

**SOCIALIZATION OF THE ACCURACY
REGARDING THE CALCULATION OF RECAPITULATION
FOR INPATIENTS BASED ON AGE, DISEASE AND GENDER
AT CHARIS MEDIKA HOSPITAL**

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Abstract

A hospital is one of the subsystems of health services that organizes two types of services for the community, namely health services and administrative services. Health services include medical services, medical rehabilitation and care services. Every health service or hospital should be proud if every patient who visits continues to increase, the increase in patients can be seen from the changes in the existing graph of the number of patient visits. The number of patient visits that continues to increase greatly affects the smooth running of each health service, because patients who often visit have high trust in the health service they visit. The number of visits for inpatients for postpartum care based on age, disease, and gender is 115 visits, the number of visits for care patients based on age, disease, and gender is 37 visits. It can be concluded that medical records officers should write down inpatient data completely and clearly in the register book, good communication between medical records officers and doctors treating patients should be good so that the diagnosis written by the doctor in the patient's medical record is easy to read.

Keywords: Disease, Patients, Visits

INTRODUCTION

The hospital is one of the health service sub-systems that organizes two types of services for the community, namely health services and administrative services. Health services include medical services, medical rehabilitation and treatment services (Kemenkes RI, 2017). These services are carried out through emergency units, outpatient units and inpatient units (Muninjaya, 2019). According to Azwar (2018), administrative services or non-medical services are represented by administrators. Its main task is to manage the activities of the non-medical aspects of the hospital in accordance with the policies set by the Board of Guardianship (hospital policy makers) (Lubis, 2016). The task of the hospital is to carry out health efforts in an efficient and effective manner by prioritizing efforts to cure

diseases and recovery which are carried out uniformly and integrated with treatment and prevention efforts and carrying out referral efforts with the vision of providing quality health services and affordable by the community in order to improve the degree of public health (Masturoh & Anggita, 2018).

Charis Medika Hospital Batam City is one of the hospitals that also organizes public health services, where there are various services that can be carried out at Charis Medika Hospital, such as outpatient services, maternal and child check-ups, laboratory services, inpatient services, radiology services, dental clinics, maternity rooms, operating rooms and emergency rooms along with other medical services. This health service has also been supported by the existence of a medical record unit that organizes medical record activities starting from patient acceptance to data processing (Dewi, 2017).

Every health service or hospital should be proud if every patient who visits continues to increase, we can recognize the increase in patients from changes in the existing graph of the number of patient visits. The number of patient visits that continues to increase greatly affects the smooth running of every health service business, because patients who visit frequently have high trust in the health services they visit (Ayunda, 2009; Maranatha, 2016). The number of obstetric or obgyn inpatient visits has increased by 115 visits with 3 DPJP (Doctor in Charge of Services). Meanwhile, the number of visits for treatment patients was 67 visits with 6 DPJP (Doctor in Charge of Services).

Based on this background, this Community Service (PKM) activity aims to improve the understanding and skills of medical record officers in recording and reporting inpatient data at Charis Medika Hospital. This research focuses on recording patient data based on age, disease, and gender categories, with the main objective to improve the accuracy and completeness of recorded data, as well as to ensure effective communication between medical recorders and doctors in writing diagnoses. The contribution of this study lies in its integrated approach to improving the medical record process in hospitals by emphasizing practical training and better communication between the various parties involved. This research not only provides a short-term solution to improve data recording, but also offers a framework for sustainable implementation that can be applied in other health institutions facing similar challenges. Thus, this study contributes to the improvement of healthcare quality through a more effective and efficient medical record system.

LITERATURE REVIEW

The Report Recapitulation

Recapitulation is an activity of summarizing data so that it becomes more useful in form, structure, nature or content with the help of manual labor or the assistance of equipment and according to a series of steps, formulas, certain patterns. The function of recapitulation is :

- a. Accountability and supervision
- b. Delivery of information
- c. Decision-making information
- d. Establishing cooperation
- e. Development

The report that must be provided to the Ministry of Health consists of 5 hospital RL forms:

- 1) RL 1, contains basic hospital data that must be reported if there is a change in basic data, for example such as profile
- 2) RL 2, is a hospital RL form containing data on human resources employed by the hospital, which must be reported annually.
- 3) RL 3, contains data on medical and non-medical service activities carried out by the hospital, reported periodically every year.
- 4) RL 4, is a form containing morbidity or mortality of patients hospitalized, with a mandatory reporting period every year.
- 5) RL 5, contains monthly information or data on visits and the top 10 diseases treated by the hospital, which must be reported periodically at least every month.

Reporting Flow of Report Recapitulation

There are several activities that need to be done before filling out the form, such as:

- 1) Inpatient service registration data, in the form of a book or document containing information about patients who use inpatient services, starting from the length of hospitalization, patient identity, to the method of payment made.
- 2) Daily census of inpatients, is an activity of counting all patients who are being hospitalized in the hospital which is carried out every day.
- 3) Daily recapitulation of inpatients, in the form of an intermediary form to calculate the accumulation of inpatients in the hospital for a month received

from all inpatient rooms in the hospital that had previously been collected through a daily census.

- 4) Monthly recapitulation per type of service, is a form similar to the daily recapitulation of inpatients, except that it contains monthly inpatient information separated by the type of service received by the patient.
- 5) Quarterly data form, is a form that contains a recapitulation of the accumulation of these hospitalized patients in a month period.

