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INFLUENCE OF ORGANIZATIONAL CHANGE ON HEALTH RECORDS MANAGEMENT PRACTICES IN LOCAL GOVERNMENT AREAS OF OSUN STATE, NIGERIA

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Abstract

The study reported the influence of organizational change on health records management practices in local government areas of Osun State, Nigeria, with a view to contributing to finding solutions to problems associated with organizational change in relation to health records management practices in local government areas of Osun State.

Survey research design was adopted for the study. The population of the study was three hundred and six (306) medical and health officers in the 30 local government areas of Osun State. Total enumeration technique was used to cover all the 306 health care professionals in the 30 local government areas. A validated questionnaire was the instrument used for data collection. The response rate of 93.1% was obtained and data were analyzed using descriptive and inferential statistics.

Findings revealed that positive and significant relationship exists between organizational change and health records management practices (Df = 283, N = 285, r = .641**, P < 0.05). The p-value associated with the r statistics is less than the 0.05 level of significance. It implies that a unit increase in organizational change will increase the tendency for health records management practices in the studied area.

The study concluded that organizational change has significant influence on health records management practices in the local government areas of Osun State. The study recommended that: State and local governments should put machinery in motion to ensure uniformity in re-organization of PHC system in order to accomplish the overall goal of improved health records management practices that is responsive to internal, external, cultural and environmental changes in the LGAs.

KEY WORDS: Organizational change, health records management practices, Medical and Health Officers

1.0 Introduction

Health records are collection of recorded facts concerning a particular patient, his or her illness and the events occurring in the course of professional care for the purpose of providing the best medical care to the patient, for teaching, research, study appraisal of medical practice and legal requirements (Benjamin, 2001). Osundina (2014) opines that patients' records contain history of illness, medical investigations and tests, results of examinations, diagnosis and treatment. Patient's record helps in the planning process through availability of health data, which serves as a record of response to patient's health conditions and as a guide to future therapy. Hence, records should be managed to serve the purpose for which they were created.

Popoola (2008) describes records management as the area of general administrative management, concerned with achieving economy and efficiency in the creation, maintenance, use, and disposition of patient information, during their entire life cycle. It is the application of the systematic and scientific control over recorded information that is required in the operations of an organization's business. Such control is exercised over the creation, distribution, utilization, retention, storage, retrieval, protection, preservation and final disposal of all types of patient information within an organization

Effective application of records management life cycle is critical to the management of patients' records in the local government health facilities in OsunState. Popoola (2000) asserts that recorded information has a life similar to that of a biological organism in that, it is born (creation phase), it lives, (maintenance and use phase), and it dies, (final disposition). He went further to state that as soon as patient records are created in the hospital during registration, consideration must be given to storage facilities, retrieval tools, filing and classification. Therefore, if the hospital management fails to act on the mentioned issues the growth of records can consume the available space in the hospital, and cause inefficiency and poor management of patient health records

Organizations face rapid change like never before. Globalization has increased the markets and opportunities for more growth and revenue. However, increasingly diverse markets have a wide variety of needs and expectations that must be understood if they are to become strong customers and collaborators. Concurrently, scrutiny of stakeholders has increased as some executives have

been convicted of illegal actions in their companies, and the compensation of executives seems to be increasing while wages of others seems to be decreasing or leveling off. Thus, the ability to manage change, while continuing to meet the needs of stakeholders, is a very important skill required by today's leaders and managers (Carter. 2015). Also, significant organizational change occurs, for example, when an organization changes its overall strategy for success, adds or removes a major section or practice, and/or wants to change the very nature by which it operates. It also occurs when an organization evolves through various life cycles, just like people must successfully evolve through life cycles. For organizations to develop, they often must undergo significant change at various points in their development. That's why the topic of organizational change and teamwork has become widespread in communications about business, organizations, leadership and management.

It is therefore assumed that development of health records management practice depends on organizational change which they often must undergo at various points in their development. Based on this assumption, this paper examined the influence of organizational change on health records management practice in Local Government Areas of Osun State.

