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"ABED TANGI" As a Solution for Time Inaccuracy in Returning Medical Record at X Hospital

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INDEXING

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ABSTRACT

This study aims to determine the root of problem and alternative solutions of inaccuracy return medical record inpatient files. The research was conducted through qualitative descriptive approach in X hospital from September until October 2017. Data was collected by document review, field observation and unstructured interview with Head of Services, Head of Nursing Services, 1 doctor, 2 head of ward, Head of Medical Record Installation, Head of Nutrition Installation and Head of Pharmacy Installation. Root of problem was analyzed with fishbone diagram, focus group discussion (FGD) method and urgency, seriousness, growth (USG) method. Priority determination solution is carried out using filter analysis method with CARL (Capability Accessibility Readiness Leverage). The results show that factor inaccuracy return inpatient medical records file because are incomplete of medical record file, absence of standard operating procedure and unavailability of monitoring and evaluation, and the increasing number of medical record form according to hospital quality standard. The root problem is not optimally main task and function of professional care giver when filling medical record. Alternative proposed solutions is socialization to professional care giver, revised standard of operational procedure, and monitoring evaluation of the completeness and timeliness of medical record file returns with innovation "ABED TANGI".

Kata Kunci:
Rekam Medis;
Ketidaktepatan Waktu;
"ABED TANGI";

Penelitian ini bertujuan mengetahui akar masalah serta alternatif solusi terkait ketidaktepatan waktu pengembalian berkas rekam medis rawat inap. Penelitian dilakukan di rumah sakit X melalui pendekatan deskriptif kualitatif sejak bulan September sampai Oktober 2017. Data dikumpulkan menggunakan metode telaah dokumen, observasi lapangan, dan wawancara tidak terstruktur dengan Kepala Bidang Pelayanan, Kepala Seksi Pelayanan Keperawatan, 1 orang dokter ruangan, 2 orang kepala ruangan, Kepala Instalasi Rekam Medis, Kepala Instalasi Gizi dan Kepala Instalasi Farmasi. Akar masalah dianalisis dengan diagram fishbone, metode Focussed Group discussion (FGD) dan metode Urgency, Seriousness, Growth (USG). Penentuan prioritas solusi dilaksanakan menggunakan analisis tapisan dengan metode CARL (Capability Accessibility Readiness Leverage). Hasil penelitian menunjukkan faktor penyebab ketidaktepatan waktu pengembalian berkas rekam medis rawat inap adalah ketidaklengkapan berkas rekam medis, belum adanya standar prosedur operasional dan belum terlaksananya monitoring dan evaluasi terkait batas waktu pengembalian berkas rekam medis, serta bertambahnya jumlah form rekam medis sesuai standar mutu rumah sakit. Akar masalah yang dijumpai adalah belum optimalnya job description Profesional Pemberi Asuhan saat pengisian rekam medis. Alternatif solusi yang diusulkan berupa pelaksanaan sosialisasi terhadap Profesional Pemberi Asuhan, revisi standar prosedur operasional dan pelaksanaan monitoring evaluasi terhadap kelengkapan dan ketepatan waktu pengembalian berkas rekam medis berupa inovasi "ABED TANGI".

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INTRODUCTION

Hospital is a health service institution that performs a very complex health service. X hospital was established in 1930 as State General Hospital class B with number of bed is 189 TT, the land area is 33.415 m2 wide and building area 15.327,30 m2. The hospital has 53 medical personnels consisting of 35 specialist, 15 general practitioners and 3 dentists. In addition, the hospital also has 281 paramedics consisting of 203 treatment paramedics and 78 non-treatment paramedics. The achievements of the level of efficiency and quality of hospital management in septemberi 2017 were 1) Bed Occupancy Rate (BOR) was 84,23%; 2) Average Length of Stay (ALOS) was 3,84 day; 3) Bed Turn Over (BTO) was 6,05 times; and 4) Turn Over Interval (TOI) was 0.78 days. Meanwhile, the service at *X*

hospital consists of medical service and medical support. One of important parts of the service is related to medical records.

