Analysis of the Relationship between Completeness of Completion of Medical Record Documents for Surgical Patients and Compliance with INA-CBG's Tariff Standards

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Abstract

The aim of this study was to analyze the relationship of the completeness of the surgical inpatient medical records filling to the suitability of the INA-CBG's Tariff Standards. The analyzed forms are the Exit Patient Summary Form (Medical Resume) Surgery Report, Anesthesia Report, Hospitalization Warrant and Diagnostic Support Examination. This study is a quantitative study with a cross sectional design. The sample size in the study was 96 medical records. The measuring instrument used was a check sheet list. Data were analyzed bivariate with Chi-square Test and multivariate with Multiple Logistic Regression Test. The results of the Bivariate Analysis obtained a completeness relationship for filling out the Surgery Report form (P-Value 0.001) Anesthesia Report (P-Value 0,000) and the Hospitalization Warrant (P-Value 0.004) with the suitability of the INA-CBG Tariff Standards, and there is no completeness relationship for filling out the Exit Patient Summary form (Medical resume) and Examination of Diagnostic Support with the suitability of INA-CBG Tariff Standards. The Multivariate Analysis revealed that the completeness of the Anesthesia Report Form is the dominant factor affecting the suitability of INA-CBG's Tariff Standards with P (Sig) 0.006 < 0.05, Odds Ratio (OR) = 21.000, Coefficient Value B = 3.045). With this research, it is hoped that regular socialization and training will emphasize the completeness of the documents needed for claiming.

Keywords: INA-CBG's, Medical Record Documents, Completeness

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Introduction

According to the World Health Organization (WHO), there are six priority world health issues that require good leadership. These six issues are also very relevant to Indonesia, namely first, the unfinished MDG's health problems, namely maternal health, child health, infectious diseases, and environmental health. Second, dealing with non-communicable diseases (NCDs) and their risk factors, namely cancer, heart disease, diabetes, and chronic lung disease, with risk factors including smoking, diet, lack of physical activity, and alcohol consumption. Third, the implementation of the 2005 International Health Regulation (IHR). Fourth, the implementation of Universal Health Coverage (UHC) such as the National Health Insurance (JKN). Fifth, guarantee the availability of good and quality medicines and medical devices to all people wherever they are. Sixth, dealing with social, economic and environmental determinants (Marmot et al., 2012; Guinto et al., 2015; Fitriana et al., 2019).

To realize the global commitment as mandated by the 58th WHA resolution in 2005 in Geneva which wants every country to develop Universal Health Coverage (UHC) for the entire

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population, the government is responsible for implementing public health insurance through the National Health Insurance (JKN) program. In this regard, in order to improve the health status of the community, the government organizes the National Health Insurance Program by the Health Social Security Administering Body as an effort to provide health protection to participants to obtain health care benefits and protection in meeting basic health needs.

In the Decree of the Minister of Health of the Republic of Indonesia Number 27 of 2014 concerning Technical Instructions for the Indonesian Case Base Groups (INA-CBG's) system, it is stated that in the context of implementing Health Insurance in the National Social Security System, tariffs for health services have been set at first-level health facilities and advanced health facilities where service rates are set. Health services at advanced health facilities are carried out using the Indonesian Case Base Groups (INA-CBG's) payment pattern (Satibi et al., 2019). Health financing is an important part in the implementation of the National Health Insurance (JKN) (Nugraheni et al., 2021; Nasution et al., 2020).). There are two hospital payment methods used, namely the retrospective payment method and the prospective payment method

Based on an initial survey at Imelda Indonesian Workers Hospital in Medan, information was obtained that the real cost system uses hospital rates that have been determined by the Director's Decree, while the basis for grouping INA-CBG's rates uses a codification system of final diagnoses and actions/procedures that become service outputs, with refers to the 2010 Revised ICD-10 for diagnosis and the 2010 Revised ICD-9-CM for actions/procedures. The grouping is done using an information technology system in the form of the INA-CBG's application so that 1,075 groups are produced, consisting of 786 groups of inpatient cases and 289 groups of outpatient cases. The problems found at Imelda Workers' Hospital in Indonesia, in addition to the differences in the tariff system mentioned above, are the problem of incompleteness and inaccuracy of recording in medical record documents which causes problems in the claim process and low rates for INA-CBG's.