1.1 Statement of the Problem
Health records management practices enhance generation of accurate and reliable health information for action. It has been observed by the investigator that improper management of health records generated within the health care facilities may result from organizational change which uses to have negative impact and grave consequences on health records management practice in the local government areas.

The problem therefore is that, the extent to which health care professionals in the local government areas pay attention to organizational change is not clear. Therefore, it is important to find out empirically the influence of organizational change on effective health records management practice. It is in the light of this that the study investigated the influence of organizational change on health records management practice in the local government areas of Osun state; with a view to contributing to finding solutions to problems associated with organizational change in relation to health records management practice in local government areas of Osun State.

1.2 Objective of the Study

The specific objectives of the study are to;

1. examine health records management practices among health care professionals in the local government areas of Osun State;

2. ascertain the nature of organizational change among health care professionals in the local government areas of Osun State;

3. find out the relationship between organizational change and health records management practices in the local government areas of Osun State

1.3 Research Questions

The research questions for the study are;

1. What are the health records management practices among health care professionals in the local government areas of Osun State?

2. What is the nature organizational change among health care professionals in the local government areas of Osun State?

1.4 Hypothesis

The study was tested under the following research hypothesis at 0.05; level of significance:

H_0: Organizational change has no significant relationship with health records management practices in the local government areas of Osun State.

1.5 Scope of the Study

This study investigated the influence of organizational change on health records management practices among medical and health officers in the local government areas of Osun State.

1.6 Significance of the Study

Findings of this study would be of significance to the health care professionals, because the information generated from this study would enable them to address organizational change issues in relation to health records management practices at the health facility level. The outcome of this research would help to identify the need for adaptation to organizational change which would allow effective health records management practices in the local government areas of Osun State.

The study would help to correct the attitude of health care professionals towards health records management practices which use to contribute to insufficient information gathering and the possible ways to reduce the deficiencies that would support health records management practices in local government areas of Osun State. The results of the study would be useful to the local government authorities to understand the need to provide a harmonious working environment which would enhance quick adaptation to organizational change which may lead to effective health records management practices within their catchment areas.

2.0 Review of Literature

2.1 Methods of Managing Health Records

Health records is a complete compilation of scientific data about patient's life and illness, derived from many sources, coordinated into an orderly documented file, packaged by the medical record department and finally filed away for various uses, both personal and impersonal (Omosanya, 2016). Health records may be managed manually or electronically (Olaniyan, 2014):

1. **Manual Method:** This involves the use of paper, ink and paper product in the creation, storage, maintenance and use of health records. The strategies used in the manual method include the adoption of the basic health records management systems such as; numbering system, tracing system, filing system, appointment system, coding and indexing system. These systems are operational in a health records department with adequate space, equipment and qualified personnel in the health institution, via various sections of the department such as, registration, admission and discharge, coding and indexing, statistics, and library sections. Information is made available to the users manually based on their needs and requests (Makata, 2015).

2. **Electronic Method:** This involves the application of computer system and other electronic devices into the creation, maintenance and use of patient records. The strategies used in electronic health records method include the use of hardware, software, human ware, procedures and storage devices. Application packages, such as multipurpose hospital information system (MPHIS), Microsoft Word, Microsoft Excel, District Health Information System – 2 (DHIS-2), Statistical Package for Social Sciences (SPSS), Electronic Coding Procedures and Instructions (ECPI), including storage devices like hard disc, CDROM, flash drive, network and internet services are adopted for effective management of patient records and sharing of information with complete accuracy (Oyeniran, 2013).

The stages in life span of health records as explained by Popoola (2000) are; creation, maintenance, use, evaluation (i.e. active, semi-active and inactive categorization of records after proper evaluation of the patient records) and records disposal

(a) Creation of Health Records: Health records creation starts with the documentation and registration of patient in the health information management department of the health institution. This will be followed by entering of clinical information such as; patient's complains, diagnosis, reports of medical investigations and treatment rendered into the record. At the registration point, a unique hospital number would be assigned to the patient record to facilitate distinct identification of the record.

