

THE ROLE OF ACCREDITATION ON MEDICAL RECORDS COMPLETENESS AT FIRDAUS CLINIC

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ABSTRACT

Background: *The incompleteness of medical record filling is a problem for health care facilities.*

Objective : *To assess the role of accreditation in medical records completeness at Firdaus Clinic*

Methods: *A retrospective study was performed to assess the role of accreditation in medical records completeness at Firdaus Clinic. A total of 320 medical records registered during November 2016-July 2018. The assessment based on Minister of Health Regulation No.269/MENKES/PER/III/2008, education and monitor of drug side effects. The result divided into initial phase after accreditation commitment (phase 1), preparation phase (phase 2), final phase (phase 3), and improvement phase (phase 4). Each phase showed in 6 months, phase 4 in 3 months.*

Result: *There are 23% medical record complete proofed. The records filled complete in date and time, identity, history and treatment. The lowest percentage showed in vital sign, education and monitoring drug side effects. In phase 2, there is a decrease on vital sign, physical examination and education. In phase 3, there is an increase in physical examination and education. In phase 4, there is an increase in vital sign and education.*

Conclusion: *Enhancement of health worker behavior to fulfill medical record needs to be done continuously to improve the quality of performance.*

Keywords: *medical record, accreditation, phase*

1 INTRODUCTION

Medical record must be complete and clear in writing and electronically. Medical records are very important for services, because complete data can provide information in determining the next medical treatment.

The obstacle that often occurs in making medical record is general practitioners and dentists often write incomplete, unclear and untimely medical records. Some of its possible impacts are causing misinformation among health workers or between health workers and patients, increasing risk of medicolegal cases, requiring unnecessary repeated supporting examinations to give diagnosis, extending length of stay in hospital, and may cause serious incidents (Mathioudakis, 2016). Incomplete medical record is also a problem faced by some health service facilities. Based on the study by Ginting (2011), 32 medical records observed in Kabanjahe General Hospital, Karo Regency, most respondents don't fill outpatient medical record completely (24 people or 75%), while the rest fill it completely.

Accreditation aims to improve the quality of services and patient safety. The study by Beaudry (2014) separate accreditation process into 4 cycles, i.e.

assessing readiness, preparing for accreditation, opportunities for improvement, annual reporting and continuous improvement, accreditation/reaccreditation. The initial phase is assessing readiness. The purpose of this phase is analyzing and comparing data, as well as determining readiness for accreditation. The next phase is preparation for accreditation which aims to prepare the requirements and implement accreditation documents, as well as identifying priority areas. In the improvement phase, the improvement areas are studied and improvement plan is made. The next phase is monitoring and evaluating activities regularly and the final phase is accreditation/reaccreditation which is applying document to improve accreditation status.

Since Pratama Firdaus Clinic was established, it has used computer-based information system in electronic medical record. Based on the preliminary study, on December 2016, the completeness of data such as identity, time, anamnesis and diagnosis is 100%, by the completeness of physical examination medical record was only 48%, and there was no education writing in the medical records. Reevaluation was performed on February 2017. The result was 30% of a total of 50 samples of medical records didn't have

complete physical examination, and of 50 evaluated samples, there was no education writing in the medical records. Data on May 2017 also showed that of 50 samples, 34% medical records didn't have physical examination. A common problem in filling medical record is medical worker (doctor) is overwhelmed by the number of patients, so they don't fill some items. Physical examination is rarely performed on patients who request referral and most education is given but not written on medical record.

Based on the background above, the researchers were interested to study the completeness of medical records at Firdaus Clinic, determine any change of the completeness of medical records at Firdaus Clinic.

2 METHOD

The research type was descriptive research using quantitative approach. The research design was retrospective in which researcher observed past risk factor obtained from data recording. The present study studied the completeness of medical records using checklist based on several items established by the Regulation of the Minister of Health No. 269/MENKES/PER/III/2008 on medical

record and clinic accreditation standard according to the Regulation of the Minister of Health No. 46 of 2015. The objects in this study were electronic medical records in Firdaus Clinic on November 2016-Juli 2018. Total sample was 180 medical record samples in general practitioner service and 140 medical record samples in dentist service.

After performing the study, data was presented in tables containing numbers of the result of completeness of medical records. The result of completeness data was presented in percentage which was divided into 4 phases, i.e. phase 1 or initial phase after accreditation commitment (November 2016-April 2017), phase 2 or preparation phase (May 2017-October 2017), phase 3 or final phase nearing document collection (November 2017-April 2018), and phase 4 or improvement phase prior to visitation (May 2018-July 2018).

3 RESULTS

Completeness of medical records 23% medical records was generally completed in general practitioner and dentist practices. Of 180 medical records studies in the general practitioner service, the patient identity, examination date and

time, anamnesis and procedure sections were 100% completed. On vital sign examination section, only 117 medical records were complete (65%). On physical examination, 42% medical records were complete and on diagnosis section, 98% medical records were complete. The lowest percentage of completeness of medical record was found in education section in which only 18 of 180 medical had it (10%). Meanwhile, no medical record contained drug side effect monitoring.

