

Qualitative Study of Determinants of Medical Record Completeness of Inpatients at Dr. Hadrianus Sinaga Hospital in 2023

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Abstract. Medical records are files that contain records and documents about patient identity, examination, treatment, actions and other services that have been provided to patients. Medical records must be kept either electronically or in writing that is clear and concise. Medical record documents that have been completed by the doctor within less than 24 hours after completion of the service or after the inpatient is decided to go home. This research is a qualitative research. The research instrument is the researcher himself who is subjective, so the data obtained is checked for validity using triangulation techniques, namely source triangulation, technical triangulation and time triangulation. Informants are the Doctor in Charge, Nurse, Midwife, Head of Medical Records Installation and hospital management, namely the Head of Nursing and Midwifery Services Section. Interviews were conducted according to Esterberg and literature studies. The results showed that the determinants of the completeness of Medical Record files were influenced by *Man*, namely the indiscipline in filling out Medical Record files, *Machine*, namely the absence of a policy from management if human resources was not disciplined in filling out Medical Record files, *Method*, namely the lack of motivation in filling in accordance with the SOP, *Material*, namely sometimes slow provision of parts Medical Record dan *Money* forms, that is there is no *reward* dan *punishment* if the Medical Record is complete.

1. INTRODUCTION

Medical records have a function to maintain and provide information for all parties involved in providing health services to patients. Medical records are files that contain records and documents about the patient's identity, examination, treatment, actions and other services that have been provided to the patient. Medical records must be made in writing, complete and clear or electronically. The use of medical records based on Permenkes Number 269 Article 1 Paragraph (1) and Article 10 Paragraph (2) of 2008 concerning Medical Records where medical records can be used as health maintenance and treatment of patients, evidence in legal processes, medical discipline and enforcement of medical ethics, educational and research purposes, as well as the basis for health service financing and health statistics data.

Through Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice, the Government emphasizes the importance of a medical record system held in every hospital or other health service facilities for the community. The main problem and obstacle in the implementation of medical records is that doctors (medical personnel) are not fully aware of the benefits and uses of medical records, both in health service facilities and individual practices, because basically health workers or doctors themselves do not make medical records completely, clearly and not on time.

A complete document is a medical record document that has been filled out completely by a doctor within <24 hours after completion of service or after the inpatient is decided to go home. The completeness of medical records is very useful to find out in detail the patient's disease history, examination actions that have been carried out and plan further actions. Patient care providers such as doctors, nurses, nutritionists and pharmacists have responsibility for medical records but the main responsibility for the completeness of medical records lies with the doctor who treats the patient. Incomplete filling of medical records hampers the process of making hospital reports and hampers the process of insurance claims such as BPJS insurance. BPJS claims are highly dependent on Medical Records (Health et al., n.d.). Incomplete filling of medical record documents by patient care providers can be caused by low motivation or performance in carrying out their work.

To analyze further, researchers use a systems approach, namely inputs, processes and outputs. Input consisting of Man (ability, skills and workload), Money (operational costs), Material (medical record forms and facilities), Method (SOP and flow), and Machine (policy), the process of filling out

medical records and outputs consisting of completeness and timeliness of returning patient medical record files.

Many factors affect the completeness of filling and timeliness of returning medical record documents including human resource factors in the form of aspects of knowledge, discipline, motivation, workload and communication aspects, tool factors namely the absence of officers specifically assigned to return medical record files, method factors namely SOPs that are still not carried out properly, material factors namely uncertainty of doctors' visite hours and funding factors, namely There is no reward given to officers who return medical records on time (Made., 2021).

The implementation of medical record services at RSUD dr. Hadrianus Sinaga, Samosir Regency is still experiencing many problems. The evaluation results show that the average return of medical record status in 2022 is still far from the minimum service standard Medical records can even be returned for up to 3 weeks. The evaluation results in January 2023 that the return of medical record status has improved, which is an average of 10-12 days. The missing data include date of admission, date of discharge, patient identity, anamneses, treatment/action, approval of action, observation record, discharge summary, name and signature. From the results of the analysis when it was found that there was still a lack of completeness of the medical record data so, the medical record section would return to the hospitalization to complete it again, which slowed down the reporting and filing of hospital insurance claims.

2. METHOD

The focus of this research is intended to limit qualitative studies while limiting research to choose relevant and irrelevant data names (Moleong, 2010). The limitation in qualitative research is more based on the level of importance / urgency of the problems faced in this study. This research will focus on the Main informant with Triangulation Informants on the determinants of the completeness of inpatient medical records at RSUD dr. Hadrianus Sinaga, Samosir Regency. In conducting a research is very important and planning and design are needed in research, so that research can run well, systematically, and smoothly. According to Jonathan Sarwono, the understanding of research design is like a road map for researchers who follow and determine the direction of the research process correctly and precisely in accordance with the goals that have been set. The research design used in this study is a qualitative descriptive research design because researchers want to find facts and interpret about "determinants of medical record completeness in hospitalization of RSUD dr. Hadrianus Sinaga Samosir Regency" to find out what causes the incompleteness of medical record status at RSUD dr. Hadrianus Sinaga Pangururan. According to Moleong in his book entitled qualitative research methodology defines that: "Qualitative research is research that uses a natural setting, with the intention of interpreting phenomena that occur and are carried out by involving various existing methods, in terms of this understanding, the authors still question the natural setting with the intention that the results can be used to interpret phenomena and what qualitative research utilizes are various The types of methods that are usually used are interviews, observations, and documentation". The time of this research was carried out from January to August 2023 which consisted of data collection and data processing.

