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**ADDISABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH DEPARTMENT OF
MASTER OF HOSPITAL AND HEALTH CARE ADMINISTRATION**

**IMPROVING INPATIENT MEDICAL RECORD COMPETATNESS IN
BICHENA PRIMARY HOSPITAL, EAST GOJJAM ZONE, AMHARA
REGION, NORTH WEST ETHIOPIA, 2019**

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**A CAPSTONE PROJECT REPORT SUBMITTED TO THE DEPARTMENT
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ETHIOPIA, 2019**

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Acronyms and Abbreviations

APHI	Amhara Public Health Institution
BPH	Bichena Primary Hospital
EHSTG	Ethiopian Hospitals Transformation Guideline
GP	General Practitioner
HR	Human Resource
IMR	Inpatient Medical Record
IMRC	Inpatient Medical Record Completeness
IPD	Inpatient Department
KPs	Key Informants
MOH	Ministry of Health
NICU	Neonatal Intensive Care Unite
OPD	Out Patient Department

Abstract

Introduction: *The completeness of medical records is an outstanding problem that affects the quality of health services in many hospitals of Ethiopia. Enhancing the completeness of patients records is inexpensive that can be implemented with the involvement of health workers. Maintaining a good record is important to enable health care workers to provide adequate care for their patients. In patient medical record completeness of Bichena Primary Hospital was lowered (55.6%).*

Objective: *The objective of this study was to improve inpatient medical record completeness in Bichena Primary Hospital East Gojjam zone, Amhara region, Northwest Ethiopia.*

Methods: *A Pre-post interventional study design supported with qualitative approach was conducted to improve inpatient medical record completeness in Bichena Primary Hospital (BPH) from the end of September to December 2019 for pre intervention period and from the end of February to May 2019 for post intervention period. Data were collected using structured audit tool and simple random sampling technique was used to select 384 patients' cards among the inpatient department of the hospital. The collected data were cleaned for its completeness and then entered into Epi-info Version 7 and exported to SPSS version 20 software for analyses to determine what?.Independent T-test was used for comparing pre and post interventions. For the qualitative approach, six key informants for in-depth interview and 8 for focus group discussion were selected and data were collected through semi structured guide questioner to know the improvement of inpatient medical record completeness.*

Results and discussion: *Inpatient medical record completeness improved from 55.6% to 92.2% when we measured after intervention and other components were also improved for example:- patient card completeness from 88.2% to 96.9%, progress note 12.4% to 90.4%, order sheet 77.1% to 95.3%, nursing care plan 88% to 98.7%, medication administration 54.6% to 90.6%, discharge summary 28.6% to 93.4% and clinical pharmacist improved from 41.9% to 76.3% .*

Conclusion and recommendations:

Following our intervention inpatient medical record completeness was improved at Bichena Primary Hospital. There for, project works like capstone should be practice for better improvement of medical records completeness in all Primary Hospitals of East Gojjam zone in particular and Amhara region in general.

Keywords: *Medical record, Completeness, Inpatient*

1 Introduction

1.1 Back ground Information

Bichena primary hospital was established in Meazia 2007 Ethiopian calendar based on the rules and regulation of ministry of health (MOH). The hospital is found in Bichena town, East Gojjam zone, Amhara region, northwestern parts of Ethiopia. Bichena town is 90km far from the capital of East Gojjam Debremarkos and 355 Km, 265 Km from Bahir Dar and Addis Ababa respectively(1). Bichena primary hospital (BPH) is providing health care services a catchment population of greater than 450,000, from five provenances (Enarje Enawga, Debay tilatgin, Bichena town, Enemay woreda and Dejenworeda partially). Human Resource (HR), Finance, Curative and rehabilitative service are structured as process owner and outpatient department (OPD), inpatient department (IPD), maternity, plan and monitoring program, emergency unit, pharmacy and laboratory units are some of the case team structures(2). Among services provided by Bichena primary hospital are:-surgery, pediatrics, Gynecology& Obstetrics, Radiology, Dentistry, Neonatal Intensive Care Unit (NICU) and ophthalmology services(2).

Good record-keeping can improve the quality of service areas by assuring accountability, facilitate clinical decision making, improve patient care through clear communication of the treatment rationale, provide a consistent approach to team working and help defend complaints or legal proceedings(3). Hospitals deal with the life and health of their patients and medical records management has become an integral activity of the hospital management, (4) Good medical care relies on well-trained doctors, nurses and on high-quality facilities and equipment. Good medical care also relies on good record keeping and patient records in nature are very sensitive because of their contents(5). Forms that are used for medical record has specific categories for specific purpose which are, summary sheet, correspondence and legal documents received about the patient, discharge summary, admission notes, clinical progress notes , nurses' progress notes , other health care professional notes(6). All these services in need need a complete medical record for standard of care. According to the evidence gathered on December 2019, Bichena primary hospital medical record completeness of inpatient ward was lowered and needs an immediate intervention (7).

1.2 Problem of statement

The incompleteness of inpatient medical records in BPH, East Gojjam zone, Amhara region is lowered. This is due to negligence, shortage of Man power and in availability of formats. We found this is a serious limitation on inpatient medical record completeness especially for doctors to treat their patients properly and document management during their care. Medical record completeness has evolved into a science of itself. This will be the only way for the doctor to prove that the treatment was carried out properly. Moreover, it will also be of immense help in the scientific evaluation and review of patient management issues(1). Medical record form, sufficient Manpower and its appropriate utilization is an integral part of the management of a patient. It is important for the doctors and health care givers for medical establishments to properly complete and maintain the records of patients for two important reasons. The first one is that it will help them in the scientific evaluation of their patient profile helping In analyzing the treatment results and to plan treatment protocols. It also helps in planning hospital strategies for future medical care(2). Inpatient medical record (IMR) is multipurpose document of patient and client that is used to document and communicate all necessary information about health care seekers, medical care among health professionals and it is a corner stone in providing acceptable and quality service for patients and clients. Inpatient Medical Record used as resources in case of surveillance and audit of hospital activities. Especially at inpatient department registering all necessary information related to inpatient services including patient card or physician progress note, physician order sheet, nursing care plan, medication administration record, discharge summary and clinical pharmacist record. All the above in formations are important in managing patient condition, follow up, legal issues and useful for any relevant condition related to patient.

According to pre interventional data assessment, Inpatient Medical Record Completeness (IMRC) was only 55.6%, which was lowered against the standard of 100% (1).By giving special, focus on the problem of critical area, BPH IMRC is now improved by 36.6%.

1.3 Literature Review

1.3.1 Level of Inpatient Medical Record Completeness

At hospital level, statistics collected from medical records are used to review the incidence and type of diseases treated and different procedures performed. At hospital level statistics derived from the daily bed census and medical records are used to assess the utilization of services and enable the hospital to make appropriate financial and administrative plans and to conduct vital research. Completed medical records have an important role in hospital evaluation and one thing that usually reduces evaluation score of medical records department and hospital clinical wards is such defects(3).

