ANALYSIS OF THE COMPLETENESS OF MEDICAL RESUME FILLING IN NEUROSURGERY CASES TO SUPPORT THE QUALITY OF MEDICAL RECORDS

Irda Sari, Meylani Anjar Asmara
Program Studi Rekam Medis dan Informasi Kesehatan, Politeknik Piksi Ganesha, Jl. Jend. Gatot Soebroto No. 301 Bandung.

Abstract

The aims of this research is to determine the completeness of filling out a medical resumes for neurosurgical cases, thereby bolstering the overall quality of medical records at Cileungsi Hospital. The method used is a quantitative analysis method with a descriptive approach. The data collection technique used was a checklist of medical records. The sampling procedure involved random selection from the overall population. Through the conducted research, several identified issues include: 1) The indiscipline of the inpatient staff and the doctor in charge of the patient in the process of filling out medical resumes more completely and accurately. 2) The lack of well-defined and precise Standard Operating Procedures. 3) The margins of medical resume sheets look small. After scrutinizing 143 medical resumes pertaining to neurosurgery cases, the findings indicated that the evaluation of patient identification completeness averaged at 95%. In terms of crucial report analysis, the average percentage stood at 69%, while the assessment of physician authentication (DPJP Authentication) exhibited an average of 76%. The level of medical record quality at Cileungsi Hospital, specifically concerning the comprehensiveness of medical resumes for neurosurgical cases, remains suboptimal. This is evident as the completeness of file entries merely averages at 79%, accuracy at 77%, timeliness at a commendable 99%, and adherence to legal requisites at an average of 74%. To address these challenges, several recommendations have been put forth. These include the formulation of comprehensive policies and precise Standard Operating Procedures (SOPs) for medical resume completion. Additionally, it is advised to implement rigorous measures for monitoring the thoroughness of medical resume entries, while simultaneously tackling the underlying causes of incompleteness. Moreover, active endeavors are being undertaken to enhance the overall completeness of medical resume documentation.

Keywords: Medical Resume, Quality of Medical Records, Accurate, Timely, Legal Aspects

Introduction

Advancing the well-being of the public stands as a paramount objective within the government's agenda, deeply coveted by the Indonesian populace. Health, as a cornerstone of societal prosperity, is integral to achieving comprehensive community well-being. To foster holistic health among the populace, a pivotal step involves enhancing the caliber of healthcare services. This amelioration, in turn, hinges upon the availability of robust and suitable infrastructure. A pivotal player in this infrastructure landscape is the healthcare provision furnished by hospitals.

The hospital is one of the health institutions where health efforts are carried out. Health effort is any activity aimed at maintaining and improving the optimal health of the community. Health efforts are conducted through conservation, health promotion (promotional), disease prevention (preventive), disease cure (curative), and health restoration (rehabilitative) approaches that are well implemented, integrated, and sustainable. The hospital is also part of the healthcare system that provides services to the community in the form of healthcare services, which includes medical services, medical support services, medical rehabilitation and

nursing services. The hospital's services are provided via emergency rooms, outpatient and inpatient departments. According to the Minister of Health No. Art. 24 of 2022, each healthcare institution is obliged to keep medical records with the aim of improving the quality of healthcare services. The medical record is a file that contains notes and documents related to patient identity, examination, treatment, procedures, and other services provided to patients in healthcare facilities.

Complete medical records provide accurate information and can be used for various purposes such as: as legal evidence, research and educational materials, and analysis and assessment tools for the quality of services provided

by hospitals (Pamungkas et al, 2015: 124). Health service quality is health service that can satisfy any health service that meets the level of satisfaction of the average population and whose implementation is consistent with professional standards and codes of ethics (Ruly & Nurul, 2020: 1).

The quality of the medical record is responsible for maintaining the confidentiality of patient information and the quality of the content of the medical record is the responsibility of the health care worker who creates the medical record. An analysis of medical record quality must be performed so that medical records are complete and can be used as in-service reference materials, in-service supportive information, supportive information for quality assessment (quality assurance), and to assist in establishing valid disease diagnoses and coding, as well Completeness of claims management towards third parties (insurance) (Campanella, 2015:4).

Quality indicators mean that good medical records can reflect the quality of the healthcare services provided. High-quality medical records are also required for the preparation of medical evaluations and post-medical review reviews of medical services based on medical records.

