



Improving the readiness for sharing information in a teaching hospital-Sri Lanka

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Abstract

Right to information (RTI) refers to the right of every citizen to access information held by or under the control of public authorities. Access to information not only promotes transparency and accountability in management but also facilitates the full participation of public life to promote good governance.

Both qualitative and quantitative approach was used to assess the process. Stakeholder engagement, information request process, appeal process, institutional capacities and enforcement & monitoring were the strategic areas studied by using the Customer Relationship Management (CRM) model. Readiness score was calculated to assess the readiness of the organization. Current information sharing practice was complex and both customers and employees were not satisfied due to many reasons. The organizational readiness score for sharing information was 7.7%.

Sharing information-enabled people to know how they can receive the services and equitably aware of those services to reap the benefits. The process can be linked with the quality and patient safety programs of the hospital and develop the whole system to enhance transparency, accountability, responsiveness eliminating wastage and corruption.

Keywords: right to information act, transparent, accountable, sharing information

Introduction

In the 21st digital century, receiving information from public authorities is a fundamental requirement and considered as the right of a citizen. The public authorities are legally accountable to discharge accurate information to the public to make informed decisions. Bridging the gap between information sharing process among citizens and public authorities remains as a foremost requirement today.

The availability of high quality, reliable information is important for effective development, selecting individuals and organizations. Information plays a crucial role in every stage of the decision-making process which is the most important task of managers in an organization and as an individual in his life.

Right to information (RTI) refers to the right of a citizen to access information held by public authorities. "Access to information not only promotes transparency and accountability in management but also facilitates full participation in public life and promote good governance in the country at large" (Paramasivan, 2015) [1].

Information

"Information includes any material which is recorded in, any form including records, and other documentary material, regardless of its physical form or character and any copy thereof" (Right to Information Act, No. 12 of 2016, Sri Lanka, 2016) [10].

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. According to the UNDHR Article 19, "Everyone has the right to freedom of opinion and expression. This right includes freedom to hold opinions

without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers"

Right to Information Act

On 04 August 2016, the Parliament of Sri Lanka enacted the Right to Information Act No. 12 of 2016 (RTI Act) giving access to the citizens fundamental right to information. With the implementation of the RTI Act on 03 February 2017, the Right to Information Commission (RTIC) published its rules on fees, appeal procedures and advised the government of Sri Lanka concerning gazette regulations on pro-active disclosure by public authorities as well as regulations on the re-use of information obtained under the RTI Act.30 [2].

Justification

Management of accurate and timely health information is a crucial element in the decision-making process of both patient and hospital management. Citizens have a right to receive quality health care and that should be available across the country. Further patients should know the quality of healthcare that they receive, and the care is patient-centred and safe. To understand the benefits of quality health care, the services must be delivered timely reducing waiting times and harmful delays for both supplier and customer. Health system must deliver equitable care that does not vary in quality on account of age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status or political affiliation. Health care delivery system is expected to be integrated across levels, providers and makes available. The public health system is run by taxes paid by the general population. Health care system must be efficient

how maximizing the benefit of available resources and avoiding waste to best use the public money. Therefore, customers should be accessible to healthcare-related information to get assure that they have access to standard healthcare provisions as described.

Ultimately customers to know, the system is much responsive, transparent and accountable by assessing the essential information freely.

Research on health information sharing has not been done in Sri Lanka previously. TH Ragama is one of the leading hospitals, catering many patients per day across the country. The hospital as the professorial unit of the Faculty of Medicine Kelaniya and having many sub-specialties' like organ transplantation (Liver and kidney), Endocrinology, Neurology and Genitourinary and Forensic medicine, it may engage in many litigating and challenging roles with managing the health care information. If the head of the institution is requested some information related to an area of sensitivity, it can lead to a dilemma of whether he has the authority to share this information or not. According to the today legal framework of the country, citizens have a right to receive appropriate information according to the RTI act 2016. On account of that government, institutions should be ready to share information according to the act to get rid of unnecessary conflicts and assure the transparency and accountability of the organization.

Research question

Sharing information has been identified as a fundamental right of citizens in Sri Lanka by RTI act 2016. Therefore, all the organizations should be ready to share information according to the act when they are requested. Ministry of Health is one of the most important high reliable organizations in Sri Lanka. Health is one of the priorities among people and they seek information very often. Health Care Institutions (HCI) handle more sensitive information about patients. Therefore, it becomes important for the health care employees to be informed of implementing the Act in their organization. Even though it seems many HCIs are not ready to share information as prescribed in the RTI act. Therefore, it is important to evaluate the challenges related with the implementing the RTI act to improve the efficiency of the system to increase the readiness for sharing information at HCIs according to the RTI act 2016.

Title

Project to improve the readiness for sharing information in Teaching Hospital Ragama.

