

# DOCTOR LAZINESS FILLING MEDICAL RESUME SHEETS IN PUBLIC HOSPITAL

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**Background:** In order to improve the quality of service, and considering the importance of medical record document in hospital, it is necessary to control the filling of medical record documents. The writing of patient diagnosis is the responsibility of the treating physician and should not be represented by a nurse. The phenomenon found in the initial survey of Regional Public Hospital obtained many incomplete resume forms. The purpose of this research is to know the doctor's behavior toward filling the data sheet of resume of inpatient in Public Hospital.

**Method:** This research is a qualitative research with case study approach. Respondents in this study were Specialist Doctor, Medical Record Officer and Hospital Director. Data obtained from interviews, FGDs, observations and documentation and collected and grouped based on existing indicators as well as based on existing facts and also on critical thinking to obtain a weighted outcome.

**Results and Discussion:** Based on the doctor's observation through the medical resume sheet for 3 consecutive months which has been submitted to the medical record, medical resume filled by the doctor after the patient finished the treatment is still low, from 217 files, there are incomplete resume 125 with a percentage of 41%. This is due to the lack of knowledge of physicians who relate the rules of filling the applicable medical resume sheets. In addition to the incomplete medical resume filling is caused by not yet running Standard Operational Procedure (SOP) that regulates the filling of medical resume, the absence of sanctions for doctors who do not fill medical resume so doctors lazy to fill medical record.

**Conclusion:** The doctor's laziness in filling out the medical resume was caused due to the large amount of data he had to write on the resum sheets

**Keywords:** Health insurance, medical resume, doctor's behavior

## I. INTRODUCTION

Indonesia should be grateful that starting 1 January 2014 our country has had the National Health Insurance Program (JKN) as a realization of the National Social Security as mandated by Law Number 40 of 2004 on National Social Security System (SJSN). Through this program, every citizen will get comprehensive health care covering promotive, preventive, curative and rehabilitative services with affordable cost through the insurance system. By participating in the JKN a patient, at the time of treatment, only needs to follow established procedure and show a membership card to receive needed health service. The procedure is, every participant who needs health care should first consult a primary health care facility, such as

## II. LITERATURE REVIEW

The medical record file is a file containing records or documents on the patient's identity, examination, treatment, medication, and illness on the health care facility (Medical Record, 2008). Medical record files are facts relating to the state of the patient, past and current medical history and treatment written by health professions that provide services to patients (Huffman, 1999). In order to produce complete, accurate, accurate and reliable information in the medical record file, it is necessary to process medical record files, namely assembling, analyzing, coding, indexing and filing. In the implementation of medical records file should be supported by the accuracy in returning medical record files from the treatment room as well as knowledge of officers

and skills in the processing of medical record files. Medical record file management should be implemented properly, so there is no delay and can get maximum results in Service provider (Medical Record Profession Standard and Information, 2007).

Based on Government Regulation no. 32/1996 explains that doctors, nurses and medical resume personnel are obliged to write medical resume documents. Meanwhile, according to Permenkes No.749a year 1989 sheets resume immediately complete Dallas time 2x24 and maximum 14 days after the patient came home. The resume sheet is a sheet at the end of a developmental note or with a brief sheet of its own and describes important information about the disease, its examination and its treatment and should be written immediately after the patient has quit (Medical Record, 2008). The purpose of the resume sheet is

- a. To ensure continuity of medical services with high quality and as a useful material for doctors who receive if the patient is treated in hospital.
- b. As an assessment material of medical staff at the hospital.
- c. To comply with requests from official bodies or individuals about the care of a patient, for example from an Insurance company (with the consent of the Leader).
- d. To be given a copy to System experts who need a record of the patients they have treated (Depkes RI Pedoman penyelenggaraan dan Prosedur Rekam Medis Rumah Sakit di Indonesia (2006:72), Gemala Hatta (2013:80-81).