The informant in this study used *purposive sampling techniques*. *Purposive sampling* is a sampling technique of data sources with certain considerations, for example samples that are considered to know about what is expected or samples are rulers so that it will make it easier for researchers. Based on these considerations, the following research subjects were taken:

a. Main Informer

The selection of research informants is carried out by *purposive sampling*, namely sampling based on certain considerations from researchers with the following criteria.

1. The subject of research has a role related to the purpose of the study.
2. Research subjects have time to follow a series of research activities.
3. Research subjects can provide as much information as possible according to research needs.

Informants in this study were determined based on *purposive sampling* techniques, which are techniques carried out to select informants who are willing and able to provide information related to

the research topic, namely the main informants in this study are medical officers involved in completing inpatient medical records as follows.

1. Inpatient doctor, in charge of caring for patients and responsible for inpatient care. Inpatient doctors are more aware of the actions and treatment of hospitalized patients. After making a diagnosis, the doctor immediately records some medical information and completes the medical record as the main responsibility of the contents of the hospitalized patient's medical record.
2. The implementing nurse or midwife, has the task of checking and completing parts that are lacking or missing in the completeness of medical record documents after the doctor treats the patient and has direct contact with the patient. The nurse or implementing midwife is the person responsible for filling out medical records after the doctor. In the inpatient unit at RSUD dr. Hadrianus Sinaga, four nurses and two executive midwives are representatives of each inpatient room.

b. Triangulated Informants

Triangulated informants aim to collect data from different sources or from other parties. In this study, triangulated informants were obtained from triangulation of sources and health workers involved. The sources used include the following:

- 1) Peraturan Menteri Kesehatan Nomor 269 Tahun 2008 tentang Rekam Medis.
- 2) Undang-Undang RI Nomor 44 Tahun 2009 tentang Rumah Sakit.
- 3) Peraturan Menteri Kesehatan Nomor 290 Tahun 2008 tentang Persetujuan Tindakan Kedokteran.
- 4) Undang-Undang RI Nomor 29 Tahun 2014 tentang Praktik Kedokteran.

As for triangulation informants involved in the completeness of filling out inpatient medical records as follows.

1. The Head of the Medical Record Unit has the task of completing medical records, namely analyzing, processing and synchronizing medical data from hospitalizations received by nurses after inpatients receive health services.
2. Head of Medical Service Unit, a party who uses individual medical records secondarily and does not handle patients directly. This group uses health medical record data to assess the performance of health facilities and the benefits of services provided. The data obtained provide policies, describe patterns and trends in service. With this data input, it will make it easier for the management to improve the medical record section, especially in the completeness of filling in medical records.

The definition of concepts in this study is man, machine, method, material and money in research on the determinants of completeness of inpatient medical records at RSUD dr. Hadrianus Sinaga Samosir Regency. Primary data were obtained by means of an *in-depth interview* to the inpatient room of RSUD dr. Hadrianus Sinaga. Secondary data are obtained from medical record documents of hospitalized patients who have gone home (*restropective analysis*).

There are several techniques carried out for this research are Interviews and Literature Studies. The research instrument or tool in this study is the researcher himself. Researchers as *human instruments* function to determine the focus of research, choose informants as data sources, collect data, assess data quality, conduct data analysis, interpret data and make conclusions on their findings (Sugiyono, 2016). The instrument used in this study is an interview *guide*. This interview guideline consists of several questions and is divided into 5 variables, namely factor *man* (human resources), *factor machine* (policy), *factor method*, *factor materials* and financial factors. This interview guideline is used for data collection methods through in-depth interviews with the help of sound recording devices (*tape recorders / mobile phones*), cameras and stationery.

3. RESULTS AND DISCUSSION

The implementation of the medical record file distribution system begins with outpatient, inpatient and emergency registration activities. Fast and precise distribution of medical record files is the main goal in distributing medical record files that have an influence on the provision of health services to patients. In the medical record file distribution system, it is expected that rechecking

activities will be carried out between the medical record files that are stored again according to or not with the number of medical record files that have been distributed before this checking action is expected. If there is a file that has not returned it can be known quickly on the same day, it does not drag on so that to find where the location of the medical record file that has not returned can be known easily. To support the distribution of medical record files, adequate facilities are needed and administrative completeness such as tracer loan bonds, expedition books and the existence of medical record file distribution personnel. Medical Record File Distribution is the process of delivering medical record files that have been prepared from the storage / place of patient registration distributed by Medical Record officers to the examination room either Outpatient or Emergency Installation.