General objective

To improve the readiness for sharing information in the Teaching Hospital Ragama

Specific objectives

1. To assess the current practice of information management procedure at Teaching Hospital Ragama
2. To identify the relevant areas to be developed to enhance the readiness of sharing information in

Teaching Hospital Ragama.

3. To increase the readiness of sharing information with relevant stakeholders in Teaching Hospital Ragama
4. To evaluate the development of the readiness for sharing information after the intervention in the Teaching Hospital Ragama

Literature Review

Right to information

Right to information has been recognized as a fundamental human right, invariably linked to respect for the relevant dignity of human beings. It explains the right of every citizen to access information under the control of public authorities consistent with the public interest. The basis of RTI is to empower the citizens, promote transparency and accountability in the practices of the system and assure equity (Kore *et al.*, 2018).

According to the UDHR - Article 19 includes the right to "seek, receive, and impart information and ideas through any media and regardless of frontiers (Universal Declaration of Human Rights, 2015).

Information sharing and readiness

Information sharing is considered as a transfer of knowledge from holder to recipient, and from an individual to the organizational level (Cabrera *et al.*, 2006).

If information sharing is to successful, the managers need to consider the timing and place of its introduction considering the overall level of change within the organization. However, in the public sector, change is usually initiated from a top-down approach and is perceived to be augmented for politically driven reasons. In such circumstances, change is more likely to be resisted. Therefore healthcare managers need to make great efforts to involve staff in implementing the processes (Taylor & Wright, 2004).

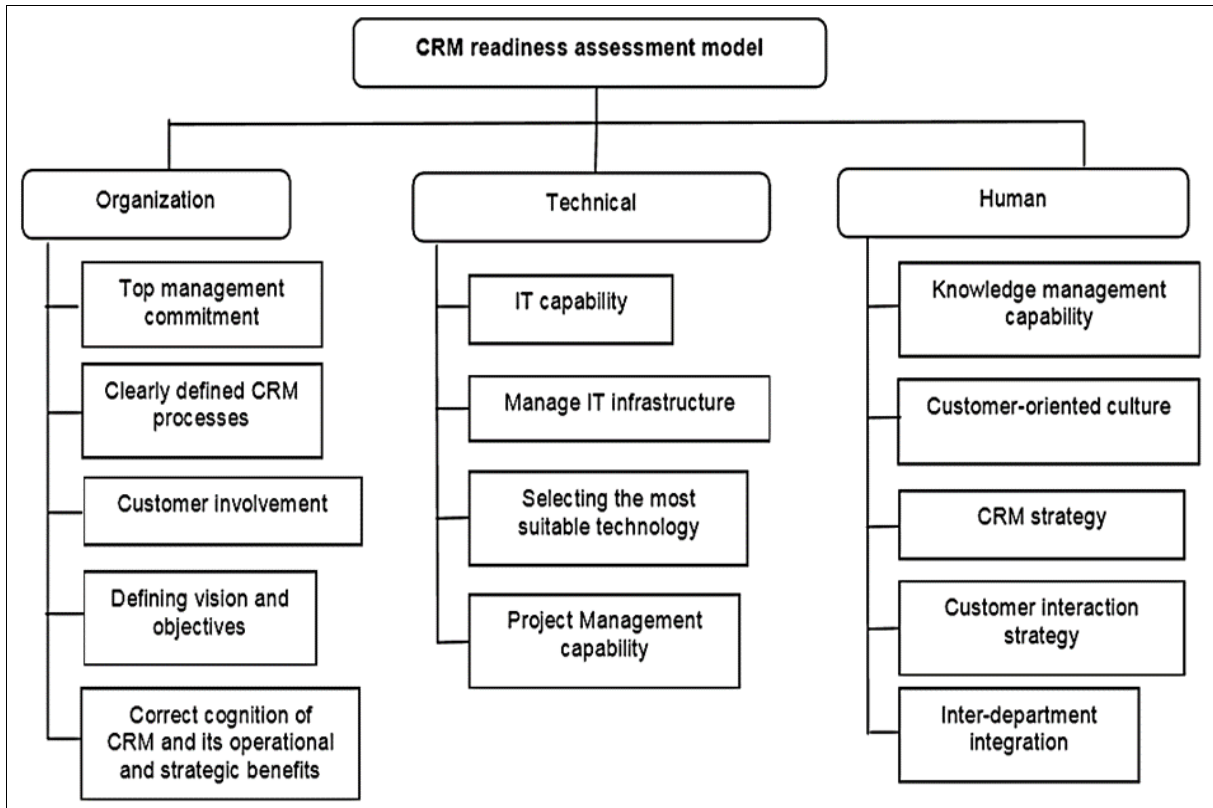
Assessing readiness enables an opportunity for an organization to determine its performances and lapses to be rectified. Three characteristics are explained that is useful to increase the readiness of an organization. They are organizational readiness, staff characteristics and resource readiness (HRSA, 2011).

