

Socialization the Importance of Completing the Completeness of Mental Care CPPT in Hb Saanin Hospital

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ABSTRACT

One effort to improve the quality of medical record documentation is through quantitative analysis. Quantitative analysis of medical record documents includes identification, recording, reporting, and authentication review. Medical record documentation supports achieving one of the Minimum Service Standards (SPM) for medical records, namely the completeness of filling in medical records 100%. One of the important completeness of medical record files is CPPT, Integrated records support medical team coordination. All members of Professional Care Providers (PPA), such as doctors, nurses, and related experts, can access the same information. This facilitates better communication and collaboration in decision-making regarding patient care. The incomplete filling out of the CPPT has made the staff interested in conducting outreach regarding the completeness of the CPPT at RJ. HB Saanin. The activity is planned to be carried out over two days at RSJ HB Saanin in March 2023. The activity method is socializing the proper procedures for completing the CPPT to Professional Care Providers (PPA). The implementation of community service is related to the importance of filling out CPPT at RSJ. Prof. HB. Saanin went well and smoothly. The material provided includes Basic concepts of CPPT, the Purpose of filling out the CPPT, Benefits of filling out CPPT, and Steps to fill out the CPPT. In general, PKM activities ran smoothly and well, the activity was attended by 16 participants consisting of the PKM Team, hospital leaders, and staff consisting of doctors, nurses, and medical records officers. The activities were carried out on time, the training participants were enthusiastic about the activities as evidenced by the increasing scores on the post-test.

ARTICLE INFO

Article History:

Submitted/Received 21 Jun 2024

First Revised 4 Jul 2024

Accepted 5 Jul 2024

First Available online 31 Jul 2024

Publication Date 31 Jul 2024

Keyword:

Socialization

Completeness

CPPT

Medical records

INTRODUCTION

Medical records contain various forms used to record patient data starting from patient identity, patient clinical data, and patient medical support. The medical record form used to record patient clinical data and as a communication tool between professional care providers in communicating is the integrated patient progress record form (CPPT). The main use of medical records is as evidence of the course of a patient's illness and the treatment that has been given, a communication tool between health workers who provide care to patients, a source of information for research and education, and as a source for compiling health statistical data (Pamungkas, 2010)

According to the Ministry of Health in 2006 a complete medical record is a medical record document that has been completely filled out by a doctor within 24 hours after completion of service / after an inpatient is decided to return home including patient identity, history taking, plan of care, implementation of care, follow-up and resume. Complete medical records, providing information that can be used for various purposes. These needs include as evidence in legal cases, research and education materials and can be used as a tool for analysis and evaluation of the quality of services provided by hospitals (Pamungkas, 2015).

By having a comprehensive understanding of the patient's condition, the care team can provide more targeted and coordinated care (Veren & Suharto, 2022). This can increase the effectiveness of treatment and minimize the risk of errors or redundancy in medical procedures. Consistent access to medical information also supports better communication among care team members. Information that can be easily accessed by all parties facilitates a smooth exchange of information, which is critical in fast-paced and dynamic care situations. The consistent availability of information not only helps the care team better understand the patient's condition but also stimulates better collaboration and effective care coordination, which in turn can improve patient care outcomes (Siswati & Dindasari, 2019).

One effort to improve the quality of medical record documentation is through quantitative analysis. Quantitative analysis of medical record documents includes identification, recording, reporting, and authentication review. Medical record documentation supports achieving one of the Minimum Service Standards (SPM) for medical records, namely the completeness of filling in medical records 100%. Based on preliminary studies conducted at RSJ. Prof. HB. Saanin, through a direct interview with the head of medical records, stated that problems were still found regarding the completeness of the CPPT. There are still PPA's that do not fill out the CPPT and there is no calculation regarding the completeness of the CPPT. Through this problem, the community service is interested in researching the importance of filling out the CPPT for mental health care and calculating its completeness.

