



Analysis the Completeness of Integrated Patient Development Records in Diabetes Mellitus Patients

Citra Suraya¹, Tukimin bin Sansuwito², Aris Citra Wisuda³, Rusmarita⁴

^{1,2}Faculty of Nursing, Lincoln University, Malaysia

^{3,4}Program Studi Keperawatan, Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang, Indonesia

Email: citrasuraya.edu@gmail.com¹, tukimin89@gmail.com², ariscitrawisuda.edu@gmail.com³,
rusmarita@gmail.com

Article Info

Article history:

Received May 2023

Revised July 2023

Accepted August 2023

Keywords:

Effects,

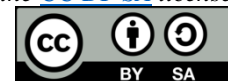
Diabetic Foot Exercises,

Diabetes Mellitus

ABSTRACT

The Integrated Patient Development Record documents interprofessional collaboration in patient care for health services, especially for patients with chronic problems, including diabetes mellitus. This study aims to determine the completeness of integrated patient progress records in diabetes mellitus patients. This type of research uses a qualitative descriptive method with a sample of 45 people and interviews with five respondents. Based on the research results, 11 forms (24.5%) had data filled in, and 34 forms (75.5%) had incomplete data. The problem factor in filling out integrated patient progress notes lies in verifying the responsible doctor and the results of the service provider's professional instructions. This is due to the large number of patients and limited time. The author provides suggestions for filling out integrated patient progress notes to support accreditation document service standards: a) increase the professional accuracy of service providers in filling out incomplete integrated patient progress notes. b) there needs to be socialization regarding standard operational procedures for integrated patient recording to minimize incomplete forms.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Citra Suraya

Department of Nursing, Lincoln University,

Wisma Lincoln, No. 12-18, Road SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia.

Email: citrasuraya.edu@gmail.com

1. INTRODUCTION

According to the World Health Organization (WHO), people with diabetes mellitus worldwide have increased by up to 76%. The causative factors are varied, often due to unhealthy and degenerative eating patterns [1]. Among degenerative diseases or non-communicable diseases that will increase in number in the future is Diabetes Mellitus (DM). DM is a metabolic disorder characterized by hyperglycemia and impaired carbohydrate, fat, and protein metabolism caused by defects in insulin secretion and action [2].

WHO predicts an increase in the number of people with Diabetes Mellitus in Indonesia from 8.4 million in 2000 to around 21.3 million in 2030; this number ranks Indonesia fourth in the world after the United States, India, and China [3]. Riskesdas (2019) the prevalence of diabetes in Indonesia has increased from 2.1% in 2015 to 5.1% in 2020 of the total population > 250 million people [4].

The Global Status Report on Non-Communicable Diseases (NCDs) of the World Health Organization (WHO) in 2010 reported that 60% of the causes of death for all ages in the world are due to non-communicable diseases, among these diseases DM is ranked 6th in the world as a cause of death, approx. 1.3 million people die from diabetes, and 4% die before the age of 70 ins. In 2030, it is estimated that DM will rank 7th as the cause of death globally [5]. Based on the 6th edition of the IDF Diabetes Atlas in 2013, the prevalence of DM in the Asia Pacific population of 138,200,000 adults, 8.6% have diabetes. Over the next 20 ins, this number is expected to increase to 201,800,000 (11.1%) [6].

Diabetes mellitus (DM) is a chronic disease requiring long treatment. Reports on the legality of each action in the service process can be done with integrated patient progress record documentation. This makes interprofessional communication easier for diabetes mellitus patients. Completeness of integrated patient progress records is one way to improve interprofessional communication in providing Care.

Incomplete documentation of progress notes for patients in an integrated manner can reduce the quality of interprofessional communication (doctors, nurses, pharmacists, nutritionists and others involved) regarding the role of health workers in the patients being treated. On the other hand, complete integrated patient progress records illustrate optimal interprofessional communication with patients provided with health services. [7].

Nursing documentation and medical records are part of quality management, ultimately impacting patient safety [8]. This statement aligns with research [9] that there are 5800 inpatient medical records from 20 hospitals. It is known that the incidence of side effects reaches up to 83.8%, inaccuracy in diagnostics reaches up to 88.5%, inaccuracy in intervention up to 81.75% and inaccuracy in treatment up to 76.67%.

