Completeness of Medical Record Documents: Exploration on Causes and Solutions

Kelengkapan Dokumen Rekam Medis: Eksplorasi Faktor Penyebab dan Solusi

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ABSTRACT

The delay in returning inpatients’ medical record documents (MRDs) to the medical records subdivision can cause some effects. This study was conducted to explore MRD completeness and the factors causing the delays in returning the document. This study used a descriptive observational method. Exploration was carried out on 21 MRDs using a checklist as an instrument. Besides, data were obtained through interviews involving the heads of related subdivisions and surveys on 52 nurses. Data were collected using an interview guide and a nursing work index-revised (NWI-R) instrument adapted into Indonesian. MRDs returned on time were complete in content and form than documents returned late to the medical records subdivision. One of the root causes of this problem is the officer factor, in this case is the nurse. The result of the NWI-R assessment is 3.15 (a maximum score of 4), meaning that the work environment in X Hospital supports nurses in carrying out their duties well. The highest score, 3.31, is the nurse-doctor relationship factor. The lowest value, 2.93, is the factor of resources adequacy to provide quality services. The possible solutions are to carry out routine briefings related to filling in and returning DRM followed by training.

Keywords: Human Resources, medical records, nurses, nursing work index-revised

ABSTRAK


Kata Kunci: Nursing work index-revised, perawat, rekam medis, Sumber Daya Manusia

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INTRODUCTION

One of the parameters used to assess the quality of health services in hospitals is medical records. Indicators of the quality of medical records can be seen from the content completeness, accuracy, and timeliness (1). At the hospital this study was conducted, there were delays in returning inpatient medical record documents (MRDs). The data showed that the average duration of returning inpatient MRDs from January to August 2020 was 4.81 days and 4.98 days for BPJS patients’ MRDs and non-BPJS patients’ MRDs, respectively. Such lengths exceed the maximum time limit (2 x 24 hours) for returning inpatient MRDs to the medical record unit.

The impact of delays in returning MRDs, among others, is hindering the activities in the medical record assembling section (2–5). It can further affect the speed of the preparing document during the patients’ check-ups in the hospital. Late document submission to the outpatient unit can prolong patient waiting time and potentially lead to complaints (6, 7). Previous studies stated that the delay in returning MRDs was caused by various factors, including officers’ knowledge and attitudes (2–4.6), high workload (4.6), and motivation (2.6). This study was conducted to explore the quality of MRDs in terms of completeness and find the factors causing the problem and alternative solutions.

METHOD

This study was conducted in a type B hospital in Kediri Regency from August to October 2020. The study was done using a descriptive observational method. Data were obtained through interviews, document studies, and surveys. Interviews were conducted with the head of the medical record unit and four heads of the inpatient units, while the document study was conducted on 21 inpatients’ MRDs guided using an MRD completeness checklist. The survey was conducted on 52 nurses using a nursing work index—revised (NWI-R) questionnaire with a scale of 1–4. This questionnaire was used to assess the nurse’s work environment based on the management and leadership factors from the head nurse, the adequacy of the human resource to provide quality services, the relationship between nurses and doctors, the participation of nurses in hospital affairs, and the nursing understanding for service quality.

RESULTS

The data in Table 1 show that the MRD completeness (33.66.7%) still does not meet the national standard (8). The quality of MRDs returned to the medical record unit on time was still better than MRD returned >2 x 24 hours. Incomplete contents were found in the officer authentication column as well as descriptions of date and time of service. In the aspect of form completeness, sheets of patient rights and obligations were not found in the MRDs.

Based on interview results, the delays in returning inpatient MRDs were caused by various factors shown in Table 2. The flow of returning MRDs is considered inefficient because MRDs from inpatients were sent to the administration and returned to the inpatient room. The absence of separation between completed and incomplete MRDs has made nurses recheck the MRDs before submitting them to the medical records subdivision. The incompleteness that often occurs is in the medical resume; thus, the nurses have to follow up by contacting the patient’s doctors. The inefficiency of the flow of returning MRDs, the number of forms to fill in, and the uneasy layout and format increase the burden of filling in the medical records. In addition, nurses must also remind doctors to complete medical resumes in addition to their primary duties in providing nursing care and other administrative tasks. These conditions potentially cause delays or incomplete MRDs.

Table 2. Causes of delays in returning MRDs at X Hospital

<table>
<thead>
<tr>
<th>No.</th>
<th>Data</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work process</td>
<td>1. MDR return flow is not efficient</td>
<td>Informant 4 and 5</td>
</tr>
<tr>
<td>2. Regular briefing on filling in and returning DRM is not available</td>
<td>Informant 2 and 3</td>
<td></td>
</tr>
<tr>
<td>3. The doctors have not completed the medical resume</td>
<td>Informant 1 – 5</td>
<td></td>
</tr>
<tr>
<td>4. The prescription sheet is incomplete</td>
<td>Informant 5</td>
<td></td>
</tr>
<tr>
<td>Material</td>
<td>5. The number of medical record forms is quite a lot, especially for patients who have undergone surgery</td>
<td>Informant 4</td>
</tr>
<tr>
<td>6. Layout and font selection on medical record forms</td>
<td>Informant 4</td>
<td></td>
</tr>
<tr>
<td>Work environment</td>
<td>7. Nurses serve many patients while carrying out daily administrative tasks</td>
<td>Informant 2, 4 and 5</td>
</tr>
<tr>
<td>8. Nurses have a high workload</td>
<td>Informant 2, 4 and 5</td>
<td></td>
</tr>
<tr>
<td>9. Doctors do not visit routinely</td>
<td>Informant 1 – 5</td>
<td></td>
</tr>
<tr>
<td>Officer factor</td>
<td>5. There are no consequences for late DRM returns</td>
<td>Informant 2 – 5</td>
</tr>
</tbody>
</table>

To confirm the nurse’s workload factor, an assessment of the work environment was carried out using the NWI-R instrument. The result of the NWI-R assessment is 3.15 (a maximum value of 4), indicating a work environment that supports nurses to carry out their duties well. The lowest score is in the aspect of human resource adequacy that supports service quality, whereas the highest is in the management and leadership aspect.

