



Analysis of Filling in the Inpatient Medical Record Files at Arjasa Health Center Jember

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ABSTRACT

The Medical record form is an important means of communication because it records detailed data about all actions taken by medical officers. The activities of fillings in medical records in Arjasa Health Center are applied less sufficiently. It seen from some incomplete filling of the medical records. It impacts the process of classification, and disease coding, reporting, and claims submission. This study aims to analyze the filling of medical records files in the Arjasa Health Center, Jember Regency. This type of research is qualitative research. The data collections are interviews to reconnoitre more about the problems related to filling out medical record documents as well as observations, documentation and questionnaires that aim to support the statements from the interview. There 5 subjects of the study consist of medical record officer, nurse, midwife, nutrition officer, and doctor. The results show several factors that cause incomplete filling of the medical records are the absence of medical record training for officers, SOP, qualified officer, punishment and reward for officers' performance. The efforts to solve these problems obtained by brainstorming include conducting medical record training, recruiting officers based on the qualifications, creating and socializing SOP, providing punishment or reward to officers with good performance in filling in the files completely and appropriately.

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Analisis Pengisian Berkas Rekam Medis Rawat Inap Puskesmas Arjasa Jember

ABSTRAK

Formulir rekam medis merupakan sarana komunikasi yang penting karena didalamnya tercatat data rinci mengenai semua tindakan yang dilakukan tenaga medis. Kegiatan pengisian berkas rekam medis di Puskesmas Arjasa masih belum optimal. Hal ini dapat dilihat dari beberapa berkas rekam medis yang masih belum terisi secara lengkap. Dampak dari pengisian berkas rekam medis yang tidak lengkap yaitu dapat menghambat proses pengklasifikasian dan kodefikasi penyakit, terhambatnya kegiatan pelaporan dan pengajuan klaim. Penelitian ini bertujuan untuk menganalisis pengisian berkas rekam medis di Puskesmas Arjasa Kabupaten Jember. Jenis penelitian adalah penelitian kualitatif. Pengumpulan data menggunakan wawancara, observasi, dokumentasi dan kuesioner. Subyek penelitian berjumlah 5 orang yang terdiri dari petugas rekam medis, perawat, bidan, petugas gizi serta Dokter. Hasil penelitian menunjukkan bahwa beberapa faktor yang dapat dapat menyebabkan ketidaklengkapan pengisian berkas rekam medis diantaranya belum pernah diadakannya suatu pelatihan terkait dengan pentingnya pengisian rekam medis secara lengkap, pendidikan petugas masih ada yang belum sesuai kualifikasi pendidikan RM, tidak ada SOP tentang pengisian berk;as rekam medis, tidak ada punishment dan reward bagi petugas sebagai bentuk

Kata kunci:

Pengisian

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motivasi dalam mengisi berkas rekam medis. Upaya penyelesaian masalah yang didapatkan dengan menggunakan brainstorming antara lain mengadakan pelatihan rekam medis, merekrut petugas sesuai kualifikasi Rekam Medis, membuat serta melakukan sosialisasi SOP tentang pengisian berkas rekam medis, memberikan punishment atau reward kepada petugas yang mengisikan berkas rekam medis secara lengkap dan tepat.



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INTRODUCTION

Health Service Facility is a place used to organize or provide various health services in terms of promotion, preventive, curative, or rehabilitation carried out by a group of people or the government. A health center (*Puskesmas*) as a first-level facility serves citizens' health that prioritizes promotion and preventive efforts to achieve the highest level of public health for its surrounding (Ministry of Health of the Republic of Indonesia - *Kemenkes RI*, 2014). *Kemenkes RI* (2008), every doctor or dentist who runs a medical practice in both health center and hospital must make a medical record.

A medical record is a file containing documents or notes regarding the patient's identity, medication, doctor's assessment results, treatments and other services for the patients. It must be complete and precise either in written or electronically (*Kemenkes RI*, 2008). Moreover, total files can provide information for various purposes such as basic research, references in the health sector, evidence in legal cases, health service reports, and evaluation data on the quality of services. One of the efforts to improve the quality of health service is by fulfilling the completeness of its medical records. This action can affect file management as integrated from patient registration until they complete the visit (Zakia, 2017). The standard for the incompleteness of filling in this document refers to the Regulation of *Kemenkes RI* (2008) concerning Hospital Minimum Service Standards.