In Menelik II Referral Hospital, baseline assessments were collected and inpatient medical record completeness showed 73% and after intervention, it improved to 84%, which is low against the standard in which medical record completeness is expected to be 100%. In line with this there is a gap of study on medical record completeness particularly inpatient medical records. Knowledge gap and shortage of medical record format were accepted as root cause for existence of incomplete inpatient medical records(10).

The study done in a Dalefage Primary Hospital, West Afar showed that an enhancement of completeness and reporting of inpatient medical record completeness improved significantly from the baseline 0% to 73.6% during post intervention evaluation, which is still below the expected standard (11).

At hospital level, statistics collected from medical records are used to review the incidence and type of diseases treated and different procedures performed. Statistics derived from the daily bed census and medical records were used to assess the utilization of services and enable the hospital to make appropriate financial and administrative plans and to conduct vital research. Completed medical records have an important role in hospital evaluation and one thing that usually reduces the problems (12). Patient medical record review is the most applied technique to investigate adverse events in hospitals. The determination with which information is recorded may impudence the visibility of adverse events. Poor quality of the information in patient medical records may be a cause or a consequence of poor quality of care and associated with higher rates

of adverse events. Better quality of healthcare data in patient medical records can affect clinical and administrative decision making in health economics and patient safety(13).

Since medical records is an essential part of a patient's present and future health care, and medical records are used in the management and planning of health care facilities and services, for medical research and the production of health care statistics it needs careful activity(4). Maintaining a complete record is important not only for standards but also to enable health care provider to establish that a patient received adequate care(5). The medical record can be stated as high quality, if the medical record can describe the whole process of the service correctly, completely, reliably, valid, timely. Good and complete documentation in inpatient medical record has been linked to both qualities of care and health care costs. Detailed and accurate chart documentation facilitates appropriate medical care, helps reduce negative outcomes (such as medication errors) and supports the continuity of care(14). There is clearly a large discrepancy between the standard of record keeping in these inpatient books and the standards held by many developed healthcare systems and filling the gap and solve the problem is vital(15).

Medical records are central to all patient healthcare activities. Fundamentally, they form part of a Doctor's and other health professionals ethical and statutory duty in providing good patient care and each care must be filled and completed in the Medical record after each patient's service. The knowledge of Medical personnel and paramedics is generally still low. The filling and utilization of medical records. Less Health professionals applying Documentation Records of Nursing care result in low quality completes of the Medical Record(16). There was clearly large Discrepancy between the standard of record keeping in various Departments and Medication details were frequently omitted or inaccurate and that physicians identified lack of clarity about follow up plans regarding further investigations and visits to other consultants as the areas requiring the most Improvement. The current knowledge, attitude, motivation, professional difference in work experience and kind and level of education regarding the completeness and accuracy of medical record affect in several ways(17, 18)

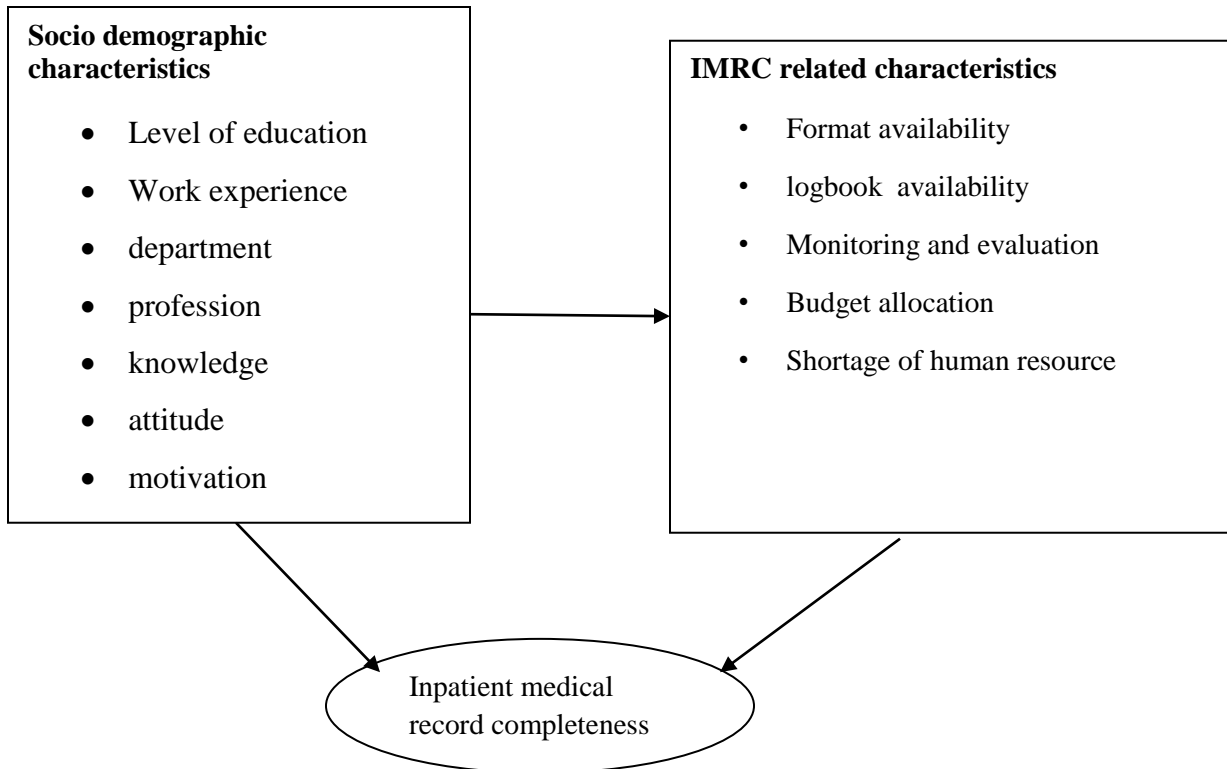


Figure 1conceptual framework of IMRC in Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, 2019 (3).

1.4 Significance of the study

Medical records are a vital asset in ensuring that hospitals are run effectively and efficiently. It supports clinical decision making, provide evidence of policies and in cases of litigation. The sensitivity of medical records has brought several challenges to managing hospitals(2). In addition to storage, access, safety and security the completion of records are critical problem now a day(1).The completeness of medical records on inpatient ward of BPH was a challenge to personnel in-charge of patient records. Base line data was collected and analyzed to evaluate the Completeness of Inpatient Medical Records of Bichena primary Hospital and the result revealed that only 55.6% of the records were completed. This shows the hospital needs extra work to reduce the problem by mandating a healthcare provider to allow individuals to examine their medical records for faire provision of health care.

2 Objective

To improve the inpatient medical record completeness from 56% to 85% in Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, by the end of May 2019.

3 Methods

3.1 Study design

Pre-post interventional study was conducted for pre-intervention in March 1st 2019 and for post-intervention at June 1st 2019. Descriptive statistics were used to clarify the result.

