

Analysis Completeness of Outpatient Medical Record Documents Completion Based on Motivation and Compliance with Basic Tasks and The Function of Officers

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Analysis Completeness of Outpatient Medical Record Documents Completion Based on Motivation and Compliance with Basic Tasks and The Function of Officers

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ABSTRACT

In the modern era, the demands of the community health, especially health services, are increasingly high, one of which is the recording of medical records. One of the problems in the world of medical records is the incompleteness of medical record documents. The purpose of research is influence of motivation and compliance of the main tasks and functions of the officer on the completeness of filling outpatient medical record documents at the Tugu Trenggalek Health Center. The research method uses types correlational and cross sectional data collection with a sampling technique that is simple random sampling in order to obtain a total sample of 40 respondents. The data processing technique used is dummy regression analysis. The results showed that out of 40 outpatient medical record documents, 18 documents (45%) are in the low category. Some respondents in Puskesmas Tugu Trenggalek had a moderate motivation level of 22 respondents (55%) and the level of non-compliant respondents was 17 respondents (42.5%). Based on statistical test results obtained a significant value of motivation variable of ($0,000 < \alpha 0.05$), compliance variable of ($0,000 < \alpha 0.05$), all dummy variables of the officer function have a significance value ($> \alpha 0.05$) and a significance value simultaneous testing ($0,000 < \alpha 0,005$) with an effect of 95.9%. From these results it is known that there is an influence of motivation and compliance of officers on the completeness of outpatient medical record documents at Tugu Trenggalek Health Center. It is necessary to improve performance in order to carry out an analysis of the completeness of outpatient medical record documents. Providing information about the importance of filling out and completing patient medical record data disciplines staff to provide feedback in the form of rewards and punishment so that the outpatient medical record documents are completely filled.

I. BACKGROUND

In the modern era, knowledge and education are growing rapidly in line with the increasing development activities in all fields. This causes the demands of the community in the field of health, especially health services, to be even higher, one of which is the recording of medical records (Kemenkes RI, 2008).

Completeness of filling medical records is one thing that is very important in health. According to Widjaya (2014), medical records are useful as a means of communication, evaluation of quality, payment for health services and legal protection for those concerned.

One of the problems in the world of medical records is the incompleteness of medical record documents. The incompleteness of medical record documents will have a bad impact on the health center because it will affect the results of data processing which will then be the basis for making reports. This report will greatly influence the future planning, decision making and evaluation material for community health centers. Other impacts of incompleteness in the medical



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record are, among other things, obstruction of the insurance claim process and hindering the administrative procedures of the puskesmas (Eny and Rachman, 2008).

Completeness of filling medical records is influenced by several factors, including: educational background of health workers, length of service, knowledge of medical records, skills, motivation, work tools, working facilities, working hours, written guidelines and compliance with guidelines (Erfavira, 2012).

Based on a preliminary study conducted on September 28, 2019 at the Tugu Health Center in Trenggalek Regency, through interviews with 5 health workers and preliminary observations made. From 5 officers interviewed, 3 officers said that most of the causes of incomplete filling of medical records due to busy staff due to the large number of patients who had to get immediate service and some officers considered the data need not be filled in completely. Meanwhile, based on preliminary observations made by researchers, it was found that there were some incomplete medical record data such as KIE, ICD and official signatures that were not filled in by officers.

Given the importance of completeness of filling medical records, the researcher is interested in conducting research on "Analysis of completeness of filling outpatient medical record documents based on motivation and compliance according to the main tasks and functions of officers at the Tugu Trenggalek Health Center".

The purpose of this study was to analyze the effect of motivation and compliance of the main tasks and functions of officers on the completeness of filling outpatient medical record documents at the Tugu Trenggalek Health Center.

RESEARCH METHODS

This research was conducted at the Tugu Health Center in Trenggalek Regency. The research method uses types correlational and cross sectional data collection with a sampling technique that is simple random sampling in order to obtain a sample of 40 respondents. The data processing technique used is dummy regression analysis.

