APPENDICES

APPENDIX A

ETHICS CLEARENCE CERTIFICATE

LETTER OF APPROVAL FROM THE FACULTY OF HEALTH SCIENCES

GAUTENG DEPARTMENT OF HEALTH

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2745

Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
29 September 2010
Person No: 9513004K
PAG

Ms GM Bogoshi
8 Balmoral
86 Davidson Street
FAIRLANDS
Johannesburg
2195
South Africa

Dear Ms Bogoshi

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

We have pleasure in advising that your proposal entitled "*Operational costing of inpatient orthopaedic servises in a regional hospital*" 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

DEPARTMENT OF HEALTH
& SOCIAL DEVELOPMENT
OFFICE OF THE CHIEF EXECUTIVE OFFICER
Enquiries: Ms. G.M. Bogoshi
Helen Joseph Hospital
Perth Road, Auckland Park
Private Bag x 47
Tel: (011) 489-0306
Fax: (011) 726-5425
E mail: gladys.bogoshi@gauteng.gov.za
15 April 2010

Dr. A. Rahman
Chief of Operations
Bank of Lisbon
Johannesburg

Dear Dr. Rahman

RE: PERMISSION TO USE ROUTINE DATA COLLECTED AT THE HOSPITAL IN ORDER TO COMPLETE AN MPH RESEARCH REPORT.

Purpose

To request permission to use routine data collected at the hospital in order to complete an MPH research report.

Background

In 2008, I was nominated by Gauteng Health Department to attend the MPH for hospital managers provided by Wits University. To date I have completed all the course work for 1st and second year of study.

In order to fulfil all the requirements for the completion of the course, we are required to undertake a research in our areas of responsibility. I have chosen to conduct my research to determine the operational cost incurred by the hospital in managing in patient orthopaedic service at Helen Joseph Hospital (Research proposal enclosed).

Retrospective review of routine data will be done for the period of 11 JUNE 2009-11 July 2009(I month). There will be no cost implication to the hospital to perform the study. Results obtained from this research report will be used to improve cost centre management in the institution and also begin to address issues of activity based costing. The results will be presented to the GDoHSD management, Helen Joseph Management and relevant staff at the institution who will be able to act on the findings.

The University requires approval by GDoHSD prior to allowing the student to carry out research and provision of ethical clearance.

Recommendation

It would be appreciated if permission can be granted to undertake the research.

Regard,

MS. G.M.BOGOSHI
CHIEF EXECUTIVE OFFICER
DATE 19.04.2010

Recommended / not recommended/ recommended with ammendments

DR MAZAMISA
DIRECTOR HOSPITAL SERVICES
DATE: 28042010

Recommended / ~~not recommended/ recommended with ammendments~~

DR KENOSHI
ACTING CHIEF DIRECTOR HOSPITAL SERVICES
DATE: 30/4/2010

Approved / not approved ~~/ approved with ammendments~~

DR RAHMAN
CHIEF OF OPRATIONS
DATE: 01/05/2010

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Gladys M Bogoshi

CLEARANCE CERTIFICATE	**M10838**
PROJECT	Operational Costing of In Patient Orthopaedic Services at Helen Joseph Hospital
INVESTIGATORS	Ms Gladys M Bogoshi.
DEPARTMENT	School of Public Health
DATE CONSIDERED	27/08/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 27/08/2010 **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

TOOL 1: PATIENT PROFILE																
STUDY NO	WARD NUMBER	DATE OF ADMISSION	AGE	GENDER	ETHNICITY	HOSP CLASSIFICATION	OCCUPATION	MEDICAL AID	FINAL DIAGNOSIS	ICD 10 CODE	CATEGORY OF OPERATION	COMPLICATIONS (Yes/ No)	Complications (if yes, specify)	OUTCOME (Death/ Discharge/ Transfer)	DATE OF DISCHARGE	IN PATIENT DAYS

TOOL 2A: RADIOLOGICAL INVESTIGATIONS (X-RAY/ CT/ MRI/ USD)						
WARD No		4 / 5				
CODE	DESCRIPTION	UNIT	UNIT COST	WARD 4	WARD 5	TOTAL COST

TOOL 2B: LABORATORY TESTS						
WARD No		4 / 5				
CODE	DESCRIPTION	UNIT	UNIT COST	WARD 4	WARD 5	TOTAL COST

TOOL 2C: PHARMACY

ANTIBIOTICS

CODE	DESCRIPTION	UNIT	UNIT PRICE	WARD 4	WARD 5	TOTAL PRICE

TOOL 2D FLUIDS						
WARD No		4 / 5				
CODE	DESCRIPTION	UNIT	UNIT COST	WARD 4	WARD 5	TOTAL COST

TOOL 2E: BLOOD AND BLOOD PRODUCTS						
WARD No		4 / 5				
CODE	DESCRIPTION	UNIT	UNIT COST	WARD 4	WARD 5	TOTAL COST

TOOL 2F: STORES PROCUREMENT						
Code	Description	Unit	Unit Price	WARD 4	WARD 5	TOTAL PRICE