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Overview Of the Completeness of Filling Out Important Reports On The Internal Transfer Form Based On Accreditation Standards At Imelda Pekerja Indonesia General Hospital

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ABSTRACT

Internal Transfer Form aims to source important information data when transferring patients from a service unit or room to another room. Incomplete information input can cause communication errors between health workers in providing services to patients. This study used a quantitative method where researchers looked at the completeness of filling out the internal transfer form at the Imelda Pekerja Indonesia Medan General Hospital and how it conformed to Hospital Accreditation Standard No.1128, Year 2022 with a sample of 99 forms. This study starts from April to September 2023. The sampling technique used is probabiity sampling by means of simple random sampling using a check-list sheet instrument. The lowest percentage of form filling incompleteness was found in the "Procedures Performed" component, as many as 7 forms with a percentage (7.1%) of 99 forms, followed by the component "Reasons for Admission and Other Care Patients Have Received", as many as 5 forms (5.1%), the "Significant Findings" component as many as 2 forms (2%), and the "Medicines" component as many as 1 form (1%). The completeness of filling out forms with the highest percentage was found in the component "Diagnosis and Condition of Patients at Transfer", as many as 99 forms with a percentage (100%). Of the 99 samples of internal transfer forms at Imelda Medan Hospital, 18 forms were found to be incomplete with a percentage (18.2%) and 81 forms that were filled out completely (81.8%).

INTRODUCTION

Internal patient transfer or Intra hospital transfer is defined as the process of moving patients from one part / unit / room to another in the hospital. The goal is that patient transfer services are carried out professionally and dedicatedly. In order for the patient transfer process to take place safely and smoothly and its implementation pays great attention to patient safety in accordance with established procedures.

In studies that have been conducted in hospitals in the United States over the past seven years, out of 8500 varied cases, there is a failure of internal transfer to patients. ICU transfer delays are exponentially increasing above hospital occupancy thresholds and may be associated with increased hospital deaths (Ofoma et al., 2020).

Research with qualitative methods at the Regional Y General Hospital in Papua Province, found that internal transfer problems of patients often occur handover problems due to nurse knowledge, nurse understanding, nurse constraints, and the benefits of patient assessment techniques, nurses' experience of the patient's internal transfer process after research was carried out obtained an Unexpected Event (KTD) rate of 55.13%. The implementation time before the research was obtained with a duration of 25 minutes then after the time duration was carried out it became 19 minutes (Nasrianti et al., 2022). Research results from a review of several health journals that many studies have conducted to find strategies to improve the handoff process. This complicated process provides a lot of room for errors that can potentially lead to life-threatening medical errors. So, issues related to patient handover are of international concern. This systematic review was conducted to find out the bottlenecks in the handoff process and find strategies to improve patient handoff quality to ensure patient safety (Maharani and Thabrany, 2018).

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Based on research conducted from 2017-2022, from 15 hospitals in Indonesia, using quantitative research methods, it was found that with 4,500 medical records showed that the rate of unexpected events was 8.0-98.2% for diagnostic errors and 4.1-91.6% for treatment errors. Patient safety incident reports in Indonesia are known to have 46% unexpected events (KTD). Service process errors are caused by various things, including service processes caused by officers (85%) and equipment (15%) (Olimpia de Jesus Araujo, Mira Triharini, 2022). The results of the study "Analysis of the Quality of Medical Records of Bronchopneumonia Patients at PKU Muhammadiyah Surakarta Hospital in 2021 found that filling did not meet the legal aspects of the component, there were no graffiti because graffiti was found in filling in progress records and writing parenting/therapy/instruction plans (Hasanah, Widiyanto and Wulandari, 2022).

Furthermore, research at Sufina Aziz Hospital Medan, from 120 medical record files analyzed using quantitative (descriptive) research methods, found around 65 or 54.1% of medical record files, where the internal transfer form was not filled out completely (Hadya, 2017). Likewise, quantitative research conducted in 2021 at Hospital X in Bandung City, found that the effect of completing internal patient transfer forms on the quality of medical records, there were 71 or 78% complete internal patient transfer forms and 20 or 22% incomplete internal patient transfer forms from a total of 91 samples taken during the first quarter of 2021 (Wikurendra, 2018).

