

ANALYSIS OF FACTORS CAUSING THE LONG TIME TO FILL IN THE INPATIENT MEDICAL RECORD FILE FOR SURGICAL PATIENTS IN WRITING DOCTOR'S RESUME AT FAGA HUSADA HOSPITAL

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A B S T R A C T

Medical records play an essential role in healthcare services as administrative, medical, legal, and financial references, particularly for BPJS claims. The medical resume prepared by physicians is a key component of inpatient documentation. Observations at Faga Husada General Hospital (January–March 2024) revealed 150 incomplete surgical patient resumes, leading to service delays and BPJS claim obstacles. This study aims to analyze the causes of delays in completing medical resumes using the 5M approach (Man, Method, Material, Machine, Money). This descriptive qualitative research with a phenomenological approach was conducted from February to July 2025, involving three main informants: the Head of Medical Records, a Surgeon, and a Nurse. Data were collected through observation, in-depth interviews, and documentation, then analyzed inductively. Findings indicate that the dominant factor is Man, referring to low discipline and awareness among doctors due to high workload, despite adequate knowledge and skills. The Method factor relates to SOPs that are not optimally implemented because of weak supervision. The Material factor includes delays in supporting examination results and poor quality of NCR paper. The Machine factor shows that electronic medical records are still running in parallel with manual systems, increasing workload. The Money factor highlights the availability of training budgets but the absence of specific incentives for timely resume completion. It is concluded that delays are mainly influenced by human resources, particularly doctors' workload and awareness. Recommendations include strengthening discipline through supervision, optimizing SOP implementation, accelerating examination results, fully utilizing electronic medical records, and providing incentives.

INTRODUCTION

Hospitals are healthcare institutions that play a central role in improving public health. As service providers, hospitals are required to provide quality care to meet patient needs and satisfaction. These services are not limited to medical aspects alone, but also encompass supporting services, one of which is medical records management, which serves as a crucial instrument in supporting the quality of healthcare services (Fitriani et al., 2024).

As the Industrial Revolution 4.0 advances, hospitals face the challenge of adapting to technological advances. Utilizing health information systems, particularly the implementation of Electronic Medical Records (EMR), is a strategic step in overcoming the limitations of manual, paper-based systems. Through EMR, patient data can be stored more neatly, structured, and easily accessed, thus supporting faster, more efficient, and more patient-safety-oriented services (Rahmadiliyani & Chia, 2020).

Essentially, a medical record is a comprehensive document containing important information regarding patient identity, examination results, medical procedures, therapies, and follow-up services. This document serves not only as a medical record but also as a data source supporting administrative, legal, financial, research, educational, and public health documentation aspects (Permenkes No. 24, 2022). Therefore, managing medical records requires precision, accuracy, and special competence so that the information presented is correct, accurate, complete, and available on time.

A medical summary, as an essential component of the medical record, serves as a summary of a patient's care from admission to discharge. This summary contains the patient's identity, diagnosis,

examination results, medical procedures, therapies administered, and follow-up plans (Pramesti et al., 2024). Completeness and accuracy of the form not only support continuity of medical services but also serve as administrative requirements, including for the BPJS claims process. Therefore, late or incomplete medical records can hinder smooth service delivery and slow down the hospital claims process (Rahmadiliyani & Chia, 2020).

A complete medical resume will facilitate data management for medical records staff when processing data for hospital reports, which can be used to evaluate and plan future healthcare services. If a medical resume is incomplete, it can delay the BPJS Health Insurance (BPJS Kesehatan) claim process, as the resume contains the patient's diagnosis, which serves as a reference for coding staff to determine the diagnosis code, which impacts the claim payment rate.

Various previous studies have shown that delays in completing medical records, especially medical resumes, are influenced by a number of factors Firmansyah & Gunawan, 2022 found that doctors' low awareness of the importance of medical documentation and a lack of understanding of filling time standards were the main obstacles Rahayu & Temesvari, 2024 He added that the weak implementation of Standard Operating Procedures (SOPs) and the lack of regular evaluations exacerbated the problem, especially in units with high workloads Nurmin et al., 2024 emphasized that the discipline of health workers and coordination between service units greatly determine the timeliness of the return of medical records.

Observations at Faga Husada General Hospital in March 2025 also revealed similar issues. The high workload of doctors, particularly for surgical patients, significantly impacted delays in completing medical records. Approximately 150 incomplete medical records were recorded between January and March 2024, resulting in delayed patient care and delayed BPJS claims. This suggests that the delays are not solely related to the technical aspects of documentation but also to the effectiveness of overall hospital management.

Based on these findings, it is clear that medical record management, particularly medical resumes, is a key element in improving the quality of healthcare services. Therefore, a comprehensive strategy is needed that includes increasing discipline and awareness among medical personnel, strengthening internal regulations, optimizing the implementation of standard operating procedures (SOPs), and maximizing the use of information technology (Kemenkes, 2020). These efforts are expected to support the creation of quality, efficient, and accountable hospital services in order to maintain the sustainability of the health administration system.

METHOD

This study was conducted using a qualitative approach using phenomenological methods, aiming to explore in-depth the factors causing delays in completing medical resumes for surgical inpatients. The analysis was conducted inductively, emphasizing the meaning of the experiences and empirical data obtained (Fauzy et al., 2022). The research design is descriptive, because it focuses on describing phenomena without making comparisons or linking them to other variables (Tarigan, 2022). The research informants included the Head of the Medical Records Unit, surgeons, and nurses. The object of study was the medical records of inpatients, particularly the physician resumes. The data collection process utilized in-depth interviews, direct observation, and documentation review Tarigan, 2022, the instruments used were interview guides, observation checklists, document studies, stationery, and sound recording devices. To ensure data validity, triangulation techniques were used, including sources and methods. The analysis process involved data reduction, information presentation, and conclusion drawing, ensuring that the findings could be credibly accounted for (Dartini et al., 2024).

