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# Completeness of Informed Consent Medical Record Form Electronics (RME) In Hospitalized Patients

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***Keywords***

*Medical records,*
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**ABSTRACT**

Hospital is a health service institution that provides comprehensive individual health services in the form of inpatient, outpatient, and emergency services. In its implementation, documents are needed, namely medical records containing a note or document explaining the patient's identity, examination, treatment, actions and other services provided to the patient. However, in its implementation, there are still many components of the medical record that are not fully filled in by health workers due to various factors so that there are often gaps in the medical record form that should be filled in with patient data. This study aims to determine the completeness of filling in the electronic medical record informed consent for inpatients at Klungkung Regional Hospital. This study is a quantitative study using a correlative analytical design. The number of samples in this study was 81 items. Based on the results of the study, it can be concluded that the completeness of filling in the characteristics of 81 samples has reached the standard with 100% completeness. In the completeness of filling in the identity of the informed consent form from 81 samples, incompleteness was still found in its filling where the complete percentage was 12.3% while the incomplete was 87.7%. In the completeness of important reports on the informed consent form from 81 samples, incompleteness was still found in the filling where the percentage of complete was only 8.6% while incomplete was 91.4%. In the completeness of the filling of the authentication of the informed consent form from 81 samples, incompleteness was still found in the filling where the percentage of complete was only 9.8% while incomplete was 90.2%. It is expected that incomplete data will be checked and filled in again when the patient will receive inpatient care.

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## 1. INTRODUCTION

Incomplete filling of medical record documents in a hospital indicates poor quality or quality of service (Farid et al., 2021). The problem of the importance of completeness of medical records has begun to be addressed with the development of electronic medical records. The use of electronic medical records in computerized recording activities, both in demographic data, medical data, and decision support systems can be optimized by integrating the system so that medical record officers and doctors and professional care providers only need to input data once (Intan & Ismiyatun, 2020). In its implementation, incomplete electronic medical records are one of the

problem because medical records are often the only records that can provide detailed information about what happened while the patient was hospitalized. However, the implementation of electronic medical records will be carried out properly, when viewed from the documentation factor (Nurmalita et al., 2019). The long-term impact of incomplete medical record documents can cause problems, because medical record documents are the only records that provide detailed information about what happened when the patient was hospitalized. In addition, the problems that arise are that they can hinder the provision of medical information and will have difficulty in evaluating medical services, and can be used as evidence in court if necessary (Rozi et al., 2021). One of the factors causing incomplete filling in of medical record documents is that new officers are more active and fill in completely than old officers, medical officers have never

following training related to medical records, punishment has not been implemented if medical personnel do not complete the medical record documents completely, the SOP for filling out medical record documents is only available in the medical records section so that some officers do not remember the contents of the SOP and are not carried out properly (Maryati, 2021). In addition, according to Intan & Ismiyatun (2020), the lack of discipline of health workers in filling out the discharge summary sheet is caused by the doctor's time to fill out the discharge summary sheet being very limited, the lack of discipline of the medical records officers in the assembly section in carrying out their duties in checking the completeness of the discharge summary sheet, the SOP is not carried out optimally, the existing computers are still less than optimal (often errors occur) so that it hinders the work of the medical records officers in the assembly section in creating data reports on the completeness of medical records.

Good documentation has standards in the form of uniform rules for maintaining data, readability clear writing, validation of the input that has been given, not written too late, input format, accuracy and completeness of data related to informed consent (Sembiring & Rahmadhany, 2022). Every medical action given to a patient must be approved. Informed consent is the consent given by the patient to the doctor after being given an explanation. Informed consent is a patient's agreement to accept medical efforts that will be carried out on him. This is done after he receives information from the doctor regarding medical efforts that can be taken to help him, including obtaining information about all possible risks. The requirements for quality medical records are related to the completeness of the medical record filling, accuracy, accuracy of medical record records, timeliness and fulfillment of legal requirements (Darianti et al., 2021). This is supported by a study entitled "Analysis of Completeness of Filling Informed Consent in the Adult Inpatient Room of X Batam Hospital, Ernaman (2022)" The percentage of completeness of the informed consent sheet at X Batam Hospital for complete patient identification is 100%. While the complete informed is 70%, incomplete is 30%. In complete consent of 77%, incomplete of 23%. While in complete readability of 100%. The conclusion of this study is the results of the analysis of the completeness of filling out the informed consent is still not completely filled out. The total percentage of completeness is 87%, and incomplete of 13%. And the study entitled "Review of the Completeness of Filling Out the Inpatient Informed Consent Sheet in the Medical Staff Group (Ksm) of Pediatrics to Support the Quality of Service at Dr. Hasan Sadikin Hospital Bandung, Rizky (2022)" The completeness of filling out the Informed consent form studied by researchers in January and February 2020 was 96 informed consents. The number of Informed consents in January was 48 with completeness (82%), incompleteness (18%). The number of Informed consents in February was 48 Informed consents with completeness (76%), incompleteness (24%). Overall, the percentage of completeness (79%), incompleteness (21%), accurate (79%), inaccurate (21%).

