### VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### PANEL OF EXPERTS INFORMATION LETTER

Dear Colleague,

My name is Leah Kisorio. I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the degree of Master of Science in Nursing (Intensive Care Nursing). I am hoping to conduct a research project to determine the validity and reliability of the simplified therapeutic intervention scoring system (TISS-28) instrument as measure of quantifying nursing workload and staffing requirements in the ICUs.

I hereby invite you as an expert in the field to be part of an expert group in assisting me to validate the data collection instrument. The validation will involve a checklist of the simplified therapeutic interventions scoring system (TISS-28) by Reis Miranda et al. (1996) that I would like you to complete. This will require you to rate all the TISS-28 items independently using a four-point Likert Scale, as to whether you find the items being relevant and if they represent critical attributes of nurses working in the ICUs in our (South African) setting.

Participation in the validation process is entirely voluntary. Due to the need to contact you, I would kindly request that you provide your personal details on the check list that will be presented to you. As you are an acknowledged expert in the area under study, you will appreciate that your anonymity may be compromised. However, I undertake to ensure that no identification of your personal information will be given in reporting on your opinions so as to ensure your confidentiality. If you consent to be part of the expert group, please complete the attached consent form and return it to me in the addressed and stamped envelope enclosed.

I appreciate that you will not derive any benefit from participation in this study. However, I hope that the results of the study will help clarify nursing workload and staffing requirements in the ICUs with regard to the implementation of a valid measurement tool.

The appropriate people and research committees of the University of the Witwatersrand, Gauteng Department of Health and Johannesburg Hospital have approved the study and its procedures.

Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights as a study participant you are free to contact me in the Department of Nursing Education or on the following telephone number **076 6813094** or email me using the following address: *ljkisorio@yahoo.co.uk* 

Yours faithfully

Leah Kisorio	
Date	

# **APPENDIX B**

#### VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### PANEL OF EXPERTS CONSENT FORM

I \_\_\_\_\_\_ (name) give permission to be included in the study.

I have read with understanding the content of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to my being included in the study.

Date

Signature

(Witness)

# **APPENDIX C**

### VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### PANEL OF EXPERTS CHECKLIST 1.0 BIOGRAPHICAL DATA

#### 1.1 What age group do you belong to:

20 - 29 years	
30 - 39 years	
40 - 49 years	
50 - 59 years	
60 years and above	

#### 1.2 Please list your academic qualifications

1.3 State the length of experience you have had in the intensive care unit as an intensive care nurse

1.4 Indicate your position in the ICU by ticking one of the following:

ICU Nurse	Shift Leader	Unit Manager	Clinical Instructor
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1.5 Please state your contact details

name

unit

telephone number

2.0 SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM (TISS-28)

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	2 = unable to assess relevance without item revision or item is in need of such revision, when a revision of a such revision of the revisio						
		7100 30		Rating Scale	Scale		Comments
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	Variables / Scoring Guidelines	Score	1	2	3	4	
	Basic Activities					and the second se	
2.1	Standard monitoring; hourly vital signs, and calculation of	2					
2.2	Itura batance Laboratory investigations; biochemical and microbiological	1	-				n ma
l	Arterial Blood Gas						
		6					
2.3	Single medication; any route (IV, PO, IM etc)	4 0					
2.4	Multiple intravenous medication; more than one drug, single	'n					
	shots or continuously	,					
2.5	Routine dressing change; care and prevention of decubitus	-	-				
	and daily dressing changes	,					
	Prone ventilation	+					
2.6	Frequent dressing changes; at least one time each nuising	-					
1	shift or extensive wound care	2					
2.7	Care of drains; all except gastric tube	Constraint of the second	Constant State of	Another and the second		のないのないの	
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2.8	Single vasoactive medication; any vasoactive drug						
2.9	Multiple vasoactive medications; more than one vasoactive	Ť					
	drug disregard type and dose	V					
2.10	Intravenous replacement of large fluid losses; fluid	t				8	
	replacement >3L per square meter/ per day, disregard type of			13			
	fluid administered	-					
2.11	Peripheral arterial catheter						
2.12	Left atrial monitoring, PAC with / without cardiac output measure	20 0					
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			TISS_28		Rating	Rating Scale		Comments
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# **APPENDIX D**

## VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### PATIENTS' FAMILY MEMBER INFORMATION LETTER

Dear

#### (Name of patients' family member)

My name is Leah Kisorio, I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the degree of Master of Science in Nursing (Intensive Care Nursing). I hope to conduct a research project and I would like to invite you to participate and kindly consent to my including your family member in my sample of patients that I hope to study while they are in the intensive care unit.

