


Analysis Of Completeness Of Outpatient Integrated Patient Development Note Form Completion At Internal Medicine Polyclinic According To Soap At Rsud Dr. R.M. Djoelham Binjai

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Article Info	ABSTRACT
Keywords: Analysis, outpatient form, SOAP	A method of documenting a progress patient note explicates three details, including what happened to the patient, what is planned for the patient & how the patient reacts to the therapy being taken. The documentation method employs four steps regarding a systematic decision-making process, known as SOAP which is an acronym for Subjective, Objective, Assessment, and Plan. Based on a previous study conducted at the medical record installation of Dr. R.M. Djoelham General Hospital in Binjai, there was still incomplete documentation on the forms of the patient progress notes integrated outpatient care by SOAP. Objectives: To find out the percentage of the completeness and incompleteness in filling out the outpatient integrated progress note forms according to SOAP and to determine the factors causing the completeness and incompleteness of filling out the forms according to SOAP at Dr. R.M. Djoelham General Hospital in Binjai.
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INTRODUCTION

The hospital is a complete individual health service institution that provides inpatient, outpatient, and emergency services. According to the Decision In health care facilities, medical records have a very important role in providing information. According to Permenkes No. 269/MENKES/PER/III/2008 concerning Medical Records, a file containing notes and documents regarding patient identity, examination, treatment, actions, and other services that have been provided to patients.

Every doctor or dentist practicing medicine is required to make a medical record. Making medical records as referred to in Permenkes No.269/MENKES/PER/III/2008 is carried out through recording and documenting the results of examinations, treatments, actions, and other services that have been given to patients and every doctor, dentist, and/or certain health workers Responsible for records or documents made in the medical record.

A complete record is very influential in decision-making related to the services provided by health workers. Some forms of implementation of integrated care are documentation carried out by doctors, nurses, pharmacists, and nutritionists. Documentation is carried out in an integrated record of development notes written based on subjective data (S), objective data (O), data analysis (A), and planning (P) (Hariyati, 2014).

In the installation of medical records RSUD Dr. R.M. Djoelham Binjai found that there were still incomplete recordings according to SOAP on the outpatient integrated development record form. The purpose of this study was to analyze the completeness of filling out outpatient integrated development record forms at the internal medicine polyclinic according to SOAP at RSUD Dr. R.M. Djoelham Binjai.

METHODS

The research design used in this research is qualitative with a case study approach. The population in this study were outpatient polyclinic nurses and medical record installation employees. The samples in this study were 2 polyclinic nurses and the head of the medical record installation at RSUD Dr. R.M. Djoelham Binjai. Data collection techniques are in-depth interviews (in-depth interviews) and documentation. The instrument used is an outpatient medical record file. Data analysis is done descriptively

RESULTS

Result Analysed

Based on the results of in-depth interviews, records were obtained on outpatient forms that had been recorded according to SOAP, where there were notes regarding subjective developments such as patient complaints or symptoms, objective findings such as results from blood pressure checks, analysis notes, namely studies based on findings and observations such as recording diagnosis, and plan notes such as recording the medicines that the patient must take. However, there are records on the outpatient integrated patient development record form that are still inconsistent and some are still not complete according to SOAP, such as there are only SO component notes, where there are only subjective and objective findings. There are no records regarding progress in analysis and planning which can be seen in the documentation study on the outpatient integrated patient development record form

The subjective component analysis has an occupancy percentage of 95% and has an absent occupancy percentage of 5% on the outpatient integrated patient development record form. The objective component has an occupancy percentage of 96% and has an absent occupancy percentage of 4% on the outpatient integrated patient development record form. The analysis component has an occupancy percentage of 53% and has an absent occupancy percentage of 47% on the outpatient integrated patient development record form. the plan component has an occupancy percentage of 84% and has an absent occupancy percentage of 16% on the outpatient integrated patient development record

form.

From the results of the analysis of 100 samples of medical record files above, it can be described as follows.

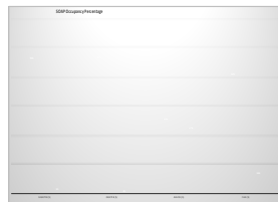


Figure 1. The percentage of occupancy of each SOAP component

From Figure 1, it can be seen that the most filled component is the objective component, then the subjective component, followed by the plan component and the lowest is the analysis component.

