....	49
10. Reference .....	50
Annexes.....	52
Annex 1. Information sheet and consent form for the quantitative part of the study for .....	52
Annex 2. Self-administered Questionnaires for quantitative part of study .....	54
Annex 3. Guide for in- depth Interview with Physicians and direct service providers- Qualitative part of study .....	60
Annex 4: Information sheet and consent form for the quantitative part of the study .....	61
Annex 5. Self-administered Questionnaires for quantitative part of study .....	63
Annex 6. Guide for in- depth Interview with Physicians and direct service providers- Qualitative part of study .....	70
Annex 7: Consent form of surgical procedures in different study hospital .....	72
Annex 8: List of Addis Ababa Hospitals .....	79

## List of Table

Table 1: Sociodemographic characteristics of patients admitted for surgical procedures at private and public hospitals in Addis Ababa, 2017(n=334) .....	20
Table 2: Distribution of surgical patients provided with information, awareness and voluntariness receiving surgical procedures among private and public hospitals in Addis Ababa, 2017(n=334) .....	22
Table 3: Physician-patient communication during informed consent patients receiving surgical procedures among private and public hospitals in Addis Ababa,2017(n=334) .....	24
Table 4: Comprehension and decision making of patients receiving surgical procedures among private and public hospitals in Addis Ababa, 2017(n=334) .....	26
Table 5: Assessment of participants right patients receiving surgical procedures among private and public hospitals in Addis Ababa, 2017(n=334) .....	28
Table 6: Factors associated with surgical informed consent ( Bivariate analysis) .....	30
Table 7: Factors associated with surgical informed consent (Multivariate analysis) .....	33

## List of Figure

Figure 1:-Situational Risk Model in Communicating Informed Consent for High Risk Clinical Practice.....	7
Figure 2:- Informed and Reflective participation in health Care decision.....	8
Figure 3:- Conceptual Framework for Informed Consent .....	9
Figure 4:-Proportional allocation for sample size.....	14

## Abbreviations and Acronyms

<b>AU:</b>	African Union
<b>AOR:</b>	Adjusted Odd Ratio
<b>CRC:</b>	Compassionate Respectful and Care
<b>FASC:</b>	Federation of African Societies of Chemistry
<b>FGD:</b>	Focused Group Discussion
<b>FMHCAA:</b>	Food, Medicine and health care administration authority
<b>GTP:</b>	Growth and Transformation plan
<b>HAPI:</b>	Horn of Africa Press Institute
<b>HSTP:</b>	Health Sector Transformation Plan
<b>IBC:</b>	International Bioethics Committee
<b>NGO:</b>	Non-Governmental Organizations
<b>OAU:</b>	Organization for African Union
<b>OPD:</b>	Outpatient Department
<b>OR:</b>	Odds Ratio
<b>SPSS:</b>	Statistical package for social sciences
<b>UDHR:</b>	Universal Declaration of Human Rights
<b>UNDP:</b>	United Nations Developmental Program
<b>UN-ECA:</b>	United Nations Economic Commission for Africa
<b>UNESCO:</b>	United Nation Economic for Social and Cultural Organization
<b>WMA:</b>	World Medical Association
<b>WHO:</b>	World Health Organization

## **Abstract**

**Background:** Informed consent is defined as voluntary authorization, by a patient or research subject, with full comprehension of the risks involved, for diagnostic or investigative procedures, and for medical and surgical treatment. This voluntary authorization of patient to receive medical/surgical treatments are often violated in different health care institution. The utilization of the informed consent procedure by providers are determined by different factors.

**Objective:** The study objective is to assess perception of Informed Consent and Patient Safety Practices about Surgical Procedures among Service Providers and Patients in Addis Ababa.

**Method:** Facility based mixed study with both quantitative and qualitative designs was conducted from May 14, to June 14, 2017. For the quantitative part, a cross sectional study design was used, data was gathered from 338 patients admitted to the surgical wards, and review documents from 258 post-operative patients participated in decision of surgical procedure for comprehensive information of informed consent in selected hospitals of Addis Ababa. For qualitative study an interviewer guided in-depth interview was used for data collection during the same period during quantitative data collection to explore patient safety practice and implementation of information about surgical procedures from physicians and service providers.

**Result:** From providers' perspectives, patient safety practices are not fully implemented. There was statistically significant association between awareness on surgical informed consent and being widowed, higher education and occupational being students. There is no statistically association between age, sex and residential area with surgical informed consent. The odds of being widowed/separated among participants for informed surgical consent was 8.2 times higher than those who had not married [AOR=8.167 CI (1.414- 47.182). Patients whose higher education were almost two times likely to surgical informed consent than those with not educated [AOR=2.033 CI (1.0344-3.998)]. Being occupational student was three point eight times more likely to surgical informed consent than professional workers 3.793(1.161-12.387) [AOR=3.793 CI(1.161-12.387)].

**Conclusion:** Surgeons seemed to have good understanding of the requirement and process of informed consent but, Informed consent is not fully implemented to its standard. Patients are inadequately informed on the risk, alternatives and complications related to surgery. The more educated patient had better understand of the essence and practice of surgical informed consent policy.

## **1. Background**

Informed consent is a fundamental principle in the health care context which nowadays includes the patient's capacity to be involved in the decision making concerning their care that ensures that the care received reflects their goals, preferences and values. The importance of obtaining a valid consent before any medical procedure is well established in a US court case in 1914, it was stated that it is the right of any adult with the capability of making decisions concerning his own body, and that any surgical operation without the patient's consent could be considered as an assault (1, 2). The informed consent refers both to the health professional's obligation of information disclosure to the patient and to the quality of the patient's understanding and decision making (3). In other words, it does not refer to the single moment of the agreement, but to the whole complex process of gaining information, deciding and consenting (4).

### **1.1. Statement of the problem**

Informed consent is part of the pre-operative routine prior to any surgical procedure as a matter of hospital policy, legal requirement and ethical obligation. A patient's decision to consent to a surgical procedure needs to be grounded on an adequate basis of relevant information. Without such a basis, a patient's decision to consent to surgery is not an effective informed consent. Since the medico-legal requirement concerns the doctor's interest more than the information component, it is feared that doctors may secure documentation of informed consent without genuinely ensuring that the patient has received and understood the relevant information. Doctors may think that telling patients about possible complications would discourage them from going ahead with surgery keeping these factors in mind it is essential to formally explore the relationship of informed consent procedure with the patients' thought processes. The effectiveness of the informed process in satisfying the patients' needs and rights and the patients' own perception of how the process should be, is an essential element in the process of obtaining informed consent(5).

The current status of implementation of informed consent for surgical procedures in Addis Ababa hospitals was carried out by provision of an information sheet, that state the type of surgery and the administration of anesthesia to be signed between the patient and the health care provider after the physician informed the procedure to the client. The content of the information in satisfying the patients 'needs and right is not explained briefly, and prepared on a format. There has been no published study done at the Public and private hospital of Ethiopia to assess the practice of

obtaining informed consent about surgical procedures and this study will highlight any shortcomings and/or challenges faced in the process. It will not only strengthen efforts in improving the process of obtaining informed consent, but also provide a basis for further studies, and practical ways of improving the current process.

### **1.2. Significance of the study**

Currently, patient education and patient-oriented care are important topics, thus for a clinical activity like high risk clinical procedures (surgical interventions). It is better to assess the status of informed consent and health literacy among patients and direct service providers.

The health sector transformation plan, in line with our country's second growth and transformation plan (GTPII), has set ambitious goals to improve equity, coverage and utilization of essential health services, improve quality of health care, and enhance the implementation capacity of the health sector at all levels of the system. To achieve those listed objectives Compassionate and Respectful Care (CRC) is fundamental to the practice of healthcare professionals. A growing body of evidence has demonstrated that compassionate care has been associated with improved health outcomes, increased patient satisfaction, better adherence to treatment recommendations, fewer malpractice claims and reduced healthcare expenditure (6).

The information obtained from this research is intended to help health care decision makers, patients and clinicians, health system leaders, and policymakers, among others make well-informed decisions and thereby improve the quality of health care services towards the medical ethics on surgical procedures. The study also tries to probe health care providers to implement the standard requirements of informed consent and patient safety practice and to keep the ethical norm of the informed consent. This study invites those interested intellectuals to perform a detailed search which needs a careful and long period of study in health literacy to bring a difference.

## **2 -Literature Review**

### **2.1 History of surgical informed consent**

In the medieval times, doctors required patients to sign a "pro corpora mortuoto", a document aimed at releasing them from any future responsibility to the patient or family in the event anything adverse happened following therapy. This is considered an early precursor of informed consent, although its purpose was to protect the doctor and not the patient.(7).

In *Schoendorf vs. Society of New York Hospital* in 1914, Justice Benjamin Cardozo made a judgment in a case where a woman had consented to an abdominal examination under anesthesia but not to an operation. Nevertheless, the surgeon removed a tumor that eventually led the patient to file a suit. Cardozo's opinion became one of the most basic elements in informed consent. Every human being of adult years and sound mind has a right to determine what shall be done with his own body after the Second World War; there was a strong public reaction to the cruelties committed by the Nazi concentration camp doctors who performed tests on patients without prior information or approval. A code was written as a direct result of the Nuremberg trials and was referred to as the Nuremberg Code. This Nuremberg code was an important step in the development of the informed consent process in trial (8).

### **2.2 Present practice of informed consent**

Informed consent, under the bioethical principle of autonomy, has become a major issue with medico-legal and ethical implications in health care around the world. All institutions are required to take informed consent prior to any intervention or procedure done on the patient, but studies raise the question whether informed consent is being implemented in true spirit or it is being adhered to as a medico-legal formality (7).

There are five major components of informed consent i.e., voluntariness or autonomy, adequate disclosure of all the relevant information about the procedure, understanding of information by the patient, competence of the patient to grant consent and finally consent itself. The ultimate ethical objective should be the evolution of a process of informed consent which covers all aspects relevant to the patients' individual rights and preference and yet is not redundant in order to ensure better understanding on the patient's behalf'. Informed consent is supported by three cornerstones: "preconditions," "information," and "consent"(7).

**Preconditions** include competence and voluntariness. A patient is a person who has a right of self-determination. He/she must be able to make decisions about his/her own body and must be able to decide freely without being influenced by others' (9).

**Information** is the second cornerstone. According to the 1995 WHO declaration on the promotion of patients' rights, patients have the right to be fully informed about their health status,

including the medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment'. In addition, the physician should ensure that the patient understands the information provided before consenting to the medical procedure.(9)

**Consent** is the third cornerstone which requires registration of the patient's decision and (written) consent. It entails patients' voluntary decision and authorization to proceed with the consented procedure. Both require time, and on the part of the clinician, adequate knowledge of the material information, appropriate communication skills and the competence to bring the values and interests of the patient to bear on the decision-making process'(9).

Informed consent may be divided into two parts. These parts include; Express consent and Implied consent'(10).

**Express consent** is what is normally thought of by consent when the patient consents by direct words, written or verbal'. Telephone consent is also acceptable, if necessary. In these cases, it is a good idea to have a second person listening on the conversation for proof.

**Implied consent** is not expressly granted by a person but rather inferred by a patient's actions and the facts and circumstances of a situation, for instance, co-operation during physical examination for pre-operative assessment or for attachment of monitoring apparatus. In most regions obtaining the patient's consent to medical care is a legal requirement and clinicians often struggle with the question of how to apply the ethical and legal concept of consent in their daily practice. The ethical principle is based on the patient's right to make free decisions about his or her health (autonomy) and respect for persons where health care professionals are expected to refrain from carrying out unwanted interventions on the patient. Under common law, treating a patient without his or her consent constitutes battery, whereas treating a patient on the basis of inadequately informed consent constitutes negligence. Most consent-related litigation cases are based on allegations of negligence of the physician in disclosing sufficient information for the patient to make an informed decision regarding health care'(11).

The World Health Organization's Constitution states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition(12). Patients' rights largely confine themselves to regulating the relationship between the patient and the health care provider or institution. However, in the area of health, the individual is very much dependent on good

advice because the expertise, skills and knowledge are in the hands of others, the medical staff(13).

The General Medical Council, United Kingdom states that "Successful relationships between doctors and patients depend on trust. To establish that trust you must respect patient's autonomy(14). It is therefore a requirement by the physician to disclose information regarding a procedure to enable a patient to give informed consent". In history the deliberate withholding of any information thought by the physician to be detrimental to the patient's prognosis was encouraged and the patient had no meaningful role in the decision making process as it was considered the 'physician knows best'(15).

The patient had to trust and obey what the physician said. The beneficence model, based on the Hippocratic Oath that dates back to the early 19th century, was characterized by maximum physician discretions. It was stressed that only physicians had the knowledge and skill necessary to know what would benefit their patients(16). The current informed consent doctrine, emphasizes disclosure to patients of information sufficient to permit them to make intelligent choices regarding treatment alternatives.(17) Disclosure promotes patients' informed and reflective participation in health care decision and ensures a continuing and trusting relationship between the patient and his or her physician (18).

According to the World Health Organization (WHO), report, people are increasingly urged to make choices for themselves or for their family members in regard to health care use. However, at the same time, inadequate or problematic health literacy skills have been reported in approximately half of the adult population in eight European countries (19).

The World Medical Association Declaration of Lisbon on the rights of the patient has outlined vital components of informed consent. The patient has the right to self-determination; a mentally competent adult has the right to give or withhold consent to any diagnostic or therapeutic procedure and has the right to the information necessary to make his/her decisions. For consent obtained in clinical practice, patients need care, benefits and risks are better defined, the goal is to benefit individual patients rather than patients in general, and care-givers are more formally trained and licensed(20).

### **2.3 Informed consent process**

The setting for informed consent has influenced participant comprehension and satisfaction. Health literate informed consent resulted in patients feeling more comfortable and create environment that allowed for more dialogue with providers. Providing participants with sufficient time for interpreting and completing informed consent forms can help increase satisfaction as well as comprehension and compliance(18). Poorly written consent forms could have negative consequences for researchers and clinicians. A consent form that is too difficult to understand could influence an individual's willingness to participate in a study(21).

Comprehension is one of the essential elements of a truly informed consent. International ethical guidelines stipulate that informed consent must be given in a comprehensible manner to a competent person who freely decides to participate after understanding the information(22).

### **2.4 Informed consent as an ethical doctrine**

The UNESCO International Bioethics Committee (IBC) report on consent argues that, 'autonomy implies responsibility'. Respect for the autonomy of persons making decisions, while taking responsibility for those decisions, is closely aligned to article 1 of the Universal Declaration of Human Rights (UDHR) which holds that all human beings are born free and equal in dignity and rights. It could be argued that the doctrine of informed consent has evolved into a rule of law that requires that no diagnostic or therapeutic procedure should be performed on a patient, without full disclosure of the risks of the procedure and any alternatives to it, prior to giving consent (23).

Consent is valid when the following requirements are fulfilled (24).

These would be:

- (a) Information disclosure: provision of adequate information
- (b) Competence: capacity to understand that information
- (c) Voluntariness: decision making in the absence of coercion or deception
- (d) Comprehension: understanding of information provided
- (e) Consent: agreement to the proposed treatment or procedure

Practice implication for an adequate IC process (25).

#### **General**

1. Professionalize and structure your SIC and do not rely on good intent.
2. Focus on all operations, not just on the major operations.
3. Make patients and doctors aware of the importance of an adequate SIC.

4. Teach your patient what IC is.
5. Make sure the patient realizes he/she is in control and not the doctor.
6. Do not be afraid to use an interactive computer to help you, the doctor, and the patient.

### **Competence**

Check your patient's competence and do not count on your clinical insight.

### **Information**

1. Provide locally adapted information and try not to use general information.
2. Check if your patient understands your plan of operation, e.g., ask the patient to repeat the information.
3. Check if your patient understands the risks and the alternatives.

### **Consent**

Register the SIC process in detail using an adequate IC form, and check that it is filled in correctly and store it in a safe place.

Below are illustrations showing situational risk model for communicating informed consent and Informed reflective and participation in health care decision such as life-saving surgeries and some clinical trials. Here, it is necessary to take the time to communicate all information for participants to make informed decision making (26).

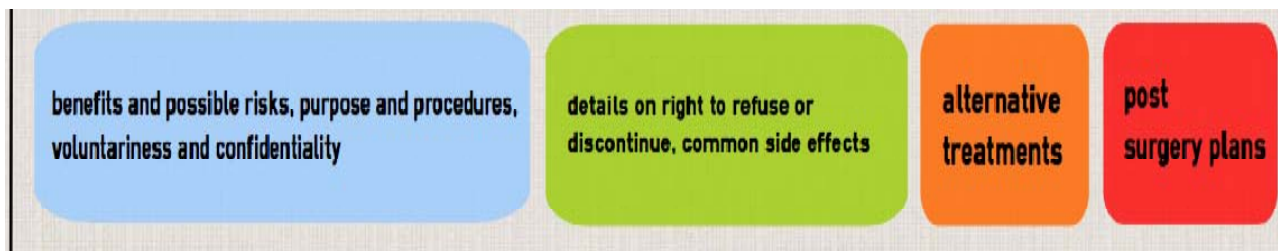


Figure 1:-Situational Risk Model in Communicating Informed Consent for High Risk Clinical Practice

### **Informed Consent and reflective participation in health care decision**

Informed and reflective participation in health care decision and ensures a continuing and trusting relationship between the patient and his or her physician.(31).

