

# Effects of Health Records Management on Service Delivery: A Case Study of Kisii Teaching and Referral Hospital

**Fennah Ondieki**

Jaramogi Oginga Odinga University of Science and Technology, Public Health, Nairobi, Nyanza, Kenya

## Abstract

Record keeping in an institution as the most vital tool that can help develop or bring it down in equal measure. Records management activities include the creation, receipt, maintenance, use and disposal of records. In this context, a record is content that documents a business transaction the problem that led to this study is that health workers in the public health institutions, such as medical doctors and nurses, are usually not able or are struggling to render timely and effective health services to citizens due to a lack of effective records management systems. Ineffective records management systems usually lead to long patient waiting times before patients receive health service. The general objective of this study is to look at the effects of health records management on service delivery, a case study of Kisii Teaching and Referral Hospital specific objectives are finding out the types of health records kept by Kenyatta National Hospital and their functions, establishing the relationship between health records keeping and service delivery and to find out the challenges faced by KTRH health records personnel in record keeping and service delivery. The researcher will use a case study design and the researcher will focus on health record keeping and management specifically in matters dealing with medical care and hospital management at Kisii Teaching and Referral Hospital. Random sampling will be used to select respondents this study will use a structured questionnaire an interview schedule to gather primary data from the respondents. Data analysis will be quantitative. The data will first be perused to identify the information that is relevant to the research questions and objectives. After this, the data will be read and re-read to take note of recurring ideas. The data will be coded and sorted according to apparent categories and themes. All the coded data under major themes will be placed together to make a write-up.

**Keywords:** Health records management; Kisii teaching**Corresponding author:** Fennah Ondieki

✉ fnyatichi@yahoo.com

Jaramogi Oginga Odinga University of Science and Technology, Public Health, Nairobi, Nyanza, Kenya.

**Tel:** +254707961796**Citation:** Ondieki F. Effects of Health Records Management on Service Delivery: A Case Study of Kisii Teaching and Referral Hospital. J Hosp Med Manage. 2017, 3:1.**Received:** May 12, 2017; **Accepted:** May 25, 2017; **Published:** June 20, 2017

## Introduction

This section articulates the justification of the problem under study by looking at the background information, the statement of the problem, objectives of the study and research questions. It also highlights the hypothesis, significance of the study, scope and limitations of the study.

## Background of the study

Recent studies have pointed out the significance of record keeping in an institution as the most vital tool that can help develop or bring it down in equal measure [1]. Records management (RM)

is the supervision and administration of digital or paper records, regardless of format. Records management activities include the creation, receipt, maintenance, use and disposal of records. In this context, a record is content that documents a business transaction [2].

Government institutions like Kisii Teaching and Referral Hospital produces, collects, disseminates and utilizes a large volume of records (health records) and information than any other organizations. These records are important for the lives of the public and are also used to hold the facility accountable for the service delivery (Tafor).

This emphasizes the importance of proper records keeping ensuring government accountability in a democratic society. Proper record keeping is critical for the survival and efficient operation of day-to-day business activities [3].

For these reasons, KTRH health records department maintain a system for records keeping. In support of the above, Currall and Moss argues that governments must ensure the permanent keeping of its records since it needs to account to its citizens for its administrative actions. An effective keeping of records will enable compliance with transparency requirements [4].

Government will be able to prove their administrative process through the records preserved. This was emphasized by Tafor in his citation from the International Council of Archives (ICA) (2007) that records provide "evidence of human activities and transactions" to protect the rights of both the public and government, and that is good for "democracy and good governance". Similarly, the KTRH creates and maintains records. It creates, maintains and uses patients' records for different purposes in rendering its health service to clients through its departments and administration centers [5].

Kemoni, et al. have also affirmed that proper health records management is significant to governments' realization and achievement of their goals such as the rule of law, accountability, management of state resources, and protection of entitlements of its citizens as well as enhancing foreign relations [6].

Nandain expands on Kemoni, Ngulube and Stilwell's argument and observes that effective information and records management provides the foundation for accountability, protection of human rights and increases citizens' awareness to their rights". Thus it is imperative for government to continue improving their records management programmes in order to achieve greater service delivery, bearing in mind that the customers' socio-political and economical needs are diverse [6,7].

For Ngulube and Tafor, the underlining point therefore is that proper health records management facilitates planning, informed decision making supports continuity, consistency and effectiveness of public service delivery at facilities such as KNH. It is on this background that this researcher seeks to conduct a study on the effects of health records management on service delivery, a case study of Kisii Teaching and Referral Hospital [8,9].