Customer Relationship Management (CRM) model has explained the criteria and sub-criteria which are addressed as readiness assessment factors in CRM implementation. As mentioned below there are 3 main criteria and 14 sub-criteria (Miri-Nargesi, 2011).

Organization: Top management commitment and support, clearly defined CRM processes, customer involvement, defining vision and objectives, correct cognition of CRM and its operational and strategic benefits

Technical: Capability, IT infrastructure, selecting the most suitable technology, project management capability

Human: Knowledge management capability, customer-oriented culture, CRM strategy, customer interaction strategy, inter-department integration



Source: Miri-Nargesi, 2011

Fig 1: Customer Relationship Management Model

Methodologies adapted to assess the strategies

Raising the awareness of RTI among the employees is a responsibility of the HOI. Therefore, the awareness of the managers should be developed first. Every institution must display the RTI Information boards on the inner front side, which will be easy to reach the employee as well as the customers (Paramasivan, 2015) [1].

As RTI laws are in place, the importance of records management increases nevertheless the absence of good records management systems is often a constraint to share information (Dokeniya, 2013) [5].

Establishing an organizational structure for responding to requests and enhancing proactive disclosure efforts are the targets of RTI implementation. Nevertheless, this has been challenging in some of the case studies. For example, In Uganda, only a few ministries responded (Dokeniya, 2013) [5].

High-quality data is needed to make informed choices among health planners and suppliers, to provide more effective clinical care, to assess the quality and cost-effectiveness of health services. Further to understand the pilferages and corruptions in the health services and patterns of morbidity and mortality among underserved populations. When it comes to research, it is useful the determinants, prevention, and treatment of disease (Gastin, 1995).

Assessment of outcome concerning the objectives

Monitoring RTI performance enables an assessment of how well RTI is being implemented and offers an accountability mechanism for compliance (Dokeniya, 2013) [5].

The perspective of access to information as a constitutional right of citizens, it is instrumental in addressing challenges of governance and development. Therefore, implementing an information-sharing process according to the RTI Act

becomes a pre-condition for achieving governance outcomes in transparency, corruption and accountability (Kishali Pinto-Jayawardena, 2019) [3].

Sri Lankan context of the RTI

Sri Lanka has been ranked on 4th place out of 128 countries with 131 points in the world rating. Afghanistan has replaced Mexico at the top of the RTI rating, with an impressive score of 139 points out of a 150, Mexico is now in second place, with 136 points, followed by Serbia with 135 (RTI Rating, Global Right to Information Rating, 2018).

Methods

CRM (Customer Relationship Management) model explains three major criteria. CRM (CRM) model was used to assess and improve the expected outputs and outcomes.

- Organizational readiness
- Technical readiness
- Human resource readiness

Quantitative methods of collecting data

A checklist was used to assess the current practices of sharing information. Availability of RTI formats, registers, notices and logistics according to the RTI act 2016 was examined.

Pretested SAQ (Self-Administered questionnaire) was used to assess the knowledge and satisfaction among unit heads of the TH Ragama.

Qualitative methods of collecting data

FGD (Focus Group Discussion) was conducted using a pretested semi-structured interview guide to collect qualitative data from the stakeholders. The limitations at the

implementation and operational level were identified. Selected 12-unit heads participated for the FGD and held until data saturation point.

KII (Key Informant Interview) was conducted using a pretested semi-structured interview guide to collect qualitative data from the key informants. Current issues in the information sharing were interviewed from the Information Officer (IO) and Designation officer (DO).

Five strategic areas were identified in the process by consulting the experts in the fields and literature review for interventions and improve namely,

- Stakeholder engagement
- Information request process
- Appeal process
- Institutional capacities
- Enforcement & monitoring

Strategic area	Process Indicators	Means of Collecting data
Information request process	I. Availability of information requesting formats according to the RTI Act	Checklist
	II. Displaying the Notices prescribed by the RTI Act	
	III. Knowledge of IO	
	IV. Availability of Email address & Accessibility over the phone	
Appeal process	V. Availability of appealing formats according to the RTI Act	
	VI. Knowledge of DO	
Institutional Capacities	VII. Availability of registers according to the RTI Act	
	VIII. Availability of a computer, a photocopy machine for sharing information	
	IX. Knowledge on Employee on Information sharing	
	X. Availability of Web site for proactive disclosure	
	XI. Information protection and storing measures	
Enforcement & Monitoring	XII. Availability of the RTI Act, RTI Gazette, RTI Guideline, RTIC and other resource persons' contact numbers	

Fig 2

Strategies were planned and implemented to address the identified gaps based on the Discussion held with experts in

RTIC, referring to the literature and administrators in THR (details mentioned in the Result Chapter).