PROBLEM SOLUTION

The problem that occurs in hospitals is the incomplete filling of the CPPT by professional care providers (PPA). There is no awareness regarding the completeness of the CPPT. The servants and team provided solutions, one of which was the implementation of this socialization. Every PPA must understand the responsibilities related to completing this sheet. Another problem is that the doctor in charge (DPJP) is not available every day, so verification from the DPJP cannot be carried out on time.

PLACE BY METHODE

Time and Place of Activities

This Community Service Activity (PKM) was carried out on May 7 2024 at RSJ.Prof.Dr.HB. Saanin Padang.

Work procedures

In implementing the activity, the steps taken are as follows:

- Hold coordination meetings with community service members within the specified time.
- Choose a theme related to the form of activity that will be held.
- Conduct a location survey by visiting the place or location of the activity directly. This activity ended by creating collaboration in the form of scheduling PKM activity schedules.
- Keep a good record of all activity participants and the facilities used during the activity.
- Carry out all activities according to the agenda, and report and publish in the form of final reports and journals.

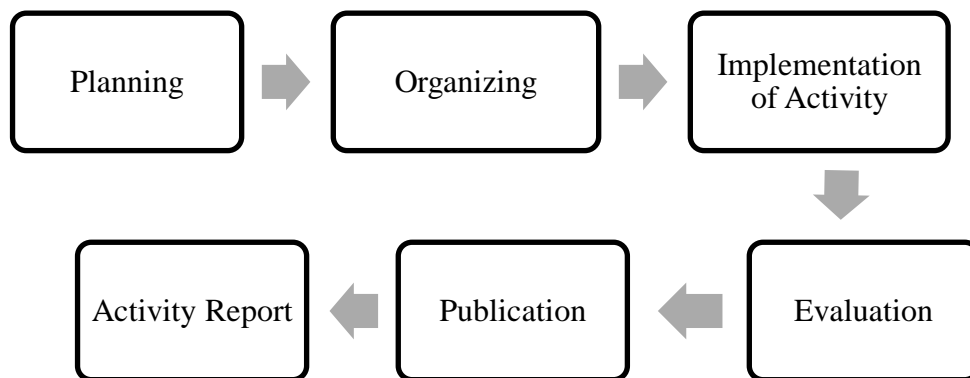


FIGURE 1. Activity Implementation Process

Implementation Method

This Community Service activity is carried out by providing outreach regarding the storage of medical record files. Activities have been carried out directly or face to face. The PKM team consists of 3 people consisting of the chairman and members.

The mechanism for implementing PKM activities is as follows:

- Application for permission to carry out PKM at the Hospital
- Carrying out PKM activities involving medical records students
- Make reports and presentations of PKM results

The material presented in the socialization activities is as follows:

- Basic concepts of CPPT
- Purpose of filling out the CPPT
- Benefits of filling out CPPT
- Steps to fill out the CPPT

RESULTS AND DISCUSSION

Implementation of activities

1. Activity Location

A community service activity entitled "Socialization of the Importance of Completeness for Completing the CPPT for Mental Care" was carried out at RSJ. Prof. HB. Sa'anin Padang, which is located on Jl. Raya Ulu Gadut Padang, Limau Manis Selatan Village, Pauh District, Padang City. This activity was carried out for one full day, namely on Tuesday, May 7, 2024, and was attended by 16 participants consisting of the PKM team from Apikes Iris, hospital leaders, doctors, nurses, nutritionists, and hospital medical records officers.

2. Participants involved

Participants involved in this activity are as follows (attachment):

1. Nurhasanah Nasution, M.Si (Ketua Pengabdian)
2. Sayati Mandia, M.Sc (Anggota PKM)
3. Nurul Hafizah (Anggota PKM)
4. dr. Cisillya Mykesturi
5. dr. Rosa Neszty
6. Ns. Indra Yudi Pratama, S.Kep
7. Ns. Surya Effendi
8. dr. Ade Yuli Amelia, Sp.KJ
9. Yulia Kantisa Rahma
10. dr. Fairuz Fauzia
11. Monalisa, Amd, RM
12. Evisah, AMd, KG
13. Sri Wahyuni, Amd, RM
14. Ria Prima Leni, AMd, RM
15. Hasnaini, Amd, PK
16. Robi Merianto
17. Ns. Sarie Andhika Putri
18. Shinta Margaret
19. Tia Ayu Muliana, M.Kom