The regulation of health minister of Republic of Indonesia or known as PERMENKES RI No. 269 / MENKES / PER / 1 / 2008 on Medical Record Chapter 1 section 1 states that medical records are files containing records and documents about patient identities, examinations, medications, actions and other services that have been provided to patients. Every patient receiving hospital services should be recorded in the patient's medical records.[1] Medical record is owned by the hospital and its contents belong to the patient.[2] The hospital is required to provide good quality services in terms of medical services and health information.[3] The comprehensive and complete medical record information is one of the parameters of the quality of health services in the hospital.[4] The complete medical records can be used for multiple purposes.[5]

A complete and correct medical record can supply information that can be used as an education and training materials, materials analysis and quality evaluation of hospital services. The medical record is also necessary as an evidence in court.[6] The role of medical record is highly important in the quality management of hospital services. One of the assessment standards of hospital accreditation is the quality indicator of medical record. The medical record unit plays pivotal role in the hospital's health services. The medical record unit and medical staff are responsible for the management of the medical records which involve the completeness of content, storage policies, destruction and confidentiality, ownership, utilization and organization.[7] Medical record documents in hospitals have the purpose of supporting the achievement of orderly administration to improve the quality of health services in hospitals.[8]

The contents of the patient's medical records are sources of information about the patient's medical history. The incompleteness of medical records cause less optimal services to patients and it will affect the quality of service even impact on patient safety.[7] The process of conducting medical records is a continuing process.[9] The process of keeping the medical record begins when the patient is admitted to the hospital, followed by recording the patient's medical data by a doctor or dentist or worker of other health services that provide direct services to patients.[10] Medical record is one means of communication among health professions involved in providing services to patients.[11] The deadline for completing the contents of inpatient medical record documents is no later than 2x24 hours after the patient is discharged.[8] If the medical record document in the inpatient room has been completed then the it must be immediately returned to the Medical Record Unit.[12]

Medical record returns are considered late if they exceed the payback limit of up to 2x24 hours after the patient is hospitalized.[13] X hospital affirms this in the Medical Record Service Manual of X hospital which states that the head of the inpatient Unit is responsible for the return of medical records of in-patients who were out of treatment within no more than 2 x 24 hours.

The preliminary study was carried out in August 2017 in several medical service units and medical supporters. Based on the initial findings, some problems were identified at X hospital. The problem determination was done by extracting primary data and secondary data. The primary data was gained through observation and interview towards service and support units. Meanwhile, the secondary data was taken by document review at X hospital such as Hospital Profile, Annual Report, Guidance, Program Planning and Performance Evaluation. Brainstorming was conducted with the management of X hospital through USG (urgency, seriousness, growth) method. It was found out that the major problem was inaccuracy of the time of returning the hospitalized medical records to the Medical Record Installation.

Based on data processing from January to August 2017, it was found that the timely medical record returned was 123 files out of 7525 files or 1,634%. Data processing was conducted on medical record data to eight inpatient room at X hospital. There is one room namely the perinatology room in which the percentage of the the return of timely medical record document was 0% (table 1).

Based on the above table, it showed that the number of inaccurate time of return of medical record file of inpatient at X hospital from January to August 2017 was 98,366%. These data indicated that most of the return of medical records file of inpatient was not appropriate with hospital policy. Argue that the delays in the return of medical record files will inhibit the assembling task which will further impair the service to the patient when the patient is in the outpatient control or he will be hospitalized again. This can affect the quality of service to patients.13

Based on the background above, the research was conducted aimed at determining the root cause of the inaccuracy of the return of medical records in X hospital. Additionally, the researchers intended to find an alternative solution that can be implemented related to the inaccuracy of the time of returning the hospitalized medical records file at X hospital.

Table 1. The Timeliness Of Return Of Medical Records File (RM) Of Inpatient To Medical Record Installation Of X Hospital From January To August 2017.

Room Name	Medical record returned	number of accurate time of return of medical record	percentage of accurate time of return of medical record
Intensive Care Unit Room	312	6	1,92 %
Mas Alit Room	886	3	0,33%
Tawang Alun I Room	1120	19	1,69%
Tawang Alun II Room	1442	52	3,60%
Sayu Wiwit Room	1215	40	3,29%
Sritanjung Room	1057	2	0,19%
Agung Wilis Room	1042	1	0,09%
Dewi Sekar Dadu Room	451	0	0%

Source: primary processed data, 2017.