Methods

This study is a quantitative study with a cross-sectional research design where researchers only observe and measure variables at a certain time, which aims to analyze the relationship between the Completeness of Medical Record Documents for Surgical Patients and the Compliance with INA-CBG's Tariff Standards in Inpatient Installations. Imelda Indonesian Workers Hospital Medan in 2020. The population of this study were all 2712 inpatient medical records of surgical patients in 2020 as many as 2712 documents based on SIMRS (Hospital Management Information System) Imelda Indonesian Workers Hospital (RSU) data. The sample of this study using the Slovin formula was 96.44 medical record documents and rounded up to 96 documents.

Results and Discussion

Univariate Analysis

Characteristics of Medical Record Documents of Special Inpatients of Surgery at RSU Imelda Pekerja Indonesia in 2020.

Table 1. Distribution of Frequency characteristics of Medical Record Documents of Special Surgical Inpatients at RSU Imelda Pekerja Indonesia in 2020

Characteristic	Frequency	Percentage (%)
Category of Surgery		

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Elective	50	52.1
Emergent	46	47.9
	96	**100**
Types of Surgery		
Big	52	54.2
Special	33	34.4
Keep	11	11.5
Small	0	0
	96	**100**
Surgery		
Pediatric Surgery	1	1.0
Plastic Surgery	2	2.1
Neurosurgery	2	2.1
Vascular Surgery	1	1.0
Digestif	16	16.7
Obstetrics of Gynecology	49	51.0
Oncology	1	1.0
Gynecologic Oncology	11	11.5
Orthopedic	10	10.4
Urology	3	3.1
	96	**100**
BPJS Assurance Treatment Class		
Class I	15	15.6
Class II	27	28.1
Class III	54	56.3
	96	**100**
Length of Treatment (LOS)		
1 - 3 days	61	63.5
4 - 8 days	27	28.1
9 - 14 days	6	6.3
>14 days	2	2.1
Total	**96**	**100**
Cost According to INA-CBG's Rates		
< Rp 5,000,000,-	6	6.3
> Rp 5,000,000,- to Rp 10,000,000,-	59	61.5
> Rp 10,000,000,- to Rp 15,000,000,-	20	20.8
>Rp 15,000,000,-	11	11.5
Total	**96**	**100**
Cost of Rill		
< Rp 5,000,000,-	0	0
> Rp 5,000,000,- to Rp 10,000,000,-	45	46.9

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> Rp 10,000,000,- to Rp 15,000,000,-	27	28.1
>Rp 15,000,000,-	24	25.0
Total	**96**	**100**

Table 2. Distribution of Frequency of Medical Record Documents of Special Surgical Inpatients at RSU Imelda Pekerja Indonesia in 2020

