# ABSTRAK

## ANALISIS KELENGKAPAN PENGISIAN BERKAS REKAM MEDIS RAWAT INAP DI KLINIK UTAMA RAWAT INAP ARAFAH HUSADA KEDIRI

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Rekam medis adalah berkas yang berisi catatan dan dokumen tentang identitas pasien, pemeriksaan, pengobatan, tindakan, dan pelayanan lain yang telah diberikan kepada pasien. Di klinik masih ditemukan berkas rekam medis rawat inap yang belum lengkap. Hal tersebut dikarenakan beberapa faktor yaitu faktor sumber daya manusia, alat, metode dan material.

Adapun fokus yang dapat diuraikan dalam penelitian ini, yakni mengekplorasi kelengkapan pengisian rekam medis rawat inap. Desain penelitian ini adalah kualitatif dengan metode deskriptif. Penelitian dilakukan dengan 9 informan yaitu, dokter, perawat, bidan, rekam medis, dan pimpinan. Data dikumpulkan dengan observasi dan wawancara.

Hasil penelitian dari faktor sumber daya manusia ketidaklengkapan rekam medis dibebabkan karena kunjungan pasien tidak sebanding dengan rasio tenaga kesehatan yang tersedia, tenaga kesehatan sering terburu-buru dalam memberikan pelayanan, sehingga pengisian rekam medis menjadi terlewat atau tidak lengkap. Faktor alat, yakni belum tersedianya ruangan *assembling* sehingga petugas tidak bisa selalu mengecek kelengkapan rekam medis. Faktor metode, tidak adanya kebijakan terkait SOP kelengkapan pengisian rekam medis dan juga sosialisasi SOP. Selain itu, belum diterapkannya sistem *reward* dan *punishment.* Faktor material yakni, terkadang masih ada formulir yang perlu ditambahkan diluar set yang tersedia sesuai kasus sehingga sering terlupa.

Ketidaklengkapan pengisian berkas rekam medis rawat inap di Klinik Utama Rawat Inap Arafah Husada Kediri dipengaruhi oleh faktor sumber daya manusia, alat, metode dan material. Klinik diharapkan mampu melaksanakan pelayanan rekam medis dengan baik sesuai SOP yang terapkan.



**Kata kunci** : Rekam Medis, Sumber daya Manusia, Sarana Prasarana, Metode, Material

## *ABSTRACT*

### *ANALYSIS OF THE COMPLETENESS OF MEDICAL RECORD DOCUMENTATION FOR INPATIENTS AT THE ARAFAH HUSADA KEDIRI PRIMARY INPATIENT CLINIC*

***By : Shalaila Wahyu Romadhona***

*Medical records are documents containing patient identity, examinations, treatments, and services provided. At the clinic, some inpatient records remain incomplete due to issues with human resources, equipment, methods, and materials.*

*The focus of this study is to explore the completeness of inpatient medical record documentation. The research design is qualitative with a descriptive method. The study involved 9 informants, including doctors, nurses, midwives, medical record staff, and management. Data were collected through observation and interviews.*

*The study found that, regarding the human resource factor, the incompleteness of medical records was due to the high volume of patient visits, which is not proportional to the available healthcare workforce, often forces healthcare providers to deliver services in a hurried manner, leading to incomplete or omitted documentation in medical records. In terms of equipment, the absence of an assembling room hindered staff from consistently checking the completeness of the records. Methodologically, there was no policy or established SOP (Standard Operating Procedure) for medical record documentation completeness, nor was there any dissemination of such SOPs. Additionally, a reward and punishment system had not yet been implemented. As for the material factor, certain forms required for specific cases were not included in the standard set and were often forgotten.*

*The incompleteness of inpatient medical record documentation at Klinik Utama Rawat Inap Arafah Husada Kediri is influenced by factors related to human resources, equipment, methods, and materials. The clinic is expected to implement medical record services properly in accordance with the established Standard Operating Procedures (SOPs).*



***Keywords**: Medical Records, Human Resources, Facilities and Infrastructure, Methods, Materials*