Outcome indicators	Technique
<ul style="list-style-type: none"> • Knowledge among the staff • The Satisfaction among the staff • Conflicts on sharing information 	SAQ/FGD
<ul style="list-style-type: none"> • Number of information shared per month according to the RTI Act • Number of information requesting forms received per month 	Checklist
<ul style="list-style-type: none"> • Number of Appeals received according to the RTI Act • Number of information rejected according to the RTI act 	
<ul style="list-style-type: none"> • Sending returns according to the RTI Act per six months • Number of evaluation meeting held per year • Income generation 	

Fig 3

FGD revealed that requesting information through a written document was compulsory and there was not an appealing process. Rejection of a request was depending on the knowledge of the HOI. Current information sharing practice was complex, problematic and both customers and employees were not satisfied due to many reasons. The practice was not transparent and accountable as there was no uniformity in the decision-making process.

According to the KII held with the Director and DD, unavailability of required knowledge was a barrier to implement the Act. This process was considered as an extra burden to the staff. Many problems had risen on sharing information, but they were not given priorities. Customers had to wait many times and some of the time their requests were rejected, and an appealing opportunity was not given.

Quantitative assessment

According to the knowledge assessment survey, it was found that the knowledge among the managerial staff was poor on the RTI act and they were not satisfied with the working environment as it was not supportive.

Checklists revealed that there were no directional boards and displaying who is the IO and DO where responsiveness was unsatisfactory. Further THR did not have any prescribed format or register which proved that they were not ready to share information according to the RTI Act.

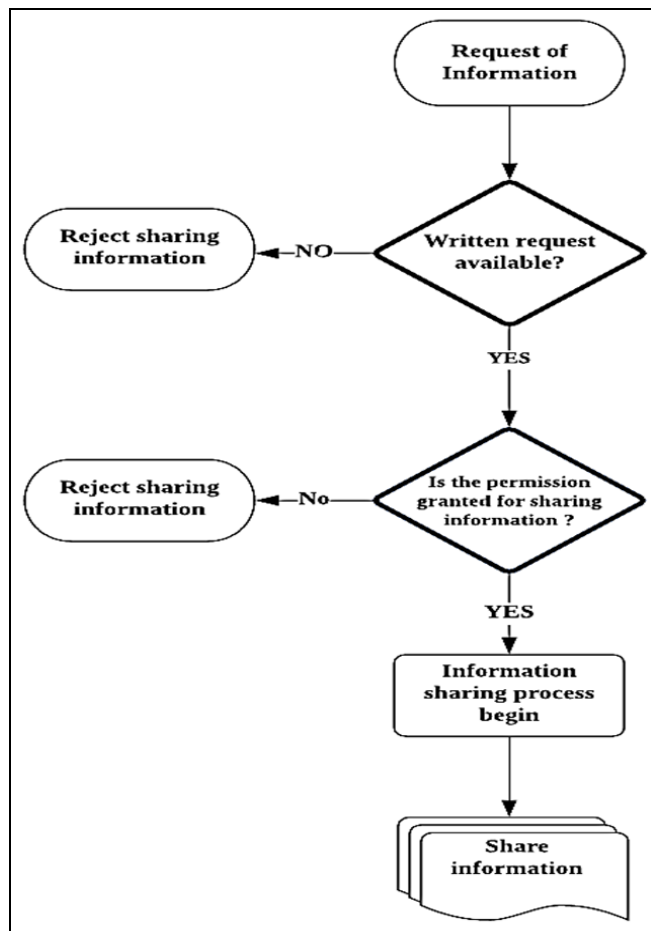


Fig 4

Results

Pre interventional Results

Above findings were compared with the RTI act 2016 and following gaps were identified

Stakeholder Engagement

- The hospital environment was not ready to inform customers about how they can seek information.
- Frontline officers were not aware of the information sharing process according to the RTI Act.

Information Request Process

- The customer was supposed to present physically and forward a written request to the HOI
- There was not a website and requesting information over the phone or via E-mail
- Information sharing fees were not charged.
- Timeliness for information sharing was not followed.

Appeal process

- There was no appeal process
- The ultimate decision on sharing information was taken by the HOI

Institutional capacities-

- Knowledge among the employee on sharing information was poor and they were unsatisfied about the process.
- Resource allocation for the information sharing process was not adequate.
- RTI Formats & registers were not available.
- Proactive disclosure was not in practice.

Enforcement & monitoring

- Information sharing process was not evaluated
- Returns were not sent to the RTIC regularly
- An information desk and an officer were not assigned

Interventional results

Formulating the intervention to increase the Readiness in sharing information

Five strategic areas were identified in the gap analysis and designed interventions to bridge the Gaps.

Improving the Stakeholder engagement

- A workshop was organized to increase awareness among employees on the information sharing process. There were 51-unit heads, 32 ward managers, few consultants including director and two deputy directors. The discussion went based on case scenarios and knowledge sharing manner. Booklets, a newspaper and copies of RTI Act made by the Ministry of Information and Mass media were used as the IEC materials to get success in the program.
- The name of the information officer, designated officers and information requesting formats were displayed on the notice's boards.
- RTI Act, RTI gazette paper, and RTI Act implementing manual were made available

Improving the information request process

Printed forms and hospital email (info@cnth.health.gov.lk) were made publicly available for requests. Telephone operators and hospital frontline officers were made aware to direct people to the information desk.

