

Finding The Key Words Medical Staff's Compliance On The Completeness And Return Of Speed Of Inpatient Medical Record In Cilacap Hospital

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Abstract. Completeness of medical record and returns 1x24 hours after being treated by the hospital. However, these two things are very difficult to obey, the provision of medical records for the patient's medical records for the patient's health care services. . For this reason, it is important to research on the causes of these two things. The study was conducted in Cilacap Hospital. This research is based on the research methods of observation, in-depth interviews and focus group discussions to care professionals (doctors, nurses, pharmacists, psychologists, nutritionists, medical recorders) who have the authority to write medical records. The results interviews were carried out on 5 doctors, 3 nurses, 1 midwife, 1 administrator, 1 cashier. The study found the doctor's mindset, stable and solid coordination between medical staff and the application of a room doctor system to ensure compliance with compliance and a quick return of medical records. The results showed that the keywords of the completeness and return of rapid medical records were the doctor's no homework mindset, stable and solid coordination between medical staff and the application of the doctor's inpatient room system.

Keyword : Compliance, completeness , return speed of inpatient medical records.

1. INTRODUCTION

Good medical records reflect the quality of hospital services [1]. The function of medical records is very important in patient care, as a way of communication between the professional caregiver, resources, as well as the evidence of medical services to patients, for planning and performance monitoring services [10]. Medical records are a management tool in developing quality improvement strategies related to the pattern of diseases that occur in hospitals and as legitimate evidence in legal matters in court [3].

Despite many studies, the condition of medical records in Indonesia is different from that in developed countries. Research in developed countries researched medical records electronically, because in developed countries medical records are systems that are integrated with patient services. While in Indonesia is still manual paper-based medical record, medical record for electronic yet standard pitch by default.

Medical records are files containing notes and documents about patient identity, examination, treatment, actions, and other services that have been given to patients. Also explained are the requirements for quality medical records related to the completeness of medical record entries, accuracy, accuracy of medical record records, timeliness and fulfillment of legal requirements [1].

The standard guidelines for hospital services set out four indicators of medical record quality one of them is the accuracy of the provision of medical records [1]. As a medical record management unit, Installation Medical Record Hospital medical records Cilacap make returns of inpatients in waktu 1x24 hours after the patient is discharged and completeness is priority

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indicators of quality of the unit, with the achievement of 100% standard. Standard medical records are set at 100% [9].

Level the return of inpatient medical records within 1x24 hours and the completeness of filling in the medical record at Cilacap Hospital have not yet reached the quality standard. The preliminary study in January 2019 the percentage of medical records documents 70.47 % with a percentage return of 1x24 hours 1.5%. This is a long-standing problem that is still ongoing in the RSUD Cilacap. Installation Medical Record as a medical records management unit has not made regular reporting delays related to the percentage of Return pe medical records but the percentage Reports l k e accessory charging medical records have been regularly conducted every month. The impact of the delay in returning and completing medical records has an effect on several things. In an era JKN to complete and return 1x24 hours are very important, because medical records become sources of evidence and determination in the calculation of the cost of claims. With the delay in returning medical records, the process of submitting claims becomes longer, sending claims files to the BPJS office is too late, disbursement of claims is delayed and can disrupt the financial cash flow of the Hospital. Completeness and development of 1x24 hours can help the accuracy of the provision of patient medical records needed by doctors when patients are in control [11]. D i RSUD Cilacap patients have gone home, medical records often occur still in the treatment room so that causing the burden of the officer in the filling section of the Medical Record Installation (preparation and storage of documents) having to take it to the room causing the minimum standard of providing outpatient documents for 10 minutes to not be reached. In the resistor's data processing experience as well as reporting information about the disease becomes too late, the management decision was so late [3].