3.2 Study area and period

The study was carried out from March 2019 to May 2019 in Bichena primary hospital, which is found in Bichena town, East Gojjam administrative zone of Amhara Region. The hospital was established to give the health service for one hundred thousand populations. However, the catchment population and the service provided by the hospital are gradually increased. Currently the hospital catchment area covers five districts and the estimated population served in the hospital is more than four hundred fifty thousand. The hospital provides different services like outpatient service, inpatient service, maternal and child health service, surgical service, laboratory service and pharmacy service. Inpatient services for admitted patients are given at the medical ward, surgical and pediatrics wards. In 2011 Ethiopian physical year Bichena primary hospital provides inpatient admission service for 1817 patients in six months.

3.3 Source of population

All patient medical records for patients who were admitted at Bichena Primary Hospital from March 2019 to May/ 2019 are the source population.

3.4 Study population

Selected inpatient medical records of patients treated and discharged at Bichena Primary Hospital from March 2019 to May/ 2019 were the studied population.

3.5 Inclusion and Exclusion criteria

Inpatient medical records at Bichena Primary Hospital from March 2019 to May/20 19 for patients after discharge were included in the study. Exclusion criteria Inpatient medical records for patients who were admitted at Bichena Primary Hospital and who were not be discharged and refused were excluded from the study.

3.6 Sample Size Determination

Even if there is not a clear cut formula to determine sample size, a common formula with assumption is applied in the study. A single population proportion formula was used to determine sample size and the proportion of 50% is used to achieve maximum sample size that nears to appropriateness of the research findings. Moreover, a level of precision (e) of 0.05 and Confidence level of 95% (0.05) will used to determine the sample size.

Assumptions - n = number of the study population

- Z = is standardized normal distribution curve value for the 95%

Confidence Interval (1.96).

- p = population proportion of 50%.

- e = the margin of Error taken (0.05)

$$- n = \frac{[(Z_{\alpha/2})^2 p(1-p)]}{(e)^2}$$

$$- n = \frac{[(1.96)^2 (0.5) (1 - 0.5)]}{(0.05)^2}$$

$$n = 384$$

The total sample size of the study was 384 inpatients record from the target population.

3.6.1 Sampling Procedure

The study was conducted by using systematic random sampling method and supported by focus group discussion to get qualitative data from hospital staff members. From the hospital's pervious report about admission average number of clients admit in the hospital was 170 per month. Therefore the number of participants who was admitted at hospital was estimated for the study period; then sampling fraction for selecting the study participants was determined by dividing with the total estimated number of patients during the data collection period to the total

sample size which was calculated to be two. The first study participant was selected by lottery method among the list from one and two, the next study participant was identified systematically in every two intervals until the required sample size will achieved. In times when the selected records are incomplete with their information, we considered as non-response. The Target population is all patients registered at Bichena Primary hospital and 384 patients record were selected to gather primary data. To strengthen the collected data in-depth interview was conducted from 10 staff members.

3.7 Pre-intervention

3.7.1 Problems identified

By discussing with the Bichena Primary Hospital Management Team eight main hospital problems were selected and the selected problems were

1. Shortage of human power.
2. Low bed occupancy rate.
3. Low inpatient medical record completeness
4. High emergency referral.
5. Low raised revenue collection.
6. Shortage of rooms in outpatient department
7. Poor infection prevention and patient safety
8. Low maternal satisfaction at delivery room

The selected eight main problems were prioritized by Senior Management Team by the five criteria's of Severity, Magnitude, Community concern, Feasibility and Government concern and the value was graded from 1 to 5. The value determination is by discussion and practical burden of the problem and their impact to the community.

Table 1:- Prioritization of identified problems in Bichena Primary Hospital, East Gojjam zone, Amhara region, Northwest Ethiopia, 2019

	Problem statement	Severity	Magnitude	Community concern	Feasibility	Government concern	Total	Rank
1	Shortage of human power	2	2	4	3	4	16	7
2	Low bed occupancy rate	3	3	2	4	3	15	8
3	Low inpatient medical record completeness	5	5	4	5	5	24	1
4	High emergency referral.	4	4	4	4	3	19	5
5	Low raised revenue collection.	4	4	3	4	5	20	4
6	Shortage of rooms in outpatient department	4	5	4	2	3	18	6
7	Poor infection prevention and patient safety	4	4	4	4	5	21	3
8	Low maternal satisfaction at delivery room	4	5	4	4	5	22	2

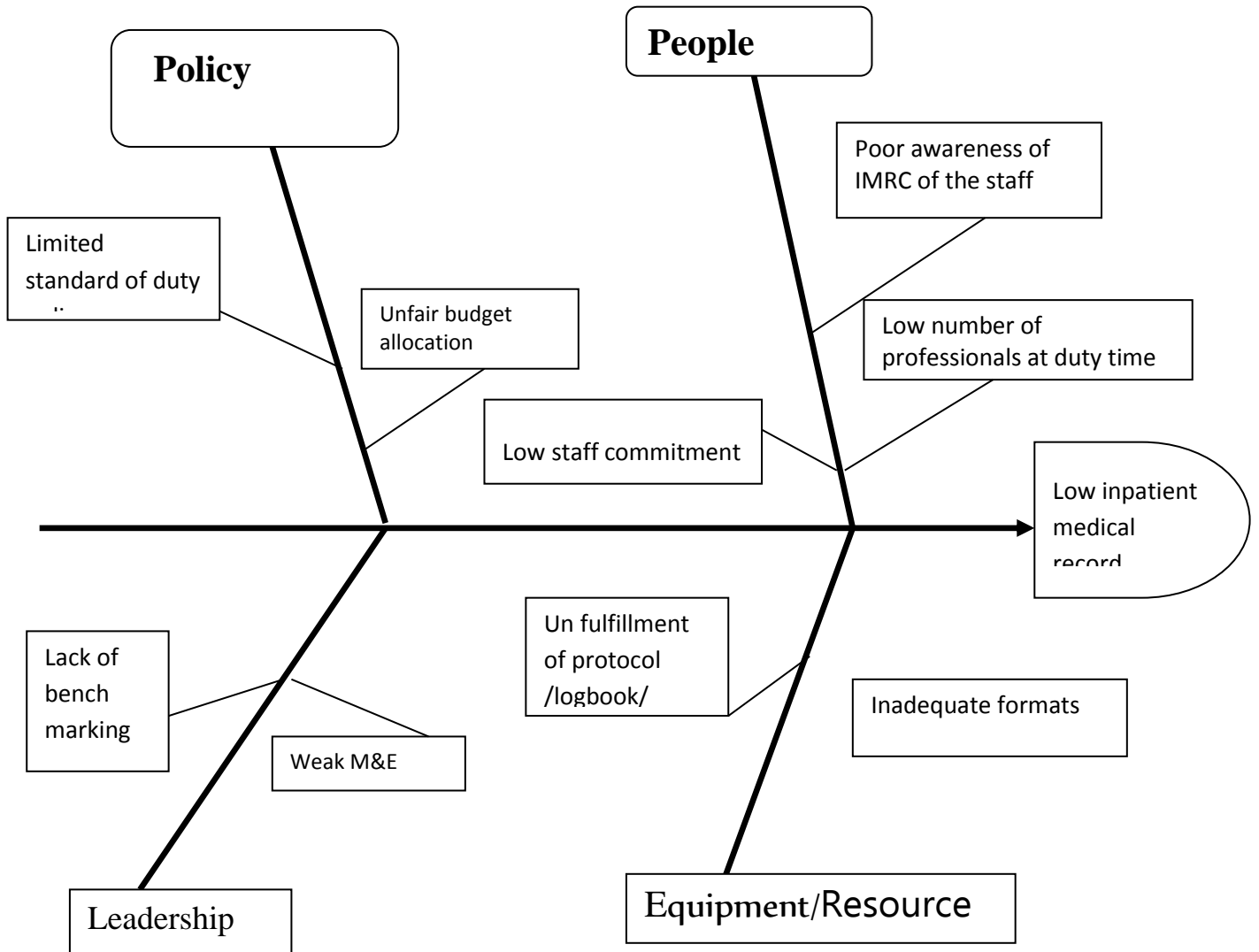


Figure 2 Fish bone diagram of low IMRC Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, 2019

