Review Article

Factors that cause compliance filling medical records in hospitals

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ABSTRACT

Hospital recording system guidelines or known as medical records. Failure to fill medical records has an impact on the quality of service and hospital accreditation. The purpose of this study is to see what factors are the cause of non-compliance in filling Medical Records in hospitals throughout Indonesia. Research is a systematic review. The source of this research data comes from the literature obtained through the internet in the form of published research results regarding the causes of the inability of medical record documents in hospitals from all journals that have been published and can be accessed via the internet. Data was collected from 15 April 2020-10 July 2020. The results of the analysis through document review showed that the factors causing non-compliance of filling medical record documents at the High Hospital were human resources which were 66.6%, there was no clear and firm policy of 33.3%, facilities that did not support were 22.2% and limited funds by 11.1%. It is expected that each hospital must have a clear and firm policy in dealing with non-compliance with filling out this medical record document. With a clear and firm policy on the condition of HR unpreparedness, the facilities and financial conditions which will also be regulated in the policy can also be overcome at the same time.

Keywords: Non-compliance, Medical record, Hospital

INTRODUCTION

The hospital is one of the health facilities and a place for organizing health efforts and an organization with an open system and always interacts with its environment to achieve a dynamic balance and has the main function of serving the people who need health services.¹ Hospital as a public organization consisting of several personnel with various disciplines, is expected to be able to provide essential health services to maintain the existence of a hospital.² Qualified health services must be able to provide clear information about health services that will or have been carried out.³

Health effort is every activity to maintain and improve optimal health for the community.⁴ Health efforts are carried out with approaches to improving health (promotive), prevention of diseases (preventive), healing of diseases (curative) and recovery (rehabilitative) which

are carried out thoroughly, integrated, and continuously.⁵ Law number 44 of 2009 article 29 concerning hospitals, describes the social function of hospitals, namely providing quality safe, anti-discrimination and effective health services by prioritizing patient interests in accordance with hospital service standards.⁶ Other hospital social functions are to provide clear, honest information about the rights and obligations of patients, respect and protect patient rights, and organize medical records.⁷

According to the Ministry of Health of the Republic of Indonesia, guidelines for the hospital recording system or known as the medical record.⁸ Medical record is a written and inaccurate statement about the identity, history, physical determination, laboratory, diagnosis of all services and medical actions given to patients and treatment, whether hospitalized, outpatient or receiving emergency services.⁹ Quality hospital services are not

only seen from medical services but also supporting services, one of which is medical records. One of the important things governed in the management of medical records in hospitals is the completeness of filling and writing medical diagnoses by doctors.^{2,10}

Research is a systematic review. The source of this research data comes from literature obtained through the internet (Google scholar) in the form of published research results on the causes of noncompliance in filling out Medical Records in hospitals from all journals that have been published and can be accessed via the internet. Data was collected from 15 April 2020 to 10 July 2020.

Figure 1: Literature search results.

The document inclusion criteria that are considered appropriate for conducting a systematic review are the journals of the study, which discusses the causes of non-

compliance with the Completion of Medical Records and research locations throughout Indonesia (Figure 1).

Research data in the medical record family and health information from 2017-2020 amounted to 512 studies consisting of 274 research results (thesis and dissertation) and 238 published studies (Journals and proceedings). The data is then narrowed based on research that has been published in the form of journals consisting of 159 journals. This is done to maintain the recency of writing based on the latest research results. The research sample was 15 studies from various sites. The inclusion criterion is a study that examines the factors that cause non-compliance with Medical Record Document Completion.

The purpose of this study is to see what factors are the cause of non-compliance in filling Medical Record Documents in hospitals throughout Indonesia so that they can be input in overcoming the problem of non-compliance in filling out this Medical Record Document. Data collection is done by determining the variables needed in this study with literature studies on the internet. The unit of analysis of this research is the journal.

Summary of research related to factors causing non-compliance with filling Medical Record Documents in hospital (table 1). This table explains the summary that researchers took from various journals in Indonesia. There are 11 journals in the summary there are results obtained. It can be concluded that non-compliance with filling out medical record documents has done a lot of research.

Table 1 explaining the examination of non-compliance with the majority of medical record filling documents carried out in a cross-sectional manner involving physician samples and observing documents. In general, researchers conducted a research study relating to non-compliance with filling out this medical record document in 4 indicators.

Table 1: Research related to factors causing non-compliance with filling medical record documents at the hospital.

Authors	Location	Samples	Study	Results
Salmah Alaydrus Dan Gatot Suharto	Semarang	Medical Record Documents, (100 documents)	Cross sectional	a. Completeness of special doctor 41.61% and completeness of resident 76.46% b. The compliance of a resident doctor is better than that of a specialist doctor c. The reason for this is due to the absence of supervision by medical records officers and the absence of clear SOPs for all personnel both specialist doctors and resident doctors.
Doby Irawan	Malang	General practitioners and specialists (26 respondents)	Survey	a. There is no appeal to complete the medical record b. Doctors hav-e not felt comfortable filling medical records c. There is no reward for doctors who complete complete medical records d. The SOP for filling out the medical record form is unclear

Continued.

