شبكة المعلومات الجامعية

التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم

HANAA ALY

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جامعة عين شمس

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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

HANAA ALY

INTRODUCTION

Family practitioners and other staff working in primary care require comprehensive and accurate data on patients at the point-of-care in order to provide high quality health services to their patients. *A patient medical record* provides two important functions; it helps to support direct patient care by assisting physician on clinical decision making and provides communication, and by providing a legal record of care given and helps as a source of data to support clinical audit, research, resource allocation, monitoring and evaluation, epidemiology, and service planning ***(Tavakoli et al., 2015, Finkelstein et al., 2012)***.

The family folder is the compilation or grouping of a set of patient care documents. Usually for an entire family or household, that is retained or stored in a cardboard file box container. This file box, commonly referred to as the "family file folder," contains several documents that have been designated as a permanent part of the patient's medical records. These documents represent a picture of the family household from several perspectives, they reflect the socioeconomic and demographic data of the family unit, children's ages and levels of educational achievements are noted in the file. The file folder contents also summarize the health history of the family unit, identifying family member's specific diseases and illnesses as well as a list of the names of all members of the household ***(Anwar et al., 2016)***.

Accurate and complete documentation is necessary component of safe, ethical and effective medical practice, it works wonders at telling a patient's story, support the diagnosis/ condition; justify the care, treatment, and services; and promote continuity of care among providers ***(Schaeffer, 2016)***.

"poor documentation would be defined as documentation that lacks the sufficient specificity to assign accurate diagnosis and procedure codes, lacking clarity, specificity, or completeness, and is of overall poor quality***(Schaeffer, 2016)***..

Therefore, quality physician documentation shared in a timely manner can be of help to avoid negative consequences, such as adverse medication events ***(Martin, 2012).***

Many studies were conducted in different countries world wide on patient medical records completeness and revealed that developing world had poor medical record management system compromises patient care at different levels ***(Nuru, 2014).*** In Egypt, a previous study in a family health center in El-Shorouk city revealed that (65%) of records were properly organized; Personal data was the most frequently recorded item (100%); The least recorded was general examination (51.5%). It was found that (88.5%) of records had completeness scores from 80-100% from standards, so they had passed the assessment as the minimal passing score is (80%); ***(Anwar et al., 2016).***

Regarding the main causes of record incompleteness; a study mentioned that despite (70%) of doctors perceived the importance of medical records in managing patient & (56.67%) of doctors reported that medical records reduce medical errors; on the contrary (20%) of physicians said that medical record were not worth time and effort consumed in them, and (57.9%) reported that they didn't complete the medical records as they were difficult to be completed ***(Anwar et al., 2016).***

Egypt Nowadays is experiencing a huge reform in the health sector in accordance with the approval and starting the implementation phase of the new health insurance law; there will be a quality and validation authority to accredit the qualified hospitals and health care units; and according to the new health insurance plan complete and accurate family health record for families and sub file for every member will be crucial for the process of accreditation and good standards of care for Egyptian citizens.

The current study was implemented to assess the completeness and accuracy of filling of family records as a step in improvement cycle of health care sector.

Research Questions:

1. What is the percentage of complete family health forms specific for diabetic and hypertensive patients at Meet Okba family health centre?
2. Is the information recorded in the selected family health forms accurate?
3. What is the percentage of accuracy of the information recorded in the selected family health forms?
4. What are main causes of record incompleteness from health care providers' perspectives?
5. What are health care providers' Recommendations to improve recording process?

Research Hypothesis:

There is incompleteness and inaccuracy in recording information in family health records.

AIM OF THE WORK

Goal:

Improvement the quality of service provided to diabetic and hypertensive patients in family health centre.

Objectives:

1. To measure the completeness of the family health forms specific for diabetic and hypertensive patients at Meet Okba family health centre.
2. To determine the accuracy of information recorded in the selected family health forms.
3. To identify main causes of record incompleteness, Barriers and difficulties facing health care providers during recording

Chapter I

PRIMARY HEALTH CARE

An effective healthcare system should provide continuous, comprehensive, and cost-effective care to all members of the community. Systems that rely on primary health care (PHC) are abler to provide such high-quality care than specialist- oriented ones ***(Eden and Peterson, 2017)***. This is particularly important in low-income countries where seeking lower health expenditure and equitable distribution of care along with improved health outcomes and patient satisfaction emerges as a desired policy target.***(Organization, 2018)***

- **Primary Health Care (PHC) in Egypt:**

The Egyptian health sector could be described as vertical, centralized, and fragmented. This limits Egypt`s opportunities to take advantage of available practices in medicine and realizing potential gains for improvements in efficiency and equality ***(Ahmed et al., 2017)***.

The main part of PHC is public health that known as an organized effort by society, primarily through its public institutions, to improve, promote, protect, and restore the health of the population through collective action; It includes services such as a health situation analysis, health surveillance, health promotion, prevention, infectious disease control, environmental protection and sanitation, disaster and health

emergency preparedness and response, and occupational health, among others ***(Kutzin and Sparkes, 2016)***.

