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The management of medical records in the context of public service delivery in the public sector in KwaZulu-Natal, South Africa: case of Ngwelezana hospital.

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Abstract:

In South Africa, under the public sector reforms, the issues of public service delivery are anchored on the Batho Pele principles that were introduced to entrench public service delivery in 1997 to underscore transparency and accountability. Among other issues, the Batho Pele principles espouse efficient and effective public health sector delivery services which, in context, can be propelled by a reliable and trustworthy medical records regime. Several studies conducted at national level and particularly at provincial level such as in Limpopo, Gauteng, Cape Town, Eastern Cape and Western Cape; all point to the fact that good and efficient records management is critical to realizing accountable and transparent health service delivery. Equally, has been the recognition that of this synergy between medical records management and service delivery; and yet there are few empirical studies which examine the role of records management in Kwa-Zulu Natal Province; more particularly with specific reference to the Ngwelezana public hospital. This study, therefore, presents empirical results of an investigation into the implementation of good records management services and the extent to which this contributes to corresponding citizen satisfaction of good health delivery at the community level. The ultimate goal of the study is to understand the scale and dimension of good medical record management in determining issues of accountability in health care for citizens at local or community level in the quest for optimal health service delivery and governance. On the whole, the evidence shows that poor records management could undermine the service delivery and therefore transparency and accountability in health delivery. The study thus recommends a suite or requisite framework that underlines good records management governance; recordkeeping system; records management technology and infrastructure; records archival processes and records management human resource capabilities.

Keywords: Medical Records Management, Public Health Accountability; Public Service Delivery; Public Sector Reform, Kwa-Zulu Natal, South Africa.

1. Introduction and background to the study

South Africa is one of the developing countries that continue to battle with ways of trying to improve state-owned facilities for people to get the best service. However, the issue of public service delivery remains a contentious issue in the country. Thus, since the fall of apartheid, many citizens have complained about service rendered by many government facilities. Among others, health service delivery continues to receive attention in this regard. Therefore, many complaints have been put forward about the treatment received in public hospitals. At the core to the delivery of service has been the need to have effective records and information management delivery systems that manage reliable and authentic information so that patients are able to get quality medical services. Thus, the issue of negligence, poor diagnosis, and treatment have been linked several times to ineffective and poor record keeping in the past (Marutha, 2011; Katuu, 2015; Pyrene, 2015; Marutha, 2016)

Health service delivery cannot be determined without records management processes; in that with records management, the level of performance of government agencies can be

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ascertained. It is therefore instructive to assert that while literature reviewed underscores the fact that good medical care relies on well-trained doctors and nurses as well as high-quality facilities and equipment; this, however in return, relies on good record keeping (IRMT, 1999:1). Without accurate, comprehensive, up-to-date and accessible patient case notes, medical personnel may not be able to offer the best treatment or may, in fact, misdiagnose a medical condition (IRMT, 1999:2). Good records can also ensure that the hospital administration runs smoothly and therefore saves time and other resources. Managing medical records, thus, addresses the specific issues involved in managing clinical and non-clinical hospital records, indicating where particular approaches are needed to meet the specific requirements of records service within the hospital environment (IRMT, 1999:1). Furthermore, efficient accessibility will ensure a good service delivery at all times. Accordingly, poor records management tends to adversely affect patient care since clinical treatment of patients is squarely dependent on their case histories contained in their medical files. Good quality medical records are thus an essential component of safe and effective healthcare but also have many secondary uses such as health system planning, management, quality control, public health monitoring, program evaluation, and research (Dunlay et al, 2008). Ngoepe (2004) documents that in South Africa the Desai Commission in the Western Cape Provincial Administration reported that poor records management indeed affected service delivery and in North West and Gauteng provinces unpaid patient bills totaling to millions of rand's from 1994 to 1999 had to be written off due to incomplete patient record. In Zimbabwe, a study by Chikuni (2006) found out that, there was no effective storage of patients' records. As a result, it was the responsibility of patients to maintain and preserve their own medical records. According to Chikuni (2006), this slowed down the provision of health services because in most cases, patients felt it was too much of a job to carry their medical records around, thus medical staff could not effectively deliver medical services since they had no records to inform their decisions. In Uganda, hospital staff appeared unaware of the importance of medical records to the treatment and follow-up of patients (Mayanja, 2005:11). In Ghana, the existing records keeping systems of some public hospitals were found not designed to collect information on some diseases leading to poor monitoring, supervision, and decision-making on diseases (Adjei, 2000:5). In another example, a researcher at a rural hospital in Ethiopia described condition in which patient registration numbers were replicated, records were lost and patients were assigned new registration numbers, clinical information was recorded on loose scraps of paper and medical records were poorly archived (Wong and Bradley, 2009:3). Consequently, records need to be managed, protected to ensure accessibility at all times for effective health service delivery. Medical records thus serve as a tool within hospitals and the community they function (Hajavi, Ebadi and Meidani, 2005). They are in fact an epitome of a good health service delivery.

