IMPLEMENTATION OF FULFILLING IN THE INPATIENT INFORMED CONSENT FORM TO SUPPORT THE SNARS HPK 6.4 ASSESSMENT AT HOSPITAL X

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ABSTRACT

The implementation of filling out medical record files based on the Minister of Health Regulation must be complete and clear as well as filling out the informed consent form. Prior to examination, treatment, and medical action, the patient must first request consent. It is very important to have informed consent because it relates to the right of each person to self-determination, the right to health and the right to information, but in practice there is an incomplete form of informed consent. The purpose of this study was to obtain an overview of the implementation of filling out the informed consent form in inpatients to support the SNARS HPK 6.4 assessment at Hospital X. The research method used was descriptive research with a quantitative approach. Data collection techniques used were interviews, questionnaires, and literature study related to the subject matter. The population in the first quarter was 237 files with a sample size of 70 medical record files and 33 medical personnel. The results showed that the completeness of the patient's identity was 100%, while the incomplete identity of the person in charge was 11.42%, the contents of the information were 8.57%, the doctor's signature was 5.71%, the patient's signature was 4.28%, the patient's witness signature was as much as 27.14% and the signature of the hospital witnesses as much as 7.14%. The assessment of the HPK 6.4 accreditation standard was obtained by 75%, there were 2 elements that were not completely fulfilled. This can be caused by several factors, namely still not in accordance with standard operating procedures (SOP) and then still not completely filled in, namely the identity of the person in charge of the patient, the contents of information, and authentication. So it can be concluded that the implementation of filling out the informed consent form for inpatients to support the assessment of SNARS HPK 6.4 at Hospital X is not in accordance with the standards listed in the Minister of Health Regulation, because there are still components that are not completely filled in, and the SNARS assessment for HPK 6.4 elements is new. partially accomplished.

Keywords: Implementation, form informed consent, SNARS HPK 6.4

I. INTRODUCTION

In the administration of health services to the public, the role of the hospital is to provide safe, quality, effective health services by prioritizing the interests of patients in accordance with hospital service standards, in addition to that the hospital must provide accurate information. The accuracy of health information depends on the processing of medical records. Therefore the Hospital is obliged to hold a medical record (PERMENKES No.4 Year 2018 Regarding Hospital Obligations and Patients Obligations). As according to Minister of Health Regulation No.269 / MENKES / PER / 2008 states that medical records are files containing records and documents about patient identity, examinations, treatment, actions and other services that have been provided to patients. Medical records are very important for the implementation of medical services, one of which produces accurate information.

Informed consent or consent to medical action is one of the many forms of medical record files. Informed consent can be said to be the consent of medical action, which is the consent given by the patient or the immediate family after receiving a complete explanation of the medical or dental action to be performed on the patient (PERMENKES No.290 of 2008 concerning Approval of Medical Action) [1]. Because in a medical record it is not only medical data but a person's social data, prior to examination, treatment and medical action there must be a request for consent from the patient first. This is very important for the existence of informed

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consent because it relates to the right of everyone to self-determination, the right to health and the right to information [2].

With regard to patient rights, this is stated in the National Hospital Accreditation Standards (SNARS) Issue 1 in a special standard written in group II (two), namely on Patient and Family Rights (HPK). In the HPK standard group, there is a standard section for HPK 6.4, namely the Informed Consent of research obtained before the patient participates in a clinical trial.

Based on the author's preliminary study through an online interview with the head of medical records at X Hospital, the authors obtained secondary data for February, namely from 73 forms of Informed Consent found 14 incomplete forms (19.18%) including risks and complications of 3 files. incomplete, prognosis 4 files that are incomplete, and signatures of patient witnesses 7 files that are incomplete. Meanwhile, when going to accredit the hospital, everything in the medical record file including the special consent form (Informed consent) must be filled in completely, in order to support the SNARS accreditation assessment, one of which is Patient and Family Rights (HPK) 6.4.

Based on these descriptions, the authors are interested in conducting research related to "Implementation of Fulfilling in The Inpatient Informed Consent Form to Support the SNARS HPK 6.4 Assessment at Hospital X" The purpose of this study is to find an overview of the implementation of filling out the informed consent form in inpatients to support the SNARS HPK 6.4 assessment.

