

Research paper

Services delivered by health records professionals in tertiary hospitals in north-central Nigeria

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The aim of the study is to investigate services delivered by health records professionals in tertiary hospitals in North-Central Nigeria. Health records management practices is imperative in any hospital in ensuring quality service delivery. The study adopted survey research design. The population comprised of 600 Health Records Professionals in tertiary hospitals in North-Central Nigeria. A sample size of 234 professionals participated in the study. Findings revealed that there are various services delivered by Health Records Professionals in the various hospitals surveyed. It can be deduced from the table that there is generally high service delivery in the hospitals with the overall mean score of 3.26 on a scale of 4 points. The study concluded that there was generally high service delivery of Health Records Professionals in tertiary hospitals in North-Central Nigeria. Federal government should ensure that policies affecting retention of health records in the hospitals are formulated and implemented as this was found lacking in most of the hospitals. The management of the various hospitals should ensure the provision of adequate materials for health records creation in the hospitals as findings revealed it is a challenge faced by most of them. Also, health records professionals should pay more attentions to the creation, storage and retrieval of patients' records in their various hospitals.

Keywords: Health records management, Service delivery, Tertiary hospitals, North-Central Nigeria.

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INTRODUCTION

Service delivery is the overall name for every activity performed to render quick and satisfying service to the people and also, to respond and resolve community's or citizen's problems (Mdluli, 2013). Service delivery could refer to the service delivered or that needs to be delivered by a provider to its users or clients with the aim of meeting their needs, right demands or expectations. Service can be delivered by individual, organization or government. Examples of services delivered by government include, but are not limited to, health/medical, water, routes, education and social services. It is a consensus amongst scholars that public service delivery is critical to ensuring the national well-being and stimulation of economic development. This is because on daily basis governments carry out several regulated and unregulated activities to provide citizens with services and at the same time guarantee that these services are provided in accordance to the rule of law (Kaunda, 2015). Service delivery of high quality is an important pursuit for organizations or service providers that seek to create and provide value to their customers (Gronroos & Ravald, 2018). Through quality service delivery, organizations can achieve increased customer satisfaction, loyalty and therefore long-term profitability (Zeithaml & Bitner, 2016). In order to provide high levels of service delivery and therefore create value for their customers, service providers need to plan their service delivery and to ensure the successful implementation of the

actual plan (Parasuraman, Berry & Zeithaml, 2016). Therefore, good planning and effective implementation of the developed service delivery plans are key factors for service delivery. Furthermore, continuous improvement of service delivery procedure contributes to the optimization of service delivery and enhances the organization's standards of service.

Health care service delivery is the provision and methods of making health care services available to a population. The healthcare service delivery of a nation depends on how the hospitals are able to provide good and affordable healthcare to the people. Healthcare service delivery refers to the provision and improvement in healthcare patients receive from clinicians who are the consultants, doctors and nurses (Badru, 2018). Nigeria healthcare delivery is generally considered poor because of inadequate provision of good and affordable healthcare to the people (Okeke, 2015). So, the North-Central Nigeria which is the locale of this study cannot also be ruled out. There are many factors that might be responsible for this poor healthcare service delivery, such as poor medical infrastructure, clinicians' low productivity, inadequate medical supplies; poor confidentiality and privacy inefficient medical processes, lack of quality time with patients, poor coordination and integration of hospital care for the patients. In addition, there is the problem of brain drain and this has brought about shortage of competent medical manpower. According to world health statistics report (WHO, 2011), it is estimated that there are four doctors for every 10,000 inhabitants in Nigeria. This is an indicator that the country has poor healthcare service delivery to the population with regard to doctor – patient ratio.