After analyzing the contents of each SOAP component on each outpatient integrated development record form, the researcher can find out the completeness of filling according to SOAP as follows:

Table 1. Completeness Analysis Results According to SOAP

occupancy			Percentage		
Complete	Not Complete	Nothing	Complete	Not Complete	Nothing
46	54	0	46%	54%	0%

From table 1 above it can be seen that the results of the analysis of the completeness of filling out of 100 samples of medical record files found that 46 medical record files were completely filled out according to SOAP and 54 medical record files were incomplete. From the results of the analysis of the completeness of filling in accordance with the SOAP, the percentage of completeness can be seen and can be described as follows:

For example, if a patient has come and wants to seek treatment, he will be asked about his complaints, yes, the nurse will write them down.
Respondent A

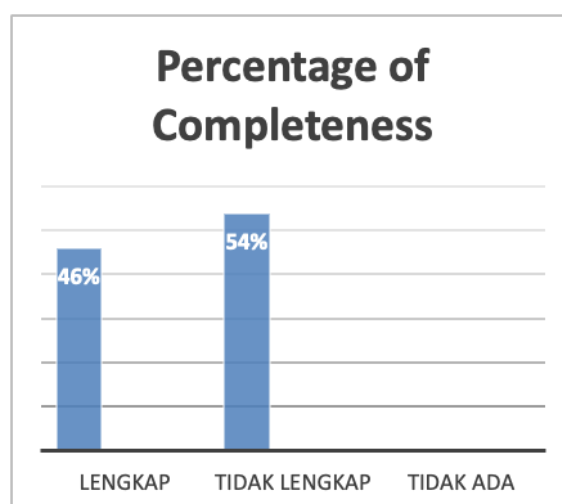


Figure 2. Percentage of completeness according to SOAP

From Figure 2 above, it can be seen that the results of the analysis of the completeness of filling out the integrated patient development record form for outpatients according to SOAP have a complete completion percentage according to SOAP of 46%, then the percentage of incomplete completion is 54% and the percentage absent is 0% of the patient progress record form, the integrated outpatient form in the outpatient medical record file is all filled in, although there are still some that are not completely filled out according to SOAP.

Result Interview

Based on the results of interviews, the factors that cause incomplete form filling are aspects of Man, Money, Material, Machine and Method which are described as follows:

a. Man

Factors that influence the implementation of completing integrated patient development records related to Human Resources (HR), namely polyclinic doctors and polyclinic doctor assistants.

The outpatient integrated patient development record form is filled out by health service providers at outpatient installations, including doctors and physician assistants. This is supported by the statement of the respondents as follows.

The same thing was also expressed by respondent B that the outpatient integrated patient development record form was filled out by a doctor or a doctor's assistant. Here's an excerpt of the interview.

It depends on the doctor, usually it's a doctor.
It's just that if a doctor tells us to fill it out,
then we fill it out, the nurse fills it out.
Respondent B

The treating doctor or DPJP.

Triangulation

The statement from the two respondents above was justified by triangulation through the statement that the outpatient integrated patient development record form was filled out by a doctor or a doctor's assistant. This is supported by the triangulation statement as follows.

The cause of the incomplete recording of the outpatient integrated patient development record form at the internal medicine polyclinic according to SOAP is the service provider who is not disciplined. This is supported by the statements of respondents

Maybe the DPJP's indiscipline. I'm sure they know that it's just that what I see the most is that it's often too late, it's patients who are re-control. Patients with degenerative diseases must be routinely controlled asking for medicine. Sometimes the doctor just writes down the S and O, A and P, he thinks he already knows, even though in fact the SOAP for filling in medical records does not contain the term not made, all must be mandatory. he wants the patient to repeat 3 times a day a week once a month it is still made.
Triangulation

b. Money

Factors that influence filling out outpatient integrated patient progress notes at internal medicine clinics according to SOAP are related to incentive salaries related to complete filling according to SOAP. Based on the results of interviews with respondents, it is known that there is no salary incentive related to complete filling out of the outpatient integrated patient development record form, this is supported by statements from respondents as follows.

