

The Completeness of Medical Record Documents to Improve The Service Quality at Puskesmas in Sukoharjo Regency

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Abstract— Based on preliminary studies in four Puskesmas in the Sukoharjo District Health Office, which include Puskesmas Polokarto, Grogol, Sukoharjo, Bendosari, there are differences in the average value of completeness of medical record documents before and after accreditation. Before accreditation, the average value of completeness of documents was 66%, whereas after accreditation there was an increase in the value of completeness by 80%. This research was aimed at knowing the influence of medical record document completeness at Puskesmas in Sukoharjo regency. The hypothesis of this research is that there is influence between medical record document completeness before and after accreditation. This research was analytical research. The research was conducted in Puskesmas of Polokarto, Sukoharjo, Bendosari, and Grogol. The population was all outpatient medical record document in 2016 and 2018. The sample used was purposive sampling. The dependent variable in this research was the completeness of identity, important report, authentication, correct documentation dan the independent variable was the accreditation. The research instrument used were checklist and observation guidance. The data were collected through observation and interview to the head of medical record. The data were analyzed quantitatively through Wilcoxon test. The result of the research here was a significant increase in the average completeness of medical record documents on Authentication items by 26.37%. Stastistical test of Wilcoxon Signed Rank Test since the result of normality test showed that the data were not normal ($p < 0.05$). the result shows that there is influence between medical record document completeness before and after accreditation with the value 0.001. The conclusion of this research is the completeness of outpatient medical record document improves after accreditation, so it needs regular socialization related to the officer obedience in filling the medical record document that the completeness can reach 100%

Keywords— completeness, medical record document, accreditation, puskesmas

I. INTRODUCTION

Puskesmas is a health service facility that organizes public health efforts and first-level health services, by prioritizing promotive and preventive efforts, to achieve an increased level of public health [1]. One of the important parts of Puskesmas activities is medical records. Medical record is one of the important parts in supporting the implementation of service delivery to the patients in the Puskesmas. According to Indonesia Health Ministry [1] about medical record implementation, it is stated that medical record consists of patient data record during their health care. Complete medical records influence much toward the delivery process conducted by health

professionals and that of can influence the service quality of health care facility.

One of the parameters to determine the health service quality is data or information from complete and good medical record. The completeness of medical record document is one of important component in Puskesmas accreditation assessment. Accreditation is closely related to the service quality of health care facility, so if Puskesmas has been accredited, the medical records should be more completed.

The result of Setyawati's research [2] about the completeness of medical record document, it is found that from 140 medical record documents, there is 48% which is incomplete before accreditation, and that of 34% which is incomplete just right before visitation. The lowest percentage is found in the filling of vital sign form, education, and drug side effect since the doctor are overwhelmed in giving service to the patients so some items in the form are not filled out. However, the result of this study shows that there is significant improvement on the medical record document completeness before accreditation up to visitation period. Thereby, accreditation is expected to influence positively toward the medical record document completeness, although it does not reach 100% yet.

Based on the preliminary research conducted in four Puskesmas in the Sukoharjo District Health Office, which include Puskesmas Polokarto, Grogol, Sukoharjo, Bendosari, there are differences in the average value of completeness of medical record documents before and after accreditation. Before accreditation, the average value of completeness of documents was 66%, whereas after accreditation there was an increase in the value of completeness by 80%.

II. METHOD

The type of this research was analytical research. The research was conducted in Puskesmas of Polokarto, Sukoharjo, Bendosari, and Grogol in the area of Sukoharjo Regency. The population was all outpatient medical record document in 2016 and 2018. The sample used was purposive sampling. The dependent variable in this research was the completeness of identity, important report, authentication, correct documentation dan the independent variable was the accreditation (before and after). The research instrument used were checklist and observation guidance. The data were collected through observation and interview to the head of medical record to know more about the incompleteness factors. The data were analyzed quantitatively through Wilcoxon test to know the influence of medical record

document completeness before and after accreditation in Puskesmas of Sukoharjo Region.

III. RESULT

A. The Average of Medical Record Document Completeness before and after Accreditation in 4 Puskesmas

Table 1. The average of document completeness

No	Completeness Review	Before n(%)	After n(%)	Improvement (%)
1.	Identification (Medical Record Number, Name, Date of Birth/Age)	99.17	100	0.83
2.	Important Report (Visit Date, Anamnesis, Physical Examination, Diagnose, Medication)	88.80	97.75	8.95
3.	Authentication (Doctor Name, Signature of Doctor /Nurse)	36.70	63.07	26.37
4.	Record Technique (Readable clear Writing, Correction of Errors, Fixed Lines)	62.53	74.58	12.05

Based on the Table 1, it was found that there was significant improvement in the average of medical record document completeness in the item of Authentication which reached 26.37%.