## 2. RESEARCH METHODS

Type of Research This research uses quantitative research with a descriptive research design that aims to determine the completeness of the contents of the electronic medical record (EMR) informed consent in hospitalized patients. This study uses a single variable, namely the completeness of the contents of the electronic medical record informed consent (Sugiyono, 2019). Research Location, This research was conducted in the Kemoning Room of Klungkung Hospital located at Jln Flamboyan No. 40, Semarapura Kauh, Kec. Klungkung, Klungkung Regency, Bali in January - February 2024. The population in the study were objects that met the established criteria (Nursalam, 2017). The population for this study was the medical record files in the Kemoning Room of Klungkung Hospital for the last 3 months (February - April 2024) totaling 431 sheets.

A sample is a part of an accessible population that can be used as a research subject through sampling (Swarjana, 2023). This study uses a random sampling technique using the Slovin formula, namely: The sample size in this study was determined using the Slovin formula, namely:

as follows :

n = N / ( 1 + (N x e2))

Description:

n : estimated sample size

N : estimated population size
e : selected error rate (d= 0.1) Sample size calculation
n = 431 / ( 1 + (431 x 0.12))
n = 431 / (1 + (431 x 0.01) n
= 431 / (1 + 4.31)
n = 431 / 5.31
n = 81.16
**n = 81**

The data collection technique uses the observation method, which is the result of the soul's active and attentive actions to realize the presence of stimuli, where the researcher makes observations and records directly by looking at the surgical patient data on the computer.

**Data processing techniques**

**a**. Editing

Editing is an effort to re-check the accuracy of the data obtained or collected, Hidayat (2010). Researchers carry out the editing process which aims to check each observation sheet according to what is answered by the respondents.

b. Coding

Coding is the activity of assigning numerical codes（number）to data consisting of several categories. The code in this study is 0 and 1. Where 0 means complete and 1 means incomplete. Coding is very important when data processing and data analysis uses a computer, (Sugiyono,

2019).

c. Data Entry

Data entry is the activity of entering**The data that has been collected into a master table or computer database, then create a simple frequency distribution or by creating a contingency table, Hidayat (2010). The researcher enters all the complete data into one Microsoft excel table**then analyzed using SPSS for windows. In data entry, researchers must be careful in ensuring that no data is left behind.

All data from each data source or respondent is finished being entered, it is necessary to recheck to see the possibility of a code, incompleteness and so on, then corrections will be made (Notoatmojo, 2012). The purpose of the researcher in conducting data cleaning is to find out missing data, data variation and data consistency. If no missing data is found, the research can continue to data analysis.

Descriptive analysis is a type of data research that helps in describing, demonstrating, or helping to summarize data points so that patterns can develop that meet all data conditions. It is a technique for identifying patterns and links by utilizing current and historical data. Because it identifies patterns and associations without going any further, it is often referred to as the most basic data analysis (Nursalam, 2015). This analysis processes data consisting of medical record characteristics such as: BPJS patient medical records and general patient medical records as well as analysis related to the completeness of informed consent in electronic medical records which are then processed in the SPSS v26 computer program.

## 3. RESULTS AND DISCUSSION

a. BPJS and General Medical Records

This study was conducted on medical records of inpatients at Klungkung Regional Hospital with a total of 81 medical records for the last 3 months (February-April 2024) with. There are 2 (two) categories used in the assessment of the characteristics of BPJS and general medical records with the number described in table 1 below.

*Table 1reviews the number of medical records of inpatients*

| no | general | | BPJS | | Total |
|---|---|---|---|---|---|
| | f | % | f | % | |
| 1 | 20 | 24.7 | 61 | 75.3 | 81 |

Based on table 4.1 above, it can be concluded that the number of general patients is 20 or 24.7% and BPJS patients are 61 or 75.3% of the total 81 samples.

**b.**Identity

Explanation of patient identity, there are 2 (two) categories used, namely complete and incomplete. It is stated as incomplete if it is not written or is empty in the medical record. The results of the item filling analysis can be seen in table 2 below.