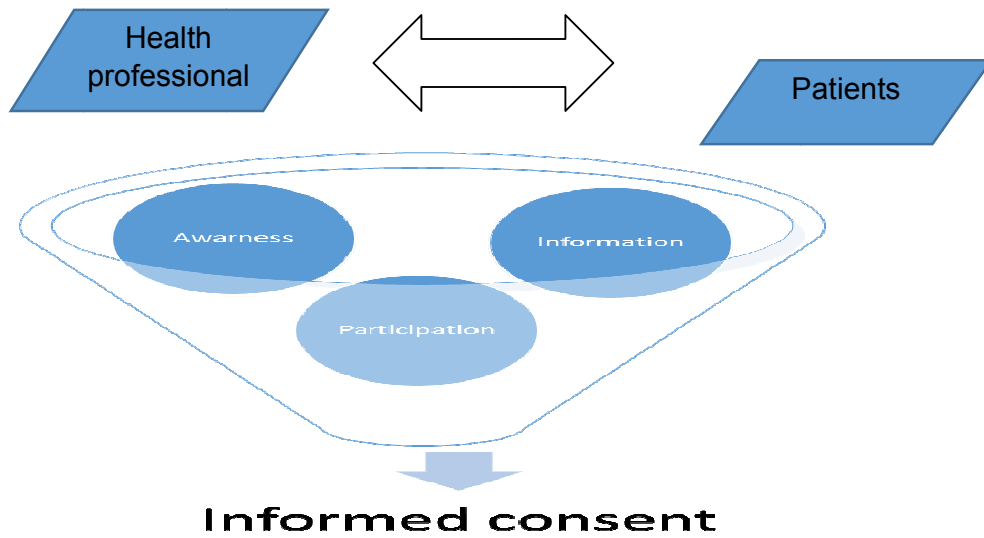


Figure 2:- Informed and Reflective participation in health Care decision

## 2.5. Conceptual Framework for Informed consent

Requirements needed for a Valid consent  
 Information disclosure: provision of adequate information(24).

- (b) Competence: capacity to understand that information
- (c) Voluntariness: decision making in the absence of coercion or 0deception
- (d) Comprehension: understanding of information provided
- (e) Consent: agreement to the proposed treatment or procedure

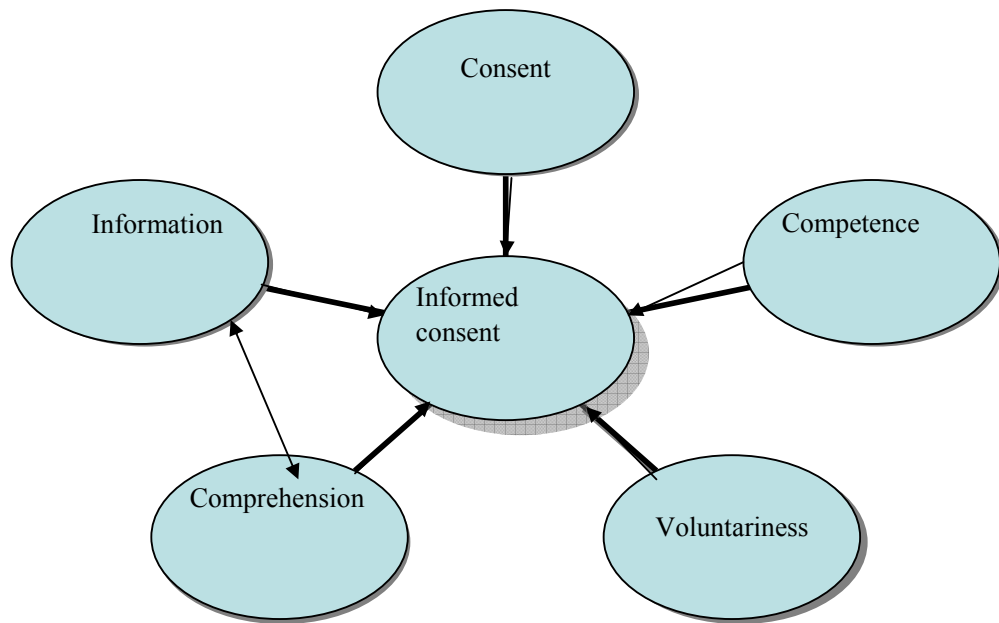


Figure 3:- Conceptual Framework for Informed Consent

### **3- Objectives**

**3.1. General objective:** - To assess perception of informed consent about surgical procedures as part of patient safety practice among service providers and patients in Addis Ababa hospitals.

**3.2. Specific objective: -**

1. To explore the implementation of safety practice in surgical procedure from the direct service providers perspective
2. To assess the implementation practice of informed consent in surgical procedure from service recipients 'perspectives
3. To determine factors associated with implementation of informed consent

## **4. Methods**

### **4.1. Study Design and Period**

A mixed approach quantitative cross-sectional study design and qualitative with phenomenology design was conducted. For quantitative study, 39 questions was employed by dividing them in five sections ,the first section is socio-demographic characteristics, the second , third and fourth sections are focusing with those elements on the implementation of informed consent and the fifth section is prepared about patients right.(27, 28).For the qualitative part 6 questionnaires' are used by in-depth interviewing direct service providers (focusing on how the implementation of informed consent and patient safety practice is used during surgical procedures using guidelines for patient safety practice from reference and self-administered questionnaires' for the purpose of the study.(29)The study was conducted from October2016 to October2017.

### **4.2. Study Area**

The study was carried out for the convenience of the study based on the resource and interest of PI in 44 hospitals available in AAHB registration during study period Addis Ababa Ethiopia and both government and private hospitals are involved for the study to obtain different types of socio demographic characters. Addis Ababa is the capital city of the Federal Democratic Republic of Ethiopia has the status of both a city and a state.Apart from this, the city is also host to foreign embassies and heads of diplomatic mission, international, regional and sub-regional organizations and several international NGOs, it is the place the African Union is and its antecedent the OAU was based. It likewise has the central station of the United Nations Economic Commission for Africa and various other international. The whole city is divided in to 10 'kifleketmas' (sub-cities) and 116 woredas with a total area of 520sq.Km.The population of Addis Ababa is estimated to be 4,156,251 in 2013 based the 2007 population census with annual growth rate of 3.8 % (CSA,2007)(30).A total of 58 hospitals and 90 health centres are available in Addis Ababa city administration (Addis Ababa city land administration atlas 2015).

There are thirteen public hospitals and 31 private hospitals are found (registered) in Addis Ababa according to information obtained from Addis Ababa Health Bureau in the year 2017. This study was conducted among where surgical procedures are abandon and the willingness of private hospitals are the main reason to take purposive sampling is used in four public hospitals and two private hospitals found in Addis Ababa City.

### **4.3. Source Population**

All patients receiving surgical procedures and direct service providers in Addis Ababa public and private hospitals were the source of population.

#### **4.4. Study Population**

Admitted patients for major surgical procedures, surgeons, gynaecologist and obstetricians, working in selected public and private hospitals in Addis Ababa during the data collection period was the study population.

#### **4.5. Sampling technique and procedures**

A rapid assessment (pilot) was done to predict prevalence of surgical procedure in the study hospitals by taking information through observation for the number of patients who were under going to surgical procedures and to assess the willingness of private hospitals for the study. Pre-test was run before the actual survey in St. Paul Millennium medical College Hospital that is not included in the study hospitals and the data obtained from the pre-test was not also included in the survey.

For qualitative study, using purposive sampling technique from six hospitals was selected from government and private hospitals based on physicians experiences ,willingness and accesses of hospitals to do at the same time together quantitative data collection.

After the rapid assessment, based on daily surgical procedures estimation for the number of patients undergo to surgery, in month. Stratified random selection was used because units share similar characteristics and there was no equal distribution. Each stratum becomes an independent population to allocate equal proportion by taking small sample from each stratum to take a precise sample for performing survey from the selected hospitals.

For qualitative study in-depth interview of physicians (code 1 Consultant surgeon age 52 service year more than 20 years, code 2 resident in obstetrics and gynaecology age 32 with service year of 3 years, code 3 obstetrician and gynaecologist age 50 service year 22 years, code 4 General surgeon and urologist age 56 service year 0f more than 25 years)are involved in the study using those prepared questions. A phenomenological approach was used to discover some of the underlying structure or essence of that experience through the in-depth interviewto get participants' perspectives & experiences.

#### **4.6. Sample size:**

The sample size for quantitative study was calculated assuming single population formula since the proportion in the country is not known. For this study the researcher took30%

prevalence of surgical procedures due to the reason professionals were using their best efforts towards informed consent on surgical procedures work load they are carried out and the awareness of clients who are receiving surgical procedures seen in the hospitals, especially in public hospitals direct service providers carried the surgical case burden of work load on surgical procedures. As well as some of hospitals are using an informed protocol consent that contain those valid requirements of informed consent including some part of pre- operative checklists.

$$n = \left(\frac{1.96}{d}\right)^2 P(1 - P) = \left(\frac{1.96}{0.05}\right)^2 P(1 - P)$$

$$n = 322$$

$$n = 322 + 16 = 338(\text{allowing } 5\% \text{ for dropout rate})$$

Where;

n = required sample size=323

Z= level of confidence (1.96 for 95% confidence level)

P = expected proportion (30%)(31)

d = margin of error=5%

NR=Non-respondent rate=5%

For qualitative study, data was collected from the same hospitals from surgeons and direct service providers until data saturation is maintained from each study hospitals. In-depth interview was maintained from direct service providers from government hospitals, to explore the practice of patient safety

### Sample size for quantitative study

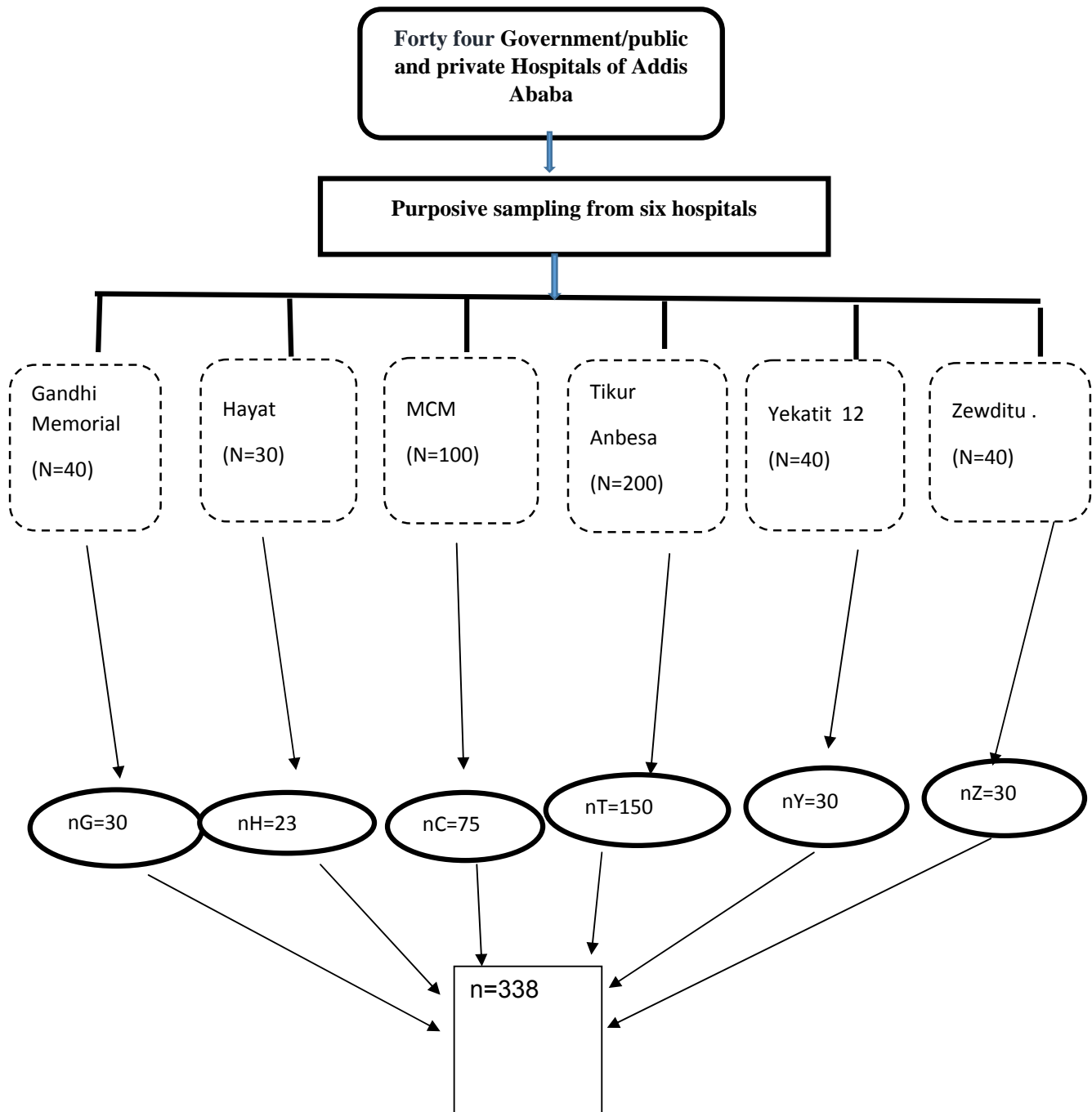


Figure 4:-Proportional allocation for sample size

#### **4.7. Eligibility Criteria**

a. **Inclusion:** - Competent adult patients greater than 18yrs admitted in hospital of different units where surgical procedures were performed.

b. **Exclusion:**-Patients admitted other than surgical units, outpatient departments, paediatrics or children the age of less than 18yrs and incompetency for surgical informed consent are excluded from the study •

#### **4.8. Data collection Procedures**

##### **4.8.1. Data collection**

A structured questionnaire was developed from standard published studies and adapted to local situation with certain modifications. The question was prepared originally in English and then translated to Amharic and back to English to assess consistency. Supervision was done by the PI and one expert in this area (MPH). The questionnaire was pre-tested (5% of the study) in one specialized referral hospital St. Paul millennium teaching referral hospital which was out of the surveyed hospitals. The result from pretest was reliable with a result of (0.567). The data collection process was carried out following minor amendments incorporated within the final questionnaire. On the other hand, qualitative information was gathered to explore and understand some aspects about informed consent and patient safety practices. The principal investigator conducted the interview using voice recorder and transcribed.

The interview process administered in Amharic and in some case English language used to interview physicians. The interview was done by the PI in all study hospitals.

##### **4.8.2. Data Collection Process**

First, Ethical clearance was obtained from Addis Ababa Health Bureau ethical review board. The pre-test data St. Paul hospital before the administration of questionnaires to patients, an ethical clearance was obtained from the institutional review board of the hospital before the actual data collection period. The process of getting ethical clearance from the pre-tested hospital took extra period of time which affected the planned data collection period. Consent was provided after detail information on the study topic and the objectives of the study for patients. Secondly, BSc level Nurses in data collection were trained for one day on the objective of the study, how to maintain consistency during interviewing participants, when to start and end data collection and

how to use the instrument by the principal investigator by revising each item of the questions. Meanwhile any doubts in the questionnaire were clarified.

#### **4.8.3. Data Quality Management**

There are points at which the quality of data may be affected unless measures are taken at these points. These points were questionnaire designing, data collection, data entry. As this was one of the points to control the quality of data, due emphasis was given to questionnaire designing. Objective based, logically sequenced, free of scientific terms and non-leading structured questionnaire was prepared. Pre-test was undertaken on the questionnaire before the actual data collection starts and amendment was made on the questionnaire if necessary.

#### **4.8.4. Data entry, Cleaning and Analysis Techniques**

The quantitative collected data from each respondent were entered in to and cleaned using Epi info version 3.5.3 and analyzed using SPSS version 16.0 computer software. Data was described using frequency, percent, and binary logistic regression to see the effect of each independent variable on the dependent variable. In-depth interview for qualitative study is coded and categorized with open code software.

Reliability is one of the most important elements of test quality. It has to do with the consistency, or reproducibility, or an examinee's performance on the test. For example, if you were to administer a test with high reliability to an examinee on two occasions, you would be very likely to reach the same conclusions about the examinee's performance both times. (32) .

The data is pre tested 5 % of the study participants for surgical procedures on non -study hospital st .Paul Millennium Medical college Hospital with reliability of 0.567 (0.6).

#### **4.9. Data Quality assurance:**

The data collectors were trained for one day by PI. Data was collected by health professionals who were working in the hospital and experienced in data collection. During data collection regarding consistence and completeness of the questionnaire was checked by principal investigator. The designed Pre-tested questionnaires were tested for the reliability of the instrument. After some amendment was made on some questionnaires, an interview guide questionnaire objective based, logically sequenced, free of scientific terms and non-leading structured questionnaire was used in the collection of data. During data collection, one supervisor and the principal investigator were involved to control the quality of data, on daily basis for any incompleteness and/or consistency.

