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Kanti Children's Hospital

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An evaluation study on completeness

Dr. Madhab Prasad Lamsal

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Any comments and feedback are heartily welcome.

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# Indoor Admission Form: An evaluation study on completeness

## Clicking factor for this study:

As a public health professional and medical doctor working in Kanti Children's Hospital (KCH), one of the indoor patients asked to this researcher, "What are the reasons that hospital admissions forms are filled incompletely and the data related to the patient are not released at the time of discharge". I talked to him about an hour and I tried to assure him that same will not happen again. But it is my personal assurance and I cannot guarantee what will happen in system within KCH. At the same time I thought that it would be beneficial to the hospital and medical professionals working in KCH if we know what is actually happening in filling out the hospital admission forms. Therefore, I am interested in doing research in evaluation of completeness of forms filled during admission.

## Introduction:

Indoor Admission form is the main medium of connection between admitted Patient and hospital staffs. The indoor admission form should be simplified so as to make patient easier to provide his/her personal information and it should be practicable for service provider as well so that no required information is missed out. The first step of quality health care services can be evaluated from this form. Kanti Children's Hospital (KCH) is only one pediatrics central government hospital which is in Maharajgunj Kathmandu.

There are different types of forms/ formats currently being used in Kanti Children's Hospital (KCH), among them admission form is the first and most important document for both clients as well as service provider(personal observation). Hospitalization is one of the upsetting

period for patient and their relatives but they must explain all their details for receiving the appropriate treatment. After detailed information from history, general examination and systemic examination Physicians provides their impression. All these are included in patient admission form.

Real documentation and evaluation of documentation systems is one of the important methods to develop the quality services and it reflects the system is in place or not. Hospital statistics be regarded in all countries as an integral and basic part of the national statistical programme. (WHO, 1963)

### **Objective:**

To evaluate the completeness of forms filled during admission  
To recommend KCH authority for necessary changes to be made based on study findings

### **Method:**

The One month is randomly selected from listed six months ( Shrawan to Poush 2069). All discharged record file of the selected month was stored in on cupboard. Twenty- two records out of all records of that month were drawn with reference to our study criteria (at least three from each medical unit, patient age more than 10 months) and the information was collected. Data were tabulated with coding. Twenty two inpatient's admission forms were observed from KCH statistical section. Four pages admission form has more than170 alternatives. For descriptive purpose, it was divided in to 37 headings.

The study was conducted in December 2012 to February 2013 in regular office time. Verbal ethical clearance was taken from the hospital board through board chairman.

### **Operational Definition**

The response in each headings and subheadings of the form by health team was defined as complete, if partially filled it was defined as incomplete and if nothing was filled it was defined as blank.

For descriptive purpose physical examination parts of admission form was divided into two groups. First group was called three category group where outcome of each variable was divided into three parts i.e.

blank, incomplete and complete. Second group was called two category group where outcome of each variable was divided in to two parts i.e. blank and filled.

Inpatient registration form was called Indoor Admission form.

## Findings:

The following findings have been drawn by using excel. The study includes findings about the admission form from the general observation to some specific issue like record of detailed systemic examination.

**Blank admission form:** Following spelling and typing errors were seen in blank admission form

What is in existing form	What should be
Final history	Family history
Dalivery	Delivery
Respairtion	Respiration
Oedems	Oedema
Palior	Pallor
Pleural Eubs	Pleural rubs
Gastro In Estinal	Gastrointestinal
Tests	Testis
Serotum	Scrotum
Locomotot system	Locomotors system
Crantal nerves	Cranial nerves
Lower limbs and lower limbs	Lower limbs and upper limbs
Biceps, triceps, ankle, anal etc in Respiratory system	Biceps, triceps, ..... in Muscular system