### **Kisii teaching and referral hospital**

Kisii Teaching and Referral Hospital began in 1960 as Kisii Hospital. It later became a Level Five (5) hospital and in 2010, it was given the leeway to become a teaching and referral hospital.

The Hospital is a regional referral hospital covering South Nyanza, South Rift and entire Gusii Region. It has a catchment of 3 million people and a staff establishment of about 500 workers and 13 specialists.

Kisii Teaching and Referral Hospital is entrusted to provide leading health services in the region that spans from South Nyanza and Western Kenya counties. The facility is highly equipped with modern medical equipment that handles complicated cases on health matters [10].

The functions of the Hospital as enumerated in the Legal Notice No. 78 of 12th June 1998 of the State Corporations Act (Cap 446) are: To receive patients on referral from other Hospitals or institutions within or outside Kenya for specialized health care, provide facilities for medical education for Moi University and for Research either directly or through other co-operating health institutions, provide facilities for education and training in nursing and other health and allied professions and to participate as a national referral Hospital in national health Planning.

### **Statement of the problem**

Hernon and Schwartz cited that a survey conducted by Hernon and Metoyer-Duran noted that the problem statement should not be general and irresponsible. Instead, it should identify exactly what the researcher wants to study, the importance, benefits and justification of the study. It should give the reader an answer to the question of "so what" and "so how".

Hernon and Schwartz state that in social science research, a problem statement should lead the reader into the study. It should declare originality of the study and show the study focus and the benefit of the study to the population affected by the problem. The problem that led to this study is that health workers in the public health institutions, such as medical doctors and nurses, are usually not able or are struggling to render timely and effective health services to citizens due to a lack of effective records management systems. Ineffective records management systems usually lead to long patient waiting times before patients receive health service [11].

The health workers usually end up not rendering certain services because the health history of the patient is not contained in medical files. This is due to the fact that, if the health worker proceeds treating patients without enough information about the patients' health background s/he may end up rendering poor health service that might be risky to patients' health [12].

ICT or electronic records management systems can be used to ensure easy and fast access to treatment and retrieval of information or records (Ojo). In traditional paper records management systems, the records managers and clerks waste a lot of time looking for missing and/or misfiled records, which is not conducive to the functioning of an organisation. There is a need for an effective records management programme to upgrade the records keeping system for easy and timely retrieval of information, improved office efficiency and productivity (Robek and Stephens) [13,14].

It is against this background that this study was instituted to investigate issues regarding health records management and their effects on service delivery at Kisii Teaching and Referral Hospital.

### **Objectives of the Study**

The general objective of this study is to look at the effects of health records management on service delivery, a case study of Kisii Teaching and Referral Hospital. The specific objectives are [15]:

1. To find out the types of health records kept by Kisii Teaching and Referral Hospital and their functions.
2. To establish the relationship between health records keeping and service delivery.
3. To find out the challenges faced by KTRH health records personnel in record keeping and service delivery.
4. What are the types of health records kept by Kisii Teaching and Referral Hospital and what are their functions?
5. What is the relationship between health records keeping and service delivery?
6. What are the challenges that KTRH health records personnel face in record keeping?

### Significance of the study

Results from this study will be useful to the sampled institution, Kenyan parastat and the country at large because government operates essential businesses through its public organization, as a result of this change will be evident hence the study is of great significance as they will support the appropriate policies to support the firms. The results will also directly point to the development and management of health records and their use in achieving maximum output and good service delivery at KTRH and beyond [16].

To the researchers and academicians, it's expected that the study will form a base for another study. The findings of this study will also add new knowledge on the topic and serve as a base for further research in areas where other scholars will identify a gap [17].

### Limitations of the study

The study will experience challenges that may hinder its smooth running and completion. This includes unpredictable weather conditions, unreliable respondents who may give false information or refuse to cooperate at all and officials who may not cooperate in giving reliable information.

### Scope of the study

The study will focus on the effects of health records management on service delivery, a case study of Kisii Teaching and Referral Hospital. The researcher will focus on record keeping and management specifically in matters dealing with medical care and hospital management [18].

### Project risks and mitigation

Risk mitigation planning is the process of developing options and actions to enhance opportunities and reduce threats to project objectives. Risk mitigation implementation is the process of executing risk mitigation actions. Risk mitigation progress monitoring includes tracking identified risks, identifying new risks, and evaluating risk process effectiveness throughout the project, (PMBOK Guide, 2008)

This researcher shall deal with any risks that may occur by Acknowledging the existence of risks that may occur, and make a deliberate decision to accept it without engaging in special efforts

to control it. Approval of project by the university and relevant authorities will be of use here, Adjust program requirements or constraints to eliminate or reduce risks by a change in funding, schedule, or technical requirements and Implement actions to minimize the impact or likelihood of any risks that will occur. She will also monitor the environment for changes that affect the nature and/or the impact of risks that may affect the study [19].