No	**Variable**	**Complete**		**Sufficient/Incomplete**		**Total**	
1	Patient Summary Out (Medical Resume or Discharge Planning)	**f**	**%**	**f**	**%**	**F**	**%**
	Item 1	95	98,96	1	1,04	96	100
	Item 2	94	97,92	2	2,08	96	100
	Item 3	95	98,96	1	1,04	96	100
	Item 4	96	100	0	0	96	100
	Item 5	96	100	0	0	96	100
	Item 6	92	95,84	4	4,16	96	100
	Item 7	96	100	0	0	96	100
	Item 8	93	96,88	3	3,12	96	100
	Item 9	87	90,63	9	9,37	96	100
	Item 10	94	97,92	2	2,08	96	100
2	Surgery Report and Post-Surgical Instruction						
	Item 1	95	98,96	1	1,04	96	100
	Item 2	85	88,55	11	11,45	96	100
	Item 3	90	93,75	6	6,25	96	100
	Item 4	87	90,63	9	9,37	96	100
	Item 5	96	100	0	0	96	100
	Item 6	91	94,80	5	5,20	96	100
	Item 7	96	100	0	0	96	100
	Item 8	18	18,75	78	81,25	96	100
	Item 9	21	21,87	75	78,13	96	100
	Item 10	91	94,80	5	5,20	96	100
3	Anaesthetic Report						
	Item 1	94	97,92	2	2,08	96	100
	Item 2	94	97,92	2	2,08	96	100
	Item 3	61	63,55	35	36,45	96	100
	Item 4	94	97,92	2	2,08	96	100
	Item 5	35	36,46	61	63,54	96	100
	Item 6	87	90,63	9	9,37	96	100
	Item 7	81	84,37	15	15,63	96	100
	Item 8	32	33,33	64	66,67	96	100
	Item 9	74	77,09	22	22,91	96	100
	Item 10	95	98,96	1	1,04	96	100
4	Warrant of Hospitalization (SPO)						
	Item 1	28	29,17	68	70,83	96	100

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	Item 2	91	94,79	5	5,21	96	100
	Item 3	90	93,75	6	6,25	96	100
	Item 4	84	87,5	12	12,5	96	100
	Item 5	92	95,83	4	4,17	96	100
5	Diagnostic Support Examination Form						
	Item 1	58	60,42	38	39,58	96	100
	Item 2	93	96,88	3	3,12	96	100
	Item 3	43	44,80	53	55,20	96	100

Table 3. Distribution of Frequency of Medical Record Documents For Patient Summary Variables Out (Medical Resume or Discharge Summary) at RSU Imelda Pekerja Indonesia In 2020

No.	Category	Frequency	Percentage (%)
1	Complete (10)	78	81.25
2	Complete Enough (8-9)	18	18.75
3	Incomplete (0-7)	0	0
	Total	**96**	**100**

Table 4. Distribution of Frequency of Medical Record Documents For Variable Surgery Reports and Post-Surgical Instructions at RSU Imelda Indonesian Workers in 2020

No.	Category	Frequency	Percentage (%)
1	Complete (10)	8	8.33
2	Complete Enough (8-9)	58	60.42
3	Incomplete (0-7)	30	31.25
	Total	**96**	**100**

Table 5. Distribution of Frequency of Medical Record Documents For Variable Anesthesia Report at RSU Imelda Indonesian Workers in 2020

No.	Category	Frequency	Percentage (%)
1	Complete (10)	8	8,33
2	Complete Enough (8-9)	51	53,13
3	Incomplete (0-7)	37	38.54
		96	**100**

Table 6. Distribution of Frequency of Medical Record Documents for Variable Warrant Opname (SPO) in RSU Imelda Pekerja Indonesia In 2020

No.	Category	Frequency	Percentage (%)
1	Complete (5)	25	26.04
2	Incomplete (0 - 4)	71	73.96
		96	**100**

Table 7. Distribution of Frequency of Medical Record Documents for Variable Diagnostic Support Examination Form at RSU Imelda Indonesian Workers in 2020

No.	Category	Frequency	Percentage (%)
1	Complete (3)	40	41.7
2	Incomplete (0-2)	56	58.3

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		96	**100**

Table 8. Distribution of Frequency Conformity of INA-CBG's Tariff Standard with Rill Tariff on Medical Record Documents of Surgical-Specific Inpatients at RSU Imelda Indonesian Workers in 2020

No.	Category	Frequency	Percentage (%)
1	Appropriate (1)	29	69.8
2	Not Suitable (0)	67	30.2
		96	**100**

Bivariate Analysis

Table 9. Cross-Tabulation of Completeness of Filling Out Patient Summary Form (Medical Resume or Discharge Summary) With Conformity of INA-CBG's Tariff Standards In Special Surgical Inpatients at RSU Imelda Indonesian Workers Medan