The purpose of the study is to validate the Simplified Therapeutic Intervention Scoring System (TISS-28), which is a tool that has been found to be very useful in many ICUs of different countries. It has been widely used to measure the amount of work nurses provide to the admitted ICU patients as well as the severity of the patients' illness based on the number and type of treatment provided. From this measurement, it will be possible for the nurses to know the different needs of each patient depending on his or her severity of illness. This will also enable adequate allocation of nurses providing care based on level of skills and experience to match the patients' needs so as to promote good patient outcome. I hope the completed study will bring the tool into use as a valid and reliable instrument that will help to improve the quality of nursing care in our South African context.

Should you agree to participate, I will ask that you allow me to access the patient's records and ICU charts daily for two days. The information that I will obtain from the records will include: personal data such as age, gender of the patient, the severity of illness scores and interventions or treatments that were done for the patient for the past 24 hours.

Participation in the study is entirely voluntary. You may choose not to participate or withdraw from the study at any time, which will have no effects on the services that your relative may receive from this institution. I will also contact your relative in the recovery period to give permission for the information obtained to be included in the study. Your relative has the right not to participate or to withdraw from the study at any time, should they so feel the need to. This will not affect their treatment in anyway. Anonymity and confidentiality will be ensured by using a code number instead of patients' names and no personal information will be reported through out the study so as to avoid you or your relatives' identification. I appreciate that you or your relative will derive no direct benefit from participating in the study. However, I hope that the completed study will clarify nursing workload and staffing requirements that are more suitable for critically ill patients in the intensive care units. Results of the study will be given to you should you so wish.

The appropriate people and research committees of the University of the Witwatersrand, Gauteng Department of Health and Johannesburg Hospital have approved the study and its procedures.

Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights, you are free to contact me in the Department of Nursing Education or on the following telephone number **076 6813094.** 

# **APPENDIX E**

### VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### FAMILY MEMBER / RELATIVE CONSENT FORM

Ι	(name) the	(relationship)
Ι	(name) the	<u>(relationshi</u>

of the patient give permission to be included in the study.

I have read with understanding the content of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to my being included in the study.

Date

Signature

(Witness)

## VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### **PATIENTS' INFORMATION LETTER**

Dear

#### (Name of patient participant)

My name is Leah Kisorio, I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the degree of Master of Science in Nursing (Intensive Care Nursing). I hope to conduct a research project and would therefore like to invite you to consent to my including you in my sample of patients that I hope to study while they were critically ill in the intensive care unit.

The purpose of the study is to validate the Simplified Therapeutic Intervention Scoring System (TISS-28), which is a tool that has been found to be very useful in many ICUs of different countries. It has been widely used to measure the amount of work nurses provide to the admitted ICU patients as well as the severity of the patients' illness based on the number and type of treatment provided. From this measurement, it will be possible for the nurses to know the different needs of each patient depending on his or her severity of illness. This will also enable adequate allocation of nurses providing care based on level of skills and experience to match the patients' needs so as to promote good patient outcome. I hope the completed study will bring the tool into use as a valid and reliable instrument that will help to improve the quality of nursing care in our South African ICU context.

I am glad to inform you that I contacted your relative while you were in the ICU and he/she gave me permission to obtain information from your records and to include you in the study. Your relative had the right not to participate or to withdraw from the study at any time, if he/she felt so. Should you therefore agree to participate, I will request that you allow me to use the information that I have already obtained so as to complete the project. The information that I will be using was obtained from your records and this included: personal data such as age, gender, the severity of illness scores and interventions or treatments that were done to you in the ICU.

