Faletehan Health Journal, 10 (2) (2023) 207-215
www. journal.lppm-stikesfa.ac.id/ojs/index.php/FHJ
ISSN 2088-673X | e-ISSN 2597-8667

Analysis of Completeness of Filling in Medical Records and Time to Return Medical Records of Inpatients at Airlangga University Hospital

Rosita Prananingtias[1*], Yuly Peristiowati[1], Sentot Imam Suprapto[1]

[1]Manajemen Administrasi Rumah Sakit, Magister Kesehatan Masyarakat, Institut Ilmu Kesehatan Strada Indonesia
**Corresponding Author: rositaprananing@gmail.com*

Abstract

The implementation of medical records in hospitals can support the improvement of service quality through a fast and accurate documentation, so that the information produced is more effective and efficient. At Airlangga University Hospital, one of indicators of service that hadn't been achieved was incompleteness of filling and returning medical record that exceeded 2x24 hours after service. The aim of the study was to analyze the implementation of filling and returning medical record for inpatients at Airlangga University Hospital. The research design was qualitative, using in-depth interview techniques with 30 main informants from doctors and nurses and 5 triangulation informants from assembling monitoring and medical record distribution officers. The results of the study illustrated that the implementation of filling and returning medical record was still lacking. In the input component, the doctor's activity and the number of items in the medical record caused incomplete filling. There was no reward and punishment policy from the hospital. In the process component, the incomplete medical records were found and the return of medical record wasn't timely. In the output component, the most unfilled medical record forms were 58% informed consent and 33% doctor's signature. It was recommended that the hospital hold workshop about medical records and make policies related to reward and punishment.
Keywords: *completeness, accuracy, filling, returns, medical record, inpatients*

Analisis Kelengkapan Pengisian Berkas Rekam Medis dan Ketepatan Pengembalian Berkas Rekam Medis Pasien Rawat Inap di Rumah Sakit Universitas Airlangga

Abstrak

Penyelenggaraan rekam medis di rumah sakit dapat mendukung peningkatan mutu pelayanan melalui pendokumentasian secara cepat dan tepat sehingga informasi yang dihasilkan lebih efektif dan efisien. Di RS Universitas Airlangga Surabaya salah satu indikator pelayanan yang belum tercapai terdapat pada ketidaklengkapan pengisian berkas rekam medis dan pengembalian berkas rekam medis yang melebihi 2x24 jam setelah pelayanan. Tujuan penelitian untuk menganalisis pelaksanaan pengisian dan pengembalian berkas rekam medis pasien rawat inap di Rumah Sakit Universitas Airlangga. Desain penelitian ini adalah kualitatif dengan menggunakan teknik wawancara mendalam kepada 30 informan utama dari dokter dan perawat serta 5 informan triangulasi dari petugas assembling monitoring dan filing distribusi rekam medis. Hasil penelitian menggambarkan bahwa pelaksanaan pengisian dan pengembalian berkas rekam medis tergolong masih kurang. Pada komponen input kesibukan dokter dan banyaknya item isian pada rekam medis menyebabkan pengisian tidak lengkap. Belum ada kebijakan reward dan punishment dari pihak rumah sakit. Pada komponen proses ditemukan rekam medis yang tidak lengkap serta pengembalian berkas rekam medis yang tidak tepat waktu. Pada komponen output, formulir rekam medis yang terbanyak tidak terisi adalah lembar informed consent 58% dan tanda tangan dokter 33%. Pihak rumah sakit sebaiknya mengadakan wokshop pengisian rekam medis dan membuat kebijakan terkait reward dan punishment.
Kata Kunci: kelengkapan, ketepatan, pengisian, pengembalian, rekam medis, pasien rawat inap

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Introduction

In this era of globalization, hospitals must prepare themselves to be ready to compete with others. Technological developments cause requests and demands for hospitals to provide fast and professional health services to medical information needs. Serving patients is a form of hospital service, therefore hospitals have an obligation to carry out medical records properly (Devhy & Widana, 2019). Medical records are made with the aim of supporting the achievement of orderly administration in the framework of efforts to improve health services in hospitals. Good and correct management of medical records will support the success of a hospital system in orderly administration. Administrative order is one of the factors that determines the effort to provide health services in hospitals (Ritonga and Rusanti, 2018)

The process of filling out a complete inpatient medical record, either manually or electronically, is performed by a doctor or other health care provider related to the patient's medical condition or treatment. This means that doctors and nurses use it to communicate the patients' conditions and treatment decisions. To be meaningful, they must be accurate, timely, and reflect on the scope of services provided. Complete or incomplete medical records in a hospital can describe whether hospital service is good or bad.

