Research Article

# Factors Causing Incomplete Medical Records of Covid-19 Patients in Santa Elisabeth Batam City Hospital 2021

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**Abstract**

**Background:** One of the active roles of medical recorders is to determine the quality of health services in hospitals with good and complete data or information from medical records. Outpatient medical record services start from the place of registration until obtaining medical record documents used to obtain health services.

**Objectives:** Objective To find out the factors that cause incomplete filling of medical record files, especially for Covid-19 patients at Santa Elisabeth Hospital in 2021.

**Methods:** Methods The type of research used in this research is research qualitative with a qualitative approach and using the interview method, observation, and questionnaire.

**Results:** The results of the study show that the large workload and time constraints are the main factors for nurses and doctors not filling out completely, and the part of the medical record that is not filled in greatly affects the claim of BPJS or the Ministry of Health.

**Conclusion:** The incompleteness of the medical record form for Covid-19 patients still has obstacles in the element of lack of communication between health care workers, and discipline of officers due to lack of awareness of doctors about the importance of completing medical record files. The workload is quite high, motivation is low, there is no mix, policy, and SOP in the medical record section, lack of socialization about medical record SOP.

**Keywords:** medical records, incompleteness, covid 19

## Introduction

According to the World Health Organization in Esraida Simanjuntak, 2016, hospitals are an integral part of a social and health organization with the function of providing complete services, disease healing, and disease prevention in the community.[1] In carrying out its functions, hospitals in Indonesia have been regulated by the

government, including the Law of the Republic of Indonesia No.44 of 2009 concerning Hospitals that hospitals must provide safe, quality, and effective health services by prioritizing patients by hospital service standards.[2,3] The types of health services in hospitals include outpatient services, inpatient services, and emergency services. In addition to services to patients, there are administrative support services such as medical records services.[4,5] Medical Record Services in Hospitals is a subsystem of health services that play a role in data collection activities, processing data into information to present health information to users, both internal and external, in the management of good and professional medical records, a medical record plays an important role in improving the quality of health information.[6] The medical recorder has a great responsibility in providing health information because in carrying out its work, a medical recorder is obliged to carry out the recording or recording process up to reporting on health services received by patients.[7] Medical recorder activities in the service of medical records and health information in hospitals covers: Collection of patient data in the registration section, Assemble each sheet of medical records, Check and analyze the completeness of filling out medical record files, Analyze, Code diagnosis and medical measures, Process data related to hospital performance indicators and distribute and store medical record files.[8,9] One of the active roles of medical recorders is to determine the quality of health services in hospital data or information from good and complete medical records. Outpatient medical record services start from the place of registration until obtaining medical records documents that are used to get health services.[10] In inpatient nursing services, standards are very helpful for nurses to achieve quality care, so they must think realistically about the importance of systematic evaluation of all aspects of high-quality care and in emergency department services, emergency departments provide initial treatment for patients who come directly to the hospital/continue to suffer from illness or injury that can threaten their survival.[11]

The Covid 19 pandemic is an event that caused the 2019 coronavirus disease worldwide in all countries. The disease is caused by a new type of coronavirus called SARS-COV-2. The COVID-19 outbreak was first detected in the Chinese city of Wuhan, Hubei Province on December 1, 2019, and was designated a World Health Organization (WHO) pandemic on March 11, 2020. As of November 14, 2020, more than 53,281,350 cases have been reported in more than 219 countries and regions around the world, resulting in more than 1,301,021 deaths and more than 34,394,214 people recovering.[12] The SARS-CoV-2 virus is thought to spread among people primarily through respiratory sparks (droplets) produced during coughing. These sparks can also result from sneezing and normal breathing. In addition, the virus can spread as a result of touching the surface of contaminated objects and then touching a person's face. COVID-19 disease is most contagious when the person suffering from it has symptoms, although the spread may occur before symptoms appear. The period between exposure to the virus and the appearance of usual symptoms is about five days, but it can range from two to fourteen days. Common symptoms include fever, cough, and shortness of breath. Complications can be pneumonia and severe acute respiratory diseases. There is no specific vaccine or antiviral treatment for this disease. Primary treatment is given in the form of symptomatic and supportive therapy. Recommended preventive measures include hand washing, covering your mouth when coughing, keeping your distance from others, and monitoring and self-isolation for people exposed to that they are infected (Covid-2021).[13] In Indonesia, Covid-19 patients were detected at the beginning of February 2020 and began to spread throughout Indonesia including Batam City. The Batam Municipal Government has designated 2 government-owned hospitals as references for handling covid 19 patients, namely Embung Fatimah Hospital and Batam Authority Hospital, and for type C private hospitals in Batam City, one of its Santa Elisabeth Batam City Hospitals.