RESEARCH METHOD

The present descriptive-qualitive study was conducted at X hospital from September to October 2017 by conducting document review, field observation, and unstructured interviews involving 8 respondents consisting of Head of Services, Head of Nursing Services, 1 doctor room, 2 heads of the room, Head of Medical Record Installation, Head of Nutrition Installation and Head of Pharmacy Installation. Field observation was conducted in four rooms namely Mas Alit room, Agung Willis room, Tawang Alun I room and Sayu Wiwit Room. Some factors were discovered related to the inaccuracy of the return of medical record file which would be analyzed using fishbone diagram. Fishbone diagram identifies all the potential processes and factors that could contribute to a problem. Root of problem was determined by Focussed Group Discussion with the management of X hospital through USG method. USG method used to obtain the root problem based on Urgency, Seriousness, and Growth, using score1-5. The root problem having the highest score will be a based problem. Once the primary problem was identified, the priority determination of the solution that would be done for the improvement of the problem of the inaccuracy of the return time of the inpatient medical recordss file was conducted. The determination of priority concerning the solution was carried out using a screening analysis of CARL (Capability Accessibility Readiness Leverage) method. The CARL method is based on the criteria given by score ranging from 0 to 4: C = Capability (the availability of resources e.g funds, facilities and infrastructure), A = Accessibility (the ease of problem to be solved or not, based on methods / ways/technology and organizational support such as rules), R= Readiness (the efficacy of implementer and target such as skill or motivational ability, and L = Leverage (the magnitude of the influence between criteria in problem solving to be discussed). [14]

RESULT AND DISCUSSIONS

The long overdue in returning the hospitalized records file at X hospital connected with the completeness of the medical record file that is not complete so that it could not be submitted to the Medical Record Installation quickly. Part of a frequently incomplete medical record file was a medical resume sheet and a sheet of medicine reconciliation.

In the interview, the officer at the Medical Record Installation stated:

"Sometimes, the file of outpatient including the patient who has left the hospital was not immediately sent to Medical Record Installation because it was still waiting for the completeness. The incompleteness was usually noticed from a patient medical resume and a sheet of medicine reconciliation. Sometimes, the signatures and hours were missing."

A similar statement was expressed in an interview with a nurse in the perinatology room who said:

"Actually the return of medical records to the installation of medical records appeared some obstacles if the patient left the hospital so that it sometimes can not be processed directly. Most frequently, it deals with the completeness of his medical record."

Interviews with nurses in an ICU room said

"The timeliness constraint for the return of the medical record file is by the doctor and pharmacist. In this case, the most incomplete pharmacy is related to medicine reconciliation. The pharmacist did not come to the room to fill up the sheet of medicine reconciliation. Sometimes, medical resumes were not filled up immediately because

doctors often rush up as they do not get a chance to write; probably the doctors handled many patients"

At the time of observation in the room, it was identified that some medical records file on the table which belongs to inpatients who left the hospital. Some file still cannot be returned to Medical Record Installation because they were not complete yet. Among them is the incomplete resume of the medical resume filled by the doctor who was responsible for the patient, the initial unfilled medical assessment sheet, and the drug reconciliation sheet form that were not filled by the pharmacist. The nurse of the room took the patient first. If the patient was handled then the nurse of the room would continue to complete the medical record file.

Research conducted by Hutama and Santosa (2016) at PKU 1 Muhammadiyah Hospital found similar thing that the return of medical record file often experienced delay in inpatient room. The patient's medical record file was stacked in the room. This was because sometimes the officer waited for medical records of other patients who were still undergoing hospitalization to be returned together to the Medical Record Unit.[7] Rahayu et al. (2016) argues that health personnel involved in the medical records consist of interdisciplinary professions such as doctors, nurses, pharmacists, laboratory workers, and others.[15] Pamungkas and Hariyanto (2015) conducted a study at general hospital of Ngudi Waluyo Wlingi and found that the main cause of incomplete medical record file was inability of the doctor when filling the medical record file because the doctor prioritizes the service so that he does not have enough time to complete the medical record file. Due to incomplete medical records file and legal seminar aspects of medical record, the registration of adverse event and near miss has never been done so that the level of awareness of doctors to the completeness of medical record is still low.[16]