In South Africa, the formulation of the National Health Act was meant to bring about uniformity and direction in the health service practice of the country, as stipulated and mandated in the constitution and other laws at different levels of service delivery (National Health Act No. 61 of 2003:2). The act makes it clear that institutions dealing with health services must ensure that records relating to health services are created and maintained at that health institution for further service delivery, as mandated by the National Archives and Records Service of South Africa Act (Act No. 43 of 1996) and the Promotion of Access to Information Act (PAIA). In line with this Act and other constitutional obligations, Batho Pele was launched. Batho Pele, a Sesotho word which means "People First", is an initiative that was launched in 1997 to transform the public service at all levels because democratic South Africa inherited a public service that was not people-friendly and lacked the skills and attitudes to meet the developmental challenges facing the country. In the struggle to transform the public service, the old culture has to be changed to ensure that our people are served properly, that all staff work to their full capacity and treat state resources with respect. The Batho Pele White Paper

(Section 1.1.1.) states that the South African Public Service will be judged by one criterion: its effectiveness in delivering services that meet the basic needs of all South African citizens. This is emphasized by the following statement: *Public services are not a privilege in a civilized and democratic society, they are a legitimate expectation*. That is why meeting the basic needs of all citizens is one of six of the five key programs of the Government's Reconstruction and Development Programme (RDP) that was initiated after the fall of the apartheid era.

Earlier studies conducted on medical records management by different scholars such as Marutha (2011), Katuu (2015) and Pyrene (2015) all show that both components within the Department of Health and Social Development were experiencing various challenges as far as service delivery issues were concerned. The key to these challenges was the lack of commitment to implement the Public Service Commission (PSC) recommendations on the Batho Pele principles. The Department further indicated that a lack of funds was hampering the implementation of the Batho Pele principles (BPP Report Assessment, 2012:87). The study further showed that the Department, particularly in KwaZulu-Natal, had been effective in improving service delivery in the areas of accessibility to its services, courtesy, and consultation. Service user's views confirmed the improvements and benefits that they had drawn from the changes that were made to the health service delivery. However, challenges were still identified in relation to information, service standards, openness and transparency, redress and value for money. As a result, service delivery was hampered in these areas. The findings also mentioned that the lack of sufficient financial and human resources was as the main constraints at the Department of Health had encountered in its interventions to transform public service delivery. In relation to the Batho-Pele principles in the context of the objectives of some scholars it has been argued that with regard to the management of records, the Batho-Pele principles were coined to assist records handlers as well as people dealing with the community or servicing people to have Ubuntu within themselves in service delivery. Marutha (2011:10) aptly underscores this fact that:

> Effective and efficient records management will eventually lead to maximum compliance with Batho-Pele principles since all eight principles are dependent on business records. The eight Batho-Pele principles are consultation, service standard, access, courtesy, information, openness and transparency, redress and value for money. The South African government introduced the Batho-Pele principles to transform public services and improve service delivery. Records management is implemented to ensure that relevant records and information are safely kept and made available when required or requested.