Authors	Location	Samples	Study	Results
Noviani Munsir, Nani Yuniar, Fifi Nirmala G, dan Suhadi	Hospital General Dewi Sartika	All of medical record document	Case study	<ul style="list-style-type: none"> a. The doctor forgot to write the medical record b. There is no permanent SOP in filling out medical record documents c. There are still many vacancies in the supply of manual medical record documents.
Nur Fadilah Dewi dan Karmelia Agustina	Hospital Dr. Kariadi Semarang	Head of medical records installation, doctor in charge of service, nurse, head of room, coordinator of general administration and human resources, in charge of facilities and infrastructure, and in charge of medical records	Qualitative	<ul style="list-style-type: none"> a. Lack of support for facilities and infrastructure for medical record installations b. Lack of doctor compliance to fill medical records c. Checking medical record documents has not gone well
Istirochah	Bojolali District General Hospital	71 doctor in hospital	Cross sectional	<ul style="list-style-type: none"> a. There is no incentive for doctors who have compliance filling medical record documents b. Perception The operational standard of the procedure is limited to writing, resulting in non-compliance by doctors
Gita Kencan, Grace Rumengan, dan Fresley Hutapea	Kab. Bogor	All hospital leaders	Mix method (qualitative dan cross-sectional)	<ul style="list-style-type: none"> a. the absence of policies, guidelines and standard operating procedures for filling medical records, b. lack of awareness of health workers to fill medical records, c. absence of incomplete medical record data.
Indriwanto Sakidjan	Harapan Kita heart center hospital	Medical record document	Qualitative	<ul style="list-style-type: none"> a. Lack of responsibility, facilities, operational service standards, guidance, monitoring, and socialization.
Miftakhul Rohmah, dan Stefanus Supriyanto	Surabaya	Medical record document	Observational	<ul style="list-style-type: none"> a. File incompetence by 62% b. Reward and punishment systems have not been implemented c. Lack of coordination of health workers in health services
Marta Simanjuntak	Home General Imelda Indonesian Workers Hospital	94 medical record files on the Integrated Patient Development Record form	Observational	<ul style="list-style-type: none"> a. the majority of complete is recording therapy (66%), the complete minority is filling the doctor's signature (37.2%). b. Incomplete completion of the majority CCPT file incomplete is the recording of therapy (62.8%), incomplete minority is the doctor's signature (34%). c. Lack of HR medical records d. The existence of the socialization of filling medical record documents

Table 2: Frequency distribution of factors causing non-compliance with filling the medical record document at the hospital.

S. no.	Variable	Distribution	
		Total	Percentage (%)
1.	Unprepared Human Resources		
	Lack of competent human resources, lack of coordination between health workers, busy doctors so that make forgetfulness, discipline and lack of time.	6	666
2.	Facilities and infrastructure		
	There is no medical document printing tool, the medical document is not available properly, there is an empty medical record document.	2	222
3.	Policy		
	Absence of clear operational procedure standards, lack of appeals to complete medical records, lack of policies, guidelines and SPOs, lack of guidance, monitoring and outreach.	3	333
4.	Fund		
	Reward and punishman systems have not yet been implemented.	1	111

The results of the analysis through document review showed that the factors causing non-compliance of filling medical record documents at the High Hospital were human resources which were 66.6%, there was no clear and firm policy of 33.3%, facilities that did not support were 22.2% and limited funds by 11.1%.

DISCUSSION

Factors causing non-compliance with high medical records at the hospital are the lack of human resources, which is 66.6% which includes a lack of competent human resources, lack of coordination among health workers, busy doctors so as to make forget, disillusionment, and lack of time. While there is no clear and firm policy of 33.3% including the absence of clear standard operating procedures, absence of appeals to complete medical records, lack of policies, guidelines and standard operating procedures, lack of guidance, monitoring, and socialization. Facilities and infrastructure for non-compliance with medical record documents that do not support as much as 22.2% including there are no medical document printing equipment, medical records are not available properly. The last contributing factor is the funding factor which is 11.1%, namely the reward and punishman system has not been implemented.

The medical record file aims to support the achievement of orderly administration in efforts to improve the quality of health services in hospitals.¹¹ To achieve these objectives, the filling in or recording of medical records at the hospital is carried out by doctors and nurses regarding the results of the medical activities carried out.¹⁰ For that reason, in the implementation of filling and recording medical record documents must be filled in completely so that it can produce accurate and sustainable information.⁸ Medical records must be immediately made and completed in full after the patient gets the service provided that every consultation action taken against the patient, no later than 24 hours must be written in the medical record sheet.¹²

The researchers' assumption is that there is no readiness of human resources in complying with medical record filling due to the absence of a supporting policy for doctors to fill in the medical record and the absence of punishes and rewards. While the absence of this clear policy, the researchers' assumption is caused by the lack of desire of the hospital to improve the quality of the hospital so that the hospital does not evaluate compliance with filling out medical record documents as a matter of necessity. Therefore, researchers suggest that every hospital must have a clear and firm policy in dealing with non-compliance with filling out this medical record document. With a clear and firm policy on the condition of HR unpreparedness, the Facilities and Financial Conditions which will also be regulated in the policy can also be overcome at the same time.

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