

**QUALITY OF MEDICAL RECORDS IN
YANKIN CHILDREN HOSPITAL, 2017**

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2017

ABSTRACT

The medical records are important to the hospital for evaluation of health services for better patient care. The cross-sectional study was conducted aiming to assess quality of medical records in Yankin Children Hospital by using quantitative and qualitative methods. To assess the completeness of medical records (MR-1, MR-2, MR-3, MR-4 and MR-7) and quality of ICD-10 coding, 214 records were selected by systematic sampling method among the records of discharge cases during January and February, 2017. The medical record documentation was checked using checklist developed by Guard Book of medical records and WHO guidelines. The components of MR-1 were fully complete except discharge date and time and discharge diagnosis. The components such as name, ward and hospital number in MR-2 have not filled at all. The completeness of MR-3 was satisfactory except laboratory and radiological investigation results. The MR-4 found complete items in patient's identification such as name, age, admission number and sex. The completeness of most items of MR-7 was satisfactory. Regarding the correctness of ICD-10 coding, there were (99.5%) consistency of discharge diagnosis between medical record technician and researcher, (83.2%) correctness of ICD-10 coding and (82.7%) in the overall quality of ICD-10 coding. The perception of documenters in wards and staff in medical record department on medical record documentation were explored with in-depth interview. The findings showed that the documentation was important for patient's identification, diagnosis, treatment, hospital statistic, clinical research and conflict. Regarding to the difficulties, the documenters and staff had insufficient manpower and time, lack of training on medical record documentation, abbreviation of diseases, incomplete data and illegible hand writing. Therefore, the result of the study point out to fill the human resources, training to get better medical record documentation and support the medical record department including sufficient space for storage of medical records. These findings depicted quality of data (including ICD coding), perception of documenters and difficulties of staff in medical record departments.