II. THEORY AND HYPOTHESIS

The filling and writing of the completeness of the inpatient medical record which is carried out by the medical personnel who are responsible for the patient being treated are reviewed, this is used as an assessment of the completeness of the medical record files and documenting services. [3]. Then according to the [4] Informed Consent consists of two words, namely informed which means having received an explanation or information and consent which means approval or giving permission. So Informed Consent contains the meaning "an approval given after obtaining information".

The concept of accreditation begins with the definition of accreditation according to Article 1, namely recognition of the quality of hospital services, after an assessment is made that the hospital has met the accreditation standard. The National Standard for Hospital Accreditation Edition 1 contains guidelines for managing hospitals, health workers, patient safety and of course improving the quality of their services[5].

National Hospital Accreditation Standards (SNARS):

a. Group I Patient Safety Targets
1) TARGET 1: Identify patients correctly
2) TARGET 2: Improve effective communication
3) TARGET 3: Improve active communication
4) TARGET 4: Ensuring the correct location of surgery, correct procedure, correct surgery for patients
5) TARGET 5: Reducing the risk of infection related to health services
6) TARGET 6: Reducing the risk of injury to patients due to falls

b. Group II Patient Focused Service Standards
1) Access to Hospitals and Continuity of Service (ARK)
2) Patient and Family Rights (HPK)
3) Patient Assessment (AP)
4) PAsien Services and Care (PAP)
5) Anesthesia and Surgery Services (PAB)
6) Pharmaceutical Services and Drug Use (PKPO)
7) Communication and Education Management (MKE)

c. Group III Hospital Management Standards
1) Improving the Quality and Patient Safety (PMKP)
2) Infection Prevention and Control (PPI)
3) Hospital Governance (TKRS)
4) Facility and Safety Management (MFK)
5) Information Management and Medical Records (MIRM)

d. Group IV of the National Program
1) Reducing maternal and infant mortality
2) Reducing HIV / AIDS morbidity
3) Reducing TB morbidity
4) Antimicrobial Resistance Control (PPRA)
5) Geriatric Services

The Concept of Patient and Family Rights (HPK)

Standard for the Rights of Patients and Families (PFR) 6.4, research informed consent is obtained before patients participate in a clinical trial. The aims and objectives are that patients and their families must give specific informed consent if they decide to participate in clinical research / trials (clinical trials). The information provided at the time of making the decision to participate constitutes approval or denial of involvement in the research. (see also HPK 5.1 for purposes and objectives). The officer who provides the explanation and gets the consent is recorded in the patient's medical record.

Elements of HPK 6.4 assessment are:

a. There are regulations regarding consent documented in the patient's medical record with an approval signature. (R)

b. Specific informed consent was obtained when the patient decided to participate in a clinical trial / study. (D, W)

b. Research informed consent decisions are documented in accordance with statutory regulations. (D, W)

The hypothesis to be tested in this study is the presence or absence of a significant influence between variables, if there is no significant effect then it is formulated in the Zero Hypothesis (H_0), the hypothesis is rejected. If the two variables are hypothesized to have a significant effect, then it is formulated in the Alternative Hypothesis (H_1) the hypothesis is accepted. Then it can be formulated into:

H_0 : Implementation of inpatient informed consent forms filling Inpatients no
effect to support SNARS HPK 6.4 in the Hospital X.

H_1 : Implementation of inpatient informed consent form filling inpatients
influential to support SNARS HPK 6.4 in Hospital X.

III. RESEARCH METHODS

The research method used is descriptive quantitative approach. Where this research intends to describe or explain a matter that is happening today from the results in the form of a meaningful number. [6] So this study produces quantitative data in the form of numbers / percentages of completeness of informed consent.

The population in this study was an informed conse form

The population in this study was 237 informed consent forms in the first quarter of 2020. The sample used was Random Sampling, namely taking samples from the population at random without paying attention to the specificities of the population. Sampling and population using the formula according to [7] are as many as 70 samples of medical record files, and 33 respondents, namely 4 doctors, 10 nurses, and 19 medical recorders.

The research data collection technique used interview techniques, questionnaires, and literature study. The data analysis technique of this research uses SPSS for Windows version 25 which uses a Likert scale, which is a scale consisting of 5 points (Strongly Agree, Agree, Disagree, Disagree, Strongly Disagree).