Santa Elisabeth Batam Kota Hospital is located on Jl. Raja Alikelana Belian Village, Batam City District. With the working area of Batam City District and Nongsa

Subdistrict. Currently, the operation of Santa Elisabeth Hospital in Batam city is obtained by PT. Harapan Abadi Kencana with an operational permit issued by the Batam City government on November 6, 2015 with the number KPTS.330 / HK / XI / 2015. With a total of 144 beds. Vision becomes a sign of God's presence in the middle of the world by opening hands and hearts to provide the service of love that heals the sick and suffering by the demands of the times. In its role as a health service institution in Batam City, Santa Elisabeth Hospital Batam Kota became one of the Covid-19 patient referral hospitals. Covid-19 patients have received services at Santa Elisabeth Hospital Batam Kota since August 2020, reporting of medical records documents of Covid-19 patients starting from September 2020. Covid-19 patients are one of the most important factors in improving the quality of the process of managing the medical records of a hospital, especially in analyzing the medical records of a hospital's services where this quantitative analysis of Covid 19 patient files in a particular area of medical records review to identify specifics about all services and medical actions performed by paramedics to patients. By analyzing medical records, information can be generated precisely and accurately. Data that shows the incompleteness of covid-19 patient files can be traced from the completeness of filling in the patient's identity, anamnesis, resume, filling in diagnostic sheets, and informed consent sheets. Based on research conducted by Simanjuntak (2016), an Analysis of incompleteness in filling out the medical records of inpatients, especially in surgical cases at Dr.RM Djoelham Binjai Hospital in the first quarter of 2016, obtained results that the patient's identity is filled, anamnesis 11.83%, complete resume, diagnose 1.33% and informed consent 12.83%.[1] It can be seen that based on the results of preliminary studies on medical record documents at Dr.RM Djoel Binjai Hospital, there are still three medical record documents that are not completed.[2]

Based on the data obtained in the preliminary study, for January - March 2021, 66 covid-19 patients were obtained. The incompleteness of medical record documents of covid-19 patients at Santa Elisabeth Hospital obtained the results that the identity of the patient is 34% not filled, the resume 55% filled incomplete, anamnesis 50.6% filled incomplete, and informed consent 16% filled incomplete. From the preliminary study data above, researchers are interested in conducting research under the title "Analysis of Factors Causing Incomplete Filling of Medical Records of Covid-19 Patients at Santa Elisabeth Hospital Batam City Quarter 1 of 2021".

**Methods**

The type of research used in this study is qualitative research with a qualitative approach and using interview, observation, and quaternary methods. Qualitative research is research conducted to analyze social life from the point of view of the interpretation of individuals (informants) in a natural setting. Qualitative research seeks to understand how an individual sees, interprets, or describes his or her social world by interacting directly.[14] This researcher will explore and explore the perceptions of Doctors, Nurses, and Medical Records about the factors that cause incompleteness in filling out the Covid-19 Patient Medical Record file.[15] The population in this study is health service workers related to filling out the medical record documents of Covid-19 patients at Santa Elisabeth Hospital Batam Kota Quarter I 2021. The samples that will be collected in this study are the Medical Record task force that handles the medical record files of Covid-19 patients, the nurse nutmeg/coordinator nurse, the nurse who holds Covid-19 patients, and the octerconcerned in handling Covid-19 Patients.