Research conducted by Rachmani at POLRI (Indonesian Police) and TNI (Indonesian Military) Hospital Semarang also revealed similar results that the cause of submission overdue of inpatient medical record documents was due to the incompleteness of medical record documents on the doctor's signature item and doctor's name.[8] Research conducted by at General hospital of Moewardi Surakarta found that the cause of incomplete medical records file of inpatients occurred due to human resources aspect, e.g doctors and nurses. The level of discipline of doctors who were poor in filling medical record document caused the patient's medical record to be incomplete – besides, it was found that the caregiver was less accurate filling the medical record.[17]

Other factors that affect the inaccuracy of the return time of hospitalized records can be reviewed in terms of procedures. Based on the results of the document review at X hospital, it was found that the Standard Operating Procedures on the return of the inpatient medical records file did not list the deadline of returning the medical records file of inpatient.

This was also conveyed in an interview with a medical record officer who stated

"If it was about the time of return, we know that it must be returned in 2x24 hours but we have not seen the form of announcement, so we only know it verbally. Then, we still have not done the completeness report to the room, doc."

Contends that the Standar Prosedur Operasional (SPO) policy or better known as standard operating procedure is the basis of an activity. Research conducted at Lawang hospital showed that the delay of return of medical record file was influenced by SPO which has not been well socialized so that inpatient nurses and other officers have not implemented it optimally.[18] Then, the socialization activities of SPO was carried out. In the study, there was a significant improvement of 60% which showed positive effect due to the implementation of SPO socialization. The SPO of socialized-medical record return will provide clarity for nurses and other health workers to return medical records on time.[18] Research conducted by Hutama and Santosa (2016) at health public center of Muhammadiyah hospital or better known as RS PKU 1 Muhammadiyah Yogyakarta reported that the completeness of medical records in the hospital deals with the provision of several sources of information such as journals, government regulations, SPO and quality guidelines from hospitals.[7]

At X hospital, monitoring and evaluation activities on the completeness and timeliness of the return of medical records of inpatient records have not been done. Feedback from Medical Record Installation to Inpatient Installation has not been implemented. Reports related to the completeness and timeliness of the return of the number of medical records were not carried out so that the management and the officers in the inpatient ward did not know the number of medical records that have been completed and timely returned to Medical Record Installation.

The medical record forms which increase in accordance with hospital quality standard cause some officers were not accustomed to as they were also in the

training program of filling the form. The quality of fthe medical record filling is the responsibility of the health workers.[19] All health workers involved in the service of the patient should be taken part as well when filling out the medical records. Some officers in the inpatient room were still learning to fill the new medical record form. This is considered time-consuming to complete the medical record file.

The same thing was gained from the results of research conducted at Wangaya Hospital. Antara and Arta (2017) state that the delay in the return of medical record documents were not only influenced by the human resources factor of delay in making medical resume by DPJP, but also caused by the absence of monitoring and supervision of management and medical committee to DPJP commitment to complete medical resume.[20] Research by Pradani et al. (2017) found that the root of the delay problem of submitting the file was due to the absence of written feedback. The feedback is a means of socialization as well as evaluation of the related units. In addition, the feedback can also overcome the doctors' disobedience in completing the medical record. The feedback is part of organizational development, human resources, and organizational change to achieve organizational goals that is the hospital.[14]

Based on the document review, interview, field observation, and brainstorming with hospital management as well as related unit, some factors were discovered related to the inaccuracy of the return of medical record file which would be analyzed using fishbone diagram.