As the party responsible for filling out the medical team is the doctor in charge of the patient (DPJP) (Permenkes 269 of 2008). If the doctor is late in completing the completeness of filling in the medical record document, the return of inpatient medical record documents will also experience delays [9].

earlier risert, causes delays in repayment and document medical records are influenced by knowledge [2,12), motivation [9.12], type of expertise, tenure, employment status, k etidakdisiplinan doctor in filling out medical record documents [5]. In other journals the indiscipline is not affected by document availability , form clarity, ease of filling or time availability [5]. The roles of leaders and rewards influence the compliance of medical record documents [12].

This study aims to explore for key words of medical staff's compliance factors on the completeness and returnof speed of inpatient medical record in Cilacap hospital.

2. LITERATURE REVIEW

Completion of medical records is said to be complete, if all matters that must be filled in with cash medical records, are filled in completely. Minister of Health Regulation 269 of 2008 states that a minimum of things must be written in outpatient medical records , inpatient and emergency care documents . The activity of analyzing the completeness of the medical record document is called quantitative analysis, namely a review to find out the specific area of the medical record file that has not been completed [7,8,9]. Professionals who are authorized to write medical records, according to the accreditation standard are called caregivers, namely doctors / dentists, nurses / midwives, nutritionists, pharmacists and psychologists. In addition to medical recorders, those who have access to medical record documents include administrators who have been sworn in to maintain medical secrets .

Returning the inpatient medical record no later than 1 x 24 hours means that after the patient is discharged by the doctor responsible for the patient, the medical record is completed and returned to the Medical Record Installation. The task of returning this according to hospital

policy the responsibility of the head inpatient's room. Each patient who is treated, certainly has one medical record number .

Compliance is a complex behavioral process and is strongly influenced by the workplace environment , existing employees and the prevailing systems in the hospital. Compliance is the accuracy of individual behavior in a condition. Compliance is related with knowledge, trust in ability, motivation, expectations and consequences of one's disobedience to their duties. Compliance comes from the word "obedient" which means obedience, discipline. It does not attempt obedient when people neglect what is his duty. Factors that support compliance among education/understanding/knowledge, a person's personality traits , environmental modification and social factors in working mechanism [8].

Factors affecting accessory lack of medical records so that the return is late, has been widely studied. There are researchers who showed some influence factors is categorized based approach organization element, namely the organization man, method, machine, material, money. The man elements, include the lack of discipline of the doctor in filling the patient's summary home and the patient's vision is not done at the right time, for example the patient returns at his own request. When space forgets to remind doctors to complete medical records, the workload of doctors and nurses is high, many doctors are on duty part-time . The material elements, there has been no written report regarding the length of return of medical records 1x24 hours on a regular basis based on the name of the doctor responsible for the patient. The machine elements , there is no medical committee meeting agenda regarding the evaluation of doctor's discipline in completing medical records. The methode element , highlights the long flow of returns, hospitalization to verification first. In terms of money no special reward related to achievement of the medical staff that complete medical records on time so that the return of record dis me faster [11]. There is a pattern of data from research, which shows a close relationship between knowledge, leadership style, rewards, motivation and attitudes with compliance with filling in medical records, while age and workload do not affect compliance [12]. Knowledge of medical records covering legal aspects and procedures for filling out medical records have an effect on completeness and quick returns (Ryco, 2012). However, there are studies that state that internal motivation factors in the form of a sense of responsibility, awards have no effect on compliance with filling in medical records. The external motivation in the form of leadership motivation influences compliance [9]. Other research shows that there is no relationship between specialization of education and years of service with compliance with completing and rapid return of medical records [4].

Monitoring and evaluation of the completeness and fast payback 1x24 hours required as the most intense, then the results of this evaluation in feedback to the relevan units and submitted to the director. Evaluation is carried out with quantitative and qualitative analysis (Eka, 2017). Standard Procedur Operation socialization, consequences and risks of delay, making posters and leaflets on the importance of completeness of medical records and fast returns also need to be carried out by the Medical Record Installation responsible person [3]. Doctor compliance is partially influenced by incentives and perceptions of Standard Procedur Operation and medical record forms [7].