Participation in the study is entirely voluntary. You may choose not to participate or withdraw from the study at any time, which will have no effects on the services that you may receive from this institution or the health care providers. This will not affect your treatment in anyway. Anonymity and confidentiality will be ensured by using a code number instead of your real name and no personal information will be reported in the study so as to protect your identification. I appreciate that you will derive no direct benefit from participating in the study. However, I hope that the completed study will clarify nursing workload and staffing requirements that are more suitable for critically ill patients in the intensive care units. Results of the study will be given to you should you so wish.

The appropriate people and research committees of the University of the Witwatersrand, Gauteng Department of Health and Johannesburg Hospital have approved the study and its procedures.

Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights as a study participant you are free to contact me in the Department of Nursing Education or on the following telephone number **0766813094.** 

## VALIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

#### **RETROSPECTIVE PATIENT CONSENT FORM**

I \_\_\_\_\_\_ (name of the patient) understand that my relative \_\_\_\_\_\_ (name of relative), has given consent to my being included in the study and hereby consent for the information obtained to be used in the study.

I have read with understanding the content of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to my being included in the study.

Date

Signature

\_\_\_\_\_(Witness)

# **APPENDIX H**

## VADLIDATION OF THE SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM IN THE INTENSIVE CARE UNITS OF A PUBLIC SECTOR HOSPITAL IN JOHANNESBURG

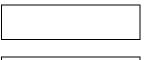
#### DATA COLLECTION INSTRUMENT

#### 1.0 PATIENT DATA

- 1.1 RESEARCH CODE NUMBER
- 1.2 AGE
- 1.3 GENDER
- 1.4 DATE OF ADMISSION
- 1.5 DIAGNOSIS
- 1.6 REASON FOR ICU ADMISSION
- 1.7 SEVERITY OF ILLNESS SAPS II score on admission < 24 hrs
- 1.8 LEVEL OF PROVIDED CARE TISS-28 score on day 1 (>24 hrs)
- 1.9 LEVEL OF PROVIDED CARE TISS-28 Score on day 2 (48 hrs)
- 1.10 LEVEL OF PROVIDED CARE TISS-76 Score on day 1 (24hrs)
- 1.11 LEVEL OF PROVIDED CARE TISS-76 Score on day 2 (48hrs)
- 1.12 LENGTH OF STAY IN ICU Total number of days
- 1.13 LEVEL OF PROVIDED WARD CARE TISS-28 Score 24 -48 hrs on discharge

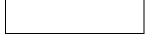
Medical Scheduled Unscheduled Surgery Surgery

Female



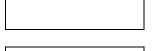
Male











	Variable / Scoring Guidelines	Findings	Points	Score
2.1	Age in Years	< 40	0	
	age in years at time of last birthday	40 - 59	7	
1	age in yeare at time enter a set of the	60 - 69	12	
1		70 - 74	15	
		75 - 79	16	
		> = 80	18	
		< 40	11	
2.2	Heart Rate in beats per minute		2	
	use the highest or lowest heart rate in	40 - 69	0	
	past 24 hours whichever gives the	70 - 119		
1	higher number of points	120 - 159	4	
		> = 160	7	
2.3	Systolic Blood Pressure in mmHg	< 70	13	
2.0	use the highest or lowest blood	70 - 99	5	
	pressure in past 24 hours whichever	100 - 199	0	
		> = 200	2	
	gives the highest number of points	< 39 C	0	
2.4	Body temperature		3	
	use highest temperature	> = 39 C	11	
2.5	If on ventilation or CPAP PaO2 / FiO2	< 100	0.0102	
1	use only if on ventilation or CPAP	100 - 199	9	
	using the lowest ratio	> = 200	6	
2.6	Urinary Output in L per 24 hours	< 0.500	11	
2.0	if time period less than 24 hours adjust	0.500 - 0.999	4	
	urine output for period to 24 hours	> = 1.000	0	
		< 10	0	
2.7	Serum Urea mmol/L	10 - 29.9	6	
	use the highest value		10	
		> 30	and the second	
2.8	WBC count in 1000 per uL	< 1.0	12	
	use the highest or lowest WBC in past	1.0 - 19.9	0	
	24 hours whichever gives the higher	> = 20	3	
	number of points			
0.0	Serum Potassium in mmol/L	< 3.0	3	
2.9		3.0 - 4.9	0	
	use the highest or lowest potassium in		3	1
	past 24 hours whichever gives the	> = 5.0	5	
	higher number of points			
2.10	Serum Sodium in mmol/L	< 125	5	
	use the highest or lowest sodium in	125 - 144	0	
	past 24 hours whichever gives the	> = 145	1	
	higher number of points			
0.44	Serum Bicarbonate in mmol/L	< 15	6	
2.11		15 - 19	3	
	use the lowest value		0	
		> 20	the second se	
2.12	Serum Bilirubin in umol/L	< 4.0	0	
	use the highest value	4.0 - 5.9	4	
	an a	> = 6.0	9	
2.13	Glasgow Coma Scale	< 6	26	
A., 10	use the lowest value if patient sedated	6 - 8	13	
		9 - 10	7	
	use the score before sedated	11 - 13	5	
			0	
	÷	14 - 15	0	
2.14	Chronic Diseases	none	C	
	HIV positive with AIDS defining	metastic carcinoma	9	
	opportunistic infection or tumor;	hematologic malignancy	10	1
	malignant lymphoma Hodgkins disease	AIDS	17	1
	leukemia or multiple myeloma;			
	metastases demonstrated at surgery,			1
	radiographically or other suitable method			
		ashadulad surgery	0	
2.15	Type of admission	scheduled surgery		
	scheduled surgery if scheduled at least 24h	medical	6	1
	prior to operation; unscheduled if operated	unscheduled surgery	8	
	on with less than 24h notice; medical if no			1
	surgery within 1 week of admission to ICU			1

