



Factors Inhibiting the Accuracy of Outpatient Morbidity Reporting Data in SIMRS at Imelda General Hospital

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ABSTRACT

The implementation of reporting is very important for hospitals because it can be used as a comparison of visits of old patients or new patients who previously and now reporting in hospitals is divided into 2, namely Internal reporting and External reporting, reporting systems in hospitals will usually be reported monthly, quarterly, and annually. This report aims to produce relevant, accurate and timely information. To be able to produce good and correct, accurate and complete computer output data and can be accounted for is greatly influenced by the discipline of the unit towards patients. Time and place of research May 2023-August 2023 at RSU Imelda, The purpose of this study is to determine the implementation of the management of outpatient morbidity data reporting at SIMRS based on human factors (Man), Method (Method) and Facility (Machine). This type of research is descriptive qualitative. The methods used for data collection are Observation and Interview. The informants in this study amounted to 2 people consisting of 1 SIMRS officer and 1 reporting officer. The result of this study is human resources (Man) where officers still often get errors in writing early diagnosis in patient files, incompleteness of Medical Record files, lack of hospital management preparation, procedure updates and technical instructions in reporting. Facilities (Machine) where the network is often problematic makes officers late in sending reporting data, SOP (Method) where there is no specific SOP in outpatient morbidity reporting but the reporting process still runs well. The suggestion that can be given is to create a special SOP for reporting outpatient morbidity data and improve the network contained in the ruagan so that the processing in reporting can be carried out more optimally.

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INTRODUCTION

According to (Ministry of Health of the Republic of Indonesia, 2020) Hospitals are health service institutions that provide plenary individual health services that provide inpatient, outpatient, and emergency services. In providing services in hospitals, data management is carried out which is an important component in presenting an information system in hospitals. Data management is intended to produce internal and external reports of the hospital. According to (Permenkes RI, 2013) Each hospital is required to record and report on all hospital operations in the form of a Hospital Management Information System (SIMRS) and collect certain disease data to compile outpatient morbidity and mortality reports. Medical records are one of the sources of data in making hospital reporting. Reporting is carried out in hospitals with the aim of creating precise and accurate information.

According to Gultom (2016), a hospital is a health service facility that provides comprehensive services, prioritizing curative and preventive efforts in providing outpatient and inpatient services. In every health service facility must make medical records made by doctors and health workers which are related to services that have been provided by doctors and also health workers which are related to services that have been provided by doctors and other health workers (Ministry of Health RI, 2010). A medical record is a file that contains records and documents about the patient's identity, examination, treatment, actions and other services that have been provided to the patient. Medical records also provide precise and accurate information which is very necessary to support the quality of health services in fulfilling report making. In medical record files have documentation value,

because the content involves memory sources that need to be documented to later be used as material for answers and hospital reports (Ministry of Health RI, 2011).

Regulation of the Minister of Health of the Republic of Indonesia No1171/MENKES/PER/VI2011, inpatient morbidity data (RL 4A) is a form recapitulation of the number of patients discharged from the hospital both life and death conditions in an annual period. According to previous research conducted by Gultom (2016), Sinar Husni Medan General Hospital, the author explained that the reporting system in the medical record work unit has not been fulfilled in achieving the desired goals where there are still obstacles in the implementation of reporting while research conducted by Winarto (2016) at Bethesda Hospital Yogyakarta in (2016) also obtained an illustration that reporting still has obstacles faced related to the implementation of making RL-4b outpatient morbidity data where there are inaccurate data generated by the outpatient daily census, as well as unfulfilled human resources who have coding, index, and reporting competencies.

Based on the results of research from (Kariyanto, 2020) concerning Analysis of Management of Reporting on Outpatient Morbidity Data in Hospitals that the implementation of the management of outpatient morbidity data reporting at Condong Catur Hospital, namely data collection, data collection has run in accordance with Standard Operational Procedures, there are obstacles faced in managing, collecting and inputting outpatient morbidity data reporting, namely lack of resources humans in making reporting so that the workload occurs high. Reporting has been carried out in accordance with applicable standard operational procedures in reporting outpatient morbidity data. The implementation of reporting is computer-based but the medical record file is still manual. Data sources used include visitor data and outpatient visits. No budget is spent during the collection, processing and presentation of data because it is computer-based.