See the scanned copy of admission form in Annex I

**Filled form:** The main headings and its components are included in following tables with findings.

**Table 1:** General Information *n*=22

SN	Variables	Incomplete %	Complete %
1	Hospital Identities(consultant, Inpatient no, ward, bed, unit)	86.4	13.6
2	Clients Identities(full name, date of birth, age , sex, religion)	100	0
3	Parents Identities(father, mother, age, occupation)	18.2	81.8
4	Address(VDC/ municipality, ward, district, local address, phone)	40.9	59.1
5	Admission and discharge date and time	100	0
6	Physician perception(provisional diagnosis, final diagnosis, result, differential diagnosis)	59.1	40.9

Among hospital identities, and clients identities consultant's name, Inpatient number, age, sex, was written in cent percent cases but bed, date of birth, religion and unit was not written in most of the form. Most of Parents' identities were complete.

Address is found to be 60 % complete. Admission and discharge time was not written but date was written in all forms. Provisional diagnosis was written in all cases, final diagnosis and result was not written more than 50% of cases. Differential diagnosis was not written at all.

**Table 2:** History taking part

n=22

SN	Variables	Blank %	Filled %
7	History of complaints	4.6	95.4
8	History of present illness	9.1	90.9
9	Past history	9.1	90.9
10	Family history	9.1	90.9
11	Delivery(home, hospital or nursing home; full or pre term, vaginal, caesarian section or forceps)	13.6	86.4
12	Immediate post natal problems(feedings, defaecation and others)	36.4	63.6
13	Development (smile, Sits..., walk... 11 topics)	31.8	68.2
14	Immunization	9.1	90.9
15	History of allergy	40.9	59.1
16	Physical abnormalities	72.7	27.3
17	School performance	77.3	22.7
18	Appetite and bowel habit	77.3	22.7
19	Pet at home	100	0
20	Family siblings	54.5	45.5
21	Contact	68.2	31.8

More than 90 percent was filled in complaints, present illness, past history, family history and immunization. 100 percent was blank in pet at home. More than 60 percent was blank on physical abnormalities, school performance, appetite and bowl habit, and contact history.



**Table 3:** Physical examination (Three category group)

n=22

SN	Variables	Blank %	Incomplete %	Complete %
22	Height , weight and head circumference	45.5	50	4.5
23	Vital Signs ( <i>temperature, pulse, respiration, B.P., hydration and malnutrition</i> )	13.6	86.4	0
24	General Appearance ( <i>hair, nails, facies, pallor, cyanosis, oedema, jaundice, clubbing, thyroid, neck veins, ear, nose, throat, lymph glands, eyes, fundus</i> )	13.6	68.2	18.2
25	Respiratory system ( <i>Inspection, Palpation, Percussion and Auscultation 14 headings</i> )	9.1	90.9	0
26	Cardiovascular system( <i>Inspection, Palpation, Percussion and Auscultation 12 headings</i> )	13.6	86.4	0
27	Gastrointestinal system ( <i>Inspection, Palpation, Percussion and Auscultation 12 headings</i> )	4.5	95.5	0

Less than 20 percent is complete in height weight, head circumference and general appearance. Vital signs; respiratory system; cardiovascular system; and gastrointestinal system all was incomplete.

**Table 4:** Physical examination (two category group)

n=22

SN	Variables	Blank %	Filled %
28	Per rectal examination	90.9	9.1
29	Genitourinary system ( <i>male penis, testis, scrotum and female vulva</i> )	86.4	13.6
30	Locomotor system ( <i>upper and lower limbs, hip joints, spine, other joints</i> )	90.9	9.1
31	Central nervous system	63.6	36.4
32	Cranial nerves	77.3	22.7
33	Peripheral nervous system	72.7	27.3
34	Muscular system	95.5	4.5
35	Sensory	95.5	4.5
36	Skin	95.5	4.5
37	Local examination	68.2	31.8

Per rectal examination, locomotor system, muscular system, sensory system and skin were more than 90 percent blank and other variables were more than 60 percent blank.