Result of activities

1. Achieving Goals

In general, community service activities are carried out by providing training to medical records officers at RSJ. Prof. HB. Sa'anin Padang which was held on Tuesday, May 7 2024 was successfully carried out well and smoothly. This activity starts from 09.00 WIB until 12.00 WIB. The first activity was opened by the moderator to explain the purpose of the service activities carried out and introduce all the PKM teams consisting of lecturers and students of Apikes Iris. The activity continued with the provision of training materials by the Head of Service. Before the training activity, the speaker gives questions related to the pre-test, to find out the extent of the medical records officer's knowledge regarding the material that will be given on that day. After the pretest activity, it continued with service material which was directly delivered

by the service leader. This training is specifically aimed at medical records officers at RSJ. Prof. HB. Sa'anin Padang.



FIGURE 1. Moderator Provides The Opening and Objectives Of PKM

CPPT is an integrated record that supports the coordination and communication of the entire medical team and Professional Care Providers (PPA). All members of the care team, such as doctors, nurses, and related experts, can access the same information on this formula. The goal is to facilitate better communication and collaboration in decision-making regarding patient care. This refers to a medical record system that brings together all patient-related information in one system that can be accessed by all members of the medical team (Abduh, 2021).

The PKM team provided training related to the activities, and it seemed that all participants were enthusiastic in understanding the material being carried out. After the presenter finished providing the material, a discussion was held, and the participants conveyed the problems that occurred at the hospital. Understanding regarding the completeness of the CPPT formula is still minimal for all PPA, filling in names and titles is incomplete. According to Arrandhikasari et al (2023) Another factor such as the compliance of medical doctors. The finding showed a positive effect on physician compliance with the quality of medical records. In this study, physician compliance in filling out the medical record is quite good. However, the lack of socialization from management regarding the procedure for filling in e-medical records causes doctors to ignore e-medical records often because they think that filling in medical records manually is more accessible. Whereas the higher the compliance with medical record filling, the quality of medical records in hospitals is increasing.



FIGURE 2. The Head of Service Provides Training Regarding the Completeness of Patient CPPT

Filling in the CPPT formula is very important in completing a patient's service history at a health facility. The service member stated that there is a need for a standard operational procedure (SOP) regarding this filling so that all PPA complete all medical record forms as a form of achieving orderly administration. Responsibility for the completeness of filling in medical records lies with the professional providing care regarding the actions that will be taken to provide care and handling of patients.



FIGURE 3. Participants Carry out Practice of Completing Patient CPPT

At the end of the activity, participants are given time to open the CPPT and see the completeness of filling out the form. Then after that, the team conducted a post-test for all participants to see the participants' understanding after being given socialization/material. The pre and post-test results of PKM participants can be seen in Table 1

TABLE 1. Pre-test and post-test results of PKM participants' understanding of PKM material

No	Responden	Nilai Pre test	Nilai Post Test
1	Respondent 1	40	100
2	Respondent 2	70	100
3	Respondent 3	40	100
4	Respondent 4	30	90
5	Respondent 5	90	100
6	Respondent 6	40	70
7	Respondent 7	40	100
8	Respondent 8	70	100
9	Respondent 9	60	100
10	Respondent 10	80	100
11	Respondent 11	70	100
12	Respondent 12	60	100
13	Respondent 13	40	80
14	Respondent 14	90	100
15	Respondent 15	40	70
16	Respondent 16	40	100

PKM activities continued with giving door prizes to participants who got the highest score on the post-test. The highest post-test score was obtained by Ns Surya Effendi. Next, the activity closed with a group photo with the PKM team of Apikes Iris lecturers and students and all RSJ staff. Prof. HB. Sa'anin Padang.