Law (UU) of the Republic of Indonesia concerning Health No. 36 of 2009 explains that safe, quality and affordable health services are the government's responsibility and everyone's right. [10]. The government provides a policy for all interprofessional health workers to collaborate in providing Care and health services to patients, documented in integrated patient progress records to improve effective communication [11].

Patient progress notes have a formula for preparing them, namely assessing subjective data (S), objective data (O), assessment (A), and preparing a plan (P). Progress notes can function as evaluation material for the patient care process while in the inpatient room and become written material to support hospital accreditation needs as complete documentation data.[12]

Patient progress records are documentation as proof of patient progress in the treatment process, including all actions regarding patient care and authentic legal reports to be accounted for. [13]. This integrated patient progress record documentation can increase effective interprofessional communication in every action given to the patient, thereby increasing effectiveness, avoiding repetition of words (communication), and being time efficient. [14].

According to [15], it is wrong that the documentation of patient progress records is often incomplete because health workers do not complete data on the patient's history and health quality from the start. Another opinion, according to [16], is that errors in the care process cause incomplete documentation of patient progress notes.

Incomplete documentation of integrated patient progress records will result in suboptimal interprofessional communication regarding patient health developments. So, actions against patients can be ineffective and detrimental to the patient and Hospital.[17].

Siti Khadijah Islamic Hospital is an Islamic type C hospital in Palembang. The vision of this Hospital is to become the best Hospital of choice in South Sumatra with Islamic services. From medical record data, the completeness of medical records for the last 3 (three) months experienced fluctuations in the completeness of documentation of integrated progress notes for diabetes mellitus patients, namely January 2023 was 95% complete, February 2023 was 88.7% complete, and March 2023 was 85% complete. (Medical Records of Siti Khadijah Islamic Hospital, 2023).

Based on a preliminary study conducted by researchers on April 20 2023, in the Medical Records Section of the Siti Khadijah Islamic Hospital in Palembang, from patient medical record data, Diabetes Mellitus is the third most common disease, and it is known that in 2021 there were 501 patients, in 2022 there were 501 patients. 682 patients, and in 2023, from January to May, there will be 287 patients. This is a metabolic disease that requires effective interdisciplinary communication. Based on the background that the author has described above, the author is interested in knowing how complete the integrated progress notes are for diabetes mellitus patients at Siti Khadijah Islamic Hospital, Palembang.

2. RESEARCH METHOD

The method used in this research is descriptive research with a qualitative approach. The population in this study is an integrated patient progress record. The sampling technique used a random sampling technique, with the number of samples taken being 45 documents. Data collection techniques in this research are observation, interviews, and literature study. This research was conducted in the internal medicine room of the Siti Khadijah Islamic Hospital, Palembang, from June 05, 2023 to June 26, 2023.



3. RESULTS AND DISCUSSION

3.1. RESULTS

The results of the research from taking a sample of 45 documents on the form for filling out progress notes for integrated diabetes mellitus patients at the Siti Khadijah Islamic Hospital, Palembang, are as follows :

Table. 1. Results of Completing Integrated Diabetes Mellitus Patient Progress Notes

Completing Progress Notes Integrated Diabetes Mellitus Patients	N	%
Complete	11	24,5%
Incomplete	34	75,5%
Total	45	100%

3.2 DISCUSSION

Based on research results from data sources processed in the table above, data collection for June 2023 by taking a sample of 45 documents, the percentage of filling in integrated patient progress notes was incomplete as much as 34 or 75.5% and complete as much as 11 or 24.5%, so filling in Integrated patient progress records to support minimum service standards are not good. The completeness of the integrated patient progress record documentation in the table above can be concluded that at the Palembang Islamic Hospital, almost all Integrated Diabetes Mellitus Patient progress records were not filled in entirely by the treating professionals.

