

Quantitative analysis the completeness of electronic medical summaries for inpatient pediatric at Karya Medika Bantar Gebang Hospital

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ARTICLE INFO

Article history:

Received Aug 15, 2025

Revised Aug 20, 2025

Accepted Aug 27, 2025

Keywords:

Elektronic Medical Record
Factor 5 M
Inpatient Medical Summaries
Medical Record Completeness

ABSTRACT

Incomplete documentation of pediatric inpatient electronic medical records at Karya Medika Bantar Gebang Hospital affects the quality of medical recordkeeping. A preliminary study revealed completeness rates of 100% for identification, 70% for important reports, 65% for accurate documentation, and 85% for authentication. This study aimed to analyze the factors contributing to these deficiencies. A qualitative descriptive method was applied, involving one medical record officer, two pediatric ward supervisors, and one triangulation informant. The research covered 764 pediatric inpatient electronic medical records from January to June 2025, with a random sample of 88 records determined using the Slovin formula. The results identified five contributing factors: human (incomplete entries by physicians), machine (unstable internet connection), money (no training budget), method (absence of standard operating procedures), and material (lack of tools for completeness analysis). The highest incompleteness occurred in accurate documentation and important reports. In conclusion, the study emphasizes the need to implement a reward and punishment system, provide backup modems, allocate budgets for staff training, establish SOPs in accordance with regulations, and utilize checklists as an evaluation tool.

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INTRODUCTION

Electronic medical summaries serve as a communication medium between healthcare providers in hospitals and subsequent healthcare providers to ensure the continuity of patient care (Talib & MARS, 2022), (Andhani et al., 2024). The content of electronic medical summaries should at least include patient identification, medical record number, admission and discharge dates, last ward, admission diagnosis and indication for hospitalization, summary of medical history, summary of physical and supporting examination results, final diagnosis and additional diagnoses, treatments and procedures/operations, consultation results, drug reactions and diet, follow-up care

instructions, discharge method and condition at discharge, follow-up location and date, prognosis, name and signature of the attending physician, and emergency medical facility referral. Hospital are an integral part of an organization of 3 health systems with the function of providing comprehensive service, curative disease curing and disease prevention (preventive) to the community (Fadillah & Febiana, 2021), (Daniati, 2022). Karya Medika Bantar Gebang Hospital is a private general hospital type C located in Bantar Gebang District, Bekasi City, West Java Province. A study at Betha Medika Hospital showed that the completeness of medical summary documentation reached 100% only for the attending physician's signature. For other sections, the completion rates were: anamnesis 38%, physical examination 56%, supporting examinations 69%, diagnosis 50%, therapy 12%, and discharge condition 20% (Ardhiansyah, 2022), (Lestari, 2022). The incomplete documentation was attributed to physicians busy schedules and the failure to complete summaries within 24 hours after discharge (Melawati, 2021). Another study found that only 33% of medical summaries were complete, while 67% were incomplete, due to factors such as attending physicians and assembling staff not having received training, and physicians forgetting to fill in sections due to workload (Wulandari, MM, Widiyanto, & Kom, 2024). Incomplete medical record documents after exceeding the completion period of each service unit with a deadline for completing medical record documents is more than 14 days, is categorized as DM (Delinquent Medical Record) (Mathar, 2018), (Istikomah, Erawantini, & Putra, 2020).

Further analysis revealed that 73.38% of medical summaries were complete, while 26.62% were incomplete, with contributing factors including physicians' workload, high patient volume in pediatric wards, and inadequate infrastructure (Trianto & Rohaeni, 2021). Other causes of incomplete documentation included lack of training for physicians and medical record staff, insufficient computer facilities, and the absence of standard operating procedures (SOPs) for medical summary completion (Lufianti, Wijayanti, Mudiono, & Muflihatin, 2022). Human and method-related challenges, such as lack of training and poorly implemented SOPs, were also identified (Kania, Ningrum, & Wildan, 2024). The five main factors contributing to incomplete medical summaries are: *Man* (low compliance among healthcare professionals), *Methods* (suboptimal SOPs), *Machines* (ineffective hospital information systems), *Money* (inadequate training investment), and *Material* (incomplete electronic medical records) (Ernawati & Novratilova, 2025), (Syam, 2024).

