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The appraisal of factors affecting waiting times and recommendations for improvement at out-patient department (OPD) of Kopanong Hospital

Nhlapo, Mkholwane Thomas

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APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF APPROVAL

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
23 April 2008
Person No: 0618644G
PAG

Mr M Nhlapo
P.O. Box 2841
VanderbijlPark
South Africa

Dear Mr Nhlapo

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

We have pleasure in advising that your proposal entitled "*The appraisal of factors affecting waiting times and recommendations for improvement at out-patient departments (OPD) of Kopanong 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

M110497

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mr M Nhlapho

CLEARANCE CERTIFICATE	**M110497**
PROJECT	The Appraisal of Factors Affecting Waiting Time and Recommendation for Improvement at Out-Patient Departments of Kopanong Hospital
INVESTIGATORS	Mr M Nhlapho.
DEPARTMENT	School of Public Health
DATE CONSIDERED	Ad hoc
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 13/05/2011 **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...

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

OFFICE OF THE DIRECTOR: SEDIBENG DHS

Enq: Thembi Radebe
(016) 950 6010
(016) 950 6210
Thembekile.Radebe@gauteng.gov.za

MEMORANDUM

TO : **Mr. T. Nhlapo - CEO Kopanong Hospital**

FROM : **Mrs. M. Dichaba – Acting Director Sedibeng DHS**

DATE : **04 April 2011**

SUBJECT : **Permission to Conduct Research on Waiting Times at Out –Patient Department (OPD), Kopanong Hospital, Sedibeng District Health Services**

Please be informed that permission has been granted to you to carry out the abovementioned research at the Out – Patient Department (OPD), Kopanong Hospital, Sedibeng District Health Services.

Kindly note that a copy of the report on the findings (especially) that concerns community of Sedibeng District Health Services must be submitted to the Director's office at the completion of the study.

This permission is also subject to the conditions stated in the protocol and any change in design and methodology must be communicated to the District Director.

We wish you success in your research endeavours.

Dr. O.B. Omole
Head of Clinical Unit (Family Medicine) Sedibeng DHS

Date: 07/04/2011

Mrs. M. Dichaba
Acting Director: Sedibeng DHS
Date: 08.04.2011

RECEIVED
14 APR 2011
CEO OFFICE
KOPANONG HOSPITAL
ONTVANG

APPENDIX B: DATA COLLECTION INSTRUMENTS

Study no	pt no	Year	Month	Date	Time arrival	Referral	Referred From	Follow up/ Appointments	Clinic name	Booked	Age	Gender	Social grant	Medical aid	Time @rec	Time left Clerk	Time left vital	Time left Dr	Time left lab	Time left x-ray	time left dr-2	Time left Pharm	Diagnosis Final	Diagnosis Final ICD