RESULTS & DISCUSSION

This study shows that human resources (HR) are a dominant factor in delays in completing medical resumes for surgical inpatients. Interviews confirmed that although doctors understand the procedures and content of medical resumes, implementation is often delayed. The high workload, particularly among surgeons with busy operating schedules, often results in the medical administration process being neglected. Low discipline and a lack of awareness of the need to complete documents promptly result in resumes being completed only days after the patient is discharged. These findings support the statement Siki et al., 2023 Excessive workloads and poor professional awareness are the main causes of delays in completing medical documents. Furthermore, doctors' illegible handwriting slows down the verification process and increases the risk of administrative errors (Silia et al., 2024).

This obstacle is further illustrated by the informant's statement: *"We actually know what needs to be included in the doctor's resume, but time is often spent in the operating room, so it's only filled out after the patient has gone home"* (Informant R, 2025). This statement demonstrates that the main problem is not the doctor's technical ability to understand the procedure, but rather the limited time management due to the density of clinical activities. These results are consistent with research Firmansyah & Gunawan, 2022 which emphasizes that delays in medical record documentation are more influenced by the doctor's accuracy and awareness in completing files on time.

Besides individual factors, technical constraints also play a significant role. One medical records officer stated, *"Sometimes the doctor's handwriting is difficult to read, so it has to be reconfirmed, which ultimately takes longer to complete the resume"* (Informant AN, 2025). This situation indicates that delays are not only caused by the time required to complete the form, but also by the data validation process, which requires additional communication Silia et al., 2024 emphasized that low quality writing slows down the administration process, can even give rise to misinformation, which ultimately reduces the quality of medical record services.

In terms of methods, Standard Operating Procedures (SOPs) for completing medical resumes are already in place, but their implementation has not yet fully aligns with regulations. One doctor stated, *"If a patient comes home late, I usually don't fill out the resume right away. I'll do it tomorrow or the day after, as long as it's completed."* (Informant R, 2025). This demonstrates a gap between written regulations and daily practice. Research Rahayu & Temesvari, 2024 revealed that weak supervision of the implementation of SOPs, especially in inpatient wards with high workloads, was the main trigger for delays in completing medical resumes.

Supervision, which should be a quality control tool, has not been effective. One informant explained: *"If there's an unfilled resume, we usually just remind them via WhatsApp; there's rarely an official warning"* (Informant AN, 2025). This situation suggests that the existing monitoring system remains informal and has not yet provided a deterrent effect for medical personnel. Yet, Fadilla et al., 2024 emphasizes the importance of routine evaluations and administrative warnings as a form of quality control to improve doctors' compliance with applicable standards.

Although relatively minor, material factors also contribute to delays. Issues such as suboptimal quality of No Carbon Required (NCR) paper can cause doctors' writing to not bleed through to the next page, requiring rewriting. This is confirmed by an informant's statement: *"Sometimes the writing doesn't bleed through to the second or third page, so the doctor has to rewrite it, which makes the process even longer"* (Informant AN, 2025). Furthermore, delays are often triggered by waiting for the results of supporting examinations such as radiology or anatomical pathology, which are required as part of the medical resume. Nurmin et al., 2024 emphasized that inter-departmental coordination plays a very important role in accelerating the distribution of examination results to support the completion of medical documents.

From a facility (machine) perspective, the implementation of Electronic Medical Records (EMR), which began in mid-2024, was intended to expedite the documentation process. However, its implementation has not been optimal due to infrastructure limitations. One doctor stated: *"We still have to fill in manually and electronically, and there's only one computer in the room, so we often have to wait our turn"* (Informant R, 2025). This demonstrates that limited technological resources actually increase the workload of medical personnel. The Ministry of Health (2020) emphasized that the success of EMR is largely determined by the availability of adequate and evenly distributed supporting facilities across all service units.

Financial support (money) also plays a role, although it doesn't always take the form of cash incentives. Hospital management strives to support the smooth operation of the documentation system by providing the necessary hardware, software, and training. One officer stated, *"If there's a need, they usually ask for it, and the hospital provides the goods, not cash"* (Informant AN, 2025). This statement aligns with the findings Faida & Muhadi, 2020 which emphasizes the importance of management commitment in providing ongoing financial support to ensure the quality of medical records management.

Overall, it can be concluded that delays in completing medical resumes are the result of a complex interaction of various factors. The dominant factors are physician discipline and workload, while technical aspects, limited facilities, weak supervision, and interdepartmental coordination contribute to the worsening situation. Therefore, quality improvement requires a comprehensive approach that includes improving medical personnel discipline, strengthening SOP oversight, providing adequate infrastructure, and consistent managerial support to maintain the quality of hospital services.

CONCLUSION

Delays in completing medical records for surgical patients at Faga Husada Hospital are influenced by high workloads and a lack of discipline among doctors, despite a good understanding of procedures. Existing standard operating procedures (SOPs) have not been optimally implemented due to delays in completion and weak supervision. Furthermore, delays in supporting examination results also slow the process, while the availability of forms is not a significant obstacle. Improved discipline, implementation of SOPs, and smooth distribution of examination results are needed to reduce delays.

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