Based on the results of research (Rohman, Nurhamidah and Chanif, 2021) that Nur Hidayah Hospital has input data according to the type of data contained in SIMRS. Collection, processing and presentation of reporting data has been routinely done with excel and SIMRS. In publishing the results of the data has been presented in the form of tables and graphs. The achievement of quality indicators for medical record management and reporting that must be achieved by the hospital is the completeness of the patient's discharge summary and the accuracy of the RL report. The quality indicators that the hospital inputs have not reached the target. This is because the filling of medical records, incomplete patient discharge summaries, and the accuracy of RL reports and data must be consistent between the data in SIMRS and data in excel format. According to (Nugroho and Hartati, 2018) with the title Evaluasi Pemanfaatan Sistem Informasi Manajemen Rumah Sakit (SIMRS) Dalam Pembuatan Laporan Eksternal Morbiditas Pasien Rawat Inap Di RS PKU Muhammadiyah Unit II Yogyakarta that the causative factor of SIMRS cannot be used in making external reports of inpatient morbidity is found in the machine element, namely because the SIRS format is different from the SIMRS format in hospitals. So that in the implementation of making inpatient morbidity reports, officers must re-enter data from SIMRS to SIRS. This also results in frequent delays in sending reports to the Provincial Health Office.

Based on observations made at Imelda General Hospital, the data on outpatient morbidity reporting at SIMRS was carried out well, but in the SMRS section, there were several problems, namely human error and unstable networks, resulting in officers being late in depositing annual reports beyond the predetermined reporting collection limit.

METHOD

One type of hospital reporting is RL 4b, which is reporting on data on the morbidity state of outpatients who are outpatients which is a recapitulation form of the number of new cases and the number of visits contained in the hospital outpatient unit 1171/MENKES/PER/VI/2011. Compiled based on data from the hospital's Health Information System (HIS) and the outpatient Disease and Action index. Disease Index and actions by doctors written in the medical record in the form of codes called Diseases and Actions. Several factors occur in outpatient morbidity reporting, there are still

obstacles faced related to the implementation of making RL-4b outpatient morbidity data where there are inaccuracies in data generated by the outpatient daily census, as well as the unfulfilled human resources who have coding, index and reporting competencies

The type of research used is descriptive research with a qualitative approach. The time for this research implementation activity starts from February 2023 to August 2023. The reason for choosing Imelda General Hospital as a place of research is because in Imelda General Hospital there are still inhibiting factors in the SIMRS section so that this scientific paper can be used as a reference.

The subject of the study can provide information about research data that can explain the characteristics of the subject studied, in this study the subject used is a factor that inhibits the accuracy of outpatient morbidity reporting data on SIMRS. Informant is a person who can provide a rich and comprehensive explanation regarding the subject being sought to collect research data, the informant in this study is 2 medical record officers, 1 reporting officer as a key informant. and 1 officer in the main informant SIMRS section.

Purposive sampling technique according to (Sapitri, 2018) is sampling using certain considerations in accordance with the desired criteria to be able to determine the number of samples to be studied. This study uses two variables, namely independent and dependent variables, dependent variables (dependent variables) are variables that affect or become a result, because of the independent variable (Kuddus, 2019) the independent variable (independent variable) is an influencing variable, which becomes a change or the emergence of a dependent variable (bound) (Kuddus, 2019). In this study, I became an independent variable, namely Man, Methode, Machine and became dependent, namely the factors inhibiting the accuracy of outpatient morbidity reporting data on SIMRS. Primary data is obtained directly from medical record officers through interviews and observations (Pradana and Dewi, 2019). The secondary data in this study is the attitude and knowledge of officers about the Accuracy of Outpatient Morbidity Reporting Data on SIMRS at Imelda General Hospital. Data analysis in this study was collected by interview and observation methods that were processed descriptively.