Completeness	INA-CBG's Tariff Standard				Total		*P value*
	Not appropriate		Appropriate				
	f	%	f	%	F	%	
Quite Complete	14	77.8	4	22.2	18	100	**0.593**
Complete	53	67.9	25	32.1	78	100	
Total	**67**	**69.8**	**29**	**30.2**	**96**	**100**	

For a 2x2 table and there is no Expected Count < 5, use Continuity Correction Value P-Value = 0.593 > sig_α=0.05. The results of this analysis do not meet the criteria for the relationship hypothesis requirements, so it can be stated that the Completeness of Filling Out Patient Summary Forms (Medical Resume or Discharge Summary) does not have a significant relationship with INA-CBG's Standard Conformity Rates.

Table 10. Cross-Tabulation of Completeness of Filling Out Surgical Report Form and Post-Surgical Instructions with Conformity of INA-CBG's Tariff Standards in Surgical-Specific Inpatients at RSU Imelda Indonesian Workers Medan in 2020.

Completeness	INA-CBG's Tariff Standard				Total		*P value*
	Not appropriate		Appropriate				
	f	%	f	%	F	%	
Incomplete	28	93.3	2	6.7	30	100	**0.001**
Quite Complete	36	62.1	22	37.9	58	100	
Complete	3	37.5	5	**62.5**	8	100	
Total	**67**	**69.8**	**29**	**30.2**	**96**	**100**	

The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be stated that the Completeness of Filling in the Surgical Report Form and Post-Surgery Instructions has a significant relationship with INA-CBG's Standard Tariff Compliance.

Table 11. Tabulation Cross Relationship Completeness Filling The Anaesthetic Report Form With Conformity of INA-CBG's Tariff Standards in Special Inpatient Surgery at RSU Imelda Indonesian Workers Medan In 2020

Completeness	INA-CBG's Tariff Standard				Total		*P value*
	Not appropriate		Appropriate				
	f	%	f	%	F	%	

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Incomplete	33	89.2	4	10.8	37	100	**0.000**
Quite Complete	33	64.7	18	35.3	51	100	
Complete	1	12.5	7	87.5	8	100	
Total	67	69.8	29	30.2	96	100	

The results of this analysis meet the criteria for the requirements of the relationship hypothesis, so it can be stated that the Completeness of Filling in the Anesthesia Report Form has a significant relationship with the INA-CBG's Standard Conformance of Tariffs.

Table 12. Cross-Tabulation of Completeness of Filling Out Opname Warrant Form (SPO) With Conformity of INA-CBG's Tariff Standards in Surgical-Specific Inpatients at RSU Imelda Indonesian Workers Medan in 2020

Completeness	**INA-CBG's Tariff Standard**				**Total**		***P value***
	Not appropriate		**Appropriate**				
	f	**%**	**f**	**%**	**F**	**%**	
Incomplete	53	74.6	18	25.4	71	100	**0.004**
Complete	10	40.0	15	60.0	25	100	
Total	**63**	**65.6**	**33**	**34.4**	**96**	**100**	

For 2x2 tables and no Expected Count < 5, use Continuity Correction. P-Value = 0.004 < sig_α=0.05. The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be stated that the Completeness of Filling in the Hospitalization Order (SPO) has a significant relationship with INA-CBG's Standard Tariff Compliance.

Table 13. Cross-Tabulation of Completeness of Filling Diagnostic Support Examination Form With Conformity of INA-CBG's Tariff Standards in Special Surgical Inpatients at RSU Imelda Indonesian Workers Medan In 2020

Completeness	**INA-CBG's Tariff Standard**				**Total**		***P value***
	Not appropriate		**Appropriate**				
	f	**%**	**f**	**%**	**F**	**%**	
Incomplete	40	71.4	16	28.6	56	100	**0.851**
Complete	27	67.5	13	32.5	40	100	
Total	67	69.8	29	30.2	96	100	

The results of this analysis do not meet the criteria for the relationship hypothesis requirements, so it can be stated that the Completeness of the Diagnostic Supporting Examination has no significant relationship with the INA-CBG's Standard Tariff Compliance.