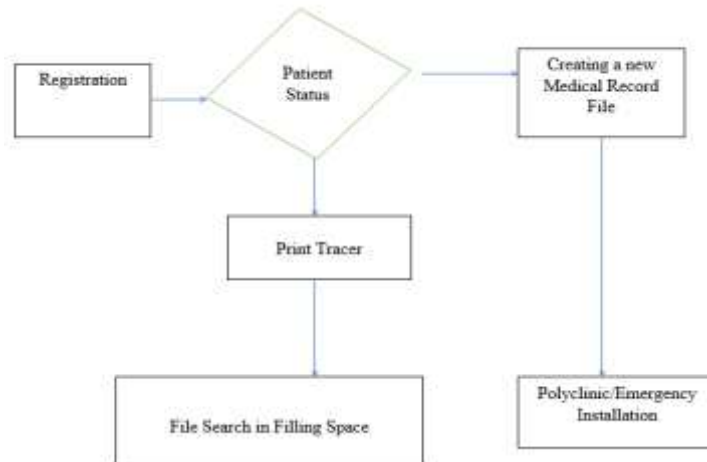


Figure 1. Inpatient Medical Record file distribution flow

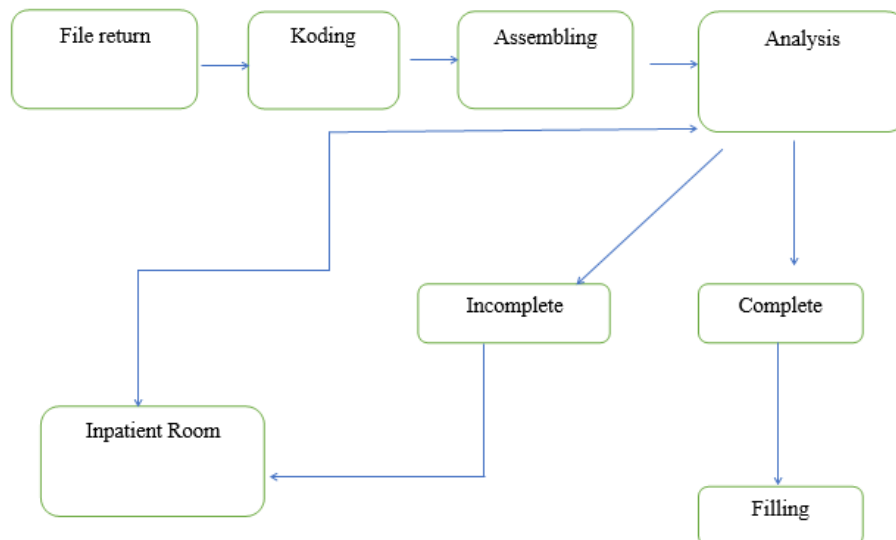


Figure 2. Medical Record file return flow

One of the data collection carried out in this study was primary data conducted through in-depth interviews. The informants in this study were the Head of the medical record installation, doctors and nurses at the inpatient installation. The complete data of the Medical Record file for Inpatients at RSUD dr Hadrianus Sinaga from January to June 2023 are as follows:

Table 1. Frequency of Total Completeness of Inpatient Medical Record Filling

Variable	Category	Percentage
Medical Record Filling	Complete	77,33 %
	Incomplete	22,67 %

Table 2. Frequency of Accuracy of Inpatient Medical Record Return

Variable	Category	Percentage
Return of Medical	True	19,66 %
Records	Not Exactly	80,34 %

Some of the informants are women with the youngest internal age of 32 years having a position as Head of Medical Record Installation and the oldest age of 55 years as Section Head (Kasi) of Nursing and Midwifery Services. So the age range of informants is 32 to 55 years. The average informant has a bachelor's education background so that what researchers expect in the interview process can go both ways well and informants understand the interview guidelines made.

Data collection was carried out through interviews with informants that had been prepared previously by researchers to facilitate information about the determinants of completeness of inpatient medical records at RSUD dr. Hadrianus Sinaga, Samosir Regency. The data that has been collected will be analyzed according to conditions in the hospital. This data collection will be carried out from July 12 to August 16, 2023. When collecting data, researchers find it difficult to interview informants, especially informants as doctors with tight time because they are surgeons who are responsible for inpatient, outpatient, operating room and even in the emergency room. Another limitation, researchers also work at this hospital, which of course has limited time to meet and conduct interviews at the inpatient and medical record installation of RSUD dr. Hadrianus Sinaga Samosir Regency. However, all 8 informants can be interviewed until the researcher can obtain the desired information about the determinants of the completeness of the medical record. The interview topics presented which are determinants of the completeness of inpatient medical records are as follows:

a. Human Resources (*Man*)

Based on the results of observations and in-depth interviews that have been conducted related to the knowledge of doctors, nurses, heads of medical record installations and Kasie. Yan Nursing & Midwifery about the meaning and benefits of medical records.

"Medical records are a means of documentation for the development and care of patients, the second as a basis for treatment decisions and patient care, the third as a means of effective communication between medical personnel, the fourth can be used as a legal basis in a case." (IB, 39 years old)

"The medical record is a record of the patient 's illness history and services, from the time the patient comes to discharge, and this medical record is useful for research and as evidence in court and other benefits are for claiming".(JS, 40 years old)

"The meaning and benefits of medical records for services at Dr. Hadrianus Sinaga Hospital are files prepared which contain documents about the identity of medical examinations both treated and hospitalized. The function that I have noticed so far is to support the preparation of health statistics as a basis for maintaining patient treatment and also, for example, our lawsuit material is far away, smoothly, smoothly, so that's the basis too, there continues to be as educational material as well as health service costs." (US,49 years old)

"Medical Record is related to all information about patients starting from data and service history. The benefit of medical records is first, for if such a legal case occurs, second as research material, third as possible as merit, claim."(NS,41 years old)

"Medical records are very important files that contain patient demographic data, doctor's records and PPA, and all medical support results obtained by patients from admission to discharge from the hospital. The benefits of medical records are in accordance with the aspects contained in medical record files, namely administrative aspects as an administrative tool, medical as a basis for planning treatment, legal aspects of medical record files as written evidence for the court, financial aspects of medical records as a tool to calculate costs spent by patients, education that medical records are needed for research." (Hs, 32 years old)

"The meaning of the medical record means that the patient who came to the hospital was recorded everything from identity to all he had complaints from coming to going home, that's what it means. There are many benefits, to the legal department, especially also to what part eh

claim aalagi now there is this JKN UHC again in Samosir so it is mandatory for laiman is very useful." (MR, 55 years old).

From the results of interviews about Human Resources (*Man*) that all informants understand the importance of the benefits of medical records.

b. Policy (*Machine*)

Based on direct observations and in-depth interviews that informants have conducted with doctors, nurses, heads of medical record installations and Kasie. Yan Nursing & Midwifery regarding witnesses given if there are incomplete medical record files.

