Improving health records in developing countries: the Suriname experience

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Suriname, known as Dutch Guiana prior to its independence from The Netherlands in 1975, is located on the northeast coast of South America. The country covers some 164,000 km², of which 80% is referred to as the Interior, a sparsely populated rainforest. Seventy percent of the country’s population of 423,400 live in the capital, Paramaribo, and its surrounding area. The ethnic composition of Suriname is 35% Creole, 35% East Indian, 16% Indonesian, 8% Maroon or Bush negro, 3% Amerindian, 2% Chinese and 1% European, Lebanese, and others.

As a result of this many languages are spoken: Dutch, Sranan (Creole language), Sarnami Hindi, Javanese, and Chinese. English is taught in the schools from grade 6 in primary school until the end of secondary school (5 years), but many Surinamese do not feel comfortable communicating in English. Dutch is the official language and is used at the schools and by the government. Sranan is often used in everyday situations.

Suriname has five general hospitals, four in Paramaribo and one in Nickerie, one psychiatric hospital, and one small chronic disease hospital.

This is the setting, far from countries that share Suriname’s language and culture, in which I have worked over the past 32 years, organising the medical record departments in two hospitals. From my own experience and from observing other hospitals I have identified factors that are essential to successful implementation of improvements in the health record system. These factors can be grouped under administrative and medical staff support, health record professional, and resources.

Administrative and medical staff support

I begin with administrative support because without this little, if anything, can get started. In countries where little has been done to advance the keeping of medical records, someone with power must support the need to improve the health record situation and arrange for acquiring the necessary health record expertise. This may mean identifying someone to go away for training or obtaining a consultant or expatriate to initiate the change process, or both. In my case, it was the Pan American Health Organization, in cooperation with the World Health Organization, who arranged for me to receive a fellowship to attend a medical record technician program in the United States so that I could then work on organising the Medical Record Department at the Academic Hospital in Paramaribo.

Hospitals are complex institutions and organisation or reorganisation of any department requires the support of the hospital director or administrator. This support must be sustained for a long enough period for changes to become part of the normal routine. When directors and administrators have no hospital management experience, or when they turn over rapidly, as can occur in developing countries, it is very difficult to introduce lasting improvements — and to maintain them.

The support of at least one member of the medical staff is also important. At the Diakonessen Hospital the physician who is chairman of the Medical Record Committee has been most helpful in explaining to the medical staff the reasons for the new policies and procedures and for informing the Medical Record Department of medical staff concerns.

Health record professional

Formal training in health record practice is essential and it is necessary to keep abreast of progress in the field. But knowledge alone is not enough. This knowledge must be translated into action and this requires the health record professional to be a leader, an educator, and a diplomat.

Leadership

Leaders must have a vision, a mental image, of their destination. In the case of hospital records, the vision describes the policies, procedures, and products one hopes to have in place and the space, equipment, and staff these will require. The vision must take into account the needs and desires of the medical and management staff, the national and institutional culture, a realistic appraisal of the resources required, and a phased implementation plan. It is not possible to transplant a program that works in one institution or country without first adapting it to the local situation.

A major role of the health record professional (HRP) is to identify and mobilise the resources needed to implement the planned change. This will take time. In every department, however, there are opportunities for improvement that do not require additional resources. This is where one must begin. This means that the HRP must provide the department staff not only with the knowledge and skills that they need to perform their function, but also with the conviction that the role they are performing is important and must be carried out correctly. Successes in improving procedures and in the appearance of the department helps to convince those both within the department and in the rest of the hospital that change is possible. Success breeds success.

A leader must be enthusiastic and must display to all a willingness to confront problems and to devote efforts to solving them.

Education

In addition to providing on-the-job skills, formal training is necessary. On three occasions I have planned and conducted training programs for medical record clerks. The first course was held at the Academic Hospital primarily for staff at that hospital, but students...
from other hospitals are also accepted. More recently, the courses were held at the Diakonessen Hospital, again with students from other hospitals. These courses, which lasted for about six hours a week over a one-year period, for a total of 200 hours, were arranged so that the employees could continue to work while studying. Examinations were given and the students who successfully completed the course were awarded a certificate. We arranged that the Ministry of Health would recognise the certificate. These courses not only provided the staff with a greater knowledge and understanding of their own particular job and how it relates to the other functions in the department, but also served to promote group pride and identity.

In addition to planning course content and structure and identifying lecturers, instructional materials must be adapted, translated, and reproduced. The HRP must be a trainer and an educator.

Diplomacy
Much of the success of the department depends on the cooperation of others. Obtaining this cooperation means exercising tact in explaining procedures and in making requests. Whenever possible it is important to try to comply with the requests for information or service made by others, as this is an important way of gaining support for the department. When it is not possible to comply immediately and fully with such requests, an effort is made to see if a compromise solution can be achieved.

Dedication
Achieving significant change requires a lot of work on the part of the HRP. Time and effort is required to determine needs, establish plans, develop new policies and procedures, organise and conduct programs while providing the continuous supervision that ensures that the quantity and quality of services are maintained.

The efforts of the HRP may result in being asked to help resolve problems that occur in other departments.

Resources
While some improvements can be accomplished with existing resources, in general the department will require space, equipment, staff, and training if it is to achieve its aspirations. It is important that plans be based on a realistic appraisal of the resources that will be available. This may require deferring certain activities to a later date. Positive results from the work of the department are an important factor in supporting the need for resources. Also, sources of funding other than the regular hospital budget should be explored and justifications for the request prepared.

One of the discouraging facts about developing countries is their economic situation. As the financial conditions deteriorate it becomes increasingly difficult to maintain the system. Dealing with this painful situation is discouraging, and an important role of the HRP then becomes to try to see how services can best be maintained and how to keep up the morale of the department staff.

Conclusion
Although the success factors described above are important, none of them alone can achieve an improvement in the health record system. They are interdependent and they are critical.

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