Multivariate Analysis

Table 14. Multivariate Analysis Results (Multiple Logistic Regression Test)

No.	**Variable**	**B**	***P (Sig)***	**Exp (B)**	**95% C. I**	
					Lower	***Upper***
1	Completeness of the Anesthesia Report Form.	3.045	**0.006**	21.000	2.446	180.305
	Constant	-1.099	.000	0.333		

The Anesthesia Report Form Completeness Variable with P (Sig) of 0.006 < 0.05 and has an Odds Ratio (OR) = 21,000 means that the completeness of the Anesthesia Report Form has 21 times the opportunity according to the INA-CBG's Standard Tariff. The value of Coefficient

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B, which is 3,045, is positive, meaning that the more complete the Anesthesia Report Form, the more in line with the INA-CBG's Tariff Standards. The most dominant dependent variable that has a significant influence on the independent variable conformance to the INA-CBG's Tariff Standard is the Completeness of Filling in the Anesthesia Report Form.

According to the researcher, there is no significant relationship between the completeness of filling out the Patient Summary Form (Medical Resume or Discharge Summary) and the conformity of the INA-CBG's Standard Tariff for surgical inpatients at Imelda Indonesian Workers Hospital in Medan due to incomplete items in the Summary Form. Patient Exit (Medical Resume Or Discharge Summary) is located in point 9 (education) which does not support the claim. In addition, from the medical record review data obtained and based on information from the medical record reviewer (informant 3), it is known that for filling out the Patient Summary Form (Medical Resume or Discharge Summary) at RSU Imelda Workers Indonesia is quite good, where for the category There are 78 complete documents (81.25%), quite complete there are 18 documents (18.75%), and there are no incomplete ones. According to the researcher, this is related to the results of the researcher's study of several medical record documents where it is known that the Outgoing Patient Summary Form (Medical Resume) at Imelda RSU Indonesian Workers has used an Electronic Medical Resume where the DPJP has directly entered patient data or medical records on the Medical Resume Form contained in the SIMRS Application. However, based on information obtained from the person in charge of the Medical Record Installation (informant 2), it was stated that Imelda Workers' Hospital Indonesia still uses paper-based medical records but is in the process of moving towards electronic-based medical records. The researcher assumes that the existence of this Electronic Resume has a significant effect on the completeness of filling out the Patient Summary Form (Medical Resume or Discharge Summary) at Imelda Indonesian Workers Hospital.

Based on the results of the interview with the Surgical Officer (informant 5), it was found that the incomplete recording of the Surgical Report Form and Post-Surgery Instructions was caused by several things, namely the Surgical Report Form and Post-Surgery Instructions were not available in the patient's medical record document when the patient was transferred to the operating room, Surgeons did not have time to complete patient medical records because there were quite a number of patients at that time, and surgeons felt burdened with recording so many special surgical medical record forms that there was a tendency for surgeons and other DPJPs to only record important parts. in the patient's medical record. However, there is an opinion which states that the incompleteness of filling out this form is also due to the negligence of the officers/nurses in the operating room or in the inpatient room. The officer/nurse should remind the doctor to complete the patient's medical record, and if necessary explain the important parts in the medical record that must be filled out clearly and completely (informant 4). And based on the explanation obtained in the Medical Record Section (informant 3) it was stated that the surgical case forms including the Surgery Report Form and Post-Surgery Instructions were indeed not included in the inpatient medical record file when the patient registered at the Registration Section, but must be assigned by the inpatient room nurse or operating room nurse as needed. This may be one of the causes for the incomplete filling of this form where the researcher assumes that this form has only been handed over to the Medical Record Section when needed so that there may not be enough time for the surgeon to complete his medical record.

