

INCOMPLETENESS ANALYSIS OF FILLING IN THE SUMMARY OF DISCHARGE OF INPATIENTS AT LAWANG MEDIKA HOSPITAL, MALANG REGENCY, EAST JAVA PROVINCE

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ABSTRACT

The discharge summary form has an important function for the claims process and the follow-up treatment required by patients in the hospital. The purpose of this study is to find out the cause of the incomplete filling of the summary of the discharge of inpatients at Lawang Medika Hospital, Malang Regency, East Java Province. The method in this study is qualitative descriptive. The data analysis carried out is data reduction, data presentation and conclusion drawn. The data validity test in this study is Data Triangulation. The policy in returning the incomplete return summary has not been implemented by the medical record officer because it focuses on the number of return medical record documents which are then given to the unit in charge of the claim process. Based on the results of the study, it is concluded that the four elements that can cause incompleteness in filling out the discharge summary must be evaluated and followed up so as not to hinder in providing services to patients at Lawang Medika Hospital.

Keywords : Summary of Return, Management Elements, Incompleteness, Medical Records

I. INTRODUCTION

Medical records must be completed immediately after the patient finishes receiving health services. Each medical record record must be affixed with the name, time, and signature of the Medical Personnel or Health Personnel who provide services or actions. (Law No. 17 of 2023) Based on the Hospital Accreditation Commission (KARS) in the 2018 National Hospital Accreditation Standards, the Summary of discharge patients (resume) provides an overview of patients living in hospitals. The summary can be used by the practitioner responsible for providing care follow-up. The summary contains the following; (1) Indications of the patient's admission, diagnosis, and other comorbidities; (2) important physical findings and other findings; (3) Diagnostic actions and therapeutic procedures that have been carried out; (4) Drugs given during hospitalization with potential residual effects after the drug is not continued and all drugs that must be used at home; (5) Patient's condition (*present status*); (6) The summary contains follow-up instructions to avoid the term recommendation.

Incompleteness in filling out medical records is caused by several factors , namely: 1) Personnel factors , 2) Policy factors (*machine*), 3) Procedural factors (*method*), 4)



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Tool *factors (material)*, and Fund *factors (money)*. The fundamental factor in the human aspect is awareness and understanding in addition to the absence of monitoring and evaluation. Weak policies, lack of standard procedures, flows and funding support contribute to incomplete medical records in hospitals. (Nurhaidah, Harijanto, Djauhari (2016)).

According to Hatta (2011), the information contained in the summary of the return history (resume) is a summary of all patient care and treatment that has been carried out by health workers, and must be signed by the doctor who treats the patient. A discharge summary is an important document in hospital administration that contains information on the patient's condition from the time of admission to discharge from the hospital, as well as a treatment follow-up plan. The completeness of filling out the return summary has a great effect on the insurance claim process and the continuity of medical services. At Lawang Medika Hospital, Malang Regency, incompleteness was still found in filling out the summary of discharge of inpatients, which could have an impact on delays in the claim process and follow-up services. This study aims to identify the factors that cause these incompleteness, so that it can be the basis for improving the administrative and service system in hospitals.

II. METHODS

This study uses a qualitative descriptive design. Informants were selected using purposive sampling techniques based on inclusion and exclusion criteria, so that five informants who were relevant to the process of filling out the summary were obtained. Data was collected through in-depth interviews, documentation, and hands-on observation in the inpatient setting. In determining informants, researchers use the Purposive Sampling technique.

Purposive Sampling is a technique of sampling data sources with certain considerations. The consideration in question is that the person is considered to know the most about what we expect, or maybe the person is the ruler so that it will make it easier for researchers to explore the object/social being studied (Sugiyono, 2014). Data analysis is carried out through three stages: data reduction, data presentation, and conclusion drawn. To ensure the validity of the data, a data triangulation technique is used, which is to compare the results of interviews, observations, and documentation.

According to Purwanto (2018), research instruments are basically tools used to collect data in research. The research instrument is made according to the purpose of the theoretical measurement used as a basis. In this study, the researcher used interview and observation techniques. The researcher will gather informants to respond and answer questions from the researcher. The instruments needed by the researcher are observation sheets, interview guidelines, and documentation tools.