#### **4.10. Study Variable**

**a. Dependent Variable:** The practice of informed consent before surgical intervention setting, risk, benefit, alternatives, and participants willingness towards surgical procedures, communication during informed consent, awareness and client's comprehension and assessment of participants right.

**b. Independent Variable:** Socio-demographic characteristics. (Sex, age, marital status, area of residence, educational status, and occupation.

#### **4.11. Operational Definition**

**Implementation of Informed Consent:** The practices of providing the necessary information that allow the informed person make autonomous authorization. The study considered implementation of informed consent that includes the following measures. Decision related to informed consent was the choice informed, comprehension or understanding, knowledge, decisional conflict, satisfaction, recall of the information, anxiety or attitude regarding the involvement in the decision (33).

#### **4.12. Ethical Considerations**

Ethical clearance and permission was obtained from Addis Ababa University, School of public health research Ethics Review Committee and Addis Ababa Health Bureau (AAHBERC). Before the actual data collection started, permissions was obtained from the study hospitals. During the distribution of questionnaires and informed consent was obtained from study participants and information was provided about the purpose and the benefit of the study along with their full right to refuse or completely reject to participation in this study. Considering their safety, explanation of the potential risk towards taking their time during interview and informing that no incentives or other benefits are given due to participation in the study. Finally, all eligible surgical patients were involved for the interview and confidentiality /privacy of information was maintained.

#### **4.13. Dissemination of Results**

The result of this study will be presented to the School of Public Health, Addis Ababa University, and College of Health Sciences as partial fulfilment of a master's degree in public health. Furthermore, the result of this study will be shared with Addis Ababa Health Bureau (AAHB) Public and private health institution. This study will be used as a source of reference for those who have an interest to conduct further research in similar study. Attempt will be made to publish the information in reputable scientific journals.

## **5. Result**

### **5.1 Quantitative study results**

#### **5.1. 1. Socio-Demographic Characteristics of Study Population**

The overall response rate of this study was 98.8%, %. More than half (58.4%) of the respondents were female. The study participant's age ranged from 18-90 years, One hundred five (31.4%) of the respondents age ranged from 21-30. Regarding marital status of respondents, 72(21.6%) single, 227(68%) married and the rest 35(10.4%) were widowed/separated. The literacy level of respondents, read and write 201(60.2%), read only72 (21.6%) and not read and write61 (18.3%). For the respondent's residential place, 241(72.2%) were lived in Addis Ababa city as shown in table one.

Table 1: Socio-demographic characteristics of patients admitted for surgical procedures at private and public hospitals in Addis Ababa, 2017(N=334)

Variable	Frequency	Percentage
<b>Sex of respondent</b>		
Male	139	41.6
Female	195	58.4
<b>Age Category</b>		
≤20	13	3.9
21-30	101	30.2
31-40	90	26.9
41-50	52	15.6
51-60	31	9.3
61-70	22	6.6
71-80	15	4.5
81-90	10	3.0
<b>Marital Status of Respondent</b>		
Single	72	21.621
Married	227	68.0
Widow /separated	35	10.4
<b>Literacy level</b>		
Read and write	201	60.2
Read only	72	21.6
Not read and write	61	18.3
<b>Have you ever attended school?</b>		
Yes	245	76.6
No	89	23.4
<b>Level of formal education(n=306)</b>		
Primary school level	70	21.0
High school level	104	31.1
Higher education level	71	21.3
None	89	26.6
<b>Occupation</b>		
Professional/Lecturer	25	7.5
civil servant	100	29.9
trade/business	59	17.7
Artisan	25	7.5
Teacher	20	6.0
Student	18	5.4
Farmers	37	11.1
Unemployed	33	9.9
Other (house wife, baby setter etc)	17	5.1
<b>Place of residence</b>		
Addis Ababa	241	72.2
Region	93	27.8

### **5.1. 2. Participants' information, awareness, and voluntariness.**

The characteristics of participants presented in (Table2). Three hundred eight (92.2%) of respondents were heard the health problem for proposed surgery from their health care provider during informed consent of surgical intervention. Regarding the participation of decision for surgical procedure 212(63.5%), 92(27.5%) and 30(9.0%) were decided from physicians, patient himself and patient family/friends respectively. Regarding the risk related with surgery 118(35.3%) and 95 (28.4%) of respondents were known the risk and alternative respectively. More than one -fourth of the study participants were known about prevention of health problems that needs surgical intervention as shown in table (2).

Table 2: Patients provided with information, having awareness and voluntariness receiving surgical procedures among private and public hospitals in Addis Ababa, 2017(N=334)

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
informed about health problem from their doctor		
Yes	308	92.1
informed about health consequences of refusal of the surgical procedure received		
Yes	208	62.3
Person participating in decision making of the surgical procedure		
Physician	212	63.5
Myself	92	27.5
Family/friend	30	9.0
happiness with the service of the hospital to decide for surgery		
Yes	292	87.4
Feelings of patients about the surgery they received in the hospital		
Satisfied	245	73.4
Not satisfied	89	26.6
patients feeling about the benefit to receive surgical procedure waiting for		
Yes	220	65.9
informed on the alternatives or other options of surgery		
Yes	95	28.4
awareness about the risks related with the surgery		
Yes	118	36.3
Can people prevent themselves from health problem that need surgical interventions?		
Yes	97	29.0

### **5.1.3. Physician- Patient communication during informed consent**

Two hundred thirty-seven (71.0%) has free access to communicate with their doctors on surgical informed consent. On the contents of information .One hundred ninety-two (57.5%) were not received enough information about the risk of their surgical interventions from their doctors. More than half of the respondents were not informed about the health risk of their surgery. More than two-third of the respondents were not informed about other method of treatment. On the other hand, doctor's information about participation to decide on the procedure patients are waiting for is 59.3%. Regarding the informed surgical procedure question, Elective surgeries 217(65.0%) and urgent /emergency surgeries 96 (28.7%) were informed in OPD ward and emergency room respectively as shown in table (3)

Table 3: Physician-patient communication during informed consent patients receiving surgical procedures among private and public hospitals in Addis Ababa,2017(N=334)

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Free access to communicate with the Doctor who informed about surgical procedures		
Yes	237	71.0
Discussion about the risks related during surgical intervention from doctor		
Yes	142	42.5
doctors information about participation in decision of the procedure		
Yes	198	59.3
Information by the doctor about the health risk of surgical procedures		
Yes	146	43.7
Information about other method of treatment		
Yes	84	25.1
Place of information about surgical procedure		
In OPD	217	65.0
In emergency and premises of OR	96	28.7
In Ward	21	6.3

#### **5.1.4. Participants comprehension assessment**

From the total respondents, 94(28.1%), 55(16.5%), 87(26.0%), 35(10.5%) and 17 (5.1%) were operated surgery for the case of general surgery, orthopedic, obstetrical gynecology surgery, urology and Maxilo facial & EENT respectively. More than half of the respondents were not informed the comprehensive nature of surgery to give consent and 218(65.3%) were informed reason for surgery. One hundred ninety-five of respondents were informed for the expected benefit from surgery and 243(72.8%) were not informed the possible complication of surgery. Two hundred sixty-three (78.7%) were not informed the alternative of the surgery. For question about the place where pre-operative counseling was done 140(41.9%), 126(37.7%) and 68(20.4 %) from Out -patient department, ward/inpatient, and emergency.

Regarding for question by whom, the patient heard pre-operative counseling about surgery from consultant surgeon, medical officer, consultant anesthetist ,nurses and medical officer intern were 61(18.3),48(14.4),25(7.5),69(20.7) and 86(25.7) respectively. The greater number of respondent counseled by nurse officer as shown in table 4.

Table 4: Comprehension assessment of patients receiving surgical procedures among private and public hospitals in Addis Ababa, 2017(N=334)

Variable	Frequency	Percentage
<b>type of surgical procedure patients are going to receive</b>		
General surgery/Cardio/thoracic	104	31.1
Orthopedic	55	16.5
Obstetrics& Gynecology	87	26.0
Maxillofacial/ EENT	17	5.1
Urology	35	10.5
Others	36	10.9
<b>information about the nature of surgery /comprehensive information to give consent for surgical procedures</b>		
Yes	154	46.1
<b>Information about the reason for surgery</b>		
Yes	218	65.3
<b>information of the expected benefit of the surgery</b>		
Yes	195	58.4
<b>Information of the possible complication of the surgery</b>		
Yes	91	27.2
<b>Information of the alternative to the surgery</b>		
Yes	71	21.3
<b>the possible complication if the surgery is not done</b>		
Yes	153	45.8
<b>patients autonomous decision on the surgical procedure</b>		
Yes	198	59.3
<b>The place where patients heard pre-operative counseling on surgery</b>		
In the clinic/OPD& emergency	208	62.3
On the admission/In the Ward	126	37.7
<b>Surgery pre-operative counseling done by</b>		
Consultant surgeon / Medical Officer/ Surgical clinical intern	195	58.4
Nurse Officer	69	20.7
Others	70	20.9

### **5.1.5. Assessment of participant's right**

For patient right questions for reason for requiring full disclosure and be allowed to make choice, more than three-fourth of respondents were answered it is my right to know and followed by( 17.1%) of respondents were answered to I am worried about the possible effects of the procedures. More than half of the respondents had average level of information which concerns patient's right during surgical procedures. Regarding patient right for surgical procedure were you able to give your consent or refusal of proposed surgical procedures, 184(55.1%) were responded to yes" take into account". More than half of the respondents had an expression of their feeling after receiving information about the proposed surgical procedure as shown table (5)

Table 5: Assessment of participants right patients receiving surgical procedures among private and public hospitals in Addis Ababa, 2017(N=334)

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Reason for requiring full disclosure and be allowed to make a choice</b>		
“It is my right to know”	257	76.9
“I may sue the doctor or hospital if it is not done”	13	3.9
“I am worried about the possible effect of the procedure”	57	17.1
“I want to ensure the doctor is competent”	7	2.1
<b>Level of information demanded</b>		
High	135	40.4
Average	179	53.6
Low	20	6.0
<b>able to give consent or refusal of proposed surgical procedures</b>		
Yes “taken into account”	184	55.1
Not taken into account	150	44.9
<b>able to express opinion after receiving information about the proposed surgical procedure</b>		
Yes “taken in to account”	188	56.3
Not taken into account	146	43.7

### **5.1.6. Factors associated with surgical informed consent**

This study examined the relation between socio-demography characteristics and surgical informed consent. The likelihood of being widowed/separate are two point nine times more informed surgical procedure than single,[OR= 2.856;95% ,CI:1.144-7.131].The likelihood having higher education background are one point eight times more informed surgical procedure than primary school[OR=1.836;95%CI:1.829-3.837].The odds of civil/office workers informed surgical among respondents were higher than those who are professional/Lecturers.[OR=3.479;95%CI:1.188-10.191]as shown table (6).

Table 6: Factors associated with surgical informed consent ( Bivariate analysis)

Variable	Were you Informed about the nature (COR of 95% comprehensive information and participation on decision making)of Surgery		
	Yes	No	
<b>Sex</b>			
Male	72(46.8)	67(37.2)	1
Female	82(53.2)	113(62.8)	1.481(0.956-2.294)
<b>Age</b>			
<20	15(4.5)	6(3.4)	1
21-30	45(29.2)	56(31.3)	1.452(0.456-4.626)
31-40	42(27.3)	48(26.8)	1.333(0.415-4.281)
41-50	22(14.3)	29(16.2)	1.538(0.453-5.226)
51-60	16(10.5)	15(8.4)	1.094(0.299-4.006)
61-70	9(5.8)	13(7.3)	1.685(0.423-6.715)
71-80	7(4.5)	8(4.5)	1.333(0.301-5.912)
81-90	6(3.9)	4(2.2)	0.778(0.146-4.133)
<b>Marital Status</b>			
Single	33(21.4)	39(21.7)	1
Married	113(73.4)	114(63.3)	0.854(0.502-1.453)
Widowed/separated	8(5.2)	27(15.0)	2.856(1.144-7.131)**
<b>Literacy Level</b>			
Not read write	20(13.0)	41(22.8)	1
Read only	43(27.9)	29(16.1)	1.696(0.928-3.098)
Read & write	91(59.1)	110(61.1)	0.558(0.323-0.964)
<b>Have you ever attended school</b>			
Yes	120(77.9)	125(69.4)	1
No	34(22.1)	55(30.6)	1.553(0.946-2.549)

<b>Level of formal education</b>			
None	34(22.1)	55(30.6)	1
Primary school	35(22.7)	35(19.4)	0.618(0.328-1.166)
High school	42(27.3)	62(34.4)	0.913(0.511-1.630)
Higher education	43(27.9)	28(15.6)	0.403(0.212-0.763)**
<b>Occupation</b>			
Professional	18(11.7)	7(3.9)	1
Civil work/office	36(23.4)	64(35.6)	4.571(1.744-11.985)**
Trade/Business	31(20.1)	28(15.6)	2.323(0.845-6.387)
Artisan	16(10.4)	9(5.0)	1.446(0.438-4.781)
Teacher	13(8.4)	7(3.9)	1.385(0.390-4.918)
Student	9(5.8)	9(5.0)	2.571(0.721-9.167)
Farmer	12(7.8)	25(13.9)	5.357(1.762-16.284)**
Unemployed	13(8.4)	20(11.1)	3.956(1.293-12.100)**
Others	6(3.9)	11(6.1)	4.714(1.255-17.709)**
<b>Are you residing in Addis Ababa</b>			
Yes	118(76.6)	123(68.3)	1
No	36(23.4)	57(31.7)	1.519(0.933-2.474)

Key: \*\* variable associated with surgical informed consent

### **5.1.7: - Association between socio-demographic -variables and surgical informed consent**

Bivariate logistic regression analysis was used to assess for associations and being widowed, higher education, occupation, being students showed statistically significant association with surgical informed consent, [AOR=8.167 CI (1.414- 47.182)]. Age, sex and place of residence showed no association with surgical informed consent.

Educational status of respondents was important predictors of surgical informed consent. Respondents who have higher education were almost two times likely to surgical informed consent than those with not educated [AOR=2.033 CI (1.0344-3.998)].

Student were three point eight times more likely to surgical informed consent than professional workers 3.793(1.161-12.387) [AOR=3.793 CI (1.161-12.387)] as shown in table7 .

Table 7: Factors associated with surgical informed consent (Multivariate analysis)

Variable	Were you Informed about the nature (comprehensive information and participation on decision) of Surgery		COR of 95%	AOR
	Yes	No		
<b>Sex</b>				
Male	72(46.8)	67(37.2)	1	1
Female	82(53.2)	113(62.8)	1.481(0.956-2.294)	1.643(0.956-2.826)
<b>Age</b>				
<20	15(4.5)	6(3.4)	1	1
21-30	45(29.2)	56(31.3)	1.452(0.456-4.626)	0.801(0.364-1.761)
31-40	42(27.3)	48(26.8)	1.333(0.415-4.281)	0.996(0.416-2.385)
41-50	22(14.3)	29(16.2)	1.538(0.453-5.226)	1.236(0.438-3.489)
51-60	16(10.4)	15(8.4)	1.094(0.299-4.006)	0.877(0.260-2.959)
61-80	9(5.8)	13(7.3)	1.685(0.423-6.715)	0.159(0.026-0.966)
71-80	7(4.5)	8(4.5)	1.333(0.301-5.912)	0.310(0.073-1.326)
81-90	6(3.9)	4(2.2)	0.778(0.146-4.133)	0.065(0.002-1.822)
<b>Marital Status</b>				
Single	33(21.4)	39(21.7)	1	1
Married	113(73.4)	114(63.3)	0.854(0.502-1.453)	0.748(0.381-1.467)
Widowed/separated	8(5.2)	27(15.0)	3.892(1.332-11.376)**	8.167(1.4144-7.182)**
<b>Literacy Level</b>				
Not read and write	20(13.0)	41(22.8)	1	1
Read only	43(27.9)	29(16.1)	1.696(0.928-3.098)	1.102(0.430-2.822)
Read & write	91(59.1)	110(61.1)	0.558(0.323-0.964)	1.684(0.669-4.242)
<b>ever attended school</b>				
Yes	120(77.9)	125(69.4)	1	1

No	34(22.1)	55(30.6)	1.553(0.946-2.549)	1.684(0.669-4.242)
<b>Level of formal education</b>				
None	34(22.1)	55(30.6)	1	1
Primary school	35(22.7)	35(19.4)	0.618(0.328-1.166)	1.581(0.731-3.419)
High school	42(27.3)	62(34.4)	0.913(0.511-1.630)	
Higher education	43(27.9)	28(15.6)	0.403(0.212-0.763)	2.033(1.0344-3.998) **
<b>Occupation</b>				
Professional	18(11.7)	7(3.9)	1	1
Civil work/office	36(23.4)	64(35.6)	4.571(1.744-11.985)**	1.581(0.731-3.419)
Trade/Business	31(20.1)	28(15.6)	2.323(0.845-6.387)	1.764(0.584-5.329)
Artisan	16(10.4)	9(5.0)	1.446(0.438-4.781)	1.445(0.397-5.254)
Teacher	13(8.4)	7(3.9)	1.385(0.390-4.918)	1.314(0.340-5.088)
Student	9(5.8)	9(5.0)	2.571(0.721-9.167)	3.793(1.161-12.387)
	12(7.8)	25(13.9)	5.357(1.762-16.284)**	1.549(0.354-6.776)
Farmer				
Unemployed	13(8.4)	20(11.1)	3.956(1.293-12.100)**	2.718(0.772-9.567)
Others	6(3.9)	11(6.1)	4.714(1.255-17.709)**	1.638(0.354-7.588)
<b>Place of residence</b>				
Addis Ababa	118(76.6)	123(68.3)	1	1
Region	36(23.4)	57(31.7)	1.519(0.933-2.474)	1.344(0.753-2.398)

Key: \*\*\*Association between socio-demographic -variables and surgical informed consent

## **5.2. Qualitative study Interview**

### **5.2.1. Discussion of the proposed surgery is part of patient safety**

Good communication between health care professionals and patients make the pre- operative period to discuss the whole implications of surgical procedures that ensures good patient-physician understanding. Discussion about the proposed surgery is a prerequisite for the informed consent-obtaining process. This process stresses collaboration between the physician and patient, and enables patients to decide by being given all the information related to their health problems, specific diagnostic and therapeutic, as well as alternative procedures.

