

Analysis Of Incompleteness In Filling In The Discharge Summary Of Inpatients At Lawang Medika Hospital, Malang District, East Java Province

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ABSTRACT

The discharge summary form has an important function for the claim process and further treatment needed by patients in the hospital. The form contains information about the patient's condition from admission to discharge and the patient's follow-up treatment plan. The purpose of this field learning practice is to analyze the causes of incomplete discharge contents for inpatients at Lawang Medika Hospital, Malang Regency, East Java Province using Fishbone diagrams; Urgency, Seriousness, and Growth analysis; and SWOT analysis. Identifying problems using Fishbone diagrams, determine problem solving priorities using Urgency, Seriousness, and Growth analysis; and plan interventions by identifying strategies using SWOT.: Several factors influence the incompleteness of the discharge summary are man, money, method, machine and materials. Due to these factors, priority problems can be determined that must be resolved, so the results obtained are delays in providing forms, there is no SOP for filling out discharge summaries and has not been socialized to officers. To solve this problem, it can be solved with an aggressive strategy obtained from analysis results and SWOT diagrams. The strategy that must be implemented in this condition is to support aggressive growth policies (Growth Oriented Strategy). The hospital can solve problems according to the factors and prioritize problems that must be resolved so as not to hamper the function of the discharge summary.

Keyword : Discharge Summary, Management Elements, Incompleteness, Medical Records

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INTRODUCTION

Medical Records are documents containing patient identity data, examinations, treatments, actions, and other services that have been provided to patients (Minister of Health of the Republic of Indonesia, 2022)

Every medical worker and health worker who provides individual health services is required to keep a medical record. In the event that individual health services are carried out at a Health Service Facility other than an independent practice place, maintaining medical records is the responsibility of the Health Service Facility. Medical records must be completed immediately after the patient has finished receiving health services. Every. Medical record notes must contain the name, time and signature of the Medical Personnel or Health Personnel providing the service or action. (President of the Republic of Indonesia, 2023)

Filling in clinical information in the form of recording and documenting the results of examinations, treatment, procedures and other health services that have been and will be provided to patients. Recording and documentation must be complete, clear, and carried out after the patient receives health services by including the name, time and signature of the health worker providing the health service. Recording and documentation must be carried out sequentially in the records of each Health Worker providing health services according to the time of health services provided. (Minister of Health of the Republic of Indonesia, 2022)

Medical record documents can be said to be returned on time if they have been completely filled out by the doctor within 1x24 hours after the patient has finished receiving health services and the maximum time for returning medical record documents is 2x24 hours from the service unit to the Medical Records Installation. (Tri Widya, et al. 2022)

Based on the Hospital Accreditation Commission (KARS) in the 2018 National Standards for Hospital Accreditation, the discharge patient summary (resume) provides an overview of patients staying in the hospital. The summary may be used by practitioners responsible for providing follow-up care. The summary contains things; (1) Indication of patient admission, diagnosis, and other comorbidities; (2) important physical findings and other findings; (3) Diagnostic measures and therapeutic procedures that have been carried out; (4) Medications given during hospitalization with the potential for residual effects after the medication is not continued and all medications that must be used at home; (5) Patient 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) Officer factor (man), 2) Policy factor (machine), 3) Procedural factor (method), 4) Tool factor (material), and fund factor (money). The fundamental factors in the human aspect are awareness and understanding in addition to the absence of monitoring and evaluation. Weak policies, lack of standard procedures, flow and financial support contribute to incomplete medical records in hospitals. (Nurhaidah, et al. 2016)

Lawang Medika Hospital is a general hospital (RSU) owned by PT Dasa Usaha Jaya and is one of the type D hospitals located in Malang Regency, East Java. This hospital provides services in the health sector which are supported by specialist doctor services, and are supported by adequate medical facilities. Lawang Medika Hospital has 4 inpatient rooms, namely the Seruni, Edelweis, Aster and Krisan rooms.

Based on a preliminary study at Lawang Medika Hospital in February, March and April,

it was found that an average of 12% of the 64 samples of medical record documents were incomplete in filling out discharge summaries for inpatients. This data was obtained from filling in quality indicators for medical record installations related to the Completeness Rate for Filling in Medical Records 2x24 Hours After Completion of Services in Inpatient Installations with a target of 100%. Therefore, the author is interested in analyzing the incompleteness of filling in the discharge summary for inpatients at Lawang Medika Hospital.