Ngoepe (2018) asserted that better healthcare service delivery always begins with better at whatever level of care, efficient and successful healthcare service delivery remains segment of any sustainable healthcare service delivery and this is significant to the accomplishment of healthcare related Millennium Development Goals (MDG) as stipulated by the World Health Organization (WHO). To this end, service delivery is central in deciding a populace's healthcare status, alongside with different variables, for example, social determinants of wellbeing. Although, the association and the concentration of healthcare service delivery differ from a nation to another, but in any case, any well-working health system, the system of health administration encompasses qualities, extensive, open, ceaseless, individuals concentrated, organized, responsible and efficient. This approach suggests the key components of health administration in which the essential contact level more often than not with regards to a nearby health services system- goes about as a driver for the healthcare services benefit conveyance system overall.

A record could be any recorded evidence of an activity. It is a piece of information created or received by an organization or business that gives evidence of a business decision or transition. The essential characteristic of a record is that it provides evidence of some specific activity. This evidence provided by any record can be used in any situation where prove of a particular activity is required. Records Management could be the field of management responsible for the efficient and systematic control of the creating, receipts, maintenance, use and disposition of records. Records management practice could be the professional practice of managing the records of an organization throughout their life cycle, from the time they are created to their eventual disposal. This could include identifying, classify, storing, securing, retrieving, tracking and destroying or permanently preserving records. It covers the management of records regardless of age to meet the need of private and public sectors, organization and the wider society as well as the research community.

Health records could be in any format (paper or electronics) that contains information which has been created or gathered as a result of any aspect of the delivery of patient healthcare. It is the principal repository (storage place) for data and information about the health care services provided to an individual patient. Health records include; personal health records or patient records which could be in electronic, micro film, scanned image and paper based, radiology and imaging reports, photographs and other image, audio and video tapes, cassette, CDRom, computer databases, disks and all other electronic records. Health records are also materials intended for short term or transitory use including notes and spare copies of documents. They are documents of who, what, why and how of patient health care. Health records are known by different names in different health care settings. The records of acute care of patients who receive service as hospital in-patients are often called patient records. Physicians and hospital personnel alike typically use the term medical records. Health records are also referred to as residential records for long term care facilities and client records for ambulatory behavioral health service (Charles & Ricky, 2016).

Health records management could be the process by which health records (both paper based and electronics) are created or received and preserved for evidentiary purposes (e.g., legal or business). Health records management could require decision making and planning throughout the entire life cycle of the health records from planning, processing, distribution, maintenance, storage, and retrieval of the health record to its ultimate disposition, including archiving or destruction. Decision making includes, but is not limited to, what health records to keep and for how long, the assignments of authorities and responsibilities, the design and administration of process, and the audit and review of the process's performance. In the early phases of health records management system development, it is important to make critical decision about the role and use of paper and film to avoid the dilemma of maintaining dual system. Health Records are essential to healthcare service delivery because they document the health provider's diagnosis, and the

treatment prescribed to the patient. As the patient's medical condition progresses, the health records could serve as an important resource for both the health provider and the patient in various ways. For example, they could utilize health records to assess whether the initial diagnosis was appropriate, and find out whether or not the treatment had been effective (Charles & Ricky, 2016).

The World Health Organization (WHO) defined health records management practices as an "integrated effort to collect, process, report and use health records and knowledge to influence policy making, programmed action and research (WHO, 2011:19). Health records are much more than collecting figures. Data have no value in them; value and relevance come when they are analyzed, transformed into meaningful information and used.

The ultimate objective of a health records management practices is to produce information for making action in the health sector. Performance of such a system should therefore be measured not only on the basis of the quality of data produced, but on evidence on the continued use of these data for improving health systems operations and health status," (WHO, 2003:25).

According to W.H.O, 2011:19 on analyzing disrupted health system in countries in crisis training course, the investment in Health Records Management Practices (HRMP) now could reap multiple benefits, including: helping decision makers to detect and control emerging and endemic health problems, monitor progress towards health goals, and promote equity. Empowering individuals and communities with timely and understandable health-related records, and drive improvements in equality of services are among the benefits. Strengthening the evidence base for effective health policies, permitting evaluation of scale-up efforts, enabling innovation through research and improving governance, mobilizing new resources, and ensuring accountability in the way they are used form the vital aspects of the HRMP (Lau, Price, Boyd, Partridge, Bell, & Raworth, 2012). Without reliable, relevant health records, health care managers and providers cannot make decisions to allocate resources effectively, improve the quality of health services, or address epidemics such as HIV/AIDS.

