

APPENDIX 5: PARTICIPANT DEMOGRAPHIC PROFILE

ITEM															
Which department within the health facility do you work?	_____														
Sex	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Female</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Male</td> </tr> </table>	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male										
<input type="checkbox"/>	Female														
<input type="checkbox"/>	Male														
Title	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>MO</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nurse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pharmacist/Pharmacy tech</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registry Clerk</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Data Associate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Lab technologist</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Clinical Officer</td> </tr> </table>	<input type="checkbox"/>	MO	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Pharmacist/Pharmacy tech	<input type="checkbox"/>	Registry Clerk	<input type="checkbox"/>	Data Associate	<input type="checkbox"/>	Lab technologist	<input type="checkbox"/>	Clinical Officer
<input type="checkbox"/>	MO														
<input type="checkbox"/>	Nurse														
<input type="checkbox"/>	Pharmacist/Pharmacy tech														
<input type="checkbox"/>	Registry Clerk														
<input type="checkbox"/>	Data Associate														
<input type="checkbox"/>	Lab technologist														
<input type="checkbox"/>	Clinical Officer														
Has used EMR before	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>										
Yes	<input type="checkbox"/>														
No	<input type="checkbox"/>														
Trained, oriented or none	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Trained</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Oriented</td> </tr> <tr> <td><input type="checkbox"/></td> <td>None</td> </tr> </table>	<input type="checkbox"/>	Trained	<input type="checkbox"/>	Oriented	<input type="checkbox"/>	None								
<input type="checkbox"/>	Trained														
<input type="checkbox"/>	Oriented														
<input type="checkbox"/>	None														

APPENDIX 6: DISTRICT CLEARANCE

PLOT LIV/7319
HIGHLANDS
LIVINGSTONE.

28 JUNE 2015



20/08/15
No objection
[Signature]

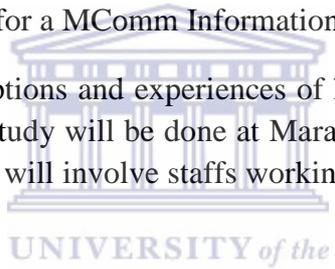
THE DISTRICT MEDICAL OFFICER
LIVINGSTONE.

Dear Dr. Hara,

RE: REQUEST FOR PERMISSION TO INVOLVE STAFF IN A STUDY

My name is Kaala Moomba. I am currently a student at the University of the Western Cape (UWC) in South Africa studying for a MComm Information Management (MComm 1M).

My research will focus on perceptions and experiences of health care workers on the use of electronic medical records. The study will be done at Maramba and Mahatma Gandhi health centres in Livingstone. The study will involve staffs working at different units/departments at the two health centres.



I am aware of your management's active involvement in trying to support the use of electronic medical records to improve health service data management in the two facilities. I am therefore requesting your good office for permission to involve some of your health staff at the two facilities in my study. The results will be shared with the District Community Medical Office (DCMO) management and facility staff as a way of enhancing knowledge in the use of electronic medical records.

Find attached a copy of my protocol and ethics clearance from the school.

Your assistance in this matter will be highly appreciated.

Sincerely Yours,

A handwritten signature in black ink, appearing to be 'Kaala Moomba'.

Kaala Moomba.

APPENDIX 7: UWC ETHICS APPROVAL



Mr. K Moomba (Information Systems)

Study project: Perception and experiences of health care workers on the use of electronic medical records at the two largest health centres in Livingstone, Zambia

Registration no: 15/5/15

Ethics: *Approved*