(b) Maintenance of Health Records: Records' maintenance phase involves storage facilities, retrieval tools, filing and classification. This is applicable to patient records management practices which consist of the provision of appropriate infrastructure, the establishment of mechanisms and procedures, for collecting and analysis health data, to provide needed information to be used as management tool for informed decision making. Effective maintenance of patient records requires the adoption of appropriate filing system, numbering system, appointment system, tracing system, storage system, coding and indexing systems. Applications of these systems enhance accessibility to patient records for specific use.

(c) Health Record's Use: Health records use begins with an initiation stage, during which the information user first becomes aware of the need to gather information from the existing records, by recognizing the initial need for information, and attempt to facilitate effective use of the records through systematic organization pattern of the patient records based upon his / her needs. Coding and indexing systems are the tools that facilitate patient records use. These systems involve the process of assigning numeric or alphanumeric representations to clinical documentation (i.e. specific diseases, diagnoses and or procedures) as stipulated in the appropriate classification system such as international classification of diseases, volume 10 (ICD-10). And indexing is the process of preparing a catalogue which denotes the various processes involved in the preparation of entries and maintenance of a catalogue. Coding and indexing are processes of grouping which involve putting together like entities and separating unlike entities by assigning a classification mark to an item through which the item may be easily identified and located for use when the need arises (Omole, 2018).

(d) Evaluation of Health Records: Evaluation is a process of determining the value of records for further use, and the length of time for which that value will continue. Evaluation must be done based on the existing policy, which will stipulate how long records should be kept in their original form and what to be done after the expiration of the stipulated period. Record's content, record's value, record's form, reference value, research value, operating value, fiscal value, legal value, and archival value of the records must be considered during the evaluation process. Evaluation helps in the categorization of patient records into active, semi-active and inactive records.

(i) Active Health Records: Active health records are records needed to perform current operations (such as direct patient care and treatment) they are subject to frequent use and usually located near the user, and may be managed in a centralized or decentralized health records library.

(ii) Semi-active Health Records: Semi-active phase occurs, when the patients have been discharged home and only need to visit the hospital on appointment or at will. Records of discharged patients are processed in the health information management department and stored in the health records' library. These categories of records are seldomely retrieved for patient care and research purposes.

(iii) Inactive Health Records: An inactive record is a record that is no longer needed to conduct current business but is being preserved until it meets the end of its retention period as stipulated in the enabling policy. Inactive patient records are those records that are dormant on the shelves, which their owners or the patients have cease coming to the hospital, over a given period of time and records of dead patients that are kept in the health records library. These categories of records are made to reside in the secondary storage area of the library in order to create space for active records on the shelves, because of their reference value during disease surveillance and notification activities especially when carrying out trend analyses of diseases over a period of time (Popoola, 2000).

(e) Health Records' Disposal: When the records are no longer useful, a decision is taken whether the records should be preserved or disposed. This decision is based on the existing policy that is related records disposition in the organization (Agrell, 1998). Therefore the goal of patient records management practices are to support the process of decision making to improve patient outcomes, improve health care documentation, improve patient safety, treatment and

services, improve performance in patient care, including improvement of management support processes, towards generation of accurate and reliable health information for action in the society.