Improving the appeal process

- Hospital director was the DO and after discussion with him completely new process of Appealing for

information was established.

- Name of the designated officer was published with his contacts.
- Formats required for the Appealing process was made available in printed form

Improving the institutional capacities

- The information desk was established
- Chief Management assistant (CMA) was appointed as the officer responsible for the Information desk. Documentation, collecting requests, receipt of information. Getting approval, and record-keeping was the duties assigned for the CMA
- CMA was assigned as the officer-in-charge of in for sending timely returns to the RTIC, under the supervision of DD.

Improving enforcement & monitoring

Deputy Director (DD)-I was appointed as the IO. When the DD-01 is on leave DD-II has delegated duties and Director was to continue as DO. Relevant Acts, guidelines, schedules for meetings and manuals were made available to refer and list of resource persons and RTIC contact numbers were made available to refer further clarifications.

Phase three

Progress of the project was assessed three months after the intervention.

Qualitative evaluation

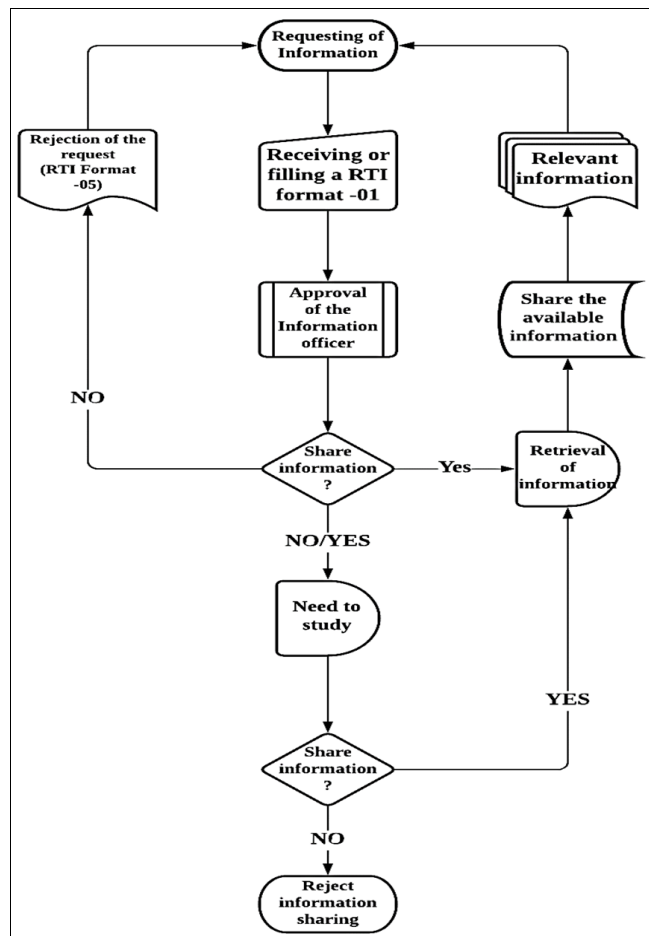


Fig 5: Mapping the current information sharing process after the intervention

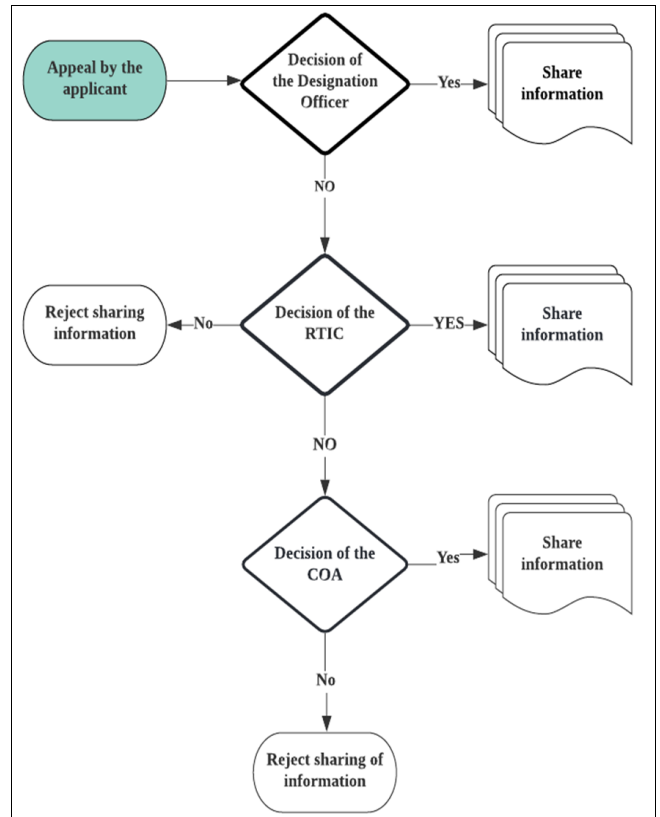


Fig 6: Appeal process of Sharing Information after the intervention

Summary of the FGD findings

Stakeholder engagement

The employees were confident enough to share information according to the RTI Act and worked on proactive disclosure of information resulted in reducing workload while increasing transparency and accountability. Customers were more optimistic on the information sharing process, the new process was appreciated as there was no waiting time and the system was more responsive.