Completeness is one of the medical record activities whose main objective is to determine the completeness of the medical record according to given standards so that the medical record is correct and complete. Completing a medical CV is part of the patient's right to information during treatment until the patient's return. Complete contents of the medical record. Patient's identity, including patient's name, patient's last name, gender, date of birth, religion, occupation, education, friendship status, payment method, date and time of examination, medical history results, including at least complaints and medical history, results of physical examination and medical assistance, management plan, Treatment and/or interventions, authorization of medical interventions (if medical interventions are required), records of clinical observations and treatment outcomes, summary of discharge (discharge summary), name and signature of physicians, dentists or designated health professionals providing health care services, other services that provided by designated healthcare professionals for dental patients who have a clinical odontogram.

Accuracy means the accuracy of medical records, where all patient data is carefully and accurately recorded according to the actual situation. Punctual means that the recording of medical records must be thorough and that the patient, after returning home, must return them to the medical records department on time, according to current regulations, 24 hours after the end of the service.

As outlined by Trimosi Sitanggang (2019:10), primary responsibilities concerning the content of medical records revolve around legal considerations:

1. All symptoms or events found must be recorded accurately and immediately
2. Every action taken but not written down, is legally deemed not to have been committed.
3. Medical records must contain facts and clinical judgment.
4. Every action taken on a patient must be recorded and affixed with the name and initials of the person providing services to the patient.
5. Writing must be clear and readable (also by others).
    a. Mistakes made by other health workers due to misreading can be fatal.
    b. Writing that is not read can be a boomerang for the writer if the medical record reaches the court.
6. Do not write accusing or criticizing colleagues or other health workers.
7. . If you write wrong, cross it out with one line and initial it so it can still be read.
8. Do not delete, close with tipX, or scribble so that it cannot be repeated.

The quality of medical record services consists in providing a patient with health services that are as good as possible according to the current state of knowledge, so that the expected probability of outcome increases (Policy for Medical Record Services Dr. Hasan Sadikin Hospital Bandung, 2014).

Derived from observations conducted at Cileungsi Hospital, a range of issues came to light during the analysis of medical record completeness. Despite interventions, certain gaps persisted within the medical record form, notably the section dedicated to the medical resume sheet. Crafting a medical resume stands as a fundamental entitlement for patients to access vital information throughout their treatment journey until their eventual recovery. Hence, the core objective of this study is to dissect the completeness analysis of medical resume entries within neurosurgery cases, aiming to fortify the quality of medical records at Cileungsi Hospital in the year 2022.

Methods

The framework according to Sugiyono (2019: 95), is a conceptual model of how theory relates to various factors that have been identified as important problems.

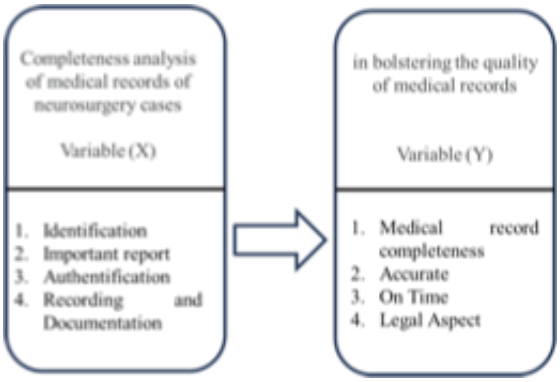

Figure 1. Thinking Framework

Research methods

Data collection methods encompass strategies employed by researchers to gather the requisite data and information for their investigative pursuits. The array of data collection approaches harnessed by the author in this study includes the following:

Employing quantitative data analysis techniques, this study embraces a descriptive approach methodology. The researchers' intent is to furnish an encompassing portrayal by compiling, gathering, and dissecting data, meticulously presenting it within relevant tables that align with prevailing realities, variables, and phenomena as per the research's temporal context. This method aims to accurately depict the actual circumstances. The data collection instrument, a checklist for medical record documents, was wielded to gauge the completeness percentage of inpatient medical resume sheets in neurosurgery cases. The sample, comprising 143 instances, was selected through random sampling from medical resumes of neurosurgery cases in the year 2022.

Results

From the comprehensive observations conducted on medical resumes concerning neurosurgery cases at Cileungsi Hospital, the data for completeness analysis were meticulously gathered by the authors, encompassing the following key points:

1) Patient Identification

Table 1. Patient Identification Medical Resume cases of Neurosurgery at Cileungsi Hospital

No	Indicator	Identification			
		Complete		Incomplete	
		Total	%	Total	%
1	No RM	139	97%	4	3%
2	Patient's name	143	100%	0	0%
3	Date of birth	130	91%	13	9%
4	Gender	130	91%	13	9%
	Average	136	95%	7	5%

2) Important Report

Table 2. Important Reports of Medical Resume cases of Neurosurgery At Cileungsi Hospital