Therefore, health records management professionals carefully generate and collect health information, take custody of health information, manage health information and selectively disseminate them to the legitimate members of the society for quality health care service that guarantee socio-economic development of the nation. Health records management practices enhance provision of accessible, affordable, and cost effective health care services to the society, through an organized health care institutions. In view of this organizational change promotes innovation and best practices which should be regular part of a dynamic health records management practices

2.2 Organizational Change

Organizational change is a process in which a large company or organization changes its working methods or aims, for example in order to develop and deal with new situations or markets. Sometimes deep organizational change is necessary in order to maintain a competitive edge (Cambridge, 2016). Sarah (2013) opines that organization is a group of people intentionally organized to accomplish an overall common goal. It is an integrated social system, divided up into smaller units or groups that have various resources (inputs) that are used to produce certain deliverables (outputs). Tricia, Army and Terry (2014) submit that the process of change begins with organization leaders developing an organization's strategy, then with the creation of an initiative that is aligned with that strategy. These strategic initiatives are formulated as a direct response to a change in the business environment. This is why the creation of State Primary Health Care Development Board by Osun State Government becomes inevitable in order to respond to "Primary Healthcare under One Roof" policy of the Federal Government of Nigeria.

However, organizations that are highly effective at change management incorporate certain practices that they deem important to the success of their strategic change initiatives through their change enablers (leaders). These practices according to Tricia, Army and Terry (2014) are: Having well-defined milestones and metrics, having senior management committed to change, establishing and communicating concrete ownership and accountability, using standardized project management practices, and having engaged executive sponsors. They stated further that

the primary reasons why organizations are failing and losing money are insufficient communications and lack of leadership, this inference justifies the explanation of Sarah (2013) that organizational change involves the extent, rate, and overall nature of activities, led by a change agent (leader), to enhance the overall performance of the organization. The creation of Local Government Area Primary Health Care Agency in the 30 local government areas of Osun State is a change that enhances effective health records management practices.

2.2.1 Stage Theory of Organizational Change

The stage theory is based on the idea that organization pass through a series of steps or stages as they change. After stages are recognized, strategies to promote change can be matched to various points in the process of change. According to stage theory, adoption of an innovation usually follows several stages. Each stage requires a specific set of strategies that are contingent on the organizations stage of adopting, implementing, and sustaining new approaches as well as socio environmental factors.

While Kurt Lewins, (1951) was credited for creating one of the earliest stage models, modern stage theory is based on both Lewin's work and Rogers' diffusion of innovation theory, as analyzed by McNamara, (2006). Based on the analysis of McNamara (2006) the stages of stage theory are:

i.   Awareness of a problem and possible solutions

ii.   Decision to adopt the innovation

iii. Implementation that includes redefining the innovation and modifying organizational structures to accommodate it.

iv.   Institutionalization or making the innovation part of the organization's ongoing activities

2.2.2 Steps to Successful Change

John, (2002) describes a helpful model for understanding and managing change. Each stage acknowledges a key principle relating to people's response and approach to change, in which people see, feel and then change. They eight step change model are summarized below:

i.   Increase urgency – inspire people to move, make objectives real and relevant.

ii.   Build the guiding team - get the right people in place with the right emotional commitment and right mix of skills and levels.

iii.   Get the vision right – get the team to establish a simple vision and strategy focus on emotional and creative aspects necessary to drive service and efficiency.

iv.   Communicate for buy-in - involve as many people as possible, communicate the essentials, simple, and to appeal and respond to people's needs.

v.   Empowers action – remove obstacles, enable constructive feedback and lots of support from leaders – reward and recognize progress and achievements.

vi.   Create short-team wins – set aims that are easy to achieve – in bite – size chunks. Manageable numbers of initiatives. Finish current stage before starting new ones.

vii.   Encourage determination and persistence – in an ongoing change, encourage ongoing progress reporting – highlight the objective achieved and future milestones

viii.   Make change stick – reinforce the value of successful change via recruitment, promotion, new change leaders, weave change-in culture.

2.3 Organizational Change and Health Records Management Practice

Different leaders or "change agents" within the organization assume leading roles during different stages and the strategies that organizations use depends on their stage of change and whether the nature of the social environment surrounding the innovation is supportive or otherwise in which health records management practice is not an exception.

The adoption of the above steps is imperative in dealing with change management issues. When people are confronted with the need or opportunity to change especially when it is enforced, as they see it, by the organization they can become emotional. So can the medical and health professionals who try to manage the change.

