



Letter to the Editor

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Managing health records at a Nigerian cosmopolitan city: The pros and cons

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Dear Editor,

Managing patients' health records is a challenging one especially in a Nigerian cosmopolitan city where we have patients and people with diverse background as usually depicted in hospital attendance. The diversities in cosmopolitan cities include culture, religious, ethnicity, political differences and socioeconomic dichotomy. Cosmopolitan city as a city with many cultures and groups in it and often referred to as a "cultured" city¹. Examples of these cities are London, Paris, New York, Abuja, Lagos, Port-Harcourt, Pretoria and so on. There is no gainsaying in the fact that hospitals in Cosmopolitan cities are facing complex situations occasioned by different interest groups with different cultures and socioeconomic factors.

Health records form an essential part of a patient's present and future health care. As a written collection of information about a patient's health and treatment, they are used essentially for the present and continuing care of the patient². In addition, health records are used in the management and planning of health care facilities and services, for medical research and the production of health care statistics. Health records are the document that explains all detail about the

patient's history, clinical findings, diagnostic test results, pre and postoperative care, patient's medication and progress³. If written correctly, it will support the doctor about the correctness of treatment. Although managing patients' records could be challenging good health record serves the interest of the medical practitioner as well as his patients. It is very important for the treating doctor to properly document the management of the patient under his care.

The hospital administration is responsible for seeing that the health record services of their institution have adequate facilities and equipment for the efficient day-to-day operation of services⁴. The criteria to meet this standard according to IFHIMA⁴ include:

1. The health record department should be located in such a place as to facilitate the rapid retrieval and distribution of health records.
2. The work space should be sufficient for health record staff to perform their duties and for other authorized personnel to work with health records.
3. There should be sufficient storage space for health records to allow for future storage needs.

4. Areas for active and inactive health record storage should be sufficiently secure to protect records against loss, damage, or use by unauthorized persons.

Managing patients' health records in Nigerian cosmopolitan cities like Abuja, Lagos Port-Harcourt, Ibadan, Kaduna, Enugu, Kano and so on, could be onerous as a result of diversities of the population living in these cities. Apart from challenges of diversities associated with cosmopolitan cities hospitals, the patients' information is also complex, sensitive and strategic in nature. Information or data collected from patients are complex due to the nature of complains, the healthcare system and especially, due to patients' diversities. National Hospital Abuja, the only "National" hospital in the country is situated in Abuja - the capital city of the nation. Abuja is even more difficult than other Nigerian cosmopolitan cities because it belongs to every Nigerian, rich or poor. Everybody has the right to access care in the hospital. Socially and economically, Abuja is very expensive; it attracts and accommodates various nationalities and diversities as earlier stated. In the hospital, various departments, specialties and subspecialties create their records and generate information independent of other departments. Different forms and formats are used. Data collected are structured while some are unstructured. These make information collected to be huge, complex and strategic in nature and as such it is difficult to harmonizing them into an easy and structured patients' records management/information system.

Issues surrounding patient records management are enormous and multidimensional. As the Head of the Department of Health Records at National Hospital, Abuja, a cosmopolitan city, there are many ups and downs in managing patients' health records. To begin with, we have to

contend with a huge number of non-professionals injected into the system. Healthcare system in Nigeria has been reported to be populated with unqualified personnel taking responsibilities of qualified health records officers⁵. National Hospital Abuja at the seat of power is a typical of what obtains in the nation healthcare systems. Graduates of mathematics, information technology, statistics and all sorts populate the department. This comes with extraordinary efforts to reorient, mend and rework services.

Secondly, there is congestion in the libraries due to ever-growing clientele. This poses a lot of challenges especially, it slows down retrieval processes. This has many times resulted into prolog waiting time of patients. Another challenge is that of congested and unorganized consultative clinics. This makes clinic preparation and appointment systems tedious. The fourth issue is occasional shortage of health records consumables (clinical forms). This may lead to loss of valuable data since formats are improvised during period of shortage like this. The fifth challenge is misfiling of patients' health records. Misfiling is a root cause of many delays in health records services. It borders the officer retrieving, concerns the library officer and may lead to delay in turnaround time. Another unwanted act in managing patients' records in a city like Abuja is undue retention of patients' health records from the wards mostly by physicians. When this is encountered, no one takes responsibility ranging from the nurses who take custody of the records while on the ward, the physician himself and the health records personnel, whose ultimate aim is to get the records back on shelf.

As professionals, we undertake the following interventions to confront the challenges:

- i. Design and development of training plan for the nonprofessionals. We have recorded nearly 85% success.
- ii. Staffing the libraries with professionals and installation of intercoms.
- iii. Weeding of semi-active folders to secondary storage and launching of operation no temporary folders.
- iv. Introduction of timed appointment system. We do send of SMS to remind patients of their next appointment. Likewise, patients are given opportunity to the facility for rebook of appointment if present appointment is not visible to honour.
- v. Establishment of coordinated retrieval team to retrieve folders before clinics day.
- vi. Determining of reorder level and raising request letter to replenish promptly.
- vii. Embarking on continuous shelf-to-shelf auditing up check for misfiling and combing of call rooms, clinics, offices and ward for patients' health records.
- viii. Advise nurses and physicians on the need to be orderly when using patients' records. The department enjoys a good partnership and cooperation of others on this.
- ix. Participating and involvement in deployment of ongoing EMR to solve most of the problems.
- x. Introduction of auto-numbering to stop duplication, making all data fields compulsory when registering patients to ensure completeness of patients' registration.

The aforementioned strengths and challenges are in tandem with the reports of activities by Adio in 2017⁸. It is imperative that patients' records that will be created should be standard and qualitative enough to protect the patients, physicians, other healthcare providers and the hospital management. Truly, substandard

patients' records can lead to death. A good health records management system could mean the difference between life and death for some individuals and therefore a more sophisticated method of record keeping is recommended for an ongoing illness or injury to get required result⁶. Nothing can take the place of an accurate account of the patient's care in the medical record and that defense in the absence of supporting documentation would be very weak, if not lost⁷.

Conclusion/Recommendations

Managing patients' health records in a Nigerian cosmopolitan city is an opportunity to showcase the beauty of health records and information management practice in Nigeria but, it is a challenging one. The deployment of electronic health records is recommended for all hospitals in cosmopolitan cities. Pending the EHRs take-off, the following are recommended:

- i. Provision of spacious and well-equipped central records libraries.
- ii. Appointment system should be strengthened and an extension of service period is recommended.
- iii. Recruitment of more health records professionals to bridge the gap of staff shortage.
- iv. There should be continuous sensitization and awareness on the rights of patients and that of the care givers.
- v. Nurses need to make use of the movement register in order to curb problems of undue retention and missing records from the wards.

Physicians should be advised to adhere strictly to appointment schedules and educate their patients on the need to comply with the appointment..

Thank you.

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