In the inhibition of the accuracy of outpatient morbidity reporting data in SIMRS there is a factor of 5M (Man, Method, (Material, Money, Machines). Man (Human Resources), in human factor management activities is most decisive. Humans make goals and who carry out the process of activities to achieve the goals they have determined. Without humans, there would be no work process, the central point and management would be human. Every activity carried out depends largely on the person who performs it. Human resources are related to the registration process to the process of storing medical record documents (Hasibuan, 2020)

Method (way or system to achieve goals), in medical records the method used to expedite the course of work is Standard Operating Procedure (SPO) is a guide or tool for controlling services provided by patients in terms of health services. The SOP is given so that the medical record service process can be recorded and can be accounted for properly (Hasibuan, 2020). Material (materials needed in activities). The process of carrying out activities, humans use materials because they are also considered as tools or means of management to achieve goals. Material factors in management cannot be ignored at all. Management itself is a human activity together to take care of materials. Facilities in the registration and storage unit are facilities and infrastructure related to the patient registration process until the patient file reaches storage. With the availability of facilities, it will facilitate services in the medical record unit to run well and will prevent delays in the reporting process (Ulfa, 2018)

Machine is a tool that is used to provide convenience or generate greater profits and create work efficiency Facilities or infrastructure facilities are used to provide convenience or generate greater profits and create work efficiency. With the availability of machines, services in the medical record unit run efficiently, such as computers in carrying out the reporting process (Syah, 2015). Money, the factor causing incomplete filling of medical records seen from the Money or funding factor. Money

relates to the amount of budget that must be provided to support an activity (Siwayana, Purwanti and Murcittowati, 2020)

RESULTS AND DISCUSSION

Research Results

From the results of observations and interviews on the implementation of reporting, there are several factors inhibiting the morbidity reporting system, among others, networks that often experience errors (errors), there are human errors and there is no specific SOP for outpatient morbidity reporting. Morbidity reporting is a recapitulation of the number of new cases and visits to hospital outpatient units for each year. The Morbidity Report sent to the provincial Health Office every year contains a recapitulation of the number of patients with sick conditions or suffering from disease. According to (Rudy, 2019) Outpatient Morbidity Reporting can be said to be good and accurate if it meets the standards or requirements that have been set. The requirements for morbidity reporting to be accurate are:

- Morbidity reporting must be true and objective
- Morbidity reporting must be clear and thorough
- Morbidity reporting must be complete and consistent in accordance with ICD code 10
- Morbidity reporting must be appropriately accepted

Accuracy of Outpatient Morbidias Reporting at RSU Imelda Medan

According to the results of research that has been researched at Imelda General Hospital, policies or operational standards (SOPs) already exist but there is no specific SOP for outpatient morbidity reporting, but even so, the process of reporting outpatient morbidity at Imelda General Hospital is still running well. In verifying the accuracy of the data, the number value is 100% accurate.

Table 1. Observations at Imelda General Hospital

No.	Observations	Yes	No	Information
1	Morbidity reporting is true and objective	√		Outpatient morbidity reporting is a mandatory reporting that is carried out annually. The reporting at Imelda General Hospital is correct and objective. Because one of the reporting requirements at Imelda General Hospital must be correct and objective before being sent.
2	Morbidity reporting is clear and meticulous	√		Hospital Morbidity Reporting using the Hospital Management Information System (SIMRS) must record and also report, especially morbidity reporting clearly and carefully. At Imelda General Hospital, morbidity reporting is clear and meticulous because Imelda General Hospital sets these requirements so that morbidity reporting is accurate.
3	Complete and consistent Morbidity Reporting in accordance with ICD code 10	√		The accuracy of morbidity codification will affect the accuracy of reporting. At Imelda General Hospital, morbidity reporting before being sent to the Health Office must be complete and consistent in order to be accurate in order to accurately report it.
4	Morbidity reporting is appropriate	√		At Imelda General Hospital, morbidity reporting is collected every January 1 to December 31 every year, made a recapitulation and reported by filling out form RL 4b

Based on the table above, reporting is part of the medical record management system, where the accuracy (accuracy) of the data strongly supports the value of the information itself. Data accuracy Reporting can be said to be accurate when the data is 100% data accuracy in accordance with predetermined standards or requirements.

Man Factor (Human Resources)

The human resources factor (Man) in the case of this study refers to the human resources involved in reporting outpatient morbidity. The human (Man) used in this study is the officer's knowledge, attitudes and skills in human resources involved in the process of reporting outpatient morbidity in SIMRS.

The level of education of officers, has a major influence in the level of knowledge about the importance of data confidentiality. A good medical record officer must also have good competence, namely with medical recorder graduates. Based on the results of interviews from 2 reporting officers at the Imelda Education General Hospital, officers in the reporting section found that 1 officer was a graduate of D3 medical records, and 1 officer was a graduate of D3 computer. Every officer is required to attend the training provided so that the reporting process at Imelda General Hospital.