This being said, it means that records management plays a huge role in their community at large as it can be used as a reference when necessary in the current and future delivery of health services.

The overarching problem that prompted the whole broader study from which this paper emanates is that, even though the role of medical records in both public and private hospitals have been studied by several scholars (Khoza, 2008; Marutha, 2011; Katuu, 2015; Khoza, 2008; Marutha and Ngulube, 2012), in South Africa there is an apparent insufficient attention paid to the depth of an empirical comparative analysis in the context of quality health service delivery.

Following from this, the issue of poor record keeping has been elaborated on several times as one of the causes of a poor health service delivery in South Africa (Katuu, 2015; Khoza, 2008; Marutha, 2011; Marutha, 2016; Pyrene, 2015). However, a poor records management in health care institutions is a phenomenon that is not limited to certain parts of South Africa only (Katuu,

2011; Marutha, 2016). This paper is thus a part of the broader work of a master dissertation that sought among other objectives to investigate the role of medical records in the delivery of public health services and systems used in the management of records in the context public sector reform in the Umhlathuze area, KwaZulu-Natal, South Africa. The specific focus of this paper is on Ngwelezana public hospital in the Umhlathuze area.

2. Location and context of the study: Ngwelezana Public Hospital

This study looked at the role of medical records in enhancing the delivery public health services with specific reference to Ngwelezana public hospital. The hospital is based in the Umhlathuze area in the north-east of Durban, South Africa in KwaZulu-Natal. The hospital is a public health function under the government and is state owned. The Ngwelezana Hospital has 554-bed space. It provides district, regional and tertiary health services to communities from uThungulu, uMkhanyakude and Zululand regions. It is situated at Ngwelezana Suburb which is 5km away from Empangeni. The hospital began to operate in 1970 as a convalescence hospital. In October 1977, all services were taken over by the KwaZulu-Natal Government. Ngwelezana Hospital was intended to be one of the T.B settlements in the Province. The hospital has grown to be one of the largest hospitals in District 28. The hospital has a staff compliment of over 1200 and it services about 7 700 patients per month including referrals from other hospitals and the hospital has 14 departments Ngwelezana hospitals. The hospital has a functional records management facility that serves the community guided by the Batho Pele principles. The Batho Pele principle is underscored to layout its customer orientation to better service in public sector and is based on eight principles that were formulated in 1997. According to Schalk (2003:29), the Batho Pele principles as follows:

- Consultation
- Service standards
- Access
- Courtesy
- Information
- Openness and transparency
- Redress
- Value for money

Drawing on this good records management principles that seek to entrench quality public service delivery, this paper attempts to examine this at Ngwelezana public hospital

3. Methodology

The study was largely qualitative case study complemented by the methodological triangulation of both quantitative and qualitative data collection methods. Researchers such as Craig (1988), Abankwa (1999) and Kemoni (1999), have used the case study method to study records management in the public sector. The major strength of using the qualitative approach in studying medical records management was the depth to explore and describe sufficient detail for the reader to grasp the idiosyncrasies of the situation of management of records at the public hospital. In this regard, data was collected through interviews, observations and document review from Ngwelezana public hospital. A total of 42 records handlers were interviewed. The patients that came to the public hospital were purposefully sampled as and when they entered the hospital and 20 were selected in each case. In addition, 22 medical clerks were also interviewed. Data from interviews was thematically categorized and qualitative narratives presented. Some basic descriptive quantitative analyses were also made using Google form software.