"If you do not fill out this medical record on time, until now there has not been." (IB, 39 years old)

"The first time when they found it, the first one we were reminded, the second one there was never any doubt that it was too much to date, just a reminder and in the apple field it was just reminded only a few times yesterday it was mentioned whose room was on time and whose room was not." (JS, 40 years old)

"When filling in the RM file is incomplete, there are no sanctions: sanctions so far have not been there, only they must be filled in." (US,49 years old)

"When filling in the RM file is incomplete, there is no sanction: maybe if it is incomplete it is not claimed, it will be the hospital as a whole that loses. For officers, there are no sanctions and even when they are diligent, there are no rewards. But there are also doctors who really want to fill in and immediately ask "there is my debt status", ma'am." (NS,41 years old)

"The sanctions carried out so far are still repatriation of incomplete status." (HS, 32)

"The policy is not there yet, but it is still being reminded." (MR, 55 years old)

Based on the results of observations and in-depth interviews that have been conducted with doctors, nurses, Head of Medical Record Installation and Head of Service Section related to monitoring related to filling in medical records by management

" Ever, 1 time this year." (IB, 39 years old)

"Not periodically dock, only occasionally never only when we are inspected new there doc, not scheduled monitoring of him." (JS, 40 years old)

"Monitoring from the head of the room also to us if there is no direct management. If it's from RM's side, if we just contact or when we want to return the file." (US,49 years old)

The SOP from the management did not work, the most that was running was that there was another status, how many more statuses were related to the claim, which was related to the SOP for filling the RM earlier, maybe the management didn't know what we should fill in. (NS,41 years old)

"If the monitoring management goes to the room, I don't know the doc, but if the monitoring goes directly to the medical record, I see the medical record file that has returned here, never at all, even we from the medical record installation have written to the service field to remind the PPA to fill out the medical record form on time.

"Have been monitored but occasionally unscheduled" (MR, 55 years old)

From the interview results that the policy of the hospital does not yet exist and direct monitoring has been carried out occasionally and has not been scheduled, so that each informant said there are officers who are responsible and some are less responsible.

c. Method

The results of observations and in-depth interviews that have been conducted with doctors, nurses, Kasie. Yan Nursing & Midwifery, head of Medical Record Installation related to Standard Procedure for Filling Medical Record File"

"SPO medical records are in place." (IB, 39 years old)

" No doc" (JS, 40 years old)

"For SOPs so far, it is timely and the way it is written cannot use liquid ink, it must be ontime and ontime update according to what is implemented and written like that. The soup has not been elaborated yet." (US,49 years old)

"For SOPs, all contents of the RM file have time to complete for 24 hours. When the return is not wrong, 2x 24 hours must be filled and returned to the Medical Record." (NS, 41 years old)

"The SOP for filling out medical record files does not yet exist, but the SOP for returning medical record files already has a dock," (HS, 32 years old)

"Oh, if there is no SOP for filling out medical records, ma'am, it's still just a reminder." (MR, 55 years old)

Based on the results of direct observation and in-depth interviews that have been conducted by informants to doctors and nurses regarding socialization of the use of medical record forms.

"Ever.." (IB, year)

"Socialization happens to be that we have just accredited the dock, and we are all new forms and we are done collectively socializing all forms in the meeting room and still that time the dock." (JS, 40 years old)

"Finally, our socialization of the truth is actually done by the head of the room and maybe the meeting of the head of the socialization room, the filling of RM's file, maybe the head of the room who conveyed it to us" (AS, 49 years old)

"If a new form may always be submitted but the one called is sometimes the head of the room or wakar while we ourselves believe that the most frequent to fill it out is our member, when the head of the room or wakar conveys meeting one day while the other is on holiday, so it may take some time to submit it." (NS, 41 years old)

"Socialization of filling in medical record files has been carried out. This socialization is carried out when there is a review of the medical record form and those who we invite to participate in this socialization are all doctors, drg and all heads of rooms and heads of installations." (HS, 32 years old)

Based on the results of observations and in-depth interviews that have been conducted with doctors, nurses and the Head of Service Section related to the obstacles in the process of filling out medical record files.

"Maybe the obstacles in the field that I see, first the problem of knowledge about the importance of why the medical record must be returned in less than 24 hours, the second may be motivation in the sense that we must be able to fill in this medical record completely and we must know the use of this medical record why it must be filled in completely, the third may be because the workload is too high so maybe the time in filling is reduced, So some are not filled or incomplete." (IB, 39 years old)

"Look, the problem doc is that if the patient comes directly, we can fill in a lot of what is just urgency, what is very urgent for other completeness, there are several other things, for example, eh filling DPJP, filling eh filling must be that day we can also complete in the next shift. The human resources of doctors, the largest in which are human resources, lack of personnel from the nurse side, doctors are also short of examples currently we lack clinical pharmacists so that those who clinically are only 1 person for all rooms so that there is not on time to clinic patients and write in their medical records, as well as doctors, the most obvious is the human resources in doctors and in pharmacists, the dock." (JS, 40 years old)

"So far we have noticed we are on time. Obstacles in filling: in dividing shifts, time constraints divide because when served and make RM writing sometimes yes, bu is a bit late with the number of patients currently not in small numbers. So dividing that time must be clever." (US, 49 years old)

"Procedure, if there is free time, I must fill it in on time, but usually at the end of the shift, aaa must be filled immediately, which is certain that at the end of the shift, we must complete it. maybe we have a lot of RM sheets and sometimes it repeats itself, and there we need a lot of time and the same information and one more time sometimes we don't read or just ignore and cross out not cultivating reading so sometimes a lot of it is blank". (NS, 41 years old)

"The problem is because our doctor here is also directly full 6 days, some are out of town, sometimes the problem is not complete there at the doctor, sometimes it is also because there are many patients like that mom "Obstacles from the nurse's side: If from the nurse's side, this

nurse is often the one who is not filled it always forgets, maybe what is the time, maybe the date is what you often forget, mom." (MR, 55 years old)

Based on the results of direct observation and in-depth interviews that have been conducted with nurse informants regarding nurse communication with doctors regarding filling in medical record files if doctors have not filled in patient medical record files.