As health systems were re-structured, the demand for sound information and the skills to manage and use information are increasing significantly. Health Records Management Practices based on modern ICT technologies linking the various levels of the health system and addressing information needs cannot be ignored. In Kenya, the health records needs have changed over time due to health sector reforms and decentralization of health planning to districts (AMREF, 2015). Against this background, Health Records Management Practice was reviewed and recommendations used to improve and automate the information system. A pilot HRMP was developed and automated for Ministry of Health in Kwale district, coast province. Lesson learnt when developing an integrated HRMP is, the importance to use a finite number of indicators to monitor and evaluate the health system's performance. Information collected and the information flow must be streamlined and simplified. While negotiation and selection of a smaller set of indicators can be difficult, it encourages managers at different levels of the health system to determine their critical needs. It requires them to ask how much information they can legitimately require from already overburdened front-line health providers to collect (Gething, 2012).

Health Records management would ensure the availability of clinical, demographic, financial, and administrative data to facilitate real time healthcare service delivery, critical healthcare planning and related decision making for multiple purposes across diverse organizations, settings, and disciplines. Health records management professionals are ideally suited to provide the healthcare entity with the necessary leadership to ensure that the health records and the health records system are optimally managed. Health Records management could improve the quality of healthcare by ensuring that the best information is available to make any healthcare decision. Health records management professional manage healthcare data and information resources. The profession encompasses service in planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinical data. It serves the healthcare industry including: patient care organizations, payer's research and policy agencies, and other health care related industries.

Health records management professionals manage a variety of type of information across the health care industry. Their expertise uniquely impacts the value of data as evidenced in the examples below:

1. Clinical Data Organization of information supports direct patient care and services, a variety of industry need like reimbursement, planning and research.
2. Epidemiological Databases Aggregate statistics reveal disease trends.
3. Demographic Data Attention to data quality provides unique identification of patients in a healthcare enterprise and accurate information available to run the business of healthcare.
4. Financial Data for the clinical context of costs and the rules for reimbursement improve organizational decision making.
5. Reference Data providing current literature and research outcomes enhance clinical knowledge at the point of care and in operational decision making.

6. Coded Data Aggregate statistics enhance analysis for epidemiological patterning combining knowledge of the clinical content; documentation principle, coding systems, and data used provide accurate information for the industry.

Health records management practices is imperative in any hospital in ensuring quality service delivery. Health records are among the vital tools that hospitals require in order to attain the missions and visions of the respective hospitals. According to Ngoepe (2018) for a hospital to function effectively it has the responsibility of ensuring that it creates and has access to complete and credible health records to allow for effective and appropriate decision making on behalf of the public. It has been acknowledged by WHO (2011) that in developing country such as Nigeria health records are the basis for statistics about performance related to interventions such as reduction of child mortality, maternal mortality, HIV/AIDS, tuberculosis and malaria. These interventions however can only become possible if relevant information and health records are readily available. The purpose of health records management practices is to ensure quality, accuracy, accessibility, authenticity and security of information in both paper and electronic system (The United States Department of Labour, 2013). Effective medical services delivery does not only depend on the knowledge of doctors and nurses but also records-keeping processes in the hospital. Health records are in of different types depending on the size and activities of the given hospital. Records managed in hospitals include patient case notes, x-rays, pathological specimens and preparations, patient indexes and registers, pharmacy and drug records, nursing and ward records (Ondieki, 2017).

The health records management program is run in diverse ways in different parts of the world, although differences depend on the needs and scope of service of the specific hospital or health institution. Janet (2015) noted that health care provider ensures competent service provision and proper health records management to keep costs down, secure patient data, and maintain compliance in rapidly expanding regulatory environment. This means that hospitals determine the priorities rolled by the health records management policy. The role of the health records professionals is to develop policies for health records management and procedures in order to promote better health records management practice in the hospitals as working together with the heads of departments. (National Hospital services, Portsmouth Hospitals 2011).