As for the results of qualitative analysis, in a review of diagnostic records at Aceh Tamiang District Hospital, it was found that in nursing records and care and nursing diagnoses, there were 87 (92%) complete and 8 (8%) incomplete from 95 patient medical record files reviewed (Andi Ritonga, Hasibuan and Putri, 2023). The results of the analysis on 163 patient transfer forms based on the ARK 3.3 SNARS accreditation standard at RSIA 'Aisyiyah Klaten completed filling in EP 2 of 83.4% (fully fulfilled), EP 3 of 42.9% (partially fulfilled), EP 4 of 97.6% (fully fulfilled), EP 5 of 98.8% (fully fulfilled), EP 6 of 98.8% (fully fulfilled), EP 7 of 24.5% (partially fulfilled) (Riyantika, 2018).

The results of quantitative research at Imelda Pekerja Indonesia Hospital Medan, of the 87 medical record files analyzed for completeness, there are around 32 or 36.7% of files whose internal transfer forms are incomplete (Simanjuntak and Dasopang, 2021). As for the results of the review of the completeness of medical records of the Covid-19 isolation room of RSU Imelda Pekerja Indonesia in October 2020, of the 48 forms reviewed, internal transfer forms were found in 43 complete medical records (89.58%), and 5 medical records (10.42%) of patients were incomplete (Sitorus, Simanjuntak and Valentina, 2022). In accordance with the latest hospital accreditation standard regulations, hospitals should pay attention to various aspects of their services, including internal transfer forms. This is regulated in the 2022 hospital accreditation standard, one of which is the AKP (access to continuity of service) 4 standard which contains internal transfer form standards set by the government (Kepmenkes RI, 2022).

Based on the results of an initial survey conducted by researchers on 30 internal transfer forms at Imelda Pekerja Indonesia Hospital in March 2023, there are around 7 (23.3%) medical record files that are not filled in completely by nurses or medical officers in charge of serving the internal transfer process of patients. This incomplete form comes from the patient of the room who entered the ICU. In addition, based on several research results that researchers have read from several journals above, researchers found problems that many internal transfer forms in hospitals have not been filled out according to the standards determined by hospital accreditation standards in 2022, not in accordance with good recording standards. This negligence in filling often occurs when there are many patients and so that nurses are overwhelmed and forget to fill out the patient's internal transfer form. This is judged by the good recording done in the hospital.

METHOD

The type of research used is descriptive research. This study aims to determine the completeness of filling out important reports on internal transfer forms based on hospital accreditation standards (reasons for admission, significant findings, diagnosis, procedures that have

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been performed, drugs, other treatments received by patients and patient conditions at the time of transfer) at Imelda Pekerja Indonesia General Hospital in 2023. The reason for choosing the research site was because problems were found related to the completeness of filling out the internal transfer form and had never been done research before. This study was conducted from April to September 2023. The research data collection was carried out from July to September 2023.

The population in this study is an internal transfer form on the medical records of inpatients at the Indonesian Imelda General Hospital as many as 9218 patient medical records for the period July 2022 to July 2023. The sampling technique used in this study is probability sampling by Simple Random Sampling.

The variables to be observed in this study are Reasons for admission, Significant findings, Diagnosis, Procedures that have been performed, Medications, Other treatments received by the patient and Condition of the patient at the time of transfer. The instrument used in this study was a check list sheet. This check-list sheet contains seven important components that have been integrated with hospital accreditation standards for internal transfer forms consisting of reasons for admission, significant findings, diagnosis, procedures that have been performed, medications, other treatments that the patient has received, and the patient's condition at the time of transfer. This aims to see the completeness of each filling of these components. Primary data is obtained through direct observation through check-list sheets. Secondary data in this study were obtained from patient medical records at Imelda Pekerja Indonesia Hospital.

The analysis used in this study is univariate analysis, which is to see the distribution of each variable in the study, namely the reason for admission, significant findings, diagnosis, procedures that have been carried out, drugs, other treatments received by patients and the patient's condition when transferring at Imelda Pekerja Indonesia Hospital in 2023.

RESULTS AND DISCUSSION

Result

Table 1. Distribution of Completeness of Filling Important Reporting Components on Internal Transfer Form

No	Important Components of Internal Transfer Form	Complete		Incomplete		Total	
		F	%	f	%	f	%
1.	Reasons for Admission	94	94,9%	5	5,1%	99	100%
2.	Significant Findings	97	98,0%	2	2,0%	99	100%
3.	Diagnosis	99	100%	0	0%	99	100%
4.	Procedures that have been carried out	92	92,9%	7	7,1%	99	100%
5.	Medicines	98	99,0%	1	1,0%	99	100%
6.	Other treatments the patient has received	94	94,9%	5	5,1%	99	100%
7.	Patient's condition during transfer	99	100%	0	0%	99	100%

Based on the results of this study, it shows that in the admission reason component, there were 94 forms (94.9%) that were filled in completely and 5 forms (5.1%) that were not filled in completely. In the significant finding component, there were 97 forms (98.0%) that were filled in completely and 2 forms (2.0%) that were not filled out. In the diagnosis component, all 99 diagnosis forms (100%) are filled out. In the component of the procedure that has been carried out, there are 92 forms (92.2%) that are filled in completely and 7 forms (7.1%) that are not filled out. In the drug component, there were 98 forms (99.0%) that were filled in completely, there was 1 form (1.0%) that was not filled out. In other components of care that patients have received, there are 94 forms (94.9%) that are filled in completely, 5 forms (5.1%) that are not completely filled. In the component of the patient's condition at the time of transfer, 99 forms (100%) were filled in completely.