"There are 2 doctors, but with a schedule of 3 days here, 3 days outside so it is not possible for the doctor to write his resume on time so we have to wait for the doctor to write back after returning to the doc." (JS, 40 years old)

"Reminiscent of the time of visite, doc... with ask for help good good doc... Because it must be complete and ontime time." (US, 49 years old)

"If that's sometimes when you visit, the doc has a debt, well, that's it, if it's not when the WA doc has our files that have not been filled out, or when the patient reports there is an emergency dock, don't forget tomorrow to fill in our RM files, always be reminded." (NS,41 years old)

Based on the results of direct observations and in-depth interviews that have been conducted with nurse informants about the length of return of medical record files to the medical record installation.

"It should be the dock, according to the direction of the medical record team 3 x 24 hours, but because of the shortcomings earlier, the dock is 2 x 24 hours, sorry doc, but due to the situation as I said earlier, the dock is not possible within that time so it can be up to 1 week doc." (JS,40 years old)

"The rule is 2x24 hours, there are only a few that are overdue because the resume has not been filled, but so far we are trying to be in accordance with the time with my hope that it will increase. (US,49 years old)

"The regulation is 2x24 hours, there are still remedial ones, at least we have reported that the number of our patients is so much, so if there are remedial ones we serve, most often remedial is the result of radiology, maybe the results of radiology we do not attach." (NS, 41 years old)

"In accordance with the SOP, 2x24 hours are calculated starting from the patient's return home, in fact in the field, the return of medical record files there are some from the room that have obeyed 2x24 hours , but there are still many who have not obeyed 2x24 hours, sometimes it passes until one week before being delivered, between them when chasing kalaim where the regulations from BPJS claimants medical record files must be entered no later than the 8th of every month. We also often ask what are the obstacles to the officers who deliver medical record files, they answer doctors who often delay filling out medical record files, from the results of the analysis the accuracy of returns is still far below the standard, namely April as much as 20% obedience, May as much as 22% obedience and June as much as 25% obedience. (HS, 32 years old)

Based on the results of observations and in-depth interviews conducted directly with doctor informants, nurses regarding the return of medical records if there are incompleteness during filling.

" Ever." (IB, 39 years old)

"There is also a possibility that it was returned because there was an incompleteness from us that we could have missed the date, time, so it was sent home doc the term is remedial they say doc." (JS,40 years old)

"There are sometimes, in the past, it was often now rare, at least it was just a lack of photos or mistaken, reading photos that were not enough, doctors usually want to miss or date hours like that, yes, there are officers to remind them to be equipped again." (US,49 years old)

Based on the results of direct observation and in-depth interviews that have been conducted by informants Ka. Medical record installation is related to the discipline of doctors and nurses in filling out medical record files for patients who go home.

"For completeness analysis has been carried out, based on the results of the analysis from May to July there was an increase where in April the completeness of filling in medical record files by 60% and in May by 78% and June by 82%, the lapses analyzed such as: filling in dates, hours and signatures of doctors and nurses were still found unfilled" (HS, 32 years old)

From the interview results that the method of filling out medical record files does not yet exist for SPO but socialization of filling in medical record files by medical record installations has been carried out. For the repatriation of medical record files, all informants know the time of return of medical record files 2 x 24 hours, but because the doctor has not filled out the medical record form completely, waiting for time sometimes accumulates patient medical record files until more than one week before they are returned to the medical record.

d. Facilities and Infrastructure (*Materials*)

The results of observations and in-depth interviews that have been conducted with informants doctors, nurses, heads of medical record installations and Kasie. Yan Nursing & Midwifery is related to the availability and completeness of forms in the medical record section.

"Uh, sometimes something is not available, for example, preoperative assessment sometimes does not exist."(IB, 39 years old)

"Yes, doc, it's always complete. Previously it was not complete but after we do accreditation it is complete and there is always a doc available if we amprah" (JS, 40 years old)

"The form is always available." (US, 49 years old)

"Actually, we report directly, sometimes it is directly from the printing house that does not come, because all the forms are trying to be completed." (NS, 41 years old)

"The required forms so far are fully available and the submission is directly coordinated by the administration." (HS, 32 years old)

"Oh, if the medical record form here because it is just accreditation too, it is in accordance with the rules, everything is complete, the manual is there and now the process to e-record medic." (MR, 55 years old)

From the results of the interview that the means in the form of forms actually already exist but at certain times are not available.

e. Funding (*Money*)

The results of observations and in-depth interviews that have been conducted with informants doctors, nurses, heads of medical record installations and Kasie. Yan Nursing & Midwifery is related to the reward given to officers who have been orderly in filling out medical record files.

"Until now, there hasn't been."(IB, 39 years old)

"Never" (JS, 40 years old)

"When the morning apple was thanked by you, the head of the medical record when the morning apple received praise, said ontime and then the thank you was further improved, well, that's the reward." (US, 49 years old)

"No reward." (NS, 41 years old)

"There is no reward to date." (HS, 32 years old)

"If you want to have a heart, that's because our finances are sometimes lacking. It's just not operational, how do you want to make this, but yes, it's still in my heart, not to mention getting there." (MR, 55 years old)

From the interview results that funding for *reward* or *punishment* has not been carried out.