Table 2 shows testing of causes of the problem in Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, 2019

Possible causes of the problem	Magnitude of the problem	Accept/Reject
Limited standard of duty personal	It is problem but not significant	Reject
Low budget allocation	There is shortage from the health bureau but hospital tried to prioritize for inpatient department	Reject
Low awareness of IMRC of the staff	There was significant problem when we discuss with senior management team	Accept
Low number of professionals at duty time	There is somewhat problem, but it is regional concern and beyond the hospital capacity	Reject
Lack of bench marking	Less experience was great problem, but no capacitated hospital to do this	Reject
Weak Monitoring and evaluation	Large problem(only two times evaluated in 6 month at department)	Accept
Inadequate protocol and logbook	It was not as such significant	Rejected
Low staff commitment.	Feedback was given Only one time in the last 6 months	Accept

3.7.2 Possible Interventions

After the main problem was selected by prioritize, focus group discussion with Inpatient Department health professionals and in-depth interview with key selected professionals was conducted and fish bone analyses was conducted to identify the main intervention for the improvement of inpatient medical record completeness. The interventions are

1. Training
2. Make regular meeting (evaluation) weekly
3. Daily sample card evaluation
4. Assignee supervisor
5. prepare adequate protocol and policy
6. Morning session review
7. feedback every week with sampled cards
8. Prepare experience sharing to other hospitals

List of interventions	List of Criteria					
	Cost	Impact	Time	feasibility	Total	Rank
Training	3	5	4	5	17	1
Make regular meeting (evaluation) every week	4	4	4	4	16	2
Daily sample card evaluation	3	3	3	3	12	6
Assignee supervisor	3	2	3	3	11	7
prepare adequate protocol and policy	3	2	3	3	11	7
Morning session review	4	3	4	3	14	4
feedback every week with sampled cards	3	4	4	4	15	3
Prepare experience sharing to other hospitals	4	3	3	3	13	5

Table 3 Prioritization of interventions in Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, 2019

3.7.3 Planning the Intervention

The main problem was selected based on the criteria such as severity, magnitude, community concern, feasibility and government concern for the selected problems. The root cause analysis using the fish bone analysis, focus group discussion, in-depth interview was done to identify the possible intervention. The best interventions were selected and implemented from March to May 2019 to achieve pre-planned target. The intervention plans were to create Inpatient Department staff awareness, improve attitude, motivation and knowledge on inpatient medical record completeness by providing onsite training.

Three daystraining was planned to give for 21 health workers (Nurses, Midwives, General practitioners, Clinical pharmacists and Specialist physicians). Evaluation and Monitoring was planned to perform every week with inpatient department 10 to 15 chart review and feedback for findings was planned for each week and staffs forum with general discussion and communication on general medical record documentation for two times was our interventional plan.

3.7.4 Implementing the Intervention

The 3 days training was given for 21 inpatient department health professionals by hospital quality unit head General practitioner (GP) and matron by preparing integrated training materials to improve knowledge, skill, motivation and attitude. Post training evaluation was conducted for activities performed every week with inpatient department health care providers initiate the staffs well and based on the discussion senior management team give full support for the department.

After evaluation, in-patient department documentation (15-20 cards) was reviewed and feedback was given based on strength and weakness every week regularly. The principal investigator, the medical director, quality unit, IPD case manager, plan and program and matron were follow and monitor daily performance of the department and the overall implementing period was from March to May 2019.

Table 4 Shows monitoring and evaluation of implementation of interventions for the problem in Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, 2019

List of indicators	Pre intervention	Plan for post intervention	Post intervention
Training for inpatient department health professionals(in number)	0	21	21
Session of evaluation with inpatient department staffs	2	13	13
Inpatient department Card reviewing	1	13	13
Feedback for inpatient department	1	13	13

3.8 .Study variables

3.8.1. Dependent variable

- Inpatient medical record completeness

3.8.2.Independent variables

- Monitoring and evaluation
- Availability of formats and protocol

- Staff motivation/commitment
- Awareness of staffs about IMRC
- Limited number health professional at duty time
- Budget allocation
- Bench marking

3.9 Operational definition

Completeness: - It is the presence of all the necessary information of patients based on the standard formats.

Inpatient: - Clients that are admitted in the general ward for continues follow up and medication.

Medical Record:-They are papers that document the care and treatment a patient received.

3.10 Indicators

3.10.1 Process Indicators

- Number of trained physicians, nurses and midwives
- Number of meetings with the inpatient department
- Number of monitoring and evaluation conducted
- Number of staffs who are committed to do IMR properly
- Number of staffs who aware about IMRC

3.10.2 Outcome indicators

- Medical record completeness

3.11 Data collection Procedure

Structured checklist was employed to collect data. The standardize checklist that all hospitals are using and developed by the federal ministry of health at the Ethiopian Hospitals Transformation Guideline (EHSTG). Two data collectors, the investigator himself and one BSc holder officer from Bichena primary hospital were participating and one general practitioner (GP) from quality unit was assigned as a supervisor. Data collectors and the supervisor were oriented and practice for two days at Bichena primary hospital about questioners including the structured checklist, data review techniques, purpose of the study, and importance of privacy and discipline.

3.12 Data Quality Control

From the very beginning, data collectors have a full course of training regarding the basic principles of data collection procedure. The researcher and supervisor conducted a day to day on site supervision during the whole period of data collection. At the end of each day, the checklists/questioner were reviewed and checked for completeness accuracy and consistency by the supervisor and researcher and corrective discussion was held with all the research team members to eliminate or minimize errors.

3.13 Data Processing and analysis

After data collection, the data was excel and exported to SPSS version 20 software. The results were organized, summarized and presented using appropriate descriptive measures such as text, tables, frequencies and percentage. Independent t-test was used for comparing pre and post intervention and P-Value of <0.05 and 95% confidence level was used as differences of statistical significance for the intervention.

For qualitative data, thematic content analysis of the interview was performed manually. The recorded information was listened several times in order to get the general sense of the contents.

3.13.1 Ethical consideration

The ethical approval and clearance was obtained from the Addis Abeba University College of health sciences ethical review committee and formal permission from Amhara Public Health Institute (APHI).

