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Evaluation of the radiology unit at Lehurutshe Hospital in the North West Province

Moloko, Sedie Josephine

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APPENDICES

APPENDIX A

ETHICS CLEARANCE CERTIFICATE AND LETTER FROM POST-GRADUATE COMMITTEE

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
05 August 2010
Person No: 0215683N
PAG

Ms SJ Moloko
1035 Hendrick Tlou Street
Montshida
2737
South Africa

Dear Ms Moloko

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

We have pleasure in advising that your proposal entitled "*Evaluation of the radiological unit at the Lehurutshe Hospital in the North West 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 Sedie Moloko

CLEARANCE CERTIFICATE	**M090835**
PROJECT	Evaluation of the Radiology Unit at Lehurutshe Hospital in the Northwest Province
INVESTIGATORS	Ms Sedie Moloko.
DEPARTMENT	School of Public Health
DATE CONSIDERED	09.08.29
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

LEHURUTSHE HOSPITAL

TOOL 1: PATIENT PROFILE AND DIAGNOSIS

NO	Date of examination	Patient no	Age	Ethnicity	Employment status	Medical aid (yes/ No)	Hospital classification	Inpatient or Outpatient	Radiological examination	Clinical Diagnosis	ICD 10 code	Radiological diagnosis

LEHURUTSHE HOSPITAL

TOOL 2a: RADIOLOGY CONSUMABLES

	code	unit price	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Total	Total price
Stock used			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
X-ray films																
Chemicals																

TOOL 2b: MAINTANCE OF RADIOLOGICAL EQUIPMENTS

cost driver	Monthly cost												Total
Equipments	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
X-ray films													
Chemicals													

LEHURUTSHE HOSPITAL

TOOL 2c: Resource utilization and Human resources in Radiology

Staff category	Total no employed	Total no available per month											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Medical doctor													
Radiographer													
Radiolgrapher:Senior													
Radiolgrapher													
Radiographer Assistant													