The completeness of the medical resume file is closely related to the doctor's behavior. Symptoms of behavior seen in human activities are influenced by genetic and environmental factors. Heredity is a basic conception for the further development of human behavior. While the environment is a condition or land for the development of such behavior. According Skinner, behavior is a response or a person's reaction to stimulus or stimuli from the outside. And according to Soekidjo Notoatmojo, behavior is a reaction or a person's response is still closed to a stimulus or object (Notoatmodjo 2003). Factors that are the cause of behavior are distinguished in three types of predisposing factors, enabling factors and reinforcing factors. Predisposing factors are an antecedent factor to physician behavior that is the basis or motivation for physician behavior. Included in this factor are the knowledge, attitudes, beliefs and values of each physician (Green, 2000). While the Enabling / Enabling factor is an antecedent factor to the physician's behavior that allows a motivation or aspiration to be accomplished, including personal skills and resources in addition to community resources. These resources include affordability of health care facilities in terms of cost, distance, availability of transportation, opening hours (Saifuddin, 2003). In addition to predisposing factors and the Reinforcing Factor is an accompanying factor (which comes after) behavior, which provides rewards, incentives, or punishments for behavior and plays a

role in the behavior that persists or disappears of the behavior. The reinforcing factor is a factor that determines whether health measures are supported or not. The source of the amplifier depends on the purpose and type of program, for example: peer work, leader, family (Green, 2000). Any plan to change behavior must take into account not just one but a number of influential factors. The doctor's behavior in writing patient resume data can be correct if supported by the desire to realize the knowledge gained correctly. They must also be supported by a strong motivation to shape a positive attitude. Subsequently proposed by Sukidjo N, Solita S, that the operational form of behavior can be grouped into three types, namely: a) Knowledge is obtained from education or experience derived from various sources (SOP) that can form a certain belief that the doctor will behave In accordance with that belief, b) Attitude is an evaluative response based on self-evaluation process concluded in the form of positive or negative penilian which then crystallize as potential reaction to object. Attitude will cause the doctor to act typically against his objects because the attitude is the product of the socialization process. Being definitive is a state of mind (mental) and state of mind (neural) that is prepared to respond to an object that is organized through experience and directly or indirectly affect the behavior. Health behavior is influenced by several things: one's background that covers existing norms, habits, cultural values and socio-economic conditions prevailing in society and one's behavior is strongly influenced by the belief of the person to health.

### III. RESEARCH METHODOLOGY

This research is a qualitative research with case study approach (Creswell, 2013). The design of this study is a case study using an in-depth interview approach (in-depth interview) to a specialist. Interview is a rechecking tool or verification of information or information on information or information obtained. This research uses qualitative data analysis techniques, ie data obtained from interviews, FGD, observation and documentation. This technique is done by describing the data in the field, then the data is analyzed and concluded. Data Collection using 1) In-depth interviews to informants to explore the implementation / completion of medical resume by DPJP passem hospitalization, RM Officer and Director in Public Hospital. Interviews were conducted in an unstructured or open manner so that the researcher did not use interview guides systematically arranged and complete to collect data, 2) Documentation of Haiti study by looking at the existence and completeness of the document in the form of policy Accuracy and SPO Accuracy of Medical Resume Filling, 3) Observation Observation technique Used is passive participation, where research is involved with the day-to-day activities of the person being observed or being used as a source of research data

#### IV. RESEARCH RESULT

After observation of filling medical resume sheet by doctor specialist there are some sheet of medical resume incomplete. For 3 consecutive months the average non-recycle medical sheet reached 42.73%. Incomplete medical resume data for 3 months are July, August and September 2016 as follows

Table 4.1 Data Incompleteness of Medical Resume Public Hospital

Month	The number of medical records	COMPLETE		INCOMPLETE	
		amount	%	amount	%
Juli	76	45	59.2	31	40.8
Agust	64	33	51.6	31	48.4
Septem ber	77	47	61	30	39

Based on the evaluation data of medical resume sheet that the level of compliance of specialist doctors Public Hospital in complying with the provision to record medical resume is still low. The point of incompleteness in most medical resumes is the writing of the results of the investigation. Based on the interview results obtained level of understanding of medical specialists about medical resum very well, Filling medical resume within 1 x 24 hours is also considered enough by a specialist. In addition, the awareness to fill the medical resume sheet is quite good, but based on deeper searches there are still many sheets of medical resumes that are not yet complete. This incomplete filling will reduce information about the patient's journey during hospitalization. The incompleteness of the item on the date of entry and exit date will affect the claim process as proof of financing calculation because it does not get complete information about how long the patient is doing the hospital treatment. This is because there are no regular meetings between doctors, nurses, medical recorders and other health workers. In addition, the absence of monitoring and evaluation of the filling sheet medical resume that resulted in the lazy doctor to fill out medical resume sheet in accordance with existing aturan. If the incomplete number of medical resumes is allowed and increased, it will affect the quality of hospital services. Research conducted in several hospitals in french, mention that the completeness of medical records is closely related to the quality of inpatient services. So good and continuous monitoring is needed. In addition, through monitoring activities especially in the filling of medical resume can be known obstacles or difficulties faced by the doctor during the process of filling the medical resume took place (Dang et al, 2013). Rework and punishment became one of the policies set by Public Hospital which is used as a frame of reference in order to reduce the incompleteness of the medical resume filling that occurred. Although the policy has not been fully supported by all parties related to the filling of medical resume in

