

The Integrated Patient Development Record in Type C Hospital Padang

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Abstract - Documentation of patient progress notes integrated communication tools in the integrated care undertaken by professional caregivers in providing health services to patients. Incomplete documentation will form a framework that is not good that would aggravate the framework of the PPA, because of the necessary documentation to do with good professional practice of doctors, nurses, pharmacists and nutritionist to avoid unexpected events (KTD), medication errors and error intervention. The purpose of this study was to compare the factors that most influence the PPA in the documentation of patient progress notes integrated (CPPT) in the Type C Inpatient Hospital Padang Year 2018 Type of research with cross sectional design. Sampling of this research is proportional random sampling with a sample of 157. Retrieving data using a questionnaire. Data were analyzed using Chi Square, multiple logistic regressions. Research conducted at three hospitals obtained completeness CPPT by 4 professional careers (PPA) is still found CPPT incomplete charging. CPPT charging incompleteness may result in unexpected events (KTD), medication errors and errors that intervention would be detrimental to the patient. Factors most associated with CPPT in the RS Type C Padang are knowledge in the RS and RS X Y Z Machine while in the hospital. The most influential factor and machine knowledge, in charge of health personnel CPPT necessary knowledge that will improve the completeness CPPT thus the necessity of charging CPPT related education and RS Z should improve the infrastructure so that the CPPT better documentation and to avoid omissions in patient documentation.

Keywords - CPPT, Knowledge (Man), Materials, Methods and Machine

I. INTRODUCTION

The hospital is a health care institution, which aims to improve public health. Efforts to improve the health status of the nursing profession demands optimally develop the quality of professional services in accordance with the demands of society in the era of globalization (Hutama & Santosa, 2016), Health care paradigm is changing the focus of health care to patients. No longer put one of the professions as a service center, but it takes care of various professions adanyaintegrasi service providers (Commission on Accreditation of Hospitals, 2015). Patient-focused services require an integrated documentation that require each profession make record on the same document. This method is expected to enhance effective communication among the professions, the recording can be more optimal for all professions written on the same document,

minimizing mis communication, reducing the incidence is not expected and in the end it was all intended to improve patient safety and impact on improving quality of care (Frelita, Situmorang, & Silitonga, 2011).

Improving quality of care by providing services efficiently and effectively is by adjusting the professional standards, service standards in accordance with the needs of patients, the use of appropriate technology and research to develop health care or nursing in order to reach an optimal degree (Nursalam, 2012), Continuity of service is very important in improving the quality of services to patients, so that an integrated patient care as one of the tools used for quality control. Quality of health services have become important factors in the organization of health services, increase public awareness about health and health services encourage every health care organization to be aware in

providing services to the health care organization services (Herlambang, 2012).

According to Keith in Arif (2013) key to quality health services is a cost efficient manner to increase the effective collaboration of health workers. Collaboration is a process whereby professionals composing each collective action towards patient care needs are built with voluntary and any negotiations or discussions among professionals. Cooperation is also a form of collaboration practices. Cooperation is a two or more individual efforts to achieve common goals that get results faster and better.

Internationally, the effectiveness of the quality management system to improve the quality of care and patient safety in hospitals not convincing enough. The quality management system has a different focus to the quality of clinical care and patient safety (Dugdale & Healy, 2009). In Indonesia, patient safety has become a serious concern. The first study was conducted in 15 hospital inpatient medical records by 4500 (Utarini et al, .2000), the results showed the highly varied KTD ie: 8.0% to 98.2% for diagnostic error and 4.1% up to 91, 6% for medication error, 8.2% to 98.4% intervention error.

In Indonesia, the quality of healthcare and patient safety has had a strong legal foundation. Act (UU) No. 36/2009 Health mandates that health care is safe, quality and affordable is the responsibility of government and the rights of man (chapters 5 and 19) (Ministry of Health,

2011). The number of reports of errors of health workers in providing services that the government does not put one of the profession as a service center, but it takes care of various professions adanyaintegrasi service providers to perform integrated pendokumentasian patient progress notes (Commission on Accreditation of Hospitals, 2015).