Discussion

a. Human Resources (*Man*)

Man or energy is the potential contained in humans to realize their role as adaptive and transformative social beings who are able to manage themselves and all the potentials contained in the achievement of the welfare of life in a balanced and sustainable order. In this study the interview results that have been obtained are related to the understanding of medical records that all informants know the meaning of medical records and also know the importance of medical record files, statements from doctors, nurses, heads of medical record installations and Kasie. Yan Nursing & Midwifery said that the medical record itself is very important, because the medical record is a record of the diagnosis of the patient itself, a record of the patient's disease history from the time the patient came to go home. The Minister of Health of the Republic of Indonesia No. 268 of 2008, also said that medical records are files containing records, documents about patient identity, examination, treatment, actions and other services that have been provided to patients.

Human Resources (HR) which is the largest proportion of other health workers certainly has the responsibility to provide optimal and quality nursing services to patients on an ongoing basis. The obstacle in the process of filling out medical record files is also caused by human resources, one of which is a specialist doctor who is only three days at Dr. Hadrianus Sinaga Hospital as the results of interviews with informants "but with a schedule of 3 days here, 3 days outside so it is not possible for the doctor to write his resume on time so we have to wait for the doctor to write it back after returning to the doc." (JS, 40 years old), so that the filling of the medical record form by the doctor is not on time and the doctor's time limitation where after the visite to the direct room of the polyclinic service that the doctor should be able to divide time because filling out the patient's medical record file is one of the obligations. Therefore, the discipline of medical and nursing personnel needs to be considered to improve the quality of service in the observance of filling out patient medical record files.

This is in line with research (Pamungkas et al., 2010) that the factors that cause incomplete filling of medical record files are limited time caused by high workload of doctors so that the time used to fill out medical records is very limited. From the observations of researchers, it was also found that there were overlapping duties and responsibilities of nurses so that nurses could be bored in carrying out tasks in the process of filling out Medical Record files, where nurses at Dr. Hadrianus Sinaga Hospital served as cashiers, monitoring and evaluating the condition of medical equipment and infrastructure in their respective rooms.

b. Policy (*Machine*)

Machine or policy is a regulation / law that can support the implementation of medical records that have been prepared in the legal basis for the implementation of medical records. In Law of the Republic of Indonesia No. 29 of 2004, it is explained that sanctions will be given if they do not complete medical records. However, during interviews with informants, all informants stated that there had never been a policy on sanctions related to indiscipline in filling out medical record files, such as the informant's statement which stated "When filling RM files are incomplete there are no sanctions: maybe if it is incomplete it is not claimed so that the hospital as a whole loses. For officers, there are no sanctions and even when they are diligent, there are no rewards. But there are also doctors who really want to fill in and immediately ask "there is my debt status", ma'am." (NS,41 years). With the lack of policy from management regarding the importance of completing medical record files, the care profession often procrastinates in filling out because there are no sanctions if they do not obey in filling out medical record files. Previous researchers also stated that there are actually regulations and policies issued by the hospital to support the completeness of medical resumes, namely with verbal reprimands and written reprimands (Riyantika, 2018), but Caring Professionals such as doctors still delay filling out the Medical Records.

c. Method

Method is a way or process used in carrying out an activity in an organization in accordance with established rules or standards. The essence of this approach is the maintenance of medical records in accordance with the medical record program. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 512 / MENKES / PER / IV / 2007 concerning the license to practice medicine BAN 1 article 1 paragraph 10 Standard Operating Procedure is a set of instructions or steps taken to complete a certain work process, where to carry out various activities and service functions made by health service facilities based on professional standards. Obstacles that occurred at RSUD dr. Hadrianus Sinaga in filling in the completeness of medical record files in accordance with the results of interviews to informants harmpir all informants said constraints in workload such as statements from doctors who stated "maybe the obstacles in the field that I see, first the problem of knowledge about the importance of why medical records have to be returned less than 24 hours, the second may be motivation in the sense that we must be able to fill in this medical record completely and we must know the use of this medical record why it must be filled in completely, the third may be because the workload is too high so maybe the time in filling is reduced, so some are not filled or incomplete" (IB 42 years). This was also conveyed by researchers pratiwi et al, 2015 that the incompleteness of medical records was influenced by doctors and nurses who lacked discipline in filling out medical records, including health workers who were late returning medical record

documents to medical record officers more than 2x24 hours. The results of interviews with informants for SOPs for filling out medical record files do not exist but socialization is made on how to fill out medical record files from medical record officers, such as the results of interviews with the head of medical record installation. "Socialization of filling in medical record files has been carried out. This socialization is carried out when there is a review of the medical record form and those who we invite to participate in this socialization are all doctors, drg and all heads of rooms and all heads of installations, socialization is carried out for 3 meetings." (HS, 32 years old).

Communication is also very important in filling out medical record files, including how nurses communicate with doctors if doctors have not filled in patient files that have gone home. The results of direct interviews with nurses, all nurse / midwife infomen stated that they always remind doctors both again visite and when reporting emergency patient conditions. As the results of the method with the officer, "sometimes when visiting, the doc has a debt, well, that's just if it is not when the dock WA has our files that have not been filled out, or when the patient reports there is an emergency dock, don't forget tomorrow to fill in our RM files, always be reminded." (NS, 41 years old). Observance of the return of medical record files to the medical record installation, all informants interviewed stated that according to the regulations, the return of medical record files was 2x24 hours but the results were far from the regulations, this was in accordance with the results of interviews with the head of the medical record file repatriation installation, "In accordance with the SOP, 2 x24 hours are calculated from the time the patient goes home In fact, in the field, the return of medical record files there are some from the room that have obeyed 2x24 hours but there are still many who have not obeyed 2x24 hours sometimes pass until one week before being delivered, between them when chasing kalaim where the regulations from BPJS claimants medical record files must be entered no later than the 8th of each month. We also often ask what are the obstacles to officers who deliver medical record files, they answer doctors who often delay filling out medical record files due to delays in disbursement of services and TPP, from the results of the analysis the accuracy of returns is still far below the standard, namely April as much as 20% obedience, May as much as 22% obedience and June as much as 25% obedience. (HS, 32 years old)