(Findings are Illustrated in Bar chart on Annex II)

## Discussion :

**General :** Indoor admission form is a tool for collecting, storing, and processing patient information. The primary intention of documenting patient's information is to provide optimum care to the patient. It provides communication between the physician and the other members of the healthcare team caring for the patient; a basis for evaluating the adequacy and appropriateness of care; data to substantiate insurance claims; and clinical data for research and education. It also protects the legal interests of the patient, the facility, and the physician. Clear communication within health care team members and patient can be achieved through a well documentation of information. Documentation is essential to ensure complete and accurate services are provided. The major issues for incomplete documentation are procedural, technological and human resources related. (IRMT, 1999)

KCH handles good loads of patients and patients also prefer to visit this hospital most. To continue its goodwill and improve the quality of services, scientific format should be developed and used appropriately. In KCH, admission form is usually filled by duty medical officer under the supervision of consultant. Due to various reasons, admission forms are left incomplete which could have negative impact on hospital's reputation and patient's outcome.

The Hospital is responsible to develop the required format of the form and to make sure it is up to date. With reference to client right, hospital must give all information which is written in the form. Being a children hospital, its role is even more important because communication with children is challenging and patients may need the information in future. All medical records are the properties of the patient. Patient invests 100 % for preparing that document. In government hospital, government pays on the behalf of patient and in private sector patient pays directly to the hospital. Almost all goods and services purchased in this world becomes the property of the buyer, buyer is then free to evaluate such product on his own, whether it has already been evaluated by experts and choose freely among suppliers. Hospital must explain to patients that filled up admission forms and medical records are their property and patients have ownership on it.

**Blank form:** Printing and spelling error are common worldwide. However, correction in time is very important. Otherwise, it can be viewed as serious negligence or ignorance. Error in documentation

sometimes results in serious outcome. For example, it is not surprising to do hysterectomy for the patient who needs thyroidectomy. The typing and spelling errors in blank form have been existed since many years. It may be due to lack of communication, feedback, more work load or its importance is not realized.

**Filled form:** Most of the information were kept incomplete or blank. Cent percent information on patients religion, admission and discharge time, pet at home were blank. Cent percent information on respiratory system, cardiovascular system, gastrointestinal system were not complete. Blank and incomplete prescribed form is one of the indicator of low quality health services and incompetent human resources. Providing high quality health services to all and developing competent human resources are the way to reduce poverty through health sector.(NPC, 2002). Findings showed KCH should have sincere on national strategy.

Eighty six percent information were blank on genitourinary system. Genitourinary system examination in children is important not only to detect sex but also to exclude congenital abnormalities. During registration if male child was written as female due to mistake, case discussion, treatment, and discharge were done as a female child. This mistake played negative impact on hospital reputation and central information system of the nation.

CNS is an important aspect of child examination. Sixty three percent information on central nervous system (CNS) were kept blank. Study findings indicate that KCH is concerned only on specific disease not on holistic child health.

## Conclusion:

Patient admission form itself has spelling and typing errors. In filled form patient religion, admission time, pet at home and differential diagnosis part cent percent and per rectal examination, genitourinary system, locomotor system, nervous system, muscular system were more than 60% blank or vital signs, respiratory system, cardiovascular system, gastrointestinal system were more than 80% part incomplete. None of the format is completed. Incompleteness in form is either negligence or incompetence of hospital team. Hospital team must know patient admission form is one of the mirrors of quality services. To improve the quality of hospital services the study alerts us to take an appropriate action immediately.

## Recommendation:

1. **KCH should immediately review and make necessary changes in hospital forms, which will replace the previous forms.** The spelling and printing error in forms distract the hospital team. KCH is not only children's medical hospital it is also the teaching institute of different level health work force like post graduation, graduation, certificate level and international students. Collect all old form and discard it immediately. The cost to print new format will not heavy, it will be within hospital capacity. .
2. **KCH should instruct to all concerned health care provider to fill the hospital admission form carefully.** To change the behavior of healthcare provider working place training can conduct. Working place training may consume more time, hospital can used post graduation students as a trainer.
3. **KCH should conduct or encourage researcher or academician to have extensive research on documentation in different department.** This is small scale research which gives a clue that there might be such error in other forms as well, for example forms using in Operational Theater (OT).

