The Effect of Completeness of Filling Out Important Reports on Delay in Return of Medical Record Files

Pengaruh Kelengkapan Pengisian Pelaporan Penting terhadap Keterlambatan Pengembalian Berkas Rekam Medis

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Abstract

Objective: The purpose of this study was to analyze the effect of the completeness of filling out important reports on several forms on the occurrence of delays in returning inpatient medical record files at the hospital.

Methods: This type of research is quantitative analytic cross-sectional design. The population numbered around 643 with a total sample of 161 inpatient medical record files. Sampling technique with quota sampling. The primary data collection method was observation using a checklist sheet and data analysis using SPSS 24 for univariate analysis with frequency distribution, bivariate using the chi-square test and multivariate using logistic regression using the forward LR method.

Results: The completeness of filling in important reporting on all forms studied has not reached 100% and the return of patient medical record files is still a lot of medical record files whose returns are late by 55.9% and the factors that have been proven to be factors that influence the occurrence of delays in returning medical record files are forms incomplete initial nursing assessment (p=0.034 and OR=9.438), incomplete filling of patient education forms (p=0.039 and OR=3.078).

Conclusion: Factors that are proven to have an effect on the occurrence of delays in returning medical record files are incomplete filling of initial nursing assessment forms and incomplete patient education forms.

Keywords: Important reporting, delay, medical records.

Introduction

The Medical Record Unit is an important part in assisting the provision of services to patients in hospitals, especially in managing patient documents and medical records in the processes carried out in health services. This record is very important in providing services to patients because complete data can provide information in making decisions about treatment, treatment, medical action[1]. Complete medical records, provide information that can be used for various purposes. These needs include evidence in legal cases, research and educational materials and can be used as an analysis and evaluation tool for the quality of services provided by hospitals[2].

Some problems with the completeness of filling out medical record files have not reached 100% in several hospitals in Indonesia including at Putri Hijau Medan Hospital showing that the completeness of the history is 32 medical record files with a percentage (80%) of 40 medical record files, the recording section of the patient's physical examination It is known that there are 22 files with a percentage (55%) of the 40 medical record files that are complete for all items, the clinical observation notes recording section 27 medical records are completely filled out of the 40 medical records examined with a percentage (67.5%), the medical resume recording section as many as 20 complete medical records with a percentage (50%) of 40 medical record files[3].

At the Regional General Hospital Dr. Soehadi Prijonegoro Sragen showed that the percentage of completeness of filling in information on patient admission and discharge sheet forms had incomplete filling in exit method items of 33 documents (48.53%) and discharge condition items of 42 documents (61.77%), completeness of information filling on the resume form there were incompleteness in 3 other items, namely entry date of 1 document (1.48%), exit date item of 37 documents (54.42%) and exit condition item of 26 documents (38.24%)[4]. At Imelda General Hospital in Medan, the incompleteness rate of completing the integrated record form was found to be 17.40%, initial assessment 15.22% medical resumes 9.79% and informed consent 17.40%, doctor's name 21.74% and doctor's signature 8.70%[5].

Complete files for inpatients include complete medical record information that must be completed and signed by the doctor in charge[6]. Completeness of filling is an indicator of the quality of medical records in addition to accuracy and timeliness[7]. Incomplete filling is suspected to be the cause of the delay in returning the inpatient

medical record file. The causes of the delay are because the officers prioritize inpatient services and the doctor's full name and signature are incomplete, so that the patient's medical record documents must wait on the ward so that when the doctor practices again to be completed. In addition, the level of discipline of doctors in their responsibilities for filling in data in medical record files, especially in the medical resume section, is still lacking in order[8].

The correlation between incompleteness and the occurrence of delays in inpatient medical record files in this study is supported by the research results of Ratna, Ibrahim and Sari[9] explaining that there is a relationship between the completeness of filling in and the occurrence of delays in returning inpatient medical record files (p=0.029<0.05). This research is also supported by the results of research by Mirfat, Andadari, and indah[10] explaining that factors causing delays in returning medical record files include incomplete medical resumes, especially the main diagnosis section and signatures. In addition, after the patient returns home, the medical record documents are not immediately completed by either the nurse or the doctor in charge of the patient and only a few doctors write their complete medical resume. Most doctors in charge only write the main diagnosis and provide a signature. The nurse on duty piles up the inpatient medical record documents for patients who have gone home, and the next day the head of the room will help complete and mark the incomplete parts.