B. Hypothesis Testing on the Difference of Filling Completion of Medical Record Document before and after Accreditation

Table 2 Hypothesis Testing (Wilcoxon Signed Rank Test)

		N	Mean Rank	P
Completeness before Accreditation– After Accreditation	Negative Rank	25	115.21	0.001
	Positive Rank	314	171.53	
	Ties	145		
	Total	480		

Based on the Table 2, it was found the result of statistical testing through Wilcoxon Signed Rank Test with the value of P was 0.001.

Medical record document is one of the important components that must be paid attention by Puskesmas in the accreditation process. It is in line with Peraturan Menteri Kesehatan no. 46 Tahun 2015 pada Kriteria 8.4.4 stating that data and information of medical record can be utilized to research and so on. It is also stated in the Depkes RI [3] that the function of medical record comprises of administrative, legal, financial, research, education, and documentation aspect. Thereby, the medical record filling must be complete.

The analysis of the completeness of the content of medical record document could be done through qualitative analysis. The purpose of qualitative research is to find out the specific flaws related to the record. This analysis included identification review, important report, authentication, and record technique [4].

The analysis result on medical record document completeness in the items of identification, important report, authentication, and record technique was found the improvement value before and after accreditation which lied on authentication item, since after accreditation, the authentication officers used stamp to write the name and the signature instead of manually by hand writing. It is suitable with Tola et al [5] stating that there is improvement on medical record document completeness from 11% becomes 84% due to accreditation.

There was the highest improvement in the filling completion of authentication before and after accreditation, although it was still above 65%. Based on the result of documentation study, it was found that 4 Puskesmas had not had policy related to the analysis of document completeness so the completeness review could not be done. The function of policy was a guidance to do the work. It is suitable with Nuraini [6] stating that medical record document completeness of outpatients in x hospital in Tangerang is still high which is 55.2% since the completeness analysis is not performed so far as there is no assessment from the head and there is no Standard Operational Procedure about the completeness.

Besides, the health officers had not utilized stamp of signature and doctor name effectively since the bustle so the incompleteness still happened. As stated on the result of interview with the officer in Grogol Puskesmas “Every doctor in this Puskesmas had had doctor stamp. This stamp was applied to prescription sheet, healthy letter or referral letter, and medical record so there was complete name of doctors who were in charge in giving care to the patients. However, the doctor stamp was not used maximally in the filling of doctor full name in the medical record” (W.dr. Mach.14-06-2019.; W.Pokja1.14-06-2019).

Dewi and Agustina [7] also explains that authentication incompleteness in the medical record is caused by doctor bustle to fill or being forgotten whenever it is sent back. According to Hatta [8], every record recorded in the medical record must have been stated the name and signature of the doctor or other health professionals giving direct health care to the patient, so the medical record information becomes a legal accountability tool.

Generally, the average of completeness of four components of assessment before and after accreditation in four Puskesmas in Sukoharjo Regency improved that could effect to the quality improvement of hospital. According to Wong [9], the medical record quality of Puskesmas can be reached if the officers fill the medical record obediently in every medical record form of the patients.

The testing of influenced was applied Wilcoxon Signed Rank Test since the data normality testing showed that the data were not normal ($p < 0.05$). Table 3 showed that the negative ranks between the completeness before and that of after accreditation was 25 in the value of N. It meant that there were 25 data of medical record document that experienced decreased completeness from the completeness presentation value before to after accreditation. The mean rank or the decreased average was 115.21. The Positive Rank or positive gap was 314 in the value of N, meaning there were 314 data of medical record document experienced increased completeness of filling from which before to after accreditation. The mean rank or the increased average was 171.53. Ties was the similar value of completeness before and after accreditation was 145, meaning there were 145 data having the same value of completeness. The statistical computation through Wilcoxon Signed Rank Test was obtained the result of $p\text{-value} = 0.001 (< \alpha: 0.005)$ so H_0 was rejected meaning there was influence of completeness in the filling of medical record document before and after accreditation in Puskesmas.

The data obtained from this research showed that there were influence and difference in the filling of medical record before and after accreditation with the value of p is 0.001. According to Poerwani and Sopacua [10], value status and performance of accreditation have strong relationship, so the better the accreditation value status, the higher the performance. Besides, it also influences to the increasing of service quality in the health care facilities including the quality of medical record possessed by Puskesmas.

IV. CONCLUSION

1. The increasing of average of medical record completeness before and after accreditation in 4 Puskesmas reaches the highest in the item of authentication for 26.37%.
2. There is influence on the medical record completeness before and after accreditation for the value of P is 0.01.

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