MAY 19, 2023

OPEN ACCESS

DOI:
dx.doi.org/10.17504/protocols.io.n92ldpdr9l5b/v1

Protocol Citation: Kajiru Gad Kilonzo, Stefanie J. Krauth, Jo Halliday, Clive Kelly, Stefan Siebert, Gloria Temu, Christopher Bunn, Nateiya M Yongolo, Sally Wyke, Emma McIntosh, Blandina Mmbaga 2023. Retrospective audit. **protocols.io** https://dx.doi.org/10.17504/protocols.io.n92ldpdr9l5b/v1

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Protocol status: Working

Created: Apr 20, 2023

Last Modified: May 19, 2023

PROTOCOL integer ID: 80835

Retrospective audit

In 1 collection

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ABSTRACT

This protocol details retrospective audit.

ATTACHMENTS

706-1522.pdf

Retrospective audit

1 A retrospective audit of all adults aged 18 years or above of hospital medical records for signs & symptoms related to joint pain and arthritis-related diagnoses and relevant comorbidities will be undertaken. The audit will establish a retrospective frequency of joint pain among patients admitted to the medical wards between 1st January, 2017 and 31st December, 2019.

2 These reviews will be conducted by trained project personnel and the extracted data will include no personal identifying information. All patients' records are stored within the medical record department at KCMC.

3 Trained project personnel will approach a dedicated person at the department to identify and pull out and register all hardcopy and softcopy medical department patients' admission records for the years 2017 -2019 with exclusion of those below 18 years.

4 Documentation will be undertaken to show retrieved files, included files, excluded and reasons for exclusion or missing admission records.

5 Information will be captured and recorded onto a standardised questionnaire within the ODK platform, including a patient's unique number, age, gender, district of residence, level of education, occupation, religion, tribe, main complains, signs and symptoms, diagnosis, investigations done, treatment, duration of hospital stay and number of admissions per year. Outcomes of admission such as death, referral to a higher facility and discharge home will also be collected.

6 The diagnosis captured will be the final diagnosis at the time of discharge, death or referral. Patients' re-admissions within the years 2017-2019 will be documented as separate individual admissions but marked and the patient's unique number will be similar for all years that the individual has been admitted. This is to allow documentation of trends and characteristics of admissions among specific individuals over the years.

7 Data obtained from this retrospective survey will be compared with community and prospective survey data. This will allow researchers of this study to explore and characterize the hospitals past and present burden of NCD disease while projecting the future situation regarding most NCDs associated with hospital admissions.

8 All information gathered will be provided to the Tanzania hospital management, community and health policy makers via our dissemination activities including a policy brief.