The percentage of timeliness of returning medical record documents at Airlangga University Hospital Surabaya in 2022 was 14%. Those who do not follow the procedure for returning inpatient files set by the Ministry of Health in 2006 in the Guidelines for the Implementation and Procedure of Hospital Medical Records in Indonesia Revision II, namely, with a maximum time of 2 × 24 hours or a minimum standard of 80%. In 2022, on average, there were 240 medical record documents pending claims every month owing to untimely and incomplete returns of medical record files. The percentage of incomplete medical record files for inpatients at Airlangga University Hospital from January to March 2023 was 25%; whereas, the quality indicator of medical record installation targets 80% completeness of medical record files. Based on the preliminary study data obtained by researchers, it can be seen that the percentage of completeness of medical record files in January - March 2023 was 75%; therefore, it did not reach the target quality indicator. The completeness of medical record filling is useful to knowing the patient's medical history, examination actions that have been carried out and for planning further actions. The doctor's diagnosis dramatically influences the actions that will be taken to the patient, both in the treatment and action to be taken.

Medical records contain accurate information about the patient's identity and the course of the disease during their stay at the hospital. Medical records must be filled entirely regarding the previous, current, and expected future service processes because good and complete medical records are very useful for reminding doctors about the circumstances and results of examinations and treatments given to patients. They also make it easier for the patients to receive treatment. Incomplete information in filling out medical records can be a problem. Medical records can provide detailed information about what happens to patients while in the hospital. They also have an impact on the quality of medical records and the services provided by hospitals (Devhy & Widana, 2019).

Research Method

This study was conducted at Airlangga University Hospital, Surabaya in June 2023. This study used a qualitative approach that emphasizes a complex and holistic picture, referencing a complex narrative that invites the reader into the multiple dimensions of a problem or issue and presents it in all its complexity. This study addressed problems that require in-depth exploration of what was little known or understood about the problem and a detailed understanding of a central phenomenon.

The informants in this study consisted of primary informants and a triangulation. The main informants in this study were selected from 10 nurses in charge of patients and 20 doctors in charge of patients who had incomplete medical record files for the last three months (March-May 2023). Meanwhile, the triangulation informants in this study were three assembling and monitoring files, medical records, and two distribution officers. The researchers conducted interviews until they found a saturation point when there was nothing else to question.

The researchers collected data using detailed interview methods and observations. Both methods were used to explore research informants regarding

the implementation of filling-out and returning inpatient medical records. The variables used in this study are:

1. Input

Availability of inputs consists of man (ability, skills, workload, and attitude), money (rewards), material (medical record forms and facilities and infrastructure), method (flow and SOP), and machine (policies and sanctions) at Airlangga University Hospital, Surabaya,

2. Process

The variables in the process are filling out and returning medical record documents

3. Output

The variables in the output are the completeness of filling and the timeliness of returning medical record documents

The interview procedure was carried out with great care to prevent the leakage of confidential interview results of all data. The researcher maintained the confidentiality of the informant's identity by providing a code to the informant's name data. The interview process was carried out only by recording the informant's voice, not using video and/or photos. Before conducting the interview, the researcher explained information related to the research to be carried out and asked for approval from the prospective informant. If the informant agreed, he could sign the informed consent form. This research had received approval from the management of Airlangga University Hospital in Surabaya with the research permit number 1992/UN3.RS/PT./2023 and had been declared ethically feasible by the Research Ethics Committee of Airlangga University Hospital in Surabaya with the ethical certificate number 079/KEP /2023.