Patient care in hospital accreditation standards should be implemented based on the 2012 version of the service pattern focuses on patient (Patient Centered Care), the care given based on patient care needs. Care process is dynamic and involves many practitioners of health service delivery such as physicians, nurses, midwives, nutritionists, pharmacists, therapists, etc., and can involve various units and services that are in integrated care record (KARS, 2015).

Integrated patient progress notes (CPPT) are a record of documentation carried out by health workers for coordination or collaboration among health workers in doing documenting health care to patients. Patient progress notes integrated (CPPT) is a tool for communication between the

health care team, where communication is the delivery of information in a face to face interaction that contain ideas, feelings, concerns, meanings, and thought given to the recipient of the message in the hope the recipient using information are to change attitudes and behavior. The principle of how the message is well received by the recipient of a resulting agreement and understanding between the giver and the recipient (Haryati, 2014).

Some form of integrated care implementation is documentation carried out by doctors, nurses, pharmacists, and nutritionists. Documentation is done in the form of integrated record progress notes written by the subjective data (S), the objective data (O), Data Analysis (A) and Planning / Planning (P). Integrated documentation can be used as written proof of activities that have been carried out by multidisciplinary health professionals that there is room of hospitalization. Documentation is said to be complete when the recording made by doctors, nurses, pharmaceutical and nutritionist if it complies with the standards set by the hospital, so as to protect health workers against legal issues (Hariyati, 2014).

The purpose of integrated services oriented to the interests of patients and is not dominated by one particular profession, such as doctors used a single care executive. Some of the benefits of care is integrated is to improve service quality in clinical circumstances and the particular environment, in collaboration with a multidisciplinary team, reducing the number of unnecessary interventions or harmful, provide treatment options and the best course of treatment with the maximum benefit, avoid the occurrence of medication errors at an early stage and miss communication, provides a treatment option with the smallest risk (Sutoto, 2015).

Medical record is the file containing the records and documents on his identity, examination, treatment, action and other services that have been given to patients. In the same regulations also mentioned that health professionals: doctors, dentists, nurses, pharmacists, nutritionist and / or certain health workers responsible for the records and / or documents created in the medical record. Furthermore, it states that health care facilities are required to provide the necessary facilities in the course of the medical record (MoH, 2011).

Documenting an evidence of health services that contain registration activities, authentic reporting and storage of all activities related to the management of clients that can be used to express real and verifiable facts. The documentation in the medical record is a means of communication between

healthcare professionals in providing care for patients. Such communication is communication between a profession that aims to prevent misinformation, interdisciplinary coordination, prevent repetitive information, and assist nurses in management time (Klehr, 2009).

Documentation is incomplete diruangan treatment according to Laitinen, Kaunonen and Astedt-Kurki (2010) in Hariyati (2014), one due, multidisciplinary health professionals not previously documented medical history and the patient's quality of life. According to studies conducted Bergh (2007), documenting inadequate due to the incompatibility of the stages of the documentation process.

Documentation is incomplete will establish a framework that is not good that would aggravate the framework of the health care team, because of the necessary documentation related to the professional practice both doctors, nurses, pharmacists and nutritionist so the service provided to patients is inaccurate, inefficient and would have a negative impact on the performance of health workers and other professions, such as societies demands increase so that the public's knowledge of the rights of the community as recipients of health services (Dinarti, 2009).

Research conducted by Rebbi (2016) Medical Record section Hospital Dr. M. Djamil Padang, as many as 23.4% of the 536 kunjungan July 2015 in room Non Surgical IRNA returned from the medical records of spatial because of incomplete charging status. In some status not found the name and signature charging progress notes that it can not be justified. 5 (five) status that researchers take randomly not found replenishment planning (P) should be done by a doctor three (3) other status can not be found suitability progress notes made by nurses, and nutritionists to note the progress made by doctors 3 (three) the status of the integrated patient progress notes are not filled by the pharmacist. The default minimum charging integrated care must be completed once every 24 hours or when there is a change in the status of the patient's condition but the researchers observed a new integrated care charged after two (2) days of patient care.

