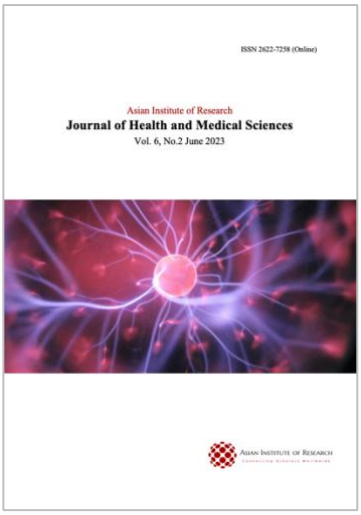

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Analysis of Completeness of Filling in Medical Records in Inpatients of Orthopedic Surgery to Improve Quality Services at Hasan Sadikin Hospital Bandung, Indonesia

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Abstract
This study aimed to find out how to implement filling out the medical records for orthopedic surgery at Hasan Sadikin General Hospital, Bandung. The research was conducted using a qualitative descriptive method, namely analyzing and describing the data and explaining the results obtained in full on the completeness of the medical record. The results showed that filling out the medical record form was incomplete with a population of 139 Delinquent Medical Record (DMR) samples; 54 DMR were taken. The highest incomplete form in the Authentication Review, namely "Nursing Assessment," there were 12(22%) complete 42(78%) incomplete; the highest incomplete form in the Reporting Review, namely "Medication Notes," there were 13(24%) complete 41(76%) incomplete. Incomplete medical record filling includes (1) The level of understanding of nurses and doctors on the importance of filling out medical records, (2) Doctors' delays and limitations on practice time, (3) Doctors and nurses' busyness levels, (4) Doctors' dependence on nurses, (5) the lack of attention of doctors and nurses towards filling out medical records. Suggestions for assembling officers to be more focused and pay attention to their work so that medical record documents with incomplete contents can be controlled and controlled periodically so that medical record documents are better with lower DMR numbers on filling.

Keywords: Hospitalization, Medical records, Service Quality

1. Introduction

The hospital is a health service institution handling various types of health services, so in providing hospital services, it must be professional to provide optimal service to patients. The hospital is also a health service unit capable of producing data and information with high accuracy and speed in supporting services to the community by prioritizing the quality of health services (Manzoor et al., 2019).

According to the Decree of the Minister of Health of the Republic of Indonesia No. 340/MENKES/PER/III/2010, a hospital is a health service institution that provides comprehensive individual health services and inpatient, outpatient, and emergency services. In addition, the hospital, according to the Regulation of the Minister of Health

of the Republic of Indonesia No. 1204/Menkes/SK/X/2004 relating to Hospital Environmental Health Requirements, states that: "Hospitals as a health service facility, as a place for sick and healthy people, this can be a place of transmission of disease so that it can allow contamination to occur." environment and health problems (Haryanti, 2022). A medical record is a document relating to records or files regarding identity, anamnesis, examination, diagnosis, treatment, and actions and services performed on hospitalized patients in the outpatient, emergency, or inpatient units (Jim et al., 2020).

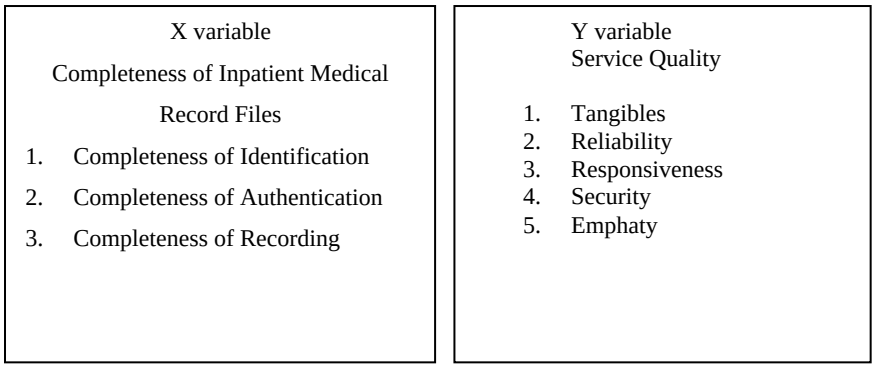
Complete medical record contents after the patient receives service must be made immediately and wholly completed following the provisions (Ministry of Health of the Republic of Indonesia, 1997) as follows: a) Every consultation action performed on a patient no later than 1 x 24 hours must be recorded in the medical record sheet. b) Each recording must be accompanied by a signature by a doctor or other health worker following the authority, and a statement of name and date must be written. c) Recording by students must be completed with a signature and is the treating doctor's or supervising doctor's responsibility. d) The supervising doctor must know the resident's record. e) The doctor who is responsible for treating can correct errors in the records and correct them at the same time and give signatures. Writing is not allowed in any way (Rumana et al., 2020).