3.13.2. Dissemination and utilization of result

The results of these findings will be disseminated or communicated to Addis Abeba University College of Health Sciences. In addition, it will be disseminated to Amhara Regional Health Bureau and Bichena Primary Hospital and other concerned bodies through reports, conference presentations, and publications.

4 Result

4.1 Characteristics of the data reviewed and key informants

642 cards for pre intervention and 680 cards for post intervention were selected and 384 cards were reviewed for each phases and all the required cards were available (100%). Among the total 6 interviewed, 3 were males and six were between 25 to 40 years of age. More than half of the informants (n=4) were married. All (n=6) were diploma and above health professionals. Among the total 8 focus group desiccation participants, 5 were male and eight were between age of 23 to 36 years. More than half of the informants (n=6) were married, and all (n=8) are diploma and above health professionals.

Table 5 pre and post intervention IMRC data review output of Bichena Primary Hospital, East Gojjam, Amhara region, Northwest Ethiopia, 2019

No.	Medical record formats	No. cards reviewed(N)	Pre intervention completed	%	post intervention completed	%
1	Physician note completeness	384	339	88.2%	372	96.9%
2	Progress note completeness	384	40	12.4%	347	90.4%
3	Order sheet completeness	384	296	77.1%	366	95.3%
4	Nursing care completeness	384	338	88%	379	98.7%
5	Medication administration completeness	384	210	54.6%	348	90.6%
6	Discharge summery completeness	384	110	28.6%	374	93.4%
7	Clinical pharmacist completeness	384	161	41.9%	293	76.3%
Total medical completeness		2688	1494	55.6%	2479	92.2%

Overall level of inpatient medical record completeness

The intervention was associated with significant improvement in inpatient medical record completeness. The results showed a total of inpatient medical record completeness improved from 55.6% before intervention to 92.2% after intervention. Since the calculated t value exceeds the critical value, the null hypothesis has been rejected and the alternative hypothesis has been accepted, implying that intervention done has brought a significant change.

When we observe each component of inpatient medical record completeness, physician note forms attached 100% before and after intervention and completeness improved from 88.2% to 96.9%, progress note forms attached 100% before and after intervention and completeness improved from 12.4% to 90.4% (86% also order sheet forms attached 100% before and after intervention and completeness improved from 77.1% to 95.3%, nursing care plan forms attached 100% before and after intervention and completeness improved from 88% to 98.7%. Medication administration forms attached 100% before and after intervention and completeness improved from 54.6% to 90.6%, discharge summary forms attached 100% before and after intervention and completeness improved from 28.6% to 93.4% and clinical pharmacist forms attached 100% before and after intervention and completeness improved from 41.9% to 76.3%.

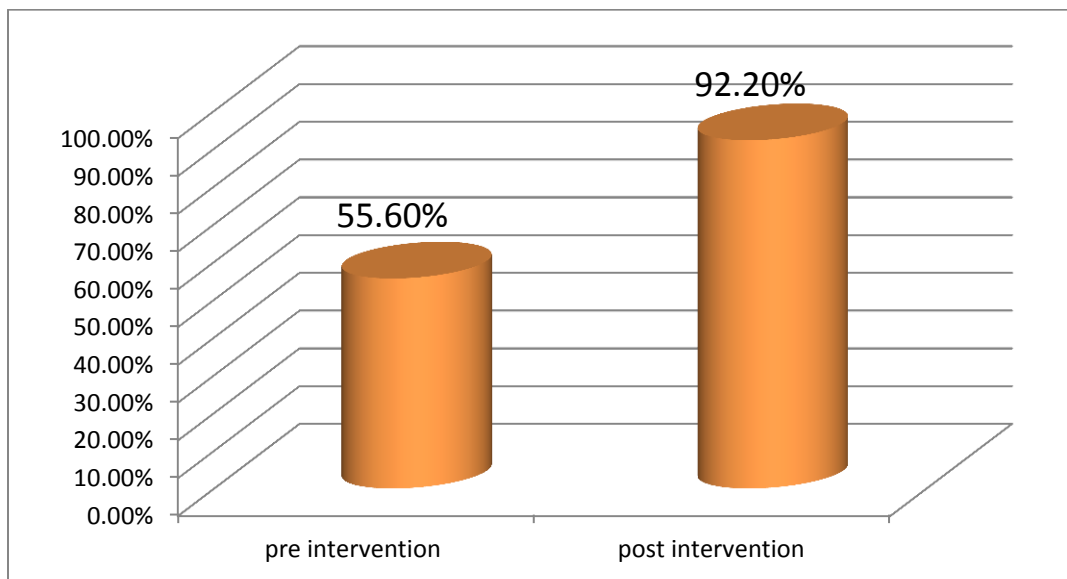


Figure 3 Diagrammatic representation of overall level of inpatient medical record completeness before and after intervention at Bichena Primary Hospital, East Gojjam Zone, Amhara region, Northwest Ethiopia, 2019

4.2 Qualitative Descriptions

An in-depth interview and focus group discussion was carried out to assess the responses of the key informants of the hospital about the inpatient medical record completeness in the inpatient department. One inpatient department (IPD) coordinator, one IPD case manager, one medical director, one matron, one quality unit head and one plan and program head were interviewed and responded to the questions and focus group discussion was conducted with eight health professionals who work at IPD (4 nurse, 2 clinical pharmacists, 2 general practitioner and the responses of the Key informants (KIs) were identified in to the following thematic areas:

4.2.1 Professional Adherence to Medical Record Completeness

Pre intervention

From focus group discussion, health professionals who work at inpatient department were experienced negligence and skill gap for proper documentation of inpatient department records. There was negligence when medication administration record and nursing care plan documented and even inpatient department health professionals are not committed for completeness of charts. Some health care providers who participated in in-depth interview reported that there is no proper documentation in inpatient department mostly on seniors of the hospital that they were focus on treatment but not for the documentation and generally ownership is weak. The 29 years old GP described the documentation of inpatient medical record is poor and especially, GPs and specialist physicians were not record properly and they were focus most of the time only on treatment of their patients and they do not care to the documentation.

Post intervention

From in-depth interview, almost all professionals were committed and well exercised in proper documentation at inpatient department. One nurse and other professionals described, summing up their ideas,

“Professional communication and attention to inpatient medical record completeness is interesting at the inpatient department that was main problem at the previous time.”

Documentation in inpatient department related to seniors to the hospital is very well and they were consider as the prioritize agenda besides of medication (GPs and specialist physicians). Nurse describe as, sum up of their ideas,

“The documentation of inpatient medical record is improved at this time that was a great problem in the previous time practically concerning on General Practitioners (GPs) and specialist physicians and they give full attention to the documentation to.”

4.2.2 Health professional Knowledge and Skill on MRC

Pre intervention

The inpatient department nurses have knowledge and skill gap for the completeness of records. One nurse describes as,

“Some professionals especially some nurses, they were came from health centers have both knowledge and skill gap to fill the charts/cards in proper way since they do not have hospital experience before.”

General practitioners mostly come from school directly to the hospital (berocratic work environment) and their Unwillingness to fulfill the documentation lead to skill gaps. Medical director at in-depth interview described as,

“General practitioners who were joining to the hospital do not have knowledge and skill about new initiatives and reforms and they want to give mainly treatment and they do not bother for the documentation.”