- **Reform Strategies for Primary Care in Egypt**

Access to health care around the country is inequitable due to uneven geographic distribution of services as well as differences in levels of economic status. Rural people pay high prices to obtain health services from the private sector as free public health care services are limited in terms of accessibility, availability, and quality. In 1996, the Egyptian government, through the Ministry of Health and Population (MOHP), launched a health reform program to address health-care issues, including health outcomes, accessibility, efficiency, quality, clinical effectiveness and consumer satisfaction. The actual implementation of the reform has not begun until 2003 ***(Al Bahnasy et al., 2016)***.

The first stage of the reform program was concerned with the primary health care level (PHC). The reform program aimed to develop an efficient and high quality primary care service that is financially affordable, provides a significant level of benefits to the population and distributes these benefits and associated costs fairly according to people`s needs and ability to pay ***(World Health, 2018)***.

The decision to start implementing the PHC reform was influenced by the fact that most Egyptians, including those with

low incomes, used to seek PHC services in the private sector as public PHC services, were perceived to be of low quality. The proposed reform strategies for primary care in Egypt are based on the following principles: universality, quality, equity and efficiency ***(World Health, 2018)***. The policies proposed for primary care for Egypt are based on the State goal of providing all Egyptians with a given spectrum of primary services but with special obligation to protect the interests of lower income and other vulnerable groups ***(Nashat et al., 2020)***.

In order to achieve this coverage, these services must be fairly accessible at a reasonable standard of perceived and technological quality (in terms of time and resources and cultural acceptance) ***(El-Jardali et al., 2014)***. By 2016, the MOH was operating a total of 4,506 PHC facilities distributed all over the country. Many other partners including Health Insurance Organization, university hospitals and private sector also participate in health care provision network in Egypt ***(Ahmed et al., 2017)***.

- **Family medicine role:**

Family medicine (FM) struggles to create a coherent image that is essential to the changes to the health care system in a rapidly developing environment ***(Warsh, 2016)***. FM, known as a specialty in its own right, is the cornerstone of the development of a community-based health care system, and educating family physicians is more important than ever

because they are the backbone of the rural health care system ***(Rosenblatt et al., 2010)***.

FM was not a known specialty in Egypt until 1997. At the time, there was only one FM training program at Suez Canal University. In 1990 Suez Canal University established 10 FPCs to work in collaboration with nearby primary health care centers owned by Ministry of Health (MOH) and spread along Suez Canal Governorates (Port Said, Ismailia and Suez) and North Sinai. Unfortunately, this initiative had been aborted early and the twins separated. In 2015 North Sinai FPC had been separated and the remaining 9 centers continue to provide their services and bring healthcare as close as possible to their population ***(Johnson et al., 2017)***.

Health care services provided by family doctors; characterized by comprehensive, continuous, coordinated, collaborative, personal, family and community- oriented services; comprehensive medical care with a particular emphasis on the family unit producing health system that consent of ***(Kidd, 2020)***:

(i) All the activities whose primary purpose is to promote, restore, and/or maintain health; ***(Van Lerberghe, 2008)***.

(ii) The people, institutions, and resources, arranged together in accordance with established policies, to improve the health of the population they service, while responding to people's legitimate expectations and protecting them

against the cost of ill- health through a variety of activities whose primary intent is to improve health; ***(Montagni et al., 2018, Kieny et al., 2017)***.

(iii) The ensemble of all public and private organizations, institutions, and resources mandated to improve, maintain, or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental, and economic determinants of health ***(WHO, 2008)***.

Family practitioners and other staff working in primary care require comprehensive and accurate data on patients at the point-of-care in order to provide high quality health services to their patients. Medical records are an effective method of achieving this objective ***(Bloom and Tavrow, 2018)***.

- **Family folder**

Family folder is an important tool that helps to diagnose the community by knowing the most important health and social problems that exist, including health and social information that helps the doctor and the health team to identify the problems.Prioritizing health plans and commensurate with community conditions and available resources, a medical legal document that includes all the necessary reports to respond to complaints with conclusive evidence ***(World Health, 2018)***.

A medical record was defined by ***Huffman*** as "a compilation of pertinent facts of a patient's life and health history, including past and present illness and treatment(s), written by the health professionals contributing to that patient's care. The health record must be compiled in a timely manner and contain sufficient data to identify the patient, support the diagnosis, justify the treatment, and accurately document the results" ***(Huffman, 1994)***.

Figure (1): Family folder office.

- **Registration of catchment population and development of family folders.**

The family folder is an efficient tool for monitoring the social and health status of families and for monitoring the health conditions of a person from birth throughout life. In the catchment area and registered at the Family Health Center, each family member has a health record containing all his medical details. When the family moves its residence, the health record of the patient moves from one medical center to another ***(Organization, 2014)***.

The family folder is the collection or grouping in a cardboard file box container for a series of patient care records. This file box, commonly referred to as the family file folder, contains several documents identified as a permanent part of the medical records of the patient. Such records show the family and family home in a variety of ways. The contents of the file also summarizes the health history of the family unit, the identification of the specific illnesses and illnesses of the family member, as well as the list of names of all household members ***(Anwar et al., 2016)***.

There are number of important notes in developing family folders ***(Liu and Zeng, 2020)***: