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Length of stay and the influence of specific factors at Tara - the H. Moross Centre

Otieno, Florence Awino

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APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE

LETTER FROM POSTGRADUATE COMMITTEE

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011)717-2075/6

Reference: Ms Tania van Leeve
E-mail: tania.vanleeve@.wits.ac.za
19 August 2010
Person No: 331458
PAG

Dr FA Otieno
14 Lovat Road
HURLINGHAM
2196
South Africa

Dear Dr Otieno

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

We have pleasure in advising that your proposal entitled "*Bed utilisation in specialty wards at Tara The H Moross 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

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Dr Florence A Otieno

CLEARANCE CERTIFICATE	M10730
PROJECT	Length of Stay and the Influence of Specific Factors at Tara H Moross Centre
INVESTIGATORS	Dr Florence A Otieno.
DEPARTMENT	School of Public Health
DATE CONSIDERED	30/07/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 02/08/2010 CHAIRPERSON .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : ME Letshokgohla

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...

MENTAL HEALTH DIRECTORATE
Prof Y Moosa
Telephone: 011 298 2422
Fax: 086 615 5482
EMAIL: Yusuf.Moosa@gauteng.gov.za

Department of Health
And Social Development

MEMO

TO: Dr Rahman - COO

DATE: 01 July 2010

RE: Permission to use routine data to complete MPH research report

With regards the ethics of this study:

- The study is a retrospective record review of patient records. Informed consent is not required.
- Confidentiality will be maintained at all times. The patients' names and hospital numbers will be recorded on a separate sheet, to ensure that a patient is not enrolled more than once. The patients name will not be mentioned in any subsequent reports, conference briefings/presentations, or any publications.
- The study will be submitted to the University of the Witwatersrand's Human Research Ethics Committee (HREC) for approval.
- Authorization to conduct the study will be obtained from the Gauteng Department of Health.

Under these conditions it is acceptable to utilize the data for research purpose.

Prof Y Moosa
Date: 01/07/10

08/07/2010

Umnyango wezempilo no Kuthuthukiswa Komphakathi
Lefapha la Maphelo le Tshebeletso le Ntshetsopele ya Sechaba
Department of Health and Social Development
Departement van Gesondheid en Maatskaplike Ontwikkeling

Enquiries: Ms. L. Monareng
Tel: 011 535 3004
Fax2Email: 0865670488
Email: Linda.monareng@gauteng.gov.za

To : **Dr. A. Rahman**

From : **Dr. F. Otieno - CEO at Tara Hospital**

Date : **25 May 2010**

Subject : **Re: Permission to use routine hospital data to complete MPH research report.**

Dear sir

Attached please find the document that was sent for approval as indicated above. Kindly confirm whether the document is approved or not. If it is not approved kindly advice me on the way forward.

Thanking you,

Dr F Otieno
CEO Tara Hospital
Date 28/5/10

Dr Otieno returned this document 28/6/10

for Moosa
Please advise the implications as the data belong to Mental patients.
CEO 29/06/2010

Tara, the H. Moross Centre
50 Saxon Road,
Hurlingham
Sandton
2125

Private Bag X7
RANDBURG
2125

Telephone number: (011) 535 - 3000 / (011) 535 - 3004

GAUTENG DEPARTMENT OF HEALTH AND
SOCIAL DEVELOPMENT

DEPARTMENT OF HEALTH
TARA the H. Moross Centre
50 Saxon Rd, Hurlingham, 2070
Office of the CEO
Dr. Florence Otieno
✉ **Private Bag X7**
RANDBURG 2125
☎ **(011) 535-3004**
Fax (011) 884-3066
Email: Linda.monareng@gauteng.gov.za

Dr A Rahman
Chief of Operations
Bank of Lisbon
Johannesburg

Dear Dr Rahman

Re: Permission to use routine hospital data to complete MPH research report

Purpose

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

Background

I am currently registered with Wits University in the MPH course for hospital managers, to which I was nominated by the Gauteng Department of Health in January 2008. I have successfully completed the two year course work.

In order to fulfill all the requirements for the completion of the course, I am required to undertake research in my area of responsibility. My area of interest is to determine bed utilisation at Tara the H Moross hospital with emphasis on factors affecting the utilisation. (Find enclosed the research protocol).

A retrospective analysis of routine data will be done for the period of 1st January to 31st December 2009. There will be no financial cost to the hospital and the results obtained from the study will be used to model efficient bed utilisation in the hospital. The report will be presented to the GDoHSD management and to the management of Tara hospital.

The University requires approval by GDoHSD prior to undertaking the research and provision of ethical clearance.

Recommendations

That permission is granted to undertake this research at the hospital.

Dr F A Otieno
Chief Executive Officer

Date 12/5/10

Recommended/~~not recommended/Recommended with amendments~~

Prof Y Moosa
Director Mental Health Directorate

Date 12/05/10.

Recommended/~~not recommended/Recommended with amendments~~

Dr C Mondzanga
Chief Director Health Support Services

Date 14-05-2010

~~Approved~~/not approved/~~approved with amendments~~

Dr A Rahman
Chief of Operations

Date 19/05/2010

APPENDIX B: DATA COLLECTION SHEET

TOOL 3: PATIENT PROFILE AND DISEASE PROFILE						
Study no	Admission unit	Medico-legal status	Referral diagnosis	Referral diagnosis (ICD-10)	Final diagnosis	Final diagnosis (ICD-10)

TOOL 2: PATIENT PROFILE AND DISEASE PROFILE															
Study no	Date of Admission	Month of adfmission	Admission Unit	Age (in yrs)	Gender	Ethnicity	Marital status	Employment status	Medical aid	Educational level	Hospital classification	Source of referral	Res Address	Empoyment Address	Length of stay

TOOL1: ADMISSIONS– NO OF ADMISSIONS PER UNIT/WARD PER MONTH OF THE YEAR

Months		WARDS			
	Children	Adolescent	Eating disorder	Psychotherapy	Biochemical
2009					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					