*Table 2 Review of the completeness of filling in the informed consent form*

| no | Complete | | Incomplete | | Total |
|---|---|---|---|---|---|
| | f | % | f | % | |
| 1 | 10 | 12.3 | 71 | 87.7 | 81 |

Based on table 4.2 above, it can be concluded that in terms of the completeness of filling in the informed consent form identity from 81 samples, incompleteness was still found in filling it in, where the percentage of complete was 12.3% while the incomplete was 87.7%.

c. Important Reports

In this component, an examination is carried out on important reports that are incomplete and unreadable, so that they can be completed and clarified, and if there is an error in the recording, then the incorrect part is underlined but still legible, then a description is given next to it. There are 2 (two) categories used, namely complete and incomplete. It is stated as incomplete if it is not written or is empty in the medical record. The results of the item filling analysis can be seen in table 3

*Table 3review of the completeness of important reports*

| no | Complete | | Incomplete | | Total |
|---|---|---|---|---|---|
| | f | % | f | % | |
| 1 | 7 | 8.6 | 74 | 91.4 | 81 |

Based on table 4.3 above, it can be concluded that in the completeness of important reports on the informed consent form from 81 samples, incompleteness was still found in filling it out, where the complete percentage was only 8.6% while the incomplete percentage was 91.4%.

d. Authentication

Authentication review is carried out by reviewing evidence of the validity of medical records from health workers and other personnel involved in patient services so that the information can be legally accounted for (Maryati, 2021). There are 2 (two) categories used, namely complete and incomplete. It is stated as incomplete if the medical record is not written or is empty. The results of the item filling analysis can be seen in table 4

*Table 4review of authentication completeness*

| no | Complete | | Incomplete | | Total |
|---|---|---|---|---|---|
| | f | % | f | % | |
| 1 | 8 | 9.8 | 73 | 90.2 | 81 |

Based on table 4 above, it can be concluded that in terms of the completeness of filling in the authentication of the informed consent form from 81 samples, there were still incomplete fillings where the percentage of complete was only 9.8% while the percentage of incomplete was 90.2%.

Based on the results of the number of BPJS and General medical records in Inpatient of Klungkung Hospital, it consists of 24.7% in general medical records and 75.3% in BPJS medical records. From the results of filling in the identity on the informed consent form in Inpatient of Klungkung Hospital, the completeness of the contents of filling in important reports on the informed consent form has not reached the minimum service standards for medical records in hospitals where the presentation of completeness is 12.3%. Based on the results of the study on the completeness of filling in important reports on the informed consent form from 81 samples, incompleteness was still found in filling it in where the complete percentage was only 8.6%.

Based on the completeness of filling in the authentication on the informed consent form at the Inpatient Unit of Klungkung Regional Hospital, it has not reached the minimum service standards for medical records in hospitals where the average completeness percentage is 9.8%.

This can be fatal because it is not known who is responsible for the care given to the patient and the informed consent form cannot be used as evidence in the law enforcement process (Maryati, 2021). This is supported by a study entitled "Analysis of the Completeness of Filling in Informed Consent in the Adult Inpatient Room of X Batam Hospital, Ernaman (2022)" The percentage of completeness of the informed consent sheet at X Batam Hospital for complete patient identification is 100%. While the complete informed is 70%, incomplete by 30%. In complete consent it is 77%, incomplete by 23%. While the complete readability is 100%. The conclusion of this study is that the results of the analysis of the completeness of filling in the informed consent are still not completely filled in. The total percentage of completeness is 87%, and incomplete by 13%. And research entitled "Review of Completeness of Filling Informed Consent Form for Inpatient Care in the Group of Medical Staff (Ksm) of Pediatrics to Support Quality of Service at Dr. Hasan Sadikin Hospital, Bandung, Rizky (2022)" The completeness of filling out the Informed consent form studied by researchers in January and February 2020 was 96 informed consents. The number of Informed consents in January was 48 with completeness (82%), incompleteness (18%). The number of Informed consents in February was 48 Informed consents with completeness (76%), incompleteness (24%). Overall, the percentage of completeness (79%), incompleteness (21%), accurate (79%), inaccurate (21%).

## CONCLUSION

Based on the results, the number of BPJS and General medical records in Inpatient Care at Klungkung Regional Hospital is lower than BPJS medical records. In terms of the completeness of filling in the identity of the informed consent form, the majority are still incomplete. In terms of the completeness of filling in important reports on the informed consent form, the majority are still incomplete. In terms of the completeness of filling in the authentication of the informed consent form, most are still incomplete.

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