Diffusing the emotional feelings, taking a step back, and encouraging objectivity, are important to enabling sensible and constructive dialogue when an organization is experience a change. To this end health information management practitioners can find it helpful to use analogies to assist themselves and other staff to look at change in a more detached way through innovation, co-operation and dialogue.

3.0 Methodology

Survey research method was used. This study investigated the influence of organizational change on health records management practices among medical and health officers in local government

areas of Osun State. The instrument used for data collection was questionnaire. The instrument was administered to medical and health officers in the 30 local government areas of Osun State. Administration and collection of the instrument lasted for three months. Retrieved data were analyzed and presented with the use of descriptive and inferential statistics that is: frequencies, percentages, means, standard deviation and simple correlation table.

4.0 Findings and Discussions

Data were collected through the questionnaire. Data generated through questionnaire were collated, coded, and analyzed using descriptive and inferential statistics that is: frequencies, percentages, means, standard deviation and simple correlation in analyzing the responses of the medical and health officers. The return rate of 306 copies of the questionnaire dispatched to the medical and health officers in the local government areas of Osun State show that 285 copies representing 93.1% were duly completed and returned while 21 copies representing 6.9% of the questionnaire were not duly completed. Therefore the results presented in the following sections were based on the 285 copies of the questionnaire that were duly completed and returned.

4.1 Answers to Research Questions

This section consists of the results from the descriptive statistics on the account of the two Research Questions posed in the study:

Questions 1: What are the health records management practices among health care professionals in the local government areas of Osun State?

Table 4.1: Showing the health records management practices among health care professionals in the local government areas of Osun State

S/N	Items	SD (%)	D (%)	A (%)	SA (%)	Mean	Std. Dev
1	Records are created to provide evidence of patient treatment in the health facility	-	-	68 23.9	217 76.1	3.76	.427
2	Coding and indexing of records facilitates effective use of records for epidemic control	-	16 5.6	81 28.4	188 66.0	3.60	.594
3	health records are managed manually in the health facility	3 1.1	30 10.5	188 66.0	64 22.5	3.10	.603
4	Electronic devices are available for management of health records in the health facility	26 9.1	54 18.9	136 47.7	69 24.2	2.87	.885

						X	Std. Dev.
5	Health records are assigned hospital numbers for easy retrieval	-	4 1.4	73 25.6	204 71.6	3.71	.484
6	Health records serve as source of information at health facility level	-	7 2.5	110 38.6	161 56.5	3.55	.546
7	Semi-active health records management system is in place my LGA	7 2.5	42 14.7	168 58.9	61 21.4	3.02	.687
8	Demographic information supplied by health records help in monitoring and evaluation of health events	-	12 4.2	133 46.7	140 49.1	3.45	.577
9	Evaluation is done regularly to determine the value of existing patient records	4 1.4	27 9.5	145 50.9	109 38.2	3.26	.684
10	Effective health records management practices depend on organizational change	-	24 8.4	125 43.9	136 47.7	3.39	.639
11	Health records management unit is in place in the health facility	3 1.1	21 7.4	129 45.3	125 43.9	3.35	.668
12	Health records are maintained until they meet the end of their retention period	4 1.4	14 4.9	113 39.6	154 54.0	3.46	.658
13	Morbidity and Mortality data are extracted from health records	-	33 11.6	89 31.2	163 57.2	3.46	.694
14	Reliable health records storage and security control are available in the health facility	3 1.1	25 8.8	151 53.0	106 37.2	3.26	.659
15	Health records' disposal is done based on the existing management policy	7 2.5	30 10.5	153 53.7	95 33.3	3.18	.712

Source: Field Survey, 2016

SD = 1 = Strongly Disagree, D = 2 = Disagree, A = 3 = Agree, SA = 4 = Strongly Agree