Information request process

The information requesting process was streamlined according to the RTI Act. Everyone got equal opportunity to apply information by filling RTI format No- 01, by E-mail and over the phone. There were no conflicts regarding the decision on sharing and rejection of requests. The system was appreciated by both employee and customers. Much information was shared through the website and proactive disclosure made the process more transparent and responsive.

Appeal process

Appellants' rights were assured by streamlining the appeal process from DO, RTIC and Court of Appeal (COA). If a request was rejected, he or she has many opportunities to appeal.

Institutional Capacities

Project interventions boosted the confidence of the employees. Resource allocation was done effectively. Now they have much access to refer if any problem.

Enforcement and Monitoring

Employees adhered to the bi-annual monitoring process by RTIC. Hospital reviews were done every other month.

Summary of the KII findings

Stakeholder engagement

Project interventions reduced the workload and complaints by the customers, responsiveness was increased.

Information request process

A written request was not compulsory. Website is now online, and proactive disclosure can be implemented.

Appeal process

Appellants' rights were assured by streamlining the appeal process from HOI, RTIC through COA.

Institutional Capacities

There is an information-sharing desk, officer and assigned infrastructures

Enforcement & Monitoring

Continuous monitoring and evaluation meeting were useful to improve the system further

Quantitative evaluation

Knowledge of sharing information among selected employees was assessed. According to the findings, it was noticed that there is a significant increment. Knowledge upon information-sharing showed a statistically significant difference between the mean of Pre (mean=1.857, SD=1.599) and post (mean=11.297, SD=3.675) intervention scores according to Mann-Whitney U test (Mann-Whitney U=68.000, p=0.000, p<0.001) The satisfaction of employee's regard to the process of sharing information according to the Act, had improved drastically. Satisfaction upon sharing information showed a statistically significant difference between the mean Pre (mean=5.9091, SD=2.38961) and post (mean=16.0000, SD=3.15238) intervention scores according to Wilcoxon Signed Ranks Test (p=0.000, p<0.001)

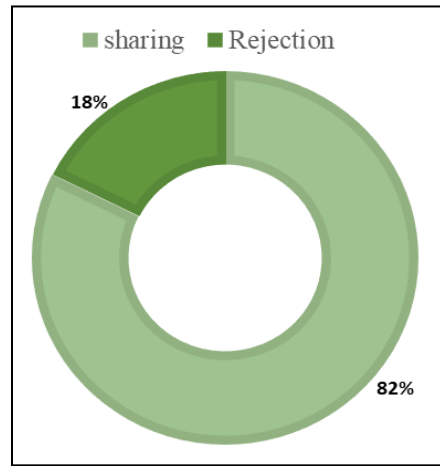


Fig 8: Progress of sharing information according to the RTI Act

Readiness score

Organizational readiness for sharing information was assessed by calculating the readiness score which was 7.7% and three months after the implementation of the intervention it had developed up to 89.2 %.

