

The Discipline Analysis of the Doctors on Filling the Medical Record Conforms of the Accreditation Standards 2018 Version at RSUD Tgk. Chik Ditiro Sigli Kab. Pidie Aceh Province

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Abstract

In Hospital's Minimum Service Standards, completeness of medical record filling is done 1 x 24 hours after completion of service, with the standard completeness of filling 100% medical record. But in RSUD Tgk. Chik Ditiro Sigli of Pidie Regency was still found incomplete filling in the patient's medical record. The purpose of this study was to analyze the influence of physician discipline on the completeness of the contents of the medical record of inpatients in RSUD Tgk. Chik Ditiro Sigli of Pidie Regency. This research is a survey research with explanatory type. This study was conducted on all general practitioners and specialist doctors RSUD Tgk. Chik Ditiro Sigli of Pidie Regency as many as 65 people and 65 records of medical records of patients in the observation of completeness filling by general practitioners and specialists. Data analysis used multiple linear regression, t test and F test. The results showed that the objective and ability variables, justice had no effect and were not significant to the completeness of the contents of the medic record in RSUD Tgk. Chik Ditiro Sigli of Pidie Regency. While exemplary leadership, waskat, assertiveness and humanitarian relations have a positive and significant impact on the completeness of the contents of medical records at RSUD Tgk. Chik Ditiro Sigli of Pidie Regency. While the variables of remuneration, and sanctions have a negative and significant impact on the completeness of the contents of medical records at RSUD Tgk. Chik Ditiro Sigli of PidieRegency. The variable of human relations is the most dominant variable affecting the completeness of the content of medical record at RSUD Tgk. Chik Ditiro Sigli of Pidie Regency. Thus RSUD Tgk. Chik Ditiro Sigli of Pidie Regency should paid more attention to aspects related to the completeness of filling in the patient's medical record so that the patient's medical record service became more optimal.

Keywords: Doctor's Discipline, Medical Record

Introduction

The hospital business competition demands the variety data of planning and the determination of hospital decision data for the future, therefore, the medical record should be filled in completely so that all of the information about who, what, why, where, when and how to treat the patients will illustrate on the medical records. If the hospital wants to complete the medical record, at least the medical record should load: 1). Sufficient information about the patients, 2). Provide the reasons on determination of the diagnosis and the treatment, 3). Record all results of the examination. Therefore, the information of the medical record will be used for the various types of the hospital management needs, the insurance, the law of enforcement, the education research, the patient and the other doctors who are in the process of the patients' treatment on the next visitation.

Medical record is an important thing to the hospital as an effort to develop the hospitals' efficiently. Then, it will increase the patients' satisfaction. Therefore, it will make the patients become a loyal costumer of the hospital. According to the Tjiptono (2012), the service industry or the manufacturing industry will grow up and develop with the loyal costumer. The complete medical record will give the satisfaction to the patients because every-information about health is complete and it is kept confidential by the hospital. Moreover, the petition of hospital accreditation 2018 version which requires the medical record to be standardized nationally into 15 standard of informatics management medical records.

The medical records which are held by the hospitals are not justified, if it is just fulfill the obligations as mentioned on Permenkes no. 269 2008 chapter 5 paragraph 1, 2, 3 that is every doctors and the dentist on their medical practice must make the medical record. The medical record as mentioned on the paragraph 1 must be made as soon as the patient receives the service. Making the medical records as mentioned on the paragraph 2 must be implemented through the documentation, the result of examination, the treatment, the actions and the other services that have been given to the patients. Therefore, the medical record must be clear and real. The medical records can be used by every health organization and the non health organization to the various purposes conforms of the applicable regulation. Hatta G on Sabarguna (2008) the medical record could be used to the administration needs, the legal, the financial, the research, the education and the documentation or abbreviated as ALFRED. Therefore, the medical record should be filled completely by the offices which provide the medical services/actions to the patients.

The medical record department of RSUD Tgk. Chik Ditiro is responsible to organizing, to managing, to processing the medical record data starts from the patients' reception to the patients' return until the patients return to treatment again at the next meeting. The responsible person to fill it out is a specialist and the general doctors who examine and treat the patients at the polyclinic, the IGD, the hospital according to the available column. The medical record is written evidence that can be accounted by the doctors and the other medical staff (*Buku I Pedoman Penyelenggaraan Rekam Medik RSUD Tgk. Chik Ditiro Sigli*, 2011).