X = Mean, Std. Dev. = Standard Deviation

The result in Table 4.1 reveals that (using the mean), respondents strongly agreed that records are created to provide evidence of patient treatment in the health facility ($\times$ = 3.76), as health records are managed through the process of records management life cycle; that is, records creation, records maintenance, records use, records evaluation and records disposition. It showed that records are maintained through allocation of hospital number ($\times$ = 3.71) and their uses are facilitated via appropriate coding and indexing system ($\times$ = 3.60), records evaluation is done regularly ($\times$ = 3.39) and records disposal is done based on existing policy ($\times$ = 3.18). This established the fact that effective health records management practices depend on organizational change ($\times$ = 3.39) and demographic information supplied by health records help in monitoring

and evaluation of health events ($\times = 3.45$) which is essential for the planning and implementation of health care services in the local government areas.

Questions 2: What is the nature organizational change among health care professionals in the local government areas of Osun State?

Table 4.2: Showing the nature organizational change among health care professionals in the local government areas of Osun State

S/N	Items	SD (%)	D (%)	A (%)	SA (%)	Mean	Std. Dev
1	L.G.A. health system has been intentionally re-organized to accomplish the overall goal of PHC	3 1.1	-	156 54.7	122 42.8	3.41	.555
2	Strategic innovations are formulated as direct response to a change in health records management practices in my L.G.A.	6 2.1	3 1.1	134 47.0	138 48.4	3.44	.630
3	Awareness of a problem resulting from change and possible solutions are fashioned out	-	18 6.3	146 51.2	117 41.1	3.35	.598
4	Decision to adopt new innovation was taken by all medical and health officers in the L.G.A. PHC system	-	16 5.6	140 49.1	122 42.8	3.38	.594
5	Re-defining the innovation and modifying organizational structures to accommodate it was implemented in my L.G.A	-	22 7.7	146 51.2	110 38.6	3.32	.613
6	Institutionalization of the innovation by making it part of the organization's ongoing activities was done in my L.G.A.	-	9 3.2	110 38.6	162 56.8	3.54	.560
7	Understanding and managing change is essential to the success of health records management practices	3 1.1	21 7.4	118 41.4	139 48.8	3.40	.674
8	Change management issues are usually treated objectively by medical and health officers in my L.G.A	6 2.1	15 5.3	127 44.6	133 46.7	3.38	.687
9	Different strategies that organization use in managing change depends on the nature and stage of change in the L.G.A.	10 3.5	21 7.4	123 43.2	127 44.6	3.31	.760
10	When medical and health professionals are confronted with the need to change; they become	-	9 3.2	154 54.0	115 40.4	3.38	.549

	emotional						
11	Medical and health professionals find it helpful to use analogies to manage change through innovation, cooperation and dialogue	6 2.1	27 9.5	133 46.7	115 40.4	3.27	.721
12	Establishment of SPHCDB and LGAPHCDA has changed health records management practices in my L.G.A.	3 1.1	11 3.9	126 44.2	141 49.5	3.44	.625
13	Health records management practices had undergone significant change at various points in their development in my L.G.A.	-	44 15.4	156 54.7	78 27.4	3.12	.652
14	Methods on managing health records had changed in my L.G.A, due to recent organizational change	4 1.4	9 3.2	181 63.5	87 30.5	3.25	.581
15	Organizational change has positive influence on effective health records management practices in the L.G.A.	12 4.2	21 7.4	116 40.7	132 46.3	3.31	.788

Source: Field Survey, 2016

SD = 1 = Strongly Disagree, D = 2 = Disagree, A = 3 = Agree, SA = 4 = Strongly Agree