## 2.0 SIMPLIFIED ACUTE PHYSIOLOGICAL SCORE (SAPS II)

SAPS II

Score

		TISS-28	OA Patient	Day 1 Patient	Day 2 Patien
	Variables / Scoring Guidelines	Score	Score	Score	Score
	Basic Activities		The All States of the	S. Sterness Ha	
3.1	Standard monitoring; hourly vital signs, and calculation of fluid balance	5			
3.2	Laboratory investigations; biochemical and microbiological Arterial Blood Gas	1			
	Point of care glucose testing				
3.3	Single medication; any route (IV, PO, IM etc)	2			
3.4	Multiple intravenous medication; more than one drug, single shots or continuously	3			
3.5	Routine dressing change; care and prevention of decubitus and daily dressing changes Prone ventilation	1			
3.6	Frequent dressing changes; at least one time each nursing shift or extensive wound care	1			
3.7	Care of drains; all except gastric tube	3			
3.1	Cardiovascular Support		To Physics Street		
2.0	Single vasoactive medication; any vasoactive drug	3			
3.8 3.9	Multiple vasoactive medications; more than one vasoactive drug disregard type and dose	4			
3.10	Intravenous replacement of large fluid losses; fluid replacement >3L per square meter/ per day, disregard type of fluid administered	4			
3.11	Peripheral arterial catheter	5			
3.12	Left atrial monitoring, PAC with / without cardiac output measure	8			
3.12	Intra-aortic balloon pump	8	3		
0.40	Central venous line	2			
3.13		3			
3.14	Cardiopulmonary resuscitation after cardiac arrest: in past 24 hrs (single precordial percussion not included)	3			
3.15	Ventilatory Support Mechanical ventilation; any form of mechanical ventilation or assisted ventilation with or without PEEP, with or without muscle	5	-		
3.16	relaxants, spontaneous breathing with PEEP Supplemental ventilatory support; breathing spontaneously	2			
0.110	through ET-tube without PEEP, supplemental oxygen by any method except mechanical ventilation parameters apply				
3.17	Care of artificial tube; endotracheal or tracheostoma	1			
3.18	Treatment of improving lung function; thorax physiotherapy, incentive spirometry, inhalation therapy, intratracheal suctioning	1			
	Renal Support		0.000		
3.19	Dialysis; hemofiltration and dialysis techniques	3			
0.10	CVVHD / HD		1		
3.20	Quantitative urine output measurement	2			
3.21	Active duresis; eg furosemide > 0.5 mg/kg/day for overload single shots / continuous	3			
	Neurological Support				
3.22	Measurement of intracranial pressure	4			
3.22	Metabolic Support				C. CONTRACTOR
2 22	Treatment of complicated metabolic acidosis / alkalosis	4			1
3.23 3.24	Intravenous hyperalimentation Rate of TPN	3			
3.25	Enteral feeding Rate of feed	2			
	Specific Interventions		. Standard Barriel	N COVERENT OF	
3.26	Single interventions in ICU; naso or tracheal intubation, introduction of a pacemaker, cardioversion, endoscopies, emergency surgery in past 24h, gastric lavage. Routine interventions	3			
	without consequences to the clinical condition of the patient such as radiographs, echography, ECG, dressings or introduction of venous or arterial catheters are not included				
3.27	Multiple specific interventions; more than one, as described above	5			
3.28	Specific interventions outside of ICU; surgery or diagnostic procedures	5			

