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Resource utilization and admission trends in medical wards in a district hospital in South Africa

Mautjana, Maria Ntana

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APPENDICES

APPENDIX A:

ETHICS CLEARANCE CERTIFICATE AND APPROVAL OF TITLE

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
10 December 2009
Person No: 0719125N
PAG

Miss MN Mautjana
P O Box 198
Mahwelereng
0626
South Africa

Dear Miss Mautjana

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

We have pleasure in advising that your proposal entitled "*Resource utilization and admission trends in medical wards in a district hospital in south Africa*" 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 Miss NM Mautjana

CLEARANCE CERTIFICATE	**M090675**
PROJECT	Resource Utilization and Admission Trends in Medical Wards in a District Hospital in South Africa
INVESTIGATORS	Miss NM Mautjana.
DEPARTMENT	School of Public Health
DATE CONSIDERED	09.06.26
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 09.06.26 **CHAIRPERSON** ..... (Professor P E 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 SHEET

GEORGE MASEBE HOSPITAL

TOOL 1: PATIENT PROFILE AND DIAGNOSIS

Study no	Date of admission	Age	Ethnicity	Medical aid	Employment status	Final diagnosis	ICD 10 code	Outcome	Date of disposal	Length of stay

GEORGE MASEBE HOSPITAL

TOOL 2a: Resource utilization: Human resources **Ward:** Female/ Male

Staff category	Number	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Salary/ month	Total salary
Months									
Doctors									
Medical officer: Senior									
Medical Officer									
Nurse									
Operational manager									
Nurse: Senior Professional									
Nurse:Professional									
Nurse: Staff									
Nurse: Assistant									
Support									
Ward clerk									
Cleaner									

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TOOL 2b: Resource utilization: Allied health support services **Ward:** Female/ Male

Allied health services	Number	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total expenditure
Months								
NHLS								
Blood bank								
Pharmacy								
Radiology								
Total								

GEORGE MASEBE HOSPITAL

TOOL 2c: Resource utilization: General stores Ward: Female/ Male

Allied health services	Number	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total expenditure
Months								
Stationary								
Toiletry								
Total								