Incomplete repatriation of medical record files is one of the rules made by medical record installations, whereas, according to the results of interviews with informants, nurses, and doctors, they say they have never received incomplete files to be refilled. In the medical record installation, it has also conducted a completeness analysis of filling in the medical record file of patients returning home in accordance with the results of interviews with the informant of the head of medical records "For completeness analysis has been carried out, based on the results of the analysis in April the completeness of filling in medical record files by 60% and in May by 78% and June by 82%, the ineptitudes analyzed such as: The filling of the date, watch and signatures of doctors and nurses were still found unfilled" (HS, 32 years old).

d. Facilities and Infrastructure (*Materials*)

Material or tools are everything needed to support the implementation of medical records properly. Facilities are more aimed at moving objects such as computers, machines, etc., while infrastructure is aimed at immovable objects, such as buildings / rooms storing medical records and others. To achieve the goals that have been determined in the medical record, a form is needed, the form itself is a form and the form is an important tool for running the organization because it is useful for determining the responsibility for the emergence of activities, recording service data to reduce the possibility of errors by stating all events in writing and as a means of communication. From the results of interviews that have been conducted regarding the availability of medical record forms, doctors stated that they are not yet fully available, "Uh, sometimes there are not available, for example, preoperative assessments sometimes do not exist." (IB, 39 years old) This is in contrast to other informants who claim to be fully available. An interview with the head of the medical records installation stated, "The forms needed so far are fully available and the delivery is directly coordinated by the administration." (HS, 32 years old).

e. Funding (*Money*)

Money or funds are costs associated with the operational process of implementing medical records, especially in terms of monitoring and evaluation. From the results of observations and interviews that have been conducted regarding rewards to support the completeness of filling in medical records, according to the results of interviews with all informants, the hospital has never given rewards in the form of goods for officers, in this case the category of filling in complete and appropriate medical records, but if in the form of praise has been done, according to the results of interviews with nurse informants who stated "when the morning apple was a thank you from the father of the head of medical records When the morning apple gets praise, say ontime and thank you even more, well, that's the reward." (USA, 49 years old). From other factors that affect each care profession (PPA) in filling out medical record files are less responsible for their obligations due to not matching the amount of Annual Income Allowance (TPP) and frequent delays in disbursing services and also the TPP, this makes PPA lazy in filling out patient medical record files because after all there is still no award, This is in accordance with the statement of the informant of the Head of Medical Record Installation "We also often ask what are the obstacles to the officers who deliver medical record files, they answer doctors who often delay filling out medical record files due to delays in disbursement of services and TPP, from the results of the analysis the accuracy of returns is still far below the standard, which is April as much as 20% compliance, in May it was 22% obedience and in June it was 25% obedience. (HS, 32 years old). From the informant's statement, the management of Dr. Hadrianus Sinaga Hospital must consider the welfare of officers, especially PPA, namely Doctors, Nurses, Midwives, pharmacy personnel, and Gzi experts. Judging from the number of nurses, let alone clinical pharmacy, which is very minimal compared to the number of patient visits each month.

4. CONCLUSION

The qualitative research on the determinants of completeness of inpatient medical records at RSUD dr. Hadrianus Sinaga in 2023 identified several key factors. Firstly, there's a lack of awareness among the human resources regarding the urgency to complete medical records within less than 24 hours after the patient's discharge. High workloads, limited availability of doctors, and the reluctance of some doctors and nurses to fill out medical records are among the reasons for this incompleteness. Secondly, the hospital's policy lacks firmness in sanctioning those who neglect their duties, and there's insufficient regular monitoring by management, affecting staff motivation. Thirdly, even though there isn't an official SOP, the socialization for filling out medical record forms has been conducted. However, the main obstacles are the lack of motivation from the staff and limited human resources. Fourthly, the infrastructure and facilities are adequately provided. Lastly, giving rewards or commendations to those who complete it properly can boost motivation. Based on these findings, it is advised for RSUD dr. Hadrianus Sinaga to enhance discipline, increase human resources, establish clear SOPs, and pay attention to employee welfare. For healthcare workers, the importance of self-motivation and understanding the obligation to fill out medical records is emphasized. For future researchers, a more in-depth study is recommended to delve further into this issue.

REFERENCE

- Agustina, E. A. (2022). Faktor Penyebab Ketidaklengkapan Pengisian Dokumen Rekam Medis Rawat Inap di Rumah Sakit: Literature Review. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 10(1), 104. <https://doi.org/10.33560/jmiki.v10i1.403>
- Esraida-analisis-ketidaklengkapan-dokumen-rekam*. (n.d.).
- Hutama, H., & Santosa, E. (2016). EVALUASI MUTU REKAM MEDIS DI RS PKU 1 MUHAMMADIYAH YOGYAKARTA: STUDI KASUS PADA PASIEN SECTIO CAESARIA. *Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit*, 5(1). <https://doi.org/10.18196/jmmr.5103>
- Juwita Swari, S., Alfiansyah, G., Adi Wijayanti, R., Dwi Kurniawati, R., Studi Rekam Medik, P., Kesehatan, J., & Negeri Jember, P. (2019). Analisis Kelengkapan Pengisian Berkas Rekam Medis Pasien Rawat Inap RSUP Dr. Kariadi Semarang. In *Jurnal Ilmu Kesehatan* (Vol. 1, Issue 1).