4. Findings and discussions

The findings of the study are based on the themes derived from the broader research objectives (guided by the Batho Pele principle, ISO 15489 - 2016, and IRMT hospital records management guidelines). These include:

- Compliance with records management procedure and tools in accordance to service delivery
- RMU Assistance and location of patient files
- Location and length of retrieval of medical records
- Patient satisfaction towards records management at the public hospital
- Impact of records management structure on service delivery

4.1 Compliance with procedure tools in accordance to service delivery

Records management policies, standards, procedures, and tools provide a framework for the development and implementation of a records management programme together with commitment and buy-in from all stakeholders (ISO 15489-1, 2016). For the efficient level of compliance, records management staff must be aware of their responsibilities to manage records, the recordkeeping system and recordkeeping procedures, including how to create and manage files, and retention and destruction responsibilities. Pember (1998:64) notes that accountability, security, integrity, and completeness are key to effective service delivery to the community. The IRMT (1999:1) also agrees that if records are not properly managed, health service may be affected in a negative way. To make sure that accountability by records handlers is put to practice, all records handlers should be given task in relation to the policy because the level of compliance can determine effective records management.

In this study, the recorded handlers were asked if they thought the current records management situation in their department aided service delivery. Further to that, patients were interviewed to find out if they were happy with the service being provided to them by this hospital. The records handlers at the Ngwelezana public hospital reported that the current records management tools and procedures in place did aid health service delivery, even though the manual system was time-consuming and laborious. They mentioned that they were understaffed; making it difficult to provide good records management delivery for quality health service to the community. The researcher also observed that only two people worked at a time to service many people in the public hospital. This made it difficult for the employee to serve all patients waiting in the queue. One record handler confirmed this when interviewed and expressed concern about the movement of the medical files:

> "When doctors request a file we number the whole file so that no pages will be missing and then again when the doctor is finished with the file we check if all the files are not missing, the appointment is made then we request that particular file it can be from our file room and remain on the queue for a long time to come…"

The record handlers in the public hospital further indicated that they at times get the information they are looking for but it is not always the case with 11 (22%) indicating that they did not receive it all the time; 3 (6%) respondents said they never find what they are looking for; while 1 (0.1%) reported that they sometimes found what they were looking for. These findings show that poor records management delivery is still an issue in the public hospital where far more time is spent locating files owing to the use of the poor manual records management system. The study also confirmed that it was evident that patients at the public hospital spent a lot of time in long queues waiting for files to be retrieved so that they could be attended to by medical personnel. The delays were due to the fact that only two records handlers were servicing up to 50 to 60

users. In addition, the file tracking system used at the public hospital was fraught with challenges. In some cases, patients had to bear the cost of buying their own file folders when their files were lost. In other parts of South Africa such as Limpopo, Marutha (2011) also revealed similar challenges of poor record keeping that hampered health service delivery to people in the area. Pyrene (2015) also found similar challenges related to misfiling and missing patient folders which sometimes lead to the creation of new patient folders thus undermining service delivery at the Victoria Public hospital in the Eastern Cape Province.

4.2 Required assistance from the RMU for patients

The Records Management Unit (RMU) is the 'face' of the hospital where the first visit begins and hospital service rating starts. The users were asked how long it took them to get the assistance they were looking for from the RMU. Of the respondents that answered this question, 4 (8%) said it takes days, 13 (26%) mentioned that it takes hours, and only 3 (6%) said it takes minutes. These results show that the Ngwelezana Hospital still has to improve their services. During the interview, some patients indicated that 3 to 4 hours sometimes pass without any help being provided as captured below.

Transcript (in IsiZulu): "Selokhu fike la ngo 5:30 kodwa u 8 manjena ngilinde ukuthi bakhiphele I fayela lami, okubuhlungu ngane yami ulayini uyashiya ekubone udokotela, sengofana nomuntu ofike emvakwesikhathi"

Translation: I've been here since 5:30 am but up until now I have not received my file and its 8 o'clock now. What makes me sad is that to the doctor it will be like I came late and I did not meet appointment time.

