



**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**

**Reducing Patient's Medical Record Chart Loss in Ayder Referral Hospital
Mekelle, Tigray Regional State,**

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Declaration

I, the undersigned, the MHA student declare that this capstone project is my original work and has not been presented for a degree in this or other University and all sources of materials have been fully acknowledged.

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Abbreviation

AICU	Adult Intensive Care Unit need to say ward?
BOR	Bed Occupancy Rate
BUW	Burn Unit Ward
CHAI	Clinton Health Access Initiative
CR	Card Room
DW	Dermatology Ward
ENTC	Ear, Nose and Throat Clinic
ER	Emergency Room
I-TECH	International Training and Education Center for health
ICU	Incentive Care Unit
MPI	Master Patient Index
MW	Medical Ward
NNW	Neonatal Ward
OPD	Out Patient Department
PICU	Pediatric Intensive Care Unit
PMRC	Patient Medical Record Chart
PSW	Psychiatry Ward
PW	Pediatric Ward
SW	Surgical Ward

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Abstract

Introduction: Medical record chart is a multifunctional document that is used document and to communicate information about patients' health status and medical care to patients and among health care professionals.

Problem statement: In Ayder referral hospital, there is high medical record chart loss.

Objective: To improve patient's medical record handling in Ayder referral hospital by reducing medical record chart lost from 5.9% to 3% by the end of July, 2013.

Methods

Setting: Ayder referral hospital located in Mekelle city of Tigray Regional State...

Project Design: A pre and post intervention was conducted.

Source population: All medical record charts in the card room.

Target population: 3000 medical records. This was registered from October 01, 2005 - October 21, 2005 E. C in Ayder referral hospital. The study samples were selected systematically from the target population.

Data collection procedures: Before the data collection using a simple form a one hour orientation was given for both data collectors and log book rewriters on the objectives of the capstone project, ethical issues, and how to use the data collection tools.

Data analysis: The raw data was recorded using paper based system and McNamara's chi-square test was applied.

Selected intervention: *Establishing properly designed medical record chart handover system and a team that tries to find lost medical record charts by undergoing room-to-room searching.* This is the best intervention because, it has high political acceptance, takes shorter time and the expense incurred for medical record hand over form is low as compare to the other strategies.

Result: After implementing the selected strategy, the percentage of medical record chart loss was 17(5.9%) in pre and 9 (3.13%) in the post intervention and the usage of medical record chart handover form was 0% in pre and 100% in the post intervention.

Conclusion: Sustainable usage of well developed handover form during the withdrawal of medical record chart from the card room and room-to-room searching of medical record chart have a big impact in reducing the loss. Because, it hands them the responsibility.

Recommendation: Medical record chart handover form should be used when cards are taken from hospital card room and room-to-room search should be made weekly.

1. Introduction

1.1. The health facility

Ayder referral hospital is located in Mekelle, the capital city of Tigray region. It is founded in 2007. The hospital is under the Mekelle University and serves as a teaching hospital for medical & health science students and as a referral center for nearly 8 million people in northern Ethiopia.

The hospital provides outpatient and inpatient medical, Surgical, Gynecology & Obstetrics, Dermatology, ENT and physiotherapy services. In addition the hospital provides services through laboratory, pharmacy, radiology... and forensic medicine units.

Total number of beds is 450 (90 beds in pediatric ward, 108 beds in surgical, 18 beds in Psychiatry, 13 beds in Burn unit, 108 beds in medical ward, 45 beds in Gyn & Obs, 50 beds in ICU, and 18 beds in dermatology).

The annual budget for the calendar year 2012/13 was 46,069,216. 86 birr, of these recurrent and capital budgets were 43,505,387.86 and 2,563,829.00 respectively.

The number of staffs that work in the hospital was 850 among them 646 were technical staffs, 204 supportive staffs and The hospital is staffed by 60 specialists, 12 general practitioner, 570 nurses, 15 midwives, 6 radiologist, 59 laboratory technicians and technologist, 39 druggist and pharmacists, and 26 medical record staffs.