METHODS

Description of activities

Field Learning Practices (PBL) Hospital Administration Study Program at the Universitas Strada Indonesia held at Lawang Medika Hospital starting from 10 June – 24 June 2024, especially in the Medical Records Installation. In PBL activities, students identify and analyze problems at Lawang Medika Hospital, especially in the Medical Records Installation for making reports.

RESULTS AND DISCUSSION

Assessment

Based on the results of the author's observations during 2 weeks of implementing PBL at the Medical Record Installation, the author found several obstacles that will be analyzed related to the incompleteness of filling out the inpatient discharge summary. In several medical record documents, the discharge summary form has been filled out but has not been optimally filled out. Thus, a strategy is needed to optimize the filling out of the inpatient discharge summary form to facilitate the claim process for insurance patients and accelerate the discovery of medical record documents that will be used for control patients.

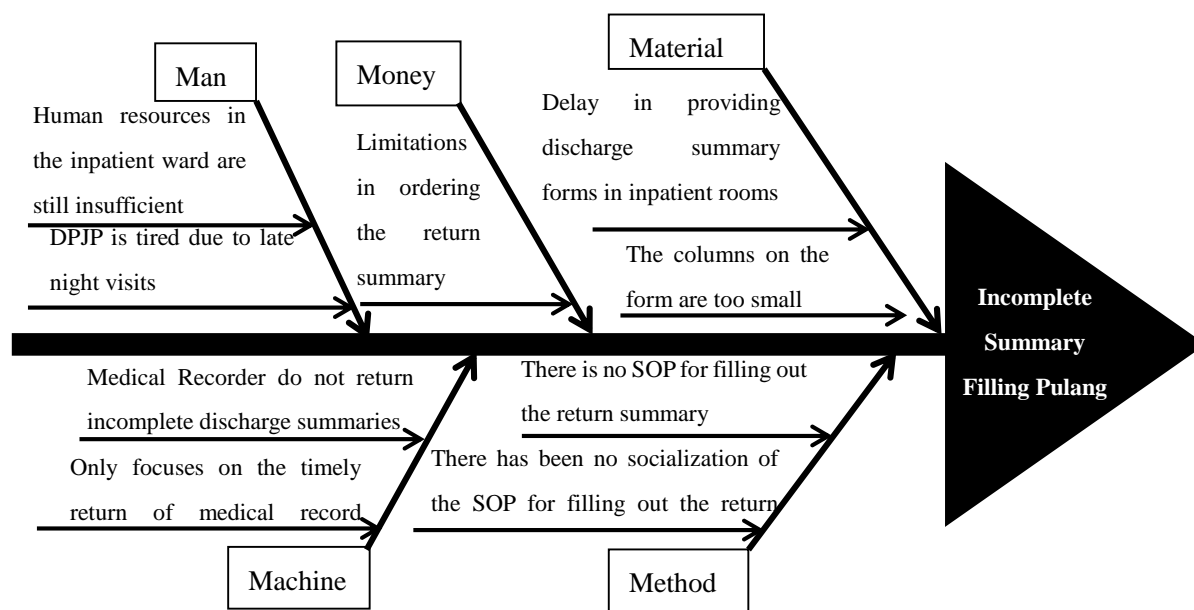
Lawang Medika Inap Hospital has made efforts to implement the filling of the discharge summary for inpatients, including by having nurses or midwives in the inpatient room help complete the discharge summary and always providing a discharge summary form in the inpatient room, but there are still many obstacles found in the field that cause the filling of the discharge summary for inpatients to be incomplete.

Therefore, in accordance with the objectives of this Field Learning Practice (PBL), the author will analyze the factors causing the incompleteness of the discharge summary filling in Lawang Medika Hospital using a fishbone diagram. Furthermore, to determine the priority scale, the author uses USG analysis (Urgency, Seriousness, Growth) and finally to determine the strategy in optimizing the filling of the discharge summary of inpatients, a SWOT analysis (Strength, Weakness, Opportunity, Threats) is carried out.

Analysis Using Fishbone Diagram

Problem identification in this PBL report uses a fishbone diagram, namely determining the problem as part of the fish's head, then recording the factors that may be the cause of the obstacles. The study of the problem of the less than optimal filling of the discharge summary for inpatients at Lawang Medika Hospital is categorized using 5M, namely Man, Money, Method, Machine and Material.

