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The cost of clinical procedures performed in the maternity ward of Thebe District Hospital

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APPENDICES

APPENDIX A:

ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION

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
10 August 2010
Person No: 331501
PAG

Mr RPG Maarohanye
21 van der Ryst Street
Harrismith
9880
South Africa

Dear Mr Maarohanye

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

We have pleasure in advising that your proposal entitled "*Clinical procedures performed at the maternity ward of Thebe District 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

health
Department of
Health
FREE STATE PROVINCE

07 January 2010

Mr RPG Maarohanye
Private Bag X 824
WITSIESHOEK
9870

Dear Mr Maarohanye

Subject: PERMISSION TO CONDUCT RESEARCH FOR ACADEMIC PURPOSES AT THEBE DISTRICT HOSPITAL

The above mentioned correspondence bears reference.

Permission is hereby granted for the above – mentioned research on the following conditions:

- Research results shared with the Department as well as all reports made available to the Free State Department of Health.
- Research does not impact negatively on service delivery.
- No patients or health care providers will be interviewed for the above study.
- A presentation is done to the Clinical Health Services cluster
- Confidentiality of information will be ensured and no names will be used.

Trust you find the above in order.

Kind Regards,

Dr S Kabane
Acting Head of Health
Date: 07/01/10.

Head : Health
PO Box 227, Bloemfontein, 9300
4th Floor, Executive Suite, Bophelo House, cor Maitland and, Harvey Road, Bloemfontein
Tel (051) 408 1107/8 Fax (051) 408 1055, e-mail: hodpa@fshealth.gov.za/kbhealth.gov.za

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mr RPG Maarohanye

CLEARANCE CERTIFICATE	M10627
PROJECT	Clinical Procedures Performed at the Maternity Ward of Thebe District Hospital
INVESTIGATORS	Mr RPG Maarohanye.
DEPARTMENT	School of Public Health
DATE CONSIDERED	25/06/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 28/06/2010 CHAIRPERSON .....
(Professor PE Cleaton-Jones)

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

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

HOSPITAL

TOOL 1

Study no	Date of arrival	Age (yrs)	Ethnicity	Medical aid	Employment status	Mode of transport	Diagnosis on admission	Gestational age at delivery (wks)	Maternal outcome	Perinatal outcome	Date opf discharge	Length of stay

Tool: 2a COST OF CLINICAL PROCEDURES

Study no: _____ Date: _____

Procedure performed _____

P	PHARMACEUTICALS				
	Code	Item name	Unit used	Unit price	Total price
P1					
P2					
P3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					

C	CONSUMABLES				
	Code	Item name	Unit used	Unit price	Total price
C1					
C2					
C3					
C4					
C5					
C6					
C7					
C8					
C9					
C10					

F	FLUIDS				
	Code	Item name	Unit used	Unit price	Total price
F1					
F2					
F3					
F4					
F5					
F6					
F7					
F8					
F9					
F10					

	Staff category	Number	number of hours worked	compensation per hour	Total cost
NA	Nursing assistant				
SN	Staff nurse				
PN	Professional nurse				
D	Medical doctors				

	TOTAL COST				
P	Pharmaceuticals				
C	Consumables				
F	Fluids				
H	HR				

TOOL 2b

Study No.	Procedure Performed	Total Pharmaceuticals (R)	Total Fluids (R)	Total Consumables (R)	Total Material resources (R)	Total Human Resources (R)	Grand Total (R)