

## Analysis of Factors Affecting the Completeness of Medical Record Filling in Public Health Center Gayam

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### ABSTRACT

The incompleteness of medical record documents is a problem because medical records are often the only records that can provide detailed information about what has happened while the patient was treated at the Public health center. This will result in internal and external impacts because the results of data processing are the basis for making reports both internally at the Public health center and for external parties. The purpose of this study is to analyze the effect of knowledge, motivation and tenure on the completeness of filling out medical records at Gayam Health Center. The design of this research is an observational quantitative research with a cross sectional approach with the focus of the research being directed at analyzing the effect of knowledge, motivation and tenure on the completeness of filling out medical records at Gayam Health Center. The total population is 134 respondents and a sample of 100 respondents is taken using the Simple Random Sampling technique. The results of the research show that almost half of the respondents have high category knowledge as many as 62 respondents (62%). Most of the respondents have a moderate category of motivation as many as 42 respondents (42%). Most of the respondents have a working period of the middle category as many as 54 respondents (54%). Most of the respondents have complete category completeness as many as 78 respondents (78%). Based on the results of the Logistics Regression analysis shows that the p-value <0.05 then H1 is accepted so it is concluded that there is an influence of knowledge, motivation and tenure on the completeness of filling out medical records at the Gayam Health Center. It is hoped that health workers will be able to fill out medical records completely and correctly so that the patient care process can be monitored properly as well as to facilitate the claim process if the patient is a member of JKN.

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### INTRODUCTION

Permenkes.No.269/Menkes/Per/III/2008 concerning medical records, every doctor or dentist in carrying out medical practice is obliged to make medical records of health services including Public health center are required to maintain medical records. Medical records must be made immediately and completed after the patient receives the service. Each entry into the medical record must be affixed with the name, time and signature of the doctor, dentist or certain health personnel who provide direct health services.

According to the Ministry of Health in 2006 a complete medical record is a medical record document that has been completely filled out by a doctor within 24 hours after completion of service /

after an inpatient is decided to return home including patient identity, history taking, plan of care, implementation of care, follow-up and resume (Kurniawati, 2014). Complete medical records, providing information that can be used for various purposes. These needs include as evidence in legal cases, research and education materials and can be used as a tool for analysis and evaluation of the quality of services provided by hospitals (Pamungkas, 2015).

Based on the results of a preliminary study conducted by researchers on November 3, 2020 At the Gayam Health Center, Sumenep Regency, it was found that from the 20 medical records reviewed, it was found that a total of 13 medical records (65%) were incompletely filled where the advice filled in by the medical officer did not show all the actions taken to the patient, and also filled it in. which is inaccurate where the written advice is quite difficult to understand, making it difficult for other health workers who read the medical record.

Medical records at the Public health center are divided into two, namely outpatient and inpatient medical records. Outpatient medical records are simpler than inpatient medical records. Inpatient medical records are in the form of files/documents consisting of various forms, depending on the interests of the Public health center. Contents of medical records for inpatients and one day care at least contain: patient identity, date and time, results of history taking, including at least complaints and disease history, results of physical examination and medical support, diagnosis, management plan, treatment and/or or action, approval of action if needed, clinical observation notes and treatment results, discharge summary, name and signature of doctor, dentist.

The main responsibility for the completeness of the medical record is the doctor as a determinant of the diagnosis and the medical record officer as the reviewer of its completeness. The completeness of medical records according to Article 46 and Article 47 of the Medical Practice Law is the responsibility of doctors and dentists as part of health service standards (Eny, 2013). Medical Practice Law (UUPK) No. 29 of 2004 paragraph 3 Article 46 states: every doctor or dentist in carrying out medical practice, is obliged to make a medical record. The medical record as referred to in paragraph 1 must be completed immediately after the patient receives health services. If the person concerned intentionally does not make a medical record as referred to in Article 46 paragraph (1), the doctor/dentist may be sentenced to 1 year imprisonment or a fine of Rp. 50,000,000, - (Simbolon, 2015).

The incompleteness of medical record documents is a problem because medical records are often the only records that can provide detailed information about what has happened while the patient is being treated at the Public health center. This will result in internal and external impacts because the results of data processing are the basis for making reports both internally at the Public health center and for external parties. This report is related to the preparation of various Public health center plans, decision making by the leadership, especially the evaluation of services provided and it is hoped that the results will be better. In addition, the incompleteness of the RM also causes delays in the insurance claim process by a third party, namely BPJS because writing the main diagnosis or accompanied by secondary/additional diagnoses will greatly affect the amount of insurance claims submitted.

The quality of medical records is very important because it determines the quality of services at the Public health center. This is because medical records are one of the standards that must be met by agencies or health centers to get accreditation predicate (Pratiguna, 2012). Based on the above conditions, the authors are interested in researching the analysis of factors that affect the completeness of filling out medical records at the Gayam Health Center.

## **MATERIALS AND METHODS**

In this study, the researcher used an observational quantitative design with a cross sectional approach, which is a study to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data all at once (point time approach), that is, each subject The study was observed only once and measurements were made on the status of the character or variable of the subject at the time of examination. This does not mean that all research subjects are observed at the same time (Soekidjo, 2012). This research will analyze the effect of knowledge, motivation and tenure on the completeness of filling out medical records at Gayam Health Center. The total population is 134 respondents and a sample of 100 respondents is taken using the Simple Random Sampling technique. Data analysis using Logistic Regression test. This research has gone through the ethical test phase with the number SK: 2281/KEPK/III/2021.

## RESULTS

Table 1 Logistics Regression statistical test results analysis of factors that affect the completeness of filling out medical records at the Gayam Health Center carried out by researchers on 1-30 July 2021 with a total of 100 respondents

| No | Variable         | Sig   | Constant |
|----|------------------|-------|----------|
| 1  | Knowledge        | 0.012 | 0.012    |
| 2  | Motivation       | 0.003 |          |
| 3  | Years of service | 0.008 |          |

1. Knowledge of Completeness  
Based on the results of the Logistics Regression analysis shows that the p-value is 0.012 <0.05 then H1 is accepted so it can be concluded that there is the effect of knowledge on the completeness of filling out medical records at the Gayam Health Center.
2. Motivation for Completeness  
Based on the results of the Logistics Regression analysis shows that the p-value is 0.003 <0.05 then H1 is accepted so it can be concluded that there is the influence of motivation on the completeness of filling out medical records at the Gayam Health Center.
3. The Effect of Working Period on Completeness  
Based on the results of the Logistics Regression analysis shows that the p-value is 0.008 <0.05 then H1 is accepted so it can be concluded that there is the effect of working period on the completeness of filling out medical records at the Gayam Health Center.

## DISCUSSION

### Knowledge of medical record filling at gayam health center

The results showed that almost half of the respondents had knowledge in the high category as many as 62 respondents (62%). In addition, a number of 36 respondents (36%) had moderate category knowledge. While a number of 2 respondents (2%) have low category knowledge.

Knowledge is the result of human sensing or the result of knowing someone about objects through their senses (eyes, nose, ears and so on). By itself, when sensing can produce that knowledge, one's knowledge is obtained through the sense of hearing (ears) and the sense of sight (eyes). A person's knowledge of objects has different intensities or levels (Benyamin, 1908 in Notoatmodjo, 2010).

Medical records are an important part in assisting the implementation of service delivery to patients at the Public health center. This relates to the contents of the medical record which reflects all information regarding the patient as a basis for determining further actions in service efforts and other medical actions (Tiara Wahyu, 2010).

Every health facility from primary/primary, secondary, treasury levels is required to maintain medical records with the aim of achieving orderly administration. so that medical record data becomes comprehensive information for decision making (Permenkes, 2008).

Medical record document containing notes about patient identity, examination, treatment, actions and other services to patients at health care facilities. One of the primary purposes of health records/medical records is for the benefit of patient care. Health records document the services provided by health workers, medical support and other personnel who work in various health care facilities. Thus, detailed and useful records assist in making decisions about therapy, treatment and patient diagnosis. Health records are also a means of communication between other personnel who are equally involved in handling and caring for patients. Therefore, a complete medical record must be available at all times and contain clear data or information about the provision of health services.

The research conducted by Anis Rismawati (2014) explained the level of knowledge of doctors about medical records with the completeness of filling out files in hospitals. Nur Rohmah Wonosari is included in the good category, which is 85% and has similarities with Ardika's research (2012). It was found that there was a significant relationship between knowledge of medical records and the completeness of filling out documentation for completeness of medical records in the internal medicine ward of Dr. RSUP. Kariadi Semarang.

This research is in line with research conducted by Dominika Paulina G, Lily Widjaya, Hisizah & Mulyo Wiharto in 2016, about the relationship between knowledge, about the use value of medical records with the behavior of filling out medical record documents by health workers at Larantuka Hospital. The results showed that there was a relationship between knowledge about the use value of medical records with the behavior of filling out medical record documents by health workers at Larantuka Hospital, a strong positive and significant.

### **Motivation for filling in medical records at gayam health center**

The results showed that most of the respondents had moderate category motivation as many as 42 respondents (42%). In addition, 38 respondents (38%) had a high category of motivation. While a number of 20 respondents (20%) have a low motivation category.

Motivation is what causes and supports a person. According to Mashlow (1984) in Sunaryo (2013), individuals will be motivated to fulfill what needs are strongest in themselves at any given moment. If it is said that the emergence of a person's behavior at any given moment is determined by a need that has high power then it is important for every manager to have knowledge of the needs that are felt to be most important to their subordinates.

According to Ngalim Purwanto (2010) Motivation is everything that encourages someone to do something. Motivation is to provide a stimulus or impetus or an excitement to a person or group to want to work properly and enthusiastically. With its ability to achieve goals in an efficient and effective manner (Wijono D, 2012).

Meanwhile, Terry GR, provides a definition of motivation is the desire contained in an individual who stimulates him to take actions. According to Ishak (2013) motivation is something that is the main thing, which encourages someone to work.

According to Sunarya in a psychology book for nursing (2013), motivation is the desire and need of the individual, to motivate the individual to fulfill his needs and direct behavior towards everything he is aiming for. According to Nancy Stevenson (2011) motivation is all verbal, physical, or psychological things that make someone do something in response. And according to Suwarno, sw (2010) motivation refers to the movement process, including encouraging situations that arise from within the individual, behavior evoked by the situation and the ultimate goal of the movement or action.

Someone wants to work because of the encouragement of various needs. This need is tiered or tiered if one basic need has been met, it will increase to a higher need and so on. This need for everyone is not the same and the difference is very far, with this situation it will lead to a perception of a need and will affect changes in work behavior at work.

### **Working period of filling in medical records at gayam health center**

The results showed that most of the respondents had a working period of the middle category as many as 54 respondents (54%). In addition, 30 respondents (30%) have years of service in the senior category. Meanwhile, 16 respondents (16%) had years of service in the junior category.

Working period is the period of time or length of time a person works in an agency, office, and so on (Koesindratmono, 2011). The working period is also a factor related to the length of time a person works in a place according to Andini (2015). The working period is also the period of time for someone who has worked from the first time he starts to work. The working period can be interpreted as a rather long piece of time in which a worker enters one area of the place of business to a certain extent (Nisak, 2014). Work period is the accumulation of a person's work activities carried out over a long period of time.

If these activities are carried out continuously, it will cause disturbances in the body. Physical stress over a certain period of time results in reduced muscle performance, with symptoms of decreased movement. Pressures will accumulate every day for a long period of time, resulting in worsening health which is also called clinical or chronic fatigue (Kesianto, 2013).

### **Completeness of Medical Record Filling at Gayam Health Center**

The results showed that most of the respondents had complete categories of completeness as many as 78 respondents (78%). Meanwhile, 22 respondents (22%) had incomplete categories.

According to the Regulation of the Minister of Health of the Republic of Indonesia number 269/MENKES/PER/III/2008 article 1, medical records are files containing notes and documents

regarding patient identity, examination, treatment, actions and other services that have been provided to patients. Medical records are made immediately and completed after the patient receives the service. Making medical records is carried out through recording and documenting the results of examinations, treatment, actions, and other services that have been provided to patients.

The definition of medical records according to WHO (2016) is a collection of information that contains about the life and health of patients. This includes documentation of data about the course of the disease both in the past and present and treatments or actions written by health workers who treat patients. Medical records must contain sufficient data to identify patients, data to support diagnosis or complaints that bring patients to health care facilities, care and accurate documentation of treatment results.

Medical records must be made completely and clearly both in writing and electronically. The contents of medical records are distinguished based on the type of service performed. The contents of the medical record can be divided into outpatient medical records, inpatient medical records, medical records for emergency patients, and medical records for patients in a disaster situation. Provisions regarding this medical record are regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 269/MENKES/PER/III/2008 article 3.

Every data contained in the medical record must be dated, timed and clearly legible. If there is a delay, the time of occurrence and delay must be recorded as well as the delay. Abbreviations should be avoided as they can be ambiguous. Unless the abbreviation is an abbreviation that is already common and commonly used. Medical records must also be made objectively of what the patient did and said which led the doctor to make a diagnosis. In addition, documentation of non-compliance, patient failure to follow advice, taking medication, requested consultation, or other actions that may contribute to injury or delay in medical treatment should be included. if there is a telephone consultation regarding a patient, the name, date, content.

### **The effect of knowledge on the completeness of medical record completion at gayam health center**

Based on the results of the Logistics Regression analysis shows that the p-value is  $0.012 < 0.05$  then H1 is accepted so it can be concluded that there is the effect of knowledge on the completeness of filling out medical records at the Gayam Health Center.

The problem that often arises in filling out a medical resume is that in the process of filling it is incomplete, the doctor's writing is less specific about the diagnosis. This situation will have an impact on internal and external hospitals, because the results of data processing are the basis for making hospital internal reports and hospital external reports. This report relates to the preparation of various hospital plans, decision making by the leadership, especially the evaluation of services that have been provided which are expected to result in better evaluations. One of the materials that can be used as a medical evaluation is the patient's medical resume, because the medical resume is a very important document in hospitals that can be used as an evaluation of the quality of services provided to patients (Istirochah, 2016).

According to the Regulation of the Minister of Health number 269 of 2008 concerning medical records in Article 3, it is stated that the minimum items that must be included for inpatients and care for at least one day contain at least the patient's identity, name, address, date of birth and so on, date of birth. and time, results of anamnesis or interviews, including at least complaints and disease history, results of physical examinations and medical supporting examinations, results of diagnosis, management plans, treatment and/or action, approval of action if needed, notes of clinical observations and results of treatment, summary discharge summary), the name and signature of the doctor, dentist, or certain health workers who provide health services, other services performed by certain health workers, and for dental cases patients are equipped with a clinical odontogram (Permenkes, 2008).

Completeness of filling out a medical resume can be influenced by several factors, including: educational background, years of service, knowledge of medical resumes (benefits, uses, responsibilities), skill level, motivation, work tools, employee facilities, working time, written guidelines, and compliance with these guidelines (Mufattikhatus S, 2012).