The same thing was also expressed by Respondent B that there was no salary incentive related to filling out completely according to SOAP. Here's an excerpt of the interview. The statements from the two respondents above were justified by triangulation through the statement that there was no salary incentive related to filling out completely according to SOAP on the outpatient integrated patient development record form. This is supported by the triangulation statement as follows.

Not yet. Until now it doesn't exist. It's just that in the future we really want to propose depending on the hospital's finances.
Triangulation

c. Material

The material or raw materials to be processed for filling in the medical record is the outpatient integrated patient development record form. Based on the results of the analysis that has been carried out by the researcher, there are still incomplete filling in the form. Therefore, researchers conducted a documentation study to obtain the causes of incomplete filling according to SOAP.

Based on the results of the documentation study, there are no specific items for recording each component. The results of the documentation study are as follows. Based on the results of the documentation, there are no specific items for recording each component. The results of the documentation study are as follows.

Table 3. Results of Checklist Study Documentation Outpatient Integrated Patient Development Note Form

Numb	Observed aspect	Yes	Not	Information
1.	Are there special items for subjective recording?		√	There is no specific item for subjectively filling out notes on the integrated patient development record form
2.	Are there special items for objective recording?		√	There are no specific items for objectively filling out notes on the integrated patient progress record form.
3.	Are there special items for analysis recording?		√	There are no specific items to fill in the notes analytically on the integrated patient development record form.
4.	Is there a special item		√	There are no specific items to fill in notes in a

Numb	Observed aspect	Yes	Not	Information
	for recording in a plan ?			planned manner on the integrated patient development record form.

d. Machine

For the aspect of the machine as a facility/tool to support activities in this study, results could not be obtained because there was no supporting tool for filling out outpatient integrated patient progress notes..

e. Method

Based on the results of research conducted using interviews, methods or procedures as a guide for the implementation of the activity of filling out integrated patient development records for outpatients according to SOAP at RSUD Dr. R.M. Djoelham Binjai already exists. This is supported by statements from respondents as follows.

There is. In every internal medicine poly there. In poly everywhere there is that.
All polys are there
Respondent A

The same thing was also expressed by Respondent B that there was already a procedure that regulates the implementation of completing outpatient integrated patient progress notes. Here's an excerpt of the interview.

Available.
Respondent B

From the results of the two interviews, this is justified by triangulation. The following are the results of the interview.

Available.
Triangulasi

Result Complete.

The percentage of occupancy of each subjective component is 95%, the objective component is 96%, the analysis component is 53% and the plan component is 84%. After analyzing the completeness of each component, it is known that the completeness of the filling in the outpatient integrated patient development record form according to SOAP and the completeness criteria can be seen as follows. According to Siswanto (1987), Criteria in assessing form completeness:

- if it has 91% -100% completeness = very good
- if it has 76% -90% completeness = good
- if it has 61% -75% completeness = good enough
- if it has 51% -60% completeness = not good

- e. if it has completeness $\leq 50\%$ - 100% = very less

Analysis of the completeness of the filling was carried out by the researcher on the integrated patient development record form at the internal medicine polyclinic according to SOAP from 100 samples at RSUD Dr. R.M. Djoelham Binjai obtained the percentage that was completely filled, namely as much as 46%, then those that were not completely filled were 54% and those that were not filled were 0%. Based on these results, the completeness of filling out the outpatient integrated patient development record at the internal medicine polyclinic according to SOAP at RSUD Dr. R.M. Djoelham Binjai is included in the very poor criteria.

The outpatient integrated patient development record forms in the patient's medical record file are all filled in, although some are still incomplete according to SOAP. The incompleteness of filling in was most influenced by the analysis component, with the percentage not being filled in by 47%, then the plan component by 16%, then the subjective component by 5% and the least by the objective component by 4%. In fact, according to Hatta (2008) in the method of writing progress notes, which explains three things, namely what has happened with the patient, what is planned for the patient, and how the patient reacts to therapy, 4 steps are taken regarding the systematic collection process, which is known as SOAP. , so the written outpatient form should be complete according to SOAP.