## **Acknowledgments :**

I would like to acknowledge to those who help me to conduct this research:

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Community Activist and KCH Development Board Member Arjun Thapa

KCH Director Dr. R.P. Bichha

KCH Record Section staffs

Editing assistant: Dr. Guna Nidhi Sharma

## **Referances:**

IRMT 1999, Managing Public Sector Records, International Records Management Trust, UK

NPC 2002, Tenth plan, National Planning Commission, Nepal

WHO 1963, Techn. Rep. Ser., No. 261

ANNEX : I

Scan copy of Inpatient registration form (Indoor Admission form)

### Kanti Children's Hospital Kharasipuri, Kathmandu, Nepal

#### Inpatient Registration Form

Consultant: \_\_\_\_\_ Inpatient No: \_\_\_\_\_ Ward: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_ Religion: \_\_\_\_\_

Admission Date / Time: \_\_\_\_\_ Discharge Date / Time: \_\_\_\_\_

Physician / Department: \_\_\_\_\_ Referral Physician: \_\_\_\_\_

Eye / Ophthalmic: \_\_\_\_\_ Referral Physician: \_\_\_\_\_

Operative Procedure: \_\_\_\_\_

HISTORY: \_\_\_\_\_

Complaints: \_\_\_\_\_

History of Present Illness: \_\_\_\_\_

Past History (including past operations / admission): \_\_\_\_\_

Social History: \_\_\_\_\_

Presenting complaint (problem): \_\_\_\_\_

Development (MOT): \_\_\_\_\_

Examination (Exam): \_\_\_\_\_

O.P.T. / Note: \_\_\_\_\_

S.D. O. \_\_\_\_\_

Management: \_\_\_\_\_

History of Allergy: \_\_\_\_\_

Physical Examination: \_\_\_\_\_

School Performance: \_\_\_\_\_

Age	Present Height	Present Weight	Present Vision
1			
2			
3			

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Hospital Code: \_\_\_\_\_

Patient Code: \_\_\_\_\_

Inpatient Code: \_\_\_\_\_

Ward Code: \_\_\_\_\_

Bed Code: \_\_\_\_\_

Room Code: \_\_\_\_\_

Bath Code: \_\_\_\_\_

Toilet Code: \_\_\_\_\_

Kitchen Code: \_\_\_\_\_

Laundry Code: \_\_\_\_\_

Storage Code: \_\_\_\_\_

Office Code: \_\_\_\_\_

Reception Code: \_\_\_\_\_

Security Code: \_\_\_\_\_

Maintenance Code: \_\_\_\_\_

Transport Code: \_\_\_\_\_

Other Code: \_\_\_\_\_

Physical Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Head Circumference: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_