The impact of delays in returning medical record files, among others, is hindering the activities of assembling department medical records. This in turn can affect the speed of preparing documents during patient examinations at the hospital. Delays in submitting documents to outpatient units can extend patient waiting times and potentially cause complaints[7] and other sources explain that delays in returning medical records for more than 2x24 hours will have an impact on data processing, filing insurance claims and hindering services to patients[11].

Based on a preliminary study of reports on inpatient medical record files at the Regional General Hospital dr.R. Soedarsono, Pasuruan City, there was an increase in the number of medical record files that were late for returning by 171 files (37%) in November 2021, increasing to 401 files (70%) in December 2021 and increasing again to 698 files (79%) in January 2022. The increase in delays in returning medical record files was also followed by incomplete filling of 86% in November 2021, increasing to 90% in

December 2021 and 83% in January 2022. Late returns of files at the Regional General Hospital dr.R. Soedarsono, Pasuruan City can have an impact on the medical record assembly section because it has to check completeness, data processing, reports become late, submit insurance claims and delays in serving patients and there is no response time.

Research on the effect of incomplete filling in and the occurrence of delays in returning inpatient medical record files is still very rarely studied and the novelty in this study is a more detailed analysis regarding the completeness of filling out important reports on several forms that affect the occurrence of delays in returning inpatient medical record files at home Regional General Hospital dr.R. Soedarsono Pasuruan City and statistical analysis using logistic regression for multivariate analysis to see which variable has the most influence on the occurrence of delays in returning medical record files and displays probability values in the regression equation.

Methods

This research uses quantitative analytic research with a cross sectional design approach. The population in this study were all medical record files returned from the inpatient room to the medical record unit at the Regional General Hospital dr. R. Soedarsono Pasuruan City totaled around 643 medical record files with a total sample of 161 inpatient medical record files. Sampling technique with quota sampling[12].

The inclusion criteria in this study were: BPJS patient medical record files returned from the IRNA 1, IRNA 2, ICU, HCU, VIP inpatient rooms to the assembling room from March 14 to April 16 2022. Exclusion criteria: BPJS patient medical record files returned from the inpatient rooms for Children, VK, Obgyn, Perinatology, Surgery and the Emergency Room as well as medical record files for Ministry of Health patients returned from the Pinere Room.

The primary data collection method was observation using a checklist sheet and data analysis using SPSS 24 for univariate analysis for frequency distribution, bivariate using the chi-square test to analyze the relationship between the completeness of important reporting on several types of forms with delays in returning inpatient medical record files and multivariate using logistic regression using the forward LR method for analysis of the many variables studied and proven to be the most influential on the delay in returning inpatient medical record files at the hospital.

Results

The results of the univariate analysis in this study will describe the distribution of the frequency of completeness of important reporting based on the type of form and the delay in returning the inpatient medical record file as follows:

Table 1. Distribution of Frequency of Completing Important Reports based on the type of form and Delay in Returning Patient Medical Record Files

Variable	Patient medical record files	
	f	%
General Consent		
Incomplete	2	1,2
complete	159	98,8
Entry and Exit Summary		
Incomplete	17	10,6
Complete	144	89,4
Patient transfers		
Incomplete	33	20,5
Complete	128	79,5
Initial Inpatient Medical Assessment		
Incomplete	4	2,5
Complete	157	97,5
Initial Inpatient Nursing Assessment		
Incomplete	14	8,7
Complete	147	91,3
Pain Assessment		
Incomplete	27	16,8
Complete	134	83,2
Nursing Care Plan		
Incomplete	13	8,1
Complete	148	91,9
Integrated Patient Progress Records		
Incomplete	29	18,0
Complete	132	82,0
Fluids In and out		
Incomplete	5	3,1
Complete	156	96,9
Interdepartmental Medical Consultation		