A preliminary study conducted in February 2025 at Karya Medika Bantar Gebang Hospital identified issues with the completeness of electronic medical summaries for pediatric inpatients. Electronic medical records were introduced at the hospital in September 2024. During the initial implementation phase, many inpatient records were incomplete. A document review of 20 pediatric inpatient electronic medical summaries from October 2024 revealed the following completion rates: identification (100%), important reports (70%), accurate documentation (65%), and authentication (85%) (Annisa, 2023), (Tisa, 2025). Overall, 75% of the summaries were complete, while 25% were incomplete. Causes of incompleteness included missing physician signatures, unrecorded admission indications, nonspecific or abbreviated diagnoses, unrecorded secondary diagnoses, and incomplete assessments. Complete medical summaries are essential to avoid obstacles in BPJS Health claims, which may result in pending claims or administrative audits due to incomplete documentation. Incomplete summaries negatively impact patient care, hinder medical audits, and affect hospital service quality. (Yunita Rahma & Arifin, 2024), (Erawantini, Yuliandari, Deharja, & Santi, 2022). Based on the preliminary findings, this study aims to "Quantitative Analyze the Completeness of Electronic Medical Summaries for Pediatric Inpatients at Karya Medika Bantar Gebang Hospital".

RESEARCH METHOD

This study employed a qualitative descriptive approach. Qualitative research produces descriptive data in the form of speech, writing, and observed behavior. Data were collected through

observation, interviews, and document analysis. Research methods are the methods used by research in collecting their research data (Arikunto, 2006). The study focused on the completeness of electronic medical summaries for pediatric inpatients at Karya Medika Bantar Gebang Hospital, located at Jl. Narogong KM 11 Pangkalan 1A, Bantar Gebang, Bekasi, West Java.

The study population included all medical record officers and ward supervisors, totaling 3 individuals. The sample consisted of 3 participants: 1 medical record officer, 2 pediatric ward supervisors, and 1 triangulation informant (head of medical records). Triangulation is an approach used to strengthen the validity and reliability of research result by combining methods, data sources, or perspectives (Alfansyur & Mariyani, 2020). Total sampling was used for participant selection. The data collection method was carried out by direct observation of inpatient electronic medical summaries (Notoatmodjo, 2005). The research objects were 88 electronic medical summaries of pediatric patients from January to June 2025, selected using the Slovin formula with random sampling. Interviews are the process of communication or interaction by question and answer (Siregar, Destini, & Barus, 2024), Research variables are all forms that have been determined by researchers that will be researched and then conclusions are drawn (Sugiyono, 2014). Variables included patient identification, important reports, authentication, accurate documentation, and the 5 M factors (*Man, Machine, Method, Money, Material*). Data collection instruments included checklists, interview guidelines, and audio recorders. Data were gathered through interviews, observations, and document reviews. As an ethical consideration in this study, respondents are protected by applying 2 ethical principles, namely beneficence, confidentiality and justice (Polit & Beck, 2012).

RESULTS AND DISCUSSIONS

Quantitative Analysis of Completeness of Electronic Medical Summaries for Pediatric Inpatients at Karya Medika Bantar Gebang Hospital

Observations of 88 electronic medical summaries for pediatric inpatients from January to June 2025 revealed the following completion rates for identification components:

Table 1. Identification components

No.	Identification Component	Complete (Count)	Complete (%)	Incomplete (Count)	Incomplete (%)
1.	Name	88	100%	0	0%
2.	Medical Record Number	88	100%	0	0%
3.	Gender	88	100%	0	0%
4.	Date of Birth	88	100%	0	0%
5.	Age	88	100%	0	0%

Source: Primary Research Data

All identification components were 100% complete, indicating excellent performance in this area. The hospital's information system automatically populates these fields. Results of Important Reports Review in Electronic Medical Summaries for Pediatric Inpatients at Karya Medika Bantar Gebang Hospital:

Table 2. Important reports components

No	Important Report Component	Medical Summaries Completion Percentage			
		Complete		Incomplete	
		Count	Percentage	Count	Percentage
1.	Anamnesis	80	91%	8	9%
2.	Physical Examination	70	79%	18	21%
3.	Multi-Organ Examination	68	77%	20	23%
4.	Laboratory	88	100%	0	0%
5.	Radiology	56	64%	32	46%
6.	Indication for Hospitalization	82	93%	6	7%
7.	Diagnosis	88	100%	0	0%

No	Important Report Component	Medical Summaries Completion Percentage			
		Complete		Incomplete	
		Count	Percentage	Count	Percentage
8.	ICD-10 Code	0	0%	88	100%
9.	Procedure	0	0%	88	100%
10.	ICD-9 Code	0	0%	88	100%
11.	Therapy	88	100%	0	0%
12.	Discharge Condition	86	98%	2	2%
13.	Discharge Status and Medications	85	96%	3	4%
14.	Follow-Up Instructions	84	95%	4	5%