Strategies to prevent non-compliance include all caregivers who work well together to complete medical records related to the consul in the case of complications, providing reminders to medical records that are not yet complete, develop understanding and a caring attitude towards duties as the other parts involved [8]. Thus the achievement of quality medical records can be achieved.

3. RESEARCH METHOD

The type of research is descriptive qualitative. Method data collection is done by observation, in-depth interviews and focus group discussions. In-depth interviews to informants or speakers are selected based on the principles of suitability and adequacy related to the subject matter so that it can provide information related to the problem [4]. Interviews are semi-structured with question guides to doctors, nurses, triangulation with administrators and assembling officer of the Medical Record Installation department, which is related to the process of completing and returning medical record. Observations and interviews are the main techniques because they have a high validity and accuracy and is able to gather data about the verbal and non-verbal aspects of human behavior guide questions prepared so that informants focused on the research topic. The researcher did not intervene in the informant's answer. The question is intended to answer the existence of understanding factors related to the knowledge of standards for returning medical records, meaning completeness, motivation to complete medical records so that they can be analyzed to answer why incomplete medical records and returns of more than 1 x 24 hours often occur. If there is something important in the initial interview and further study is needed, the researcher will conduct a re-interview until the main objective of the study is achieved. Observation is done to find out the mechanism in the process of completing and returning inpatient medical record to the Medical Record Installation, so that it can get an overview the right system so that medical records are returned quickly 1x24 hours.

4. RESULT AND DISCUSSION

4.1 Result

The percentage of delay in returning the medical record document inpatient 1x24 hours of data reporting has not been routinely carried out, only carried out from January to April 2019, the data is as follows:

PROSENTAGE REPORT OF MEDICAL RECORD 2019			
January	February	March	April
6.1%	10.31%	7.23%	4.2%

Data on the number of hospitalized medical staff returned to the Medical Record Installation is the same as the number of inpatient visits, because each patient will get a medical record document folder.

REPORT OF 2019 MEDICAL RECORD (MR) RETURNS			
January	February	March	April
1634 MR	1622 MR	1886 MR	1827 MR

Data on the percentage of completeness of medical records in 2019 are as follows :

2019 MEDICAL RECORD COMPLETE REPORT			
January	February	March	April
70.86%	76.28%	72.53%	67.96%

Assembling section of The Medical Record Installation records and stores data related to the expedition date of returning medical records from the cashier to the Medical Record Installation . To determine the delay, can be determined by calculating difference day of delay. Return date minus the date the patient is discharged. Researchers conducted observations and interviews with assembling officers about returning medical records on 15-30 April 2019 obtained data that the longest delay in return 24 days. 1x24 hour return as much as 38 out of 735 medical records returned to assembly.

Medical records flow, after the doctor allows the patient is discharged, the doctor is obliged to complete the form of medical resume / summary out and sign the same air the patient or patient family. Other medical record files that have not been completed are immediately completed. Inpatient room nurses will see prescription for home, if there is a prescription for the patient's family home are requested to pharmacy hospitalization to take drug medication. The administrator inpatient room examines the data entry of service actions that have been carried out from the

patient to the exit, after the complete medical record is immediately taken to the cashier to obtain print out service fees, especially BPJS participants, because the service cost print out is one of the requirements for BPJS claims. Then the cashier returns the medical record to the assembling section of the Medical Record Installation.

The interviews were conducted with informants from 5 doctors, 3 nurses, 1 midwife, 1 room administrator and 1 cashier. Related knowledge of the Standard Procedure Operation of return all answered unsure, did not know and forgot about the government policy medical record documents 1 x 24 hours. The interview results are as follows:

"The medical record document is returned 2x24 hours ... forget ... the complete medical record document meets the quality and quantity." (Informant / doctor/1).

"The medical record document is collected in terms of hours, I don't know. The ingredients are stacked onto Mrs. Sri after being equipped." (Informant / doctor/2)

"I forgot, if it's not wrong 1x24 hours, but it seems difficult to run, you know ..." (informant / nurse/1).

"Returning medical records 48 hours or 2 days maximum, once heard 2x24 hours, most of them were 2x24 hours" (informant / administrator/1).