Table 3. Nurses’ perceptions of the work environment

<table>
<thead>
<tr>
<th>No.</th>
<th>Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Management and leadership of the head of nurses</td>
<td>3.30</td>
</tr>
<tr>
<td>2.</td>
<td>Human resources adequacy to provide quality services</td>
<td>2.93</td>
</tr>
<tr>
<td>3.</td>
<td>The relationship between nurses and doctors</td>
<td>3.31</td>
</tr>
<tr>
<td>4.</td>
<td>Nurse participation in hospital affairs</td>
<td>3.08</td>
</tr>
<tr>
<td>5.</td>
<td>Nursing foundation for service quality</td>
<td>3.13</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>3.15</td>
</tr>
</tbody>
</table>
DISCUSSION

This study identified MRD incompleteness in the officer authentication, date, and time of service and in the forms of patient rights and obligations sheets. The workload factor is suspected as the root of the problem as confirmed by the nurses’ assessment in the work environment survey that the adequacy of human resources was considered lacking by nurses. The quality of inpatients’ MRDs returned on time in this study was considered better than MRDs returned late. It shows that a longer time to return MRDs to the medical record unit is not directly proportional to the document quality. Time constraints are indeed one of the factors that lead to incomplete filling of MRDs, but there are also other contributing factors, such as the HR factor. Nurses prioritize service to patients and spend minimal time to complete the MRDs (1,9). In addition, based on the interview results, it was found that there were no consequences for the officers when they were late in returning the MRDs. It can make officers assume that the complete and timely return of MRDs was not a priority (10). The length of time required to return MRDs to the medical records subdivision did not improve the completeness of the documents. Even forms on MRDs that accumulate in inpatient units are more at risk of being slipped or lost. Some forms were not found in the document in the MRDs returned >2 x 24 hours, namely the patient’s rights and obligations sheet.

The root cause analysis results show that the main factor causing the delay in returning MRDs is nurses’ high workload. Nurses have a high workload in performing services and administrative activities. Previous research stated that a very high workload of officers in providing services reduced the time allocation used to complete MRDs (1). It causes MRDs to take longer to be completed so that the return process to the medical record unit is also longer. Based on the interview results, the nurses’ performance in administrative tasks is not optimal due to the high workload, especially in services. Previous research has shown a significant relationship between missed nurse tasks and the work environment (11). Workload is one aspect of the work environment.

The assessment results of the work environment using the NWI-R instrument show that, in general, the work environment in the hospital supports nurses to carry out their duties well, where the highest score is the nurse-doctor relationship factor. The observations showed that nurses often reminded doctors if they found incomplete forms. However, it could not always be allowed because nurses also have a workload in accordance with their responsibilities. Previous research stated that the relationship between officers is not related to performance in returning MRDs (12). Although the doctor-nurse working relationship can facilitate the process of filling in the MRDs, it is not enough to improve the timeliness of returning the document.

The work environment assessment shows that the lowest score was on the HR adequacy factor to providing quality services. Nurses stated that the number of nurses was not appropriate or very inappropriate with the number of patients who must be served, especially in the third class of inpatient rooms. The HR factor does not only assess quantity but also contributes to service. As many as 57.7% of nurses stated that they received recognition for work that was completed well. A positive mental attitude towards work situations can strengthen nurses’ motivation to achieve maximum performance (13). Performance consists of the dimensions of work results, work behavior, and employee personal characteristics. Employee performance can be seen from the way to carry out the authority and responsibility, discipline, and initiative shown in the work (14). Nurses have carried out their responsibilities well, especially in the service sector. However, it should be reemphasized that nurses also have responsibilities in the administrative field that will indirectly affect services to patients.

Based on the analysis of the influence and possible intervention of each factor causing the delay in returning MRDs, one solution suggested is implementing routine briefings related to filling in and returning MRDs. Briefing is helpful to increase the awareness and sense of responsibility of officers towards their work (15,16). This activity is carried out to remind the importance of completing each medical record form and to motivate officers to carry out each of their obligations responsibly. The briefing should involve not only nurses but also all parties involved in filling in MRD activities, such as doctors and other officers who provide services to patients.

In addition, hospitals are also expected to provide a comfortable working environment for nurses, especially in terms of human resource adequacy, because it obtains the lowest score based on the results of the NWI-R assessment. Adequacy can be in terms of quality and quantity. Although some nurses said that nursing human resources did not meet the service load, 70% of nurses mentioned the opposite. Based on this, the hospital is suggested to improve the human resource quality of nursing in order to provide better performance. High-quality resources can be obtained through an effective recruitment process (17) and training (18). The training could be technical materials for filling in medical records focusing on findings that are often missed or good time management so nurses can balance between carrying out service and administrative tasks. Further studies are needed to conduct an objective evaluation of the workload in nursing care and non-nursing care activities, so it can be used as a basis for planning human resource needs.

This study shows that the completeness of both content and patient’s MRD returned on time is better than those returned within >2 x 24 hours. The main cause of the delay in returning MRDs at this hospital is the workload assessment factor. Because the quantity of human resources is considered adequate, the hospital can focus more on improving the quality of human resources from the recruitment process to the development to improve performance.

REFERENCES