Post intervention

Most professionals in inpatient department have developed their knowledge and skill for the completeness of records. General Practitioner described, sum up their ideas as,

“Professionals were good both in knowledge and skill to fill the charts/cards in proper way in inpatient department.”

Professionals were well performing the completeness of inpatient medical record and their knowledge as well skill is satisfactory to perform the activity. Quality unit head in in-depth interview described as,

“General practitioners and other professionals who were working at inpatient department equip well knowledge and skill for proper documentation and the change is progressive.”

4.2.3 Perspective of higher officials on monitoring and evaluation as well as feedback system

Pre intervention

Some inpatient department health care providers who participated in in-depth interview reported that there is no regular evaluation concerned on proper documentation in inpatient department and it was not the habit of the department and the hospital at general. Medical director described, summing up their ideas,

“ The medical record completeness is poor, and sometimes campaign is held by department to improve the documentation but there was not continuous and regular monitoring and evaluation system for sustainability and sometimes I feel hop less on proper documentation.”

Clinical pharmacy service have not got full attention at inpatient department as well at hospital in general, because at inpatient department the clinical pharmacist obligate to cover other departments with inpatient department and this lead poor documentation concerning the clinical pharmacist medical record documentation completeness. One clinical pharmacist explained,

“The inpatient department has not got full time clinical pharmacist service at inpatient department since the clinical pharmacist has additional duty on the hospital of other departments and the documentation is very poor and there is no attention of hospital higher officials.”

The department case manager and department coordinator and other higher officials were not in habit of giving regular feedback for the department documentation and this is one part contributor for the incompleteness of inpatient department medical record. One GP said as,

“Some inpatient department health care providers may not fill the patient chart/card properly and there was not strong evaluation and feedback system to be given by concerning body.”

Post intervention

There was regular evaluation and monitoring system by responsible body to complete the inpatient medical record completeness. Medical director described as,

“-----Hospital senior management team, department case manager and coordinators monitor and evaluate the inpatient department documentation well and inpatient medical record completeness performance is interesting-----.”

Clinical pharmacy service has full attention at inpatient department and there was good progress in documentation. One clinical pharmacist described as,

“The inpatient department has got almost full time clinical pharmacist service and documentation and interaction of other professionals is good and interesting and the SMT give attention to this.....”

The department case manager and department coordinator and other higher officials were giving regular feedback and have good follow-up for the department documentation. One GP and nurse described, summing up their ideas,

“Most inpatient department health care providers fill the patient chart/card properly especially in the past significantly high problem on progress note completeness was improved well now and strong evaluation and feedback was given by concerning body regularly which leads inpatient medical record completeness improved totally.”

4.2.4 Suggestion to Improve the Inpatient Medical Record Completeness of Inpatient Department

Pre intervention

General practitioners mostly come from schools directly to the hospital and they don't know well the documentation well and even other health professionals like nurses came from health centers that are not familiar with inpatient department documentation, so basic and refreshment on sight training is important by seniors and experienced health professionals. One nurse commented,

“There are totally new comers from school that they do not know the working bureaucracy and some professionals worked at health centers that join the department and have no skill and knowledge so training should be given for those professionals.”

For attitude change and commitment of professionals especially for seniors regular monitoring and evaluation as well as supervision is very important by senior management team members,

department case manager and inpatient department coordinator. A nurse and GP expressed, summing up their ideas.

“The main problem is professional attitude and strong monitoring and evaluation, supervision is important by concerned bodies.”

The feedback system is very weak by higher officials of the hospital, and oral and written feedback is very important, so plan and program, medical director, quality unit and matron should prepare feedback to the department. One general practitioner expresses

“There is no feedback system at the department and continuous feedback is very important to improve the inpatient medical record completeness.”

Post intervention

Regular meeting with the department staffs, general discussion and communication with staffs, documentation evaluation at morning session was important for the documentation improvement and now it is well and motivation is good at general professionals of the department. One clinical pharmacist expressed as

“Regular meeting with department is mandatory by concerning body and communication about documentation should be the main agenda for the department and since it is good at this time it should continue as it is.”

Almost all health professionals at focus group discussion and in-depth interview discussed that the on the job training helps them to improve their skills, knowledge and motivation to complete medical records. Because of this the monitoring and evaluation system, feedback provision and near follow-up is improved well and it have to be strong more than this. Nurse, GP and pharmacist explained, sum up their ideas,

“The evaluation system at this time is good, feed back by department heads, plan and program and quality unit jointly is given and it must be sustained for better improvement of the inpatient medical record completeness.”

5 Discussion

The facility based non-experimental pre-post interventional capstone project supported with qualitative approaches was conducted to measure the level of improvement of inpatient medical record completeness. The pre post interventional study done in Menelik II Referral Hospital showed that inpatient medical record completeness improved significantly from base line 73% to 84% after post intervention(10). Similarly, our study after introduction of interventions inpatient medical record completeness improved from base line 55.6% to 92.2% and our capstone interventional study result was high compared with this interventional study. Another comparative study done at Dalefage Primary Hospital, West Afar, Ethiopia showed that inpatient medical record completeness was improved significantly from base line 0% to 73.6 % after intervention which is our interventional study was high compared to this study(11). The difference might be the government focusing and documentation is one part of information revolution, which is one from the four Health Sector Transformation Agendas, and health care providers have somewhat information about documentation than the previous years.

The results from the studies imply that by implementing strategic interventions inpatient, medical record completeness can be improved and our result was in line with the finding of an in-depth interview after intervention in that: Medical Director described as,

“----Hospital senior management team, department case manager and coordinators monitor and evaluate the inpatient department documentation well and inpatient medical record completeness performance is interesting-----”

There was no problem in format attachment both before and after intervention in our study and confirmed that a clear strength in inpatient medical record documentation. Physician note completeness improved from base line 88.2% to 96.9%, progress note completeness improved from 12.4% to 90.4%, order sheet completeness improved from 77.1% to 95.3%, nursing care plan completeness improved from 88% to 98.7%, medication administration completeness improved from 54.6% to 90.6%, discharge summary completeness improved from 28.6% to 93.4%, and clinical pharmacist completeness improved from 41.9% to 76.3%. This improvement might be the result of intervention that was performed during post intervention period and our

result is in line with the finding of focus group discussion after intervention in that: One GP and IESO described, summing up their ideas,

“Most inpatient department health care providers fill the patient chart/card properly especially there was significantly high problem on progress note completeness that has improved well now and there was strong evaluation and feedback system by concerning body regularly which leads inpatient medical record completeness improved at all.”

Study on Iran, Tehran University of Medical Science Training Hospital showed that medical administration record and progress note completeness was 57.8% and 72.2% respectively and our study comparably was high (95.8% and 90.4%)(3).

The clinical pharmacist documentation during base line assessment was very low (41.9%) and the hospital was not try to improve this result but after intervention it was improved to 76.3%. This finding is similar with the finding of focus group discussion after intervention in that:

One clinical pharmacist described as, “The inpatient department has got almost full time clinical pharmacist service and documentation was improved, interaction of other professionals is good and interesting, and the SMT give attention to this.....”