Medical record files, one of which is a medical resume, aims to achieve orderly administration in improving the quality of health services in hospitals. In order to achieve this goal, doctors and nurses fill out or record medical resumes regarding medical activities that have been carried out. So, in filling out and recording medical resume documents, it must be filled out completely so as to produce accurate,



clear, and continuous information. The quality of medical records, which is one of the hospital's problems, stated that the Director General of Medical Services at the Ministry of Health of the Republic of Indonesia stated that complete and accurate medical records can be used as a reference for basic legal health services (medico legal), supporting information to improve medical quality.

A medical resume is done as a summary of services provided by health care providers, especially doctors, during the treatment period until the patient is discharged from the hospital, either alive or dead. Medical resumes can be used as study material to improve medical record quality control. The medical resume file has administrative values, because the medical resume contains actions based on the authority and responsibility as medical and paramedical personnel in achieving the goals of good health services. Medical resume files have medical value, because these records are used as a basis for planning treatment / care that must be given to a patient. In the legal aspect, the content of a medical resume concerns the issue of guaranteeing certainty.

### **The influence of motivation on the completeness of medical record completion at gayam health center**

Based on the results of the Logistics Regression analysis shows that the p-value is  $0.003 < 0.05$  then H1 is accepted so it can be concluded that there is the influence of motivation on the completeness of filling out medical records at the Gayam Health Center.

Motivation is the desire to do something and determine the ability to act to satisfy individual needs. Motivated individuals will make greater efforts than unmotivated ones. With a motivated individual, it is expected that the individual's performance will increase and productivity will also increase. According to Sedarmayanti in Sari's research (2011), motivation is the whole process of providing work motivation to employees so that they work sincerely for the realization of organizational goals effectively and efficiently. The factors that influence the motivation of doctors in completing the medical resume are: compensation, working conditions, employment status, work procedures, and existing supervision.

The completeness of the medical record is highly dependent on the performance of the people who are responsible for filling out the medical resume, one of which is a doctor. Previous research has shown that filling in medical resumes in hospitals is of low quality, among others, incomplete things that must be filled out by doctors. This can be influenced by several factors, one of which is the motivation of the doctor himself (Sari, 2011).

Based on Awliya's research in 2007, the completeness of filling out medical resumes at government-owned hospitals of Banjarbaru City, South Kalimantan was 35%, Meliala's research (2004) in 1990 medical records of patients with epilepsy at Sardjito Hospital Yogyakarta were completely filled by 70%, research in 1999 completeness of medical records at Surdjito Hospital 0% to 96.97% in the pediatric ward completeness of medical records filling in 7.19%, in the infant care ward the completeness of medical records 36.88%. Of the 92 medical records studied, only 60.9% were complete before training, but after training, the completeness of medical records reached 96.7%.

This research is in line with Husnun's research (2017) that there is a relationship with the completeness of the medical resume at RSUD dr. Rasidin Padang 2016. Motivation is the driving force that causes a member of an organization to be willing and willing to give up abilities in the form of expertise or skills, energy and time to carry out various activities that are their responsibility and fulfill their obligations in the context of achieving predetermined organizational goals and objectives. Previously, there were three important points in terms of motivation, namely the relationship between needs, drives, and goals. The need arises because of something that is not felt by a person, both physiologically and psychologically. The drive is the direction to fulfill the need, while the goal is the end of a motivational cycle.

Complete and accurate medical records can be used as a reference for legal basic health services (medico legal), support information to improve medical quality, medical research and serve as a basis for assessing hospital performance. In a complete medical record, information can be obtained that can be used for various purposes. These needs include as evidence in legal cases, research and education materials, and can be used as a tool for analysis and evaluation of the quality of services provided by hospitals.

### **The effect of working period on the completeness of medical record filling in gayam health center**

Based on the results of the Logistics Regression analysis shows that the p-value is  $0.008 < 0.05$  then H1 is accepted so it can be concluded that there is the effect of working period on the completeness of filling out medical records at the Gayam Health Center.

