ORIGINAL ARTICLE

Incompleteness Filling of Inpatient Medical Records at Islamic Hospital (RSI) Pembina Kesejahteraan Ummat (PKU) Muhammadiyah of North Maluku, Indonesia

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Abstract

Background: The incomplete filling of medical record documents can cause various problems in the quality of service to the patients. The document of medical record is important to produce accurate and continuous information of patient care. Objectives: The purpose of this study is to analyze the possible causes of incomplete filling of medical records for inpatients at Islamic Hospital PKU Muhammadiyah of North Maluku. Method: This research was a qualitative research using documentation study, observation and in-depth interviews. Informants were determined by purposive sampling method. The number of informants was 13 people (medical record officer, registration officer, midwives, nurses, BPJS officer, pharmacy officer, nutrition officer, general practitioners, medical specialists). A simple quantitative research was done descriptively to see the incompleteness contents of medical records of all inpatients in January 2016 amounted to 127 medical record files. Results: This study concluded that all medical records in January 2016 were incomplete. The medical records were categorized incomplete if one or more data were not filled or unclearly written. The most incomplete medical records occurred in the following areas: the patient's social data on (70.47%) the graph sheets, clinical data on nutritional form (98.74%), the recording of name, signature, date of nutritional data entry (63.25%), and 63 medical records were corrected inappropriately. The interviews showed that incompleteness were due to lack of human resources capability, inadequate medical records facilities, rules and regulation, and inadequate medical record information system. The human resources related to incompetent medical personnel and lack of clinical staff knowledge on medical record requirements. Conclusion: The results of the study recommended that the hospital management was to increase the number of qualified medical record staff, developed rules and regulations, improved medical record facilities, trained clinical personnel on the filling of medical records and enforced then to do so.

Keywords: medical records, hospital, Indonesia

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Introduction

The hospital is one of unique and complex organization because it is a labor-intensive, technology-intensive institution, and has various professional groups in the service of sufferers\(^1\) (Tjandra, 2004). A short of service in a hospital that must be held is a medical record service for both outpatient, inpatient, and emergency services. The case that can be seen are completeness of content, accuracy, timely, and fulfillment of aspects of legal requirements\(^2\). (Lihawa, et al, 2015)

The incompleteness of filling out medical record documents can be determined by analysis. It is rare necessary, in order to find out how much the incomplete number of filling in the medical record document exceeds the time limit that has been given, considering the importance of medical record documents to produce sustainable information. The less number of incompleteness, the better the quality of service\(^3\). (Annindita, 2013)

Islamic Hospital (RSI) PKU Muhammadiyah of North Maluku is one of the public health service facilities in Ternate City. Based on the classification of general hospitals, RSU PKU Muhammadiyah North Maluku is included in D class of hospitals which is it has the obligation to record and report as described in the 4\(^{\text{th}}\)Law of the Republic of Indonesia Number 44 Year 2009 Concerning Hospitals that Every Hospital is required to make records and reports towards all hospital operations in the form of a Hospital Management Information System. Based on foreword studies conducted by researchers, phenomena discovered through observations include the PKI Muhammadiyah North Maluku Hospital without permanent doctors, lack of medical records officers so there is no analysis of the files completeness was carried out causing unknown numbers of completeness or incompleteness of filling medical records. Therefore, researchers conducted research to determine the numbers and causes of incompleteness in filling inpatient medical records at the PKU Muhammadiyah Hospital in North Maluku.

Method

The study was conducted at PKU Muhammadiyah North Maluku Islamic Hospital, from April-July 2017. This type of research is a qualitative study. Before conducting a qualitative study, the researchers conducted a simple initial quantitative study to find out how many incomplete medical records were filled in January 2016 as many as 127 files. Completeness of the existing medical record file compared to Permenkes No. 269 of 2008 in chapter III article 3 concerning the contents of medical records. The
research data is primary data and secondary data. Data collection methods are observation and in-depth interviews. Data collection techniques using purposive sampling or sample selection based on the purpose, as many as 13 informants. The instruments or data collection tools in the form of in-depth interview guidelines, recording devices and voice recording devices. Data that has been collected using a recorder or recorder, then copied and interpreted by carrying out the following stages of analysis\(^5\) (Rahmah, 2011): 1. An Information obtained from interviews and observations is developed into narrative text. This stage is carried out without waiting for the completion of the entire in-depth interview to avoid the accumulation of data; 2. Grouping on hand data according to the subject matter; 3. Sharpening, classifying, disposing of data deemed unnecessary, and organizing data so as to facilitate discussion. 4. Making a qualitative data matrix from the results of in-depth interviews; 5. Check the validity of the data by triangulation source and triangulation method; 6. Analyzing the components of research results by existing theories and other research results.