Much more IMRC were proportionally improved in this project may imply that the attitude, knowledge, skill and motivation in the inpatient department staffs were of high and aligned with the intervention well according to focus group discussion and in-depth interview findings of our study.

6 Strength and Limitation of the Study

Strength of the study: The quantitative study was supported by qualitative approach.

Limitation of the study: The study lacked the identification of factors associated with record completeness.

7 Conclusion

In general, the overall level of inpatient medical record completeness at Bichena Primary Hospital after intervention was improved. Motivation, knowledge, attitude and commitment of the inpatient department health workers were improved and the monitoring and evaluation as well the feedback system was strengthened as mentioned by the in-depth interview and focus group discussion of our study. Knowledge and skill, avoidance of negligence, improvement of ownership, strong monitoring and evaluation system and regular feedback were important contributors for completeness of inpatient medical records as state at in-depth interview and focus group discussion.

8 Recommendation

To health care providers

- It is advisable to continue their practices to fulfill the admitted patient's medical record completeness

To hospital management body

- It is better to given regular monitoring & evaluation and feedback for the department
- Intensive and continuous training should be given for the healthcare provider by responsible body
- Effective long-term follow-up might be needed to assess the sustainability of intervention by inpatients department and Senior Management Team

To Amhara regional health bureau

- It is advisable to launch intervention programs, develop training to foster the professional knowledge, skills and motivation that makes completeness of inpatient medical record improvement at inpatient department of the hospital

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9 Annex

English version information sheet

Questionnaire Identification Number _____

My name is _____. I am working as data collector it will be conducted by Andualem Geremew, who is conducting this capstone project for the partial fulfillment of his Master degree Improvement on Inpatient Medical Record Completeness .in Addis Abeba University. We are trying to improve Inpatient Medical Record Completeness and we would like your honest opinion pertaining to the questions.

Name of advisor: -Dr Demeke Assefa (MA)

Mr.Adyam Nega (MPH)

Name of the organization: Addis Ababa University, College of Health Sciences, Department of Master of Public Health in Hospital and Health Care Administration.

Name of the Sponsor: Amhara regional health bureau

Introduction: Information sheet and consent form is prepared for health professionals who will be participated in focus group discussion and in-depth interview at Bichena Primary Hospital and who will be volunteer to participate in this project, both quantitative and qualitative pre post interventional study that aims to improve Inpatient Medical Record Completeness in Bichena Primary Hospital.

Purpose: I am hopeful that this capstone project will benefit to improve inpatient medical record completeness for qualitative service delivery. I will provide capstone results to concerned body for intervention.

Procedure: Improvement on Inpatient Medical Record Completeness at Bichena Primary Hospital and you are invited to take part in this project. If you are willing to participate in this project, you need to understand the semi structured questions and answer the questions freely. Then after you will be interviewed by the data collector and all your responses and the results obtained will be kept confidential by using coding system whereby no one will have access to your response.

Discomfort: By participating in this capstone project, you may feel that it has some discomfort especially on spending some minutes for in-depth interview and focus group discussion. We hope you will participate in the study for the sake of the benefit of the capstone result. I am sure there is no risk in participating in this project.

Benefits: There may not be direct benefit to you but your participation is likely to help us in Inpatient Medical Record Completeness. It will help us to identify the gap and take the appropriate intervention by the authorized stakeholder. You will not be provided any incentive or payment to take part in this project.

Confidentiality: The information collected from this capstone project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name. In addition, it will not be revealed to anyone except the principal investigator.

Right to refuse or withdraw: You have full right to refuse from participating in this capstone project. You can choose not to respond to some or all questions if you do not want to give your response. You have also the full right to withdraw from this study at any time you wish, without losing any of your right. If you have any question, you can ask at any time and if you have, additional questions about the study please contact

Principal investigator Andualem Geremew

Tel: +258-913-379-895 Email: andualem816@gmail.com

English Version Consent Form

I understand all conditions stated above. I have understood that Participation in this capstone

Project and I am entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this capstone project ever identify me in any way. Therefore, I am ready and willing to participate in this capstone project.

If respondent does not agree to be interviewed thanks her/him and go to the next respondent and if respondent say yes continue your question.

Inpatient medical record review form

Medical Record Review Form		
Card No.		
Date patient discharged from hospital:		
Bichena primary hospital Inpatient Medical Record Checklist		
Section	Yes	No
1. Patient Card (Physician Notes):		
- Is this present?		
- Are all entries dated and signed?		
2. Progress note		
-Is this present?		
-Is it daily updated and signed?		
3. Physician/HO Order sheet:		
- Is this present?		
- Are all entries dated and signed?		
4. Nursing Care Plan		
- Is this present?		
- Are all entries dated and signed?		
5. Medication Administration Record		
-Is this present?		
- Are all entries dated and signed?		
6. Discharge summary		
- Is this present?		
- Are all entries dated and signed?		
7. clinical pharmacist record		
- Is this present?		
-Are all entries dated and signed?		
Name of Reviewer: _____		
Signature : _____ Date of Review: _____		
		31

In-depth interview and focus group discussion questioners

In-depth interview guide for inpatient department coordinator, inpatient department case manager and plan and program officer.

1. Could you please describe the main challenges/problems to complete inpatient medical record completeness for inpatient admitted patients based on seven standardize formats(Patient Card (Physician Notes), Progress note, Physician/HO Order sheet, Nursing Care Plan, Medication Administration Record, Discharge summary, and clinical pharmacist record) ?
2. In your own opinion, what will be the solutions to complete inpatient medical records for inpatient admitted patients based on seven standardize formats(Patient Card (Physician Notes), Progress note, Physician/HO Order sheet, Nursing Care Plan, Medication Administration Record, Discharge summary, and clinical pharmacist record) ?
3. If you have an additional Idea (specify)?

9.1.1 Focus group discussion guide for health professionals

1. Could you please describe the main challenges/problems to complete inpatient medical record completeness for inpatient admitted patients based on seven standardize formats (Patient Card (Physician Notes), Progress note, Physician/HO Order sheet, Nursing Care Plan, Medication Administration Record, Discharge summary, and clinical pharmacist record) ?
2. Could you please describe the participation of inpatient department coordinator, case manager, and hospital management team on the activity of inpatient medical record completeness for admitted patients?
3. In your own opinion, what will be the solutions to complete inpatient medical records for inpatient admitted patients based on seven standardize formats(Patient Card (Physician Notes), Progress note, Physician/HO Order sheet, Nursing Care Plan, Medication Administration Record, Discharge summary, and clinical pharmacist record) ?
4. If you have an additional Idea (specify)?