RESULTS

Subject Characteristics

Table 1. Characteristics of respondents in this study include age, Motivation, Compliance, the function of the Officer, and the Completeness of Outpatient Medical Records in Outpatient Medical Record Documents.

No.	Characteristics	ΣN	Σ%	No.	Characteristics	ΣN	Σ%	
1.	Years of service				Doctor	3	7.5	
	≤ 10	10	25		Nurse	18	45	
	10-20	10	25		Midwife	13	32.5	
	≥ 20	20	50		Nutritionist	2	5	
2.	Motivation				Lab clerk	2	5	
	Strong	12	30		Officer RM	2	5	
	Is	22	55	5.	Complete outpatient medical record documents			
Weak	6	15			High	12	30	
3.	Obedience					Is	10	25
	Very obedient	12	30			Low	18	45
	Obedient	11	27.5					
	Not obey	17	42.5					
4.	Function of the Officer							

STATISTICAL TEST RESULTS

Table 2. Statistical analysis of the influence of between motivation and compliance with basic tasks and the function of officers with completeness of outpatient medical record documents at the Tugu Health Center Trenggalek (17 April– 5 May 2020).

Variable	Sig	Beta	Sim Simultaneous	R2
Motivation (X1)	0,000	0.523		
Compliance (X2)	0,000	0.488		
Function Officer (X3)				
Doctor	0.277	-0,065	0,000	.959
Nurse	0.626	0.047		
Midwife	0.661	-0,040		
Nutritionist	0.871	-0.009		
Lab Officer	0.871	-0.009		

- Based on the table above it is known that the R value of 0.959 which shows the correlation or the relationship between the completeness of outpatient medical record documents with motivation and compliance with the main tasks and functions of the officer is 95.9%.
- In the table above it is known that the linear dummy regression test obtained a significant value of the Motivation variable of 0,000 $< \alpha$ 0.05, so H1 is accepted which means there is the effect of motivation on the completeness of outpatient medical record documents.
- In the table above it is known that the linear dummy regression test obtained a significant value of the compliance variable 0.000 $< \alpha$ 0.05, so H1 is accepted which means there is the effect of Compliance on the completeness of outpatient medical record documents.
- In the table above it is known that the linear dummy regression test obtained a significant value of the doctor officer function variable 0.277, significance value of the nurses 0.626, significance value of the midwife 0.661, significance value of the nutrition workers 0.871, significance value of the laboratory personnel at 0.871. All dummy variables of the officer function have a value of sig $> \alpha$ 0.05, so H0 is accepted which means there is no effect of the officer function on the completeness of outpatient medical record documents.

DISCUSSION

Motivation Regarding Completeness of Outpatient Medical Record Documents at Tugu Trenggalek Health Center

Gibson's theory shows that motivation is a strong will to try to a higher level so that a person can get satisfaction in meeting his personal needs.

According to Kimble, (2013) motivation is a process that occurs within oneself to provide power for one's behavior in carrying out certain activities to achieve a goal. The motivation of officers in completing outpatient medical record documents in this study is anything that encourages officers to fill out and complete outpatient medical record documents.

Based on the results of the study note that of the 40 respondents studied, as many as 22 respondents (55%) had sufficient motivation, meaning that some respondents agreed that writing medical records after providing services to patients will not interfere with the service process. Medical records must be written immediately after the service is provided, because if postponed will result in incomplete filling of medical records.

Based on the cross tabulation table between motivation and the completeness of the outpatient medical record documents, there were 12 respondents who were moderately motivated with a low level of document completeness or 30%. Respondents who have moderate motivation with moderate level of completeness of documents are 10 respondents or 25%. Respondents who have strong motivation with a high level of completeness of documents are 12 respondents or 30% and respondents who have a low level of motivation with low completeness of documents are 6 respondents or 15%.