Number of wards, Bed occupancy rate, Average length of stay, Card room waiting time and Average outpatient flow annually are 10, 60.70%, 10 days, 30 minutes and 69,928 respectively.

Ayder referral hospital is using Electronic Medical Record System (smart care soft ware).

In Ayder referral hospital medical record numbers are assigned a sequential number in chronological sequence commencing at 1 and having six digits. The hospital also used centralized record system.

1.2. Problem statement.

In Ayder referral hospital, there are many problems. Among those, medical record chart loss is the one that needs attention by senior management because the loss was high (5.9%). This figure shows that 6 out of 100 patient's medical record charts are lost in three weeks period. According to the Federal Ministry of Health recommendation, the medical record chart loss should be zero.

Due to patient medical record chart loss and absence of hand over form, many patients are in difficulty of multiple diagnosis and stay unnecessarily for more days waiting charts to be found in addition to unnecessary expense for patients such loss of cards is also creating very crowded patient flow, hindering the services of OPD as well as the services of laboratory and radiology units. So, they are forced to have to undergo the same diagnosis twice.[6]

1.3. Objective

1.3.1. General objective

- Improving medical record handling in Ayder referral hospital.

1.3.2. Specific objective

- ✓ To reduce medical record chart lost from 5.9% to 3% by the end of July, 2013.
- ✓ To increase the usage of patient medical record chart hand over form from 0% to 100%.

1.4. Root Cause Analysis

A root cause analysis was used to identify the factors that cause the problem and a fishbone diagram helps leaders identify multiple causes of a single problem.

Causes of the capstone project problem are grouped into 4 categories which are people, process/policy, equipment and environment. [11]

Fishbone diagramming is useful for a number of reasons like allows for open session, ideas are generated quickly, group understanding develops, and alternative approaches emerge. So, using the fish bone tool, many causes were identified as contributors to the high patient medical record chart lost in Ayder referral hospital.

Methods used to identify the root causes.

- ✓ Discussion with multi disciplinary team like doctors especially those who came from ART clinic, diabetic clinic, and medical ward , because of severity and repeating movement of medical record charts, nurse directors, head of card room, chief nursing officer (matron office) & other selected staffs.

1.4.1. Main reasons identified for medical record chart loss (By multidisciplinary team)

- ✓ Absence of training for medical students.
- ✓ Absence of hand overing system of patient medical record charts.

- ✓ The charts are taken to dormitory by the students especially after discharge of the patient, for morning session and other reason like for research purpose without any permission and some of them are even taken to their home.
- ✓ Medical record charts stay at least for a week after patient discharge from ward.
- ✓ The medical record charts are lost due to misplacing in the wrong shelf out of the right level numbers inside the card room.

