SAMRC Burden of Disease Research Unit | July 2020

HOSPITAL MEDICAL RECORDS CHECKLIST V4_7_SEP

General information

1/6

Team ID

_____

Interviewer ID

_____

Select Health Sub District

- ◯ Buffalo city_201
- ◯ Nelson Mandela bay C_202
- ◯ Port St Johns_203
- ◯ Dihlabeng_401
- ◯ Kopanong_402
- ◯ Maluti a Phofung_403
- ◯ Ekurhuleni east 2_701
- ◯ Ekurhuleni north 2_702
- ◯ Johannesburg F Health Sub-District_703
- ◯ Emnambithi/Ladysmith_501
- ◯ Jozini_502
- ◯ Richmond_503
- ◯ Maruleng_901
- ◯ Mutale_902
- ◯ Thabazimbi_903
- ◯ Emalahleni_801
- ◯ Lekwa_802
- ◯ Msukaligwa_803
- ◯ City of Matlosana_601
- ◯ Moses kotane_602
- ◯ Ratlou_603
- ◯ Joe Morolong_301
- ◯ Kareeberg_302
- ◯ Khara Hais_303
- ◯ Bergrivier_101
- ◯ Bitou_102
- ◯ Kannaland_103

Has a Unique Study ID been provided for the decedent, meaning it has been listed and a corresponding NOK has provided consent to be interviewed using the VA instrument?

If the medical record of the decedent is a new record chosen, which is not part of the original listing, choose No

- ◯ Yes
- ◯ No

Listed Decedent Unique Study ID

Capture the unique study ID for the decedent as provided by the MRC. This is NOT the CASE ID or Folder Number that is on the medical record itself.

_____

Type the name of the Hospital

_____

Confirm that the Unique Study ID is

Random digits of ID is

The USID for this new unlisted decedent is: . Make sure to write this ID on a sticky note and display on each page captured

Type in the unique USID as displayed in the previous note

_____

Decedent Information

Decedent Hospital Folder/File Number

_____

First name of the decedent

Type "NONE" if there is none indicated

_____

Middle name of the decedent

Type "NONE" if there is none indicated

_____

Surname of the decedent

Type "NONE" if there is none indicated

_____

What was her/his MAIN PLACE of usual residence? (The Main Place address as indicated on the medical record documents). Type "NONE" if there is none indicated

Type in the MAIN PLACE, which can be the closest main town or city to the village, small town, informal settlement or farm area indicated as the decedent's address in the medical records

_____

What was her/his SUB PLACE of usual residence? (The Sub Place address as indicated on the medical record documents). Type "NONE" if there is none indicated

Type in the SUB PLACE, which is the smallest place name relevant to where the decedent lived, such as village, small town, farm or informal settlement name as indicated in the medical records

_____

Is the date of birth available

◯ Yes

◯ No

Date of Birth from medical records

yyyy-mm-dd

Date of Death from medical records

yyyy-mm-dd

If no date of birth is available, type approximate age

_____

NEONATE was NaN days old.

CHILD was NaN years NaN months and NaN days old.

ADULT was NaN years NaN months and NaN days old.

Gender

◯ Female

◯ Male

◯ Ambiguous/intersex

Date of last admission closest to Date of Death

yyyy-mm-dd

Decedent ID/Passport number

Is the decedent a RSA citizen?

◯ Yes

◯ No

Decedent South African ID number

If the ID number is invalid, type 8888888888888, if there is no ID number, type 9999999999999. For children and newborns that have no ID number, use the mother's ID. If mother's ID is not available, use the father's ID.

_____

Confirm the National ID number is

Does the first 6 numbers of the South African ID No correspond to the Date of Birth?

◯ Yes

◯ No

If first 6 numbers of the South African ID No DOES NOT correspond to the Date of Birth, please provide a reason why

◯ There is no SAID available in the medical records

◯ The SAID available in the medical records is invalid or incomplete

◯ Both the SAID and Date of birth are available, but they do not correspond

◯ The date of birth in the medical records is illegible

◯ The SAID in the medical records is illegible

Is the decedent a foreigner?

◯ Yes

◯ No

Passport number if a foreigner

If there is no Passport number available, type 9. For children and newborns that have no passport number, use the mother's or the father's passport number, if available.

_____

You have selected "No" for both: Is the decedent a RSA citizen?: and: Is the decedent a foreigner? The chances of answering No to both questions is unlikely. Please provide a reason why.

If you mistakenly chose an incorrect option for either question, please go back and correct

_____

Hospital Medical Record Checklist Guideline

Hospital Medical Record Checklist

The checklist provided is only a guideline for checking the patient hospital folder (medical records). You may not find all the listed documents in the medical record folder. Remember, this list is only a guideline, use your common sense when viewing records not necessarily on this list, but which has direct bearing or information on the cause of death. Also take into account that not all administrative forms, such as the admission form, need to be captured

- [ ] Notes that document the date of death (any one of the following: death notification, mortality report, doctors notes, nursing progress notes)

- [ ] Birth record in case of a child/baby

- [ ] Casualty notes documenting last admission before death (in some hospitals the casualty unit is called the emergency unit, accident and emergency unit or trauma unit)

- [ ] Doctors notes (clinical notes) from the ward

- [ ] Prescription chart (shows the medications that patient received)

- [ ] Observation chart (sometimes called Control chart - shows Temperature, pulse rate, respiratory rate and blood pressure measurements)

- [ ] Special investigations (National Health Laboratory Service; Gene Expert, Radiology report (not the request form))

- [ ] Referral letter from another hospital, clinic or private doctor

- [ ] Referral letter to another hospital or to forensic pathology services

- [ ] Emergency medical services patient care report form

- [ ] Road to Health Card for children if available (use the same RTHC page check document that is used for VA Road to health card)

- [ ] Hospital Patient Discharge form sometimes called Patient Discharge summary

General comments

Provide any comments regarding the identification of the forms listed in this section, including aditional forms you captured (reason) and forms you could not identify or any other information you might think is relevant

_____