

**Supplement**

**Analisis Faktor Ketidaklengkapan *Informed Consent* di Instalasi Rekam Medis  
RSUD Bangil Tahun 2021**

***Analysis of Factors for Incomplete Informed Consent at Medical Record Installation of Bangil  
Regional General Hospital in 2021***

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**ABSTRACT**

All medical procedures on patients must be initiated by completing the informed consent. According to the hospital's minimum service standard, the completeness of informed consent filling is 100%, but the achievement of informed consent completeness at Bangil Regional General Hospital is still 37%. This study analyzed the causative factors of incomplete informed consent at Bangil General Hospital. The data analysis method used was descriptive. Data collection techniques were document studies and focus group discussions (FGD). Document studies were conducted on 100 informed consent documents, and FGD was done with 17 people consisting of 7 physicians-in-charge and 10 installation heads. The results of the FGD were analyzed using a fishbone diagram and revealed a list of problems that caused incomplete informed consent at Bangil General Hospital; then, scoring was carried out to determine the three main factors driving the problem of incomplete informed consent at the hospital. The three main factors for incomplete informed consent were the absence of a flow or policy guide for filling out, the unavailability of informed consent documents in outpatient installations, and the absence of a person in charge of the room for filling out informed consent.

**Keywords:** *Incompleteness, informed consent, medical action*

**ABSTRAK**

Semua tindakan medis yang akan dilakukan terhadap pasien harus mendapat persetujuan (*informed consent*). Kelengkapan pengisian *informed consent* menurut standar pelayanan minimal rumah sakit harus 100% namun capaian kelengkapan *informed consent* di RSUD Bangil masih 37%. Penelitian ini dilakukan untuk menganalisa faktor penyebab ketidaklengkapan *informed consent* di RSUD Bangil. Metode analisis data yang digunakan adalah deskriptif. Teknik pengumpulan data dengan cara studi dokumen dan *focus group discussion* (FGD). Studi dokumen dilakukan pada 100 dokumen *informed consent*, FGD dilakukan kepada 17 orang yang terdiri dari 7 orang DPJP dan 10 orang kepala unit. Hasil FGD dianalisis menggunakan diagram *fishbone*. Berdasarkan FGD, ditemukan daftar masalah yang menjadi penyebab ketidaklengkapan *informed consent* di RSUD Bangil, kemudian dilakukan scoring untuk menentukan tiga faktor utama penyebab masalah ketidaklengkapan *informed consent* di RSUD Bangil. Tiga faktor utama ketidaklengkapan *informed consent* adalah tidak adanya alur atau panduan kebijakan pengisian, ketidakterediaan dokumen *informed consent* di instalasi rawat jalan, dan belum ditentukan penanggung jawab ruangan dalam pengisian *informed consent*.

**Kata Kunci:** *Informed consent, ketidaklengkapan, tindakan medis*

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