

# The Quality of Medical Records and Health Information in Primary Health Care Units in Hadiya Zone, Ethiopia

Martha Gebreyohannis Selamu<sup>1,\*</sup>, Liranso Selamu<sup>2</sup>

<sup>1</sup>Hadiya Zone Health Department, Health Plan, Monitoring, and Evaluation Directorate, Hossana, Ethiopia

<sup>2</sup>Department of Psychology, Michigan State University, East Lansing, The United States

## Email address:

marthaselamu@gmail.com (Martha Gebreyohannis Selamu)

\*Corresponding author

## To cite this article:

Martha Gebreyohannis Selamu, Liranso Selamu. The Quality of Medical Records and Health Information in Primary Health Care Units in Hadiya Zone, Ethiopia. *American Journal of Nursing and Health Sciences*. Vol. 4, No. 1, 2023, pp. 19-23. doi: 10.11648/j.ajnh.20230401.14

**Received:** December 24, 2022; **Accepted:** January 30, 2023; **Published:** March 15, 2023

---

**Abstract:** Health information is an essential factor of public health performance depends on the effectiveness of documentation use for routine and evidence based decisions. Medical record is the chronological, organized and comprehensive documentation of services delivered by service providers to the patients or clients. On the other hand, the quality of medical records (MRs) is rarely evaluated and quality dimensions of medical record are not well assessed particularly in the study area as well as in Ethiopia. The study was assessed the quality of medical record in public health care units of Soro district, Hadiya Zone, Southern Ethiopia. Facility based cross-sectional study design supplemented with qualitative inquiry was conducted among randomly selected four public health care units (PHCU) in Soro district, Hadiya zone. Data on the quality of medical records were collected by reviewing document using checklist, while qualitative data for triangulation were obtained by interviewing key informants from the health center and to describe possible reasons for poor medical record quality. The data were entered in to Epi-data version 3.1, exported, and analyzed by SPSS version 22.0. A total of 384 medical records were reviewed from one-year medical records of four public health care units with 98% retrieval rate. Among the dimensions of MRs quality, none of health centers had enough facility for medical record quality and no auditing of medical record document as of the standard. Majority of medical records had incomplete administrative, clinical and legal components as of health centers standard of the country. The studied PHCUs are not fulfilled the national medical record management requirements to run medical record system of health centers since the Ethiopian PHCUs standard set the medical record personnel to be a health information technician and a minimum of three in numbers. Thus, medical record service providers should be trained and necessary supplies should be equipped in all health center.

**Keywords:** Quality, Medical Records, Health Care, Health Information, Ethiopia

---

## 1. Introduction

The Medical record refers to all information collected, processed and held in both manual and electronic formats pertaining to the service user and their care. It includes demographics, unique identification, clinical data, images, investigations, samples, correspondence and communications relating to the service user and his/her care as well as to facilitating patient safety improvements. It is also the primary means of evaluating the quality and appropriateness of medical care rendered, as well as a source document for statistical use in research, planning budgeting and financial activity involving patient care [1, 2].

The MR refers to all information collected, processed and held in both manual and electronic formats pertaining to the service user and their care. It includes demographics, unique identification, clinical data, images, investigations, samples, correspondence and communications relating to the service user and his/her care as well as to facilitating patient safety improvements [3-5]. MR quality is the most serious global health problems in poorer countries. Good information of MR is vital in tackling the problems. Correct and up-to-date information is critical, not only for the provision of high-quality clinical care, but also for continuing and maintaining health care at an optimal level [6].

MR is potentially very important for the development of

the health sector particularly in Ethiopia. Ethiopia has also poor health data status similar to other low-income countries, even within Sub-Saharan Africa [7]. The country has set out different strategies to improve the quality of records to provide safe, effective, patient-centered, timely, efficient and equitable medical service. Provision of standardized medical record is one of the components to consistently ensure and improve the outcomes of clinical care, patient safety and patient centeredness service for present and future follow up of health for all the Ethiopian population Health care [8].

Currently, the emphasis of health systems development aims at the district level [9] and supporting strong data systems and feedback loops as “backbone” of all improvement actions is one of the four transformation agendas in the Health Sector Transformation Plan (HSTP) [10]. However, different stakeholders feed backs and 2010 EC annual reports of the District health office and Zone health department shows that there were information gaps in Hadiya Zone especially in Soro district health centers due to poor quality of medical record and factors related to incompleteness of components of medical records.

Medical record studies have showed (14%) of returning patients could locate their medical records and only (6.5%) of medical records contained complete patient information due to problems such as duplication, incompleteness and inaccuracy of clinical information in Ethiopia [9]. Despite significant improvements in health care services in recent years, accessibility, authentication, completeness, timeliness, legibility and storage of medical record is a serious problem in health institutions [11].

