



Incomplete Inpatient Medical Record Documents at Hospital

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ABSTRACT

The medical record contains the patient's identity, examination, treatment, actions and other services that have been provided to patients. There were incomplete integrated patient progress notes 61% and incomplete medical resumes 73%. The research intended to analyze the aspects that caused the incompleteness of inpatient medical record documents at the Besuki Hospital. This research used a qualitative method with data collection techniques interviews, observation dan documentation. The subjects in this study were 1 head of medical records and 5 medical record officers. The result showed that the factors causing the incompleteness of inpatient medical record documents from the motivational variable were that there was still no award and punishment for medical record officers. Opportunity variables were the absence of incomplete record cards, medical record officers who have never attended any training at all, SOPs for checking the completeness of medical records missing and having never been socialized. The ability variable was that there were medical record officers who did not have a minimum education of medical recorders, the knowledge of officers is still lacking and there were officers who had work experience of less than 2 years.

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Kata kunci:

CPPT
Ketidaklengkapan Rekam Medis
Resume Medis
Rumah Sakit

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ABSTRAK

Rekam medis berisi identitas pasien, pemeriksaan, pengobatan, tindakan dan pelayanan lain yang telah diberikan kepada pasien. Berdasarkan hasil observasi diketahui bahwa terdapat ketidaklengkapan CPPT sebesar 61% dan ketidaklengkapan resume medis sebesar 73%. Penelitian bertujuan untuk mengidentifikasi dan menganalisis penyebab ketidaklengkapan rekam medis rawat inap di RSUD Besuki. Jenis penelitian adalah kualitatif, pengumpulan data dilakukan dengan wawancara mendalam, dokumentasi, dan observasi. Subyek pada penelitian ini yaitu 1 ketua rekam medis dan 5 petugas rekam medis. Hasil penelitian menunjukkan faktor penyebab ketidaklengkapan dokumen rekam medis rawat inap dari variabel motivasi yaitu masih belum ada pemberian penghargaan dan hukuman untuk petugas rekam medis. Variabel kesempatan yaitu belum adanya kartu catatan ketidaklengkapan, petugas rekam medis belum pernah mengikuti pelatihan sama sekali, SOP kegiatan pengecekan kelengkapan rekam medis hilang dan belum pernah disosialisasikan. Variabel kemampuan yaitu terdapat petugas rekam medis yang tidak memiliki pendidikan minimal D3 Rekam Medis, pengetahuan petugas rekam medis masih kurang dan ada petugas memiliki pengalaman kerja kurang dari 2 tahun.

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INTRODUCTION

Hospital is a health service institution that provides inpatient, outpatient and emergency services for complete individual health services. The hospital is organized based on Pancasila and based on human values, benefits, equality of rights, justice, anti-discrimination, equity, patient protection and safety, ethics, professionalism, and has social functions. (Kemenkes, 2009). Medical records are mandatory for doctors and dentists who carry out medical practices (Pemerintah Republik Indonesia, 2004). Medical record is documentation in the form of paper or file containing documents and notes regarding treatment, patient identity, examination, actions and other services that have been provided to patients. Medical records have to be complete and clear, both in writing and electronically (Kemenkes, 2008). One indicator to decide the hospital's quality services is the data and information completeness from medical records. Medical record quality indicators consist of accuracy, completeness of content, timeliness and fulfillment of legal requirements (Rachmani, 2010).

The Besuki Regional General Hospital is a type D government health service facility in Situbondo Regency. Initially this hospital only provided general medical and

dental services and served referrals from the Community Health Center. The increasing public demand for health care facilities has caused the Besuki regional hospital to improve the services quality. Efforts that can be implemented are to improve services in the medical record unit. However, there were incomplete medical record files at the Besuki Regional General Hospital. The Inpatient Unit is responsible for all clinical services provided to patients until the completion of treatment. The patient's medical record document who has finished treatment is handed over to the medical record unit for examining the completeness of the data contents. The completeness of the medical record document is important. It affects the quality of service in a hospital and the service process carried out by medical officers (Indar et al., 2013).

Based on research conducted by researchers in May 2022, there were incomplete medical record data filling in the Discharge Patient Summary file (Medical Resume) and the Integrated Patient Progress Record (CPPT) file. These problems can be identified by researchers when researchers observe 45 inpatient medical record documents from February to April 2022. The number of incomplete inpatient CPPT files for February-April 2022 at Besuki Hospital is shown in the following table.