Of 140 medical records of dentist practice which were studied, the patient identity, examination date and time, anamnesis and procedure sections were 100% completed. On vital sign examination section, only 12 of 140 medical records were complete (8.54%). On physical examination, 99.28% medical records were complete (139 medical records). On the education section, 77 medical records were complete (55%). No medical record contained drug side effect monitoring.

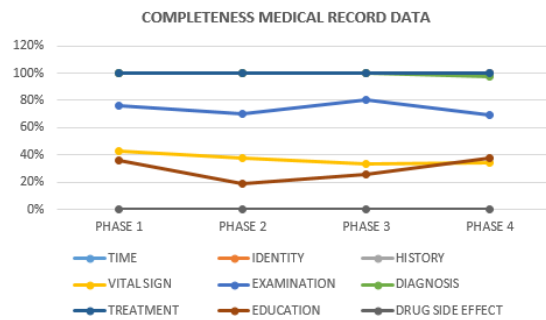


Figure 1. Graph of completeness of medical records of general practitioner and dentist practices

The graph shows that the patient identity, examination date and time, anamnesis and procedure sections were 100% completed. Lower percentage was found on vital sign, physical examination and education sections during preparation phase (May 2017-October 2017). In the final phase near document collection (November 2017-April 2018), there was improvement on physical examination and education sections. In the improvement phase prior to visitation (May 2018-July 2018), there was improvement on vital sign and education sections. Improvement effort by adding program selection on education showed improvement in the completeness of medical record. This was shown by increased percentage of education result in every phase.

4 DISCUSSION

The data obtained in the present study showed that when completing electronic medical records at Firdaus Clinic, the data collected from the medical records of general practitioners and dentist services weren't complete and appropriate. The lowest percentage was found in vital sign, education and drug side effect monitoring sections. Many things could affect the completeness of medical record. In the study by Wuryandari (2013), the completeness of medical record is affected by availability of proper medical record form, clarity of medical record format to help health worker complete medical record faster, conformity of format in medical record form with matters to be recorded in service, time availability in completing medical record format, adequate knowledge on completing medical record and process in completing medical record which affects accuracy and completeness of its result.

According to Lubis (2009), one of the factors affecting the completeness of medical record files is health worker resources, e.g. the attitudes of doctor, paramedic, and other health workers, as well as facilities and infrastructures such as medical record form, complete method or standard operating procedure and continuous evaluation.

Workload also affected the completeness of medical resume. The present study showed that the final phase near accreditation document collection was the phase the highest number of visits and it showed reduction on vital sign section. It was in line with the study of Sugiyanto (2006) which shows that doctors who have <15 patients are higher completeness of resume. Working with maximum workload reduced productivity. It was similar with the research result of Harjanti (2018) which states that overworked inpatient reception workers is a problem in preparing medical record document.

Accreditation was also expected to have positive effects and changes on the completeness of medical records. The research result of the completeness of medical records in general practitioner practice showed reduced percentages on vital sign, physical examination and diagnosis sections. Dentist service had reduction on diagnosis and the total percentage showed reduction on physical examination and diagnosis sections. Phase 4 was the implementation of sustainable monitoring. Regular monitoring and evaluation should be performed by the clinic management to improvement the compliance of medical record completion.

The study by Devkaran (2014) shows that after accreditation, there is

reduction of compliance of medical record completion, evaluation should be performed continuously. Quality control should be performed sustainably, including using PDCA (plan-do-check-action) which consists of planning, implementation of plan, examination of result, implementation of plan and corrective action on the result. Similarly, the study by Beaudry (2014) shows that the implementation of PDCA in maintaining the competence of health workers produces improvement. Another study by Shulman (2004) shows that the implementation of PDCA on the administrative system of blood transfusion produced increased percentage of compliance in providing information and it was maintained for 9 months with 100% compliance and no error in the administrative process of blood transfusion.

One of the possible efforts which could be done by the management of Firdaus Clinic was evaluating the completeness of medical records and adding program to electronic medical record. The current evaluation used a sample of several medical records and held regular socialization. Moreover, on May 2018, a change was made on electronic medical record by adding education option, showing positive result by increasing the percentage of completeness

of education on medical records at Firdaus Clinic.

5 CONCLUSIONS

Based on the research result and analysis in the discussion on the role of accreditation in the completeness of medical records in Firdaus Clinic, it's concluded that:

1. Medical records were generally complete (23%). The identity, date and time, anamnesis, and procedure sections were 100% complete, while the lowest average percentage was found in vital sign, education and drug side effect monitoring sections which weren't filled in medical records.
2. There was reduction on vital sign, physical examination and education sections during preparation phase. In the final phase prior to document collection, there was increase on physical examination and education sections. In improvement phase prior to visitation, there was increase on vital sign and education sections.
3. In the implementation of accreditation documents, there is an increase in the completeness of medical records in education.
4. The behaviors of health workers in completing medical records should be improved by improving quality

continuously to achieve the expected target.

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