Table 2 Distribution of Education Level Qualifications of Reporting Officers and SIMRS

Officer name	Officer education	Department	Length of work
Informant 1 Main informant	D3 Computer	SIMRS Parts	4 Years
Informant 2 Key Informer	D3 Medical records	Reporting section	4 Years

Work experience is how long someone works in an organization, the longer someone works in an organization, the higher the work motivation. This is in accordance with (Putri, 2019) that officers with recent work experience are of course to do work in their fields, so that it can affect the proficiency of peuga in carrying out their duties, at RSU Imelda it is known that the peugas service period is 4 years for the reporting section and 4 years for the SIMRS section.

Method Factor

Based on the results of research at Imelda General Hospital for the flow of outpatient morbidity reporting at SIMRS, there is no specific Standard Operating Procedure (SOP) related to reporting outpatient morbidity at SIMRS. However, even so, the process of reporting outpatient morbidity at SIMRS is still running well. Based on the results of the interview, it can be concluded that SOPs for reporting already exist, but not specific SOPs related to outpatient morbidity reporting at SIMRS at Imelda General Hospital.

Factor Machines

The results of research conducted at Imelda General Hospital which were used in reporting outpatient morbidity in SIMRS have been computerized. That is starting from when the officer fills in the identity in the administration then to the emergency room until it reaches the SIRS officer using the SIMRS application and also Microsoft Excel. In addition, there are obstacles experienced by officers, namely unstable networks (errors) which often require officers to be controlled in the process of implementing reports.

Table 4. Observations at Imelda General Hospital

Research Elements	Exist	No Have	Information
Outpatient morbidity reporting in SIMRS has SOPs		✓	There is no specific SOP for outpatient morbidity reporting, all SOPs in the comprehensive reporting section are all in the

Supporting facilities and infrastructure in making reports are in accordance with existing regulations	✓	reporting section Adequate facilities and infrastructure
Create reports according to existing rules	✓	Making an outpatient morbidity report is appropriate
In making outpatient morbidity data reports, whether the data is taken from a computer	✓	Data taken from SIRS is taken from SIMRS and made into a report.
Application-related issues in the generation of outpatient morbidity reports	✓	No problem

Based on the results of research at Imelda General Hospital, there are already reporting SOPs, but there are no specific SOPs for outpatient morbidity reporting, SOPs are a set of standard operations that are used as guidelines to improve effective, consistent, and systematic performance (Tambunan, 2013). Although there is no specific SOP for outpatient morbidity reporting, the reporting process has been running well, and the employees in charge of the reporting department have been aware of the morbidity data submission.

Based on the results of the study, the facilities used in the reporting section are computers containing online SIRS applications, paper, pen pens, prin machines, telephones as communication tools and wifi to support morbidity reporting. This facility has supported the implementation of outpatient morbidity reporting at Imelda General Hospital. Based on the results of Ngatmi's research (2015), in the process of implementing reporting using computer facilities that have been integrated into excel microphones. According to (Ministry of Health, 2011) SIRS is an improvement of SIRS Revision V which is compiled based on input from each Directorate and Secretary in the environment, this is needed in order to support optimal data utilization.

Based on the results of research guided by interviews, obstacles that occur due to unstable networks (errors). There are mistakes made by officers, namely the enforcement of initial diagnoses which often occur errors that make the process of sending data to SIRS slow. According to PERMENKES No.82 of 2013 that in accordance with the provisions of article 52 paragraph (1) of Law number 44 of 2009 concerning hospitals, each hospital is required to record and report all hospital management activities in the form of a hospital management information system. That the establishment of a hospital management information system is carried out in order to improve the efficiency and effectiveness of hospital management in Indonesia.

CONCLUSION

There is no specific SOP for reporting outpatient morbidity data on SIMRS, but the reporting process has been running well. Human resources (Man), Education officers in the SIMRS section do not have a medical record background, but have attended training related to outpatient morbidity reporting. Errors from officers when determining the initial diagnosis, so that SIMRS officers must check twice so that there is no misdiagnosis. Facilities in morbidity reporting processes are adequate and use is optimal. The most common obstacles in reporting such as unstable networks (errors) make SIRS officers lambaht in sending to SIMRS. The hospital makes special SOPs on outpatient morbidity reporting, so that outpatient morbidity reporting is more optimal and officers know the workflow of the reporting process and improve the facilities in the data reporting process at SIMRS, namely the network, so that the reporting process can be carried out.

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