Hospital X is a C-type hospital, which began to be operated on July 19, 2004. According to the Minister of Health RI No. YM.02.3.5.5400 December 13, 2005, RS X hospital obtained an operating license from the government official. The vision of this hospital into a hospital in West Sumatra best choice with services islami. Dari medical records obtained complete medical record of 3 (three) months are 92% complete, 8.0% did not complete November December 2017 and 94% complete, 6.0% did

not complete, while in January 2018 as much as 95% complete and incomplete 5.0% (RS X, 2018).

Hospital Hospital Y is a Type C are moving towards accreditation of B managed by YARSI Sumbar with numbers BOR (Bed Occupation Rate) at the Islamic Hospital Y in 2014 was 83.38% and in 2015 was 79.59%, figure ALOS (Average Length of Stay) in 2014 and 2015 respectively approximately 4 days, and the number TOI (Turn over interval) in 2014 and 2015 respectively approximately 1 day. Where to increase the hospital's accreditation should be supported by a good administration, especially in terms of the organization of their medical records, especially on inpatient services. Medical records obtained from the medical records November completeness 56.06% complete, incomplete 43.94%, 53.06% in December complete, incomplete 46.94%, while 58.08% complete in January, 41.92 incomplete (RS Y, 2018).

Hospital Z is a hospital located in Jalan Padang Kota Aur 8. RS Z is a hospital which organizes one kind of health care, in this case focused on providing specialized health services surgery.

In addition to general patients, the hospital also receives patients BPJS leading to an increasing number of patients who come to be served. Medical records obtained from the completeness of the medical record of 3 (three) months at 94% complete, 6.0% did not complete in November, 2017 and December 95% complete, 5.0% did not complete, while the month of January 2018 were 94% complete and 6.0% did not complete. (RS Z, 2018).

RS X, Y RS and RS Z is a hospital that has been used CPPT sheet. Based on interviews with nurses who served in the inpatient unit, a medium that can be used to communicate on inter- professional patient care is the nursing care through an integrated patient progress notes (CPPT). Implementation of an integrated patient progress notes (CPPT) has been done but there is no evaluation of the implementation of the CPPT. CPPT their expected what was planned noted in the piece CPPT but the filling is sometimes found CPPT incomplete. The purpose of this study was to investigate the documentation overview CPPT in three type C hospital in Padang.

II. METHOD

Research design

This type of research is quantitative research with cross sectional design approach; where data are collected at the same time that Type C Hospital in Padang.

Research samples

The samples in this study using probability sampling where for the distribution of samples from each hospital cluster sampling method is used to get the number of samples X 157 with RS 57, RS 63 and RS Y Z 37 people. The criteria for the sample is (1) willing to become respondents, (2) PPA does not currently carry out on leave, in training and education, (3) Status / sheet CPPT hospitalized patients have already been treated ≥ 1 day / 24 hours

Research ethics

Before collecting data, researchers first following the ethics test. Then the researchers submitted a letter to the Health Service study, Kesbangpol as well as to each hospital. Researchers also asked for written consent from participants, including an explanation of the study and carried out voluntary commitment from the participants. Participants have the option to accept or reject, and all personal information is kept confidential.

III. RESULTS

Table 1 Distribution Frequency Integrated Documentation Note Developments in Hospital Patient Type C Padang

Documenting integrated patient progress notes (CPPT)	RS X		RS Y		RS Z	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Complete	15	26.3	15	23.8	20	54.1
Incomplete	42	73.7	48	76.2	17	45.9
Total	57	100	63	100	37	100

The table above is a frequency distribution of documentation catatam integrated patient progress in Type C Hospital Padang. From the table it can be seen that the completeness of records highest growth in the RS Z is 54.1%. Meanwhile for documenting patient progress notes incomplete integrated RS Y is present in 76.2%.

IV. DISCUSSION

Completeness of documentation integrated patient progress notes in Table 1 it can be concluded that the three RS Type C in Padang almost all CPPT not filled out completely by professional caregivers. From a study conducted three places more than half of health workers in RS RS X and Y Padang incomplete in doing documenting CPPT. While in RS Z Padang CPPT more than half of the completed documentation. The results are consistent with research conducted Rebbi (2016) at Dr M.Djamil Padang found that only 16.7% of health workers CPPT completely fill out the form, which means that most or approximately 83.3% incomplete in doing documenting CPPT. From these results it can be concluded that more than half of health workers in carrying out the documentation is not complete CPPT.