Participant was first asked to describe the importance to discuss the proposed surgery with the patient, based on the experience and observation they have,

*“In depth discussion about the procedure what they are going to doing has to be theoretically it has to be given and the patient should understand all the possible outcome including complications even if life threatening or everything has to be discussed.” (Code 1Consultant surgeon)*

Another respondent describes the importance to discuss the proposed surgery for both patient and health professionals. The interviewee was stressed the importance of discussion the patient has the right to know about his health problem that need surgery why the surgery is required. Improved patient outcomes with effective physician-patient communication can increase patient esteem and also has been associated with preventing medical errors and considered it is part of patient safety practice.

*” it serves dual purpose mainly for the patient service providers and the patient has the right to know about his disease, that need surgery why the surgery is required what kind of surgery is what possible outcomes are expected from the procedure and possible untoward side effect or complication that may or may not in are arise these should be briefly if not in detail discussed in advance and then the patient has to take his time make a decision.” (Code 4General surgeon, Urologist)*

Participants emphasizes discussion about the proposed surgery helps to made patients mind receiving the proposed surgery by a given doctor at the hospital he /she wants to get the proper surgical procedure. If the patient could not understand what the surgical procedure he will receive from that hospital may lead the patient in search of another doctor or another institution which may take an extra time for the disease he/she has to progress. So, to render a proper service at the right time according to the need of health problem that need surgical procedure, it is very

important to discuss briefly about the proposed surgery. If not in detail discussed in advance and then the patient has to take his time make a decision to the extent of going to another doctor, another health institute in search in seek of in search of or second opinion. Once the patient his mind or her mind then the rest of the planning will continue, but it is very important that the patient should know all that is needing to be know in advance of the proposed surgery, Of course these depends on his or her understanding, educational level when it comes to the type of the surgery.

### **5.2.2. Reason of Implementation of Patient safety practice**

Patient safety practice is a type of process or structure whose application reduces the probability of adverse events resulting from exposure to the health care system across a range of diseases and procedures. Since surgical procedure is a high-risk procedure that need patient safety practice those direct service providers are asked about the reason of implementing this patient safety practice. Based on the purpose of this study to understand the implementation of informed consent it is good to discuss about the implementation of patient safety practice. In fact, we know that patient safety practice in surgical procedure involve that wrong site surgery safety, anesthesia safety, safety related leaving surgical items inside patients and so on are considered knowing about the process of intra operative activities participants were expressed their trend of this safety activities increases the communication of service providers with those patients. Increasing interaction between provider and service recipients prevents surgical errors and the patient understands what the procedure is going to receive and also the provider identify the patient for whom he/she is going to render this procedure from the participants view the reason of implementation of this patient safety practice is described: -

*“ there are universal what we call universal patient safety practices ,all of us are expected to observe but again in a given place there is a protocol that is strictly followed up ,so to say safety practice which has to be observed like everything that should be done pre-operatively, Should be like check listed and then like pre- operative work up the pre-anesthetist evaluation and then including the psychological sort of patient support once the patient is in the hospital then there is other things to be done and this both on until the patient leaves the hospital safe and sound as much as possible.”(Code 4 General surgeon, urologist)*

In this sense the provider tries maintaining patient safety practice is to handle the patient safe and sound during patient's stay in the hospital. The patient to direct service providers interact closely what was done and will be done on his physical appearance or on the person's body. Every

activity of the health professionals provision of health service is based on patient's confirmation, because the patient safety practice that include safety related the psychological sort of the patient needs communication between the patient and the health provider. Informed consent also be indirectly related to patient safety in that, when done well, it opens a dialogue between the patient and provider so that the patient can ask questions, knows what to expect during and after procedure, and can at least theoretically help to avert medical errors. This can help the health provider to assess the health literacy of the patient preoperative discussion about the surgical procedures with the main elements of informed consent the benefit, the risk and alternatives of the procedure the patient is waiting for. Reason of implementing this patient safety practice help to assess the patients feeling to discuss about the overall surgical problem of the patient, and the surgical interventions that must be indicated for that kind of problem. The patient understands about his/her health problem and comprehend post-operative instructions. This is the way that reduces surgical errors and increases patients trust on surgical procedure. Another responder of this study describes reason of implementation of patient safety practice to reduce surgical errors by giving a good example of civil aviation in air lines in every flight before takeoff during landing again to take off they do it five to six times in a day if they have to do five to six times landing and takeoff by doing that they reduce mistakes. By now still medical errors are high this patient safety practice it is not fully implemented in all health institution that needs careful revision of surgical safety.

Surgical patient safety practice is an activity that should be implemented during peri-operative intervention for surgical case patients. The surgical procedure has its own implication of patient's health, so direct service providers should carry out all necessary tasks prior, during and after surgery. Many studies brief that, implementing patient safety practice is preventing harms. Within the discussion for the reason why this patient safety practice work respondents frequently describes: \_

*“This is very important because it avoids surgical error which is very common problem one of Medco- legal issues in many places, in other countries it is very common in our country also there have been some errors because of lack of this practice, so, generally the most important advantage of this surgical safety practice is it prevents surgical errors” (Code 1 consultant surgeon)*

One aspect that participants clearly describes about the reason of implementation of the patient safety practice by stressing that the benefit is for both sides the provider and service recipients.

The implementation of this activity is through identifying the patient with his/ her real problem, providing the necessary information and confirming the procedure what the provider is going to render beneficial for both of themselves.

*“for the provider benefit it avoids error related litigation, the consequence of litigations, economical, psychological and so on for the physician, the moral also, moral issue----- Safety procedures are very important, if surgery without confirming the proper indications and so on you may end up in premature deliveries that is one related to our premature delivery they are not confirming we are not doing on the proper surgery on proper patient. If patient is mismatched and the patient comes if not the correct case it avoids all this concern on our field. For the patient the beneficial as I have said it avoid unnecessary surgeries, you know that sometimes right ovary is diseased and if removed the left, the next step will be to remove the right so both of are removed that been created artificial menopause, so, it is a serious issue that it follow this, otherwise the consequences are I mean, sometimes morbid sometimes fatal, so for So we have to confirm with that patient is the really in our case the real patient. And it avoids mismatched blood transfusion risk if the patient is not identified properly to the checklist might receive this mismatched blood and blood related reactions these are some of the things we can avoid, the advantages and the disadvantages” (Code 3 obstetrician and gynecologist)*

Another surgeon also provided his opinion by mentioning, the patient safety practice as part of Medco-legal activity for surgical case patient helps knowing the patient in all aspect that minimizes surgical errors.

*“This is very important because it avoids surgical error which is very common problem one of Medco-legal issues in many places, -----because of lack of this practice so, generally the most important advantage of this surgical safety practice is it prevents surgical errors.”(Code 1 Consultant surgeon)*

Based on the reason of the patient that brings to health care, especially those patients problem that brought them to hospital level is to be treated by a physician’s/surgeon. The responder supports this idea by mentioning the reasons that is a physician is a person who tell the surgical procedure to the patient hospitals.

*“To start with especially in a private set up client come in search of specific physician so, they expect that physician to be there, to see them, to talk to them to explain their problems and there would be a procedure including the possible complications or the possible outcomes getting a second-hand information is a great satisfaction hopefully this is expressed in a private set up. Thing might be a little different in a public hospital where clients or patients may not have the chance to see the person who operating some*

*sometimes they do not know who is operating but in private set up this is quite different, so that has a great satisfaction by itself when there is direct communication of the client with his physician or operating surgeon....". (Code 4 General surgeon, Urologist)*

### **5.2.3. Limitation in implementing patient safety practice**

The interviewer (PI) of this study wants to explore some limitation in implementation of the patient safety practice those service providers had any observations from the activity that they are practicing. Some respondent were trying to brief on the goal of protection of patients by preparation of patients ,doing clearance of some tests for the fitness of the proposed surgery .Not all patients are expecting the potential surgical complications of the surgeries they are receiving ,or during the limitation of information the patient expectation from surgical outcome is disappointing,. The WHO recommendation checklist for patient safety practice also fully not implemented by the majority of surgical team: -

*"-----some surgeons don't like it. Just because they think it delays the procedure and usually the surgeon should be the leader in this issue, in initiating the surgical practice, the problems are to implement it. Some surgeons do not like it and do not implement it."(Code 2 clinical intern resident)*

Several doctors expressed reservations regarding risk quantification, during information to their patients about the surgical interventions as they felt that patients may misinterpret information, resulting in their failure to understand the degree to which they are at risk.

*"It can be confusing if you say there's a 10% risk of infection, they might think that means all patients will have an infection to a 10% degree, i.e. a little bit of infection, rather than it being you've either got it or you haven't." (Code 4 Consultant surgeon, Urologist)*

Instead, these doctors felt that it was important to verbalize risk in a form that patients are likely to understand, as this may help patients appreciate risks associated with surgical procedures.

*"Yah...it doesn't include everything the checklist include some limited information, but the pre-operative patient assessment is very important we should not completely relay on the check list because it doesn't check for example for the patient is diabetic or hypertensive if he has a*

*problem. They ask you if you do have a special concern, but this is general question.” (Code 1 Consultant surgeon)*

In this information the responder tries to reflect the gap exists in the practice of patient safety practice towards the available checklist that is not including the whole assessment information that might lead the health provider directly serving the patient misses some of diagnostic way of investigation or form of assessment not including overall health assessments of the patient and informing the possible health outcome, limitation on the understanding the procedures

#### **5.2.4. Process of informed consent through implementation patient safety**

Consent should begin with a brief explanation of the planned operation, including the anesthesia the patient can take. This should be implemented by putting it in simple and understandable form to address the level of the patients understanding or literacy. Sufficient information to decide should also include an explanation of risk, benefit and any alternative treatment. This can be done putting them in context by highlighting the pros and cons compared to the current procedure. The response to this idea is: -

*”We can start from the pre-anesthetic period also part of the assessment, the treatment plan. It has also safety issue to the pre-anesthetic check up to the physician will check, the anesthetic check for the fitness for proper anesthesia, that specifically, is whether she can tolerate the anesthesia and anesthesia related complication to focus mainly on that surgical skills and surgical capacity and fitness for surgery is mainly the physician duty to assess for the chronic illness and so on whether it can postpone it and so on we practice that and it is important in terms of safety issues it is important he can pick up serious illness like cardiac illnesses which might lead to sudden collapse to the anesthesia during the anesthesia pulmonary problems which may be complicated because of anesthesia, liver disease all these are possible complications that can be avoided by properly pre-anesthetic evaluation, whether she should need blood, transfusion or not whether she also consent for that blood transfusion and like that and so on.”(Code 3 Obstetrician and gynecologist)*

Here is another service provider the process of implementation of this surgical activity starts from the time of patient was received in OPD (Outpatient practice) as follows: -

*” ---- starts from the first outpatient department and then all the way the pre-operative work up should be completed and then the diagnosis should be made and the rest of the medical*

*anesthesia so on ,and so on ,clearance and these would be further extended.” (Code 1Consultant surgeon)*

According to those direct service providers tries to brief the implementation and the background of surgical safety practice after the patient decides or provide consent for the information offered about the surgical procedures, that is, all preparations and work ups of diagnostic or laboratory tests are explained for the prevention of unwanted effect of surgery.

### **5.2.5. Participation of patient in decision making during informed consent.**

In order for a patient to make a sensible decision concerning his or her treatment they need appropriate information. Appropriate information during discussion of surgical procedure is important this helps both the client and service provider a sensible decision concerning the client is going to receive an invasive procedure. Regarding to surgical procedure, patient’s participation in decision making is important knowing the benefit, risk and alternatives of surgical procedure. All key informants were respond with the same concept for this issue:

*“This is very, very important especially in this era. Because that so called good old days when the doctor decides whatever it has to be done good sides of course yes and the patient just go through it has gone.----- Decision is not, should not be the surgical team or the health providers the center it should be the patients with or without his family or friends we call this informed decisions-----Very simple example what I heard from my client recently there was a famous surgeon the patient had wait for weeks if not months to see him and finally she was when she was presented she diagnosed breast cancer and told her she needs surgery. Then the discussion stops there she said okay, the decision stops, there, she is admitted, then operated when she wakes up she was looking” her breast for her breast because she was expecting the breast a lamp just a lamp to be removed from her breast but what was done was total removal of the breast with the cancer that should be what supposed to be done. What should be done, I mean the type of surgery is right the patient also right to quest where the rest of her breast tissue was, because she was not told that surgery in her case mean to remove the whole breast she took it for granted her is going to remove only the lamp only the tumor. Had they discussed it in advance she should I mean this kind of misconception or argument disappointment could have been avoided but, these cases when to even to the court. So, it is good for all of us to of us operating the patient as well as for the patients because no one wants, no doctors, wants to harm his or her patients and by the same taken no patient goes to the doctor thinking or believing, he is going to abuse her or harm her or do something unnecessary, so there is innocence in both sides but because of lack*

*of proper communication, discussion, and so on and so forth this kind of thing happened so this have been stressed. (Code 4 “General surgeon, Urologist)*

As the physician tries to brief the result of this disastrous mistrusting of patients to those direct service providers might be lack of/absence of health care ethics has been given as a separate course till recently in the formal educational curriculum of health workers. The patient has the right to self-determination, a mentally competent adult has the right to give or refuse consent to any diagnostic or therapeutic procedure. Also has the right to the information necessary to make his/her decisions. Information should be given in a way appropriate to the patient’s culture and in such a way that the patient can understand. Patients come with different information about their health problem and if the information provided by the surgeon was not help to decide for the proposed surgery giving another time another options helpful for decision was provided by the same surgeon or another direct service providers.

The goal is to inform the patient well enough to allow them to make a balanced decision. That means to decide for the proposed surgery the provider should offer information is to bring positive response for the patient on provided information to decide by him/her self. Provision of too little information fails to inform, while too much information may be counter-productive and only lead to confusion. In practice, listing potential surgical complications may be meaningless and may be difficult to help the patient in decision making. Generally, the qualitative study obtained that direct service providers has implementing informed consent and patient safety practice requirements with some limitation in execution of practice with inadequate personal and health service factors

## 6. Discussion

In this study patients were asked about their feeling on the benefit to receive surgical procedures they are waiting for 65.9% and information of the expected benefit of the surgery is 195(58.4). But, when they are asked for the awareness on the content about surgical procedures, information about the health risk related with surgery 118 (36.3). Information on alternative, to surgery 95(28.4). Here, in both content of health information of surgical procedure is below 50 %. This study also tries that informed consent is implemented if the content of information includes not only the benefit but also, the risk and alternatives of surgery. The interviewed physicians also declare repeatedly the importance of discussion about the proposed surgery by provision of all information about the benefit, the risk and the consequence of procedure. In fact, Physicians know providing all information about surgery but, due to different factors related with socio demographic or health service factors such as rejection of the proposed surgery most surgeons are not implementing the full informed consent process. That is, several study participant doctors expressed reservations regarding risk quantification, during information to their patients about the surgical interventions as they felt that patients may misinterpret information, resulting in their failure to understand the degree to which they are at risk. This also makes one of the determinant factors why participation in decision of patient becomes low during surgical informed consent. But, study done in Uganda revealed that majority of participants (98.6 %) agreed that treatment should be well explained by the doctors to patients although, what needs to be addressed in to empower the patients with adequate information so that they can actively participate in the surgical decision making process. Because patients hold their own perceptions of surgery and what constitutes significant risk based on personal values and beliefs(34).

Patients are asked for communication during informed consent and the response about free communication with their doctors is 237(71%). But, the total 243(72.8%) were not informed the possible complication of surgery. On the other hand, two hundred sixty-three (78.7%) were not informed the alternative of the surgery moreover, one hundred ninety-two (56.3%) were not received enough information about the risk of their surgical interventions from their doctors. More than half of the respondents were not informed about the health risk of their surgery. More than two-third of the respondents were not informed about other method of treatment. The possible reason for this result difference might be due to the existence of substantial explanation of partial information during surgical informed consent. In addition to this, possible failure to properly

implement interpretation is also one of the factors contributing to this result. Patient has the right to get information about their conditions and the treatment options available to them.