Results and Discussion

1. Input

Availability of inputs consists of man (ability, skill, workload, and attitude), money (rewards), material (medical record forms and facilities and infrastructure), method (flow and SOP), and machine (policies and sanctions) at Airlangga University Hospital, Surabaya. The information obtained are:

a. Man (Ability, skill, workload and attitude)

The results of the interviews with key informants illustrated that officers were capable of filling out medical record files. This is in line with the regulations of the Minister of Health of the Republic of Indonesia No. 24 of 2022 concerning medical records, which states that inputting data, as referred to in paragraph (3) letter a is an activity filling inpatient administrative data and clinical data, which is carried out by health workers providing health services and administrative officers, including medical records and health information following the authority of their respective fields. The ability and skill level of health workers in filling out medical record files was good because doctors and nurses already knew what to fill in and how to complete a complete medical record. In addition, doctors and nurses knew the standard time for returning medical record files after a patient leaves the hospital, which is a maximum of 2 × 24 hours. As stated by the following participants,

"All patients are given with a new status, for the return status, it is given when they have finished being collected at a certain place and are returned to the medical record room every day." (Informant 1)

"The medical record is given when the patient is hospitalized, then filled in by the one who is responsible for providing patient care (PPA). After the patient is out of the hospital within 2×24 h, it must be completed and returned to the medical record. I always filled out my names and signatures immediately after my medical record. Not only me, but also other PPA were responsible for patient medical records". (Informant 2)

"The hospital's medical records provide the medical record form and will be taken by officers in the unit to be brought to the unit as needed, then if a new patient arrives, the nurse will take and fill in the medical record file. When the patient returns the medical record file is filled in and set aside to a certain place in the unit and later will be taken by the cashier." (Informant 3)

"When the patient registers at the medical record registration site and enters the hospital, the medical record will be filled in by the doctor in charge of the patient. And if the patient leaves the hospital, the completeness reaches the resume filled in by the doctor in charge of the patient and the last file is entered back into the medical record filing." (Informant 11)

"When the patient arrives and has received treatment, the medical record file will be returned to the medical record room and filing, monitoring, assembling and reporting will be carried out.

(Informant 20)

Statements from the following triangulation informants reinforced the statements of the main informants.

"Medical record files should be returned in less than 2x24 hours, but so far, not all medical record files have returned to the medical record installation, and there are still medical record files that have returned to the medical record installation for more than 2x24 hours." (Informant 2)

"Usually, more than 2 × 24 hours, because after the patient leaves the hospital, the files will be taken to the cashier for billing; after the cashier is assembled and monitored, coding and data entry are carried out and brought to case mix for the last insurance claim and then filing.". (Informant 3

The workload of doctors and nurses was increased when doctors did not fill medical record files. This was because doctors did not only visit patients at one hospital but they also gave advice via WhatsApp, so they miss filling it out. As stated by the main informant:

"The discharge summary is incomplete because there are so many examinations and patients done." (Informant 2)

"Discharge summaries that are incomplete are usually due to the absence of a doctor, so they are delayed and forgotten." (Informant 5)

The discharge summary is not filled completely because some doctors who are in charge of patients sometimes use WhatsApp system when discharging patients, so the file is not filled in directly." (Informant 12)

Statements from the following triangulation informants strengthened the statements of the main informants:

"Discharge summary is not filled in completely because the doctor lacks of discipline in filling out medical record files. They sometimes only visit patients via WhatsApp so the patient's medical resume is not filled out." (Informant 5)

The discharge summary is incomplete because doctors are not disciplined in filling out medical resume forms and sometimes only visit patients via WhatsApp. Thus, doctors forget to fill out medical resumes". (Informant 4)

The officer's attitude when he found an incomplete and untimely return of a medical record file was to remind the doctor to complete the file immediately. Suppose incompleteness was found in the assembly and monitoring sections. In this case, the officers marked the form sheet that needs to be completed by the doctor. Every week they made a list of doctors' names to be called by the Head of Medical Record Installation. As stated by the following participants:

"The nurse only ensures and helps the doctors to fill out the discharge summary. We also just remind the patient to complete it. The cause of an incomplete discharge summary in our unit is usually the need of each doctor. (Informant 3)

Statements from the following triangulation informants reinforced the statements of primary informants:

"The medical record officer gives notes on incomplete files. Then, every week the medical record officers makes a list of incomplete files to be reported to the head of medical records, then the head of medical records informs the doctor in charge of the patient and the caring professional concerned to complete the medical record file." (Informant 1)

b. Money

The results of the interviews with the main informant illustrated that Airlangga University Hospital had not implemented a reward policy for health workers who fill out medical records entirely or on time, as stated by the main informant.

