APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
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Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
05 August 2010
Person No: 0618629D
PAG

Miss ME Lobelo
Po Box 3013
Lichtenburg
2740
South Africa

Dear Miss Lobelo

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "*Utilization of operation theatres of general De La Rey Hospital in the NorthWest Province*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Maria Lobelo

CLEARANCE CERTIFICATE	**M090834**
PROJECT	Evaluation of Operating Theatre in General dc la Rey Hospital in Ngaka Modiri Molema, North West Province.
INVESTIGATORS	Ms Maria Lobelo.
DEPARTMENT	School of Public Health
DATE CONSIDERED	09.08.28.
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 30.08.09 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr D Basu

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX B: DATA COLLECTION TOOLS

GENERAL DE LA REY HOSPITAL

TOOL 1: PATIENT PROFILE AND DIAGNOSIS

Date	Study no	Age	Ethnicity	Occupation	Employment status	Medical aid	Initial Diagnosis	Initial diagnosis ICD 10 code	Referral	Procedure	Procedure code	Emergency/ Elective	Final Diagnosis	Final diagnosis ICD 10 code	Operative complicati ons (yes/ no)	Operative complications (if yes, specify)

GENERAL DE LA REY HOSPITAL

		TOOL 2: PATIENT PR		PATIENT TURN-AROUND TIME						
Date	Study no	time called	time left the ward	time arrived in theatre	time arrived in the OR	time left the OR	time left theatre	time arrived in the ward	Surgeon (code)	Anaesthesist (code)