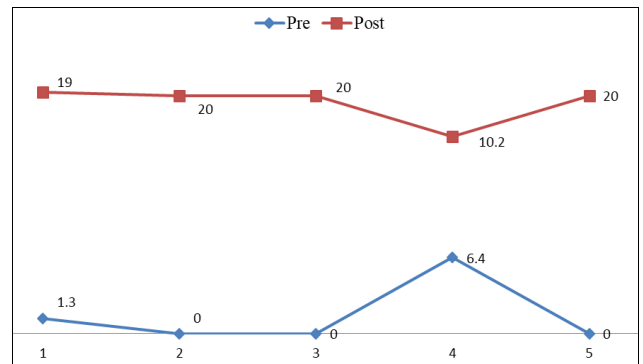


Fig 9: RTI Readiness Score

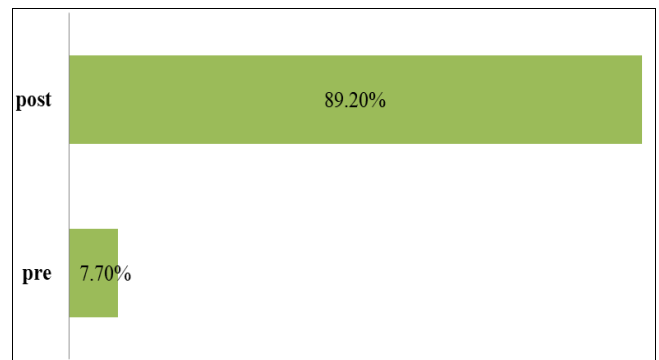


Fig 10: Readiness score pre and post of the Intervention

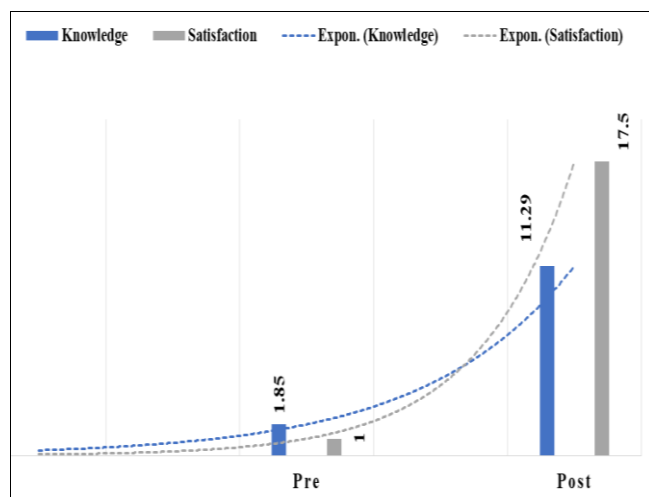


Fig 7: Information sharing according to the RTI Act

Checklist findings

RTI formats from 1 to 12 were made available and information desk, infrastructures and other resources were in place. Further findings revealed that target process indicators had reached by 100%.

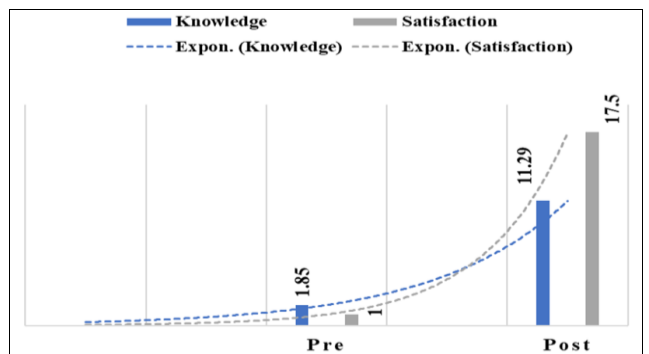


Fig 11

Calculation of the Readiness score

Table 1

Readiness area	Criteria to be achieved	Readiness score%	
		pre	post
Stakeholder engagement (5 marks for each)	Notice of IO & DO	00	05
	Availability of Information desk	00	05
	Notice of RTI format 01	00	05
	Employee satisfaction	1.3	04
		1.3	19
Information request process (5 marks for each)	Availability of information requesting formats	00	05
	Training of IO	00	05
	Availability of Email. address	00	05
	Accessibility over the phone	00	05
		00	20
Appeal process (10 marks for each)	Availability of appealing formats	00	10
	Training of DO	00	10
		00	20
Institutional Capacities (4 marks for each)	Availability of a computer for sharing information	02	04
	Availability of a photocopy machine	02	04
	Knowledge of Employee on Information sharing	0.4	2.2
	Availability of Web site for proactive disclosure	00	00
	Information protection and storing measures	02	02
		6.4	10.2
Enforcement & Monitoring (4 marks for each)	Availability of the RTI Act	00	04
	Availability of the RTI Gazette	00	04
	Availability of the RTI Guideline	00	04
	Availability of telephone directory of resource persons	00	04
	Availability of registers according to the RTI Act	00	04
	00	20	
Readiness score		7.7%	89.2%

Discussion

Sharing information enabled the government to explain steps taking to serve people and be equitably aware of those services to reap the benefits. Proactive disclosure increases the flow of information within the government and between different public authorities ^[3].

This is a service improvement project, designed to improve the readiness of sharing information in the THR according to the RTI Act 2016. Both qualitative and quantitative methods were used to identify the gaps and design suitable interventions. Therefore, it was phased out and carried out in three phases.

Pre-interventional phase

In this phase, a gap analysis was done, and five strategic areas were identified as having gaps. They were stakeholder engagement, requesting information, appealing, institutional capacities, enforcement and monitoring.

Project assessment showed that current practices were unsatisfactory, disorganized, poorly monitored and not according to the requirements described by the RTI Act. It was revealed that the knowledge related to the Act was poor. This was seen among all levels of staff. Hospital management did not identify sharing information as a priority area. Usefulness and legal requirement of the process also were not known.

The KIIs, FGD revealed further that there were no systematic mechanisms to share information. The current practice of sharing information was not based on guidelines. Furthermore, it was evident that the existing mechanism was neither transparent nor accountable. As a result of that, both employees and customers were unsatisfied.