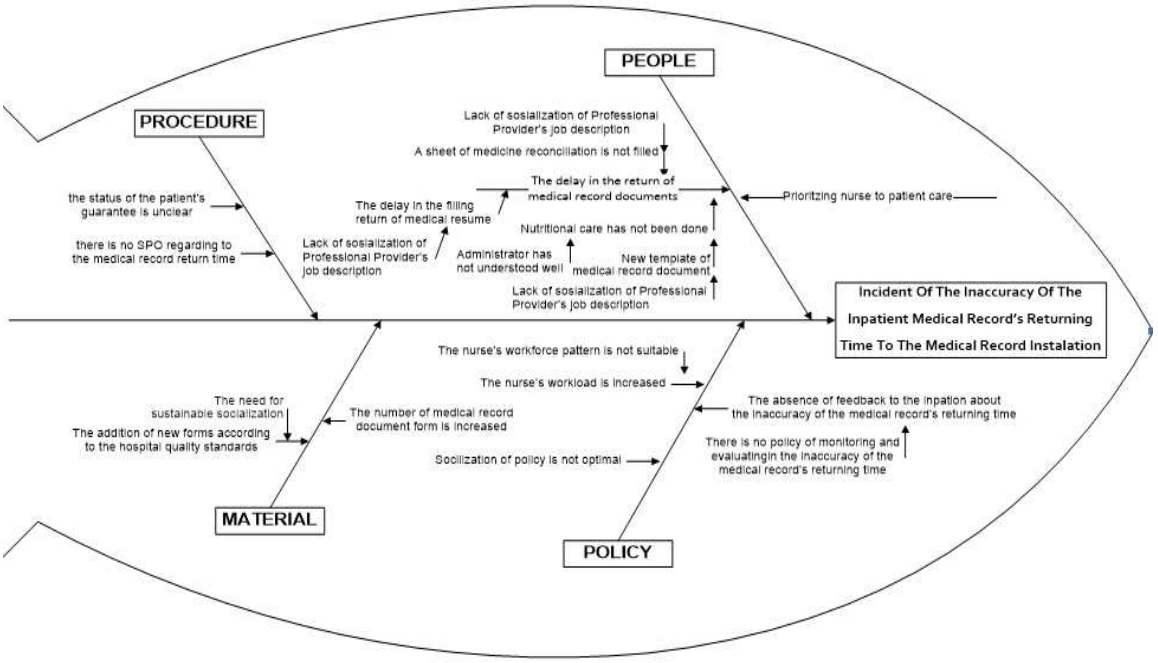

Figure 1. Visual map of fishbone occurrence of inaccuracy of time of medical record return of hospitalization to Medical Record Installation

Fishbone diagram identifies all the potential processes and factors that could contribute to a problem. Analysis with fishbone diagram that can be found several factors that become the root of the problem of inaccuracy of medical record return time. Based on the results of the analysis through fishbone, it was found that there were several roots of problems namely job description professional provider when filling the medical record file was not optimal, there was double job description of administrators of the room, the status of the patient's guarantee which was unclear, as well as there was inaccurate diagnosis in SEP and medical resume. Through Focus group discussion (FGD), deepening of understanding of causal factor is done by using USG method. FGD involves managemen X hospital, head of nursing services, head of ward, head of Medical Record Installation, Head of Nutrition Installation and Head of Pharmacy Installation. During FGD all participants will give a score to the some roots of the problem of inaccuracy of medical record return time. USG method used to obtain the root problem based

on Urgency, Seriousness, and Growth, using score1-5. The root problem having the highest score will be a based problem. Determining the root of problem through USG method was done by choosing the root of the problem that has the highest score among all the factors that are considered the root of the problem of medical record recovery time inaccuracy. On September 18, 2017, the root of problem was determined by using USG method to obtain the root problem of the job description of professional provider when filling the medical record file was not optimal (Table 2). The professional provider involves as doctors, nurses, pharmacists, and others health workers who are involved in providing services to patients. Each professional provider will write all their treatment to the patient in medical record files.

Table 2. Recapitulation of problem-based scoring based on USG methods.

Roots of problem	Respondents							Score	Rank
	1	2	3	4	5	6	7		
Job description professional provider when filling the medical record file was not optimal	15	15	15	15	15	14	14	103	1
Double job description of administrators of the room	14	13	13	12	10	12	7	81	4
The status of the patient's guarantee which was unclear	11	12	11	10	11	15	15	85	2
Inaccurate diagnosis in SEP and medical resume	10	10	12	13	13	12	13	83	3

Source: primary processed data, 2017.

Once the root of the problem was found, it was then proceeded with the priority of the solution. The priority of the solution was done by CARL method. Based on recapitulation with CARL method, it would be gained the solution through the highest score. The main solution alternative was to clarify the job description of professional provider with activities in the form of socialization of job description to the Professional Provider. In addition, SPO revisions would be made regarding to the medical record return time and the feed back of the medical record installation to the inpatient installation related to the timeliness of the return of medical record documents (Table 3).