Table 1.
Incomplete CPPT File Inpatient Rates for February-April 2022 at Besuki Hospital

No	Item Data	February				March				April			
		C	%	IC	%	C	%	IC	%	C	%	IC	%
1.	Medical record number	7	47%	8	53%	7	47%	8	53%	5	33%	10	67%
2.	Patient's name	7	47%	8	53%	5	33%	10	67%	7	47%	8	53%
3.	Patient's date of birth	9	60%	6	40%	5	33%	10	67%	4	27%	11	73%
4.	Patient gender	2	13%	13	87%	2	13%	13	87%	1	7%	14	93%
5.	Profession	5	33%	10	67%	10	67%	5	33%	6	40%	9	60%
6.	Examination results and management plan	9	60%	6	40%	10	67%	5	33%	6	40%	9	60%
7.	Health worker instructions	4	27%	11	73%	7	47%	8	53%	5	33%	10	67%
8.	Name of the doctor in charge of the patient	5	33%	10	67%	6	40%	9	60%	5	33%	10	67%
9.	Initials of the doctor in charge of the patient	8	53%	7	47%	7	47%	8	53%	6	40%	9	60%
10.	Date	7	47%	8	53%	7	47%	8	53%	5	33%	10	67%
11.	Time	4	27%	11	73%	5	33%	10	67%	2	13%	13	87%
Average per month		41%		59%		43%		57%		32%		68%	
Incompleteness average		61%											

Source: Primary Data at Besuki Hospital, 2022.

The table 1 shows information that the average incompleteness of inpatient CPPT files in February 2022-April 2022 is 61% with the highest incompleteness in April. Some of incomplete medical record files was also found in

the Discharge Patient Summary (Medical Resume) file at Besuki Hospital. The following is a number of incomplete patient summary files (medical resumes) for inpatients from February 2022 to April 2022 at Besuki Hospital.

Table 2.
Number of Incomplete Patient Summary Files Discharged for Inpatients February 2022-April 2022 at Besuki Hospital

Bulan	Number of medical records observed	Number of incomplete medical records	Percentage of Incompleteness (%)
February	15	10	67%
March	15	12	80%
April	15	11	73%
Average			73%

Source: Primary Data at Besuki Hospital, 2022

The table 2 shows that the average incompleteness of inpatient Patient Summary (Medical Resume) files in February 2022-April 2022 is 73% with the highest incompleteness in March. The number of incompleteness of

CPPT and summary of discharged patients are not in accordance with existing standards. Medical records must be filled out completely 100% in accordance with Minimum Service Standards in Hospitals (Kementerian Kesehatan,

2008). Incomplete filling of medical records causes the data in medical records to be inappropriate so that information about patient health data is difficult to identify (Swari et al., 2019).

Medical record documents incompleteness is an issue because medical record can maintain detailed information about the health services that have been given while the patient is hospitalized. This will result in external and internal impacts because the results of analyzing medical record data are used as a basis for generating hospital reports, both for internal hospitals and for external hospitals. Internal reports are related to the preparation of various hospital plans, decision making by leaders, especially the evaluation of services provided to patients. In addition, incomplete medical records also hamper the insurance claim process by BPJS because writing the main diagnosis or accompanied by additional diagnoses will greatly affect the amount of insurance claims submitted (Nurhaidah et al., 2016).

Another impact of medical records incompleteness is the delay in the administrative process, because the medical record documents that should have been in the storage room are still returned to the doctor in charge to be completed (Lihawa et al., 2015). One of the quality of hospital services is determined by the quality of medical records. Medical records are one of the standards that must be met by hospitals to get accreditation (Widyaningrum, 2013).

If the incompleteness problem is not resolved immediately, it will have an impact on incomplete medical data and inaccurate patient medical information because there are still some shortcomings in recording patient data

and affecting the quality of service. The importance of the completeness of medical record documents causes the interest of researchers to conduct research on the analysis of factors causing the incompleteness of inpatient medical record documents at the Besuki Regional General Hospital. The research intended to analyze the aspects that caused the incompleteness of inpatient medical record documents at the Besuki Hospital.

METHOD

The type of research used is qualitative. Data collection techniques used in this study were in-depth interviews, observation and documentation. Informants in this study were 6 medical record officers at Besuki Hospital consisting of one head of medical records and five medical record officers. Informants in this study were selected based on the involvement of these informants in checking the incompleteness of medical record files. The theory used in this research is Robbin's performance theory that consists of motivation, opportunity, and ability variables. The motivation variable has reward and punishment sub-variables given to medical record officers. The opportunity variable has sub-variables of available facilities, training that has been given to officers, and standard operating procedures related to checking the medical records completeness. The ability variable has sub-variables of education, knowledge and experience. Robbin's performance theory framework is shown in the following figure.

