

APPENDICES

APPENDIX A: PERMISSION LETTER FROM FREE STATE TO CONDUCT STUDY



health

Department of
Health
FREE STATE PROVINCE

02 February 2010

Mr. DA Matsebula
District Manager: Fezile Dabi
Sasolburg

Re. – Permission to do research at Tokollo/Mafube Complex District Hospital.

I hereby request permission to do research at Tokollo/Mafube Complex District Hospital.

I am registered with Wits University to do the Practica for Masters in Public Health Service in Hospital Management for 2010. The title of the research is "Adverse Events and Associated factors in Maternity Unit at District Hospitals".

The permission has been granted by the Acting Head of Health to study at Wits University for year 2010. (See letter attached)

The confidentiality of the patients, employees and institutions information will be respected during the research.

The outcome of the study will assist the Complex and the District to review or develop systems which will address challenges in the implementation of Maternal and Child Health Program.

Your assistance in this regard will be highly appreciated.

Me. SR Noge
CEO: Tokollo/Mafube Complex

Me. SR Noge, Chief Executive Officer Tokollo/Mafube Complex, Myronstreet Heilbron 9650,
Private Bag X 08 Heilbron 9650
Tel: 058 8521071, Fax: 058 8522466, Email: NogeS@fshealth.gov.za



health

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Health
FREE STATE PROVINCE

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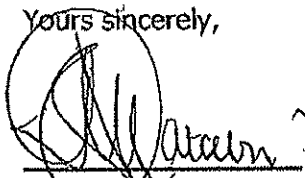
University of Witwatersrand
School of Public Health
7 York Road
PARKTOWN
2193

TO WHOM IT MAY CONCERN

Permission is hereby granted for Ms Sesi Rosellina Noge, CEO of Tokollo / Mafube Complex to conduct research at Tokollo / Mafube Complex for her studies.

Title of the Research is "Adverse Events and Associated factors In Maternity Unit at the District Hospital".

Yours sincerely,


MR D.A. MATSEBULA
DISTRICT MANAGER: FEZILE DABI
FREE STATE DEPARTMENT OF HEALTH

Mr D.A. Matsebula – District Manager: Fezile Dabi
Private Bag X2005, Sasolburg, 1947
Old United Building, 17 Fichardt Street, Sasolburg.
Tel: (016) 970 9371 – Fax: (016) 970 9333
E-mail Address: MatsebulaDA@fshealth.gov.za

APPENDIX B: POSTGRADUATE COMMITTEE CLEARANCE CERTIFICATE



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
04 June 2010
Person No: 330384
TAA

Mrs SR Noge
P O Box 5196
P O LENGAU
9503
South Africa

Dear Mrs Noge

Master of Public Health (Hospital Management): Change of title of research

I am pleased to inform you that the following change of title of your research report for the degree of **Master of Public Health (Hospital Management)** has been approved:

FROM: Adverse events and associated factors in the maternity units at district hospital.

TO: Patient-related adverse events in the maternity units at Tokollo/Mafube district Hospital Complex

Yours sincerely

A handwritten signature in black ink, appearing to read "S. Benn".

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

APPENDIX C: ETHICS CLEARANCE CERTIFICATE FROM ETHICS COMMITTEE

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Sesi R Noge

CLEARANCE CERTIFICATE

M10255

PROJECT

Patient Related Adverse Events in the
Maternity Units at Tokollo/Mafube District
Hospital Complex

INVESTIGATORS

Sesi R Noge.

DEPARTMENT

School of Public Health

DATE CONSIDERED

26/02/2010

DECISION OF THE COMMITTEE*


Approved unconditionally

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

DATE

26/02/2010

CHAIRPERSON


(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr M Govender

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 D: DATA COLLECTION TOOLS

TOKOLLO/MAFUBE COMPLEX DISTRICT HOSPITALS

TOOL 1A: CATEGORIES OF ADVERSE EVENTS

[illegible]

TOKOLLO/MAFUBE COMPLEX DISTRICT HOSPITALS

TOOL 1B: CATEGORIES OF NEONATAL ADVERSE EVENTS

[illegible]

TOKOLLO/MAFUBE COMPLEX DISTRICT HOSPITALS

TOOL2A: INDIVIDUAL RELATED FACTORS

[illegible]

TOKOLLO/MAFUBE COMPLEX DISTRICT HOSPITALS

TOOL 2B: HEALTH SYSTEM RELATED FACTORS)

StudyNo	Personnel, Equipment, Transport, Environment, Management	Description
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TOKOLLO/MAFUBE COMPLEX DISTRICT HOSPITALS

TOOL 3: ADVERSE EVENT REPORTING SYSTEM - (MEETINGS)

[illegible]

TOKOLLO/MAFUBE COMPLEX DISTRICT HOSPITALS

Tool 4: ADVERSE EVENT REPORTING SYSTEM - ADHERENCE TO POLICY

[illegible]