III. RESULT

Table 1 Human Resources Observation Results in Inpatient Rooms

Room	Number of Officers	Schedule Officer	AverageNew Patient Visits Per DayApril 2024	Total Patient VisitsApril 2024	Average Length of Patient CareApril 2024
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Chrysanthemum	2-3 Nurses	07:00 - 14:00	4 patients	115 Patients	3 Days
	3 Nurse	14:00 - 21:00			
	2 Nurse	21:00 - 07:00			
Daisies and Chrysanthemum	2-3 Midwives	07:00 - 14:00	5 Patients	146 Patients	3 Days
	3 Midwives	14:00 - 21:00			
	2 Midwives	21:00 - 07:00			
Edelweis	2 Nurse	07:00 - 14:00	4 Patients	113 Patients	3 Days
	2 Nurse	14:00 - 21:00			
	2 Nurse	21:00-07:00			

In table 1, it can be seen that the number of officers who treat patients is 6-8 officers and the number of patients per month >100 patients with an average of 3 days of treatment. This can be one of the causes of incompleteness in filling out the summary home due to a large workload with few officers.

Table 2 Incomplete Observation Results of Filling in the Summary of Return

Yes	Item Name	Total Items	Total Document That Researched (D)	Percentage of incompleteness per item (%)
		What Not Complete (N)		
1	Name	0	79	0%
2	Date of Birth	0	79	0%
3	Medical Record Number	0	79	0%
4	Gender	2	79	3%
5	Space/Kls	25	79	32%
6	Entry Date	1	79	1%
7	Date of Death	7	79	9%
8	Final Treatment Room	11	79	14%
9	Person in Charge of Payment	5	79	6%
10	Diagnosis/time of entry issues	32	79	41%
11	MRS Indications	45	79	57%
12	Condition of Incoming Patients	6	79	8%
13	Condition of Patient Discharge	11	79	14%

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14	The Most Important Supporting Checks	28	79	35%
15	Physical Examination	59	79	75%
16	Therapy/Treatment While in the Hospital	46	79	58%
17	Main Diagnosis	14	79	18%
18	Secondary Diagnosis	56	79	71%
19	ICD 10	78	79	99%
20	Actions/ Procedures	45	79	57%
21	ICD 9 CM	78	79	99%
22	Allergies (Drug Reactions)	56	79	71%
23	Examination Results Submitted to Patients	19	79	24%
24	Instruction / Encouragement and Education (Follow Up)	24	79	30%
25	Exit Time Conditions	2	79	3%
26	Continued Treatment	5	79	6%
27	Polyclinic Control Date	6	79	8%
28	Home Therapy	4	79	5%
29	TTD and Patient/ Family Name	1	79	1%
30	TTD and Name of the Treating Doctor	5	79	6%
31	Date it is filled in	1	79	1%

From table 2, it can be concluded that the most items that are not filled in on the summary form of discharge of inpatients are MRS Indications, Physical Examination, Therapy/Treatment While in the Hospital, Secondary Diagnosis, ICD 10, Actions/Procedures, ICD 9 CM, and Allergies (Drug Reactions).

IV. DISCUSSION

The results of the study showed that the main factors contributing to the incomplete summary of dismissals at Lawang Medika Hospital were excessive staff workload, absence of specific SOPs, inconsistent policy implementation, and inadequate support tools. These findings are in line with previous research that identified human resource limitations and unclear procedures as common barriers to completing medical documentation.

The results of interviews with the nurse coordinator of the seruni room, the coordinator nurse of the edelweiss room, the midwife of the coordinator of the daisies and chrysanthemums, specialist doctors and medical recorders related to the meaning of the summary of discharge, which is a form that briefly explains the patient's condition starting from the patient admission, treatment to the follow-up treatment plan that can make it easier for medical personnel to see the patient's medical history on the medical record document. This research is in line with (Hatta, 2011) the information contained in the summary of the return history (resume) is a

summary of all patient care and treatment that has been carried out by health workers and must be signed by the doctor who treats the patient. The information contained in the resume sheet consists of the type of treatment, the body's reaction to the treatment, the condition when returning home and the follow-up after the patient goes home.

The optimal number and competence of human resources is undermined by a high workload, which is exacerbated by administrative tasks outside of direct patient care. The lack of specific SOPs for termination summaries has led staff to rely on less formal guidelines, resulting in variability and errors. Inconsistent policy enforcement on document completeness further perpetuates this problem, as staff may not feel compelled to correct incomplete forms if there are no immediate consequences or clear workflow requirements.

Additionally, while the availability of physical forms is not an issue, the absence of practical tools (such as checklists or digital systems) means that human error remains a significant risk. This situation can impact not only the hospital's ability to process claims efficiently but also on the continuity of patient care after discharge.

V. CONCLUSION

This study concluded that the incomplete documentation of discharge summaries in the inpatient ward of Lawang Medika Hospital is mainly due to four interrelated factors: excessive workload among health workers, lack of specific and socialized SOPs, inconsistent policy enforcement, and inadequate support tools. Addressing these factors through workload management, the development and deployment of SOPs, the implementation of consistent policies, and the provision of documentation tools is essential to improve the completeness of discharge summaries and, consequently, the quality of patient care and hospital administration.

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