The inclusion criteria set by the researcher, namely respondents, are health workers who are related to handling the medical record documents of Covid-19 patients and are willing to be respondents. The exclusion criteria are health service officers who do not handle the medical record documents of Covid-19 patients. This research instrument is a tool used by researchers to observe, measure, or assess a phenomenon. The data

collection tool used is a quasar. The questionnaire in this study contains statements regarding the incompleteness of filling out the medical records documents of Covid-19 patients, addressed to health workers involved in the incompleteness of filling out the medical records documents of Covid-19 patients. The data analysis that researchers used in this study are NVIVO data analysis with NVivo 12 plus software. NVivo is a qualitative data analysis software developed by Qualitative Solution and Research (QRS) internationally. In this study, researchers chose to use NVivo 12 plus in data analysis.

This research used the standard systematic data analysis process, namely coding analysis. The function of coding analysis is to organize and make data more systematic so that complete and detailed data can be obtained, so that data can appear as an overview of the topic and researchers find the meaning of the data collected. The data analysis used in this research is qualitative data analysis that is carried out interactively and takes place continuously at every stage of the research so that it is completed and the data is saturated. Data analysis is carried out every time you finish collecting data from one participant. Transcripts of interviews and field records created by researchers were analyzed simultaneously. Specific analytical techniques using selective analysis and focusing approaches are performed to uncover and isolate thematic aspects of phenomena. Before conducting research, researchers first take care of the application for research permits to STIKes Awal Bros Batam and apply for a research permit to Santa Elisabeth Batam Hospital. After obtaining a permit, researchers begin to research ethical issues that include research ethics.

## Results and Discussions

The results of research that have been conducted are based on univariate analysis as follows.

**Table 1.** Tabulation of Anamnesa Medical Record Documents

| Moon | Number of Coivd Patients | Incomplete File Count | Percentage (%) |
|---|---|---|---|
| January | 46 | 3 | 6,5% |
| February | 16 | 1 | 6,2% |
| March | 4 | 1 | 2,5% |

From the results of the study obtained in January, there is an anamnesis form of incomplete covid-19 patient medical record file of 6.5%, in February there was an incomplete covid-19 patient medical record file of 6.2%, in March there was an incomplete medical record file of covid-19 patients of 2.5% and the total incomplete medical record form of covid-19 patients was 50.6%.

**Table 2.** Tabulation of Resume Medical Record Documents

| Moon | Number of Coivd Patients | Incomplete File Count | Percentage (%) |
|---|---|---|---|
| January | 46 | 30 | 6,5% |
| February | 16 | 8 | 50% |
| March | 4 | 2 | 5% |

From the results of the research obtained in January, there is an incomplete COVID-19 patient medical record resume form of 6.5%, in February there was an incomplete covid-19 patient medical record file of 50%, and in March there was an incomplete covid-19

patient medical record file of 5.0% and the total incomplete covid-19 patient medical record resume form was 55%.

**Table 3.** Tabulation of Patient Identity Medical Record Documents

| Moon | Number of Coivd Patients | Incomplete File Count | Percentage (%) |
|---|---|---|---|
| January | 46 | 7 | 15% |
| Woman | 16 | 1 | 62% |
| March | 4 | 1 | 25% |

From the results of the study obtained in January, there is an incomplete COVID-19 patient medical record file patient identity form of 15%, in February there was an incomplete 62% covid-19 patient medical record file, in March there was an incomplete covid-19 patient medical record file of 25% and the total identity form of patients' incomplete medical records of covid-19 patients was 34%.