These standards contain rules on the quality of essential services supplied by the government that every citizen has the right to access it (*Kemenkes RI*, 2016). According to *Kemenkes RI* (2008), the medical record file must be 100% complete 24 hours after the patient has finished treatment at the hospital. It is an obligation to write the document entirely and clearly (*Kemenkes RI*, 2008). Inpatient medical record consists of several forms that must be filled according to the services given. The inpatient forms at Arjasa Health Center includes a statement of approval or refusal of treatment, medical assessment, patients' health progress, list of intravenous fluids, pulse charts and temperature, records of medication, information form for patients and families, nursing/midwifery care, registration of patient arrival and leaving times, nutritional intake forms and medical resumes.

However, not all health centers can perfectly implement this document, including Arjasa Health Center. It is one of the first-level health facilities in the Arjasa sub-district in the Jember Region, which provides inpatient, outpatient and emergency services. Here, the filling of inpatient medical record files tends to be incomplete. Through observations and interviews with one of the officers, the incompleteness rate has fluctuated. Based on a preliminary study through surveys and interviews, the following table is the data on the incompleteness of medical record files.

Table 1
Preliminary Data of Inpatient Medical Record Files in April - June 2019 at Arjasa Health Center

Month	Complete	Percentage	Incomplete	Percentage	Total Documents
April	70	85 %	12	15 %	82
Mei	74	88 %	10	12 %	84
Juni	56	89 %	7	11 %	63
Total	200	87 %	29	13 %	229

Source : *KLPCM* Arjasa Health Center, 2019

Table 1 explains that at Arjasa Health Center, there are still problems regarding filling in medical record files. There are only 87% complete files in the last 3 months. This is a little far from the target of 100% completeness. Therefore, it is not in line to the *Kemenkes RI* (2008) that medical records should be made completely and clearly. According to Ridho *et al* (2013), incomplete filling and imprecise writing on patient diagnoses from doctors become some problems that are often found in this case. In addition, Khoiriah (2017) discovered 18% incomplete files in Waluyo Jati Regional Hospital, Kraksaan Probolinggo. Consequently, this would give more complex efforts for further file management and data processing. Zakia (2017) explains some of the contributing aspects that cause incompleteness while filling in the medical record. The aspects cover man (Knowledge,

education), machines (office stationery, monitoring and evaluation), method (SOP), materials, motivation, working time (media) and aspects of funds (money).

Moreover, in completing patient data, it relates to the behavior of the officers. Meanwhile, the behavior can be influenced by several factors, including predisposing factors (attitudes, values, beliefs and Knowledge), enabling factors (resources from the community, personal and skills), reinforcing factors (fixed procedure, benefits for physically and socially, and direct or indirect punishment (Zaenal, 2006). In filling in medical record files at Arjasa Health Center, the habitual behavior of officers has also become a notable factor. Skipping to fill in the document and placing patient's data inadequately rather than completely on each sheet. This behavior may decrease the quality of filling in the

files. For this reason, it is necessary to have well-behaved officers in carrying out their duties (Denis, 2018).

In this case, behavior results from various interactions of officers to their environment that manifested in the form of their knowledge, attitudes and actions. It is an individual's reaction to external or internal stimulus. The 4 main reasons that affect a person's behavior refer to judgments, thoughts and feelings, resources and habits or values in a society (Notoatmodjo, 2010). It relates to the inpatient room officers at Arjasa Health Center who states that there is no clear SOP regarding filling in medical record files. This data contradicts the rules from the Kemenkes RI (2017) that the use of clear SOPs is an essential equipment to conduct a health service center.

Knowledge and attitude are also factoring for this case. This is in accordance with research from Maulina in Denis (2018) that Knowledge has a significant relationship with the completeness of filling in medical record files. It is found that the correlation values $p = 0.038\%$. It concludes that the lower Knowledge of the officers, the lower level of the files completeness. In terms of attitude, the preliminary study reports that the files are only filled in certain sections. For instance, officers are often reluctant to fill in drug checklist for patients. Nurhaidah in Khoiriah (2017) states that the incompleteness of filling in medical record files can affect its contents and the reporting process.