X = Mean, Std. Dev. = Standard Deviation

The result in Table 4.2 reveals that (using the mean), respondents strongly agreed that institutionalization of the innovation by making it part of the organization's ongoing activities was done in the L.G.A ($\times$ = 3.54). These confirmed the positive influence of organizational change on health records management practices. The respondents also agreed strongly that establishment of SPHCDB and LGAPHCDA has changed health records management practices in the L.G.A ($\times$ = 3.44), understanding and managing change is essential to the success of health records management practices ($\times$ = 3.40) and when medical and health professionals are confronted with the need to change; they become emotional ($\times$ = 3.38). The unveils that change management issues are usually treated objectively by medical and health officers in the L.G.A ($\times$ = 3.38), decision to adopt new innovation was taken by all medical and health officers in the L.G.A. PHC system and Re-defining the innovation and modifying organizational structures to accommodate it was implemented in the L.G.A ($\times$ = 3.38 & $\times$ = 3.32) respectively. Finally, the finding revealed that L.G.A. health system has been intentionally re-organized to accomplish the overall goal of PHC ($\times$ = 3.41), strategic innovations are formulated as direct response to a change in health records management practices in the L.G.A ($\times$ = 3.44), and organizational

change has positive influence on effective health records management practices in the L.G.A($\times$ = 3.41).

4.2 Test of Research Hypothesis

This section consists of the results from the inferential statistics on the account of the one hypothesis tested:

H$_0$: Organizational change has no significant relationship with health records management practices in the local government areas of Osun State.

Table 4.3: Pearson Product Moment Correlation summary table, showing the relationship between Organizational change and health records management practices in the local government areas of Osun State

Variables	N	Mean	Std. Dev	Df	R	P	Sig
Health Records Management Practices	285	50.592	4.819	283	.641**	.000	Sig
Organizational Change	285	50.356	5.404				

Source: Field Survey, 2016

Table 4.3 shows positive and significant relationship between organizational change and health records management practices (Df = 283, N = 285, r = .641**, P < 0.05). The p-value associated with the r statistics is less than the 0.05 level of significance. Based on this, the null hypothesis is rejected. Therefore, there is a significant relationship between organizational change and health records management practices. The table further revealed a positive significance exerted by organizational change on health records management practices. It implies that a unit increase in organizational change will increase the tendency for health records management practices in the studied area. To further understand the proportion of influence exerted by organizational change with a determinant of coefficient r^2 $(.641)^2$ was estimated = 0.41088. This implies that organizational change factor accounted for 41% variation for the prediction of health records management practices. That is a unit increase in organizational change improves health records management practices by 41%.

5.0 Summary of Findings

Major findings of the study are outlined below:

1. Findings established that health records are managed through the process of records management life cycle; that is, records creation, records maintenance, records use, records evaluation and records disposition. The study also established the fact that effective health records management practices depend on organizational change in the studied area.
2. The findings revealed that L.G.A. health system has been intentionally re-organized to accomplish the overall goal of PHC. The study also found that establishment of SPHCDB and LGAPHCDA has changed health records management practices which confirmed the positive influence of organizational change on health records management practices in the studied area.
3. Findings revealed that there is positive and significant relationship between organizational change and health records management practices in the local government areas of Osun State

6.0 Conclusion

Inferences drawn from this study established that organizational change influences health records management practices in the local government areas. The effectiveness of health records management practices depends on a re-organized primary healthcare (PHC) system for generation of accurate and reliable health information for action. Health records management practices depend on the extent to which organizational change is taken seriously by health care professionals in the local government areas. Therefore, effective health records management practices can only be achieved through a health system that must be intentionally re-organized to accomplish the overall goal of PHC which placed premium on the establishment of SPHCDB and LGAPHCDA in order to facilitate effective health records management practices in the local government areas.

7.0 Recommendation

On the basis of the findings and conclusion of this study, the following recommendations are made;

1. State and local governments should facilitate procurement and installation of appropriate information infrastructure that will support changes resulting from global dynamics in the health sector for effective health records management practices in the LGAs.

2. State and local governments should put mechanism in place to facilitate timely collection storage, analysis, and the use of health information for change management and organizational development in the studied area.

3. State and local governments should put machinery in motion to ensure uniformity in re-organization of PHC system in order to accomplish the overall goal of improved health records management practices that is responsive to internal, external, cultural and environmental changes in the LGAs.

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