The supervisor's role is very much needed in monitoring documentation. This statement aligns with research [18] that there is a relationship between supervisors and the completeness of nursing documentation in integrated patient progress notes (p-value 0.001). His is also in line with research [19]. The supervisor's role is very much needed in monitoring documentation. This statement aligns with research [18] that there is a relationship between supervisors and the completeness of nursing documentation in integrated patient progress notes (p-value 0.001). This also aligns with research [19] that the supervisor's role influences the completeness of patient progress record documentation (p-value; 0.000). According to research [20], only 18.2% of health workers filled outpatient progress notes, meaning that most nurses did not complete documentation of their integrated patient progress notes.

Documenting integrated progress notes is an interprofessional collaboration (doctors, nurses, nutritionists and pharmacists) in taking action to improve the quality of patient health. This integrated action can increase effective communication, efficient time and the preparation of more effective interventions.[21].

Integrated patient progress records that include interprofessional have optimal benefits for patient actions. Writing progress notes includes formulations, namely subjective data (S), objective data, assessment (A) and planning (P). This documentation can provide authentic and legal material for health workers in every action they take towards patients. [22]. In line with [23] opinion, the completeness of integrated patient progress record documentation illustrates quality as an evaluation in providing nursing actions to patients so that we take responsibility for every action that will be and has been given for the quality of the patient's health.

Based on research analysis, several health workers at the Siti Khadijah Islamic Hospital in Palembang were concerned with recording the progress of Diabetes Mellitus patients in a complete and integrated manner in their filling, as seen from several factors, including a lack of understanding about the benefits of filling. In the integrated recording of patient progress, health workers also receive less support from superiors in filling in and a lack of hospitals that facilitate filling.

4. CONCLUSION

The conclusions from the research results on the perfection of integrated patient progress record documentation in diabetes mellitus are as follows: Integrated patient progress record documentation Progress notes (integrated patient progress notes) for Diabetes Mellitus at the Siti Khadijah Islamic Hospital in Palembang are 75.5% incomplete.

ACKNOWLEDGEMENTS

The author would like to express his deepest gratitude to:

1. Prof. Datuk Dr. Hj. Bibi Florina Binti Abdullah, as Pro-Chancellor of Lincoln University College, was the First Director of the Nursing Ministry of Health Malaysia.
2. dr. Hj. Asdaria Tenri, Sp. OG, as director of Siti Khadijah Islamic Hospital Palembang

-
3. Dr. Tukimin Bin Sansuwito is the Advisor who has been willing to take the time to provide direction during the preparation of this research.