Three hundred eight (92.1%) of respondents heard the health problem for proposed surgery from their health care provider during informed consent of surgical intervention. However, regarding participation in the decision for surgical procedure from elective surgery interviewed post operatively, 212(63.5%), 92(27.5%) were participated in decision for surgery by physicians and patients respectively. The difference result between patients and physician might be due to existence of paternalistic approaches from the prospective physicians. On the other hand, physicians asked the patient about information about the decision of the procedure patients are waiting for decision for the procedure they are going to receive 198(59.3).It is possible that patients do not base their decisions in their autonomy on the other hand, patients themselves put their concept /even to some what extent patients believed their physicians next to God. Decision not, should not be the surgical team or the health providers the center it should be the patients with or without his family or friends we call this informed decision. This assumption has the same consistency with a study conducted in Nigeria on attitude toward informed consent practice shows that patient has the philosophical (leaving everything to God) to the seemingly “logical” trusting in the doctrine doctors knowledge of everything concerning confidence(22).

From this study finding, information provided to each patient was vary this may also depends on; the nature of the condition, the complexity of the treatment, the risks associated with the treatment or procedure and the patient's own wishes. For example, patients may need more information to make an informed decision about a procedure which carries a high risk of failure or adverse side effects; or about an investigation for a condition which, if present, could have serious implications for the patient's employment, social or personal life. If the session of information is not conducive and if patient lack respectful discussion with the absence of an active participatory to the proposed surgery physician's loss their trust by their patient. In healthcare settings, there are often interactions among colleagues and clients. The main responsibility of the health professionals to patients, FMHACA Regulation No. 299/2013, under Article 74, clearly states. Professional responsibilities with respect to patient relationships(6). This result is less than a study conducted in Croatia' having a result of Eighty five percent of patients received complete, understandable information, presented in a considerate manner. Patients in surgical departments received a higher level of information than those in internal medicine departments. Patients were informed about health risks of the proposed treatments (in 74% of cases) and procedures (76%), health

consequences of refusing a medical intervention (69%), and other methods of treatment (46%). However, patients pointed out a number of problems in physician-patient communication. Based on physician- patient communication and informed consent there is often a discrepancy between the actual legal provisions and situation in health care system because of poor implementation of legal standards having a result of: Fifty seven percent of patients assessed the obtained level of information as high, 37% as average, and only 5% as low. Patients were informed about health consequences of a refusal in 69% of cases, health risks of the proposed procedures in 76%, health risks of the proposed treatment in 74%, and alternative methods of treatment in 46 %(35).

The literacy level of respondents, read and write 201(60.2%), read only72 (21.6%) and not read and write61 (18.3%).Even participants literacy level seems high in number when it is compared from the country literacy level , to identify the health literacy of patient regarding informed consent about surgical procedure to assess participants right to know requiring full disclosure and be allowed to make choice , more than three-fourth of respondents were answered as it is my right to know and followed by( 17.1%) of respondents were answered to I am worried about the possible effects of the procedures. More than half of the respondents had average level of information which concerns patient's right during surgical procedures. Assessing health literacy is done when the client stands in terms of expressing his idea, in terms of understanding what he has telling to the provider ,educational level is one ,then life experience and then skill of communication so on which all could be assessed during the consecutive discussions .This response is obtained during an in-depth interview of direct service providers of this study and the literacy level of the respondents from service recipients was identified as, read and write 201(60.2%), read only72 (21.6%) and not read and write61 (18.3%). About health literacy of the patient, the central for informed consent for any type of risky procedure that has an impact on the person's health is the capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services to enhance health information. This is the fact that support or enhancing the patient's decision in the health care the person is going to receive from any type of health service provider .so, in this study finding, as the level of education increases more informed about the proposed surgery. Study conducted in Kenya by Mohmmod Amiret al in Kenya found that 58% of patients did not read the consent form due to low literacy level(36). The literacy level of this study is higher than the study done in Kenya .The variation of the result might be majority of the patients had varying level of formal education 76.6% and according to Ethiopian Demography health statistics Literacy: Four in 10 (42%) women and 69% of men age 15-49 are literate ( EDHS 2016) literacy respondents who had attended higher

than secondary school were assumed to be literate.(37).Establishing the literacy level of patients during pre- operative counseling is important patients may fail to understand the medical terminologies often used by physicians. Another systematic review done on;” The impact of health literacy in the care of surgical patients: a qualitative systematic review “study done by Gildasio S. et.al, Health literacy is likely to have a very important role in the care of perioperative patients. In addition of an understanding of the health information they are provided, numeracy skills are required to make decisions regarding elective surgical procedures. Frequently, patients are required to follow complex preoperative and postoperative instructions and lack of adherence to those instructions can result in negative outcomes or cancellation of surgical procedures. This study obtained a result from different researches in both preoperative and post-operative patients with The study also tries to show the association factors related about independent variables with the dependent variables. From the study result the bivariate logistic regression analysis was used to assess for associations and being widowed, higher education, occupation, being students showed statistically significant association with surgical informed consent, [AOR=8.167 CI (1.414- 47.182)]. Age, sex and place of residence showed no association with surgical informed consent. Educational status of respondents was important predictors of surgical informed consent. Respondents who have higher education were almost two times likely to surgical informed consent than those with not educated [AOR=2.033 CI (1.0344-3.998)]. Factors related with marital status of the respondents widowed/separated 35 (7%) of from the total respondents 334(98.8%) result might be due to the influence of respondents take attention on the economical or family responsibility that makes them attentive in the information provided by the health professionals or having some information of surgical risk related with surgical procedures. On the other hand, from the educational level and occupation variables being more educated participants are more informed than non-educated this is obvious when education level increases the information with health is more understandable and this educational increase expose peoples for more information about health to explore from different sources.

## **7. Strength and limitation**

The strength of this study is a study done uses a mixed study namely, quantitative and qualitative study. The other merit of this study was even this type of study was done in other country with similar characteristics, due to the sampling design and non-availability of studies with the same area of study in the country, adjustment of sample size was applied by doing a pilot form of assessment from study hospitals. The other strength of this study was even if the instrument used for data collection was taken from other studies, it was pre-tested, and some amendments was done on some part of questionnaires based on the purpose of the research. Moreover, the quality of data management was monitored on every day level of activity by the PI.

The limitation of this study was only conducted at specific public and private hospitals which are not be reflective of what happens at other hospitals. The other demerit of this study was budget constraint. Additional limitation for this study was lack of standard surgical consent form in the country to compare with the consent form used by health institutions. The other limitation of this study is consent forms used in both private and government hospitals has different context since surgical procedure is a high risk clinical procedure with similar outcome, difficult to compare them .Finally, since the quantitative study is cross sectional, the findings of this study may not assess causality.

## **8. Conclusion**

Surgical service providers are implementing the patient safety practice partially and as seen from the perspective of those service providers response. The information of surgical procedures was provided by health professionals, but the decision of the patient was respected as the health professionals tries to express participation of patients in decision making. Informed consent is performed by provision of benefit of the surgical procedure not informing the patient about the risk and alternatives as well as the consequences of this type of high risk clinical activity as part of patient safety practice.

Patients are inadequately informed on the risk, alternatives and complications related to surgery. Implementation of informed consent from service recipient's perspective result shows patients who has lost marriage due to different reasons are more informed than not married and more educated patients

Overall, this study shows that both service providers and recipients stated that there was a limited information value and this makes poor in decision making process.

The more educated respondents had better understand of the concepts and practice of surgical informed consent policy. The implementation of informed consent as patient safety practice about surgical procedures in Addis Ababa government and private hospitals is not fully implemented based on the standard requirement of surgical informed consent.

## **9. Recommendation**

1. Actors in administration of hospitals that is the Ministry of Health and Addis Ababa Health Bureau shall involve in provision and monitor for similarity and uniform consent form used for surgical information sheet, follow a uniform /standard format. Information and consent forms shall include the benefit, the risk and alternatives of the surgical procedures during pre-operative discussion shall involve in provision and monitor for similarity and uniform consent form used for surgical information sheet, follow a uniform /standard format and respectful care (CRC) national agenda that will help professionals to relook the basic professional obligation. Understanding of ethical principles regarding decisions and treatment that have potential ethical implications; and act as an effective patient advocate with other members of the healthcare team by practicing compassionate and respectful care (CRC).
2. For service providers, the practice of patient safety practice will have employed in every surgical intervention to minimize surgical procedure errors. Patient education in non-emergency surgical patient about the diseases of the patient will increase the health literacy of patient. Health providers will develop informed consent forms are to use simple language, shorter sentences and active voice, avoid unnecessary words and technical jargons for private health providers, since there are large number of private hospitals in Addis Ababa having great contribution to health care they should open doors for this kind of research to do better job. The practice of Patient safety practice for surgical procedures could be maintained in every surgical intervention by health professionals.
3. Further research should be conducted among private and public hospitals in order to get reliable information.

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## Annexes

**Annex 1.** Information sheet and consent form for the quantitative part of the study for “Perception of Informed consent as part of patient safety practice during surgical procedures among health professionals and patients in Addis Ababa. “English version Information Sheet

### IDENTIFICATION

Name of the Institute \_\_\_\_\_

Address of the Institute \_\_\_\_\_

Greeting:

Hello, how are you?

My name is \_\_\_\_\_. I am data collector on behalf of a Masters Student, Meaza Birile, in AAU, college of health sciences, school of public health, who want to conduct this survey.

The objective of the study is :-to assess the implementation of informed consent before and after surgical interventions as part of patient safety practice among hospitals of Addis Ababa city government. I am interviewing surgical case patients admitted in surgical unit and health professionals/direct service providers to assess their awareness, information and participation for their decision for surgical procedure before and after major operations. I am going to ask you some questions that are very important for the health care decision makers, patient’s, clinicians and policy makers among others make well informed decision and thereby improve the quality towards the surgical procedures concerning on informed consent and health literacy for surgical procedures. This study also intends to invite the interested intellectuals to perform a detailed, careful and long period of study in informed consent and health literacy. Your cooperation and willingness for the interview is very helpful in identifying the problems related to the issue. Your name will not be written in the form and I assure you that all information that you give will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any question you do not wish to answer. If you are not still comfortable with interview, please be free to stop me any time you like there is no harm if you not answer the questions and no special benefit you get if you answer the question the interview will take 20- 25 minutes. We would be thankful if you spend some time with us answering questions related to the issues described above.

1. If yes,

Name of interviewer \_\_\_\_\_

Signature \_\_\_\_\_

2. If not, skip to the other participant

For more information and question if there here is the contact address of investigator.

Meaza Birile

Tel: 0911422525/ 0912652789

email: [meaza.abc@gmail.com](mailto:meaza.abc@gmail.com)

Consent form

I am informed on study to be conducted by Masters Student in AAU, college of health sciences school of public health on informed consent before and after surgical interventions as part of patient safety practice among hospitals of Addis Ababa city government. The objective of the study and participation to this study is voluntary no obligation to answer any questioner there is no harm by not answering the questions and no special benefit by answering the question and also the interview will take 20-25 minutes .I heard all the information mentioned above and willing to participate in the interview.

Name of interviewer \_\_\_\_\_ Signature \_\_\_\_\_

(Signature of interviewer certifying that respondent has given informed consent verbally)

**Annex 2.** Self-administered Questionnaires for quantitative part of study

**Section 1: Background characteristics**

No	Question and Categories	Answer categories	Skip to
Q101	sex of patient	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
Q102	Age	-----	
Q103	Marital status	1. Single 2. married 3. Widow /separated	
Q104	Literacy level	1. Read and write 2. Read only 3. No read and write	Q106 Q108
Q105	Have you ever attended	1. yes 2. no	
Q106	Level of Formal Education:	1. primary school level <input type="checkbox"/> 2. Secondary school level <input type="checkbox"/> 3. Higher education 4. None	
Q107	Occupation	1. professional/lecturer <input type="checkbox"/> 2. civil servant <input type="checkbox"/>	

		3. trade/business <input type="checkbox"/> 4. Artisan (mason, carp etc.) <input type="checkbox"/> 5. teacher 6. student <input type="checkbox"/> 7. Farmers <input type="checkbox"/> 8. unemployed <input type="checkbox"/> 9. others specify-----	
Q108	Are you residing in Addis Ababa city or from regional?	1. Yes <input type="checkbox"/> 2. No, Region <input type="checkbox"/>	

**Section 2: Client’s Information, awareness and voluntariness**

No	Questions categories	Answer categories	Skip to
Q201	Are you informed about your health problem from your doctor?	1. Yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q202	Were you informed about health consequences of refusal for the surgical procedure you will receive?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q203	Who is participating in the decision about your surgical procedure	1. Physician. <input type="checkbox"/> 3. family friend <input type="checkbox"/> 2. My self <input type="checkbox"/>	
Q204	Are you happy with the service of the hospital to decide for surgery during your stay time?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
Q205	How would you express you’re feeling about the surgery you have received?	1. satisfied <input type="checkbox"/> 2. not satisfied <input type="checkbox"/>	
Q206	Do you feel that you are benefited to your health by receiving surgical procedure you are waitingfor?	1. Yes <input type="checkbox"/>	

		2. No <input type="checkbox"/>	
Q207	Are you informed on the alternatives about surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q208	Do you know the risks related with surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q209	Can people prevent themselves from health problems that need surgical interventions?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	

### Section 3: Physician –patient communication during informed consent

No	Questions categories	answer categories	skip to
Q301	Are you communicating freely with the doctor who informed you about your surgical procedures?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q302	Do you receive enough information about the risk of your surgical intervention from your doctor?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q303	Did the doctor informed you to decide on the procedure you are waiting for?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q304	Were you informed about the health risks of your surgery by your doctor?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q305	Were you informed about other methods of treatment?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q306	Where did you informed about your surgical procedure?	1. OPD <input type="checkbox"/> 2. . emergency <input type="checkbox"/> 3. ward <input type="checkbox"/> 4. at premise of OR <input type="checkbox"/>	

**Section 4:- Client's comprehension and decision making**

No	questions and filters	coding categories	skip to
Q401	What type of surgical procedure you are going to receive  (Circle one )	1.General surgery 2.orthopedics 3.Obstetrics 4.Ophthalmology 5.Cardio/thoracic 6. Gynecology 7. maxillo-facial /EENT 8. Urology 9. Neurology 10. Others	
Q402	Were you informed of the nature of surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q403	Were you informed of the reason for surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q404	Were you informed of the expected benefits of the surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q405	Were you informed of the possible complications of the surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q406	Were you informed of the alternatives to the surgery?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q407	Were you informed of the possible complications if surgery is not done?	1. yes <input type="checkbox"/> 2. no <input type="checkbox"/>	
Q408	Did the doctor informed you to decide on the procedure you are waiting for?	1. Yes <input type="checkbox"/> 2. no <input type="checkbox"/>	

Q409	Where did you heard pre-operative counseling on your surgery?	1. opd on emergency <input type="checkbox"/> 2. on admission/in the ward <input type="checkbox"/>	
Q410	Surgery pre-operative counseling done by;	1. consultant surgeon <input type="checkbox"/> 2. medical officer <input type="checkbox"/> 3. consultant anesthetists <input type="checkbox"/> 4. nursing officer <input type="checkbox"/> 5. surgery clinical office intern <input type="checkbox"/> 6. other <input type="checkbox"/>	

### Section 5:- assessment of participants right

no	questions and filters	coding categories	skip up
Q501	Reasons for requiring full disclosure and be allowed to make a choice	1. it is my right to know 2. i may sue the doctor or hospital if this is not done 3. i am worried about the possible effects of the procedure 4. i want to ensure the doctor is competent 5. it is important for my health insurance policy	
Q502	Level of received information as demanded:	1. high <input type="checkbox"/> 2. average <input type="checkbox"/> 3. low <input type="checkbox"/>	
Q503	Were you able to give your consent or refusal of proposed surgical procedures?	1. yes, taken into account <input type="checkbox"/> 2. no <input type="checkbox"/>	

Q504	Were you able to express opinion after receiving information about proposed surgical procedures?	1.    yes, taken into account <input type="checkbox"/> 2.    not taken into account <input type="checkbox"/>	
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**Annex 3. Guide for in- depth Interview with Physicians and direct service providers-  
Qualitative part of study**

Greetings – My name is **Meaza Birile** student in Addis Ababa university school of public health I am currently doing a research to assess the perception of informed consent as part of patient safety practice before and after receiving surgical intervention among patients and health professionals in Addis Ababa to fulfill my thesis. I am going to ask you some questions that are very important for the health care decision makers, patient's, clinicians and policy makers among others make well informed decision and thereby improve the quality towards the surgical procedures concerning on informed consent and health literacy for surgical procedures. Your response to this interview will remain confidential and anonymous.

Thank you for your participation in the interview.

Would you tell me about your profession/position-----?