Incomplete	49	30,4
Complete	112	69,6
Drug Reconciliation		
Incomplete	10	6,2
Complete	151	93,8
Results of Supporting Examination		
Incomplete	2	1,2
Complete	159	98,8
Patient Education		
Incomplete	25	15,5
Complete	136	84,5
Medical Resumes		
Incomplete	6	3,7
Complete	155	96,3
Delay in Returning Medical Record Files		
Late	90	55,9
Not late	71	44,1

In table 1. Shows that the completeness of the filling in important reporting includes the general consent form the majority of fillings are complete (98.8%) and most of the supporting examination result forms are complete (98.8%), followed by the initial inpatient medical assessment form which is complete (97.5%), the admission and discharge fluid form is complete (96.9%), the medical resume form is complete (96.3%), the drug reconciliation form is complete (93.8%), the initial inpatient nursing assessment form is complete (91.3%) %), admission and discharge forms were complete (89.4%), patient transfer forms were complete (79.5%), patient education forms were complete (84.5%), pain assessment forms were complete (83.2%), patient development record forms were integrated (82.0%), patient transfer forms (79.5%), interdepartmental medical consultation forms were complete (69.6%) while for returning patient medical record files there were still many medical record files whose returns were late (55.9%).

The bivariate analysis used to analyze the relationship between the completeness of important reporting on several types of forms with the late return of the inpatient medical record file can be seen in table 2 and the results of the bivariate analysis indicate that the variable that is proven to be related to the delay in returning the medical record

file is the initial nursing assessment form incomplete hospitalization (p=0.008 and POR=11.81) and incomplete patient education forms (p=0.015 and POR=3.771) and the value of risk factors for delays in returning medical record files can be seen from the POR value of more than 1.

Table 2. Bivariate Analysis of the Relationship of Completeness of Important Reporting on Several Types of Forms with Delays in Returning Medical Record Files

Variable	Delay in Returning Medical Record Files				POR	*P*
	Yes	%	No	%		
General Consent						
Incomplete	2	100	0	0,0	1,807	0,504
Complete	88	55,3	71	44,7		
Entry and Exit Summary						
Incomplete	11	64,7	6	35,3	1,508	0,607
Complete	79	54,9	65	45,1		
Patient transfers						
Incomplete	23	69,7	10	30,3	2,094	0,111
Complete	67	52,3	61	47,7		
Initial Inpatient Medical Assessment						
Incomplete	2	50,0	2	50,0	0,784	1,000
Complete	88	56,1	69	43,9		
Initial Inpatient Nursing Assessment						
Incomplete	13	92,9	1	7,1	11,81	0,008
Complete	77	52,4	70	47,6		
Pain Assessment						
Incomplete	19	70,4	8	29,6	2,107	0,148
Complete	71	53,0	63	47,0		
Nursing Care Plan						
Incomplete	8	61,5	5	38,5	1,288	0,892
Complete	82	55,4	66	44,6		
Integrated Patient Progress Records						
Incomplete	19	65,5	10	34,5	1,632	0,344
Complete	71	53,8	61	46,2		
Fluids In and out						
Incomplete	5	100	0	0	1,835	0,067
Complete	85	54,5	71	45,5		
Interdepartmental Medical Consultation						
Incomplete	33	67,3	16	32,7	1,990	0,078
Complete	57	50,9	55	49,1		
Drug Reconciliation						
Incomplete	5	50,0	5	50,0	0,776	0,750

Complete	85	56,3	66	43,7		
Results of Supporting Examination						
Incomplete	2	100	0	0	1,807	0,504
Complete	88	55,3	71	44,7		
Patient Education						
Incomplete	20	80,0	5	20,0	3,771	0,015
Complete	70	51,5	66	48,5		
Medical Resumes						
Incomplete	3	50,0	3	50,0	0,782	1,000
Complete	87	56,1	68	43,9		