**Table 4.** Tabulation of Informed Consent Medical Record Documents

| Moon | Number of Coivd Patients | Incomplete File Count | Percentage (%) |
|---|---|---|---|
| January | 46 | 11 | 23% |
| February | 16 | 0 | 0% |
| March | 4 | 1 | 25% |

From the results of the research obtained in January, there is an incomplete covid-19 patient medical record consent informed form of 23%, in February there was an incomplete covid-19 patient medical record file of 0%, and in March there was an incomplete covid-19 patient medical record file of 25% and the total informed consent form of incomplete covid-19 patient medical records was 16%

Completeness of writing medical records is an activity of writing complete medical records to prevent the recurrence of diagnosis, supporting examinations, therapy, or actions, so every hospital must have an SOP so that the services provided to patients can be controlled, can be seen from the results of interviews respondents said that at Santha Elisebeth Batam Hospital their city has sop complete medical record documents.

The researcher asked about the knowledge of the medical record officer regarding the SOP (*standard operating procedure*) completeness of filling out medical record documents at the Santa Elisabeth Batam Kota hospital at this time and the results of the interview were that the medical records repatriated to the medical record 2 x 24 hours. The completeness of the informed consent must be filled in after obtaining the information. A 24-hour complete medical initial assessment in ischemic stroke patients. Complete implementation of DPJP verification of ischemic stroke patients.

The results of triangulation methods about filling out medical record files in interviews show that the medical records of Covid-19 patients must be filled in completely, but nurses and doctors are still not filling in completely, for the records of the unfilled parts it is Anamnesa, Resume, Patient identity, Informed consent. Large workloads and time constraints are factors in the medical records of Covid-19 patients not filled by nurses and doctors. The review of documents shows that the patient's medical records are not filled in completely and not on time by nurses and doctors if the nurse records the informed consent and identity of patients if for doctor records the resume and anamnesis section. The conclusion is that the large work and time constraints are the main factors for nurses and

doctors not to fill in completely, and the unfilled portion of medical records greatly affects BPJS or the health ministry.

The hospital is one of the health facilities that have an important role in improving the degree of health and is expected to be able to provide quality services. One of the indicators of quality service is complete medical record data and information. The completeness of medical record documents is very important because it affects the patient's treatment process and insurance claims. There are still many medical record documents that have not been completed.[8] Judging from the HR / Human factors, the cause of the incompleteness of medical record documents can be seen in terms of knowledge, discipline, motivation, and workload.

Judging from knowledge, there are still health workers who do not know that medical records must be immediately completed <24 hours when the patient has been declared home. Knowledge of the completeness of medical records is very important for health workers be it doctors, nurses, or especially medical records officers. This is supported by research conducted by Karma Maha Wirajaya (2019) entitled "Factors That Affect the incompleteness of Patient Medical Records in Indonesian Hospitals "The results of the study found that there are still several factors that affect the incompleteness of medical records as seen from hr factors, tools, methods, and finances.[8]

As for the whole, the cause is a lack of communication, busy doctors, and the many jobs of medical record officers.[8] Judging from the factors in terms of methods, the cause is that the SOP in the medical record is rarely run this results in delays in filling out medical record documents. This is supported by research conducted by Wirajaya and Nuraini (2019), which found that in terms of methods, causative factors are more related to work procedures such as the absence of guidance, policies, and SOPs in the medical records section, lack of socialization about SOPs in the medical records section, lack of socialization about medical record SOPs, absence of monitoring and evaluation of medical records, the flow of medical records that are not up to standard and the absence of rewards and punishments.[8]

## Conclusion

Based on the results of research and discussion at the Baloi Permai Health Center, it can be concluded that the percentage of incomplete medical records for Covid-19 patients at Santa Elisabeth Hospital Batam in the first quarter of 2021 in reviewing patient identity data, the percentage of incomplete patient identity items in the medical record file is 34%. In a review of resumes, the level of incompleteness of medical record files is 55%. In a review of anamnesis data, the number of incomplete items in the medical record file is 50.6%. Informed consent review of incomplete items in the medical record file was 16%.

Factors causing incomplete filling of medical records for Covid-19 patients at Santa Elisabeth Hospital, Batam City Quarter I 2021 are the lack of communication between health workers, officer discipline due to lack of awareness of the importance of completing medical record files, low motivation, high workload, the absence of guidelines, policies, and SOPs in the medical record section and the lack of socialization regarding medical record SOPs.

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