1. How important is to discuss the proposed surgery as part of patient safety practice?
2. What is the reason of implementation of Patient Safety Practice?
3. What is the limitation of patient safety practice?
4. How informed consent is implemented through the process of patient safety
5. Why patients are involved in the participation of decision making

**Annex 4:** Information sheet and consent form for the quantitative part of the study  
“Status of Informed consent and Health Literacy during surgical procedures among health professionals and patients in Addis Ababa.” Amharic Version

በአዲስአበባከተማየጤናባለሙያዎችእናቀዶጥገናህክምናለሚደረግላቸውታካሚዎችመሀከልስለሚኖረውየመረጃስምምነትእናየታካሚዎችየጥንቃቄ ደንብአሰጣጥሁኔታንየሚዳስስቃለመጠይቅ

**ክፍልአንድ:- የመረጃቅጽ**

የመጠይቁመለያኮድቁጥር .....  
ሆስፒታል .....  
የመረጃውሰብሳቢውስም .....  
ፊርማ .....  
ቀን-----

ጤና ይስጥልኝ እኔ \_\_\_\_\_ እባላለሁ ። ይህን ጥናት በማድረግ ላይ ላሉ የአዲስ አበባ የኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት ማስተር ተማሪ ለሆኑት መካከ ብርሌን ወክዬ በአዲስ አበባ ሆስፒታሎች ለቀዶ ሕክምና በመጠባበቅ ላይ ላሉ እና ህክምናው በሚደረግላቸው ታካሚዎች ከህክምና ባለሙያው ጋር ስለሚኖረው የመረጃ ስምምነት እና የጤና እውቀት ግንዛቤ አሰጣጥ ሁኔታን ለማጥናት በሚያስችል ቃለ መጠይቅ ላይ ነኝ ። የዚህ ጥናትና ምርምር ዓላማ ለቀዶ ሕክምና በመጠባበቅ ላይ ላሉ እና ህክምናው በሚደረግላቸው ታካሚዎች ከህክምና ባለሙያው ጋር ስለሚኖረው የመረጃ ስምምነት እና የጤና እውቀት ግንዛቤ አሰጣጥ ሁኔታን ለማወቅ የተዘጋጀ መጠይቅ ነው ።

በዚህ መጠይቅ ውስጥ የጤና ባለሙያዎችና ታካሚዎች ስለሚሰጠው የቀዶህክምና ያላቸውን መረጃ ከቀዶህክምናው ጉዳይ ጋር የተያያዙ መረጃዎችን በሙሉ የሚዳስስ ሲሆን ታካሚዎች ከጤና ባለሙያው ጋር ስለጤናቸው ተሳታፊ በመሆን ውሳኔን ለመስጠት ያላቸውን ተሳታፊነት ፣ የሚያገኙትን መረጃ እንዲሁም በህክምናው የሚያገኙት ጥቅም እና ጉዳት እስከ አማራጩ የጤና አገልግሎት መረጃን የማግኘት ሁኔታን የሚዳስስ ይሆናል ። በዚህ ጥናት የሚገኘው ውጤት ለባለሙያዎች በማስረጃ የተደገፈ እቅድ ለማቀድና በዚህ ተመሳሳይ ጥናት

ለሚያደርጉ ምሁራን ጥልቅ ጥናት ለማድረግ የሚያስችል መረጃ መሆን እንዲችል እንዲሁም አግልግሎቱን ለሚሰጡ የጤና ባለሙያዎች ጥራት ላለው ተጨማሪ አገልግሎት የመረጃ ግብዓት ሆኖ ያገለግላል ተብሎ ይታሰባል ።ይህንን በፍቃደኝነት ላይ የተመሠረተን መጠይቅ ለመሙላት ከ20-25 ደቂቃ የሚፈጅብዎት ሲሆን ለመሳተፍ ካልፈልጉ አይገደዱም ፡ እንዲሁም በመጠይቁ መሳተፍ ከጀመሩ በኋላ በማንኛውም ሰዓት ማቋረጥ ይችላሉ ። የእርስዎ በዚህ ጥናት ውስጥ ተሳታፊ መሆን

ጥናቱ በተሳካ ሁኔታ መጠናቀቅ ብቻ ሳይሆን በዚህ የህክምና ጥናት ዘርፍ ላይ ችግር ፈቺ የሚሆን መረጃን በመስጠት ለአገልግሎቱ መሻሻል ከፍተኛ አስተዋጽኦ ይኖረዋል ። ለጥያቄዎቹ የሚሰጥዎቸው መረጃዎች በሙሉ ሚስጥራዊነታቸው የተጠበቀ ስለሆነስ ለማንንነትዎ እና ስለሚመልሷቸው መልሶች ምስጢር መጠበቅ ምንም ስጋት አይግባዎት በተጨማሪም በሚሰጡት መረጃ አማካኝነት ምንም የተለየ ጥቅም አያገኙም ወይም መረጃ ባለመስጠትዎ አገልግሎቱ አይቋረጥብዎትም ወይም ሌላ ጉዳት አስከታይ ችግር አይገጥምዎትም ስለዚህ መረጃውን ለመስጠት እና በዚህ ጥናት ተሳታፊ እንዲሆኑልኝ በአክብሮት እጠይቀዎታለሁኝ ።

ለተጨማሪ መረጃ በስልክ ቁጥር 0912 65 27 89/0911422525 ወይም ኢ-ሚይል Meaza.abc@gmail.com ሊያገኙን ይችላሉ

1. በጥናቱ ለመሳተፍ ፈቃደኛነዎት ?

እስተፋለሁ \_\_\_\_\_

አልሳተፍም \_\_\_\_\_

ለመሳተፍ ፈቃደኛ ካልሆኑ እናመሰግናለን ጥያቄዎቹን በዚሁ ያቋርጡ

**ክፍል ሁለት:- የስምምነት ማረጋገጫ ቅጽ**

እኔ በፍቃደኝነት ላይ በተመሠረተ የመረጃ ስምምነት ያለ ምንም ተፅእኖ በአዲስ አበባ ዮኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ማስተር ተማሪ ለሆኑት መስዛዛ ብርሌ በአዲስ አበባ ሆስፒታሎች ለቀዶ ሕክምና በመጠባበቅ ላይ ላሉ እና ህክምናው በሚደረግላቸው ታካሚዎች ከህክምና ባለሙያው ጋር ስለሚኖረው የመረጃ ስምምነት እና የጥንቃቄ ደንብ አሰጣጥ ሁኔታን ለማወቅ በተዘጋጀ መጠይቅ ላይ ለመሙላት የጥናት ዓላማውን በመረዳት ከ20-25 ደቂቃ ለሚፈጅ ጊዜ ተሳታፊ መሆኔን አረጋግጣለሁ ። ለመሳተፍ ፈቃደኛ ከሆኑ ወደ ቀጣይ ጥያቄዎች ይለፉ ፡ ( ፈቃደኛ ከሆኑ የመረጃ ሰብሳቢው ፊርማ )

የመረጃው ሰብሳቢው ስም .....

ፊርማ .....

Annex 5. Self-administered Questionnaires for quantitative part of study

ክፍል አንድ : የተጠያቂው አጠቃላይ የማህበራዊ መረጃን የተመለከተ መጠይቅ

ተ.ቁ	ጥያቄዎች	መልስ	እለፍ
1	ፆታ	1. ወንድ <input type="checkbox"/> 2. ሴት <input type="checkbox"/>	
2	እድሜ	<input type="checkbox"/>	
3	የጋብቻ ሁኔታ	1. ያላገባች <input type="checkbox"/> 2. ያገባች/ <input type="checkbox"/> 3. የተለያየ/ች <input type="checkbox"/>	
4	ማንበብ / መፃፍ ይችላሉ	1. ማንበብና መፃፍ <input type="checkbox"/> 2. ማንበብ <input type="checkbox"/> 3. አይ <input type="checkbox"/>	ቁ.7 ቁ.8
5	ትምህርት ተምረዋል	1. አዎ <input type="checkbox"/> 2. አይ <input type="checkbox"/>	ቁ.8
6	የትምህርት ደረጃ	1. የመጀመሪያ ደረጃ <input type="checkbox"/> 2. ሁለተኛ ደረጃ <input type="checkbox"/> 3. ከፍተኛ ትምህርት <input type="checkbox"/>	
7	የሥራ ሁኔታ	1. ፕሮቴስታንት ባለሙያ 6. ተማሪ 2. የቢሮ /ማህበራዊ ሠራተኛ 5. ግብርና 3. ነጋዴ 6. ስራ ያልተቀጠረ	

		4. የእጅ ሙያተኛ	7. ሌላ ይገለፅ_____
		5. መምህር	
8	በአዲስ አበባ ከተማ ( ከክልል ከሆነ በሳጥኑ ውሳጥ የክልሉ ቁጥር ያስገቡ) ነዋሪ ነዎት ወይስ ከአዲስ አበባ ውጭ ክልል	1. አዎ <input type="checkbox"/>	
		2. ክልል ይገለፅ_____	

ክፍል ሁለት: የተሳታፊዎች በቀዶ ህክምና ላይ ያላቸው መረጃ ,ግንዛቤና ፈቃደኝነት ተሳታፊ መሆን

ተ.ቁ	ጥያቄዎች	መልስ	አለፍ
1	የጤናችግርዎ ምን እንደሆነ በሀኪም ተነግሮ ዎት ነበር	1. አዎ <input type="checkbox"/> 2. አይ <input type="checkbox"/>	
2	የቀዶ ህክምናው የሚያስከትለው ውጤት በሀኪም በኩል ተነግሮዎታል	1. አዎ <input type="checkbox"/> 2. አይ <input type="checkbox"/>	
3	ቀዶ ህክምና ውሳኔ በመስጠት ተሳታፊው ማን ነበር	1. ሀኪም <input type="checkbox"/> 2. እኔ <input type="checkbox"/> 3. የቤተሰብ አባል / ጓደኛ <input type="checkbox"/>	
4	ለቀዶ ህክምና ምን ያህል ጊዜ ጠበቁ	1. የቀን ቁጥር <input type="checkbox"/> 2. ወራት <input type="checkbox"/>	
5	የሆስፒታሉ የህክምና አገልግሎት አሰጣጥ ሁኔታ ለቀዶ ህክምና ውሳኔ ለማድረግ ምቹ ነበር	1. አዎ <input type="checkbox"/> 2. አይ <input type="checkbox"/>	

6	ስለሚደረግልዎ የቀዶ ህክምና ምን እንደሚሰማዎ ቢገልፁልኝ	1. ረክቻለሁኝ <input type="checkbox"/>	
		2. አልረካሁም <input type="checkbox"/>	
7	እየጠበቁት ያለው የቀዶ ህክምና ይጠቅመኛል ብለው ያስባሉ	1. አዎ <input type="checkbox"/>	
		2. አይ <input type="checkbox"/>	
8	ስለቀዶ ህክምናው ችግር አማራጭ መፍትሔ አግኝተዋል	1. አዎ <input type="checkbox"/>	
		2. አይ <input type="checkbox"/>	
9	ከቀዶ ህክምናጋር ተያያዥ የሆነ ስጋት ምን እንደሆነ ያውቃሉ /መረጃ አልዎት	1. አዎ <input type="checkbox"/>	
		2. የለም <input type="checkbox"/>	
10	ሰዎች የቀዶ ህክምና ለሚያስልግው ችግር ከመጋለጥ ራሳቸውን መከላከል ይችላሉ	1. አዎ <input type="checkbox"/>	
		2. አልችልም <input type="checkbox"/>	

ክፍል ሶስት: ህኪምናታካሚ በመረጃ ስምምነት ወቅት ስለነበራቸው መግባባት

ተ.ቁ	ጥያቄዎች	መልስ	እለፍ
1	ህኪምዎ ባቀረበልዎት መረጃ ለመረዳት ችግር የሆነ የመግባባቢያ እክል አጋጥሞታል	1. አዎ <input type="checkbox"/>	
		2. የለም <input type="checkbox"/>	
2	ስለ ቀዶ ህክምና ህኪምዎ በሚነግሮት ጊዜ በነፃነት መግባባት ችለው ነበር	1. አዎ <input type="checkbox"/>	
		2. የለም <input type="checkbox"/>	
3	ህኪምዎ በቀዶ ህክምናው አሰጣጥ ሊያጋጥም ስለሚችል ስጋት ሙሉ መረጃ ሰጥዎታል	1. አዎ <input type="checkbox"/>	
		<input type="checkbox"/>	

		2. የለም	
4	ሀኪምዎ ሰለሚሰራልዎ ቀደህክምና ውሳኔ በመስጠት ተሳታፊ እንዲሆኑ ነግሮዎት ነበር	1. አዎ <input type="checkbox"/> 2. የለም <input type="checkbox"/>	
5	በቀደ ህክምናው ምክንያት ሊከሰት ስለሚችል የጤና ስጋት መረጃ አልዎት	1. አዎ <input type="checkbox"/> 2. የለኝም <input type="checkbox"/>	
6	ሌላ የህክምና ዘዴ የተነገርዎት ነበር	1. አዎ <input type="checkbox"/> 2. አልተነገረኝም <input type="checkbox"/>	
7	ሰለሚሰራልዎ ቀደ ህክምና የተነገርዎት ቦታ የት ነበር	1. በተመላላሽ ህክምና ክፍል <input type="checkbox"/> 2. በድንገተኛ ህክምና ክፍል <input type="checkbox"/> 3. በአስተኝቶ ማከሚያ ክፍል <input type="checkbox"/> 4. ወደ አፕራሴዮን እየተወሰድኩ <input type="checkbox"/>	

ክፍል አራት፡ የተሳታፊዎች በሚደረግላቸው ቀደምት ላይ የማወቅ፣ ወይም መረዳትና ወሳኔ ሰጪነት መጠይቅ

ተ.ቁ	ጥያቄዎች	መልስ	አለፍ
1	የቀደምት ህክምናው ምን ነበር	1. አጠቃላይ ቀደምት ህክምና <input type="checkbox"/> 2. የአጥንት ቀደምት ህክምና <input type="checkbox"/> 3. የፅንሰ <input type="checkbox"/> 4. የአይን <input type="checkbox"/> 5. የልብ /ደረት <input type="checkbox"/> 6. የማህፀን <input type="checkbox"/> 7. የመንጋጋ እና ፊት/አፍንጫ ጉዳይ <input type="checkbox"/> 8. የሽንትባንኳእናፊት <input type="checkbox"/> 9. የነርቭ <input type="checkbox"/> 10. ሌሎች ይገለፁ _____	
2	ስለሚደረግልዎ ቀደምት ህክምና አሰራር በቃላይ ሁኔታ በመረዳት ወሳኔ ለማድረግ ተረድተዋል	1. አዎ <input type="checkbox"/> 2. አልተረዳሁም <input type="checkbox"/>	
3	ቀደምት ህክምናው የሚያስፈልግበት ምክንያት አውቀዋል	1. አዎ <input type="checkbox"/> 2. አላውቅም <input type="checkbox"/>	
4	ከቀደምት ህክምናው የሚገኘውን ጥቅም ተረድተዋል	1. አዎ <input type="checkbox"/> 2. አልተረዳሁም <input type="checkbox"/>	
5	በቀደምት ህክምናው ምክንያት የሚከሰተው ውስብስብ ችግር ተነግሮታል	1. አዎ <input type="checkbox"/> 2. አልተነገረኝም <input type="checkbox"/>	
6	ለቀደምት ህክምናው ችግር አማራጭ ተነግሮታል ነበር	1. አዎ <input type="checkbox"/> 2. አልተነገረኝም <input type="checkbox"/>	
7	የቀደምት ህክምናው ባይደረግ ሊከሰት የሚችልው ውስብስብ ችግር ምን እንደሆነ ተነግሮታል	1. አዎ <input type="checkbox"/>	

		2.	አላስታውስም <input type="checkbox"/>	
8	ሀኪምዎ እየጠበቁት ባለው የቀዶ ህክምና ውሳኔ ማድረግ እንዲችሉ ነግሮዎታል	1.	አዎ	
		2.	አልተነገረኝም	
9	ከአፕራሲዬን / በፊት የምክክር ለግሎቱን የት ነበር የተሰጥዎት (ቅደመ ራሲዬን መረጃ የተሰጥዎት የት በታ ነ )	1.	በተመላላሽ ህክ <input type="checkbox"/>	
		2.	በአስተኝቶ ህክም <input type="checkbox"/>	
		3.	በድንገተኛ <input type="checkbox"/>	
		4.	አላስታውስም <input type="checkbox"/>	
10	ቅደመ አፕራሲዬን ምክክር / መረጃውን ን ነበር ያገኙት	1.	ኮንስልታት-ቀዶ ህክምና <input type="checkbox"/>	
		2.	የህክምና መኮንን <input type="checkbox"/>	
		3.	ኮንስልታንት የሰመመን ባለሙያ <input type="checkbox"/>	
		4.	የነርስ መኮንን <input type="checkbox"/>	
		5.	የቀዶ ህክምና ክሊኒካል መኮንን <input type="checkbox"/>	
		6.	ሌሎች ይገለፁ <input type="text"/>	