Respiration: \_\_\_\_\_ S.O. \_\_\_\_\_

Hydration: \_\_\_\_\_ Nutrition: \_\_\_\_\_

Hair: \_\_\_\_\_ Skin: \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_

Nose: \_\_\_\_\_ Throat: \_\_\_\_\_

Neck Vein: \_\_\_\_\_ Lymph Nodes: \_\_\_\_\_

Fingers: \_\_\_\_\_

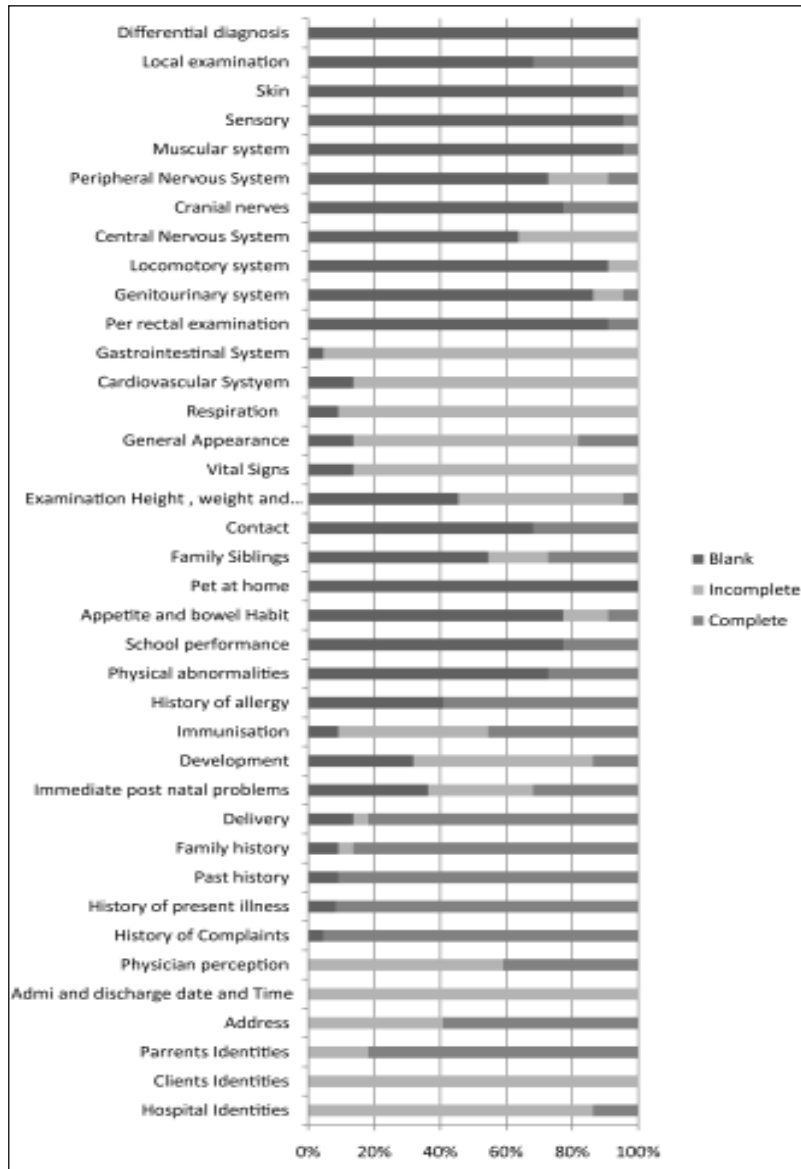
Regulatory System:	<ul style="list-style-type: none"> <li>● Inception</li> <li>● Smoothing</li> <li>● Quiet</li> <li>● Symmetry</li> <li>● Locking</li> <li>● Shave</li> </ul>	<ul style="list-style-type: none"> <li>● Snout / Weats</li> <li>● Symmetry</li> <li>● Shave</li> <li>● Vocal Formant</li> <li>● Lower Harmonic</li> <li>● Diaper Sounds</li> <li>● All DDFY</li> <li>● Ping-pong Sounds</li> <li>● Pigeon Sounds</li> <li>● Pulchro</li> <li>● Pseudo</li> <li>● Pulchro Enunciates</li> <li>● Pseudo</li> <li>● Pseudo</li> <li>● Pseudo</li> </ul>
Cardio Vascular System:	<ul style="list-style-type: none"> <li>● Inception</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>	<ul style="list-style-type: none"> <li>● Vocal</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>
Interoceptive System:	<ul style="list-style-type: none"> <li>● Inception</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>	<ul style="list-style-type: none"> <li>● Vocal</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>
Per Rictal Excretor:	<ul style="list-style-type: none"> <li>● Inception</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>	<ul style="list-style-type: none"> <li>● Vocal</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>
Female Uterine System:	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>
Uterine System:	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>
Female Uterine System:	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>

Interoceptive System:	<ul style="list-style-type: none"> <li>● Inception</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>	<ul style="list-style-type: none"> <li>● Vocal</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> <li>● Pulchro</li> </ul>
Female Uterine System:	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>
Uterine System:	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>	<ul style="list-style-type: none"> <li>● Uterine</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> <li>● Female</li> </ul>



## ANNEX : II

Some finding in bar chart



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