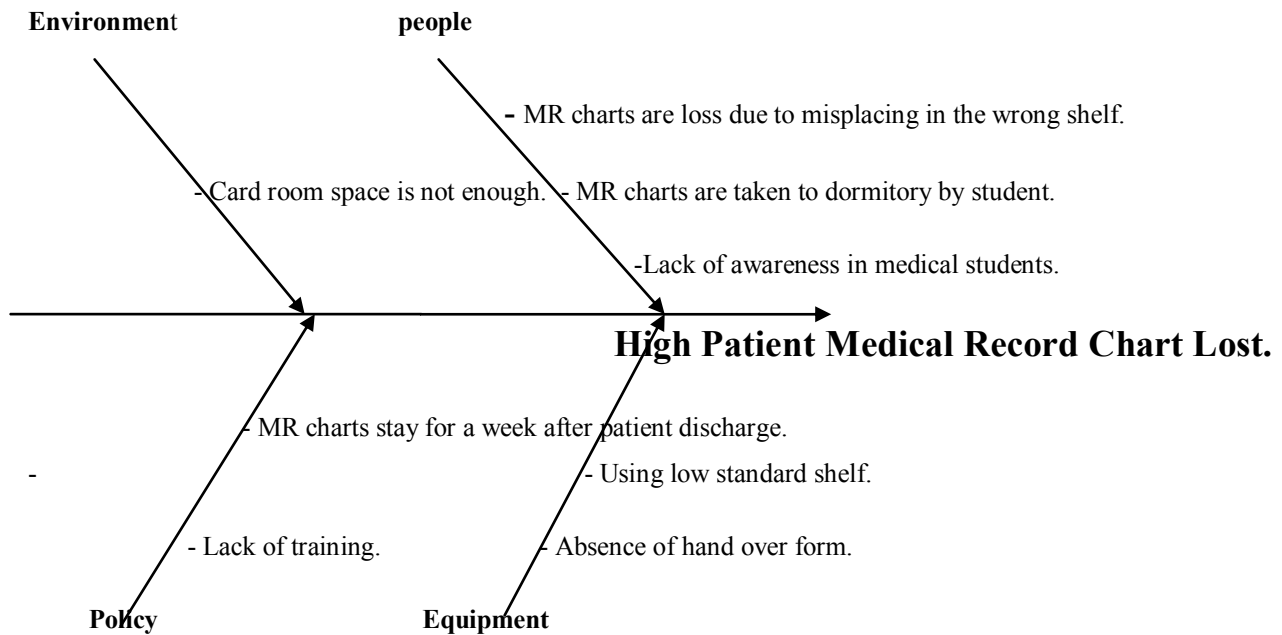


Figure: fish bone diagram (problem; High Patient Medical Record Chart Loss)

1. 4.2. The analysis of potential root causes identified from fish bone tool and multidisciplinary team.

- i. Absence of training for medical student: Training is given by in-service to medical students (2 times related to patient confidentiality and the importance of medical record chart.

- ii. Absence of hand overing system of medical record charts: This root cause has a clear impact on medical record chart loss. Hand over forms is not used when student and researchers take patient medical record chart from the card room.
- iii. Medical record charts were taken to dormitory by students: **10%** of the **85%** patient medical record charts were not returned back to the card room within 24hours.
- iv. Medical record charts stay at least for a week after patient discharge: **(5.26%)**
As stated in Ethiopian hospitals reform implementation guidelines, every medical record chart should be returned to card room within 24 hours when after the patient is discharged.[13]
- v. Medical record charts are lost due to miss placing in the wrong shelf leveling number in side card room: **(0.02%)**

Then, $10\% > 5\% > 0.02\%$, So,

- ❖ **The number of medical record charts lost due to students** is higher than the medical record charts lost due to the other root causes. Therefore, the main root cause was linked to the students.

1.5. Literature review

Medical record is important to communicating the clinical status and care plan to other healthcare providers, and also essential for: Patient Management and Services, Financial Reimbursement, Management Planning, utilization Review and Quality Assurance, Legal Affairs, Education, Accreditation, Public health, and Research in order to provide data to expand the body of medical knowledge. The record allows medical researchers to formulate new methods of treatment and to compare the effectiveness and efficiency of different treatments and medications. Medical information is used for a number of research purposes—to advance biomedical science, understand health care utilization, evaluate and improve health care practices, and determine causes and patterns of disease. While such research is sometimes conducted without information tied to identifiable patient records, other research relies on personal identifiers to track treatment of an individual over time, link multiple sources of patient information, or verify such information [1, 2].

Paper records are at risk in a variety of ways, ranging from physical damage of documents to intentional misuse by unauthorized persons. Automated records suffer many of the same risks, but, because they tend to be accessible to many users in many locations and these users could potentially search thousands of files with relative ease, problems with security and privacy are magnified. One of the chief advantages of automated records, easy and widespread access, also can make them vulnerable to easy and widespread abuse [3]. The American Medical Association and the American Medical Record Association, which consider the confidentiality of medical records a high priority, have issued guidelines on maintaining computerized medical record confidentiality. Officials from these organizations believe adequate security measures can be built into automated systems to ensure the integrity of patient data. Hospitals have installed

various security measures in their automated systems, which they believe can adequately safeguard automated patient records [4].