No	Indicator	Important Report			
		Complete		Incomplete	
		Total	%	Total	%
1	Results of physical and supporting examinations	95	66%	48	34%
2	Diagnose	109	76%	34	24%
3	Treatment	99	69%	44	31%
4	Follow up plan	89	62%	54	38%
	Average	98	69%	45	31%

3) Authentication

Table 3. Medical Resume Authentication for Neurosurgery cases At Cileungsi Hospital

No	Indicator	Authentication			
		Complete		Incomplete	
		Total	%	Total	%
1	Doctor's Full Name	109	76%	34	24%
2	Doctor Signature	109	76%	34	24%
	Average	109	76%	34	24%

Based on the Medical Record Quality Indicators, the results that can be translated from observations at Cileungsi Hospital are as follows:

1. Completed filling in Files

Table 4. Identification of Medical Resume cases of Neurosurgery against Completeness

No	Medical Resume	Completeness			
		Total		Total	
1	Patient Identification	136	95%	7	5%
2	Important Report	98	69%	45	31%
3	Authentication	109	76%	34	24%
	Average	114	80%	29	20%

2. Accuracy of Filling in Medical Records

Table 5. Identification of Medical Resume Cases of Neurosurgery Against Accuracy

No	Indicator	Documentation			
		Complete		Incomplete	
		Total	%	Total	%
1	Readable Writing	143	100%	0	0%
2	Writing Improvements	109	76%	34	24%
3	There is no Blank section	78	55%	65	45%
	Average	110	77%	33	23%

2. Punctuality

Table 6. Identification of Medical Resume Cases of Neurosurgery Against Timeliness

No	Indicator	Timeliness of Returns	
		Total	%
1	On time	139	97%
2	Not on time	4	3%
Average		**141**	**99%**

Table 7. Identification of Medical Resume Cases of Neurosurgery Against Legal Aspects

No	Indicator	Complete		Incomplete	
		Total	%	Total	%
1	Patient identity	136	95%	6	4%
2	Results of physical and supporting examinations	95	66%	48	34%
3	Diagnosis	109	76%	34	24%
4	Treatment	99	69%	44	31%
5	Follow up plan	89	62%	54	38%
6	DPJP Authentication	109	76%	34	24%
Average		106	74%	37	26%

Discussion

Referring to Table 1, a discerning analysis reveals that the achievement of 100% completeness in medical resume filling is solely observed in the Patient Name category out of 143 instances. Conversely, the most notable level of incompleteness is evident in the Date of Birth and Gender sections, with a combined total of 13 instances, translating to a 9% incompleteness rate.

Referencing Table 2, a meticulous scrutiny unveils that within the ambit of Important Reports, Diagnostics emerges as the epitome of completeness with an exemplary 100% achievement across 109 instances. Conversely, when delving into incompleteness, the Follow-up Plans domain takes the forefront, tallying up to 54 instances and accounting for 38% of incompleteness.

Referring to Table 3, a discerning analysis highlights the meticulousness of medical resume completion in the Authentication section. Notably, the Doctor's Full Name and Doctor's Signature categories attained a cumulative 109 instances, equating to a commendable 76% completeness. In contrast, instances of incompleteness numbered 34, constituting 24% of the total.

Derived from Table 4, a comprehensive view reveals the extent of medical resume completeness in neurosurgery cases, dissected across the indicators of Patient Identity, Important Reports, and Authentication. Impressively, these categories collectively attain an average completion rate of 80%, while instances of incompleteness amount to 20%.

Referencing Table 5, a thorough examination sheds light on the precision of medical resume identification in neurosurgery cases, scrutinizing attributes such as Readable Writing, Writing Improvement, and Absence of Blanks. Impressively, these benchmarks collectively secure an average accuracy rate of 77%, while instances of inaccuracy account for 23%.\

With reference to Table 6, a comprehensive assessment unveils the punctuality in medical resume completion, indicating a notable 97% adherence to the prescribed timeline. Conversely, instances of delayed submissions comprise merely 3% of the total.

Based on Table 7, it can be discerned that the completeness of medical resume filling in terms of legal aspects garnered a completeness percentage of 74%, while those categorized as incomplete constituted 26%.

Problems in Analysis of Completeness of Medical Resume Completion in Neurosurgery Cases in Supporting Medical Record Quality at Cileungsi Hospital

1. Laxity observed among inpatient staff and overseeing doctors in meticulously and accurately completing medical resumes has been identified as a concern. The doctors' inability to complete these forms in their entirety has been attributed to their demanding schedules and commitments.
2. Standard Operating Procedures that are still not specific regarding the procedure for properly filling out medical resumes.
3. Margins or spacing of inpatient medical resume sheets that make items invisible or appear small. The medical resume sheet looks more numerous and the writing is small so that the doctor in charge does not fill it out completely.