- Karma, M., Wirajaya, M., & Carla, F. (2021). *Faktor yang Memengaruhi Keterlambatan Pengembalian Rekam Medis Pasien Rawat Inap di Rumah Sakit : Kajian Literatur*. 6(3).
- Karma, M., Wirajaya, M., Ilmu, I., Medika, K., & Bali, P. (2019). Faktor Faktor yang Mempengaruhi Ketidaklengkapan Rekam Medis Pasien pada Rumah Sakit di Indonesia. In *Jurnal Manajemen Informasi Kesehatan Indonesia* (Vol. 7, Issue 2).
- Karma, M., Wirajaya, M., Made, N., & Kartika, U. (2019). Analisis Ketidaklengkapan Rekam Medis Pasien Rawat Inap di Rumah Sakit Dharma Kerti Tabanan. *Jurnal Administrasi Rumah Sakit Indonesia*, 6(1), 11–20. <https://doi.org/10.7454/arsi.v6i1.3553>
- Kesehatan, J., Saintika, M., Ed Z N A Sa I T I K A, S. Y., Berkas, K., Medis, R., Klaim, D., Di, B., Zein Painan, R. M., Rahmatiq, C., Sulrieni, I. N., & Sary, A. N. (n.d.). *THE COMPLETENESS OF THE MEDICAL RECORD FILE AND CLAIMS OF BPJS IN M. ZEIN HOSPITAL PAINAN*. <https://jurnal.syedzasaintika.ac.id>
- Muhammadiyah Malang, U., Djauhari, T., & Kebidanan Harapan Bunda Bima Nusa Tenggara Barat, A. (n.d.). *Faktor-Faktor Penyebab Ketidaklengkapan Pengisian Rekam Medis Rawat Inap di Rumah Sakit*. <http://jkb.ub.ac.id/index.php/jkb/article/view/1642>
- Nugraheni, S. W., Zakiyah, E., Rohmah, N., & Kunci, K. (n.d.). *ANALISIS KUALITATIF DOKUMEN REKAM MEDIS RAWAT INAP PENYAKIT COVID-19 DI RUMAH SAKIT PKU MUHAMMADIYAH SURAKARTA*.
- Nurhidayah, R. (2021). Analisis faktor yang mempengaruhi kelengkapan pengisian Rekam Medis di Puskesmas Gayam. *Journal of Hospital Management and Services*, 3(2), 34–45. <https://doi.org/10.30994/jhms.v1i2.1>
- Paulus, A. A., Dharmawan, Y., & Agushybana, F. (2019). *FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN KELENGKAPAN DOKUMEN REKAM MEDIS RAWAT INAP DI RUMAH SAKIT TAHUN 2018* (Vol. 7, Issue 4). <http://ejournal3.undip.ac.id/index.php/jkm>
- Penelitian, L., Pegabdian, D., Dharma, S., Padang, L., Gumanti, N. R., Dewi Mardiaty, ;, Handayuni, L., D3, P., & Medis, R. (2021). ANALISIS KELENGKAPAN IDENTITAS PASIEN REKAM MEDIS RINGKASAN MASUK DAN KELUAR PADA RAWAT INAP. *Administration & Health Information of Journal*, 2(2). <http://ojs.stikeslandbouw.ac.id/index.php/ahi>
- permenkes 269 ttg RM*. (n.d.).
- Prihandini, Y. A., Yunanto, A., Triawanti, T., Noor, M. S., & Rahman, F. (2020). Faktor yang Berhubungan dengan Kelengkapan Berkas Rekam Medis oleh Perawat di RSD Idaman Banjarbaru Tahun 2020. *Jurnal Berkala Kesehatan*, 6(2), 55. <https://doi.org/10.20527/jbk.v6i2.9158>
- Rendarti, R. (n.d.). *SURYA MEDIKA Faktor-Faktor yang Mempengaruhi Mutu Pelayanan Rekam Medis di Rumah Sakit*.
- Riyantika, D. (2018). Analisis Faktor-Faktor Penyebab Ketidaklengkapan Pengisian Lembar Resume Medis Pasien Rawat Inap. *Strada Jurnal Ilmiah Kesehatan*, 7(1), 69–73. <https://doi.org/10.30994/sjik.v7i1.153>
- Rohman, H., Hariyono, W., Fakultas Kesehatan Masyarakat, R., & Ahmad Dahlan, U. (2011). *Kebijakan Pengisian Diagnosis Utama dan Keakuratan Kode Diagnosis pada Rekam Medis di RS PKU Muhammadiyah Yogyakarta*.
- Ulfa, S. N., Widjaya, L., Medis, J. R., Kesehatan, I., Ilmu-Ilmu, F., Universitas, K., Unggul, E., Jalan, J., No, A., Kepa, D., Jeruk, K., & Barat, J. (2017). FAKTOR-FAKTOR YANG MEMPENGARUHI KELENGKAPAN REKAM MEDIS RAWAT INAP DENGAN MENGGUNAKAN DIAGRAM FISHBONE DI RUMAH SAKIT PERTAMINA JAYA TAHUN 2017. In *Jurnal INOHIM* (Vol. 5, Issue 1).
- Yesica Tandy, D., Witcahyo, E., Utami, S., Administrasi dan Kebijakan Kesehatan, D., Kesehatan Masyarakat, F., Jember, U., & Jember -Jawa Timur, K. (2018). *COMPLIANCE ANALYSIS OF MEDICAL RECORD FILLING AT KALISAT HOSPITAL JEMBER ANALISIS KEPATUHAN PENGISIAN BERKAS REKAM MEDIS DI RUMAH SAKIT DAERAH (RSD) KALISAT JEMBER*. 9, 21–29. <http://jurnal.untad.ac.id/jurnal/index.php/Preventif>