Public Hospital. An important aspect of leadership roles strongly influences group activities in addressing change. Leaders should immediately take the decision to immediately improve the mechanism of filling medical resume. Several studies provide evidence that leadership initiatives are linked to improvements in attendance to hospital problems. In support of the success of the JKN program, in this case Indonesia uses the term "BPJS Kesehatan" using a new financing method at certain health facilities, especially hospitals. The method of financing applied in the JKN era is a prospective payment method and is expected to realize the expectations as mentioned above. One of the prospective payment methods currently adopted in Indonesia is casemix (case based payment) and has been implemented since 2008 in the Public Health Insurance program (In Indonesia is Jamkesmas). Since the implementation of casemix system in Indonesia has been made three times the tariff change, INA-DRG tariff in 2008, INA-CBGs tariff in 2013 and INA-CBGs tariff in 2014. The grouping of diagnostic codes and procedures is done by using grouper UNU (UNU grouper) . Research conducted by the University of Washington Institutional Review Board for three years mentioned that the data is prepared to be included into the claims data is not complete, so the coder can only infer from the existing information. The lack of claims data is about the severity and duration of the disease before the patient is diagnosed. This leads to an inaccuracy in coding the diagnosis in order to supplement the healthcare claims, the coder can not equate the diagnostic information made, with the diagnostic codes already available in ICD codes where the ICD code is generally accurate one of the ICD functions is to evaluate A large number of patients with similar conditions and not in evaluating individual outcomes. So the completeness of medical resume data is needed to determine the amount of claims that will be provided by the insurance company (Aljunid, 2011). The organization should prepare patient data and improve documentative capability for prospective payment mechanisms set by BPJS. The data entered into the grouper, which will be the output of INA-CBG'S, must be quality data. The importance of this quality data can not be ruled out, as it provides a means of communication for physicians and health teams, providing a basis for evaluating the adequacy and suitability of services, providing a basis for strengthening repayment claims, and protecting the legal interests of patients, facilities, and doctors. Completeness of data on medical resume is very important, because if the available data is incomplete, then the hospital coder will not be able to perform diagnosis coding with the maximum. It also depends on the completeness of information from patients and physicians (clinical data and patient administration), so that the data should be accurate, timely and based on optimal positive communication between physician and coder (Tyree et al 2006). Medical resume is an important part of patient management. It is very important for doctors and hospitals to properly maintain patient records for two important

reasons. The first is that it will assist physicians in the scientific evaluation of their patient profiles, assist in analyzing treatment outcomes, and to plan treatment protocols. It also helps in planning the government's strategy for future medical care. But equally important in this arrangement is in the issue of alleged medical negligence. The legal system relies on documentary evidence in situations where medical negligence exists, this is very useful as the most important evidence in deciding on a doctor's sentence or release. The problem of doctors' laziness in completing medical resume sheets in Public Hospital will result in inaccurate data leading to coding errors and the result of this broken CBG's. The following problem is a patient's final diagnosis that may not be fully or precisely coded, may result in incorrect pengkodean in determining how long pasien should be in hospitalization. This will lead to the payment of inappropriate claims from the BPJS, and the difference in the amount of disposable income. A sick rickshaw will have a deficit in BPJS claims that can lead to weak financial management of the hospital and refunds. Conditions experienced by hospitals are also experienced in most hospitals in India. Most of the hospitals in India in performing medical records still experience some constraints, both small hospitals and large hospitals. It is very important for the physician to improve the documentation management of patients undergoing diagnosis. This will be the only way for doctors to prove that treatment is done correctly. One of strategy that must be done to overcome these problems is to use hospital information system technology (*Cardoso at al, 200/2006*). In addition to being more effective, the use of an elektronik medical record can also lead to an environmentally friendly hospital, as all patient data/information relating to medical resume sheets does not use paper. So waste of refractive paper is minimized as a form of environmentally friendly Hospital (Zeng, at al, 2016)

#### V. CONCLUSION

The incompleteness of the patient's medical record data on the resume sheet in the General Hospital is caused by the lack of doctor's knowledge related to the regulation of filling the applicable medical resum sheet and not yet in the practice of Reward and punishment in the hospital so that the doctor is lazy in doing the complete filling in accordance with SOP (Standard operational procedures).

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