Strategic measures can be undertaken to address the challenges associated with analyzing the thoroughness of medical CV completion in neurosurgical cases, thereby bolstering the overall quality of medical records at Cileungsi Hospital.

1. The medical records officer returns the incomplete medical record to the patient's treating physician for completion. If the medical record is incomplete, the medical records officer will return the medical record to the patient's treating physician to complete the incomplete medical record.
2. The medical record manager shall submit reports and suggestions to the management for optimization of the medical record that medical records must be completed immediately 1 x 24 hours and returned to the medical record a maximum of 2 x 24 hours after the completion of the treatment.
3. The Medical Records Manager coordinates with the review team to evaluate the completion of medical records by physicians. The mission of the review team is to help physicians fill out medical records related to medical issues at the time of assessment.
4. The medical record manager coordinates with the facility manager, inpatient room manager, and nurse to remind physicians to completely and accurately fill out the medical record within the limits established by the hospital's standard operating procedures.

Conclusion

Drawing insights from the research findings concerning the analysis of medical CV completeness within neurosurgical cases and its impact on medical record quality at Cileungsi Hospital, the authors can arrive at the following conclusive points:

The analysis outcomes of medical CV completeness, presented in percentage form, unveil the subsequent results:

1. Patient Identification Completeness Analysis shows an average percentage of 95%, Major Reports Analysis shows an average percentage of 69%, and DPJP Authentication Analysis shows an average percentage of 76%.
2. The quality of medical records in Cileungsi Hospital in terms of completeness of medical CVs for neurosurgical cases is still not good as it does not show 100 percent percentage. In fact, the completeness of the completed files shows an average percentage of 79%, accuracy shows an average percentage of 77%, punctuality shows an average percentage of 99% and compliance with legal aspects shows an average percentage of 74%
3. The problems that exist in the completeness of medical resume filling apart from conducting direct observations, researchers also conduct interviews with medical record officers about the problems that lead to incomplete medical record filling, namely:

   a. The indiscipline of the inpatient staff and the doctor in charge of the patient.
   b. Standard Operating Procedures that are still not specific.
   c. Margins or spacing of medical resume sheets that make items invisible or appear small.
4. Efforts have been made to overcome incomplete medical resumes at the Cileungsi Hospital that have been made by the hospital, namely:
   a. The medical record officer returns the incomplete medical record to the doctor in charge of the patient to complete it.
   b. The Head of Medical Records makes reports and suggestions to the leadership for optimizing medical records that medical records must be completed immediately 1 x 24 hours and returned to the medical record a maximum of 2 x 24 hours after completion of treatment.
   c. The head of medical records coordinates with the review team to evaluate filling in the medical records by doctors.
   d. The head of medical records coordinates with the head of the installation, the head of the inpatient room, the nurse to remind doctors to fill out the medical record set by the hospital's standard operating procedures.

Reference

Menkes RI. (2022). Peraturan Menteri Kesehatan RI Nomor 24 Tahun 2022 tentang Rekam Medis.

Azwar, Azrul. (2010). Pengantar Administrasi Kesehatan.Tangerang: Binarupa Aksara.Notoatmodjo,

Ahmad Mustopa, Irda Sari (2022) Analisis Kelengkapan Pengisian Rekam Medis Rawat Inap Dalam Menunjang Mutu Rekam Medis Di Rumah Sakit Dr Hafiz (Rsdh).

Sansy Dua Lestari Putri Azah, Daniel Happy Putra, Deasy Rosmala Dewi, Laela Indawati (2022). Tinjauan Kelengkapan Resume Medis Pasien Rawat Inap di Rumah Sakit Islam Jakarta Sukapura.

Riki Salimudin (2021). Analisis Kelengkapan Pengisian Resume Pasien Guna Meningkatkan Mutu Pelayanan RSUP DR. Hasan Sadikin Bandung.

Tilita (2022) Analisis Kelengkapan Pengisian Lembar Resume Medis Guna Meningkatkan efektivitas pelayanan Rekam Medis Rumah Sakit Umum Daerah Muhamad Zein.

Ruly & Nurul. (2020). Konsep Dasar Mutu Pelayanan Kesehatan, Indramayu: Adanu Abimata. Hal 1.

Rafied Ridwan Firmansyah, Meira Hidayati (2021) Analisis Kelengkapan Pengisian Ringkasan Pasien Pulang (RM 05) Guna Menunjang Mutu Rekam Medis di RS X.

Sugiyono. (2017). Metode Penelitian Kuantitatif, Kualitatif dan R&D, Bandung: CV, Alfabeta.