Clearly, it takes a long while for patients in the public hospital to get the required information on time. This shows that the public hospital still needs to improve their services to patients. Scholars such as Marutha (2011), Ngoepe (2008), Katuu (2015) and Pyrene (2015) all pointed out that there is a need for improvement in the service provision in the public hospitals in South Africa.

4.3 Location and length of retrieval of medical records

An important element of records management is that records are created and kept so that they can be made available to their intended users whenever required (Shepherd and Yeo 2003). Shepherd and Yeo (2003:130) purports that an essential element in record registration is giving it a "unique identifier" that sets it apart from all other records within a records management system. Shepherd and Yeo (2003:131) further posit that registration is closely linked to the collection of records metadata and can occur at any level of aggregation such as at "individual items, files, folders and records series". Thus this study sought to establish the frequency at which records were created and used. For this, records users were asked to indicate the frequency at which the records were used. The records handlers were also asked to indicate what happens when a patient's file is not located in its normal place. The records handlers indicated that for purposes of continuation of a patient's health record, they make duplicates of records. The patients agreed to the process of creation of a new record when an old one cannot be found for purposes of having a continuation of the health records. But the records handlers did voice out their concerns saying that there instances when the new file got lost they had to redo the whole process once more. One of the records handlers indicated the tedious processes they undergone to do the recovery file and said:

Transcript (in IsiZulu): "sibuza ukuthi yagcina nini esibhedlela and yalishiyaphi then we do duplicates"

"Translation: *"First we interview the patient where was the file last used and still if the file is not located refer to the supervisor while keeping the patient in the loop. If the supervisor takes over, the duplication will be done: a file number will be given to the supervisor...and you see we go over and over again and it is tedious..."*

It was also found during the interview that files are lost by patients when avoiding the consultation fee payment (R35.00). The other issue is that the public hospital has limited space to keep records resulting in the loss of such records. Other patient's even tried to steal their files to avoid paying when they come to the hospital. The record handlers further stated that:

Transcript (in IsiZulu): "Sometimes we end siwampitshile amafali kwamanye lokho kwenza egcine elahleka engasatholakali"

Translation: "due to space being limited we end up putting files in between other files and that causes the file to be misplaced when it's time to look for it...and then it is not found because we were trying to squeeze it in"

The implication from this study is that the public hospital is faced with file loss challenge due to space and theft from users. This in turn affects delivery of quality health services.

4.4 Patient satisfaction towards records management at the public hospital

The IRMT (2009) defines records management as the task of ensuring that all recorded information regardless of form and medium is managed in an economical and efficient manner. One of the key objectives of the study was to find out the current records management strategies, programs, and systems. Thus, good records management governance, recordkeeping system, records management technology and infrastructure, records archival processes and records management human resource capabilities are critical to the effective management of medical records.

The majority of respondents from Ngwelezana Hospital said that they were not happy with the way their records were managed at the OPD (Out Patient Department). The OPD is responsible for all files at the hospital. It is where records are managed by clerks. The respondents said that they found their files covered in dust, torn or sometimes missing; they did not get answers as to where their files were located. The study further revealed that the condition of the files was not satisfactory since they were dusty, torn and missing folios. They also required patients to buy themselves folders when their files were full. They said it was the patients' responsibility to buy folders for their files so that they can prevent them from getting lost. Some of the respondents indicated that:

Transcript (in IsiZulu): "Mina ifayela lami engalimalangalo engoziniyemoto lalahleka akazengikwazingisho ukuclaimer from road accident fund ngoba ngangingasenayo imininingwano ngokulimalakwami"

Translation: "My file went missing from the hospital, I was supposed to use it for claim at the Road Accident Fund because my file was missing I did not have the file to back me up that I was really involved in a car accident, I was unable to claim because there was nothing to back up my story".

This implies that at this public hospital, there are still various challenges when it comes to records service delivery, for example: torn files, missing files, delay in diagnosis, missing folios etc. From the researcher's observation, the file room was not also conducive for medical records to be stored in that the room had high temperatures and improper file classification system.