Recent data raise concern over the owner of the record and confidentiality are the Code of Ethics of the American Medical Record Association abides strictly by the basic tenets of privacy, while used interchangeably; confidentiality is a special nature of privacy.[6]

Not only must privacy guidelines be followed but pains should be taken to keep adequate security on the medical records. In certain circumstances special security may be necessary.

Patients with HIV infection and AIDS and individuals attending sexually transmitted or psychiatric clinics may have a separate set of clinical notes that are maintained distinct from the general medical records. Access to these classified records is usually restricted to doctors working in that department and the notes never leave the area of the specialist unit. All medical records are the property of the medical center (i.e. hospital) and are maintained for the benefit of each patient and for the healthcare providers. Records may be removed from the hospital's jurisdiction only as pursuant to an appropriate court order, subpoena, or statute. In the case of re-admission of the patient, previous records may be available upon request for use of the attending physician [5]. To ensure that patient care can be continued during a disaster where access to medical records may be restricted, it is vital that medical histories are accurate, kept up to date and included within the key data sets in a continuity of operations plan. The medical information needs to be accessible when disaster strikes [6]. Medical history is vital for doctors providing treatment because they reveal sensitivities to medication types, allergies, and parts of the body that may be vulnerable based on familial or personal health conditions. If this information is unavailable at the time of an emergency, the quality of care can drop considerably and risks of malpractice increase. To achieve the level of continuity needed to support ongoing operations,

government health organizations need to take data accuracy and availability into account.

Accuracy is not the only consideration. Having the right data in place is one thing, but it is also key to make sure it is accessible when disaster strikes [7].

The generally accepted legal principle of law is that the institution has claim to its own records; they do not belong to the patient. However, the contents of the records belong to the patient. This is legal principle upon which privacy rules rest. As we know medical record chart is a whole life document, we need to increase the confidentiality [8]. So, in Ayder referral hospital medical record chart lost is high because of low confidentiality.

Any hospital whichever system is used, it is important that some system be in place to sign records out of the health record department as well as wards in order to maintain record control. Personnel within the hospital or clinic receiving a health record should assume responsibility for returning it in good condition and time, without first contacting the health record department or responsible person to have knowing and sign. If this step is not taken, they are still responsible for the record, and if it is missing they will be the person responsible for relocating [9, 10]. To solve the overall challenge of hospital medical record chart lost is need to certain policies should be determined by the medical record department and approved by the Health Record Committee relating to requesting health records. These should include:

- a) Records should not be removed from the health record department except for patient care and hand over form.
- b) All records being take by health student and/or researchers must be signed out showing the patient's name, record number, return date and the name of the clinic, doctor or unit whichever is appropriate.

- c) A timeframe must be set in which all records must be returned by the requesting individual, preferably by the end of the business day. Records of discharged patients should be sent to the health record department by the day following the discharge of the patient. The health record department staff should follow-up on any records not returned within the required timeframe.
- d) Records for research should be reviewed in the health record department or nurse station if possible. If space is not available, they must be signed out and be readily available if the patient presents for treatment.
- e) We used two copies, one copy of the hand over form is attached to the record and another copy becomes in the giver (responsible person) which is placed in a separate file [11].

2. Methodology

2.1. Setting

The capstone project was run at Ayder referral hospital, a 6-years old young hospital founded at the end of 2007 to serve as teaching hospital and community service. The hospital has 450 beds and serves a catchment area of 8 million people including those who came from Northern Amhara and Afar region. The hospital has a total of 850 employees.[12]

2.2. Project design

A pre and post intervention study was conducted to measure the number of medical record chart lost.