"There is no reward for doctors or nurses who are complete in filling out inpatient medical records." (Informant 1)

"There is no reward for doctors or nurses who fill out a complete medical record." (Informant 5)

Statements from the following triangulation informants reinforced the statements of primary informants:

"Currently, the reward is only in the form of a certificate and is not given per doctor in charge of the patient but per group of medical staff and is given on hospital birthdays.". (Informant 5)

"There is a reward but the reward is not the doctor in charge of the patient but rather leads to the Medical Staff Group and takes the form of a certificate or charter of appreciation." (Informant 4)

c. Materials

The interview results with the main informant illustrated that the medical record form and incomplete infrastructure filling in the medical record file occurred because many items were filled in the inpatient medical record form. Duplicate data must be recorded in several different forms and all items in the medical records

must be filled out. As stated by the main informant:

"All items in the medical record file are important, so they should not be filled in carelessly." (Informant 2)

"All items are important because the notes are written in full and in detail, but the same data must be recorded in several forms so that it is often overlooked to fill out." (Informant 11)

"Filling out a good medical record by completing identity, completing all required fields, consent sheet, date and time, signature as accountability." (Informant 16)

Statements from the following triangulation informants reinforced the statements of primary informants:

"The preparation of the form is following the needs of filling by service providers and medical officers." (Informant 1)

"The obstacle to managing medical records in hospitalization is that doctors do not fill out patient resumes, thus hindering the process of storing medical records." (Informant 5)

This is in line with the results of Wirajaya and Nuraini (2019), which state that there are several factors that influence the incompleteness of medical records in hospitals. In terms of materials, the causal factors are more related to medical record documents, such as the unsystematic arrangement of medical record forms, many types of medical record forms that must be filled in, and the absence of color differentiation of medical record documents that must be filled in each section.

d. Method

The results of interviews with key informants illustrated that the flow of incoming and outgoing medical record files at Airlangga University Hospital was not in accordance with the existing regulations because medical record files should return to the medical record room a maximum of 2 × 24 hours after the patient leaves the hospital. However, in Airlangga University Hospital, medical record files were returned to the medical record room for more than 2 × 24 hours. This is because the medical record file was first obtained by the cashier for billing in the hospital SIM. As stated by the main informant:

"Hospital policies related to medical records exist, guidelines, guidelines, SOPs to date are well implemented. Hospital policies related to the medical records also exist". (Informant 2)

"Hospital policies related to medical records exist. The guidelines and standard operating procedures are well implemented. Hospital policies related to the medical records also exist". (Informant 3)

"The flow of medical record entry starts from the patient's hospital discharge and must be completed at least with instructions from the time the treatment begins.". (Informant 4)

"The flow of medical records after the patient plans to leave the hospital will go down to the cashier to close the bill and then the medical record officer will take it.". (Informant 19)

"The flow of inpatient medical records in and out of the file from the emergency department to the admissions, after being treated and discharged from the hospital, will go to the cashier then to the medical record and if needed will go to the case mix.". (Informant 22)

The main informant's statement above is reinforced by the following statement from the triangulation informant.

"There are Standard Operating Procedures that regulate the flow of the return of medical records and have also been organized according to the flow of patient services during treatment at the hospital so that the preparation can facilitate the filling of medical records." (Informant 2)

It is necessary to design the flow of medical record files so that the medical record files of patients leaving the hospital can return to the medical record room for a maximum of 2 x 24 hours, namely cutting the flow of medical record files without having to go to the cashier first. It is better if medical record services are completed in the treatment room including billing and medical record filling completeness so as to reduce the potential for delays in making hospital reports. This is in line with research from Devhy & Widana (2019) that the incompleteness of filling out the medical record for inpatient care at Ganesa Hospital in Gianyar City can hinder medical record officers from inputting, processing data and preparing reports in the form of information on health service activities that are not timely (Devhy & Widana, 2019).

The design of the medical record information system, namely, the entry and exit of medical record files, was built with the aim of making it easier for medical record officers to obtain an information system in the form of a patient visit report. Information of how many medical records

were available (Ramalenia, 2022).

e. Machine

The results of the interviews illustrate that Airlangga University Hospital had not implemented a punishment policy for health workers who had incompletely filled out medical record files. Additionally, there must be a transition to electronic medical records to facilitate the process of filling out medical records. As stated by the main informant:

"There is no punishment for doctors or nurses who do not complete in filling out inpatient medical records. The medical committee did not play a role in filling the medical records. Socialization of medical record filling was given during accreditation.". (Informant 1)

"I have received socialization on medical records. Currently, there is no punishment but only a warning. There is a medical committee's role in the completeness of filling out medical records, because one of the duties of the medical records committee is related to the completeness of medical records; if there are incomplete medical records, the medical records committee can use its authority to urge or force the doctor in charge of the patient and the professional caregiver to fill in completely.". (Informant 2)