According to Laitinen, Kaunonen and Astedt Kurki (2010) in Hariyati (2014) one of the documentation is not

complete due to the multidisciplinary health professional's not previously documented medical history and the patient's quality of life. Documentation is complete information covering health status pasien, pasien needs, nursing care activity and patient response to care it receives. Documenting as a vehicle for communication and inter-professional Koordianasi that can be used to reveal an actual fact to be accounted for (Setiadi, 2012).

Integrated upbringing is an activity team consisting of doctors, nurses, nutritionists and pharmaceuticals in implementing integrated care in one location the medical record, which is implemented in collaboration of each profession. Integrated services oriented to the interests of patients and are not dominated by one particular profession, such as doctors used a single care executive. Why should they, because the profession is now growing very rapidly so it is no longer possible in full knowledge mastered by the doctors. Surely this would be a very positive impact on the quality of health services (Sutoto, 2015).

Research conducted arsyia (2017) says that the perception of health professionals about the documentation of care is integrated undertaken by professional caregivers (PPA) are all multidisciplinary do documentation to complete the form CPPT using SOAP format in accordance with the SPO set by RS which refers to the standard KARS.

Integrated patient progress notes (CPPT) are a record of documentation carried out by health workers for coordination or collaboration among health workers in doing documenting health care to patients. Forms documenting the implementation of integrated care performed by doctors, nurses, pharmacists, and nutritionists. Documentation is done in the form of integrated record progress notes written by the subjective data (S), the objective data (O), Data Analysis (A) and Planning / Planning (P). Integrated documentation can be used as written proof of activities that have been carried out by multidisciplinary health professionals that there is room of hospitalization. Documentation is said to be complete when the recording made by doctors, nurses, pharmaceutical and nutritionist if it complies with the standards set by the hospital, so as to protect health workers against legal issues (Hariyati, 2014).

Documenting CPPT becomes very important, it is given that the documentation is done by health workers will be an evaluation for the performance of health workers as well as accountability and pertanggungjawab material. Patient-focused services require an integrated documentation that require each profession make record on the same document in improved service quality by delivering services efficiently and effectively.

Karyoto (2016) states that, resources are materials or tools that can be used to achieve organizational goals. Without the elements of resources, organizations can not complete kegiatannya elements contained in the resource include a man (human), money (finance), matherial (raw materials), method (method), mahine (machines), of the five elements knowable factors causing the patient CPPT incompleteness of form filling.

Based on the analysis of researchers that of some health workers in three RS Type C that exist in the city of Padang linked from CPPT complete the filling can be seen from several factors, including the lack of understanding of the benefits in charging CPPT besides power kesehatannya also less interest in the completeness CPPT also the support of RS facilitate local lacking in charging CPPT.

V. CONCLUSION

The conclusion of this study is to document patient progress notes integrated (CPPPT) in Case C Hospital Padang showed that 73.7% RS incomplete X, Y RS 76.2% incomplete and RS Z 45.9% incomplete. And it can be said that the RS type C in Padang have not completed the documentation of patient progress notes integrated (CPPPT). It is recommended that each hospital in order to maximize

the completeness of the documentation integrated patient progress notes (CPPPT) because it is very useful to look at the medical history of the patient are repeated.