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Table 2. Completeness of filling in important reporting components on the internal transfer form

Transfer Form Internal	Complete		Incomplete		Total	
	f	%	f	%	f	%
	81	81,8%	18	18,2%	99	100%

Based on the results of this study, it was found that from 99 samples there were 81 forms (81.8%) that were filled in completely and 18 forms (18.2%) that were not filled in internal transfer forms.

Discussion

Based on the results of the study, it is known that filling in the important reporting component on the internal transfer form for inpatients at the Imelda Pekerja Indonesia Medan General Hospital that is filled in completely is the diagnosis component, as well as the component of the patient's condition at the time of transfer, and the incomplete component is the reason for admission, significant findings, procedures that have been carried out, medicines, and other treatments that have been received by the patient.

From the results of this study, it is known that the lowest percentage of filling in the internal transfer form is in the component of procedures that have been carried out as many as 7 forms (7.1%), and the highest percentage of filling in the component of diagnosis and patient condition at the time of transfer as many as 99 forms (100%) are filled in completely. Incompleteness in the components of procedures that have been carried out, medicines, and other treatments that have been received by patients are not filled completely because if the patient does not receive the intended service, it does not need to be filled or emptied, besides that the reason for admission is often not filled because there are several emergency patients, so the nurse is negligent in filling in the reason for admission. The component of significant findings does not need to be filled in if indeed no significant findings are found during treatment.

In line with several previous studies at the Imelda Pekerja Indonesia Medan General Hospital, of the 87 medical record files analyzed for completeness, there were 32 (36.7%) files whose internal transfer forms were incomplete (Simanjuntak and Dasopang, 2021).

Likewise, research conducted by Sitorus, Simanjuntak, and Valentina (2022) showed that from 48 internal transfer forms, there were 43 complete medical records (89.58%), and as many as 5 medical records (10.42%) of patients were incomplete. Furthermore, research at Sufina Aziz Hospital Medan, from 120 medical record files analyzed, there were 65 (4.1%) medical record files, where the internal transfer form was not filled in completely (Hadya, 2017).

In accordance with hospital accreditation standards, information about patients is included in the internal transfer process between units within the hospital (Kepmenkes RI, 2022). This should require health care workers to fill out internal transfer forms at the hospital correctly and in accordance with what has been done to the patient.

Based on the Ministry of Health No. 24 of 2022, the patient's medical record must be filled in completely in accordance with the health services that have been received by the patient. According to Talib (2022), medical record filling activities are carried out after patients receive medical services. Medical records must be made immediately and completed entirely by doctors, nurses, midwives and medical personnel.

After observing nurses and medical record officers, researchers found several reasons why the hospital's internal transfer form was not filled out completely, namely the first factor is that when there are emergency patients, nurses sometimes forget to complete the internal transfer form. In addition, nurses or doctors sometimes neglect to fill out internal transfer forms.

CONCLUSION

Internal Transfer Form at Imelda Pekerja Indonesia Hospital Medan already uses the latest

Accreditation Standard, namely Accreditation Standard No.1128. The lowest percentage of form filling incompleteness was found in the "Procedures Performed" component, as many as 7 forms (7.1%) out of 99 forms, followed by the "Reasons for Admission and Other Care Patients Have Received" component as many as 5 forms (5.1%), the "Significant Findings" component as many as 2 forms (2%), and the "Medicines" component as many as 1 form (1%). The highest percentage of form filling completeness was found in the "Diagnosis and Condition of Patients at Transfer" component as many as 99 forms (100%). Of the 99 internal transfer form samples at Imelda Medan Hospital, 18 forms were incomplete (18.2%) and 81 forms were filled in completely (81.8%). Hospitals are advised to always supervise, train and educate doctors, nurses who always fill out internal patient transfer forms to avoid errors in the action plan of medical services. For medical record officers, it is recommended to always check the completeness of the internal transfer form has been filled in correctly and in accordance with the health services that have been given and received by the patient, before the patient is transferred to another room.

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