ክፍል አምስት: የታካሚው መብት ጥምገማ

ተ.ቁ	ጥያቄዎች	መልስ	አለፍ
1	ታካሚው ስለሚደረግለት ጉዳይ ሙሉ በሙሉ እንዲያውቅ እና መምረጥ እንዲችል የተፈለገበት ምክንያት (አንድን ምርጫ ይክበቡት)	ሀ/ የማወቅ መብት ስላለኝ ነው ለ/ ይህ ካልተደረገልኝ ሀኪሙን ወይም ሆስፒታሉን ስለምክሰው ነው ሐ/ የሚሰራልኝ ሕክምና የሚያስከተለውን ለውጥ ሳስበው ስለምስጋ ነው መ/ በሀኪሙ ብቃት ርግጠኛ መሆን ስለምፈልግ ነው ሠ/ የጤና ኢንሹራንስ /ዋስትና ስለሚያስልገኝ ነው	
2	የቀረበልዎት መረጃ እንደሚፈልጉት	1. ከፍተኛ 2. መካከለኛ 3. አነስተኛ	

	ከሆነ ደረጃ ይስጡ		
3	<p>ስለሚደረግልዎ የቀዶ ህክምና የሚያስከትለውን ውጤት ወይም መቃወም የሚችሉ መሆኑን ተነግሮዎ ነበር ወይ</p>	<p>1. አዎ <input type="checkbox"/></p> <p>2. አልተነገረኝም <input type="checkbox"/></p> <p>3. መልስ የለም <input type="checkbox"/></p>	
4	<p>ስለ ቀረበለዎ የቀዶ ህክምና በተሰጥዎት መረጃ መሠረት አቋቋምዎትን መግልፅ የሚያስችል ነው</p>	<p>1. አዎ <input type="checkbox"/></p> <p>2. አይደለም <input type="checkbox"/></p> <p>3. መልስ የለም <input type="checkbox"/></p>	
5	<p>በተሰጠዎት መረጃ ረክተዋል?</p>	<p>1. አዎ <input type="checkbox"/></p> <p>2. አልረካሁም <input type="checkbox"/></p> <p>3. መልስ የለም <input type="checkbox"/></p>	

**Annex 6.** Guide for in- depth Interview with Physicians and direct service providers- Qualitative part of study

**አገልግሎት ሰጪ ባለሙያው የሚመልሷቸው ጥልቀት ያላቸው መጠይቆች**

- የመጠይቁ መለያ ኮድ ቁጥር .....
- ሆስፒታል .....
- የመረጃው ስብሰቢው ስም .....
- ፊርማ .....
- ቀን-----

ጤና ይስጥልኝ እኔ መኪና ብርሌ እባላለሁ ። በአዲስ አበባ ዮኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ተማሪ ስሆን በአዲስ አበባ ሆስፒታሎች ለቀዶ ሕክምና በመጠባበቅ ላይ ላሉ እና ህክምናው በሚደረግላቸው ታካሚዎች ከህክምና ባለሙያው ጋር ስለሚኖረው መረጃ ስምምነት እና የጥንቃቄ ደንብ የጤና እውቀት ግንዛቤ አሰጣጥ ሁኔታን ለማጥናት በሚያስችል ቃል መጠይቅ ላይ ነኝ ። የዚህ ጥናትና ምርመር ዓላማ ለቀዶ ሕክምና በመጠባበቅ ላይ ላሉ እና ህክምናው በሚደረግላቸው ታካሚዎች ከህክምና ባለሙያው ጋር ስለሚኖረው የመረጃ ስምምነት እና የጤና እውቀት ግንዛቤ አሰጣጥ ሁኔታን ለማወቅ የተዘጋጀ መጠይቅ ነው ። የእርስዎ በዚህ ጥናት ውስጥ ተሳታፊ መሆን ጥናቱ በተሳካ ሁኔታ መጠናቀቅ ብቻ ሳይሆን በዚህም ህክምና ጥናት ዘርፍ ላይ ችግር ፈቺ የሚሆን መረጃን በመስጠት ለአገልግሎቱ መሻሻል ከፍተኛ አስተዋጽኦ ይኖረዋል ። ለጥያቄዎቹ የሚሰጥዎቸው መረጃዎች በሙሉ ሚስጥራዊነታቸው የተጠበቀ ስለሆነ ስለማንንነትዎ እና ስለሚመልሷቸው መልሶች ምስጢር መጠበቅ ምንም ስጋት አይግባዎት ስለዚህ መረጃውን ለመስጠት እና በዚህ ጥናት ተሳታፊ እንዲሆኑልኝ በአክብሮት እጠይቀዎታለሁኝ።

4. በጥናቱ ለመሳተፍ ፈቃደኛነዎት?

እስተፋለሁ \_\_\_\_\_

አልሳተፍም \_\_\_\_\_

ለመሳተፍ ፈቃደኛ ካልሆኑ እና መሰግናለን ጥያቄዎቹን በዚህ ያቋርጡ

1. የሚታዘዘውን የቀዶ ህክምና ከታካሚ ጋር መወያየት አንደ ታካሚ ጥንቃቄ ደንብ አንዱ ክፍል ማየት ምን ያህል አስፈላጊ ነው ?
2. የታካሚ ጥንቃቄ ደንብ ተግባራዊ የማድረግ ምክንያት ምንድነው ?
3. የጥንቃቄ ደንብ ውስንነት ምንድነው?
4. የመረጃ ስምምነትን በጥንቃቄ ደንብ ውስጥ እንዴት ተግባራዊ ማድረግ ይቻላል ?
5. ታካሚዎች ስለሚደረግላቸው ቀዶ ህክምና በመረጃ ስምምነት ጊዜ ውሳኔ ሰጪነት ላይ መሳተፍ ለምን አስፈላጊ ?

**Annex 7: Consent form of surgical procedures in different study hospital**

አዲስ አበባ ዩኒቨርሲቲ ህክምናና ፋኩሊቲ  
የግህፀንና ፅንሰ ህክምና ትምህርት ክፍል  
የቀዳሚ ህክምና ስምምነት ቅጽ

1000

የታካሚዋ ስም \_\_\_\_\_ እድሜ \_\_\_\_\_ አድራሻ \_\_\_\_\_  
ካርድ ቁጥር \_\_\_\_\_

እኔ ስሜ ከዚህ በላይ የተጠቀሰው በደክተር \_\_\_\_\_ እና በሰራ ባልደረቦቹ የቀዳሚ ህክምና እንዲደረግልኝ ተስማምቻለሁ። ደክተር \_\_\_\_\_ ቀዳሚ ህክምናውን ለማከናወን ባይችሉ ሌሎች እሳቸው የመረጡት ህኪሞች ቀዳሚ ህክምናውን ካል ምንም መዘገየት እንዲያደርጉልኝ እንዲወስኑ ፈቅጃለሁ።

ከዚህ በታች የተገለጹት መረጃዎች እንደቀረቡልኝ እና እንደተሰማግሁ ለረጋግጣለሁ።

የሰብሳቢዎ ስም \_\_\_\_\_

የቀዳሚ ህክምናው የሚደረግበት ምክንያት \_\_\_\_\_  
አማራጭ የህክምና ዘዴዎች \_\_\_\_\_

የቀዳሚ ህክምናው ሊያመጣው የሚችላቸው ችግሮች \_\_\_\_\_

አማራጭ	የህክምና	ዘዴው	ሊያመጣው	የሚችላቸውን	ችግሮች
ሰብሳቢ ህክምና ባይደረግ ሊያመጣ የሚችሉትን ችግር					

ይህንን ቀዳሚ ህክምና ለማካሄድ ማደንዘገፍ እንደሚሰጠኝ አውቃለሁ። እስረላሊ የሆነውን የማደንዘገፍ ላይነት የማደንዘገፍ ባለሙያ መርጦ እንዲጠቀም ፈቅጃለሁ። በዚህ ሰዓት የምወሰደው ማደንዘገፍ ምን ላይነት እንደሚሆንና ምን ችግሮች ሊያመጣ እንደሚችል ከማደንዘገፍ በፊት በማደንዘገፍ ባለሙያው ገለጻ ተደርጎልኛል።

ለህክምናና ለሳይንስ ትምህርት ቀዳሚ ህክምናዬ በሚካሄድበት ሰዓት ተመልካች እንዲኖሩ ፈቅጃለሁ። ከዚህ በተጨማሪ ለህክምና ትምህርትና ለሳይንስ የሚጠቅሙ ፎቶግራፎች፣ የቃል መግለጫዎች እንዲሁም በጥያቄ መፅሔቶችና መፅሐፎች ላይ ህትመት እንዲደረግ ፈቅጃለሁ። ነገር ግን በፎቶግራፎቹም፣ በቃል መግለጫዎቹም ሆነ በህትመቶች ላይ ስሜንና ማንነቱን የሚገልፁ መረጃዎች እንዳይወጡ ተስማምቻለሁ።

በቀዳሚ ህክምና ወቅት በሚገኙ ተጨማሪ ሰብሳቢዎች ወይም በሚፈጠሩ ተጓዳኝ ችግሮች ሌላ ተጨማሪ ህክምና ወይም ህኪም እስረላሊ ሆኖ በገኝ ምንም እንኳን እሳቸካይ ባይሆንም ከላይ በተጠቀሰው ደክተር ወይም በሰራ ባልደረቦቹ ህክምናው እንዲደረግልኝ ፈቅጃለሁ። ይህ ተጨማሪ ቀዳሚ ህክምና አሁን ከተነገሩኝ ለደጋጋሚ የተለየ ለደጋጋሚ ሊኖሩት እንደሚችሉ ተገልጿል። ሆኖም ግን ከላይ ለተጠቀሰው ደክተር እና ባልደረቦቹ ተጨማሪውን ህክምና እንዲያደርጉልኝ ፈቅጃለሁ።

በቀዳሚ ህክምናው ጊዜ የሚወጡ የሰውነት አካሎች እንደእስረላሊነቱ ለተጨማሪ ምርመራ እንዲላኩ ወይም እንዲጣሉ ተስማምቻለሁ።

በማንኛውም ቀዳሚ ህክምና ወቅት እርግጠኛ የሆነ ውጤት ሊኖር እንደማይችል እና በዚህ ቀዳሚ ህክምና ላይም ከቀዳሚ ህክምናው በፊት እንደዚህ እርግጠኛ የሆነ ውጤት እንደሌለ ተገንዝቤለሁ።

በተጨማሪ ቀዳሚ ህክምናውን በተመለከተ ከደክተር \_\_\_\_\_ እና ከሰራ ባልደረቦቹ ወይም ከሚተኩት ባለሙያዎች ጋር ውይይት ለማድረግ እድል እንደተሰጠኝና የተነገረኝን መረጃ ሁሉ እንደገባኝ እገልጻለሁ። የተነገረኝ መረጃ ግልፅ ሆኖልኝ ይህንን ቅጽ ለመፈረም ምርጫ እንዳለኝ አውቃለሁ።

የታካሚዋ ስም እና ፊርማ \_\_\_\_\_

ስምምነት ሰማድረግ ችሎታ ለሌላት ታማሚዋን የሚወክል ሰው ስም እና ፊርማ \_\_\_\_\_

የምስክርት ስም እና ፊርማ 1. \_\_\_\_\_  
2. \_\_\_\_\_

**ሐያት ሆስፒታል**

ቀን \_\_\_\_\_

ሰዓት \_\_\_\_\_

**ቸስት ቲዩብ ለግድግ ሆስፒታል**

**የተሰጠ ስምምነት ሥልጣን**

በሐያት ሆስፒታል የምገኝ ታካሚ ሆስፒታሉ በሚገኝ ሀኪም \_\_\_\_\_ በተገለጸለኝ መሠረት የቸስት ቲዩብ እንዲደረግልኝ መስማማቴን እየገለጸሁ እንዲሁም ሊፈጠሩ ስለሚችሉ አንዳንድ ችግሮች ጭምር ሐኪሙ በሚገባ አሰረድተውኝ መስማማቴን በፊርማዬ አረጋግጣለሁ።

የታካሚው ወይም

የቅርብ ዘመድ ፊርማ

**የምስክር ፊርማ**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ማሳሰቢያ**

1. የስምምነት ሥልጣን ፎርም በታካሚው መፈረም አለበት ነገር ግን ታካሚው ህጻን ከሆነና ከህመሙ የተነሳ ለመፈረም በማይችበት ጊዜ ወላጅ ወይም የቅርብ ዘመድ እንዲፈርም ይደረጋል
2. ወላጅ ወይም ቅርብ ዘመድ በሌለበት ጊዜና በሽተኛው አፕሪሲዮን ካለሆነ ለአደጋ የሚያጋልጠው ሆኖ ሲገኝ ሶስት የጤና ሙያኞች ፈርመው አፕሪዮን ሊደረግ ይችላል።



# MCM

MYUNGSUNG CHRISTIAN MEDICAL CENTER

## እፕራሲዮና ለመሆን የተደረገ የሰምምነት ፎርም

### Procedure consent

□□□ □□□□/□□□□ ----- የካርድ ቁጥር ----- እድሜ ----- ጾታ -----  
 Client name Hospital no Age Sex  
 ተዳጅ ሐኪም/ዎች ስም ----- የሚሰራው ቀዶ ህክምና ዓይነት -----  
 Surgeon(s) name Procedure (specify site)

እኔ ----- የተባለኩ በማድንገስገግ ክርስቲያን ሜዲካል ማዕከል የሚገኝ ታካሚ በአጋጠ መኝ አስገዳጅ የጤና ሁኔታ ምክንያት ስለተወሰነልኝ ቀዶ ህክምና በሆስፒታሉ ህኪም በዶ/ር ----- በተገለጸልኝ መሠረት የሚሰጠኝ የሰመመንና የሚደረግልኝ ቀዶ ህክምና ሊያስከትል የሚችለውን ማንኛውንም ጉዳት እንዲሁም ስለእኔ ጥቅም ሲባል አስገዳጅ የጤና ሁኔታ ላይ የሚወሰንልኝ የህክምና ውሳኔ ተረድቼ እና ተስማማንዎቼ ሰመመን ለመውሰድና እፕራሲዮን ለመሆን መፍቀዴን እየገለጸኩ፤ ተገቢው ህክምናና አሰራር እስከተጠበቀ ድረስ በሰመመንና በቀዶ ህክምና ምክንያት ለሚደርስ ማንኛውም ዓይነት ጉዳት ቀዳጅ ህኪሞች፣ በሰመመን ለጨዎች እና ሆስፒታሉ በሀላፊነት እንደማይጠቁ መፍቀዴን አረጋግጣለሁ። በዚህ መሠረት ይህንን ቀዶ ህክምና ለማድረግ መስማማቴን በፈርማዬ አረጋግጣለሁ። በሰራው ሃይትም አደገኛ ሁኔታ በሚያጋጥምበት ጊዜ ለእኔ የህክምና ጥቅም ሲባል የሰርጂካል እና እኔስቲዥያ ቡድኑ አስቸኳይ መሆኑንና አለመሆኑን የህክምና ውሳኔ እንዲወስኑ ሀላፊነት ሰጥቻለሁ።

I -----, currently a patient in Myungsung medical center, have received adequate explanation and understand the information provided to me by Dr. ----- about the operation or procedure stated above; along with the possible complication, benefits, and other possible interventions related to the operation. I understand and accept that neither MCM nor the surgeon(s), nor anesthetist will be held responsible for what happens during the operation or anesthesia process as long as all the standard procedures and care is provided. I hereby authorize and consent to the performance of the operation or procedure. In the case of critical complication taking place during the procedure, I authorize the surgical and anesthesia team to undertake whatever urgent procedures are required for my medical benefit.

\*Female only: in the best of my knowledge I and pregnant  Not pregnant

የሀመምተኛው ፊርማ ----- የጋላፊ ህኪም ፊርማ ----- የፊርማ ቀን -----  
 Patient's signature Responsible Dr's signature Date of signature

ወይም የታካሚው የቅርብ ዘመድ ፊርማ ----- ዝምድና -----  
 Or, parent /Guardian/ proxy's signature Relationship

በጋንሰ ሁለት ነርሶች እንደምስክር ሆነው መረጣችሁ አለባቸው። ሶስተኛው ግን የታካሚው ዘመድ መሆን ይችላል።  
 Witnesses: (At least two nurses must sign as witnesses. Third signatory can be the patient's relative)

1. ስም እና ማዕረግ ----- ፊርማ -----  
 Title and name Signature
2. ስም እና ማዕረግ ----- ፊርማ -----  
 Title and name Signature
3. ስም እና ማዕረግ ----- ፊርማ -----  
 Title and name Signature

የሰምምነት ስልጣን ፎርም በታካሚው መረጣችሁ አለበት። ነገር ግን ታካሚው ህጻን ከሆነና ከሀመሙ የተነሳ ለመረጣችሁ በማይችልበት ጊዜ ወላጅ ወይም የቅርብ ዘመድ እንዲፈርምለት ያስፈልጋል። ወላጅ ወይም የቅርብ ዘመድ በሌለበት ጊዜ በሽታው እፕራሲዮን ካልሆነ ለአደጋ የሚዳርግ ሆኖ ሲገኝ ለስት የጤና ሙያተኞች ወስነውና ፈርመው ቀዶ ህክምና ሊደረግ ይችላል።

NB: In the case when the patient is under the age of 18, or is unable to sign due to physical or mental condition, a parent/ Guardian/proxy will sign on behalf of the patient. If parent/guardian/proxy is not available to sign, the health care practitioner will sign in their stead, if the operation is mandatory and urgent as a life saving measure.