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REFERENCE

- [1] Alimul Aziz. (2004). Introduction to Basic Concepts of Nursing. Jakarta: Salemba Medika. Arikunto, S. (2006). Research Procedure A Practice Approach. Jakarta: Rineka Reserved.
- [2] Anggriani. 2017. Factors Contributing Incomplete Medical Records Inpatient Hospital
- [3] Waluya Griya Roxburgh. KTI STIKES Buana Husada Ponorogo
- [4] Asya, Ulul Azmi. 2017. Integrated Care Documentation Standards In Space Rinra Interna Care Honey 2 In Hospital Haji Makassar. Thesis Faculty of Islamic Keperawatan.Universitas. Makassar.
- [5] Basuki E. 2008. Communication Between Health Officer. Medical Indonesia. Indonesian
- [6] Medical Magazine. 58: 340-345.
- [7] Dinarti & Ratna Aryani. (2009). Nursing documentation. Jakarta Trans Media Info
- [8] Diyanto, Y. (2007). Analysis Factors Nursing Documentation Implementation In Rumash
- [9] Tugurejo Semarang General Hospital. Journal of Nursing Management. 1 (1), 1-6
- [10] Dahlan, MS (2014). Statistics for Medical and Health: Descriptive, Bivariate, and Multivariate, Condition Application Using SPSS, 6ED. Epidemiology of Indonesia, Jakarta.
- [11] Donabedian, A.2003. An Intruduction to Quality Assurance in Health Care. Oxford, Oxford University Press
- [12] Estes B & Wang, J. (2013). Integrative Literature Review: Workplace Invicivility: Impacts on Individual and Organizational Performance. Human Resource Development Review. 7 (2), 218-240
- [13] Frelita, G, Situmorang, TJ & Silitonga, DS 2011. Accreditasion Joint Commission International Standards for Hospitals, 4th ed. Oakbrook Terrace, Illinois 60181 USA
- [14] Gustomi, MP (2015). The application of the model of nursing care documentation, 6 (November), 150-157.

- [15] Gillies. (2000). Nursing Management As An Approach System (Translation). Bandung: Foundation IAPKP
- [16] Handoko, T Hani. (2012) Personnel management and human resources. Yogyakarta: BPFE Hariyati, Tutik Sri. 2014. Development and Utilization Planning Nurses. Jakarta: Rajawali Press
- [17] Hastono. SP (2007). Health Data Analysis. Jakarta: FKM UI
- [18] Hatta 2011. Guidelines for Health Information Management In Health Care Facilities. Jakarta: UI Press
- [19] Herlambang, S & Muwarni A. 2012. Management of Health and Hospitals. Yogyakarta: Goshen Publishing
- [20] Hidayat. (2011). Health research methods. Jakarta: Rineka Reserved
- [21] Huber, DL (2006). Leadership and Nursing Care Mangement. Of Philadelphia. Saunders Elsevier.
- [22] Utama, H., & Santosa, E. (2016). Quality Evaluation of Medical Records at 1 PKU Muhammadiyah Hospital in Yogyakarta: A Case Study in Patients Sectio Caesaria, 5 (1), 25-34. <http://doi.org/10.18196/jmmr.5103>.
- [23] Ilmonen, Kaj. (2011). A Social And Economic Theory of consumption. UK: Palgrave Macmillan
- [24] JCI. 2006. Journal on Quality and Patient Safety, Root Causes of Sentinel Events.
- [25] The Commission on Accreditation of Hospitals. Doctors Peangung 2015. Implementation Guide FAQ Patients (DPJP)
- [26] MoH RI. (2009). Law Number 36 Year 2009 on Health. Jakarta: State Secretariat
- [27] MoH RI. (2011). Hospital Accreditation Standards, Cooperation Directorate General of Republic of Indonesia Health Efforts by the Commission on Accreditation of Hospitals (KARS). Jakarta
- [28] MoH RI. (2012). Indonesian Demographic and Health Survey. Jakarta
- [29] Khler, J, Hafner. Spelz, LM, Steen, S & Weaver, K. 2009. Implementation of Standarized Nomenclature in the electronic medical record. int Jnurs.Terminol.Classif
- [30] Kuntoro, A. (2010). Textbook of Nursing Management. Yogyakarta: Nuha Medika
- [31] Kron. (1987). The Management of Patient Care Leadership Skill Putting Work. Sixth. Edition: WB Saunders Company
- [32] Lasmani, PS, Haryanti, F., Blue, L., Kepewaratan, PI, Medicine, F., Mada, UG, Mada, UG (2014). Evaluation Of Iintegrated Medical Record Implementasion Case Study In, 17 (1), 3-8.
- [33] Lasmani, Patricia Suti. 2013. Evaluation of the implementation of an integrated medical record inpatient Hospital Yogyakarta DR.Sardjito
- [34] Linggardini, Kris. (2010). Supervision Relationship With The Computer Based Documentation Perceived Executive Nurse Inpatient Hospital In Banyumas, Central Java. Thesis Faculty of Nursing. University of Indonesia. Jakarta
- [35] Loedin, AA (2003). National Guidelines for Health Research Ethics. Jakarta: The National Committee for Medical Research Ethics
- [36] Lumenta. (2015). Responsible Physician Implementation Guide Patient and Case Manager. Jakarta: The Commission on Accreditation of Hospitals
- [37] Mc Eachen & Keogh. (2007). Nurse Management Demistified, A Self Teaching giude. New York: The McGraw-Hill Companies
- [38] Martono, N. (2010). Qualitative Research Methods: Content Analysis and Secondary Data Analysis. Jakarta: King Grafindo Persada
- [39] Marquis, BL (2010). Nursing Leadership and Management: Theory and Applications. Jakarta: EGC
- [40] Marquis, BL & Huston, CJ 2001. Fuctiontions Leadership Roles and Management in Nursing: Theory and Application (3rd Ed). Of Philadelphia. Lippincot Williams & Wilks
- [41] Nasir A, Muhith A, Sajidin M, Mubarak WI. 2009. Communication Nursing: Theory and Application. Jakarta: Salemba Medika
- [42] Notoadmodjo, S. 2010. Research Methodology Keshatan .. Ed. Rev. Jakarta: Rineka Reserved
- [43] Nurman, M. 2013. Factors - Factors Associated With Nursing Documentation in patient wards of hospitals Bangkinang, 19, 1-13.
- [44] Nursalam. 2008. Nursing Process and Documentation; Concepts and Practice (2nd ed.). Jakarta: Salemba Medika.
- [45] Nursalam, 2012. Nursing Management Applications in Professional Nursing Practice. Issue 3. Jakarta: Jagakarsa
- [46] Personal, General. 2009. Influence Factor Analysis of Knowledge, motivation, and perceptions about

