



Conclusion

Trend of distribution is high for ALL, among 21-40 year old males. The main presenting symptom was intermittent fever and almost half of the patients had hepatosplenomegally at presentation. Cytogenetics were performed only in a minority, due to unaffordability. A proper survival analysis is vital.

PP 17

Availability of patient records in a tertiary care setting in Sri Lanka

Somawardana UABP¹, Malluwawadu GN¹, Senanayake S², Mubarak FS³, Kulathilake C⁴, Balawardane J⁵

¹Senior Registrar in Haemato-Oncology, National Cancer Institute, Maharagama

²Lecturer, Department of Pharmacology, Faculty of Medical Sciences, University of Sri Jayawardenapura

³Intern House Officer, Base Hospital Puttalam

⁴Consultant Haematologist and Senior Lecturer, Department of Haematology, Faculty of Medical Sciences, University of Sri Jayawardenapura

⁵Consultant Clinical Oncologist, Executive Director & Senior Lecturer, General Sir John Kotelawala Defence University, Werahera

Introduction and Objectives

Proper, structured maintenance of patient data is essential in order to sustain a high quality patient care service. This simply contributes to providing of efficient health care facilities at the time of need. Aim of this study was to conduct an overview of the maintenance of data of patients with haematological malignancies in a tertiary care hospital.

Methods

A descriptive cross sectional analysis was done on the availability of health records of patients registered for treatment procedures with a diagnosis of haematological malignancy at the National Cancer Institute, Maharagama. Data from patients registered in 2010 and 2011 were collected in mid 2016. Data analysis was done by using Statistical Software for Social Sciences version 23.0.

Results

In 2010, 1029 patients with haematological malignancies were registered. By mid 2016, 19.05% of those records were absent. In 2011, 778 were registered and 14.65% of these records were lost. There is a statistically significant reduction of losing records in 2011, when compared to 2010 ($\chi^2=6.032$; 95% CI: 0.8292 to 7.8988). Survival to death ratio of the patients registered in 2010 was 6.41:3.88 and that of patients registered in 2011 was 4.88:2.90 (OR=0.9817).

Conclusion

Approximately one fifth of the registered patient data become unavailable after 5-6 years. There is a significant reduction of records being missing, in 2011 compared to 2010. Reasons for this disappearance of documents should be scientifically analyzed and necessary solutions should be implied to improve the maintenance of patient records. Adopting an electronic patient record system could minimize this problem.