In terms of motivation, it turns out that there are still many respondents who lack awareness of the impact of the incompleteness of the medical record, the benefits and usefulness of

27. medical record as well as the lack of behavior to remind one another to complete the patient's medical record.

From the results of research conducted it is known that respondent 2 will immediately fill out and complete the medical record document after providing services to patients, but if the number 1 of patients is large, the respondent will postpone the activity of completing the medical record. This is in line with research (Pamungkas et al., 2010) that the factors that cause the incompleteness of filling medical record files are limited time due to high workload so that the time used to fill medical records is very limited.

Busyness is one of the main reasons for the incompleteness of medical record documents, but it should not be used as an excuse because making and completing medical records is an obligation of all officers who provide health services to patients.

Another factor influencing the incompleteness of medical records at this place is the respondent considers that some data is not important, so it is not filled in completely.

The results of regression analysis of the coefficient of motivation variable is 0.523 or positive if motivation increases it will increase the completeness of filling outpatient medical record documents. The higher motivation will affect the completeness of outpatient medical record documents. Motivational variables have a positive and significant effect on the completeness of outpatient medical record documents as indicated by the significance level 31 of 0,000.

The positive and significant influence of motivation on the completeness 22 of outpatient medical record documents is in line with Elynar's research (2008) which shows that there is a significant relationship between motivation and performance in completing medical records

Motivating employees must be done to encourage the achievement of good performance. Motivation is the process of giving motives to employees so that they want to work for the achievement of company goals effectively and efficiently (Murty and Srimulyani, 2013).

Compliance Basic Tasks Regarding Completeness of Outpatient Medical Record Documents in Tugu Trenggalek Health Center

Standard Operating Procedure (SOP) or SPO is a document 10 that explains in detail the standard operational procedures within an organization, which are used to ensure all decisions and actions, as well as the use of facilities can run effectively and efficiently, consistently and systematically 1

From the results of the study note that of the 40 respondents studied, some respondents did not comply as many as 17 people or 42.5%. This shows that the SPO needs to be reviewed to find out the policy for filling out outpatient medical records in the Tugu Trenggalek Health Center as well as socialization about the definition of medical records, their usefulness and the importance of medical records can make officers more compliant in filling out medical record files.

Based on the cross tabulation table between the compliance of basic tasks and functions of officers with the completeness of outpatient medical records, 17 respondents or 42.5% were not compliant with the level of completeness of documents in the low category. 1 respondent or 2.5% compliant with the level of completeness of documents in the low category. 10 respondents or 25% comply with the level of completeness of documents in the medium category and 12 respondents or 30% comply with the level of completeness of documents in the high category.

Regression analysis results of the coefficient of compliance variable value of 0.488 or a positive meaning if compliance increases it will increase the completeness of filling outpatient medical record documents. The higher compliance 3 will affect the completeness of outpatient medical record documents. The compliance variable has a positive and significant effect on the completeness of outpatient medical record documents which is indicated by the significance level of 0,000.

This is supported by the results of other studies which say that the incompleteness of medical record documents is caused by health workers who lack discipline in filling out medical records (Pratiwi et al., 2015). 2

Monitoring and evaluation systems also influence the incompleteness of filling medical records. The absence of a system of monitoring and evaluating the incompleteness of the medical

record causes no control over the **completeness of the contents of the medical record** (Mawarni and Wulandari, 2013).

The absence of routine supervision can reduce the compliance of officers in completing medical record documents. Although the officers know and understand about medical records, but because it has not been applied reward and punishment system for officers so that they consider that not completing medical records is not a serious problem.

Completeness of filling medical record files by doctors can facilitate other health workers in providing treatment or treatment to patients, and can be used as a source of data in the medical record section in data management and reports which later information can be useful for management in determining the evaluation and development of services health (Hatta, 2012).