2.3. Source population

All medical record charts in the card room.

2.4. Target population

The target population was 3000 medical records. This was the number taken from the first month of second quarter of this year which was registered from Tikmti 01, 2005 - Tikmti 21, 2005 in Ayder referral hospital. The study samples were selected systematically from the target population.

2.5. Sample size

The sample size was determined on an assumption lost of 25% with a margin of error of 5% and confidence interval of 95%. Based on this assumption the actual sample size for the study was computed using sample population proportion formula.

$$\text{Formula } n = \frac{(Z_{\alpha/2})^2 \times p(1-p)}{(d)^2}$$

Where n =sample size

Z =confident interval

P = Estimated proportion of population

d =degree of accuracy

Given, α =95% CI =1.96

d =0.05

p =0.25

$$n = \frac{(1.96)^2 \times 0.25 (1-0.25)}{(0.05)^2} \quad n = 287.2 \sim \underline{288}$$

2.6. Sampling procedure

To get the required sample, systematic sampling technique was applied. From the sample population ($N=3000$) and sample size 288, every eleventh was picked.

2.7. Data collection procedures

Simple data collection forms were used to assure the presence and absence of medical record chart on their appropriate place. Before the data collection a one hour orientation was given for

both data collectors and log book rewriters on the objectives of the capstone project, ethical issues, and how to use the data collection tools.

2.8. Data analysis

The raw data was recorded using paper based system. Independent McNamara's Chi-square test was applied to determine whether there is statistically significant difference between the pre and post number of medical record charts lost.

2.9. Operational definition

- ✓ *Medical record chart lost:* Medical record chart is said to be lost when it is not found in the card room during checking time and there is no tracer card indicating where the medical record can be found or when the card is not returned back to the card room within 24 hours after patient discharge.[13]
- ✓ *Checking time:* A time which is checking whether the medical record charts are present or not in the appropriate shelf inside the card room.
- ✓ *Hand over form:* Hand over form is a form which contains full name of the student/researcher, address, name of the patient, medical record number, receiving date and time, returning back date and time, signature of the responsible person and student/researcher and so on was developed and used when medical student as well as researcher need to take a patient medical record chart for morning section, best practice, and research.
- ✓ *Room - to - room searching:* This strategy which primarily helped to find lost medical record chart was conducted by a team composed of unit heads lead by a nurse directors. This strategy was carried out because it is supposed that

many medical record charts are lost as they are left and ignored at the different rooms of the hospital.

2.10. Data quality management:

Proper training on objectives and process of the data collection was given to the data collectors (diploma holder in ICT) and closer supervision was made.

2.11. Ethical consideration:

Was secured from Addis Ababa University, school of public health and study hospital and all card room staff was informed about the purpose and nature of the study.

2.12. Plan for dissemination of results

After incorporate the comment the result will be submit to Mekelle University, Ayder referral hospital, Tigray Regional health bureau, and stake holders like CHAI and I-TECH.

2.13. Intervention

The three alternative interventions mentioned below were taken in to consideration and the best intervention is selected using decision matrix tool.

1. Establishing properly designed medical record chart handovering system and a team that tries to find lost medical record charts by undergoing room-to-room searching.
2. Creating awareness about confidentiality
3. Preparing a place for the student.

Decision Matrix Quantities

No.	Strategic Alternatives: The number of medical record charts lost due to students.	Evaluation criteria (5=very high; 4=high; 3=Moderately high; 2=low; 1=very low)				
		Impact Problem	Expense	Political feasibility	Time	Total
1	Establishing properly designed medical record chart handover system and a team that tries to find lost medical record charts by undergoing room-to-room searching.	5	4	5	5	19
2	Creating awareness about confidentiality.	5	4	4	4	17
3	Preparing a place for taking a note from a medical record folder.	4	3	4	4	15

2.13.1. Selected intervention/ Strategy

Establishing properly designed medical record chart handovering system and a team that tries to find lost medical record charts by undergoing room-to-room searching.