One of the four transformation agendas of the HSTP is supporting strong data systems and feedback loops as “backbone” of all improvement actions which is represents key levers to affecting change across our system as indicated in national health transformation strategy [12]. MR keeping is one of the health centers requirements in Ethiopia [10].

In Hadiya Zone, Soro district public health centers have faced problem related with quality of patient medical records as indicated in 2021 annual reports of district and Zone. Necessary data of patient care and service were not recorded in time line to the service provided for each patient. The responsible service providers do not authenticate for the care they have given for the clients and patient’s identifications were not recorded properly. In addition, customers have complained the quality problem on the medical record and the service the health care provided in the previous years of community meeting and forums of districts. Therefore, the study was intended to assess the quality of medical records in terms of completeness, accessibility, retention and durability, storage, security, supplies and equipment at the PHCUs of study area.

## 2. Methods

The study was conducted in September 2022 in Soro district, which is located in Hadiya Zone of Southern

Ethiopia. Geographically, it is situated at a distance of 206 Km from Hawassa- regional capital, 264 Km away from Addis Ababa and at 32 Km south-east from Hosanna-Hadiya Zone town. According to Central Statistical Agency projection for the year 2018, the total population of the district is about 209158, Male are 104459 and Female 104709 [15]. It has 46 rural kebeles and 3 municipalities in which Gimbichu municipality is the seat of district administration. It has 8 PHCUs, 1 NGO health center, 1 district hospital and 46 health posts.

### 2.1. Sample

The sample size for quantitative study was calculated by using a single population proportion formula based on the following assumptions. The proportion of medical records having good quality was estimated to be 50% as there was no previous study in the study area.

$$n = (z \alpha/2)^2 p (1-p) / d^2$$

Where;

n = sample size.

d<sup>2</sup> = marginal error.

Z (α/2) at CI of 95% i.e. 1.96.

By considering 95% level of confidence and 5% margin of error, the minimum required sample size was found to be 384 medical records. The sample size for qualitative study was determined purposively considering head of health centers, case team coordinators and medical record personnel from each selected health centers. A total of 20 key informants, 4 health centers heads and 16 case team coordinators from respective health centers participated to support the reviewed data and to show the attributes for quality medical record production.

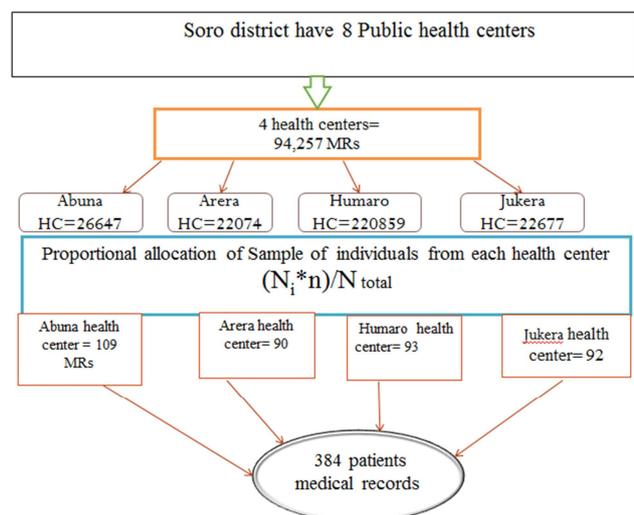


Figure 1. Soro District Public Health Centers Information.

### 2.2. Analysis

The data were entered to Epi-data version 3.1 after coded and double checked for missing values, outliers and analyzed using SPSS version 22.0. Descriptive statistics

was carried out and results were presented using proportions, percentage and mean. Average mean of the contents of medical record was taken to determine the overall quality of medical record.

### 3. Result

#### Description of Medical records of Public Health Care Units

Table 1. Socio demographic characteristics of key informants.

S. N	Variables		Frequency	Percentage
1	Sex of participants	Male	14	70
		Female	6	30
2	Age by year	20-30	11	55
		31-40	9	45
3	Educational status	Diploma	16	80
		BA	3	15
		Other	1	5
4	Service year	1-5	18	90
		5-10	1	5
		11-15	1	5

Three hundred eight four medical records were reviewed from four PHCUs of Soro district with a retrieval rate of 98%. Of these, 109 (28.3%) medical records were from

Abuna Health center, 90 (23.4%) from Arera Health center, 93 (24.2%) from Humaro Health center and 92 (24%) from Jukera health center [Figure 2]. In addition, 4 health centers heads and 16 case team coordinators from respective health centers participated to support the reviewed data and to show the attributes for quality medical record production.