Table 3. Recapitulation of alternative scoring solutions based on CARL method.

Solution alternative	Respondents							Score	Rank
	1	2	3	4	5	6	7		
Clarify the job description of professional provider	135	90	240	225	225	300	240	1455	1
The feed back related to the timeliness of the return of medical record documents	4	18	12	64	36	60	30	224	2

Source : primary processed data, 2017.

Winarti (2013) said supervision was done by evaluating the completeness of the medical record file and the timeliness of the return of medical records file. Feedback on the results of medical record evaluation submitted to the work unit and director in a plenary meeting.[6] Monitoring is the process of collecting and analyzing information so that correction can be done to refine a program, while the evaluation is the process of achieving the achievement of goals and performance so that feedback can be given in an attempt to improve the quality of a program's performance.[21] . Nia et al (2016) points out that the implementation of meetings to provide education to

health personnel and supervision activities as a whole is required to overcome the delay of medical record return.[22] Supriyanto and Damayanti (2007) stated that surveillance efforts can detect about managemen policy implementation at hospital and to the extend if there are deviations occuring in the work.[7]

The monitoring and evaluation process is needed to maintain the quality of completeness and timeliness of the return of medical records. New innovation is proposed as a tool to maintain quality by using the local content that is the abbreviation derived from the languange Banyuwangi. The idea of "ABED TANGI" innovation was proposed by the researcher on X hospital management. The researcher made an innovation that can facilitate the management and all officers to see the achievement of completeness and timeliness of medical record file return. By looking at the points achieved on the board "ABED TANGI", it would be known immediately the achievement in each inpatient room of X hospital. The implementation of "ABED TANGI" innovation involved Medical Record Unit. Every month, the medical recorder would go to the inpatient room to report the achievement of each room regarding the completeness and timeliness of the inpatient medical records file return using the point tool called "ABED TANGI".

The innovation of "abed tangi" is a proposed solution for implementing feed back on completeness and timeliness of the return of medical records of inpatient records. ABED is an abbreviation of kelengkapan berkas rekam medis (the completeness of inpatient medical records), where as tangi stands for ketepatan waktu pengembalian berkas rekam medis rawat inap (the timeliness of in patient medical record returns). In addition, "ABED TANGI" is a word taken from language of using tribe of banyuwangi. ABED means attitude, tangi means getting up, so abed tangi is the attitude that should be executed or done. if it is linked to the completeness and timeliness of the inpatient medical record file, then ABED TANGI is the attitude that should be done that is completing the medical record file and fulfilling the timeliness of the return of the hospitalized records file in accordance with the policy of X hospital.

"ABED TANGI" is a tool point that will describe the achievement of completeness points and the timeliness of the return of medical record files in each of inpatient rooms. The tool point is equipped with an expression zone consisting of a green zone for points 91-100, a yellow zone for points 51-90, and a red zone for points 0-50. The implementation of "ABED TANGI" is expected to facilitate the management of X hospital to monitor and evaluate the completeness and timeliness of the return of medical records of inpatient records. Medical record completeness is obtained from the number of medical records returned to the Medical record installation with complete condition for one month. Medical record are complete if there are all of the indicators in the completeness of the filling, accuracy, timely, so reliable and complete is necessary to review the completeness. The accuracy of medical record returns is obtained from the number of medical records that are returned on accuracy time to the Medical Record Installation for one month. In accordance with the policy at X hospital, the medical records return will be categorized accuracy if medical record is returned from the inpatient room to the Medical Record Installation in less than 2x24 hours. The officers Installation of medical records will go to every ward at X hospital and will give "ABED TANGI" score obtained by each ward. "ABED TANGI" will be charging every month by the officers of medical record installation based on the calculations obtained by the officers Installation of the medical record. The results "ABED TANGI" will be reported to the director and management of X hospital so they will know the achievement in each ward for the completeness and timeliness of the hospitalized medical record return.