This is the best strategy selected using the decision matrix tool it has gotten 19 points.

Because establishing properly designed medical record chart handover system and a team that tries to find lost medical record charts by undergoing room-to-room searching have a big impact in bringing about tangible change. Moreover, it has high political acceptance, taken short time and the expense incurred for medical record hand over form is low as compare to the other strategies.

A person (medical record unit head) that controls the hand over form was assigned and follow up was made.

Students were oriented about the importance of the medical record chart hand over form and they were told where the handover form is placed.

3. Results

A total of 288 medical record charts were included in this capstone project in the pre and post intervention is shown in table 1.

Table 1: Pre-and post-intervention changes in Medical record chart loss

Indicator	Pre-intervention	Post-intervention	P-v
Medical record chart lost	17 (5.9%)	9(3.13%)	<0.01
Usage of MR chart hand over form	0%	100%	<0.01

Medical record chart loss was 17(5.9%) in pre-intervention and 9(3.13%) in post-intervention (Table 1). The percent of using medical records chart handover form was 0% in the pre-intervention and 100% in the post-intervention period.

Table 2: The distribution of patient medical record chart found by clinical department

S.N	Department	Patient medical record chart found	
		Pre	Post
1	Medical ward	-	3
2	ART Clinic	-	1
3	Diabetic clinic	-	2
4	ER out patient	-	2
Total			8

McNamara's χ^2 test

$$\chi_M^2 = \frac{(|b - c| - 1)^2}{b + c}$$

		Post		
		Found	Lost	
Pre	Found	270	1	271
	Lost	8	9	17
		278	10	288

$$DF = 1$$

$$\begin{aligned}
 \chi_M^2 &= \frac{(|b - c| - 1)^2}{b + c} \\
 &= \frac{(|1 - 8| - 1)^2}{1 + 8} \\
 &= \frac{(|-7| - 1)^2}{9} \\
 &= \frac{(6)^2}{9} \\
 &= 4
 \end{aligned}$$

Interpreting the χ^2 statistic

- Using a χ^2 table, we find that, with $\alpha=0.05$ and $DF=1$, the “critical value” is 3.84
- Our calculated χ^2 value (4) **exceeds** the critical value, so we would *reject the null hypothesis* and **conclude** that there was a **significant association** between the intervention and the percentage of medical record chart lost results.

4. Discussion

In this capstone project, we found that a survey of the number of patient medical record chart lost after implementing and enhancing the usage of medical record chart handover form resulted in a step up in the management of number of medical record chart. Moreover, although the intervention is simple and feasible, it is confirmed that it can bring about a tangible and substantial change in the management of medical record chart in particular and patient information in general.

Launching the usage of handover form while medical record charts are withdrawn from card room and due to room-to-room search resulted in some change in decreasing the percentage of patient medical record chart lost from pre-intervention score of 5.9% to post-intervention score of 3.13%. This finding, suggests that significant and tangible improvements in decreasing the number of medical record chart lost can be achieved by the usage of handover form and establishing a team that tries to find lost medical record charts by undergoing room-to-room searching every week. Furthermore, the usage of medical record chart handover form by clinical staff, medical students and researchers increased from 0% in the pre-intervention to 100% in the post-intervention period. This is, with no doubt, a significant change. Due to room-to-room searching, eight were found of the seventeen medical record charts lost previously.

While implementing the intervention, we took points that we considered are very important. We did observe that without the cooperation of staffs, introducing the system (enhancing staff to use medical record chart handover form) would have been really challenging. Some staff considers that using handover form increases their workload. Therefore, conducting an awareness creation activity, especially with the card room, Health management information system (HMIS) workers,

medical students and nurses was very essential. It is also understood that constant monitoring and evaluation can be done to ensure the continuity of the used intervention.