The medical record file of the patients return hospitalization of RSUD Tgk. Chik Ditiro Sigli returned to the medical record department in 24 hours. It aims to do the data processing to make several reports of the hospital service activities. Therefore, the medical record data processing officer should return the medical record files to the original inpatient room to be used by the patients who re-control at the polyclinic.

The consequences if the medical records do not fill completely after the patients return to their home is the slow completion of the report and the difficulty to take a medical record when the patient returns to treatment. The worst if the medical records do not fill completely, the patient can submit a lawsuit to the hospital. On the contrary, when the hospital needs the medical record data to defend the court process or request the payment of insurance to the third parties, therefore the medical record should be completed immediately after the medical treatment of the patients. Pamungkas et al. (2015) stated that the completeness of the medical record documents was very because it would influenced to the service process of the medical officer and it would influenced the service quality of the hospital.

The formulation of the research problem is the unknown factors which influence the completeness of the contents of the medical record at RSUD Tgk. Chik Ditiro Sigli. Then, the researcher should set the some problems, such as:

1. Does the doctors' discipline influence the content of the medical record patients at RSUD Tgk. Chik Ditiro Sigli.
2. Which are the factors that affect the contents of the medical records at RSUD Tgk. Chik Ditiro Sigli.
3. What the policies are carried out by the hospital management to overcome the problem of the incomplete medical record content at RSUD Tgk. Chik Ditiro Sigli.

This research aims to determine the effect of the doctor's discipline toward the completeness contents of the inpatients medical record at RSUD Tgk Chik Ditiro.

The Research Method

This research is the survey research with the explanatory type. This type is an explanation research that aims to explain the effect of the discipline of the general practitioners and the specialists to the completeness of the contents of the medical record. The researcher uses a survey approach to the doctors at RSUD Tgk. Chik Ditiro Sigli. Survey is a research to get the facts and to find the factual information to get the truth (Sinulingga, 2015).

The population of this research was all of the practitioner doctors and all of the specialist at RSUD Tgk. Chik Ditiro. It amounts 65 people and 65 of the patients' medical record files which was observed its completeness data by the general practitioners and the specialists.

The primary data collection on this research which gets through the direct interview to the doctor and it is supported by the documentation study of the doctors' discipline contained on the complete questionnaires as the data collection tools.

The secondary data on this research is the incompleteness content report of the medical records from the medical record department.

The Result and the Discussion

Table 1. The Characteristic Distribution of The Respondent

1	Age	N	%
	< 25 years old	1	1.54
	25-30 years old	21	32.31
	30-35 years old	14	21.54
	35-40 years old	5	7.69
	40-45 years old	9	13.85
	45-50 years old	7	10.77
	50-55 years old	4	6.15
	>55 years old	4	6.15
	Total	65	100,0
2	The length of work		
	<6 years old	17	26.15
	06-12 years old	21	32.31
	12-18 years old	26	40.00
	18-24 years old	1	1.54
	24-30 years old		0.00
	>30 years old		0.00
	Total	65	100.00
3	Gender		
	Male	26	40.00
	Female	39	60.00
	Jumlah	65	100,0
4	Doctor of Spesialists / Practitioners		
	Pediatric	4	6.15

Surgeon	3	4.62
Internist	5	7.69
Obstetrician	5	7.69
Dermatologist	1	1.54
Orthopedic	1	1.54
Neurologist	2	3.08
ENT Specialist	2	3.08
Urologist	1	1.54
Ophthalmologist	3	4.62
Pulmonologist	1	1.54
Neurosurgeon	1	1.54
Radiologist	2	3.08
Anaesthetic	3	4.62
Pathologist Clinic	2	3.08
General Practitioner*	25	38.46
Dentist*	4	6.15
Total	65	100.00

Based on the age table, 1 person (1,54%) of the respondents was still young aged less than 25 years old at RSUD Tgk. Chik Ditiro Sigli. The most respondent aged 25-30 years old were 21 people (32,31%). Based on the length of work, the age group of 12-18 years was the most respondent as many as 26 people (40%). Meanwhile, the lowest respondents were in the group of 18-24 years old that was 1 person (1,54%), while the age group of 24-30 years old above were none.

Based on the table of the gender, the most female respondent were 39 people (60%) while the male respondents were 26 people (40%). Based on the skill or specialists table, the obstetrician was the most respondents as many as 5 people (7,69%), the pediatric and the dentist were 4 people (6.15%), the general practitioners was 25 people (38,46%), the dermatologist, the orthopedic, the urologist, the cardiologist, the pulmonologist, and the neurosurgeon in each specialist were 1 person (1,54%), the neurologist, the ENT specialist, and the radiologist and the pathologist clinic in each specialist were 2 people (3,08%).

