

## ii. ABSTRACT

**Introduction** - The health status of any country is significantly reflected by its morbidity and mortality rates. In Sri Lanka, hospital admission details were collected via the electronic Mortality and Morbidity Return (eIMMR). Each admitted patient received a Bed Head Ticket (BHT) with their diagnosis recorded upon discharge. These BHTs were then sent to hospital medical record rooms for coding using ICD – 10 and subsequently entered into eIMMR. In every robust coding system, there are special codes for the purpose of recording unspecified diagnosis, while R69 code used for that in ICD – 10.

**Objectives** - This study sought to propose a strategy to lessen the number of "unspecified" diagnoses in eIMMR records. To do this, we aimed to identify the factors contributing to the unspecified diagnoses, analyze the Communities of Practice around eIMMR for potential error sources and preventive strategies, and ultimately suggest a plan to reduce unspecified diagnoses through process improvements in the eIMMR Community of Practice.

**Methodology** – The study took place in eight hospitals in Sri Lanka's western province, with a focus on five hospitals with a high R69 count and three with a low count in 2021. Questionnaires were distributed to medical officers and Medical Record Room officers. Open-ended interviews supplemented by process observation were also conducted with Medical Record Room officers. We employed quantitative analysis for the questionnaire results and qualitative analysis for the interview findings.

**Results** – The findings highlighted several factors contributing to a high count of unspecified diagnoses. These factors spanned various areas including medical staff-related issues in wards, challenges with the Medical Record Room staff, and administrative issues.

**Conclusion** - Multiple factors influenced the incidence of unspecified diagnoses in the eIMMR system, as revealed by questionnaires and open-ended interviews with medical and record room staff. We identified several issues that resulted in a high count of unspecified diagnoses. To mitigate this, we proposed strategies to improve the eIMMR process and reduce the number of unspecified diagnoses.