የአማራጭ የመረጃ ቅጽ

መለያ ኮድ ቁጥር _____ ስሜ _____ እባላለሁኝ በአዲስ አበባ ዩኒቨርሲቲ በማስትረስ ዲግሪ በሆስፒታል አመራር እና ጤና እንክብካቤ ተማሪ በሆነው አንዱዓለም ገረመው በሚያደርገው ጥናት ላይ መረጃ ሰብሳቢ ሆኝ እየሰራሁ ነው።

በሆስፒታሉ የተኝቶ ህክምና ክፍል ተኝተዉ ስለሚታከሙ ታካሚዎች የታካሚዎች የህክምና መረጃ አሞላልና አያያዝ እያጠናን ነዉ። የእርስዎን ታማኝ እና ቀና የሆነ ትብብር ለጥያቄዎቹ መልስ እንፈልጋለን ።

የአማካሪዎች ስም: ደ/ር ደመቀ: አሰፋ

የተቋሙ ስም: አዲስ አበባ ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ፣ ሆስፒታል አመራር እና ጤና እንክብካቤ ክፍል

የድጋፍ ሰጪ ተቋሙ ስም: አማራ ክልል ጤና ጥበቃ ቢሮ

መግቢያ: ተኝተዉ ለሚታከሙ ታካሚዎች የህክምና መረጃ አመዘጋገብ ማረጋገጫ ተዘጋጅቷል። ይህም በቢቸና የመጀመርያ ደረጃ ሆስፒታል ጥናት ይደረጋል።

ዓላማ: ይህ ጥናት ተኝተዉ ለሚታከሙ ታካሚዎች የህክምና መረጃ አመዘጋገብ ጥራትና ሙሉነት ለማሻሻል ለዉጥ ያመጣል ተብሎ ይታሰባል። የጥናቱ ውጤትም ለሚመለከታቸው አካላት ይሰጣል።

አካሄድ: የቢቸና መጀመሪያ ደረጃ ሆስፒታል ተኝተዉ ለሚታከሙ ታካሚዎች የህክምና መረጃ አመዘጋገብ ላይ ያተኮረ ጥናት እንዲሳተፉ ተጋብዘዋል። በጥናቱ ላይ ለመሳተፍ ከተስማሙ አዎን በማለት መስማማትዎን ያመላክቱ። ከዚህም በኋላ በመረጃ ሰብሳቢው መጠይቅ ይደረግልዎታል።

የሚስጥር፣ ሚስጡት መረጃ በጠቅላላ በሚስጥር ለማንም ሳይሰጥ ይቀመጣል።

ጉዳት/ስጋት: በጥናቱ ላይ በመሳተፍ ግዜዎትን እንደተሻሙት ሊሰማዎት ይችላል። ሆኖም ግን የጥናቱ ውጤት ለሚያመጣው ለውጥ ብለው እንደሚሳተፍ እናምናለን። እንዲሁም በመሳተፈዎም ምንም አይነት ጉዳት አይደርስዎትም።

ጥቅም፡ ቀጥተኛ የሆነ ጥቅም በዚህ ጥናት ላይ በመሳተፍ ላያገኙ ይችላሉ። በጥናቱ ላይ በመሳተፍ የተለየ ጥቅም ወይም ክፍያ አያገኙም። ቢሆንም ግን የጥናቱ ውጤት ተገቢውን የሆነ ማስተካከያ በሚመለከተው መስሪያ ቤት ለመውሰድ ስይረዳል።

በጥናቱ ያለ መሳተፍ መብት አለዎት። በጥናቱ ውስጥ ላሉ ጥያቄዎችም መልስ ያለመስጠት መብት አለዎት። በማንኛውም ጊዜ ከጥናቱ ያለመሳተፍ መብት አለዎት። ተጨማሪ ጥያቄ ካለዎት በሚከተለው አድራሻ ያገኙናል።

አንዲአለም ገረመው ስልክ፡ 0913379895 ኢሜይል፡ andualem816@gmail.com

የአማራኛ የስምምነት የፈቃደኝነት ማረጋገጫ ቅጽ

ከላይ የተጠቀሱትን በሙሉ ተረድቻለሁ። በዚህ ጥናት ላይ የምሳተፈው በሙሉ በፍቃደኝነት ነው። እንደተነገረኝ ከሆነ የምሰጠው መልስ ለሌላ ማንም ሰው አይሰጥም እንዲሁም ስለኔ ማንነት ለማንም አይገለፅም። ስለሆነም በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነኝ። ተሳታፊው ፍቃደኛ ከልሆኑ አመስግነው ወደሚቀጥለው ይለፍ። ተሳታፊው ፍቃደኛ ከሆኑ ይቀጥሉ። ተረጋገጠ

የተቆጣጣሪ ስም _____ ፊርማ _____ ቀን _____

ቃለ መጠይቁ የተጀመረበት ሰዓት _____ ደቂቃ _____

መለያ ኮድ ቁጥር _____

ቃለ መጠይቁን ያደረገው ባለሙያ ስም _____ ቀን _____ ፊርማ _____

ሀ. ለጤና ለባለሙያዎች የተዘጋጀ ጥልቅ ቃለ መጠይቅ መመሪያ

በተኝቶ ህክምና ክፍል ተኝተው የሚታከሙ የህክምና መረጃ በካርዳቸው ላይ ተሟልቶ የማይመዘገቡበት ዋና መሰረት/ምክንያት ምን እደሆነ ቢያብራሩልኝ ?

በተኝቶ ህክምና ክፍል ተኝተው የሚታከሙ ታካሚዎችን የህክምና መረጃ በካርዳቸው ላይ ተሟልቶ እንዲመዘገብ የመፍትሄ ሀሳቦች ምን ቢሆኑ ብለው ያስባሉ ?

ተጨማሪ ሀሳብ አለ የሚሉት ካለ?

ለ. ለጤና ለባለሙያዎች የተዘጋጀ የቡድን ወይይት መጠየቂያ መመሪያ

በተኝቶ ህክምና ክፍል ተኝተው የሚታከሙ የህክምና መረጃ በካርዳቸው ላይ ተሟልቶ የማይመዘገቡበት ምክንያት ምድን ነው ብላችሁ ታስባላችሁ?

በተኝቶ ህክምና ክፍል ተኝተው የሚታከሙ ታካሚዎች የህክምና መረጃ በካርዳቸው ላይ ተሟልቶ እዲመዘገብ የተኝቶ ህክምና ክፍል አስተባባሪዎችና የሆስፒታሉ ማናጅመንት ድጋፍና ክትትል ምን ይመስላል?

በተኝቶ ህክምና ክፍል ተኝተው የሚታከሙ ታካሚዎችን የህክምና መረጃ በካርዳቸው ላይ ተሟልቶ እንዲመዘገብ ምን የመፍትሄ እርምጃ መወሰድ አለበት ብላችሁ ታስባላችሁ ?

ተጨማሪ ሀሳብ አለ የምትሉት ካለ?

Declaration

I, the undersigned, hospital and health care administration student declare that this proposal is my original work in partial fulfillment of the requirement for the degree of Master of Public Health in Hospital and Health Care Administration.

Name: Andualem Geremew Jembrie

Signature: _____

Place of submission: School of public Health, College of Health Sciences, Addis Abeba University.

Date of Submission: _____

This Capstone Project Report Writing has been submitted for examination with our approval as university advisor(s).

Advisors name	Signature	Date
1. Dr Demeke Assefa	_____	_____