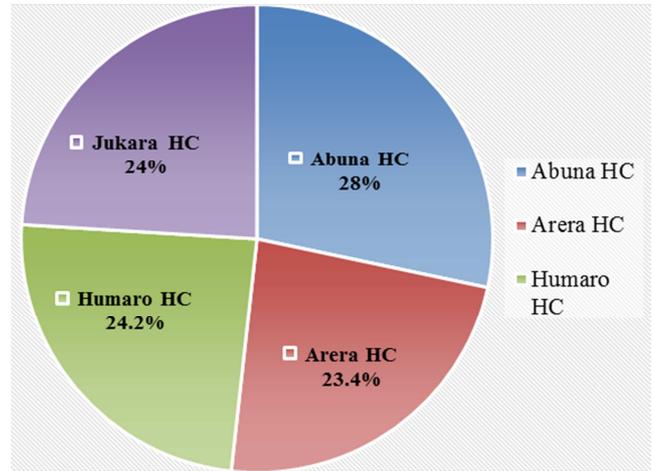


Figure 2. Distribution of medical records with respect to public health care units.

Table 2. Recorded components of administrative data of medical records of patient.

S. N	Administrative data components	Abuna HC (n=109)		Arera HC (n=90)		Humaro HC (n=93)		Jukera HC (n=92)		Total 4 HC (n=384)	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
1	Title and name of health center recorded	105	95.5	83	92	91	99	91	99	117	31
2	Full name of patient recorded	91	83	67	74	88	96	82	89	370	96
3	Date of birth recorded	56	52	27	30	61	66	58	63	328	85
4	Home address recorded	90	82	55	61	85	92	86	96	202	53
5	Sex of patient recorded	24	22	0	0	5	5	11	12	316	82
6	Health care record number assigned at registration	26	24	22	24	5	5	15	16	199	52
7	Mode of arrival. (reason to come to HC)	57	52	37	41	39	42	48	52	68	18

Clinical components of medical records include medical and therapeutic information of the patients. The contents of this section are important from medical point of view. Among the clinical data contents, 363 (95%) clinical data

components recording the presenting problem/complaints, 301 (78%) had records current diagnosis information, and 317 (83%) had medication and diet information.

Table 3. Recorded Components of clinical data of medical records of patient.

S. N <sup>o</sup>	Clinical data contents	Abuna HC		Arera HC		Humaro HC		Jukera HC		Total 4 HC	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
1	Presenting problem/complaint	105	96	85	94	87	95	86	96	363	95
2	Past illnesses	46	42	47	52	12	13	17	19	122	32
3	Current diagnoses	93	85	77	86	61	66	70	76	301	78
4	Service user alerts/allergies	18	16	0	0	2	2.2	6	7	26	7
5	Procedures and investigations	52	47	43	48	40	44	44	48	179	47
6	Medications and diets	81	74	76	84	80	87	80	87	317	83
7	Family history	24	22	2	2.2	7	8	11	12	44	12
8	Examination findings	55	50	29	32	51	55	55	60	190	50
9	Results of investigations	65	59	45	50	51	55	51	55	212	55
10	Overall assessment	52	47	51	57	63	69	42	46	208	54
11	Management plan	58	53	39	43	70	76	57	62	224	58
12	Information given to service user.	19	17	16	18	4	4	20	22	59	15
13	Follow-up entry	21	19	19	21	1	1.1	17	19	58	15
14	Authenticated by service provider	53	48	29	32	8	9	41	45	131	34

Concerning financial and legal data in medical records, 83 (21.6%) of medical records of patients had an information about service fee, and 42 (10.9%) had also information about the accomplishment of medication fee.

In this study, 384 medical records were reviewed for assessing quality and to identify dimensions of medical record for quality; (40.2%) of components of the quality medical records completed based on the standards of health centers medical record requirements. Similarly, a study that conducted in rural hospital of Ethiopia showed that 45.7% of medical records were completed [9]. In consistence with a study of Minilik II Referral hospital, the completeness of medical record was 73% [13].

In present study, it is clear that the result shows all medical records were incomplete in these health centers. However, medical records have a significant benefit for high quality and efficient care management of patients. In many of health centers set up of developing countries including Ethiopia, medical record has not been a priority, generally inadequately supported and poorly managed. To alleviate the quality problem related with medical records studies have indicated the presence of interventions to improve the completeness of medical records [9, 16-17].