Medical Record Quality According to Permenkes No.269/Menkes/Per/III/2008 concerning Medical Records, when conducting medical record analysis in carrying out quantitative, qualitative, or statistical analysis must notify the officer filling in the Medical Record if there are deficiencies that could result in The medical record becomes inaccurate and incomplete, then makes a report about the incompleteness so that it can be corrected and resolved so that the medical record becomes complete. There are also indicators of the completeness of the medical record: a) Completeness of contents in the medical record, filled in by a doctor within > 24 hours after the patient has been treated or after the patient has gone home. b) Filling accuracy in the medical record form, all patient data must be written carefully and precisely according to natural conditions. c) medical records must be filled in completely and returned on time according to established regulations. d) Fulfilling the legal aspects: 1. writing medical records without using a pencil 2. There is no deletion 3. Deleting must be done by crossing out without removing the corrected notes 4. There is a signature from a doctor, dentist, or particular health worker who provides services Direct health 5. There is a date and time of examination and action 6. There is an action approval sheet (Rumana et al., 2020).

The medical records field is one of the installations in charge of collecting and processing medical record data to provide services and information to patients. Still, with an increase in the number of inpatients so that the services offered are carried out on an increasing basis, this causes there still need to be completed filling of medical records, which can affect the quality of medical records. Incomplete medical record documents, either new or old hospitalization, outpatient care, and other incomplete medical records, such as not filling in address, name, gender, age, and doctor's signature, can affect medical record quality. Therefore, from the problem data above, the researcher is interested in conducting an "Analysis of Completeness of Filling in Medical Records Inpatient Orthopedic Surgery to Improve Service Quality at Hasan Sadikin Hospital Bandung, Indonesia.

2. Method

The conceptual framework or frame of mind is a logical combination of theoretical foundations and empirical studies. So the framework of thinking is a model related to how the relationship between theory and factors is defined as significant.



This research was conducted at Hasan Sadikin Hospital, Bandung. This study aims to analyze the completeness of medical records for inpatient orthopedic surgery to improve service quality. The population and samples taken, as well as the methods and data collection techniques used, are as follows:

1. **Population**
   The population is a generalized area consisting of objects/subjects. It has certain qualities and characteristics determined by researchers to be observed and researched to study (Campbell et al., 2020). The population in this study were medical record documents for Orthopedic Surgery, as many as 139 DMR.
2. **Sample**
   The sampling technique used in this study was cluster random sampling (Campbell et al., 2020). Sample random sampling is a technique used to obtain samples directly in the sampling unit. The samples taken in this study were 54 DMR from the 4th floor of the Kemuning room.
3. **Design**
   This type of research was carried out using a qualitative descriptive method, namely analyzing and describing the data and explaining the results obtained in full regarding the completeness of the Orthopedic Surgery Medical Record documents at Hasan Sadikin General Hospital, Bandung. The research was carried out descriptively by providing an overview and describing a situation objectively and in real terms according to the existing reality (Surucu & Maslakci, 2020).
4. **Sampling**
   This data collection was carried out using the direct observation method by looking at and observing the completeness of the documents and analyzing whether or not the documents were complete or not in the medical record unit and presented in the form of a checklist table regarding the completeness of medical record data so that it is easy to understand. and understood by readers. Observation is one way to assess employing direct and systematic Observation following the conditions in the field. The data obtained in the Observation is recorded in an observation note so that the Observation results can be analyzed. Then the data is processed using a checklist table to determine the completeness of medical record data (Campbell et al., 2020).

3. Results

3.1. Analysis of Identification Review Completeness

Table 1: Analysis of Completeness of Identification in Orthopedic Surgery at Hasan Sadikin General Hospital, Bandung

No	Medical Record Form	Identification Review				Incomplete Description
		Complete		Incomplete		
		Total	Percentage	Total	Percentage	

1	Entry And Exit Summary	19	35%	34	65%	No. Medical Record
2	DPJP Statement Letter	29	54%	24	46%	Date of birth
3	Education	27	50%	26	50%	Gender
4	Nursing Assessment	23	43%	30	57%	No. Medical Record
5	Treatment Notes	30	56%	21	44%	Date of birth
6	Observation sheet	31	57%	22	43%	Gender
7	Internal Transfers	35	65%	18	35%	Date of birth
8	Action Approval Letter	33	61%	20	39%	Gender
9	Action Report	11	20%	42	80%	Name, Date of Birth
10	Return Summary	31	57%	22	43%	Date of birth

Based on the results of Table 1 above from a sample of 54 DMR, it can be concluded that the results of incomplete identification reviews are primarily found in the medical record form "Action Report." There are 11 with a percentage of 20% complete and 42 incomplete with a percentage of 80%. In comparison, the highest completeness was in the internal transfer medical record form, with a total of 35 with a percentage of 65% complete and 18 with a percentage of 35% incomplete.