One of the interviewees said:

Transcript (in IsiZulu): *"Inkinga nje esinaso is'space ngoba ngikhuluma nawe asazi sobekakuphi u 2016 asiphathike u 2017 ngoba onkelamafayela ala ekakabisesime nisokuthi angakhishwa khonasizothola i-space"*

Translation: *"The problem we have is the space, as I'm speaking to you now we do not know where we are going to put 2016.I don't know about 2017; it is even worse because all these files are not yet matured enough to be taken out so that we will have space"*

Poor records keeping affects the whole functioning of the organization and this leads to a poor health service provision (IRMT, 1999). Earlier studies by Ngoepe (2004), Marutha (2011) and Pyrene (2015) all reported that poor records management was an issue in public hospitals in South Africa.

4.5 Impact of records management structure on service delivery

Green (2011:10) argues that centralized a records system is whereby records are put together in one place for easy access. The centralized filing system for medical records is also recommended by the International Records Management Trust (1999:23).The IRMT states that hospitals should employ qualified medical records managers to manage such a centralized record systems.

The record handlers were asked to indicate what type of record management structure and system the hospital had adopted. The findings revealed there no unanimous affirmation in that 5 (4%) records handlers and medical clerks confirmed the use of the centralized system in managing records, 63 (46%) disputed this, saying they use a decentralized system; while 20 (15%) were not really sure of the system being used. This was an indication that the staff that handled records were not professionally conversant with the kind of records management system in place. The researcher also observed that some records handlers did not even know what system is in place in their hospital no matter how long they had worked in the facility. Observations, however, revealed that the public hospital used a centralized system in managing their medical records. The researcher also observed that the public hospital managed only the paper-based records and that space was an issue at Ngwelezana Hospital. Owing to this, the hospital ended up using an outside container which they referred to as 'Khulukuthu' (dumping area). Ironically, implying the medical records were simply dumped there.

Users were also asked during their follow-up visits to the hospitals about where they got their files. The users indicated that their records were normally kept at the OPD; others call it the front desk. The hospital administrator mentioned that all files are collected from other units by the clerks daily so when patients come they pick them up from the OPD. There is a sign placed in the window indicating that follow-up patients use the second cubicle which is sometimes an issue because patients with no serious conditions end up opening new files and having to wait in long queues. This study established that carrier cards in public hospital are still in use and effective but anyone can just use the carrier card when retrieving the file. The study further revealed since all medical records were specifically centralized at in the OPD, this affected file retrieval for the follow-up visits. As indicated by one record handler that lamented on defects of this centralized approach and how it affected file retrieval and follow-up visits:

> *"The OPD is a 'representative' of the hospital, if patients get a bad experience at the OPD; they blame the whole hospital as they work as a 'face' of the hospital. Due to a poor record management structure in place where everything is centralized in one place …there are very long queues every day and the patients end up opening new files each*

and every time they come to the hospital to avoid long queues…and follow up on these files is a nightmare".

Pyrene (2015:109) also found that the Victoria Hospital in Eastern Cape had a centralized system and faced similar challenges in their records management function. Similarities were identified by authors such as Kerry (1999); Norden (2004); Pyrene (2015) also observed that the use of the manual system in the public hospital and the use of registers when doing file tracking of current record management system was time-consuming. The study confirmed that the challenges faced by the public hospital in the OPD included: file loss, missing folios, torn files, delayed diagnosis and long lines. Marutha (2011) Limpopo Public Hospital, Kerry (1999) Emtshezi District Kwa-Zulu Natal and Norden (2004) Tzaneen Municipality in Limpopo, all reported similar challenges; this confirmed that this is not new in the hospital but has been around for a decade without being addressed. In other words, this attests that integration of ICTs is really required to increase efficiency of the records system at the hospital.