- Supervising Head Nurse of Implementation Documentation Room Nursing Inpatient Hospital In Space Kelet in Jepara, Central Java province. Thesis Faculty of Public. Of University of Diponegoro. Semarang
- [47] Priyanto. 2011. The integrated documentation system innovation in intensive nursing care in ICCU RSUPN Dr. Ciptomangunkusumo Jakarta.
- [48] Rakhmawati, W. 2009. Monitoring and Control In Nursing Services (Supervision, Quality & Risk Management). Training in Nursing Management (pp. 11-16) Medical records. 2018. RSI Siti Rahmah Padang
- [49] Medical records. RSI 2018. Ibn Sina (Yarsi) Padang Medical records. RSB 2018. Ropanasuri Padang
- [50] Riyanto, Agus. 2010. Modules, Basic Data Analysis For Health Research Training. Conveyed On the Training Data Processing and Data Analysis Health, Nursing Academy Setih Setio in Muara Bungo, Jambi
- [51] Rizal, AAF, Chasani, S., and Warsito, BE (2016). Relationship Management Function Implementation Chief Executive Lounge with Motivation Nurses in Providing Nursing Service at the Hospital Inpatient Room of Semarang. Journal of Medical Sciences, 4 (1), 1-6
- [52] Rosyidi, K. (2013). In the leadership Management Nursing. Jakarta: Trans Media Info
- [53] Rustiyanto, 2009. Professional Ethics of Medical Records and Health Information. Yogyakarta: Graha Science
- [54] Sari, Rebbi gem. 2016. Analysis of Perception of Health Workers Against the Case Manager and Production Function documentation Integrated Patient Progress Notes RuanganIrna Non Surgical Hospital In Padang M.Djamil. Thesis Faculty of Nursing. University Andalas.Padang
- [55] Setiowati, 2015. Relations Supervising Head room with Implementation Risk Patient Fall Prevention guidelines. Journal of Medical Science Indonesia. 5 (2), 58-62
- [56] Shofari, Bambang. 2005. Management of Medical Record System. Perekammedisan Association of Professional Organizations, Health Informatics Indonesia. Semarang
- [57] Siagian, 2014. Human Resource Management. Jakarta: Earth Literacy
- [58] Sigit, Achmad. 2009. Effect Direction Function Head of Space and Chairman of the Executive Nurse Job Satisfaction In Blambangan Hospital Banyuwangi. Thesis Faculty of Nursing. University of Indonesia. Jakarta
- [59] Simamora, RH .2012. Textbook of Nursing Management. Jakarta: EGC Siswanto. 2016. Energy Management Indonesia. Jakarta: PT. earth Literacy Suarli, S and Bahtiar, Y.2013. Nursing Management. Jakarta: Erland Sudarmanto. 2009. Performance and Human Resources Development (Theory, Dimensional Measurement and Implementation in Organizations). Yogyakarta: Library Learning Sugiono. 2012. Quantitative and Qualitative Research Methods. Bandung: Alfabeta
- [61] Sumirat, T. 2014. Relationships Work Motivation Nurse with Nursing Care Quality Documentation of patient wards in hospitals Panembahan Disease Senopati Bantul, Yogyakarta. Aisyiyah STIKES manuscript publication. Yogyakarta
- [62] Setiadi. (2013). Writing Concepts and Practice of Nursing Research (2nd ed.). Yogyakarta: Graha Science.
- [63] Swansburg. RC. 2000 Nursing Leadership and Management, for clinical nurses. Jakarta. EGC Triwibowo, C. 2013. Management of Nursing Services at the Hospital. Jakarta: Trans Media Info
- [64] Warsito, BE, and Mawarni, A. 2007. Influence Perceptions About Nurse Executive Managerial Function Head of Implementation Activities in Space Management Nursing Inpatient RSJD Dr. Amino Gundohutomo Semarang, 1 (1)
- [65] Wirawan, 2009. Performance Evaluation of Human Resource Management. Jakarta: Four Salemba.