In spite of the obscurities encountered, the findings of this capstone project indicated that uninterrupted usage of medical record chart handover form can play a significant role in reducing the number of medical record chart lost which in turn brings about increased degree of patient confidentiality. Moreover, the intervention used in this capstone project has abolished the bias that patient medical record chart, if found lost, is due to card room staff.

The possibility of medical record chart loss can even be minimized by room-to-room search which was confirmed here in this project.

4.1. Strength and Limitation of the study

Strength

- Increase the responsibility of students on the medical record chart handling.
- Avoid the bias that, if patient medical record chart found lost, is due to card room staff only.
- Can serve as further references for other researchers.

Limitation

- Limitation of similar national study.
- The study was conducted in one hospital; the result may differ in different setting.

5. Conclusion and Recommendation

5.1. Conclusion

The findings of this capstone project suggest the following.

- ☐ Sustainable usage of handover form during the withdrawal of medical record chart from the card room has a big impact in reducing the number of medical record chart lost.
- ☐ Good patient medical record chart management which enhances secured patient confidentiality plays a big role in achieving high score of patient satisfaction.
- ☐ Room-to-room search significantly reduces the possibility of medical record chart loss.

5.2. Recommendation

- ☐ Medical record chart handover form should be used when cards are taken from hospital card room.
- ☐ Continuous follow up and evaluation of the selected intervention should be done.

6. Appendices

Annex-A: Hand over form for medical record chart of Ayder referral hospital

S.N	Name of patient	Medical record number	Remark
1	XXXXXXX	000001	From MW
2	YYYYYYY	684627	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Name of responsible person: _____ Name of receiver: _____

Signature: _____ Date taken: _____ Time: _____

Date: _____ Date returned: _____ Time: _____

Address: Phone number: _____

Signature: _____

Annex-B: Tools to check chart loss

S.NO	MRN	Pre	Post
1	116618	F	F
2	126806	F	F
3	122127	F	F
4	126858	F	F
5	126876	F	F
6	126894	F	F
7	126917	F	F
8	104048	L	F
9	067920	F	F
10	126969	F	F
11	016456	F	F
12	126991	F	F
13	049204	F	F
14	003132	F	F
15	126954	F	F
16	095333	F	F
17	125314	F	F
18	030549	F	F
19	090100	F	F
20	125701	F	F
21	125737	F	F
22	072113	F	F
23	126660	F	F
24	126705	F	F
25	127217	F	F
26	127022	F	F
27	061487	F	F
28	127076	F	F
29	127268	F	F
30	127056	F	F
31	124813	F	F
32	127329	F	F
33	123434	L	L
34	115601	F	F
35	127315	F	F
36	126023	F	F
37	126076	F	F
38	100309	F	F
39	126844	F	F
40	126903	F	F
41	099277	F	F
42	063222	F	F
43	009815	F	F
44	020883	F	F
45	126209	F	F
46	126269	F	F

47	123476	F	F
48	126868	F	F
49	122413	F	F
50	127742	L	F
51	127374	F	F
52	127408	F	F
53	127471	F	F
54	127483	F	F
55	112813	F	F
56	016742	F	F
57	127585	F	F
58	123237	F	F
59	127536	F	F
60	127640	F	F
61	068028	F	F
62	127538	F	F
63	026171	F	F
64	127532	F	F
65	127561	L	L
66	057994	F	F
67	127634	F	F
68	127731	F	F
69	123621	F	F
70	070387	F	F
71	127612	F	F
72	127630	F	F
73	127672	F	F
74	127709	L	F
75	121671	F	F
76	007092	F	F
77	127679	F	F
78	127714	F	F
79	127719	F	F
80	030109	F	F
81	127029	F	F
82	116204	F	F
83	011592	F	F
84	127736	F	F
85	127759	F	F
86	127792	L	L
87	115315	F	F
88	123224	L	F
89	127215	F	F
90	066872	F	F
91	127899	F	F
92	109449	F	F
93	066026	F	F
94	126659	F	F
95	000588	F	F
96	077403	F	F