REFERENCES

- [1] P. K. Whelton *et al.*, "2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults," *Hypertension*, vol. 71, no. 6, pp. E13–E115, 2018, doi: 10.1161/HYP.000000000000065.
- [2] Z. Azahra, "Nursing care of patients with nutritional disorders in cases of type diabetes mellitus 2," vol. 18, pp. 1–23, 2022.
- [3] R. Ramdani, "Nursing Care for blood glucose instability in patients with diabetes mellitus," *Karya Tulis Ilm.*, vol. 2, no. 4, pp. 1–16, 2018.
- [4] Annisa, "Nursing Care of Patients with Type II Diabetes Mellitus in the Inpatient Room of Bagindo Aziz Chan Rs Tk. IIIDr. Reksodiwiryo Padang," *Pustaka.Poltekkes-Pdg. Ac.Id*, 2021.
- [5] N. Natasya and A. Alini, "Nursing Care With Diabetes Mellitus Type II," *J. Kesehat. Tambusai*, vol. 1, no. 3, pp. 24–32, 2021, doi: 10.31004/jkt.v1i3.1234.
- [6] M. Nurfitri, "Diabetes Mellitus Nursing Care and application of progressive muscle application," *Braz Dent J.*, vol. 33, no. 1, pp. 1–12, 2022.
- [7] J. V. Hickey and E. R. Giardino, "The Role of the Nurse in Quality Improvement and Patient Safety," *J. Neurol. Neurosurg. Nurs.*, vol. 8, no. 1, pp. 30–36, 2019, doi: 10.15225/pnn.2019.8.1.5.
- [8] Herdman and T. Heather, *NANDA International Nursing Diagnoses Definitions & Classification*, Twelfth. New York, USA: Thieme Medical Publishers, Inc., 2021. doi: 10.1055/b000000515.
- [9] A. Iula *et al.*, "Quality of care: Ecological study for the evaluation of completeness and accuracy in nursing assessment," *Int. J. Environ. Res. Public Health*, vol. 17, no. 9, pp. 1–9, 2020, doi: 10.3390/ijerph17093259.
- [10] Ministry Of Health Republic Indonesia, "Main Results of Basic Health Research," *Kementrian Kesehatan RI*, 2018.
- [11] A. A. Hidayat, *Nursing Process NANDA, NIC, NOC, and SDKI Approaches*, Pertama. Surabaya, Indonesia, 2021.
- [12] M. Fukada, "Nursing competency: Definition, structure and development," *Yonaga Acta Medica*, vol. 61, pp. 1–7, 2018, doi: 10.33160/yam.2018.03.001.
- [13] H. Kamil, R. Rachmah, E. Wardani, and C. Björvell, "How to optimize integrated patient progress notes: A multidisciplinary focus group study in Indonesia," *J. Multidiscip. Healthc.*, vol. 13, pp. 1–8, 2020, doi: 10.2147/JMDH.S229907.
- [14] C. A. I, E. A. Zanatta, and S. C. Abido, "Evaluation of nursing records through Quality Diagnosis, Interventions and Outcomes inpatient progress notes," pp. 1–19, 2022.
- [15] A. Abd El Rahman, M. Ibrahim, and G. Diab, "Quality of Nursing Documentation; progress notes in damage evaluation and its impact on Continuity of patient care," *Menoufia Nurs. J.*, vol. 6, no. 2, pp. 1–18, 2021, doi: 10.21608/menj.2021.206094.
- [16] J. Alasad, "Patient satisfaction with nursing care: Measuring outcomes in an international setting," *J. Nurs. Adm.*, vol. 45, no. 11, pp. 563–568, 2015, doi: 10.1097/NNA.0000000000000264.
- [17] K. Rørtveit, B. Saetre Hansen, I. Joa, K. Lode, and E. Severinsson, "Qualitative evaluation in nursing interventions—A literature review," *Nurs. Open*, vol. 7, no. 5, pp. 1285–1298, 2020, doi: 10.1002/nop2.519.
- [18] S. E. Cuda and M. Censani, "Assessment, Differential Diagnosis, and Initial Clinical Evaluation of The Pediatric Patient with Obesity: An Obesity Medical Association (OMA) Clinical Practice Statement 2022," *Obes. Pillars*, vol. 1, no. January, pp. 1–6, 2022, doi: 10.1016/j.obpill.2022.100010.



-
- [19] P. R. Kusumaningrum, E. Dharmana, and M. Sulisno, "The Implementation Of Integrated Patient Progress Notes In Interprofessional Collaborative Practice," *J. Ners dan Kebidanan Indones.*, vol. 6, no. 1, p. 32, 2019, doi: 10.21927/jnki.2018.6(1).32-41.
- [20] C. Urquhart, R. Currell, M. J. Grant, and N. R. Hardiker, "Nursing record systems: Effects on nursing practice and healthcare outcomes," *Cochrane Database Syst. Rev.*, vol. 2018, no. 5, 2018, doi: 10.1002/14651858.CD002099.pub3.
- [21] M. Harding and D. Hagler, *Conceptual Nursing Care Planning*. Book Aid International, 2022.
- [22] C. María and C. Moreno-mulet, "Students and Teachers' Satisfaction and Perspectives on High-fidelity Simulation for Learning Fundamental Nursing Procedures : A Mixed-method Study," *Nurse Educ. Today J.*, vol. 104, no. 2021, pp. 1–6, 2021, doi: 10.1016/j.nedt.2021.104981.
- [23] Mundakir, Y. Wulandari, and N. Mukarromah, "Pendekatan Model Asuhan Keperawatan Holistik Sebagai Upaya Peningkatan Kepuasan dan Keselamatan Pasien di Rumah Sakit," *J. Keperawatan Muhammadiyah*, vol. 1, no. 2, pp. 7–16, 2016.