The next analysis is multivariate with logistic regression test with the forward LR method. The initial step needs to be done, namely determining the independent variables used as test candidates are variables that in the bivariate analysis (Chi-square) have a value of $p < 0.25$. There were 6 variables included in the multivariate analysis, namely patient transfer, initial nursing assessment, pain assessment, inflow and outflow, interdepartmental medical consultation, patient education. The results of multivariate analysis can be seen as follows:

Table 3. Results of Multivariate Analysis of Factors Influencing the Occurrence of Delays in Returning Medical Record Files

Factor	B	S.E.	*p*	POR
Incomplete initial nursing assessment form	2,245	1,061	0,034	9,438
Incomplete patient education forms	1,124	0,544	0,039	3,078

The results of the multivariate analysis showed that the factors that were proven to be contributing factors to the delay in returning medical record files were the initial nursing assessment form that was incomplete (p=0.034 and OR=9.438), the patient education form that was incomplete (p=0.039 and OR=3.078) which can be seen in table 3. Backward results, it is known that the initial nursing assessment form was incomplete (b1 = 2.245), the patient education form was incomplete (b2 = 1.124). So the regression equation =

y= a + b1X1+ b2X2+..................... + biXi

y=-0,038 + 2,245.X1 +1,124.X2

$$P = \frac{1}{1 + e^{-(a + b1X1 + b2X2 + \dots + biXi)}}$$

The results of the calculations show that the initial nursing assessment form that is not completely filled out and the patient education form that is not completely filled out has a probability of a delay in returning the medical record file by 96%.

Discussion

Analysis of the results of examination forms, treatment, actions, and other services that have been given to patients can be done quantitatively. Quantitative analysis of medical record documents is an activity of examining/reviewing certain parts of the contents of medical records to find specific deficiencies related to medical record recording[4]. Filling in the medical record must be carried out by all medical personnel who treat patients in a complete, clear and correct manner so that they can be accounted for. The most important thing in analyzing the contents of medical records is to see the completeness of filling in the forms that should be completed. It is better if a hospital has to do this analysis, because by doing the analysis we can find out the quality of the medical records[13].

If the form is filled in completely, then it will facilitate service and presentation of information data to support planning, management, and health research and billing functions for patients participating in health insurance[14]. However, in this study an analysis of the completeness of medical record filling at the Regional General Hospital dr.R. Soedarsono Pasuruan City is still lacking because the completeness of filling in important reports based on the type of form observed has not reached 100%. This incomplete filling was caused by many things including the lack of time for nurses and doctors due to other activities and forgetfulness because they did not fill out the form immediately after the procedure was completed and the workload of doctors and nurses was high due to the increasing number of patients.

The results of the study related to the frequency of incomplete filling of important reporting showed results that were in line with Indarti and Agustia's research[15] showing that the results of a quantitative analysis of important reporting of medical record documents at RSGM Nala Husada were 84% complete and 16% incomplete. The highest percentage of completeness is general consent and patient rights & obligations, with 78 out of 80 medical record files or 97.5%. While the lowest percentage is the initial assessment with a total of 58 out of 80 files or 72.5% and overall in important reporting

it has not reached 100% and other studies that are in line namely Sulistyo and wariyanti[4] in several forms in important reporting including showing the lowest percentage of completeness filling in important reporting on patient admission & discharge sheet forms, namely condition items at discharge as many as 26 documents (38.23%) and on discharge summary form (resume) item discharge date of 31 documents (45.58%).

Other supporting research, namely research by Yanti and Yulianti[16] showed that the completeness of filling in the summary form of entry and exit on the patient reporting component of cases of the Internal Medicine Polyclinic had not been completed, namely the disease diagnosis item, disease code, disease history, date of admission, condition out, the action taken and the action code where the incomplete percentage of each item is 16% incomplete and 84% complete. the highest incompleteness was found in the exit date and payment method items, namely 22% incomplete and 78% complete.