Table 2. The result observation of the completeness of the medical record content according to the sheets are filled by doctors

No	Sheet Name	Complete	Incomplete	% Complete	% Incomplete
A	The List of Doctors' Action (RMa.1)				
1	Doctors' name, the name of activity	15	50	23.08	76.92
2	The signature of DPJP	21	44	32.31	67.69
B	The summary of the patients who are visiting and leaving the hospital (RM2)				
1	The medicine allergy	23	42	35.38	64.62
2	The general diagnosis	30	35	46.15	53.85

3	The condition of the patients when they are existing	30	35	46.15	53.85
C	The IGD assesment (RM3)(RM3a) (RM3b) (RM3c)				
1	Trease	21	44	32.31	67.69
2	The doctors' signature	19	46	29.23	70.77
D	The initial medical assessment (RM4)				
1	Anamnese	35	30	53.85	46.15
2	Physical examination results	23	42	35.38	64.62
E	The integrated patient development records (RM10)				
1	The development of the patients with the SOAP	24	41	36.92	63.08
2	Name and the signature	31	34	47.69	52.31
F	The communication per telephone and other electronic (RM11)				
1	The information per telephone	23	42	35.38	64.62
2	The doctor's signature	20	45	30.77	69.23
G	The medical resume (RM13)				
1	Anamnese	21	44	32.31	67.69
2	The historical disease	34	31	52.31	47.69
3	The physical examination result, Lab, Rad	23	42	35.38	64.62
4	The diagnosis	21	44	32.31	67.69
5	The problem	31	34	47.69	52.31
6	The treatment/action	21	44	32.31	67.69
7	The patient's condition	18	47	27.69	72.31
H	The follow-up list of home patients (RM14)				
1	The list of medicines	46	19	70.77	29.23
2	The control schedule	51	14	78.46	21.54
I	The consultation sheet (RM16)				
1	The diagnosis	21	44	32.31	67.69
2	The medical suggestion	23	42	35.38	64.62
3	The signature	24	41	36.92	63.08
Total		649	976	39.94	60.06

The table above explains that 65 of the medical record files, 60,06% of it was the inpatient of the medical record of RSUD Tgk. Chik Ditiro Sigli which did not fill incomplete. The complete medical record was only 39.94%. Supposedly, the completeness of the medical record content was 100% and the incompleteness of the medical record content was 0% (Permenkes. 2008), when we reviewed it on each sheet, the sheet with the highest level of the incompleteness medical record was the list of doctors' action (RMa.1) on the item of the doctor' name and the name of activity amount of 76,92%. Meanwhile, the most complete one was the sheet of the follow-up list of home patients (RM14) on the item of the list of the medicines and the control schedule each amount of 70,77 dan 78,46.

Table 3. The t test of sub structure coefficients

Model	Coefficients ^a			t	Sig.	Collinearity Statistics	
	Unstandardized Coefficients		Standardized Coefficients			Tolerance	VIF
	B	Std. Error	Beta				
(Constant)	4.274	1.206		3.545	.001		
THE OBJECTIVE & THE PROFICIENCY	.143	.133	.207	1.075	.287	.168	5.967
THE EXEMPLARY LEADER	.303	.127	.465	2.379	.021	.163	6.132
THE HUMAN RELATIONSHIP	.536	.112	.701	4.769	.000	.288	3.468

The effect analysis result of the objective effect and the proficiency toward the completeness of the medical record content, which got from the t count on the t column, its scores amount 1.075 with the significant score was 0.287, while the score of t table was (1,99). That column explained us that t count was (1.075) < than t table (1.99), it meant that the objective and the proficiency did not affect and the proficiency was not significant toward the completeness of the medical record contents (score of sig. 0.287 > 0.05).

The results of this research were in line with the Setyowati dan Dewi's research (2014) they told that there had the significant objectives of the proficiency variable. This research proved that the use of these variables so far had a partial positive effect toward the employee performances of the IPIEMS employees in the East Java and the Middle Java.

The result of this research showed us the objective and the doctors' proficiency of RSUD Tgk. Chik Ditiro Sigli did not affect to the completeness of the medical record contents of RSUD Tgk. Chik Ditiro Sigli. It indicated for the completeness of medical record contents of RSUD Tgk. Chik Ditiro Sigli, the objective variable and the doctor' proficiency could be ignored because to complete the content of the medical records were not seen by the level of the doctors' proficiency and to fill the medical record did not have the certificate or special expertise.