5. Recommendations

The study makes the following recommendations with regards to effective records management practices for efficient public service delivery at Ngwelezana public hospital:

(a) Compliance with records management procedures and tools in accordance with service delivery

The study revealed that there is a lack of medical records management policy, procedures and tools within the Ngwelezana Hospital to govern records internally. It is therefore recommended that:

- The public hospital should request for guidance from the National Archives and Records Services (NARSA) on the implementation of an effective medical records management programme.
- Training workshops are required for records handlers to help them to understand their roles and responsibilities in good medical records management practices and standards.
- The Ngwelezana Hospital needs to put Batho Pele principles into practice at all times by putting patient's needs first through giving them sufficient and timely information when serving them.

(b) RMU Assistance and location of patient files

The study established that various challenges encountered in the Ngwelezana Hospital, includes the time spent in the retrieval of patient files or folders which is more than the estimated service time by the hospital. It is recommended that:

- File tracking system should be implemented for the easy retrieval driven by more skillful records for an efficient service delivery.
- Movable shelves should be used to save space and arrange the easy retrieval.
- Appropriate records management related software and technology should be utilized to speed up the service.
- Records managers referred to as Unit Managers in Ngwelezana should go for further advanced studies in archives and records management.
- Contribution fees at the Ngwelezana Hospital must be used to buy more stationery in order to prevent records handlers from asking users to buy folders using their own money when their files are full.

(c) Satisfaction towards records management at the hospital

The study established that patients and users were not happy with the way the files were handled by the records handlers at the Ngwelezana Hospital; including the unconducive infrastructure for the management of records. It is recommended that:

- The hospital management should put in place effective service monitoring practices to evaluate the level of performance in terms of how service is rendered.
- There should be a visible suggestion box for patients to make suggestions regarding the records service delivery improvements.
- The whole RMU infrastructure needs to be restructured to help facilitate the effective records management.

(d) Impact of records management structure on service delivery

The study revealed that there was lack of understanding of the nature the centralized records systems and the system was not as effective in the retrieval of files. It is recommended that:

- Ngwelezana Hospital to review the centralized manual records management system needs as to improve the filing system, designated staff and capacity, skills and training, administrative leadership.
- There is need to adopt and integrate of ICTs in records management functions so as to increase the efficiency of the records system at the hospital.

(e) Responsibility for the management of records

The study established that the clerks and administrators who were responsible for records management at the Ngwelezana Hospital were ill-qualified to handle the records management function. It is recommended that:

- The public hospital should employ qualified records handlers to manage the records management function.
- Records management units should be monitored even if that can be done once a year.
- In-house training should be adopted and be facilitated by qualified records managers from the National Archives and Records Services (NARSA) or reputable institution.
- The hospital must work closely with NARSA to restore the certification of performance to motivate records managers.

6. Conclusion

This paper presents empirical results of an investigation into the implementation of good records management services and the extent to which this contributes to corresponding citizen satisfaction of good health delivery at the community level. The ultimate goal was to understand the scale and dimension of good medical record management in determining issues of accountability in health care for citizens at local or community level in the quest for optimal health service delivery and governance. The study investigated service delivery in accordance with the Batho Pele principle in records management at the Ngwelezana public hospital. The findings revealed that the compliance with record management tools and procedures is still a challenge; just as the records management policy to govern the records management function was absent. The health service delivery system in accordance with the Batho Pele principle was not being fulfilled with many respondents, citing weaknesses that include:

- Untimeliness of health service to patients that depend on effective and efficient file retrieval.

- Lack of awareness towards records management.
- Lack of qualified records managers.
- The low staff made awareness and quality assurance towards, administrative record keeping policies and procedures.
- Low provision of the budget for record keeping tools.
- Lack of job description relating to the role records management function.
- Lack of awareness of the NARSA records management guideline.

On the whole, the evidence shows that a poor records management could undermine service delivery and therefore transparency and accountability in health delivery. The study thus recommends a suite or requisite framework that underlines good records management governance; recordkeeping system; records management technology and infrastructure; records archival processes and records management human resource capabilities.

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