Integrated Patient Progress Notes	Charging completeness CPPT by professional care giver (PPA)																					
	RS X								RS Y								RS Z					
	Doctor		Nurse		Pharmacist		nutrient		Doctor		Nurse		Pharmacist		nutrient		Doctor		Nurse		Pharmacist	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	F	%	f	%	f	%
Complete	26	45.6	24	42.1	17	29.8	17	29.8	31	49.2	35	55.6	32	50.8	29	46.0	16	43.2	31	83.3	22	59.5
Incomplete	31	54.4	33	57.9	40	70.2	40	70.2	32	50.8	28	44.4	31	49.2	34	54.0	21	56.8	6	16.2	15	40.0
total	57	100	57	100	57	100	57	100	63	100	63	100	63	100	63	100	37	100	37	100	37	100

Table 5.3 The frequency distribution is based on the completeness of the documentation integrated patient progress notes (CPPT) by professional caregivers (PPA) in the RS Type C Padang 2018

	RS X				RS Y				RS Z			
	Complete		Incomplete		Complete		Incomplete		Complete		Incomplete	
	f	%	f	%	F	%	f	%	f	%	f	%
Doctor												
date Hour Profession	52	91.2	5	8.8	59	93.7	4	6.3	31	83.8	6	16.2
According CPPT SOAP												
Make clear name Signature												
CPPT Appropriate ink SOP												
confirmation CPPT	26	45.6	31	54.4	31	49.2	32	50.8	24	64.9	13	35.1
	31	54.4	26	45.6	36	57.1	27	42.9	26	70.3	11	29.7

Nurse												
date Hour Profession	55	96.5	2	3.5	63	100	0	0	37	100	0	0
According CPPT SOAP Make clear name Signature CPPT Appropriate ink SOP												
CPPT required minimum 1x per shift duty	24	42.1	33	57.9	38	60.3	25	39.7	37	100	0	0
	54	94.7	3	5.3	61	96.8	2	3.2	37	100	0	0
	24	42.1	33	57.9	63	100	100	0	37	100	0	0
Pharmacist												
date Hour Profession	54	94.7	3	5.3	63	100	0	0	37	100	0	0
According CPPT SOAP Make clear name Signature CPPT Appropriate ink SOP												
	18	31.6	39	68.4	38	60.3	25	39.7	37	100	0	0
	57	100	0	0	57	90.5	6	9.5	36	97.3	1	2.7

nutrient												
date Hour Profession According CPPT ADIME	57	100	0	0	63	100	0	0	37	100	0	0
Make clear name Signature CPPT Appropriate ink SOP	17	29.8	40	70.2	33	52.4	30	47.6	37	100	0	0
	57	100	0	0	57	90.5	6	9.5	37	100	0	0