FIGURE 4. The PKM team gave door prizes to participants with the highest post-test



FIGURE 5. Group photo with all activity participants

CONCLUSIONS AND RECOMMENDATIONS

The activity is planned to be carried out over two days at RSJ HB Saanin in March 2023. The activity method is in the form of socializing the proper procedures for filling out the CPPT to Professional Care Providers (PPA). The implementation of community service is related to the importance of filling out CPPT at RSJ. Prof. HB. Saanin went well and smoothly. The material provided includes: Basic concepts of CPPT, Purpose of filling out the CPPT, Benefits of filling out CPPT, Steps to fill out the CPPT. In general, PKM activities ran smoothly and well, the activity was attended by 16 participants consisting of the PKM Team, hospital leaders, and staff consisting of doctors, nurses, and medical records officers. The activities were carried out on time, the training participants were enthusiastic about the activities as evidenced by the increasing scores on the post-test

ACKNOWLEDGMENT

This PKM activity is fully funded by an internal grant from Apikes Iris in 2024. The PKM team would like to express its gratitude for the moral and material support to Apikes Iris and the Apikes Iris Research and Service Institute (LPPM) so that this activity can be carried out well and smoothly

REFERENCES

- Abduh, R. (2021). Kajian Hukum Rekam Medis Sebagai Alat Bukti Malapraktik Medis. *Jurnal Ilmu Hukum*, 6(1), 221–233.
- Arrandhikasari, D., Rian, A.P and Agusdini, B.S. 2023. Research Impact of Workload, Knowledge, Motivation, and Compliance of Medical Doctor on Quality of Medical Record at a Hospital in South Tangerang City, Indonesia. IJNHS.
- Rahmadiliyani, N., dan Faizah, W. 2022. Sosialisasi Pengisian Lembar Catatan Perkembangan Pasien Terintegrasi pada Perawat. *Jurnal Pengabdian Masyarakat Bestari (JPMB)* Vol. 1, No. 5, 2022: 377-382. STIKes Husada Borneo
- Hendra, Muhaemin Dan Santosa. Klasifikasi Pasien Gangguan Jiwa Menggunakan Algoritma C4.5 Sebagai Dasar Pengambilan Keputusan Kesehatan Jiwa. *Prosiding Seminar Nasional Penelitian Lppm Umj*. Website: [Http://Jurnal.Umj.Ac.Id/Index.Php/Semnaslit](http://Jurnal.Umj.Ac.Id/Index.Php/Semnaslit) E-Issn:2745-6080
- Nugraheni, S.W., Dkk. 2023. Kelengkapan Pengisian Dokumen Rekam Medis Rawat Inap Kasus *Thyroid Fever* Di Rumah Sakit. *Prosiding Seminar Informasi Kesehatan Nasional (Sikesnas)2023* E-Issn : 2964-674x
- Lestari, A., Prita, D., I dan Julia, P. 2022. ANALISIS KUALITATIF DOKUMEN CPPT RAWAT INAP RSJD dr. ARIF ZAINUDIN SURAKARTA. *Prosiding Seminar Informasi Kesehatan Nasional (SikesNas) 2022*
- Pamungkas, Tiara Wahyu, Triyani Mawarti, dan Solikhah. (2010). Analisis Ketidaklengkapan Pengisian Berkas Rekam Medis Di Rumah Sakit PKU Muhammadiyah Yogyakarta. *Jurnal KESMAS* 4, 1-75.
- Siswati, S., & Dindasari, D. A. (2019). Tinjauan Aspek Keamanan Dan Kerahasiaan Rekam Medis Di Rumah Sakit Setia Mitra Jakarta Selatan. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 6(2), 91–99. <https://doi.org/10.59300/mjrm.v6i0.49>
- Veren, F. A., & Suharto, E. (2022). Information System Design Completeness of Filling Out Discharge Summary of Inpatients. *Jurnal Teknik Informatika (Jutif)*, 3(4), 877–887. <https://doi.org/10.20884/1.jutif.2022.3.4.312>