Therefore officers need to pay attention to their discipline at work. Discipline forms an attitude and behavior of the officers so that the officers voluntarily try to work cooperatively and improve their work performance (Yoesana,2013).

Function of Officers Regarding Completeness of Outpatient Medical Record Documents at Tugu Trenggalek Health Center

Based on Permenkes No. 269 / Menkes / Per / III / 2008 concerning medical records, every doctor or dentist in carrying out medical practice is required to make medical records of health services including hospitals required to hold medical records. Medical records must be made immediately and completed after the patient receives the service. Every record in the medical record must be affixed with the name, time and signature of the doctor, dentist or certain health workers who provide direct health services.

In the table above it is known that from the linear dummy regression test the coefficient function of the physician officer is obtained -0.065 with a significant level of 0.277, a nurse coefficient value of 0.047 with a significance level of 0.626, a midwife coefficient of -0.040 with a significance level of 0.661, a nutrition officer coefficient of -0.009 with a significance level of 0.871 and a laboratory attendance coefficient of -0.009 with the level of significance is 0.871. All dummy variables the officer function have a value of $\text{sig} > \alpha 0.05$, so there is no effect of the officer function on the completeness of the outpatient medical record document.

Completeness of Medical Records in Outpatient Medical Record Documents at Tugu Trenggalek Health Center

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 129 Year 2008 regarding Minimum Service Standards, it is stated that the completeness of filling medical records ≤ 24 hours after completion of service must reach 100% (Kepmenkes RI No.129, 2008).

Medical records must be written, complete and clear. This medical record must be made immediately and completed after the patient receives the service. Making medical records is carried out through recording and documenting the results of examinations, treatments, actions, and other services that have been provided to patients. Each record must have the name, time and signature of a doctor, dentist or certain health worker who provides health services directly. If there is an error in the recording on the medical record, it can be corrected by crossing without removing the corrected record and affixing the physician, dentist or certain health workers concerned. This is necessary in the context of organizing medical records so that doctors, certain dentists and / or health workers are responsible for records and / or documents made on medical records. (Permenkes RI RI No.269, 2008).

From the results of search conducted it is known that out of 40 outpatient medical record documents as many as 18 outpatient medical record documents or 45% in the low category, 12 outpatient medical record documents or 30% in the high category and 10 outpatient medical record documents or 25% in the medium category.

The incompleteness of medical record documents is usually a vacuum in the diagnosis or ICD section, lack of detail filling in the diagnosis, vacancy or lack of detail filling in the

management and treatment plan or KIE and the absence of the signature of the doctor or officer responsible for the medical record.

With the discovery of a number of incomplete medical record documents in filling means that they still do not meet the provisions of the Republic of Indonesia Health Minister Regulation No.269 of 2008. Medical records are files containing records and documents about patient identity, examination, treatment, actions and other services that have been provided to patients. Then, the completeness of its contents is the responsibility of all parties involved in filling out the medical record.

Busyness, lack of communication and lack of discipline related to filling out the complete medical record are some of the reasons for the incomplete outpatient medical record documents at this place.

Completeness of the contents of the medical record is also an important element in puskesmas accreditation because it is needed to ensure continuous service and monitor the progress of the patient's response to the care provided. Policies and procedures for completing medical records are established by puskesmas. Information and confidentiality of data must be maintained by officers. In connection with the organization of medical records, an assessment and follow-up of the completeness and accuracy of the contents of the medical record is carried out. (Permenkes RI No. 46, 2015).

Effect of Motivation and Compliance Main Duty and Function of Officers in Completing Outpatient Medical Record Documents in Tugu Trenggalek Health Center

Based on the results of the study note that of the 40 respondents studied, as many as 22 respondents (55%) have sufficient motivation and some respondents did not comply as many as 17 people or 42.5%.