IV. RESULTS

Based on the results of research conducted by the author starting from April to July 2020 related to the implementation of inpatient informed consent form to support the assessment of SNARS HPK 6.4 in Hospital X with the results of incomplete analysis of the sample of this research as many as 70 Informed Consent forms as follows:

Table 4.1 Number of Inpatient Informed Consent Forms

No.	Analyst Data	Total		Completeness of Informed Consent			
				Complete		Incomplete	
		Sample	%	N	%	N	%
1	Patient identity	70	100	70	100	0	0
2	Person in Charge Identity	70	100	62	88.57%	8	11.42%
3	Fill in Information	70	100	64	91.42%	6	8.57%
4	Doctor's Signature	70	100	66	94.28%	4	5.71%
5	Patient's Signature	70	100	67	95.71%	3	4.28%
6	Patient's Witness Signature	70	100	51	72.85%	19	27.14%
7	Signature of RS Party Witness	70	100	65	92.85%	5	7.14%

Based on table 4.1 above, the authors can analyze several things including the patient's identity component on the informed consent form there is a 100% complete presentation value. Where this shows the patient's own awareness of the importance of identity which has also been reminded by hospital staff to fill in identity. The identity component of the person responsible for the informed consent form contained the percentage of completeness of 88.57% while the incompleteness was 11.42%. Where this is generally triggered by the person in charge forgetting to fill in the form identity. The contents of the information component on the diagnosed informed consent form, the actions to be taken, the procedures, and the risks and complications there is a percentage value of 91.42% while the incompleteness is 8.57%. The physician signature component on the informed consent form contained a 94.28% completeness value and 5.71% incompleteness, while the hospital witness signature component was 92.85% and completeness was 7.14%. where this is triggered by the lack of discipline of doctors and witnesses from the hospital in affixing signatures. The patient signature component on the informed consent form contained a percentage value of 95.71% and incompleteness of 4.28% while the patient witness component was 72.85% and incompleteness of 27.14%. where this is generally caused by a number of patients and witnesses the paisen forgot to sign or patients in an emergency who were not accompanied by the family to sign the form as the person in charge.

V. CONCLUSIONS AND SUGGESTIONS

VI. CONCLUSIONS

Based on the results of the author's interview with the head of the medical records of Hospital X, there were several obstacles in the implementation of filling out the Informed Consent form. The factors that influence it are the lack of understanding of medical staff in filling out a complete Informed Consent form to avoid future problems, then there could be medical officers including DPJP, nurses, not reminding patients to sign the Informed Consent form.

Based on the results of the analysis regarding the implementation of filling in the Informed Consent form, it was 100% complete in the patient's identity, while for the incompleteness of the identity of the person in charge was 11.42%, the information content was 8.57%, the doctor's signature was 5.71%, the patient's signature was 4.28% , the signature of the patient's witness was 27.14%, and the signature of the hospital's witness was 7.14%. Then obtained the results of the analysis of the percentage value on the National Hospital Accreditation Standards (SNARS) edition 1 of the elements of the HPK 6.4 assessment of 75% which means that it is only partially fulfilled.

The problems found in filling out the Informed Consent form at Hospital X include filling in the Informed Consent form for inpatients not in accordance with the Standard Operating Procedure (SOP) that has been established at the hospital, there are still incomplete information contents, namely, procedures, risks and complications, as well as the prognosis of alternatives performed, review authentication.

SUGGESTIONS

Some suggestions for improving the quality of service, especially medical records on the implementation of filling out the informed consent form in inpatients, include continuous socialization to every caregiver professional (PPA) involved in filling out the informed consent form regarding the importance of completing medical record files, maximizing parts assembling files to check the completeness of the informed consent form in order to minimize incompleteness in terms of identity, fill in information to authentication, improve the cooperation of the parties involved in filling out the informed consent form in order to complete medical record files to obtain complete information, as well as punishment for related medical personnel who are still lacking in discipline in filling out the informed consent form and giving a form of reward (reward) to related medical personnel who are already disciplined or filling out the informed consent form freely. disclose and clear both of which are in order to improve the performance of medical personnel so that they are carried out in accordance with predetermined standards

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