In Nigeria, Health Records Management is a practiced phenomenon, in spite of the standards of the practice being not as expected. The HRORBON (2018), Noted that there is need for all the health care professionals to appreciate the value of keeping records accurately. The only vast undoing is that many doctors are unaware of the health records management practice and therefore at times the records are disposed prematurely.

In Nigeria, it is a requirement by the government that records are properly created and preserved for use because government recognizes the need for records keeping for the public. This includes Health records since the records carry information that concerns the Nigerian citizens. Health records management practice has faced constraints like lack of a written health records policy to ensure compliance and enforcement in reporting, low reporting rates thereby making the data unrepresentative for management, planning and budgeting at all levels, late reporting resulting in delays in data processing, analysis, utilization and outbreak response, inadequate health records professionals and inadequate capacity for data analysis and management skills among others.(Federal Republic of Nigeria Official Gazette,2017)

It is observed that most federal tertiary hospitals in Nigeria do not give adequate recognition to the health records management practices and also the health records management professionals who are in charge of these health records management practices have not been well motivated like other health professionals in the hospital settings in terms of promotion, salary increase, training, job security and other benefits. These may probably contribute to the poor service delivery of health records management professionals presently experienced in the country.

The North-Central Nigeria where this research is focused consists of the seven states situated geographically in the middle belt region of the country and the seven states in the region are Kwara, Kogi, Niger, Benue, Plateau, Nasarawa and Abuja.

Kwara State has one federal tertiary hospital that is University of Ilorin teaching hospital; Kogi State has one federal tertiary hospital which is Federal Medical Centre, Lokoja; Niger State has one federal tertiary hospital which is Federal Medical Centre, Markudi; Plateau State has one federal tertiary hospital which is Jos university Teaching hospital, Jos; Nasarawa State has two federal tertiary hospitals which include: Federal Medical Centre, Keffi and Dalhatu Arab specialist hospital, Lafia; While the Federal capital territory Abuja has three federal tertiary hospitals which include: University of Abuja Teaching Hospital Gwagwalada, Federal Medical Centre Jabi and National Hospital Abuja. *Directory of Health Facilities in Nigeria (2017)*

Statement of the Problem

Service delivery of Health Records Management Professionals has great importance in health care service delivery, as healthcare service planners depend solely on data/information from health records for planning at each level of healthcare servicedelivery. There have been consistent poor health records service delivery in North-Central Nigeria

both in the public and private hospitals but it is more obvious in the public hospitals (Adebayo & Ofoegbu, 2014). There has been a noticeable poor service delivery observed in some of the hospitals and this manifested in form of delay in retrieval of patient's health records, lack of courtesy from the staff of these hospitals on patients, inadequate materials to work with thereby resulting in the use of tattered patients' files and lack of adequate waiting space for patients before being attended to. It is in the light of this that the study seeks to investigate the services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeria.

Research Questions

The following question is raised:

1. What are the types of services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeria?

METHODOLOGY

The survey design was used to understand the interplay between the variables. Population of this study consists of six hundred (600) health records management professionals in the federal tertiary hospitals in North-Central Nigeria. The sample size for this study was determined using the formula for sample size determination for a finite population as expressed by Krejcie and Morgan (2002) and used by Research Advisors (2006). Given that N= 600 and confidence = 95.0%, so, the desired sample size = 234 respondents. Also, an individual sample was selected by using a convenience sampling method because the researcher couldn't lay hands on the sample frame of the respondents.

The instrument used to collect data for this study was a well-structured questionnaire. Data was collected, coded and analysed with the use of Statistical Package for the Social Sciences, version 20 (SPSS 20.0), for the purpose of presentation of results.

DATA ANALYSIS, RESULTS AND DISCUSSION OF FINDINGS

In this section, all data gathered during the field survey are presented together with the results and discussion of the findings. Specifically, the study provided answers to six research question.