"Switching medical records from manual to electronic medical records. Socialization was provided when new medical records were available. Doctors or nurses who did not complete the medical records were not punished. The medical committee has not played a role in filling out medical records." (Informant 5)

"From the hospital, it is mandatory to fill in the complete medical record immediately after the patient is discharged, a maximum of 1×24 hours and if more than the specified time, the doctor in charge of the patient will be reminded to complete it. Never received socialization. The first punishment is called in writing, and the second is that service funds are not disbursed. There is no role of the medical committee to follow up on incomplete filling of medical records." (Informant 23)

"So far there has been no punishment, only a warning. There is no medical committee's role in the incomplete filling of medical record files." (Informant 25)

The informant's statement was reinforced by the following statement from the triangulation informant:

"There is a medical record flow policy. However, there is no punishment for doctors or nurses who incompletely fill out medical record files and a punishment system should be established.". (Informant 1)

"There is currently no punishment for doctors and nurses who fill out medical record files incompletely, only reprimands, there is no specific punishment.". (Informant 5)

This is in line with Al Aufa's research, 2018 which states that the availability of rewards and sanctions can impact the completeness of medical records. To motivate related parties, a punishment and reward system should be implemented to increase the completeness rate of medical record files.

2. Process

Based on interviews with key informants related to the process of filling out medical record files, there were still items on the medical record form that doctors did not complete. The main informant stated that there were some health workers who did not know how to fill in the medical record file form, and that the incompleteness of filling in the medical record file was due to the busyness of the doctor. Patients who leave the hospital before the doctor's visit or when the doctor is not at the hospital an' the patient insists on going home because the medical record file has been taken by the cashier when the doctor visits the inpatient room. Thus, when the medical record files return to the assembling and monitoring sections, they medical record files are not completely filled. As stated by the main informant:

"Medical records must be filled with 5Cs, complete, clear, clean, correct, the writing must be good, contain dates, hours and instructions clearly and can be read, using standard abbreviations determined by the hospital, then initialed and every day the doctor will see all the writings of the Professional caregivers, then verify each sheet with a signature, then fill in the medical resume when the patient is discharged. A medical record is a record of the progress of a patient's journey from start to finish, and is a medical secret that is kept safe. All items in the medical record file are important, so they should not be filled carelessly." (Informant 2)

"Good medical record filling is that the

writing must be legible, coherent, the sequence must be appropriate and complete. There were no obstacles in filling out medical records during hospitalization." (Informant 6)

"Filling medical records with clear, clean, correct, legible, real time and complete. The doctor in charge was responsible for filling patients' medical records. Important items included identities, phone numbers, chief complaint, diagnosis, therapy, prognosis, and condition at discharge. Integrated patient progress notes are signed immediately after taking action.". (Informant 10)

"The medical record should be written correctly, neatly, and on time. I am responsible for filling the patients' medical records. Important items in patients' medical records include identity, integration, planning, supporting examination results, nursing assessment, and insurance files. Immediately give my name and signature after medical treatment.". (Informant 18)

The main informant's statement was reinforced by the following triangulation informant statement:

"The file must be filled in with clear and correct writing; if there is an incomplete medical record file, a mark is made on the medical record file and the name of the incomplete doctor is given.". (Informant 2)

"Medical record files should be filled in completely and accurately to be read, but so far most of the existing files have not been filled in completely. Checking medical records using a spreadsheet, so in the spreadsheet there are several items to assess the completeness of the file, then the officer looks at each form, then notes on the spreadsheet 0 for incomplete files and 1 for complete files. Usually, the doctor's writing is illegible, or the file has not been completed until the patient goes home.". (Informant 3)

"In accordance with what happens in the field, not all medical record files are returned within 2×24 hours, because there are several obstacles, namely files that need to be completed in hospitalization by doctors and nurses, claims for verification of financing at the cashier. Due to the large number of incomplete medical record files, such as medical resumes and other forms, and also due to insurance claims that have not been implemented.". (Informant 5)

Such as research conducted by (Suhartina, 2019) which states that intensive efforts are needed in supervising the completeness of medical record files by evaluating the delivery of medical record files and also the completeness of medical record files, then the results of the evaluation are fed back to each work unit and submitted to the director at the plenary. In addition, it is necessary to socialize the compliance of health workers with regard to the importance of completing medical records by holding meetings with related work units, or by making posters or leaflets regarding the importance of completeness of medical record files so that they are filled properly and correctly and it is necessary to monitor health workers. who is in charge of completing medical records so that they can improve (Suhartina, 2019).