From the results of the preliminary study, the problem is also found in the nutrition report. Medication notes and nutritional care forms for inpatients become the most incomplete files. In addition, there is only one nutrition officer at this health center who often leaves for external health service. Next, the administrative process works ineffectively since the files are late to be delivered to the storage room. The incomplete medical records also delay claim submission for BPJS patients. Writing the diagnosis complicates the filling process, which then impacts the amount of claim insurance. This research is conducted to analyze the filling process of inpatients' medical record at Arjasa Health Center based on those background studies

RESEARCH METHOD

This section describes the research design (qualitative, quantitative or mixed method) with details of the research subject, data collection, data analysis, and perspectives that underlie the selection of the research methods.

Research Design

This type of research is qualitative. By identifying natural object conditions, the researcher roles as a key instrument through data collection and analysis. The purpose of this study is to analyze the filling of medical record files in the inpatient department at Arjasa Health Center based on the behavior of its officers including thoughts and feelings, resources, habits and personal references.

Research Subject

The subjects used in this study consist of medical record officers, nurses, doctors, midwives and nutrition officers.

Data Collection

Data collection in this study using interviews, observation, questionnaires and documentation at the time of research. Data collection was carried out for 6 months starting from August 2019 - February 2020.

Data Analysis

This study employs a qualitative analysis. The the results of data collection are presented while comparing to the theory of behavior acted by the officers to filling in medical record files. The behaviors refer to the variables of *thought and feeling, resource, culture and personal reference*.

FINDINGS AND DISCUSSIONS

The Explorations of *Thought and Feeling* Factor

Knowledge

It is the Knowledge of officers on the process of administering medical records, especially in filling in the files. The Knowledge of completion in the inpatient department obtained from their own experiences or from others. Based on results of interviews with all respondents, the officers already understand the fulfillment of the patient's medical record. They also note that if deficiency will make the patients' history inaccurate which can reduce patients' right to get good service. It will also cause delays in BPJS claim submission. Thus, respondents have good Knowledge on it, but the incomplete filling still often occurs due to the rush time they spend during its process.

The interview findings also reveal that there is lack of official training on how to fulfill medical record. The health center only once hold a socialization internally. Training is very important for respondents' Knowledge and skills to increase the completeness of filling in inpatient medical record files. In Mangentang (2015), training needs to be provided for officers either internally or externally out of the workplace. It is hoped that this can improve the quality of services at a health center, medical record services and standards for further accreditation. Wijayanti (2019) in Lestari (2020) states that officers who fill in inpatient medical records at Elizabeth Situbondo Hospital should receive medical record training, especially for those who are not from medical record field in order to increase their knowledge and quality of handling the medical records.

Attitude

The attitude in this study is when officers are considerably good if they fill of the files on time, either in less than 24 hours after finishing the service or after inpatients are allowed to go home (Depkes RI, 2006). Based on the results of observations, all respondents will immediately fill in the medical record file after completing the treatment or ≤ 24 hours after patient's period of hospitalization. Hasibuan and Siburian (2018) conclude that filling in medical records is very important because it contains the patient's identity and medical history. The purpose of this filling is to ensure security, confidentiality, integrity and to facilitate file retrieval for educational, service, research and legal needs.

Based on the observations, the officers answer differently as the real fact. They use their own way that inappropriate with rules. Supported by Nurhaidah, et al (2016) who

explains that one of the factors causing the incompleteness of filling in medical records is the lack of discipline by the officers. From the interviews data with medical record officers, the part that they usually skip to fill in is on the patient ID number because there are only a few patients who carry their ID cards. Completeness of medical record file is very crucial for patients, health workers, and hospital institutions. Accuracy, correctness, and precision in filling in the patient's medical record files are a must to be achieved so as the right basis for making decisions from various parties (Dewi and Basuki, 2017).

The Explorations of *Resource* Factor

Facility

Facility in this research is a means to support the activities of filling in medical record files properly. Based on interviews, it is found that the intended facility is still not fully provided. Work tools must meet the work requirement of each unit including inpatient rooms, SOPs and stationery. This is in line with Lestari's research (2020) which states that the use right facilities can affect the performance of officers so that they will enjoy their work and can increase their productivity and work quality.