From the results of the linear dummy regression test obtained a significant value of Motivation variable $0,000 < \alpha 0,05$, so H1 is accepted which means there is the effect of motivation on the completeness of outpatient medical record documents. A significant value of compliance variable $0,000 < \alpha 0,05$, so H1 is accepted which means there is the effect of compliance on the completeness of outpatient medical record documents. For the doctor officer function variable as -0.065 with a significance level of 0.277, nurses of 0.047 with a significance level of 0.626, midwives of -0.040 with a significance level of 0.661, nutrition workers at -0.009 with a significance level of 0.871, laboratory personnel at -0.009 with a significance level of 0.871. All dummy variables of the officer function have a value of $\text{sig} > \alpha 0,05$, so accept H0 then there is no effect of the officer function on the completeness of outpatient medical record documents.

The results of regression analysis of the coefficient of motivation variable is 0.523 or positive if motivation increases it will increase the completeness of filling outpatient medical record documents. The higher motivation will affect the completeness of outpatient medical record documents. Coefficient value of compliance variable is 0.488, it also means positive if compliance increases it will increase the completeness of filling outpatient medical record documents. The higher compliance will affect the completeness of outpatient medical record documents.

Medical records must be made after the officer providing services to patients is completed as soon as possible. This is explained in Permenkes No.269 / Menkes / Per I / 2008 Concerning Medical Records in article 5 paragraph 1 states that every doctor or dentist carrying out medical practice is required to make medical records, and paragraph 2 medical records as referred to in paragraph 1 must be made immediately and completed after the patient receives the service (Kemenkes RI, 2008).

Based on the description above, in the study, there were still found several medical records documents that were not filled in completely, requiring motivation, compliance with the main tasks and functions of the officers who specifically examined the fulfillment of the patient's medical record documents. If an incomplete medical record is found, the medical record officer immediately notifies the officer who provides service to the patient to complete the medical record. This can reduce the occurrence of incomplete medical record documents. Therefore, the management of the Tugu Trenggalek Community Health Center needs to conduct studies and planning so that the medical record can be filled in completely.

CONCLUSION

1. There is an effect of motivation about completeness of the outpatient medical record at Tugu Trenggalek Health Center with a sig value of $p = 0,000 < \alpha 0,05$ and sufficient motivation in the subject is 22 respondents (55%) from 40 respondents.
2. There is an effect of compliance about completeness of the outpatient medical record at Tugu Trenggalek Health Center with a sig value of $p = 0,000 < \alpha 0,05$ and 17 respondents or 42.5% were not compliant with the level of completeness of documents in the low category.
3. All dummy variables of the officer function have a value of $\text{sig} > \alpha 0.05$, so there is no effect of the officer function on the completeness of the outpatient medical record document.
4. There is an effect of motivation and compliance of the officers on the completeness of the outpatient medical record at Tugu Trenggalek Health Center with sig values. $p \text{ value} = 0,000 < \alpha 0,05$ so the hypothesis is accepted which means that there is an effect of motivation and compliance of the officers on the completeness of the outpatient medical record at Tugu Trenggalek Health Center.

SUGGESTION

1. For institutions:
For the management of Tugu Trenggalek Puskesmas, to provide socialization about the importance of filling in and completing the patient's medical record data as well as health legal aspects for all officers who are required to fill out medical records, disciplining officers related to filling medical record documents so that medical record documents can be filled in completely, providing feedback in the form of rewards for officers who are disciplined and obedient in filling out medical records completely and *punishment* for officers who lack discipline and are not compliant in filling out medical records.
2. For medical record staff :
For medical record staff, it is recommended to improve performance in order to carry out an analysis of the completeness of outpatient medical record documents at the Tugu Trenggalek Health Center.
3. For the next researcher :
The next researcher is expected to develop the results of this study by examining a qualitative approach to better determine the factors that influence the performance of officers, especially in relation to the completeness of the medical record. Research the completeness of the medical record by examining the correlation of diagnosis items, the actions given to patients against the completeness of the medical record documents.

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