3.2. Authentication Review Completeness Analysis

Table 2: Analysis of Authentication Completeness in Orthopedic Surgery at Hasan Sadikin General Hospital, Bandung

No	Medical Record Form	Authentication Review				Incomplete Description
		Complete		Incomplete		
		Total	Percentage	Total	Percentage	
1	Entry And Exit Summary	31	57%	23	43%	Doctor's Name
2	DPJP Statement Letter	28	52%	26	48%	Doctor’s signed
3	Education	29	54%	25	46%	Signed Recipient of Education
4	Nursing Assessment	12	22%	42	78%	Nurse Name
5	Treatment Notes	16	30%	38	70%	Doctor’s signed
6	Observation sheet	32	59%	22	41%	Nurse Name
7	Internal Transfers	28	52%	26	48%	Name of Nurse
8	Action Approval Letter	30	55%	24	45%	Doctor's Name
9	Action Report	26	48%	28	52%	Doctor’s signed
10	Return Summary	18	33%	36	67%	Signed Patient/Family

Based on Table 2 above from a sample of 54 DMRs, it can be concluded that the results from incomplete authentication reviews are primarily found in the "Nursing Assessment" medical record form. There are 12, with a percentage of 22% complete, and 42 incomplete, with a percentage of 78%. In comparison, the highest completeness was in the observation sheet medical record form, with a total of 32 with a percentage of 59% complete and 22 with a percentage of 41% incomplete.

3.3. Analysis of Recording Review Completeness

Table 3: Completeness of Recording Analysis in Orthopedic Surgery at Hasan Sadikin General Hospital, Bandung

No	Medical Record Form	Recording Review				Incomplete Description
		Complete		Incomplete		
		Total	Percentage	Total	Percentage	
1	Entry And Exit Summary	20	37%	34	63%	Initial Diagnosis
2	DPJP Statement Letter	28	52%	26	48%	Physical examination
3	Education	22	41%	32	59%	Acceptance of Education
4	Nursing Assessment	24	44%	30	56%	Nursing actions
5	Treatment Notes	13	24%	41	76%	Room Name
6	Observation sheet	32	59%	22	41%	Blood pressure
7	Internal Transfers	36	67%	18	33%	Transfer Destination
8	Action Approval Letter	37	69%	17	31%	Action
9	Action Report	34	63%	20	37%	Date, Hour Action
10	Return Summary	22	41%	32	59%	Diagnosis

Based on the results of Table 3 above, from the results of a sample of 54 DMR, it can be concluded that the results from the review of incomplete records were mostly found in the medical record form "Treatment Notes." There were 13, with a percentage of 24% complete, and 41 incomplete, with a percentage of 76%. Meanwhile, the highest completeness was in the medical record form with approval for the action, with a total of 37 with a percentage of 69% complete and 17 with a percentage of 31% incomplete.

4. Discussion

The completeness of medical record documents is essential because it affects the service process by medical officers and the quality of a hospital's services (Saiedeh Sharifi et al., 2023). Incomplete medical record filing describes the health services and quality of medical record services. In addition, complete medical record documents will prevent health workers from recognizing the patient's medical history and claim to insurance companies (Ayaad et al., 2019). In this study, of the 54 DMR inpatient medical record documents for orthopedic surgery, the highest incompleteness was on the medical record form for action reports, 11 with a percentage of 20% complete and 42 with a percentage of 80% incomplete name and date of birth. So that if the patient's identity is complete, the officer may need help in ensuring the accuracy of the patient receiving the procedure. Meanwhile, if the patient's identity is complete, the officer will more easily recognize patients who receive services and actions. For the components of incomplete authentication, of the 54 inpatient medical record documents for orthopedic surgery, the highest incompleteness was in the medical record form for nursing assessment, with 12 with 22% complete and 42 with a percentage of 78% incomplete. Even though including the nurse's name is very important to determine who the nurse is caring for the patient. So that if the name of the nurse is not listed, it will not be known which nurse is responsible for caring for the patient and who is taking action on the patient. This is in line with the results of the study, namely the highest percentage of completing the authentication component in inpatients diagnosed with a fracture of the femur, namely in the items doctor's signature, nurse's name, and nurse's signature, 15 medical record documents (42%) were filled out. Conversely, the lowest percentage was found in the item doctor's name and professional title of 11 filled-out medical record documents (31%). These results indicate that many doctors' names and professional designations still need to be filled in completely in the medical record documents. This is because doctors are busy writing authentication, so doctors often sign. This can result