Figure 1 Fishbone Diagram



a. Man

- 1) Human resources in the inpatient room are still not sufficient with a large workload Human resources in the inpatient room are still not sufficient with a large workload. In 1 day, an average of 10 new patients are treated in the inpatient room with 2-3 staff on each shift.
- 2) DPJP is tired due to late night visits because they are adjusted to the polyclinic practice schedule which is carried out in the afternoon

b. Money

- 1) Limitations in ordering the return summary form

c. Material

- 1) Delay in providing discharge summary forms to inpatient rooms due to lack of stock in the Medical Records Installation.
- 2) The columns on the form are too small so that neither the doctor nor the authorized officer can fill them in completely.

d. Machine

- 1) Medical recorder does not return incomplete discharge summary to inpatient room
- 2) Only focusing on the timeliness of returning medical record documents compared to the completeness of medical record documents.

e. Method

- 1) There is no SOP for filling out the discharge summary in the inpatient ward
- 2) There has been no socialization regarding the SOP for filling in the summary to medical personnel who are responsible for filling it in.

Determining Problem Solving Priorities with USG Analysis

Based on the identification of factors causing obstacles that have been recorded in the problem of incomplete filling in the discharge summary of inpatients at Lawang Medika

Hospital from the analysis using a fishbone diagram, the next step is to determine the priority of the problem using the USG method (Urgency, Seriousness, and Growth) as follows.

Table 1 Priority Analysis of Problems with USG

No	The problem	Criteria Value			UxSxG	Ranking
		U	S	G		
1.	Human resources in the inpatient ward are still not sufficient due to the heavy workload	4	4	3	48	4
2.	DPJP is tired due to late night visits	3	4	3	36	5
3.	Limitations in ordering the return summary form	5	5	4	100	2
4.	Delay in providing discharge summary forms in inpatient rooms	5	5	5	125	1
5.	The columns on the form are too small	3	4	3	36	
6.	Medical Recorder do not return incomplete discharge summaries	4	4	4	64	3
7.	Only focuses on the timely return of medical record documents	4	4	3	48	4
8.	There is no SOP for filling out the return summary	5	5	5	125	1
9.	There has been no socialization of the SOP for filling out the return summary	5	5	5	125	1

From the table above, the problems that need to be prioritized for resolution are the absence of SOPs for filling out discharge summaries and socialization related to these SOPs as well as the delay in providing discharge summary forms in inpatient rooms.

Intervention Plan With Strategy Identification Using SWOT

Based on the determination of the priority of solving the problem above, to determine the intervention plan for the constraints is to conduct a SWOT analysis (Strength, Weakness, Opportunity, and Threats) on the internal and external factors in Lawang Medika Hospital. The following is a problem solving analysis that can be done with a SWOT analysis.

Table 2 Internal Factor Matrix Calculation

	Strategic Factors	Quality	Rating	Score (BxR)
Strength	Form printing vendors are always on standby	0,10	4	0,40
	There is a budget allocation for ordering return summary forms	0,15	5	0,75
	Provision of complete summary information on patient care and treatment	0,05	3	0,15
	The existence of stock opname of medical summary forms in the Medical Records Installation	0,10	4	0,40
	Nurses and midwives in the inpatient ward assist in completing the discharge summary form.	0,15	4	0,60

	The points on the return summary form are all available in complete.	0,05	3	0,15
Total		0,60		2,45
Weakness	There is no SOP for filling out the return summary along with the Technical Instructions	0,10	2	0,20
	Low quality of completeness of filling out medical record documents	0,10	2	0,20
	The printing time for the return summary form takes longer because there are 4 copies of 1 form.	0,10	1	0,10
	Still in the migration stage to the RME system so the display of the discharge summary form on SIMRS is not yet complete	0,10	2	0,20
	Total	0,40		0,70
S (2,45) – W (0,70)				1,75

Table 3 External Factor Matrix Calculation

Strategic Factors		Quality	Rating	Score (BxR)
Opportunities	The existence of an integrated SATUSEHAT platform so that patients can view a digital summary of their discharge	0,10	4	0,40
	SIMRS bridged with Mobile JKN for BPJS Kesehatan patient registration	0,15	5	0,75
	Reimbursement process for insurance patients and companies	0,05	3	0,15
	The existence of SIMRS which provides a menu for filling in the discharge summary digitally	0,10	3	0,30
	Strengthening communication between medical personnel	0,15	4	0,60
	Able to achieve the quality of returning medical record documents <2x24 hours to the Medical Records Installation	0,10	4	0,40
	Total	0,55		2,60
Threats	The legal aspect is not strong due to incomplete filling in of medical record documents.	0,15	2	0,30
	There is no policy regarding sanctions against medical personnel who do not fill out the complete discharge summary.	0,10	1	0,10
	There is no data backup in case of damage to conventional medical record documents.	0,10	2	0,20