## Research Methodology

### Research design

The researcher will use a case study design. According to Yin, case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. This method is suitable for this kind of study because it specific and its findings can be generalized in other similar facilities.

### Target population

The researcher will focus on health record keeping and management specifically in matters dealing with medical care and hospital management at (Ojo). The Hospital has a capacity of 1800 beds and has over 6000 staff. According to the facility website (www.knh.ke) the management of the hospital has 300 workers of whom will be the general population of the study [20].

### Sampling procedures and sample size

Before getting the sample size, the researcher shall visit the facility to exactly know how many people deal with records so as to add them to the top management of the facility as population before sampling them. After which she will use this formula in determining the research sample size.

$$n = \frac{N}{1 + (N \times e)} = \frac{27,225}{1 + (27,225 \times 0.052)} \quad n = \dots?$$

Where: N: Population,

n: Sample size and,

e: Level of precision (normal level is  $\pm 0.05$ ).

Random sampling will be used to select respondents among the sampled workers in order to avoid bias of the researcher.

### Research instruments

This study will use a structured questionnaire an interview schedule to gather primary data from the respondents. The questionnaire will have both open-ended and close-ended questions. Questionnaires are very important in gathering important information from a large number of people. Key informant interviews will be used also to collect primary data from managers of the institution. Secondary information will also be gathered from the records of office bearers in the institution [21].

### Pilot testing

A pilot study will be conducted to test the validity of the questionnaires. This will enable the researcher to test whether questions being posed will give the required responses and gauge

on the choice of design of questions asked, finding out whether they are logical, clear and easy to understand. This will allow one to check if the variables can easily be processed and analyzed. The pilot study will be carried out on a sampled 10% of the sampled respondents, and the results of the pilot study will enable the researcher to revise or adjust the questions accordingly.

### Validity of instrument

Content validity will be used to examine the validity of the questionnaire. This will be done by getting an opinion from the lecturers on the content of the questionnaire, if the questionnaire is able to answer questions relating to all the variables in the study [22].

### Reliability of instrument

The reliability of the instrument will be undertaken using the test-retest method. The questionnaire will be issued to the same respondent two times. After the first administrations of the questionnaire, the research will wait for two weeks to elapse before administering the same questionnaire to the same respondents. The scores on the two sets of measures will be correlated to obtain an estimated coefficient of reliability. The researcher will then calculate a reliability coefficient to indicate the relationship between the two sets of scores obtained.

### Project risks and mitigation

Risk mitigation planning is the process of developing options and actions to enhance opportunities and reduce threats to project objectives. Risk mitigation implementation is the process of executing risk mitigation actions. Risk mitigation progress monitoring includes tracking identified risks, identifying new risks, and evaluating risk process effectiveness throughout the project, (PMBOK Guide, 2008) [23].

This researcher shall deal with any risks that may occur by acknowledging the existence of risks that may occur, and make a deliberate decision to accept it without engaging in special efforts to control it. Approval of project by the university and relevant authorities will be of use here, Adjust program requirements or constraints to eliminate or reduce risks by a change in funding, schedule, or technical requirements and Implement actions to minimize the impact or likelihood of any risks that will occur. She will also monitor the environment for changes that affect the nature and/or the impact of risks that may affect the study.

### Ethical considerations

Ethical considerations are important in ensuring a professional research and are non-intrusive in accomplishing a research objective. For this study, the researcher will ask for permission to carry out the study from relevant administrative authorities in the institution. The researcher will assure confidentiality to the respondents and confirm that the study is for the purposes

of accomplishing academic goals only. The researcher will also acknowledge all additional sources of information from other scholars [24].

The researcher will seek permission from the National Commission of Science Technology and Innovation to conduct research. A self-developed questionnaire on the respondents and record any naturally available data will be used in this study. The respondents consent will be sought, the research procedure be explained, and confidentiality assured. The researcher will also employ the services of two research assistants in the collection of data. The research assistants will be trained on research and especially on ethical issues concerning research. The researcher will ensure that the research assistants possess vital skills by retraining them. The questionnaires will be collected from the respondents by both the researcher and the research assistants after they are filled

### Data collection and data analysis

Data analysis will be quantitative. The data will first be perused to identify the information that is relevant to the research questions and objectives. After this, the data will be read and re-read to take note of recurring ideas. The data will be coded and sorted according to apparent categories and themes. All the coded data under major themes will be placed together to make a write-up [25-27].

### Conclusion

Before the actual data analysis the gathered data will be edited, checked for completeness and then coded. During editing, the questionnaires will be scrutinized to check whether there are errors and omissions, adequate information and legibility and whether the responses are relevant.