Interventional phase

During this phase, a package of interventions was designed and implemented with the stakeholder participation to address the identified gaps in Phase I.

Organizational capabilities and capacities can be developed by interventions such as motivation and raising the knowledge within the organization, making available reference material and documents. Similar interventions have been successful in Mexico as suggested by Dokeniya, 2013 ^[5].

As far as a legal requirement and global scenarios on information sharing are concerned, the RTI act was the best solution to refer to any difficulty. On the other hand, it was the legal requirement of today Sri Lanka in sharing information (Kishali Pinto-Jayawardena, 2019) ^[3].

Considering these factors, it was decided to fully implement the Act. The CRM model was used to increase the readiness of the THR as the improvement of human, technical and organizational domains and its sub-criteria was recommended (Miri-Nargesi, 2011b).

Post interventional Phase

Effectiveness of the interventions was assessed using the same technique of phase I. The findings of pre and post interventional surveys and checklists were compared to assess the effectiveness.

Stakeholder engagement

Improving knowledge and satisfaction was used as the outcome indicator to measure stakeholder engagement. After the intervention target population had shown significant improvement in the knowledge of sharing information.

Peoples were requesting a wide range of information, some of them were very sensitive and some of them were related to the medico-legal area (Sooriyabandara, 2016). Development of the human resource created an employee-oriented culture. Whereas the mean of the knowledge was developed from 1.86 to 11.30 and satisfaction among the staff increased from 29.39% to 82.27 %. In addition to that customer interaction and inter-department integration was enhanced drastically following the awareness programs and issuing an internal circular on RTI act.

Information request process

The number of information requested and shared per month according to the Act was used to assess the information requesting process. Before the intervention, the information request process was not according to the RTI Act but after the intervention, the process was in place improving the responsiveness. Now a customer can access the information manually over the phone, through an e-mail or via the website.

By increasing the hospital readiness to share information through computer-based platforms has shown promising results in this research project. This shows that modern technology can be successfully used to improve services to customers at government hospitals.

Appeal process

The number of appeals received, and the number of the requests rejected were also used to assess the appeal process. This process was established in the THR as an output of the project. If a request was rejected the applicant has an opportunity to appeal DO or beyond assuring that the system is more transparent and accountable.

Institutional capacities

Availability of systems, procedures and practices measured the institutional capacity and assessed the compliance with the RTI practices. Further enabling required facilities like photocopy machines, printers and institutional web site (<http://www.cnth.health.gov.lk>) reinforced the system. Therefore, now the organization has developed by 100% through achieving human, physical and technical improvements. Uploading essential information to the institutional web site led to the disclosure of information proactively and may reduce the workload for employees and increased the responsiveness. As it is only three months after the intervention it is too early to assess the workload reduction by the implementation of proactive disclosure.

Enforcement & monitoring

The number of evaluation meeting held per year and number of returns sent to the RTIC was used to measure enforcement & monitoring. Sending returns of sharing information to RTIC to the first time was done as a result of this project. After the implementation of RTI act successfully the THR was moving towards fostering the culture of the accountable, transparent, equitable and responsive organizational environment.

The project intervention resulted in increased awareness of hospital administration of this important activity. This was the reason behind successful resource allocation, monitoring activity of the process. The results clearly showed commitment, as well as awareness about the Act greatly influenced increasing the readiness of sharing information.

Limitations

To increase readiness in sharing information, collecting data from the customer side is essential. Even though shared information did not save any contact details of them. Medical record management process was challenged by financial, human and technical factors.

Conclusion

The research project involved the identification of gaps in the process of sharing information according to the RTI Act 2016 in the THR. Designing appropriate interventions to overcome those gaps and assess the improvements in the process after implementing the intervention.

The main gap identified in the project was that the organization was not ready to share information even after two years of the execution of the RTI act. Package of interventions introduced was improving the stakeholder engagement, enabling information request and appeal process, developing institutional capacities, enforcement and monitoring.

Project evaluation has shown significant improvement in the organizational readiness for sharing information and ultimately increasing the transparency accountability and responsiveness of the organization

Recommendation

1. Awareness among the health care workers about the usage and practical issues in the information sharing practices should be raised continuously through the integration with other regular hospital meetings. Example, perinatal mortality conferences and drug review committee
2. Hospital administration should hold regular review meetings to assess the implementation of the information sharing process and its progress.
3. Information sharing practices can be linked with the quality and patient safety programs of the hospital and develop the whole system to enhance transparency, accountability, responsiveness eliminating wastage and corruption. Example, customer satisfaction survey and suggestion boxes
4. Proactive disclosure of information should be motivated where most of the burden of information sharing and potential conflicts can be avoided. Example, web site and notice boards
5. RTI formats and registers must be maintained regularly and returns must be sent to the RTIC on time to enhance the compliance of prescribed practices of RTI act.

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