**Results and Discussion**

According to 6Permenkes Number 269/ MenKes/ Per/ III/ 2008 in Article 3, it is explained that the contents of the medical record for inpatients and one-day care at least contain the patient's identity, date and time, the outcome of the anamnese (including at least complaints and history of the disease ), the results of physical examination and medical support, diagnosis, management plans, treatment and / or actions, other services that have been provided to patients, clinical observations and treatment results, return summary, names and signatures of doctors, dentists, or health workers certain who provide health services, other services performed by certain health workers, and for dental patients with clinical odontograms.

The results of 127 investigators' medical records found that the highest average number was incomplete, including: 1) social data of patient on the graph sheet 70.47%, 2) the important notes on the nutritional care form sheet 98.74% and on the specialist doctor control report sheet 94.09% , 3) an evidence of recording / validity of recording on sheet 63.25% and incoming and outgoing sheets 60.24%. The emergency department sheet and the nurse's note sheet did not include the nurse's signature. 63 files or 49.60% there are deletions in the recording of medical records and not initialed.

The incompleteness of the filling of medical records is caused by various factors including:
1. Human Resources
The informant's statement that a good medical record is a complete medical record but not necessary useful for him because there is no training or socialization about the medical record, and too much work so that it does not have enough time to complete the medical record file. Human resources are highly influential on whether medical records are complete or not. Izha S, R, et al. 2008, the results of the analysis as causing factors incompleteness of inpatient medical record documents caused by aspects of human resources and aspects of implementation procedures.

2. Material
The availability of medical record forms file in every inpatient room, outpatient, emergency room, and operating room most of the informants stated quite a lot and rarely ran out, if they run out then they will reproduce by photocopy, for filling out the hospital medical record format there needs to be an additional approval form forced home. In the study of Cicilia, L. 2015 concluded that there is a relationship between the composition of the medical record form that is less systematic with the incompleteness of filling medical records.

3. Supporting facilities for filling and managing medical records, SPO medical records, and regulation of medical records
Most of the informants stated that the supporting facilities for filling were not provided since they just using pen while the management of informant files stated that the room was too narrow and the lack of file storage shelves so that some files were stored in hard and there must be additional computers. Regarding SPO and regulations all informants stated that RSI does not yet have SPO and regulations for medical records.
Organization of medical records and health information in hospitals have to meet building location requirements including spatial planning, equipment must be in accordance with the results of the needs and feasibility studies. SPOs and regulations are needed to ensure that all decisions and actions and the use of facilities made by people in the organization run effectively, efficiently, and systematically. The results of Frenti, G, 2012 analysis concluded that medical record management input found there was still a lack of personnel, incomplete medical record training, infrastructure facilities not yet met, namely medical record document storage racks, computers in
the analysis section, decentralized storage systems and the existence of SOPs/work procedures officer at Semarang City Hospital.

4. System Information of Medical Record
The medical record information system is required needed in addition on reporting to relevant agencies needed by doctors when patients come back to RSI for treatment. Some informants stated that they still find it difficult to get information, especially regarding patients entering above 14.00 since it is still manual and the medical record room is not open 24 hours. Gunawan, S and Sukadi, 2012 concluded on their research that the medical record information system can be used as a means of providing services and information for users both for doctors, paramedics, employees, and hospital patients wherever and whenever they are, so they can get accurate information because of information available is always up to date.

5. Verification of completeness medical record file
The informant stated that they always re-examine the completeness of the medical records file of general patients and BPJS patients before being returned to the medical record room but the examination was not carried out in detail. This was supported by the research of Mawarni and Wulandari, 2013 that caused the incompleteness of filling medical records in the inpatient installation of Muhammadiyah Hospital in Lamongan that there was no monitoring so the complete medical record filling process could not be controlled. The Lamongan Muhammadiyah Hospital has not carried out the monitoring process for filling medical records.

6. Postponement Recording and enforcement of discipline
Most of the informants stated that they had never postponed taking notes and some others stated that they deliberately postponed taking notes after giving action to all patients; there was no disciplinary action from hospital management. Tiara analysis results. W. P, 2010 that the factors causing incompleteness in filling medical record files are time constraints and indiscipline.

Conclusion
This study recommends to management that there must be a coordination mechanism such as daily or monthly meetings to socialize the importance of completing medical records and evaluating them, training clinical personnel related to filling medical records and conducting
hospital accreditation training, increasing the number of medical records officers according to their qualifications. Making a SOP of medical records and compiling and completing various existing regulations and monitoring their implementation periodically, it is necessary to analyze the completeness of filling medical records periodically by the medical record affairs of PKU Muhammadiyah Hospital in North Maluku to find out the quality of services provided by hospitals, Optimizing records facilities medical services such as expanding medical records, adding storage racks, and using air conditioners. It is expected that researchers will continue to develop further research with more complex data analysis going forward. And can analyze more deeply in subsequent studies.

References


Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 Tentang Rumah Sakit


Peraturan Menteri Kesehatan Republik Indonesia Nomor 269/Menkes/Per/III/2008 Tentang Rekam Medis


