Analysis of Factors Causing Incomplete Completion of Medical Action Consent Forms (Informed Consent) at Jember Lung Hospital. Ida Nurmawati, S.KM., M.Kes (Supervisor)

Ardivanti Setvorini

Health Information Management Study Program
Department of Health

ABSTRACT

Completeness of informed consent after obtaining clear information of 100% is one of the minimum service standards (SPM) for medical records in hospitals. Based on a preliminary study at the Jember Lung Hospital, 78 out of 90 consent forms for medical action were found with an incomplete percentage of 86.7%. The purpose of the study was to determine the incompleteness rate and to analyze the factors causing incomplete filling of the informed consent form at the Jember Lung Hospital according to Lawrence Green's theory. This type of research is descriptive qualitative research with data collection through in-depth interviews, observation, documentation, ultrasound, and brainstorming. The research subjects consisted of 2 DPJPs (The doctor in charge of the patient), 2 nurses, 1 head of the inpatient room, and I person in charge of medical records. The research object was all Medical Action Consent Forms with the number FM-RMD-018 in the inpatient medical record documents during the August-October 2022 visit. Data credibility through triangulation of sources and techniques. The results obtained during the observation of 180 inpatient medical records during visits in August-October 2022 found an incomplete filling of the medical action consent form of 90.56% with the highest incompleteness in the important reporting component. From the results of the analysis, it was found that the incompleteness occurred because the DPJP and the nurses did not know the standard of completeness of the informed consent, the attitude of the DPJP and the nurses who did not support the implementation of documenting the consent form for medical action, inadequate facilities such as less ergonomic form design, lack of clarity on the contents of the SOP, and lack of motivation for medical personnel. Suggestions that can be proposed are redesigning the design of the consent form for medical action, reviewing and revising the contents of the SOP, and conducting periodic re-socialization.

Keywords: medical action consent form, incompleteness, minimum service standard