The incomplete condition of filling out medical record files is caused by doctors and nurses as health workers who are not thorough and disciplined in filling out medical records besides that the lack of knowledge of officers will affect officers in filling out medical records, these conditions cause medical records to be incomplete[17,18]. Incomplete medical records can cause delays in returns because officers will return inpatient medical records after the documents are completely filled out. Complete filling in the medical record file 24 hours after the service is finished and no later than 2x24 hours must be written in the medical record file[8]. This theory is in line with the results of the study showing that incomplete filling in the initial nursing assessment form and incomplete patient education had an effect on the occurrence of delays in returning medical record files at the Regional General Hospital dr.R. Soedarsono, City of Pasuruan.

According to Sari et al[19], the factors that cause delays in returning inpatient medical records can be caused by incomplete filling of medical record files by doctors, nutritionists, nurses and midwives; indiscipline in filling out medical record files, and lack of external motivation because there is no special officer to remind and there is no reward. Meanwhile, according to Nurlaila and Farita[20], the supporting facilities and infrastructure in the implementation of borrowing and returning files are sufficient. With the availability of supporting facilities and infrastructure, it makes it easier for officers to borrow and return without any problems or obstacles in carrying out these tasks.

This research was supported by the results of Wardhina and Rahmadiliyani's[16] research explaining that the cause of the delay in returning the medical record files of inpatients at Mawar General Hospital was the completeness of filling in the medical record file itself. Files before being processed by the medical record officer must ensure that the contents are complete first. If it is incomplete, it must be returned to be completed by a doctor or nurse in the inpatient room. Hasibuan's research[19] also explained that there were more incomplete returns of medical record files than complete ones. This should pay more attention to filling in the medical record file so that there are no incomplete documents or data from the patient. Completeness of medical record filling is very important and influential in returning medical records.

The results of another study from Fajariani, Noor and Amqam[11] explained that the implementation of timely returns of inpatient medical record files is still low and has not been fulfilled. Of the 87 medical records, there were 39 medical record files (44.8%) which had a return time of more than 2 x 24 hours and 48 medical record files (55.2%) which had a return time of less than 2 x 24 hours o'clock. This happened because medical records piled up in the treatment room from incomplete medical records and were returned to the treatment room and health workers who forgot to fill out the medical records completely were only given sanctions in the form of a warning when meeting with the medical committee.

According to Sari et al's research[19], the results of interviews showed that incomplete nutritional care forms were usually returned because sometimes patients returned home without meeting the nutrition officer or the officers had a counseling agenda when the patient returned so that the nutritional care form had not been filled out. For medical resumes, patients usually have permission to go home only by telephone from the doctor because the doctor is no longer there and the patient's family forces them to go home so the medical resume has not been filled out. Incomplete inpatient medical filling in the medical record file after the patient is declared discharged causes the medical record file to be returned to the medical record room exceeding the maximum time limit of 2x24 hours.

Based on the opinion of researchers, the delay in returning files at the hospital can also have an impact on the activities of organizing electronic medical records. Based on the discussion in the research by Asyfia et al[22] explained that there are 8 activities for

organizing electronic medical records. However, those that are closely related to the impact if medical records are late in returning include delays in electronic medical record information processing activities, and data input for financing claims.

In the opinion of the researchers, incomplete filling in important reports on each form could be the cause of delays in returning patient medical record files. Seeing this, the hospital should be able to provide sanctions or written warnings, not just verbal warnings to doctors or nurses who are negligent in filling out the completeness of the medical record file. Likewise, if the nurse and doctor fill out the medical record file completely and are correct in returning the medical record file, the hospital should give a gift or appreciation so that the performance of completing the complete file can be continuously improved so that there is no delay in returning the medical record file.

Conclusion

The completeness of filling in important reporting based on the type of form observed has not reached 100% and the return of patient medical record files is still a lot of medical record files which are returned late and the factors that are proven to be factors that influence the delay in returning medical record files are incomplete filling of initial nursing assessment forms and incomplete patient education forms with a probability value for delays in returning medical record files of 96%. Suggestions for hospitals are expected to create an information system in the form of a warning system, so that later it can overcome the problem of delays in returning medical record files and for other researchers to carry out further research related to causal factors from a management perspective such as man, money, material, machine and method used affects the completeness of filling and is related to delays in returning medical record files.

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