The following is an example of filling "ABED TANGI". Point was gained from the percentage of the number of medical record documents and the percentage of the timeliness of the return of medical record documents. From the number, the form of percentage will be changed to point. Suppose that the completeness of the medical record document of hospitalization is 92% it means that the point obtained is 92. The accuracy of the medical record return of hospitalization is 60% then the point earned is 60. If it is put into the point of "ABED TANGI" then for ABED will be in a green zone and TANGI is in a yellow zone (Figure 2).

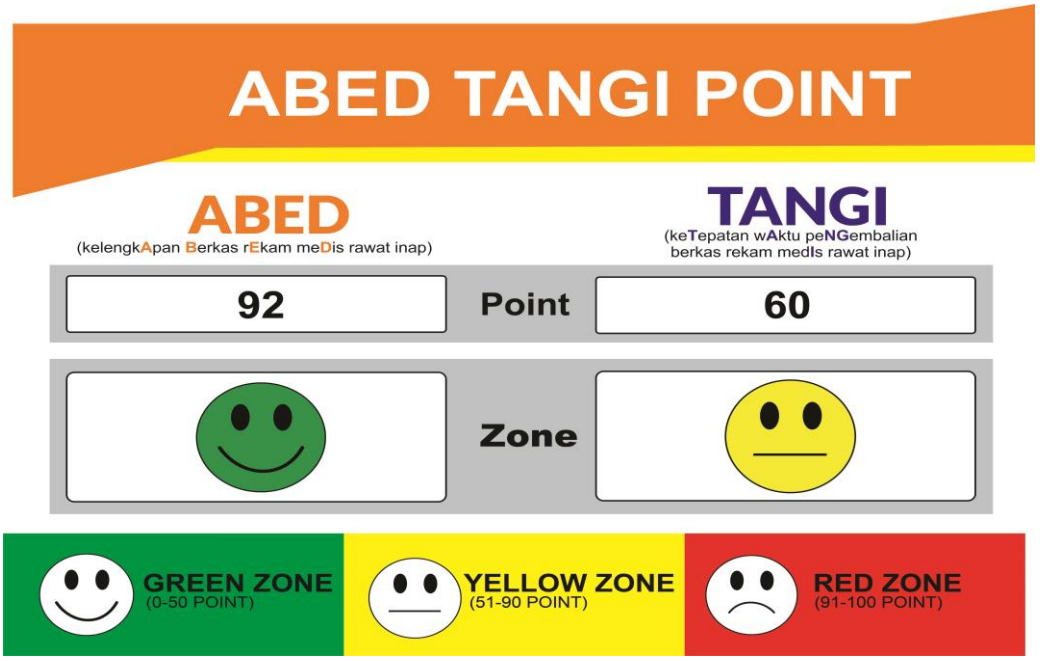

Figure 2. Example of writing application in tool point "ABED TANGI".

The implementation of "ABED TANGI" is expected to facilitate the directors and management of X hospital to monitor and evaluate the completeness and timeliness of the return of medical records in X hospital. Achieving the completeness and timeliness of the return of medical records inpatient file is expected to be fulfilled in accordance with the policy of X hospital through the implementation of monitoring and evaluation in the form of "ABED TANGI". This requires the role and cooperation off all professional provider and the other officers involved in the filling of medical record files. The application of "ABED TANGI" will detect inpatient room which has not reached the target so that management and the officers involved can immediately find solution to be able to achieve the return and the completeness of medical record according to hospital policy. A complete medical record and accuracy in returning medical record will be able to improve the quality of service in the hospital.

CONCLUSION

The major problem at X hospital was inaccuracy of the time of returning the hospitalized medical records to the Medical Record Installation. The root of problem of submission overdue of the inpatient medical records at X hospital was the role of the Professional Provider when completing the medical record file of the inpatient was not optimal yet. The alternative solution proposed was through socialization to the Professional Provider, revision of Standard Operating Procedures related to the time of return of hospitalized medical records, and implementation of feed back to Inpatient Installation in the form of "ABED TANGI" Innovation. The proposed solution "ABED TANGI" is a solution towards the completeness and timeliness of the return of the inpatient medical records file. The implementation of "ABED TANGI" can be a platform of monitoring and evaluation for the director and management of X hospital regarding the completeness and timeliness of medical record inpatient hospitalization.

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