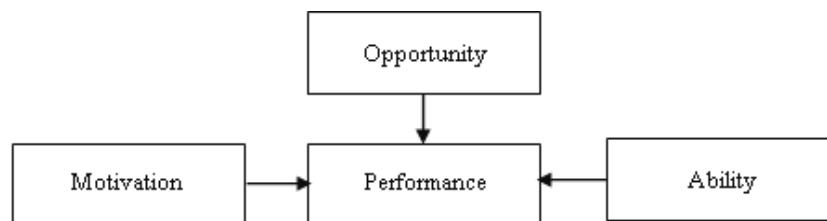


Figure 1. Performance Theory Framework

The primary data in this study were incomplete summary of discharged patients, CPPT, and data related to factors causing incomplete inpatient medical record documents. Secondary data in this study was data obtained by researchers from second parties such as hospital vision and mission, facility data, evidence of training documents, standard operating procedures, and data on the educational qualifications of officers in the medical record section. The validity test used in this research were source and technique triangulation. Source triangulation in this study was carried out by comparing the data obtained from interviews with research informants and comparing the results. In this study, the source triangulation was the motivation variable, the opportunity variable, and the ability variable. Triangulation techniques were carried out by comparing the data obtained through interviews, observation, documentation and brainstorming. In this study, the variables that use technical triangulation were the reward variable, the facility variable and the standard operating procedure variable.

RESULTS AND DISCUSSION

Motivation

The motivational variables in this study consist of reward and punishment. The reward in this study is a reciprocal or response to the work carried out by the medical record officer at Besuki Hospital in the form of a charter, incentive or praise. The results of in-depth interviews show that officers have never been rewarded for their performance. The results of observations made by researchers also do not show any rewards in the form of incentives or certificates to officers. However, the medical record officer is given guidance and direction by the head of the medical record unit.

Rewards are needed for officers to improve the performance. If the good performance of the medical record officer gets a reward, the performance of the medical record officer can be further improved. Rewards are an important part of performance management (Fajar et al., 2018). Performance improvement can be implemented by giving rewards to employees. Employees who carry out their work properly in accordance with existing procedures must be

rewarded to support a service (Wulandari et al., 2020). Rewards are given to motivate employees in fulfilling their responsibilities because the optimal performance of an employee is influenced by the provision of rewards for the work of the employee (Swari et al., 2019). Awards that can be given to medical record officers can be in the form of certificates, incentives or performance appreciation.

The punishment in this study was a sanction or warning given to the medical record officer at Besuki Hospital if the officer did not carry out his job properly. Based on in-depth interviews conducted by researchers, there has been no strict punishment given by the hospital to medical record officers. The punishment received by the officer was only a warning. Punishment is important in improving performance. Punishment is needed so that inpatient medical record officers can improve performance of officer. The punishment is intended to improve the performance of employees who violate, and maintain existing regulations (Putra, 2019). The provision of punishment is intended to avoid the occurrence of mistakes made by officers (Swari et al., 2019).

Opportunity

Opportunity variables in this study consisted of facilities, training, and standard operating procedures. The facility in this study was an incomplete record card as a supporting facility used in checking the completeness of medical records. The results of in-depth interviews showed that the existing facilities at Besuki Hospital were still lacking because there was no medical record incomplete record card. This was in accordance with the observations of researchers who did not find any use of incomplete note cards. Incomplete record cards are useful for recording incomplete data items so that when the medical records are returned to the inpatient unit, the health worker responsible for the medical record file can find out which data items need to be completed.

The incompleteness card serves to control the incompleteness of medical records so that the number of incomplete and complete medical records can be identified so that it can be used as a benchmark to determine the medical records quality (Budi, 2011). The incomplete card is used to control incomplete medical record documents. Incomplete medical record documents will be made a control card to be sent back to the related unit so that the medical record document is completed (Yuliasuti, 2020). Based on the discussion, it can be concluded that the incomplete record card is an important facility to support the activities of checking the completeness of medical records.

The training in this study was a training for medical record officers at Besuki Hospital related to the completeness of medical records. The results of in-depth interviews show that medical record officers have never attended any training, especially training related to checking the completeness of medical record documents. The purpose of the training is to improve and develop knowledge and skills (Habibi & Nugroho, 2019). Training can be provided through formal and informal education. Important training in the management of medical records that is useful for improving the knowledge and performance of officers. Training is provided to improve the efficiency of medical record services by increasing the capabilities and skills of medical record officers (Erawantini & Nurmawati, 2017). Training is useful to improve the ability or expertise of medical record officers so that officers can carry out their work properly. The training that should be given to medical record officers is training related to incomplete checking activities such as

training related to checking completeness and controlling incomplete medical record documents.

Standard operating procedure (SOP) in this study was procedure for checking the completeness of medical record documents. The medical record unit should have SOP, socialization of SOP, and implementation of SOP for checking the completeness of medical record documents. The results of in-depth interviewed with the head of the medical records unit obtained information that there was a SOP for checking the medical record documents completeness. However, the medical record officer stated that there was no SOP for checking the medical record documents completeness at Besuki Hospital. Researchers made observations to ensure the existence of SOP. Observation results showed that researchers did not find the SOP for checking medical record documents completeness and the head of the medical record unit stated that he could not show the SOP because the SOP had disappeared. So the researchers concluded that the SOP for checking the completeness of medical record documents had existed and had not been disseminated to medical record officers. Currently, the rules and procedures regarding checking the completeness of medical records are conveyed orally between medical record officers.