Workforce

Health workers are individuals who devote themselves to the health sector and have certain types of Knowledge and / or skills through education in the health sector requiring the authority to carry out health efforts (Kemenkes RI, 2014). The personnel referred in this study are each officer who is responsible for filling in inpatient medical record files. Health workers can be seen from the total members and latest education.

The results of the interview state that there are 3 medical record officers, 8 nurses, 2 doctors and 1 nutritionist at the Arjasa Health Center. This is appropriate with the Ministry of Health of the Republic of Indonesia Number 75 of 2014 concerning Community Health Centers which states that the workforce standard of health centers in rural areas for inpatient departments consists of at least 2 (two) doctors, 8 (eight) nurses, 1 nutritionist and 2 administrative staff (Kemenkes RI, 2014). The capacity of officers at this hospital is sufficient for the minimum requirement based on regulations. The education of medical record filling officers is suitable with educational qualifications in each field, except for medical record officer who comes from high school graduates. This is not in accordance with the Decree of the Ministry of Health of the Republic of Indonesia Number: 377 / Menkes / SK / III / 2007 regarding the professional standards of medical recording and health information which explains that the minimum educational qualifications are diploma 3, diploma 4 or S1 of health information management.

Budget

Budget here is specifically to improve the quality of service for filling in medical record files. The results of the interviews reveal that the officers do not know in detail regarding this case. The provision of funds at Arjasa Health Center is carried out by financial parties outside the medical record unit so that the use of funds for filling in medical record files becomes less effective.

Budget management and planning are very important factors for hospitals. Without this mean, health service facilities cannot serve and carry out its work activities properly. Kemenkes RI (2007) also states that one of the standards for the medical recording profession is preparing a budget. It is expected that this will assist in the preparation of the needs for procurement of goods or facilities in the medical record unit in accordance with the amount of budget required.

The Explorations of *Culture* Factor

Officers' Habit

Habit is an aspect of human behavior that takes place automatically, permanent and unplanned (Notoatmodjo, 2014). Habits in general are already attached to a person so that they are difficult to be changed. The habits of the officers in this study are divided into two, good habits and bad habits. They are good if they immediately fill in incomplete medical record files. Meanwhile, it belongs to bad habit when they ignore the files that have not been filled in.

From interviews with officers, it indicates that they often return incomplete medical record files to the former unit, doctors or other officers. Kencana *et al.* (2019) states that support among workers can also affect the completeness of filling in medical record files. This cooperation is a positive thing because it can create a supportive work environment, so that the completeness of filling in medical record files is a way better. In a study conducted by Hikmah *et al.* (2019) the incomplete file filling factor is a problem with the value of medical record files to be completed. Hence, this causes delays in returning medical record files (Hikmah *et al.*, 2019).

Another habit of officers regarding this matter is filling it directly to provide quick service. One problem of the incompleteness is when the absence of a doctor's signature on the medical resume will complicate the patient insurance process (Aufa, 2018). Kemenkes RI (2008) states that medical record files need to be made immediately and completed after the patient receives service. Documenting medical records is carried out to store the results of examinations, actions, treatment, and other services that have been provided to patients. Therefore, all health workers are responsible for the records made in the medical record file. The health service centers are obliged to provide the facilities needed in the context of administering medical records.

The Explorations of *Personal Reference* Factor

Motivation

Mangkunegara in Ananto (2014) defines motivation as an individual's encouragement to do activity as well as possible. In this research, whether the officer's motivation are able to fill in medical record files completely or not. One way to see the performance filling in these documents is based on the motivation of the officers (Farista and Karyus, 2020). Based on the results of interviews, there is no encouragement in the form of rewards (awarding certificates, appreciative materials) or punishment (warning letters, fines) related to filling in medical record files as a form of motivation.