97	127790	F	F
98	127830	F	F
99	127866	F	F
100	072487	F	F
101	127916	F	F
102	062245	F	F
103	128015	F	F
104	127940	F	F
105	127911	F	F
106	043395	F	F
107	072893	F	F
108	096857	F	F
109	128010	F	F
110	096871	F	F
111	127262	F	F
112	127296	F	F
113	127991	F	F
114	128011	F	F
115	011491	F	L
116	126512	F	F
117	128096	F	F
118	127989	F	F
119	073035	L	L
120	073066	F	F
121	048962	L	L
122	128261	F	F
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126	121022	F	F
127	128348	F	F
128	128777	F	F
129	116559	F	F
130	048724	F	F
131	118805	F	F
132	096513	F	F
133	101204	F	F
134	128316	F	F
135	108780	F	F
136	128317	F	F
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138	128286	F	F
139	126474	F	F
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141	128452	F	F
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143	072554	F	F
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145	074863	F	F
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151	128293	F	F
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153	073385	F	F
154	128293	F	F
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157	114181	F	F
158	127504	L	L
159	128551	F	F
160	097998	F	F
161	128669	F	F
162	048423	L	F
163	128490	F	F
164	023513	F	F
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166	078192	F	F
167	069474	F	F
168	128572	F	F
169	128618	F	F
170	115463	F	F
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173	128663	F	F
174	128003	F	F
175	128521	F	F
176	107593	F	F
177	060421	F	F
178	124227	F	F
179	020756	L	L
180	128831	F	F
181	127548	F	F
182	127616	F	F
183	127499	F	F
184	127700	F	F
185	029200	F	F
186	128811	F	F
187	070576	F	F
188	128748	F	F
189	049746	F	F
190	004639	F	F
191	075482	F	F
192	115256	F	F
193	128867	F	F
194	019305	F	F
195	128723	F	F
196	128795	F	F

197	128837	F	F
198	128865	F	F
199	077579	F	F
200	053303	F	F
201	127249	L	L
202	034514	F	F
203	026452	F	F
204	094071	F	F
205	092123	F	F
206	129126	F	F
207	129177	F	F
208	129201	F	F
209	129225	F	F
210	101714	F	F
211	129158	F	F
212	125496	F	F
213	127743	F	F
214	127760	F	F
215	117470	F	F
216	127855	F	F
217	128869	F	F
218	129072	F	F
219	128895	F	F
220	126158	F	F
221	090401	F	F
222	129109	L	F
223	063178	F	F
224	129103	F	F
225	129139	F	F
226	129297	F	F
227	112038	F	F
228	062494	F	F
229	066662	F	F
230	103859	F	F
231	129231	F	F
232	016384	F	F
233	129296	F	F
234	129301	F	F
235	129311	F	F
236	125240	F	F
237	062459	F	F
238	129333	F	F
239	106568	F	F
240	033619	L	F
241	129506	F	F
242	128658	F	F
243	063080	F	F
244	100647	F	F
245	127192	F	F
246	002636	F	F

247	127920	F	F
248	106871	F	F
249	070096	F	F
250	128677	F	F
251	129353	F	F
252	129357	F	F
253	112623	F	F
254	129483	F	
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259	000544	F	F
260	095856	F	F
261	043084	F	F
262	115193	F	F
263	093274	F	F
264	095418	F	F
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266	098724	F	F
267	046090	F	F
268	126852	F	F
269	051361	F	F
270	125410	F	F
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274	126946	F	F
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276	126949	F	F
277	122695	F	F
278	125056	F	F
279	067690	F	F
280	126967	F	F
281	121888	L	L
282	034614	F	F
283	018846	F	F
284	101453	F	F
285	125706	F	F
286	125744	F	F
287	125797	F	F
288	126686	F	F

N.B: F = Found, and L= Lost

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