Data needed to calculate the July inpatient census:

- 1) Patient name and coverage (BPJS/PU)
- 2) Patient's age and MR No. / Medical Record No. of Patient
- 3) Number of patients discharged / returned from the hospital ward (dead or alive)
- 4) Number of patients admitted and discharged
- 5) Total length of stay (days) and number of hospitalizations (days)
- 6) Diagnosis, Class and DPJP (Doctor in Charge of the Patient)

Visits

Outpatient visits are divided into two definitions, namely:

a. New Visit

A new visit is a first-time patient visit to one of the outpatient services during the current year. From the above definition, the following example arises. For example, if "Indah" seeks treatment for the first time to the ENT doctor at Charis Medika Hospital, it can be explained that "I" is a new visitor for a new visit to Charis Medika Hospital.

b. Old or Repeat Visit

An old or repeat visit is a patient visit that follows a first visit, in the current year. Repeat visits indicate the patient's interest in reusing the services they have experienced or the patient's loyalty to inpatient services. From the above definition, the following example arises. For example, for the next visit of "Intan" to Charis Medika Hospital either for treatment to a general practitioner or pediatrician, then the position of "Intan" is referred to as an old visitor for an old or repeat visit.

RESEARCH METHODS

This activity was intended for medical record officers at Charis Medika Hospital Batam. The PKM team began the preparation with the committee coordinator, committee members, students and officers from the hospital. Implementation of offline activities is in

the hospital hall. The number of participants who participated in this activity was 15 people. The method of this community service activity is carried out by delivering material according to the topic, and continued with discussion / question and answer with the participants and the service team.

RESULTS AND DISCUSSION

The research results of this community service activity conducted at Charis Medika Hospital Batam showed that the activity was successful in achieving the predetermined objectives. This activity was aimed at medical record officers in the hospital, with a total of 15 participants. The implementation of the activity was carried out offline in the hospital hall, where the method used was the delivery of material according to relevant topics, followed by discussion and question and answer sessions between participants and the service team.

The preparation process, which involved the committee coordinator, committee members, students, and officers from the hospital, ran smoothly and effectively. The results of the discussion showed that the participants were able to follow the material well and were active in the questions and answers session, showing a good understanding of the material presented.

A recapitulation of inpatient reports at RS Charis Medika for the month of July 2023 provides a comprehensive picture of the hospital's healthcare patterns, particularly in the context of obstetrics and neonatal care. With a total of 115 postpartum-related inpatient visits handled by three Doctors in Charge (DPJP), this data reflects the high rate of deliveries at the hospital. It also shows that obstetric and maternal health services are one of the main focuses of the hospital. The high number of postpartum visits may also indicate the high rate of births in the area, which requires specialized care from the hospital.

In contrast, patients requiring general care recorded 37 visits with five DPJPs involved. The larger number of DPJPs in general care may reflect the complexity and variation in medical cases treated, compared to the more specific postpartum care. This suggests that despite the lower number of visits, general care requires more medical personnel due to the variety of conditions treated.

The grouping of the most common diagnoses using ICD 10 identified that the most common case was newborn with code P07.1, leading to serious concern for the health condition of neonates. This diagnosis is often associated with prematurity or low birth weight, which requires intensive care and close supervision. This suggests an urgent need for

a well-equipped NICU (Neonatal Intensive Care Unit) facility supported by trained medical staff to handle critical cases in neonates.

In addition, Sectio Caesarean (SC) surgical procedures coded 74.99 were the most frequently performed, indicating a high level of surgical intervention in the delivery process at RS Charis Medika. This SC procedure may be performed due to various medical reasons such as complications during pregnancy, abnormal fetal position, or other medical indications that require surgical action to save the life of the mother and baby. The high rate of SC also indicates the need for further evaluation to understand if these interventions are always as indicated or if there are other factors driving the increasing rate of SC.

In the RL5 report, it was found that the 25-44 years age group with female gender dominated the number of patients hospitalized with Post SC and Post Partum diagnoses, with a total length of stay reaching 318 days per month. It confirms that this productive age is a phase that is highly vulnerable to postpartum complications, which require intensive medical attention. This high length of hospitalization may reflect complications that require long-term care or the need for more intensive recovery.

Overall, this activity not only ensured that medical record officers understood the importance of recording patient data completely and clearly, but also emphasized the need for effective communication between medical record officers and doctors. Given that diagnoses such as newborn and Sectio Caesarean (SC) procedures are predominant, the accuracy and legibility of medical records are crucial for optimal monitoring and treatment. With the training that has been conducted, it is hoped that medical record officers will be able to record data in a more structured and complete manner, and establish good communication with doctors. This will help to ensure that diagnoses can be easily read and interpreted, thus supporting a more efficient and effective treatment process, and improving the quality of reports produced. Overall, these efforts will strengthen the quality of health services at RS Charis Medika, especially in dealing with patients who require special care such as pregnant women and newborns.

The results of this report provide an in-depth overview of service priorities at RS Charis Medika, with a primary focus on maternal and infant health. It also indicates the need for proper resource allocation, including adequate medical personnel, better NICU facilities, as well as preventive efforts to reduce the need for surgical interventions. This analysis can serve as a basis for developing hospital policies that more effectively address the health needs of the community, particularly in relation to reproductive and neonatal health.

CONCLUSIONS

Service activities were well conducted in line with the plan that was prepared by the community service team. The service was given in the form of material delivery and training related to the pilot implementation of calculating the recapitulation of inpatients based on age and disease by gender. It means that medical record officers have to write the inpatient data completely and clearly in the register book, and also good communication between medical record officers and doctors who treat the patients is necessary so that the diagnosis written by the doctor in the patient's medical record can be easy to read.

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