#### 3.0 SIMPLIFIED THERAPEUTIC INTERVENTION SCORING SYSTEM (TISS-28)

SUM TISS-28 POINTS

0 0

0

# 4.0 THERAPEUTIC INTERVENTION SCORING SYSTEM (TISS-76)

TEGORY A - 4 POINTS		1	2	3	4
4.1 Cardiac arrest or countershock, or both within past 24 hours					
4.2 controlled ventilation with or without PEEP					-
4.3 Controlled ventilation with intermittent or continuous muscle relaxant					
4.4 Balloon tamponade of varices					
4.5 continuous arterial infusion					-
4.6 Pulmonary artery catheter					
4.7 Arterial or ventricular pacing, or both					
4.8 Hemodialysis in an unstable patient					
4.9 Peritoneal dialysis					
4.10 Induced hypothermia					
4.11 Pressure activated blood transfusion					
4.12 Mast Suit					
4.13 Intracranial pressure monitoring					
4.14 Platelet transfusion					
4.15 Intra-aortic balloon assist					
4.16 Emergency operative procedure (within past 24 hours)					
4.17 Lavage of GI bleeding					
4 18 Emergency endoscopy or bronchoscopy					
119 Vascactive drug infusion (more than one drug)					CANADANA
SUM TOTAL C	ATEGORY A				1

TECO	RY B - 3 POINTS	1	2	3	4
4.20	Central IV hyperalimentation (includes renal, cardiac, hepatic failure food)				
4.21	Pacemaker on standby				
	Chest tubes				
	IMV or assisted ventilation				
4.24	Continous positive airway pressure CPAP				
4.25	Concentrated potassium infusion via central line				
4.26	nasotracheal or orotracheal intubation				
4.27	Blind intratracheal suctioning				
4.28	Complex metabolic balance (frequent intake/ output)				-
4.29	Multiple ABG, bleeding or STAT studies (more than 4 per shift)				
4.3	Frequent infusions of blood products (more than 5U / 24 hours)				
4.31	Bolus IV medication (non scheduled)				
4.32	Vasoactive drug infusion (1 drug)	_			1
4.33	Continous anti-arrthmia infusion				<u> </u>
4.34	Cardioversion for arrthmia (not defribrillation)				-
4.35	Hypothermia blanket				
4.36	Acute digitalization (within 48 hours)				
4.37	Measurement of cardiac output by any method				
4.38	Active diuresis for fluid overload or cerebral oedema				1
4.39	Active treatment for metabolic alkalosis				
4.4	Active treatment for metabolic acidosis				
4.41	Emergency thora-para and pericardiocentesis				
4.42	Active anticoagulation (initial 48h)				
4.43	Phlebotomy for volume overload				
4.44	Coverage with more than 2 IV antibiotics				
4.45	Treatment of seizures or metabolic encephalopathy (within 48 hrs of onset)				
4.46	complicated orthopaedic traction				

		1	2	3	4
ATEGO	DRY C - 2 POINTS				
4.47	CVP (central venous pressure)				
4.48	2 peripheral IV lines				
4.49	bemodialysis (unstable patient)				
4.50	the start less than 18 hours)				
4.51	Fresh tracheostomy (less than 46 hours) Spontenous respirations via endotracheal tube or tracheostomy (T-piece or mask)	1			1
4.52	Gl feedings				
4.53	replacement of excessive fluid loss		1		
4.54	parenteral chemotherapy				
4.55	hourly neurological observations		1		1
4.56	multiple dressing changes				
4.57	Pitressin infusion IV SUM TOTAL CATEGORY (	2			