Research question one: What are the types of services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeria?

This research question sought to identify the types of services delivered.

Table 1. Services Delivered by Health Records Professionals in Tertiary Hospitals

Services Delivered	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	SD
PROCESS	Weighted Mean				3.26	0.70
Coding and indexing services in health records department in my hospital.	101(43.2)	128(54.7)	5(2.1)	0 (0)	3.59	.73
Compilation of statistical returns in health records department in my hospital.	110(47.0)	120(51.3)	4(1.7)	0 (0)	3.55	.73
Creation, storage and retrieval of patients' records in my hospital.	167(71.4)	65(27.8)	2(0.9)	0 (0)	3.69	.88
Confidentiality of health records in my hospital.	110(47.0)	120(51.3)	4(1.7)	0 (0)	3.55	.83

Table 1. continuation

Provision of inpatients' services in my hospital.	128(54.7)	101(43.2)	5(2.1)	0 (0)	3.47	.74
Daily ward statement as one of the sources of statistical returns in my hospital.	2(0.9)	224(95.7)	8(3.4)	0 (0)	3.43	.84
Documentation and registration of patients' information in my hospital.	167(71.4)	65(27.8)	2(0.9)	0 (0)	3.29	.74
Generation of patients' records is given priority in my hospital.	3(1.3)	227(97.0)	4(1.7)	0 (0)	3.80	.87
Numbering control or system to facilitate accessibility of health records in my hospital.	195(83.3)	36(15.4)	3(1.3)	0 (0)	3.18	.42
Appointment system for continuity of patient care in my hospital.	113(48.3)	0 (0)	121(51.7)	0 (0)	1.03	.18

Source: Field survey (2023)

Table 1 reveals that there are various services delivered by Health Records Professionals in the various hospitals surveyed. It can be deduced from the table that there is generally high service delivery in the hospitals with the overall mean score of 3.26 on a scale of 4 points. Based on the result, it could also be deduced that generation of patient records is the most commonly practiced service delivery as it has the highest mean score of 3.80 which falls under very high service delivery, while the appointment system for continuity of patient care with the mean score of 1.03 is the least service delivery because it comes under very low service delivery.

Other notable services are coding and indexing services in health records department with a mean score of 3.59, compilation of statistical returns with a mean score of 3.55, creation, storage and retrieval of patients records with a mean score of 3.69 and confidentiality of health records with a mean score of 3.55 all fall under very high service delivery. Also, provision of inpatients services with a mean score of 3.47, daily ward statement as one of the sources of statistical returns mean score of 3.43, documentation and registration of patients information mean score of 3.29 and numbering control or system to facilitate accessibility of health records mean score of 3.18 all fall under high service delivery.

Discussion of Findings

Research question from the study was formulated to find out the types of services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeria. Findings in Table indicates that the types of services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeriawe regeneration of patient records followed by coding and indexing, compilation of statistical returns, creation, storage and retrieval of information of patients and confidentiality of health records. This is buttressed in the research work of Yaya, Asunmo, Abolarinwa, & Onyenekwe (2015) who concluded that Records also provide evidence of the hospital's accountability for its actions and they form a key source of data for medical research, statistical reports and health information systems. Literature has also revealed that primary health care centers create so many health records during patients' treatment and these records determined the success or failure of the treatment (Aremu, 2013). He noted further that these health records must be properly managed from their creation up to disposal stage and that for health records to be judiciously utilized, they must be well organized and maintained to allow for ease of accessibility and use for efficient health services.

CONCLUSION

The study concluded that many services such as generation of patients records, coding and indexing services, compilation of statistical returns, creation storage and retrieval of patients records and confidentiality of health records in the hospital have a high service delivery by health records management professionals in tertiary hospitals in North-Central Nigeria.

RECOMMENDATIONS

Based on the finding of this study, the following recommendations are made:

1. Federal Government should ensure that policies affecting retention of health records in the hospitals are formulated and implemented as this was found lacking in most of the hospitals.

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