

***Analysis of Factors Causing Incomplete Completion of Inpatient Informed Consent Forms at
Puskesmas Kaliwates Jember***

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ABSTRACT

The incompleteness of informed consent form completion may affect the quality of medical records as well as legal aspects of healthcare services. A preliminary study of 121 inpatient informed consent forms showed an incompleteness rate of 100%, with the highest incompleteness found in the alternative and risks item at 96.69% and the medical record number item at 95.87%. This study aimed to analyze the factors contributing to the incompleteness of inpatient informed consent form completion based on the 5M approach (Man, Method, Material, Machine, and Money). This study employed a qualitative method, with data collected through in-depth interviews, observation, and documentation. The data were analyzed through data reduction, data presentation, and conclusion drawing. The results showed that the man factor was characterized by differences in staff knowledge regarding the standards for completeness of form completion, indicating the need for regular socialization. For the machine factor, the utilization of staff name stamps was not yet optimal. For the method factor, the implementation of the Standard Operating Procedure (SOP) was not yet optimal, and the SOP did not provide sufficiently detailed guidance regarding completeness standards, the allocation of responsibility for completing each section of the form, and final verification before the form was stored. For the money factor, there was no specific budget allocation for competency development and socialization activities related to informed consent, resulting in these activities not being implemented optimally. Meanwhile, the material factor was not identified as a cause of incompleteness. Therefore, the man, machine, method, and money factors were identified as factors contributing to the incompleteness of informed consent form completion, while the material factor was not identified as a contributing factor. Improvement efforts include regular socialization of completeness standards, optimization of staff name stamp utilization, improvement and strengthening of SOP implementation, and allocation of a specific budget to support these activities.

Keywords: *community health center, incompleteness, Informed consent, medical records, 5M.*