**MEM**  
GENERAL HOSPITAL

## Pre-Op Checklist

HOSPITAL NO.		ROOM NO.		DEPT.	
NAME		AGE		SEX	

Physician's Name: \_\_\_\_\_ Name of Operation: \_\_\_\_\_

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<p><b>Pre-Op Vital Signs</b> Date: _____ Time: _____ T: _____ <input type="checkbox"/> Oral <input type="checkbox"/> Ax <input type="checkbox"/> Rectal <input type="checkbox"/> Tym P: _____ /min R: _____ /min Bp: _____ <input type="checkbox"/> Rt.Arm <input type="checkbox"/> Lt.Arm Weight _____ Kg Height: _____ Cm</p>	<p><b>Anesthesia</b> Problems with anesthesia in the past <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____ _____</p>																																												
<p><b>Review (Y-Yes, N-No, N/A-Not applicable)</b></p> <table border="0"> <tr> <td>History &amp; Physical</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Operation Consent</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>ID Checked</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Operation Site Verified</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Voided or catheterized</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>NPO (since _____)</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Pre-op enema</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Pre-op medication ordered</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N/A</td> </tr> </table> <p><b>Pre-op Medication</b> Name/Route: _____ Given Time _____ Dose: _____ Give Nurse: _____</p>	History & Physical	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Operation Consent	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	ID Checked	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Operation Site Verified	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Voided or catheterized	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	NPO (since _____)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Pre-op enema	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Pre-op medication ordered	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<p><b>Allergies</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe Medication: _____ Food: _____</p> <p><b>Medication taking at present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe</p> <table border="0"> <thead> <tr> <th>Name</th> <th>Dose/Route</th> <th>Last Dose Time</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Dose/Route	Last Dose Time	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Nurse's Name \_\_\_\_\_  
Nurse's Signature \_\_\_\_\_  
Discharge Date/Time \_\_\_\_\_

የዘውዲቱ መታሰቢያ ሆስፒታል  
የቀዶ ሕክምና እና የእነስቴዚያ ስምምነት ቅጽ

የታካሚዋ/ወ/ሰም \_\_\_\_\_

እድሜ \_\_\_\_\_ አድራሻ \_\_\_\_\_  
ካርድ ቁጥር \_\_\_\_\_

እኔ ስሜ ከዚህ በላይ የተጠቀሰው በዶክተር \_\_\_\_\_ እና በሥራ ባልደረቦቹ የቀዶ ሕክምና እንዲደረግልኝ ተሰማምቻለሁ። ዶክተር \_\_\_\_\_ ቀዶ ሕክምናውን ለማከናወን ባይችሉ ሌሎች አላቸው የመረጡአቸው ሐኪሞች ቀዶ ሕክምናውን ካለ ምንም መዘግየት እንዲያደርጉልኝ እንዲወስኑ ፈቅጃለሁ።

ከዚህ በታች የተገለጹት መረጃዎች እንደቀረቡልኝ እና እንደተሰማግሁ አረጋግጣለሁ።

1. የበሽታው ዓይነት \_\_\_\_\_

2. የቀዶ ሕክምናው የሚደረግበት ምክንያት \_\_\_\_\_

3. የቀዶ ሕክምናው ሊያመጣው የሚችለው ችግሮች \_\_\_\_\_

4. ለበሽታዬ ህክምና ባደረግ ሊመጣ የሚችለውን ችግር \_\_\_\_\_

5. በቀዶ ሕክምና ወቅት በሚገኙ ተጨማሪ በሽታዎች ወይም በሚፈጠሩ ተጓዳኝ ችግሮች ሌላ ተጨማሪ ሕክምና ወይም ሐኪም አስፈላጊ ሆኖ ቢገኝ ምንም እንኳን አስቸኳይ ባይሆንም ከላይ በተጠቀሰው ዶክተር ወይም በሰራ ባልደረቦቹ ሕክምናው እንዲደረግልኝ ፈቅጃለሁ። ይህ ተጨማሪ ቀዶ ሕክምና ለሁን ከተነገሩኝ አደጋዎች የተለየ አደጋዎች ሊኖሩት እንደሚችሉ ተገልጿል። ሆኖም ግን ከላይ ለተጠቀሰው ዶክተር እና ባልደረቦቹ ተጨማሪውን ሕክምና እንዲያደርጉልኝ ፈቅጃለሁ።

6. በቀዶ ሕክምናው ወቅት ወይም ከቀዶ ሕክምናው በኋላ የደም ልገሳ ቢያስፈልግ ደም ለመውሰድ አስማማለሁ \_\_\_\_\_  
አልሰማምም \_\_\_\_\_ የማልሰማምበት ምክንያት \_\_\_\_\_

\_\_\_\_\_ ነው። ደም ከወሰድኩም \_\_\_\_\_  
ሊያመጣቸው የሚችላቸው ችግሮች \_\_\_\_\_ መሆኑ ተነግሮኝ ተረድቻለሁ።

7. ለሕክምና ለሳይንስ ትምህርት ቀዶ ሕክምናዬ በማካሄድበት ለግት ተመልካቾች እንዲኖሩ ፈቅጃለሁ። ከዚህም በተጨማሪ በሕክምና ትምህርት ለሳይንስ የሚጠቅሙ ፎቶግራፎች፣ የቃል መግለጫዎች እንዲሁም በሙያዊ መፅሔቶች መፅሐፎች ላይ ሕትመት እንዲደረግ ፈቅጃለሁ። ነገር ግን በፎቶግራፎቹም፣ በቃል መግለጫዎችም ሆነ በሕትመቶች ላይ ስሜንና ማንነቴን የሚገልፁ መረጃዎች እንዳይወጡ ተሰማምቻለሁ።

8. በቀዶ ሕክምናው ጊዜ የሚወጡ የሰውነት ለካሎች እንደአስፈላጊነቱ ለተጨማሪ ምርመራ እንዲላኩ ወይም እንዲጣሉ ተሰማምቻለሁ። በማንኛውም ቀዶ ሕክምና ወቅት እርግጠኛ የሆነ ውጤት ሊኖር እንደማይችል እና በዚህ ቀዶ ሕክምና ላይም ከቀዶ ሕክምናው በፊት እንደዚሁ እርግጠኛ የሆነ ውጤት እንደሌለ ተገንዝበዋለሁ።

በተጨማሪ ቀዶ ሕክምናውን በተመለከተ ከዶክተር እና ከሥራ ባልደረቦቹ ወይም ከሚተኩት ባለሙያዎች ጋር ውይይት ለማድረግ እድል እንደተሰጠኝ የተነገራኝን መረጃ ሁሉ እንደገባኝ አገልጻለሁ። የተነገረኝ መረጃ ግልጽ ሆኖልኝ ይሄንን ቅጽ ለመፈረም ምርጫ እንዳለኝ አውቃለሁ።

9. ይሄንን ቀዶ ህክምና ለማካሄድ እንስቴዚያ እንደሚሰጠኝ አውቃለሁ። አስፈላጊ የሆነውን የእነስቴዚያ ላይነት የእነስቴዚያ ባለሙያው መርጦ እንዲጠቀም / \_\_\_\_\_ ሆኖ። በዚህ ሰዓት የምወሰደው እነስቴዚያ ምን ዓይነት እንደሚሆን ምን ችግር ሊያመጣ እንደሚችል ከእነስቴዚያው በፊት በእነስቴዚያ ባለሙያው ገለጻ ተደርጎልኛል።

የታካሚዋ/ወ/ሰም እና ፈርማ \_\_\_\_\_ ቀን \_\_\_\_\_

ስምምነት ለማድረግ ችሎታ ለሌላት/ለው/ታማሚዋን/ወ/ግ/የሚወክል ሰው ስም እና ፈርማ \_\_\_\_\_

\_\_\_\_\_ ቀን \_\_\_\_\_

ቅፁን ያስፈረመው ህኪም ስምና ፈርማ \_\_\_\_\_ ቀን \_\_\_\_\_

የምስክሮች ስም እና ፈርማ 1 \_\_\_\_\_ ቀን \_\_\_\_\_

2 \_\_\_\_\_ ቀን \_\_\_\_\_



ማሳሰቢያ-ለደገገኞቹ በሽታ ለካሎቹ እንደሚከተሉት ሁኔታዎች እንደሚከተሉት ከዚህ ወረቀት ይርባ በላይ ልው ማድረግ።



**የካቲት ፲፪ ሆስፒታል ሚዲካል ኮሌጅ አፕራሲዮን ለመሆን የተሰጠ**  
**የስምምነት ስልጣን**

ቁጥር .....

ቀን .....

እኔ..... በካቲት ፲፪ ሆስፒታል ሚዲካል ኮሌጅ የምገኝ ታካሚ ከበሽታዬ ለመንፈወስ ቀዶ ሕክምና እንደሚያስፈልገኝ በሆስፒታሉ ስፔሻሊስት ሐኪም ዶ/ር ..... በገለፀልኝ መሠረት አንስቲቲቫይድ መድኃኒት ወስጄ አፕራሲዮን ለመሆን መስማማቴን እየገለፅኩ በአንስቲቲቫይድም ሆነ በአፕራሲዮን ምክንያት የሞት ወይም ሌላ ዓይነት አደጋ ቢደርስብኝ ባለሙያዎች ሆነ ሆስፒታሉ በኃላፊነት እንዳይጠየቁ የመተማመኛ ፈቃደኛ ሆኜ መስማማቴን በፊርማዬ አረጋግጣለሁ።

**የታካሚው ወይም የቅርብ ዘመድ ስምና ፊርማ**

**የምስክር ስምና ፊርማ**

1. ....
2. ....
3. ....

**ማሳሰቢያ:-** የስምምነት ስልጣን ፎርም በታካሚው መፈረም አለበት። ነገር ግን ታካሚው ከህመሙ የተነሳ ለመፈረም በማይችልበት ጊዜ የቅርብ ዘመድ እንዲፈርምለት ያስፈልጋል።

(Copied directly from the patients document)

**Annex 8: List of Addis Ababa Hospitals**

**የአዲስ አበባ ከተማ አስተዳደር የምግብ፣ የመድኃኒትና ጤና ክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን**

**ስር የሚገኙ የመንግስት የሆስፒታሎች አድራሻ**

<i>ተ.ቁ</i>	<i>የተቋማቶቹ ስም</i>	<i>ስልክ ቁጥር</i>
1.	ዳግማዊ ምኒልክ ሆስፒታል	011-123-42-72
2.	የካቲት 12 ሆስፒታል	011-155-30-66/011-156-65-11
3.	ራስ ደስታ ሆስፒታል	011-155-33-99
4.	ዘውዲቱ መታሰቢያ ሆስፒታል	011-551-80-85
5.	ጋንዲ መታሰቢያ ሆስፒታል	011-551-81-85
6.	ጥሩነሽ ቤጂንግ ሆስፒታል	011-434-23-06
7.	ጥቁር አንበሳ ሆስፒታል	011-551-12-11
8.	ቅዱስ ጳውሎስ ሆስፒታል	011-276-83-03
9.	ደጀዝማች ባልቻ ሆስፒታል	011-551-32-05
10.	አማኑኤል የአዕምሮ ሆስፒታል	011-213-15-16
11.	ፖሊስ ሆስፒታል	011-515-50-17
12.	ጦር ኃይሎች ሆስፒታል	011-371-20-20
13.	ቅዱስ ጴጥርስ ሆስፒታል	011-551-32-05

**እስፕሊት ሴንተር/ የህክምና ማዕከል**

<b>ተ.ቁ</b>	<b>የተዳግቶቹ ስም</b>	<b>የሚገኙበት አድራሻ</b>	<b>ስልክ ቁጥር</b>
1.	አትሮ ጠቢብ የእናቶችና ህፃናት ማዕከል	አራዳ ክ/ከተማ	0112 78 20 76/0911 22 75 55
2.	አበበች ጉብና የእናቶችና ህፃናት ማዕከል	አራዳ ክ/ከተማ	0913 07 84 94/0111 57 48 70
3.	የርዳናስ የአጥንት ህክምና ማዕከል	ልደታ ክ/ከተማ	0115 54 57 25/26/27/28/0911 42 00 53/0911 20 40 03
4.	ኪዩር የህፃናት ማዕከል	ጉሰሌ ክ/ከተማ	0111 12 45 04
5.	ድንበሯ የእናቶችና ህፃናት ማዕከል	የካ ክ/ከተማ	0911 51 19 23/0116 61 11 12 /0116 62 49 45
6.	በፀጋ የእናቶችና ህፃናት ማዕከል	ቦሌ ክ/ከተማ	0115 54 55 60/62/0911 42 48 69
7.	አዲስ የእናቶችና ህፃናት ማዕከል	አራዳ ክ/ከተማ	0111 24 53 45/0111 24 53 48/0911 52 85 31
8.	ብራስ የእናቶችና ህፃናት ማዕከል	ቦሌ ክ/ከተማ	0111 11 10 27/ 0911 20 85 82/0111 11 09 48
9.	አዲስ የልብ ህክምና ማዕከል	ቦሌ ክ/ከተማ	0911 38 35 40/0116 63 47 20/19/4

**የአዲስ አበባ ከተማ አስተዳደር የምግብ፣ የጦድ-ጋራትና ጤና ክፍለ ከተማ አስተዳደርና ቁጥጥር ባለስልጣን  
ስር የሚገኙ የግል የሆኑት ስራዎች ለድራሻ**

**አጠቃላይ ሆስፒታል**

<b>ተ.ቁ</b>	<b>የተቆማቶቹ ስም</b>	<b>የሚገኘበት ስራዎች</b>	<b>ስልክ ቁጥር</b>
1.	ቅዱስ ያሬድ አጠቃላይ ሆስፒታል	ባለ ክስተማ	011646 42 52/0913 96 96 66/011445 46 04
2.	ቅዱስ ገብርኤል አጠቃላይ ሆስፒታል	ባለ ክስተማ	0116-18-73-45/0116 61 44 00/0911 21 69 99
3.	ኢትዮ ጠቢብ አጠቃላይ ሆስፒታል	አዲስ ከተማ ክስተማ	0112 78 20 76/0911 22 75 55
4.	አዲስ አጠቃላይ ሆስፒታል	አራዳ ክስተማ	0111 11 10 27/091120 85 82
5.	አዲስ ሕይወት አጠቃላይ ሆስፒታል	ባለ ክስተማ	0116 62 39 16
6.	ሃለሎ-ዮ አጠቃላይ ሆስፒታል	ቁርቆስ ክስተማ	0911 14 10 36
7.	ሃዮት አጠቃላይ ሆስፒታል	ባለ ክስተማ	0116 62 44 88/0911 16 67 18
8.	ናጅል ሆስፒታል	የባ ክስተማ	0911 60 07 01/0911 20 87 00/0116 62 28 32
9.	ዘምባላ አጠቃላይ ሆስፒታል	አታቱ ክስተማ	0114 43 19 92/9394 0911 42 97 88 89
10.	ሰሃር አጠቃላይ ሆስፒታል	ቁርቆስ ክስተማ	0115 53 01 03/0911 20 53 72
11.	ቤተሰብ አጠቃላይ ሆስፒታል	ክልረ ቀራጊዮ ክስተማ	0911 20 60 60 /0113 71 42 42
12.	ቤተሰብ አጠቃላይ ሆስፒታል	ቁርቆስ ክስተማ	0115 51 41 30 30 /0115 51 13 55/0911 33 84 70
13.	ገንቱ አጠቃላይ ሆስፒታል	ቁርቆስ ክስተማ	0115 54 67 67/0911 51 58 17
14.	ሳንድሜርክ አጠቃላይ ሆስፒታል	ቁርቆስ ክስተማ	0115 52 59 73/0911 21 24 72
15.	ተኮሃይማኖት አጠቃላይ ሆስፒታል	አራዳ ክስተማ	0911 42 84 00
16.	ተኮሃ አጠቃላይ ሆስፒታል	ክልረ ክስተማ	0113 71 12 08/0912 02 36 83
17.	ሰሚን አጠቃላይ ሆስፒታል	ባለ ክስተማ	0118 36 25 62/0913 27 61 75
18.	ካዲስ አጠቃላይ ሆስፒታል	ባለ ክስተማ	0116 29 89 03/04 0911 10 37 80
19.	ምግባረሳይ አጠቃላይ ሆስፒታል	የባ ክስተማ	0116 63 15 48
20.	ግሩም አጠቃላይ ሆስፒታል	አዲስ ከተማ ክስተማ	0112 75 76 76 /0911 50 05 04
21.	ሚደን ሰሃር አጠቃላይ ሆስፒታል		0116 29 46 03 0911 41 12 42 /0911 20 91 49
22.	አይ. ለ.ሊም.ሊ	የባ ክስተማ	