in the examination, treatment, or medication that has been carried out being unable to be accounted for by the doctor, making it difficult for officers to determine which doctor is responsible for the patient (Rizkika, 2020).
In the other hands, of the 54 inpatient medical record documents for orthopedic surgery that were examined, the highest incomplete reporting was on the medical record form, 13 with a percentage of 24% complete and 41 with a percentage of 76% incomplete. Only complete effect on medication records with complete room names. So it can be difficult for pharmacists to know where the patient is being treated and get service even though the name of the room is essential because it can make it easier for the pharmacist to deliver the medicine to be given. The final results (Delinquent Medical Record) in medical record documents for orthopedic surgery still found a lot of stubbornness. This happens because the relevant officers need to learn the importance of filling out medical record documents.

The influence of incompleteness on filling in the medical record for orthopedic surgery to improve the quality of service at Hasan Sadikin Hospital Bandung obtained from the observation results are as follows: (1) the level of understanding of nurses and doctors regarding the importance of filling out medical records needs to be prioritized, (2) doctors' delays and limitations on practice time so that medical records with a specified time limit are not filled in, (3) the doctors and nurses are busy, so medical records are incomplete, (4) the dependence of doctors on nurses so that doctors fill in medical records after being reminded by nurses, and (5) the nurses and doctors who prioritize health services to patients so that doctors and nurses pay less attention to filling out medical records.

Based on the literature regarding human factors, the causes of incomplete medical record documents can be seen in terms of knowledge, discipline, motivation, workload, and communication. Another cause of incomplete medical records is doctors and nurses who need more discipline in filling out medical records, including health workers who are late in returning medical record documents to medical records officers for more than 2x24 hours. This is supported by the results of other studies, which state that incomplete medical record documents are caused by health workers who lack discipline in filling out medical records (Binarti & Fitriyana, 2022).

Factors that cause frequent primary diagnoses not to be filled include busy doctors, many patients, doctors prioritizing service, patients going home at their request, a lot of workloads (required to work fast but still add other work), taking a lot of time, files medical records have been distributed to other departments, lazy, undisciplined because they do not know the benefits. Therefore, health workers also need to pay attention to their discipline at work. Discipline forms employees' attitudes and behavior so that they voluntarily try to work cooperatively and improve their work performance (Alfiansyah et al., 2022).

5. Conclusion

The results of the incomplete identification review were at most 80% incomplete, the highest completeness was in the internal transfer medical record form. From incomplete authentication reviews were 78% incomplete. While the highest completeness with 32 (59%) complete and 22 (41%) incomplete. The results from the review of incomplete records were at most 76% incomplete. Incomplete effect on medication records with incomplete room names. So it can be difficult for pharmacists to know where the patient is being treated and get service. The effect of incompleteness on filling out medical records for orthopedic surgery at Hasan Sadikin Hospital Bandung. a) nurses' and doctors' understanding of the importance of filling out medical records. b) Doctors' delays and limitations on practice time. c) The level of activity of doctors and nurses. d) The dependence of doctors on nurses. e) doctors and nurses lack attention towards filling out medical records.

6. Implication

Some inputs to improve the quality of medical record services can be applied, especially in filling out medical record form sheets for inpatient orthopedic surgery. Assembling officers to be more focused and pay attention to their work so that medical record documents whose contents are incomplete can be controlled and controlled periodically so that medical record documents are better with lower DMR numbers on filling. Also, exercise discipline in filling out medical record documents and reminding each other related parties, be it doctors, nurses, or other officers so that everything is noticed in filling out medical record documents so that the medical record

completeness standards can be met. The officer concerned with filling out medical record documents should pay more attention to recording, considering the quality of medical records is very important because it determines the quality of services in the hospital. In reporting, pay more attention and fill it in entirely by related parties, be it doctors, nurses, or other officers, and review the records on the form so that the information written is sustainable it can be accounted for.

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