		1	2	3	4
ATEGO	RY D - 1 POINT				
4.48	ECG monitoring				
	Hourly vital signs				
4.6	1 peripheral IV catheter				
4.61	Chronic anticoagulation				
4.62	Standard intake and output (q 24hours)				
4.63	STAT blood tests				
4.64	Intermittent scheduled IV medication				1
4.65	Routine dressing changes				
4.66	Standard orthopaedic traction				
4.67	Tracheostomy care		-		
4.68	Decubitus ulcer				1
4.69	Urinary catheterisation		1		
4.70	supplemental oxygen (nasal or mask)				
4.71					1
4.72	chest physiotherapy extensive irrigations, packing or debridement of wound, fistula or colostomy		1		
4.73	GL compression				
4.74	Peripheral hyperalimentation / intralipid therapy SUM TOTAL CATEGOR	Y D			_

TOTAL SCORE

 Key to interpretation

 CLASS 1 - < 10 POINTS</td>

 Inappropriate admission other than to rule out MI

 CLASS 2 - 10 to 19 POINTS

 Patient os physiolgically stable requiring only prohylactic observation

 CLASS 3 - 20 - 39 POINTS

 Patient is physiolgically stable requires intensive nursing and monitoring

 CLASS 4 - > 40 POINTS

Patient is physiologically unstable requiring intensive nursing and physician care with frequent observations and order changes

CLASS

# **APPENDIX I**



Faculty of Health Sciences Medical School, 7 York Road, Parktown, 2193 Fax: (011) 717-2119 / Tel: (011)717-2125

> Reference: Ms Helen Selolo E-mail: monyai.selolo@.wits.ac.za 04 June 2008

> > Person No: 0705936E PAG

Dear Ms Leah Kisorio Campus Lodge Residence 48 De Korte Street Braamfontein 2001

#### Master of Science in Nursing : Approval of Title

We have pleasure in advising that your proposal entitled Validation of the simplified therapeutic intervention scoring system in intensive care units of a public sector hospital in Johannesburg 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

UBen

Mrs Sandra Benn Faculty Registrar Faculty of Health Sciences

# **APPENDIX J**

#### UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

#### HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL) R14/49 Kisorio

CLEARANCE CERTIFICATEPROTOCOL NUMBER M080211PROJECTValidation of the simplified therapeutic<br/>intervention scoring system in the ICU<br/>of a public sector hospital in JohannesburgINVESTIGATORSMiss L KisorioDEPARTMENTNursing EducationDATE CONSIDERED08.02.29DECISION OF THE COMMITTEE\*Approved unconditionally

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

DATE 08.03.13

**CHAIRPERSON** 

lata

(Professor P E Cleaton Jones)

\*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : S Schmollgruber

#### 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. <u>I agree to a completion of a yearly progress report.</u>

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES



#### **APPENDIX K**



Private bag X39, Johannesburg 2000, South Africa Tel: +27 (0) 11 488 4911, Fax: +27 (0) 11 643 1612 www.johannesburghospital.org



Gauteng Department of Health Office of the CEO Enquiries: M. Motjelele (011): 488-3785 (011) 488-3753

08 May 2008

Ms Leah Kisorio Department of Nursing Education Faculty of Health Sciences University of the Witwatersrand

Dear. Ms Kisorio

#### RE: Permission to Undertake Research on the validation of the Simplified Therapeutic Intervention Scoring System in the Intensive Care Units of a Public Sector Hospital in Johannesburg

Permission is granted for you to conduct the above research as described in your request provided:

- 1. Johannesburg hospital will not in anyway incur or inherit costs as a result of the said study.
- 2. Your study shall not disrupt services at the study sites.
- 3. Strict confidentiality shall be observed at all times.
- 4. Informed consent shall be solicited from patients participating in your study.

Please liaise with the Head of Department and Unit Manager or Sister in Charge to agree on the dates and time that would suit all parties.

Kindly forward this office with the results of your study on completion of the research.

I wish you success in your studies.

Yours sincerely

Sagie Pillay Chief Executive Officer