Data will be analysed using descriptive statistics like weighted mean, percentages and frequency distribution. Simple regression analysis will be used to establish the relationship between the extent of use of accounting practices and the level of management of funds in public secondary schools.

The regression model will be:

$$Y=a+bx$$

Where:  $y$ =level of management of funds in public secondary schools

$X$ =accounting practices used in public secondary schools  $a$  and  $b$  are constants.

The collected data will be analyzed using descriptive and inferential statistics. Data will be tabulated into various categories, frequency distributions and analyzed using the weighted means and standard deviations.

## References

- 1 Adeyemi J (2012) Preservation of Medical Records and Referral Service. Onipanu, Lagos: Topmost Pub.
- 2 Alegbeleye GO (2009) Avoiding Technological Quicksand: Coming to Grips with the Preservation of Digital Information in Nigeria. Paper Presented at the 47<sup>th</sup> National Conference and Annual General Meeting of the Nigerian Library Association.
- 3 Aziz S, Rao MH (2002) Existing Record Keeping System in Government Teaching Hospitals in Karachi. *J PakMed Assoc* 52: 163-174.
- 4 AlJumah AA, Ahamad MG, Siddiqui MK (2013) Application of data mining: Diabetes health care in young and old patients. *J King Saud Univ-Com Info Sci* 25: 127-136.
- 5 Edwin AK (2008) Don't Lie but Don't Tell the Whole Truth: The Therapeutic Privilege - Is it Ever Justified? *Ghana Med J* 42: 156-161.
- 6 Kemoni H, Ngulube P (2008) Relationship between records management, public service delivery and the attainment of the United Nations Millennium Development Goals in Kenya. *Information Development* 4: 296-306.
- 7 Kennedy J, Schauder C (1994) Records management: a guide for students and practitioners of records management. Melbourne: Longman Cheshire.
- 8 ARMA International (2009) Glossary of Records and Information Management Terms.
- 9 Chinyemba A, Ngulube P (2005) Managing records at higher education institutions: a case study of the University of KwaZulu-Natal, Pietermaritzburg Campus. *J Info Manage* 7: 1-19.
- 10 ISO 15489-(2001) Information and Documentation – Records Management, Part 2 Guideline. Inter Stand Org.
- 11 ISO 15489-(2001) Information and Documentation – Records Management, Part 1 General. Inter Stand Org.
- 12 <http://www.ghanahealthservice.org/aboutus.php?inf=Patients%20Charter>
- 13 Johnston GP, Bowen DV (2005) The benefit of electronic records management systems: a general review of published and some unpublished cases. *Rec Manag J* 3: 131-140.
- 14 Benfell P (2002) An integrated approach to managing electronic records. *Rec Manag J* 3: 94-97.
- 15 Bhana P (2008) The Contribution of Proper Record Keeping Towards Auditing and Risk.
- 16 <http://www.unllib.unl.edu/lpp/>
- 17 Ayoku AO, Ojediran JA (2008) Transition to automated library information systems and the challenges for libraries in Africa. In: Aina LO (ed.) Knowledge and information management in the digital age: Concepts, technologies and African perspectives. Ibadan, Nigeria.
- 18 Kerry TP (2006) Improving The Use of Patient-held Records in the Emt shezi Sub district. *SA Fam Pract* 48: 16-16f.
- 19 Larsen KE, Marstein N (2000) Conservation of historic timber structures: An Ecological approach.
- 20 Davidson EJ (2000) Analyzing genre of organisational communication in clinical information system. National Archive and Records Service of South Africa. *R Manag Pol Manually*.
- 21 NHO Healthcare Records Management Steering Committee (2007) National Hospitals Office Code of Practice for Healthcare Records Management. Ireland: National Hospitals Office.
- 22 Besser H (1999) Implications in digitizing Special Collections Materials: The institution, scholarship, interoperability, longevity.
- 23 Place I, Hyslop D (1982) Records management: controlling business information. Reston: Reston Publishing. In: Ricks M, Gow K (1988) Information resource management: a records systems approach. (2nd edn), South Western Publishing, Cincinnati.
- 24 The National Archives of Scotland (2017).
- 25 Verhey A (2003) Reading the Bible in the Strange World of Medicine. Grand Rapids: William B. Eerdmans Publishing Company.
- 26 Wamukoya J, Mutula SM (2005) Capacity building requirements for e-records management: The case in East and Southern Africa. *Rec Manag J*.
- 27 Webster BM, Hare CE, Julie M (1999) Records management practices in small and medium-sized enterprises: a study in North-East England. *J Info Sci* 25: 283-294.