Permenkes.No.269/Menkes/Per/III/2008 concerning medical records, every doctor or dentist in carrying out medical practice is obliged to make medical records of health services including Public health center are required to maintain medical records. Medical records must be made immediately and completed after the patient receives the service. Each entry into the medical record must be affixed with the name, time and signature of the doctor, dentist or certain health personnel who provide direct health services.

According to the Ministry of Health in 2006 a complete medical record is a medical record document that has been completely filled out by a doctor within 24 hours after completion of service / after an inpatient is decided to return home including patient identity, history taking, plan of care, implementation of care, follow-up and resume (Kurniawati, 2014). Complete medical records, providing information that can be used for various purposes. These needs include as evidence in legal cases, research and education materials and can be used as a tool for analysis and evaluation of the quality of services provided by hospitals (Pamungkas, 2015).

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The main responsibility for the completeness of the medical record is the doctor as a determinant of the diagnosis and the medical record officer as the reviewer of its completeness. The completeness of medical records according to Article 46 and Article 47 of the Medical Practice Law is the responsibility of doctors and dentists as part of health service standards (Eny, 2013). Medical Practice Law (UUPK) No. 29 of 2004 paragraph 3 Article 46 states: every doctor or dentist in carrying out medical practice, is obliged to make a medical record. The medical record as referred to in paragraph 1 must be completed immediately after the patient receives health services. If the person concerned intentionally does not make a medical record as referred to in Article 46 paragraph (1), the doctor/dentist may be sentenced to 1 year imprisonment or a fine of Rp. 50,000,000, - (Simbolon, 2015).

The incompleteness of medical record documents is a problem because medical records are often the only records that can provide detailed information about what has happened while the patient is being treated at the Public health center. This will result in internal and external impacts because the results of data processing are the basis for making reports both internally at the Public health center and for external parties. This report is related to the preparation of various Public health center plans, decision making by the leadership, especially the evaluation of services provided and it is hoped that the results will be better. In addition, the incompleteness of the RM also causes delays in the insurance claim process by a third party, namely BPJS because writing the main diagnosis or accompanied by secondary/additional diagnoses will greatly affect the amount of insurance claims submitted.

The quality of medical records is very important because it determines the quality of services at the Public health center. This is because medical records are one of the standards that must be met by agencies or health centers to get accreditation predicate (Pratiguna, 2012).

### **CONCLUSION**

1. Almost half of the respondents have high category knowledge as many as 62 respondents (62%).
2. Most respondents have a moderate category of motivation as many as 42 respondents (42%).
3. Most of the respondents have a working period of the middle category as many as 54 respondents (54%).
4. Most of the respondents have complete category completeness as many as 78 respondents (78%).
5. There is the effect of knowledge on the completeness of filling out medical records at the Gayam Health Center.

6. Ada the influence of motivation on the completeness of filling out medical records at the Gayam Health Center.
7. Ada the effect of working period on the completeness of filling out medical records at the Gayam Health Center.

### **SUGGESTION**

1. For Respondents  
It is hoped that health workers will be able to fill out medical records completely and correctly so that the patient care process can be monitored properly as well as to facilitate the claim process if the patient is a member of JKN.
2. For Educational Institutions  
It is hoped that educational institutions can use the results of this study as learning input in the analysis of factors that affect the completeness of filling out medical records at Gayam Health Center and can be developed again for further research to be more useful for readers and for researchers.
3. For Further Researchers  
It is hoped that further research needs to be deepened and added more specific research on factors that influence the motivation to fill out medical records at the Gayam Health Center

### **ACKNOWLEDGMENT**

I solemnly declare that to the best of my knowledge, in this thesis there is no scientific work that has been submitted by another person to obtain an academic degree at a university, and there is no work or opinion that has been written or ordered by anyone. others, except those quoted in this manuscript and mentioned in the citation sources and bibliography.

### **CONFLICT OF INTEREST**

In this study, there is no interest whatsoever regarding myself or with other institutions other than the Indonesian Strada Institute of Health Sciences, Kediri City.

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