"In principle, if the document has been entered into the cash register, we immediately print out the fees and send the IRM" (informant / cashier/1).

PPA motivation in completing medical records also varies. Among others are
Statement of informant / doctor) :

"Basically everything depends on each individual. For me personally, the type doesn't like to have homework. So the patient is only immediately filled in with the initial assessment, so the time to return the patient, just fill the diagnosis of CM 1 and CM 32, even if there are APS patients, at least the initial assessment has been completed, just follow the diagnosis of CM 1 and CM 2" (informant / doctor/3)

"My motivation doesn't exist. I'm tired. If you are tired, you have to rest first." (Informant / doctor/1)

"If writing a medical record is associated with a reward, I am not like that, said doctor A wrote one document with 1000 documents just like that, that is also wrong." (Informant / doctor/1)

"In order for the medical record to be filled in completely and quickly returned, we recommend that you have a room doctor. We recommend that all existing general practitioners become room doctors. One of the risks is to write a summary out of RM 032, by learning all the actions, treatment, laboratory results that have been carried out. So that DPJP can only sign, if there is something that needs to be consulted or confirmation can be done quickly too." (Informant / doctor/4)

"If nurse writes can insha'Allah 2 daily, for many patients and their doctors now dah could add later that oprak-oprak me, when patients return let me direct fill." (Information/ nurse/2).

"To be complete quickly, you have to face the wall, try doctor. There is a doctor whose documents were taken home, the doctor forgot to bring, if billed, answered that he was still at home." (Informant / nurse/3).

"That completes one person, so that it is focused and fast" (informant / midwife/1)

"I tried to write completely, but the documents were stacked, the head of the room did not immediately send to the IRM" (informant / doctor/5)

"Because our space is located far from the cashier and the IRM, we honestly stack the documents of the returning patients, at least 10 patients." (Informant / nurse/4)

4.2 Analysis

Theoretical study states that compliance with filling and returning medical records is very closely related to knowledge, willingness and responsibility because with this, compliance can be done by anyone regardless of age, specialization, workload or reward.

In the research at the Cilacap Hospital, the majority of the officers connected with the medical record did not know the knowledge / rules of the deadline for returning. The fast return percentage can be increased if all involved know that the medical record document deadline is returned. Although there are those who argue that 1x24 hours are difficult to achieve, but returning to the hospital's minimum service standards, it is certainly difficult to change policy about this. A study of motivation that is different and unique is the statement "no homework" from the doctor's informant. It can be learned that the key to obedience depends on the "mindset" created by the individual. If the individual mindset is related to reward, then a special way is needed to anticipate it, such as the quote from the informant "writing one with 1,000 documents is the same". An organization certainly consists of various individuals with different desires, the role of the leader is very necessary. In contrast to previous studies, explored acceleration inhibiting factors are locations that are far between patient care rooms with cashiers and Medical Record Installations. Certain it required a special strategy to meet the Standard Procedure Operation , as proposed means of transportation. The coordination of the doctor and the head of the inpatient room was done to accelerate the return and completeness, even though there were communication factor barriers such as the statement "I was fast, but the head of the inpatient room did not immediately return". But if one inpatient's room that writes a medical record "focused" on one person, it would be better if it was done by a room doctor, especially a medical resume as one informant had said. Doctor's room is usually assigned to a general practitioner.

4.3 Conclusion

The contributing factors that affect the compliance of medical staff in completing medical records and fast returns of 1x24 hours in Cilacap Hospital are a lack of knowledge regarding the 1x24 hour return policy after the patient is discharged. With his "no homework mindset" doctor about the obligation to fill out medical records . Ineffective communication related to the desire to get reward. Coordination is related to accelerating unstable and solid returns . The doctor's room with the additional task of assisting doctor in charge of the patient in writing medical resumes is likely to be applied as a means of accelerating completeness and return .

Limitations of this study is the lack of in-depth interviews are more related rewards associated with the assessment of the medical camp re charging document, because it takes more time to study.

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