Based on the table above, the researcher got the score of t count of the exemplary leader was 2.397 with the significant score that was 0.021, it meant that the score of t count was $2.397 > t \text{ table } 1.99$. In conclusion, the exemplary leader had a significant positive effect toward the completeness of the medical record contents amount 0.465 (46.5%).

This research were in line with the Sofyan's research (2015) he told that the partial exemplary leader had a significant effect toward the employee performance at the public health office in Aceh Jaya district. The score of t count was 2,872 and the score sig t was 0,005. The result of Setyowati and Dewi's research (2014) proved that there had a partial significant effect of the exemplary leader variable. This research proved that the use of these variables so far had a partial positive effect toward the employee performances of the IPIEMS employees in the East Java and the Middle Java.

Based on the result, the exemplary leader had a significant positive effect toward the completeness of the medical record contents at RSUD Tgk. Chik Ditiro Sigli. The exemplary leadership of the director of RSUD to his employees, certainly it would make the employee imitated the directors' action. If the director behavior were better, the employees would have a good behavior by following the rule and the work discipline that impacted on the employee performance.

Based on the table above, the score of t count to the human relationship were 4.769 with the significant score amount 0.000. It meant that the score of t count $4.769 > t \text{ table } 1.99$. In conclusion, the human relationship had a significant positive effect to the completeness medical record contents that was 0.701 (70.1%).

The result of research were not in line with the Rukmana's research (2014) based on his research, the score of t count = 0,817 and t table= 2,024(*two-tailed*), therefore the score of t count $< t \text{ table}$. The signification limit was 0,05 therefore the score of signification (probabilitas) of model amount 0,419 was above 0,05. It meant that the variable of human relationship did not have a significant positive effect toward the work ethic. Moreover, according to the Asrifah's research (2015) the researcher found the variable of human relationship consisted of communication, the self-awareness, the accepting self, the motivation, the trust, the self-disclosure, and the conflict resolve simultaneously. It proved that it had a significant positive effect to the employee performance at the Regional Office of the Ministry of Region Middle Sulawesi Province amount 64,9%.

In this research the variable of human relationship had a significant positive effect toward the completeness of the medical record contents and it was as the dominant variable which affected on the completeness of the medical record contents. Therefore, this variable should implement to the implementation of improvement to increase the completeness of the medical record contents. Then, the nurses, the obstetrics and the paramedics should remind the doctors to complete the medical record. The incomplete medical record should return to

the doctors to complete soon. But if it has a exchange job to the next doctor, the medical record should fill completely by the doctor who handled it continuously. It shows us the doctors' concern attitude to the human relationship toward the patients. Based on the observational result, the researcher gets the RSUD Tgk. Chik Ditiro has implemented the Islamic based services that create the atmosphere of togetherness without looking the different social status of patients when they provide the services.

The Conclusion and the Suggestion

The Conclusion

1. The objectives and the proficiency do not have significant effect to the completeness of the medical record contents at RSUD Tgk. Chik Ditiro Sigli Kab. Pidie
2. The exemplary leader has a significant positive effect of the completeness of the medical record contents at RSUD Tgk. Chik Ditiro Sigli Kab. Pidie
3. The human relationship has a significant positive effect of the completeness of the medical record contents at RSUD Tgk. Chik Ditiro Sigli Kab. Pidie
4. The variable of human relationship is a dominant variable which affect to the completeness of the medical record contents at RSUD Tgk. Chik Ditiro Sigli Kab. Pidie.

The Suggestion

1. The researcher suggests the RSUD Tgk. Chik Ditiro Sigli Kab. Pidie to pay attention to the aspects which relates of the exemplary leader on the completeness of the medical record content of patients so that the medical record service pasients become more optimal.
2. The researcher suggests the RSUD Tgk. Chik Ditiro Sigli Kab. Pidie to do the referee and the firmness of the completeness of the medical record contents so that the doctors will understand the objective of the procedure implementation.
3. The human relationship of the completeness of the medical record contents should improve it by implementing the Islamic based services so that the implementation of medical record patient becomes more optimal.
4. It should have the evaluation to the doctors who have a complete record, neat and they do not delay their job so that they are free when claiming the medical service, therefore it should give a reward like the promotion then become an example to the other doctors.

5. The sanctions give a negative contribution effect to fill the medical record. It means that if the sanctions increase because of incompleteness of the medical record, therefore it should have the sanction confirmation to the doctors who do not do the medical record completely such as they should give the written announcement to the doctors or it announces on the medical committee meeting so that the doctors never do their mistakes again.

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