In the current study, completeness of medical record formats was evaluated. Although the availability of medical record formats as a standard in health facilities [14], but the availability of formats was below the standard in this study. The finding showed that the incompleteness of medical record formats might be due to the shortage of formats in the health centers. Supporting this, a study that conducted in England revealed that evidence-based standards and record keeping format are necessary for standardization of recording patient information [18].

#### 4. Conclusion

Majority of medical records had poor quality on administrative, financial, and legal contents as of the requirement of health centers standards of the country. Human resource who assigned in medical record department was unqualified and not enough to run medical record system. Absence of medical record formats, regular monitoring and evaluation were common problem in all studied health centers.

The findings of this study indicated that lack of accessibility of the medical record for returning service users, absence of separate store room for storage of medical records, lack of consistent and efficient supervision, standardized formats, written rules and regulations of medical records, failure to conduct training and lack of adequate human resources were investigated as a challenge for quality of medical records.

Therefore; based on the findings of the study the following recommendations forwarded for responsible bodies at different levels. Since there is poor quality in components of medical records particularly in administrative contents of data, monitoring and evaluation, supportive supervision,

induction/orientation and on-job training should be provided for medical record personnel and staffs of health centers related to medical record. The district health office should hire qualified, competent and efficient human resource.

#### References

- [1] Ajlouni M. Assessment of Medical Records Services at Ministry of Health Hospitals in Jordan. Bethesda, MD: The Partners for Health Reform plus Project, Abt Associates. 2006.
- [2] Bennett Sara., editors. World Health Organization, author. Sound Choices: Enhancing Capacity for Evidence-informed Health Policy. ISBN 978 92 4 159590 2 (NLM classification: WA 540. 2002. pp. 1.
- [3] National Healthcare Records Management Advisory Group. Health Service Executive. Standards & Recommended Practices for Healthcare. Records Management. Ireland. May 2011.
- [4] Ministry of Health. Policy Directive, Health Care Records - Documentation and Management. 73 Miller Street North Sydney NSW 2060, Publication. 2002. p. 2 <http://www.health.nsw.gov.au/policies/>.
- [5] WHO 2003. Improving Data Quality, A Guide for Developing Countries. 2003.
- [6] Health M. Overview of the Sector. 2013; Available from: <http://www.moh.gov.et/English/Information/Pages/Overview%20of%20the%20Sector.aspx>.
- [7] Federal Democratic Republic of Ethiopia. Ministry of Health, Health Sector Development Program IV In linewith GTP 2010/11 – 2014/15. 2010.
- [8] Waju B. Health care quality management, unpublished teaching material of Jimmauniversity. 2018.
- [9] Bradley E, Hart Wig KA, Laura A, Rowe A, Emily J. et al. Hospital quality improvement in Ethiopia: a partnership-mentoring model. *Int J Health Care*; 2008; 20 (6): 392–399.
- [10] Kiviri W, Wong R, Davi C, Rahim L, Nyirasebura D, Bizimana T. Improving Patient Medical Record Organization in a Hospital Intensive Care Unit in Rwanda. *Global Journals Inc. (USA)*. 2015; 15: 13.
- [11] MOH 2016. Ethiopian national health care quality strategy: Transforming the Quality of Health Care in Ethiopia.
- [12] Ejigu E, Tadeg H. Development of the National Minimum, Standards for Healthcare Facilities in Ethiopia. A Milestone for Country Ownership and Sustainability of Best Practices. June 2014.
- [13] Tola K, AbebeH, Gebremariam Y, Jikamo B. Improving Completeness of Inpatient Medical Records in Menelik II Referral Hospital, Addis Ababa, Ethiopia. *Advances in Public Health Volume 2017, Article ID 8389414, 5 pages.* <https://doi.org/10.1155/2017/8389414>.
- [14] Health Center-Requirements. First Edition. Ethiopian Standard. First edition ES 3611: 2012. Pp 87.
- [15] Central Statistical Agency: Statistical Abstract. Ethiopia: projection report. 2018. Addis Ababa.

- [16] Mohammed N, Kumie A, Curry L. Thesis on: Improving the completeness of medical records at inpatient department of Dalefage Primary Hospital, west Afar, Ethiopia. School of Graduate Studies of Addis Ababa University, 2014. p6.
- [17] Anwar WA, Abo El Ezz, NF, Elhossiney, DM, Abd Allah RA. Measurement of Completeness of Medical Records in Family Health Centre in El Shorouk City. The Egyptian J Comm Med. 2016; 34 (3): 69-77.
- [18] Clinician's Guide to Record Standards – Part 1: Why standardize the structure and content of medical records? Royal College of Physicians, Published by the Digital and Health Information Policy Directorate October 2008. Gateway number 10508.