SOP for checking the completeness of medical record documents should be distributed and socialized to other medical record officers so that officers can be aware of the SOP for checking the completeness and officers can work according to SOP so as to decrease the number of incomplete medical records. The absence of SOP socialization to medical record officers caused not all officers to understand and implement the procedure for checking the completeness of the medical record document. SOP socialization is important because it aims to make medical record officers understand about work procedures. SOP aims to help improve the performance of officers in managing medical record documents (Syahbaniar et al., 2021). SOP socialization is a process of providing knowledge and teaching employees the flow of a procedure (Nugraheni et al., 2014). SOP socialization is important to be carried out periodically in order to deepen employee understanding so that SOP can be implemented properly (Syahbaniar et al., 2021).

Ability

The ability variable in this study consisted of education, knowledge, and work experience. Education in this study was the last education of employees in the assembling section of the medical record unit at Besuki Hospital. Based on the results of interviews with medical record officers, information was obtained that not all officers had a medical record educational background. There are 5 officers who work in the medical record assembling section that consists of 2 officers are graduates of 4-years applied bachelor degree of medical records, 1 officer graduated from 3-year applied bachelor degree of medical records, 1 officer graduated from Bachelor of Biology Education, 1 officer graduated from Bachelor of Informatics Engineering. The head of the medical record unit who also assists in checking completeness is a 3-year applied bachelor degree of medical record graduate. The last education of medical record officer at Besuki hospital is shown in the following table.

Education has a positive and significant effect on work ability (Devischa & Mukzam, 2018). Minimum qualification of medical recorder is 3-Year Applied Bachelor Degree of Medical Record and Health Information (Kementerian Kesehatan Republik Indonesia, 2007). Inadequate level of

education causes lack of knowledge and employees will have difficulty in completing work (Marsum et al., 2018).

Table 3.
Education of Medical Record Officers at Besuki Hospital

Informant	Last Education
1	Bachelor of Informatics
2	3-Year Applied Bachelor Degree of Medical Record
3	4-Year Applied Bachelor Degree of Medical Record
4	4-Year Applied Bachelor Degree of Medical Record
5	Bachelor of Biology Education
6	3-Year Applied Bachelor Degree of Medical Record

Source: Primary Data of Besuki Hospital, 2022

Knowledge in this study is the knowledge of medical record officers about the completeness of medical record files. The results showed that four informants checked the completeness of the medical record files, but two informants only sorted the medical record files. Based on the results of the study, it can be concluded that some informants considered that the task of the medical recorder was only to sort the medical record files so that the search was easy and the medical record completeness files was not checked. Lack of knowledge of officers can cause checking the completeness of medical record documents is not carried out properly. An employee's knowledge affects performance so that it can determine the future of the organization (Suhartini, 2015).

Work experience refers to the time a person spends doing work (Devischa & Mukzam, 2018). Work experience in this study is the length of work of officers since becoming a medical record officer in the medical records unit of Besuki Hospital. The results of interviewed with informants obtained information that two informants worked in the medical records unit for 2 years, one informant worked for 11 months, one informant worked for 5 months, and two informants worked for 6 years. It can be concluded that most medical record officers have less than 2 years of work experience. Working period is the length of time an employee occupies his job position. Long work experience shows that employees are more experienced than other employees. The ability of an employee to manage and carry out his work is influenced by the length of work experience of the employee (Itafia et al., 2014). The officer has 2 years of work experience in the same field, so the officer can be able to work efficiently, effectively and with quality (Sawondari et al., 2021).

LIMITATION OF THE STUDY

This study is a qualitative study so the results of this study can not be generalized to other hospitals.

CONCLUSIONS AND SUGGESTIONS

The conclusion of this study shows that the motivational variable has not been given rewards and punishments for medical record officers. The opportunity variable shows that there is no incomplete record card, medical record officers have never attended any training, the SOP for checking the completeness of medical records is missing and has never been socialized to be a factor causing incomplete medical

records. The ability variable shows that there are medical record officers who do not have a minimum education of D3 Medical Record, and there are officers who have work experience of less than 2 years as a factor causing incomplete medical records.

Suggestions suggest that Besuki hospital can give awards and punishments to medical record officers according to their performance, designing medical record incompleteness record cards, providing training related to checking the completeness of medical records for medical record officers, and redesigning standard operating procedures regarding checking the completeness of medical record documents and socializing it to medical record officers.

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ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

The researcher has no conflict of interest in carrying out this research. The researcher states that there are no ethical issues related to the research and publications carried out.

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