They only receive a warning from other officers if they have low disciplines in their duties. Ulfa and Widjaya (2017) in their research state that there has been no reward or punishment for officers in filling in medical record files so

planning this system as motivation is important to reduce the number of incomplete inpatient medical records. In line with the research of Kencana et al. (2019), Hospital X does not implement a reward and punishment system causing their officers to underestimate this problem. Whereas, giving reward and punishment have an effect on the attitude and responsibility of doctors in filling medical records. Notoatmodjo (2014) states that providing motivation to employees can also be seen as an effort to increase their

behavior. In other words, it takes role as encouragement for officers to achieve good performance.

Solutions for Medical Record Incomplete Filling

Based on the discussion on analysis of filling in inpatient medical record files, several problems are found along with its recommendation efforts as follows.

Table 2
Problems and Recommendations for Improvement Efforts

No	Problems	Solutions
1	The officers have never attended any training about filling in medical record files.	Provide internal training to officers at least once every 3 months related to the implementation and filling in medical records at the health center to increase the their Knowledge.
2	Officer's education is unqualified to medical record requirements.	Recruit officers according to medical record qualifications and assign them to attend seminars or external training outside the hospital.
3	There is no specific budget for activities to fill in the medical record files.	Propose a budget related to filling in the medical record files to meet the service needs.
4	There are no reward and punishment toward filling in the medical record file.	Increasing officers' disciplines as a form of punishment for those who carry out the procedure improperly and giving rewards to officers who have good performance so that they are motivated to employ well the procedure for filling in the medical record.

Source: Primary Data, 2020

Based on table 1.2 it can be concluded that in filling inpatient medical record files, improvement is certainly needed. The following recommendations from researchers are based on the problems identified during the study. The first recommendation relates to officers who have never attended medical record training. Arjasa Helath Center should provide internal training to officers at least once every 3 months to increase their knowledge. This is supported by Werdani's research (2016) which states that hospitals are expected to provide periodic training and supervision so that medical record administration can be carried out according to procedures and to improve its service quality.

The second recommendation is related to the education of officer which is unsuitable to medical record qualifications. Arjasa Health Center should recruit officers according to requirements and provide them to participate in trainings outside the hospital. Kemenkes RI (2013) states that everything related to the administration of medical records and health information must be carried out by medical recorders. The medical recorder itself is a person who has passed medical record education and health information. Medical record officers have a minimum qualification of Diploma from medical record education and health information (Kemenkes RI, 2013).

The third recommendation is to make a medical record SOP, especially the section on filling in medical record files. These facilities can affect the performance of officers. Therefore they will enjoy their work and they can increase productivity and quality of work.

The fourth recommendation is related to the absence of motivation in the form of rewards and punishments for officers. This health center should improve officers' disciplines by the use of punishment for those who ignore the procedure carelessly and give rewards to officers who have good performance so that they are motivated to apply the procedure correctly for filling in the medical record file. According to Notoatmodjo (2014) giving rewards and

punishments to employees is seen to increase motivation to their behavior and work.

CONCLUSIONS AND RECOMENDATIONS

Based on the results and discussion regarding the analysis of the factors causing the incomplete filling of inpatient medical record files at Arjasa Health Center, these are the following conclusions:

- a. *Thought and feeling* factor analysis show that the officers' Knowledge of filling in medical record files is classified as good but no training is carried out, the attitude of the officers is also good because the officers still re-check the incomplete files.
- b. *Resource* factor analysis notes that sufficient facilities are already equipped in the unit, medical record officers have unsuitable educational background, and there is no special budget to support the process of filling in medical records.
- c. *Culture* factor analysis related to filling in medical record files, it is found that officers reconfirm and fill in the files directly to provide fast service.
- d. *Personal references* factor analysis reveals that there is no reward and punishment for officers as a form of motivation in filling in medical record files.

From the discussion and conclusion, the researcher formulates several recommendations that can be used as references to improve the quality of the filling in medical record files service. The recommendations are presented as follows:

- a. Provide internal trainings for the officers at least once every 3 months to increase their Knowledge on how to fill the files correctly and completely.
- b. Recruit officers that fulfill the qualifications of medical recorder and assign them to join seminars or external trainings.

- c. Propose specific budget regarding the needs of filling medical record files.
- d. Reinforcing diciplines to officers by the use of punishment for those who ignore the procedure carelessly and give rewards to officers who have good performance so that they are motivated to apply the procedure for filling in the medical record file appropriately and completely.

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