Factors Causing Incomplete Filling of Outpatient Integrated Development Record Form at the Internal Medicine Polyclinic According to SOAP at RSUD Dr. R.M. Djoelham Binjai.

- a. Man

Human resources according to Hasibuan (2000) are the integrated abilities of the individual's intellect and physical power. Behavior and characteristics are determined by heredity and environment, while her work performance is motivated by the desire to fulfill her satisfaction. Humans are the person while human resources are the ability of the totality of thought and physical power contained in that person. The effectiveness of an organization is greatly influenced by human behavior.

In this study, the results obtained were that the factors causing incomplete filling included the lack of discipline by the service staff in filling out outpatient integrated patient development record forms, namely doctors or doctor assistants.

In medical conditions, the 2006 Medical Record Manual states that in the field of medicine and dentistry, the medical record is one of the written evidences about the service process provided by doctors and dentists. The medical record contains the patient's clinical data during the process of diagnosis and treatment (treatment). Therefore, every medical service activity must have a complete and accurate medical record for each patient and must fill in the medical record correctly. In other words, every service provider is required to fill out a medical record and complete it.

- b. Money

According to Emerson in Arifin (2012), Money or money is one element that cannot be ignored. Money is a medium of exchange and a measure of value. The size of the results of

activities can be measured by the amount of money circulating in the company.

According to Aditsu (2008) incentives and bonuses are given in order to spur employees to work more optimally. This means that employees who only rely on salary/wages, these workers work only sober (minimum). How to get them to work optimally, so they can get bonuses and incentives.

Based on the results of the research by conducting interviews that there is no incentive salary related to filling out outpatient integrated patient development record forms at the internal medicine polyclinic according to SOAP.

c. Material

According to Nuraida (2008) the design of the form is made in such a way that the form can assist employees in their work, so that the processing/processing of data and the distribution/delivery of information can be more effective and efficient. A good design must be adapted to the situation/condition of the company and the needs of its users. The form design should be simple, attractive and easy/comfortable to fill out. In addition it contains complete instructions containing all the necessary information. The form has important parts, namely a place for filling in/recording in the form of a place, table or column containing instructions/questions regarding the data/information that must be filled in.

Based on the results of research conducted with a documentation study on the outpatient integrated patient development record form, there are no specific items to fill in each SOAP component, therefore it is better to design the outpatient integrated patient development record form, it is necessary to add special items and columns to fill in each SOAP component. . This is to make it easier for service providers to fill out.

d. Machine

Because in the case of this research there was no cause for incompleteness when viewed from the machine aspect, therefore the machine aspect was not discussed.

e. Method

According to RI Minister of Health No. 512/Menkes/Per/2007 concerning licenses to practice and carry out medical practices, standard operating procedures are a set of instructions or standardized steps to complete a particular work process, where standard operating procedures provide the correct and best steps based on mutual consensus to carry out various activities and service functions made by health facilities based on professional standards. With the existence of standard operating procedures, every job that will be carried out by each individual has standard steps.

Based on the results of the study, the SPO regarding recording on the outpatient integrated patient development record form according to SOAP at the internal medicine polyclinic already exists but there are still incompleteness in filling out the integrated patient development record form due to lack of discipline in the service provider.

CONCLUSION

Conclusion of this paper are: Percentage of completeness and incompleteness of outpatient integrated patient development record form filling according to SOAP at the internal

medicine polyclinic at RSUD Dr. R.M. Djoelham Binjai are as follows: The percentage of occupancy of each component: 1. The subjective component is 95% filled and 5% is not filled. 2. The objective component is 96% filled and 4% unfilled. 3. The analysis component is 53% filled and 47% unfilled. 4. 84% filled plan components and 16% unfilled. Percentage of completion of outpatient integrated patient development record forms according to SOAP at the internal medicine polyclinic at RSUD Dr. R.M Djoelham Binjai, which is 46% fully filled and 54% incompletely filled. Factors causing incomplete filling out of outpatient integrated patient development record forms according to SOAP at the internal medicine polyclinic at RSUD Dr. R.M Djoelham Binjai is as follows: a) The lack of discipline of service providers in filling out outpatient integrated patient development record forms. b) There are no specific items for filling in each SOAP component.

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