	Vulnerable to losing the discharge summary form that has been given to the patient	0,05	2	0,10
	Total	0,45		0,70
O (2,60) – T (0,70)				1,90

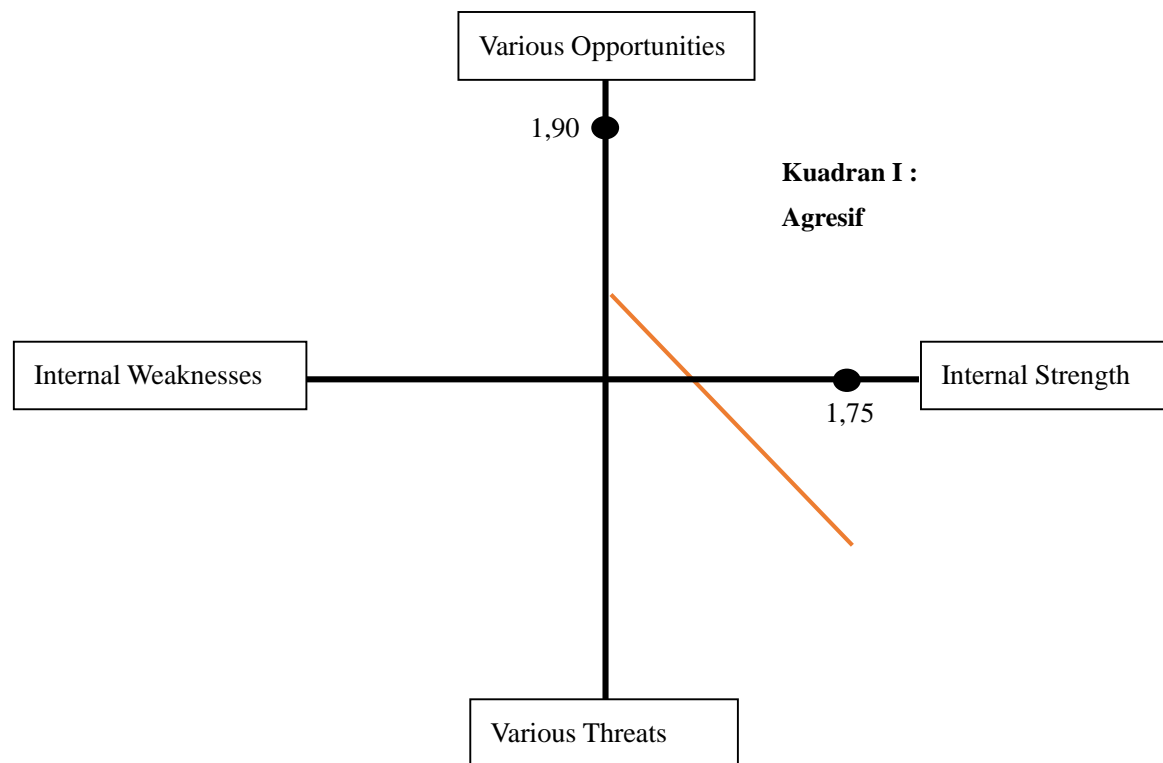


Figure 2 SWOT Diagram

From the calculation results of each Internal Factor value which includes Strength and Weakness, as well as External Factors namely Opportunity and Threats, the final S-W value is 1.75 and the O-T value is 1.90. The two S-W and O-T values are then depicted in the SWOT flyover diagram to determine the position of the SWOT quadrant. From the results of the quadrant obtained, the strategies that may be applied are then determined.

Based on the SWOT diagram in the image above, the strategy that can be applied is in quadrant I or aggressive strategy, namely a strategy to maximize strengths and opportunities. Quadrant I is a very profitable situation. The company has opportunities and strengths so that it can take advantage of existing opportunities. The strategy that must be applied in this condition is to support an aggressive growth policy (Growth Oriented Strategy).