3. Output

Based on the researchers' observations of the output component, there were still medical record files that were not filled; namely, in filling out the informed consent sheet with an incomplete rate of 58%, the incompleteness rate was 33%, and the medical resume sheet was found to be unfilled when the medical record file was returned to the medical record file monitoring assembly section. This is because there were many patients who had to be visited by doctors, so they forgot to complete the medical record file, and because the doctor was busy, the doctor advised to send the patient home via text message to the nurse so that the patient left the hospital before the doctor arrived. This is in accordance with the following statement.

"Medical records are often incomplete and late in returning because patients are often discharged not according to the doctor's planning, and because the doctor is busy.". (Informant 10)

"Medical resumes are not filled out completely due to time, because doctors are not only in the inpatient department but also work in the clinic.". (Informant 16)

"Medical resumes were not filled out completely due to patients leaving before the doctor visited and too many patients.". (Informant 19)

"The resume is incomplete because the patient has gone home but the doctor has not visited so it has not been filled in. Usually, medical records are incomplete because the resume has not been filled in, the place is not central, so some are not in place.". (Informant 21)

"Discharge summary are still incomplete because patients are forced to go home, or patients

die outside of working hours, patients who do not have a doctor so that other doctors fill in so that the resume is incomplete.". (Informant 23)

The main informant's statement is corroborated by the following triangulation informant's statement:

"The discharge summary was not filled in completely because the patient went home when the doctor had not visited because he was busy, while the medical record file had been taken by the cashier.". (Informant 1)

The percentage of timeliness of returning patient medical record files less than 2 × 24 hours in March – May 2023 was 54.3%, while that of more than 2 × 24 hours was 45.7%. This was because the medical record files of patients who left the hospital were taken first by the cashier to input the action on the billing system in the hospital SIM. Thus, the medical record files were not returned to the medical record room 2 × 24 hours after the patient left the hospital. As stated by the main informant:

"The delay in returning medical records is because the doctor is not available at that time, so returning to the medical records unit takes time because everything is still manual." (Informant 5)

"Delays in returning usually occur because the patient goes home in the afternoon or evening, then the medical record file is not taken by the cashier so it waits for the next day.". (Informant 6)

"Delays in returning medical records because medical record files are still borrowed by cashiers for calculations and still used for case studies or seminars. Management constraints are currently leading to the development of electronic medical records.". (Informant 13)

The main informant's statement is reinforced by the following triangulation informant's statement:

"There are several factors, namely that the inpatient file is not immediately dropped, the inpatient file that uses outside insurance is usually borrowed first at the insurance counter, then because the working days are Monday to Friday, it is likely that the newly completed inpatient file can only be inputted on Monday. The cashier takes the patient's file in the inpatient room every day, then it is processed and billed, then the RM officer takes it and checks the completeness.". (Informant 1)

This is in line with research from Oktavia (2020) who stated that the completeness of filling out the informed consent sheet of medical records has not reached the minimum service standards for medical records in hospitals, namely 100%. This is because the number of medical record officers (man) is still lacking. Human resource development in the form of training has never been carried out and the reward and punishment system does not exist. Standard operating procedures for the implementation of medical records are available in the medical record installation but have not been socialized to all medical record officers and existing medical personnel. Thus, the implementation is not fully in accordance with the standard operating procedures. Obstacles in the recording process often occur during forgetting to complete an informed consent sheet. Analysis of the content of medical records in the implementation of the medical record service system of dr. Reksodiwiryo Hospital was not optimal.

Conclusion

The results of this study indicate that the implementation of completeness of filling and timeliness of returning medical record files at Airlangga University Hospital Surabaya is still not optimal. The implementation of returning medical record files at Airlangga University Hospital, which is not in accordance with existing regulations, where the time for returning patient medical record files is more than 2 × 24 hours and there is no reward or punishment for officers who fill out medical record files completely. Some officers do not know how to complete a good patient medical record file form, and there are still medical resumes that have not been filled out by doctors. The most incomplete filling of medical record files is filling out an informed consent sheet. The suggestion of this research is to organize workshops related to filling out good medical record files and creating a policy of reward and punishment for doctors who fill out medical records.

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