Based on the information obtained, it was found that the incomplete recording of the Anesthesia Report Form was caused by several things, namely the Anesthesia Report Form was not available in the patient's medical record document when the patient was transferred to the

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Operating Room, the Anesthesiologist stated that the completeness of the anesthesia form was too much so that at the time of recording the Anesthesiologist's medical record only record the important parts in the patient's medical record (informant 5). However, there is an opinion which states that it is better for the officer/nurse in the operating room to remind the anesthesiologist to immediately complete the patient's medical record before or after the surgery is completed, and if necessary explain the important parts in the medical record that must be filled out clearly and completely (informant 4). And based on the explanation obtained in the Medical Record Section (informant 3) it was stated that the surgical case forms including the Anesthesia Form were not included in the inpatient medical record file when the patient registered at the Registration Section, but had to be given by the room nurse. inpatient or operating room nurse as needed. And it was also mentioned that for the anesthesia form there are indeed several types of forms that must be completed including the Anesthesia Readiness Check List Form, Anesthesia Approval, and Pre-Anesthesia Form. This may be one of the causes of the incomplete filling of this form where the researcher assumes that the Anesthesiologist may not have enough time to complete his medical record because there are too many forms that must be completed.

The results of the Bivariate Analysis showed that of the 71 medical record documents of inpatients specifically for surgery for the Hospitalization Order (SPO) form in the incomplete category whose treatment costs (real rates) did not match the INA-CBG's Standard Tariff, there were 53 documents (55.21%) , and of the 25 medical record documents of inpatients specifically for surgery for the Hospitalization Order (SPO) form in the complete category whose treatment costs (real rates) are in accordance with the INA-CBG's Standard Tariff, there are 15 documents (15.63%)

The results of the Bivariate analysis showed that of the 56 medical record documents of inpatients specifically for surgery for the Diagnostic Supporting Examination form in the incomplete category whose treatment costs (real rates) were not in accordance with the INA-CBG's Standard Tariff, there were 40 documents (41.66%), and from 40 medical record documents of inpatients specifically for surgery for the form of Diagnostic Supporting Examination in the complete category whose treatment costs (real rates) are in accordance with the INA-CBG's Standard Tariff, there are 12 documents (12.5%).

Based on the review of medical record documents that the researcher did at the time of conducting the research, of the five forms which were independent variables in this study, the Anesthesia Report Form was the most incomplete in terms of recording. The incomplete recording on this Anesthesia Report Form also lies in important items that support the claim (informant 1), including 35 documents (36.45%) that are incomplete in the column containing Post Surgery Diagnosis in the form of notes on the patient's final diagnosis after the procedure and as many as 22 documents (22.91%) were incomplete in the anesthesia observation column. This is also supported by the results of the Bivariate Analysis carried out where the results of the Chi Square Test indicate that of the 37 medical record documents of inpatients specifically for surgery for the Anesthesia Report form in the incomplete category, the treatment costs (real rates) are not in accordance with the INA-Standard Tariff. There are 33 CBG's documents (34.38%), out of 51 documents in the fairly complete category whose treatment costs (real rates) are not in accordance with the INA-CBG's Tariff Standards there are 33 documents (34.38%) and from 8 special inpatient medical records documents Surgical procedures for the Anesthesia Report form in the complete category where the treatment costs (real rates) are in accordance with the INA-CBG's Standard Tariff are 7 documents (7.29%). So, according to the researcher's assumption, the incompleteness of filling out the Anesthesia Report Form

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greatly affects the discrepancy of the Hospital's Real Tariff with the INA-CBG's Tariff for surgical inpatients at Imelda Indonesian Workers Hospital, Medan

Conclusion

The INA-CBG's standard tariff is a standard tariff package that includes all components of hospital resources used in both medical and non-medical services where the calculation of the INA-CBG's tariff is based on costing data and hospital coding data. The completeness of the Report Form affects the conformity of the INA-CBG's Tariff Standards. The causes of the incompleteness of this Medical Record Document include the Standard Operating Procedure (SPO) that already exists but is still not socialized, the lack of awareness of the officers to implement the Standard Operating Procedure (SPO) that already exists, and several important forms contained in the patient's Medical Record Document have not been completed. by DPJP and other PPA (Professional Care Providers).

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