Table 5 Matrix SWOT

	<i>Strengths (S)</i>	<i>Weakness (W)</i>
Internal	<ul style="list-style-type: none"> a. Form printing vendors are always on standby b. There is a budget allocation for ordering return summary forms c. Provision of complete summary information on patient care and treatment d. The existence of stock opname of medical summary forms in the Medical Records Installation e. Nurses and midwives in the inpatient ward assist in completing the discharge summary form. f. The points on the return summary form are all available in complete. 	<ul style="list-style-type: none"> a. There is no SOP for filling out the return summary along with the Technical Instructions b. Low quality of completeness of filling out medical record documents c. The printing time for the return summary form takes longer because there are 4 copies of 1 form. d. Still in the migration stage to the RME system so the display of the discharge summary form on SIMRS is not yet complete
External		
<i>Opportunities (O)</i>	<i>S – O</i>	<i>W – O</i>
<ul style="list-style-type: none"> a. The existence of an integrated SATUSEHAT platform so that patients can view a digital summary of their discharge b. SIMRS bridged with Mobile JKN for BPJS Kesehatan patient registration c. Reimbursement process for insurance patients and companies d. The existence of SIMRS which provides a menu for filling in the discharge summary digitally e. Strengthening communication between medical personnel f. Able to achieve the quality of returning medical record 	<ul style="list-style-type: none"> a. Ordering a return summary form to the vendor before the stock opname at the Medical Record Installation runs out b. Maximizing the allocated budget c. Utilizing currently developing technologies, namely SATUSEHAT and MJKN. d. Integrated recording and documentation between medical personnel 	<ul style="list-style-type: none"> a. Create SOP for filling out discharge summary to be socialized to medical personnel who are required to fill out discharge summary form b. Accelerate implementation of RME c. Commitment and support to medical personnel from the leadership to fill out complete medical record documents, especially discharge summary form

documents <24 hours to
the Medical Records
Installation

Threats (T)	S – T	W – T
a. The legal aspect is not strong due to incomplete filling in of medical record documents.	a. Complete the information on the discharge summary form	a. Create a policy related to filling out the discharge summary which must be filled out completely
b. There is no policy regarding sanctions against medical personnel who do not fill out the complete discharge summary.	b. Increase the completion of the discharge summary form completely	b. Strengthen internal regulations related to filling out medical record documents
c. There is no data backup in case of damage to conventional medical record documents.	c. Develop SIMRS so that recording and documentation of medical record documents can be done digitally and can be accessed by patients	c. Store medical record documents neatly and safely to prevent damage and loss
d. Vulnerable to losing the discharge summary form that has been given to the patient		

Based on the graph above, it can be concluded that the SWOT diagram is a form of analysis that places situations and conditions as input factors, then grouped according to their respective contributions. SWOT analysis can logically help in the decision-making process of a company to determine strategies that will improve the quality of the company effectively and efficiently. In terms of incomplete filling in the discharge summary of inpatients at Lawang Medika Hospital, the SWOT analysis is in quadrant I which shows that Lawang Medika Hospital has adequate internal strength to overcome these problems.

In the SWOT matrix above, four groups of alternative strategies are obtained, namely SO strategy, ST strategy, WO strategy and WT strategy that can be used by hospitals to overcome or prevent the problem of incomplete filling of discharge summaries for inpatients. From the SO strategy, several alternative strategies were obtained, namely ordering discharge summary forms from vendors before the stock opname at the Medical Records Installation runs out, maximizing the allocated budget, utilizing technology that is currently developing, integrated recording and documentation between medical personnel. Furthermore, the ST strategy includes completing the information on the discharge summary form, increasing the filling of the complete discharge summary form, and developing SIMRS so that recording and documentation of medical record documents can be done digitally and can be accessed by patients. The WO strategy also has alternatives that can be implemented by hospitals, namely creating an SOP for filling out discharge summaries to be socialized to medical personnel who are obliged to fill out the discharge summary form, accelerating the implementation of RME, as well as commitment and support to medical personnel from the leadership to fill out complete medical record documents, especially the discharge summary form. The last is the WT strategy, namely creating a policy related to filling out the discharge summary which must be filled out completely, strengthening internal regulations related to filling out medical record

documents, and storing medical record documents neatly and safely to prevent damage and loss.

CONCLUSIONS

Conclusions

Based on the results of field learning practice at Lawang Medika Hospital, several problems were found that caused incomplete filling in of the discharge summary for inpatients which were analyzed using fishbone diagram analysis, USG and SWOT which can be concluded as follows:

- a. The study of the problem of the less than optimal filling of the discharge summary for inpatients at Lawang Medika Hospital is categorized using Man, Money, Method, Machine, and Material which are described through a Fishbone diagram.
- b. There are priorities for solving problems obtained from the USG analysis, namely the delay in providing the discharge summary form in the inpatient room, the absence of an SOP for filling out the discharge summary, and the absence of socialization of the SOP for filling out the discharge summary to medical personnel who are required to fill out the discharge summary form.
- c. In the SWOT analysis, the calculation results of the internal factor matrix (S-W) were 1.75 and the external factor (O-T) was 1.90, so the quadrant location in the SWOT analysis in this problem is quadrant 1 which is an aggressive strategy, namely a strategy to maximize strengths and opportunities.

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