Source: Primary Data

Findings on the Completeness of Electronic Discharge Summaries for Pediatric Inpatients at Karya Medika Bantar Gebang Hospital (January - June 2025). The review of critical components in electronic discharge summaries revealed: Fully Completed Components (100% completion rate - 3 components) is Laboratory results, final diagnosis, treatment/therapy. Incomplete Components (11 components with <100% completion rate) is anamnesis, physical examination, multi-organ examination, radiology, indication for hospitalization, ICD-10 code, procedure, ICD-9 code, discharge condition, discharge status and medications. Identified Causes of Documentation Gaps from interviews with ward supervisors and medical records staff:

“Incomplete because there is no SOP for electronic medical summaries, and limited staff, there is only one employee per shift, there is no special division of tasks to check the completeness of medical summaries, only passes when changing shifts”

Source 1

“There was one Attending Physician who did not immediately fill out the medical summaries when the patient went home, and only completed it when the service was at the polyclinic.”

Source 2

“Because it only reminds the Attending Physician to fill in the summaries and many of the requirements are not filled in, especially if the patient goes home when the Attending Physician does not come to the hospital, such as on Sundays or national holidays.”

Source 3

“because the Attending Physician doctors are busy and there are many patients in the children's ward, which causes the Attending Physician to fill in but sometimes it is incomplete.”

Source Triangulation

Authentication Review Results on Electronic Medical Summaries for Inpatient Pediatric Patients at Karya Medika Bantar Gebang Hospital:

Table 3. Authentication components

No	Authentication Component	Medical Summaries Completion Percentage			
		Complete		Incomplete	
		Count	Percentage	Jumlah	Percentage
1.	Physician Name/Stamp	88	100%	0	0%
2.	Physician Signature	87	99%	1	1%

Source: Primary Data

Authentication components were nearly complete, with only one missing signature. Physicians often rushed or forgot to sign, citing workload and lack of reminders. Based on the results of interviews with the person in charge of the inpatient room and the assembly officer, the reasons for the incompleteness were:

“The signature is already in the hospital information system, just click on it from the Attending Physician”

Source 1

“there is no signature because it was not completed immediately in the inpatient room”

Source 2

“incomplete because there was no check during the inpatient room”

Source 3
 “ncomplete because there is no SOP for filling out electronic medical summaries and it was only implemented in October 2024, there is no report on the completeness of filling out medical summaries when in the room”

Source Triangulation

Review Results of Good Recording in Electronic Medical Summaries for Inpatient Pediatric Patients at Karya Medika Bantar Gebang Hospital

Table 4. Accurate documentation components

No	Accurate Documentation Component	Medical Summaries Completion Percentage			
		Complete		Incomplete	
		Count	Precentage	Count	Percentage
1.	Identification	81	92%	7	8%
2.	Unreadable Abbreviations	87	99%	1	1%
3.	Error Corrections/No Erasures	88	100%	0	0%

Source: Primary Data

Accurate documentation was mostly complete, but some sections lacked detail due to staff oversight and lack of focus. In January to June 2025, from a good record review of the 3 components that were 100% completely filled in, namely the error correction/no cross-outs component, and 2 components that were not 100% completely filled in were the identification component and the short term that was not readable. Based on the results of interviews with the person in charge of the inpatient room and the assembling officer, the reasons for the incompleteness were:

“There is no SOP for filling in electronic medical summaries for inpatients, so incomplete data is still found. The Medical Records section rechecks the files, especially medical summaries that have not been filled in at all.”

Source 1

“Writing a medical summaries carried out by a Attending Physician doctor after the patient goes home cannot be reminded by the nurse regarding the completeness”

Source 2

“Incomplete filling of patient medical summaries is very common because there are so many patients that doctors or nurses have not filled it in fully.”

Source 3

“There has never been any training regarding the completeness of filling out electronic medical summaries and there is no SOP for filling out electronic medical summaries for inpatients, which is the main problem causing incomplete filling out of electronic medical summaries for patients.”

Source Triangulation

Summary of Completeness Analysis

Table 5. Review component

No	Review Component	Medical Summaries Completion Percentage			
		Complete		Incomplete	
		Count	Precentage	Count	Percentage
1.	Review Identification	88	100%	0	0%
2.	Review Important Reports	63	71%	25	29%
3.	Review Authentication	87	99%	1	1%
4.	Review Accurate Documentation	85	97%	3	3%

Source: Primary Data

It can be concluded that in the medical summaries forms for 88 inpatient pediatric patients, one component, namely identification, has been filled in 100%, while the other components, namely important reports, authentication, and recording, have not yet reached 100%. There are still some incomplete medical summaries forms.

5 M Factors Contributing to Incompleteness

To find out the factors causing incomplete electronic medical summaries for inpatient care in pediatric patients at Karya Medika Bantar Gebang Hospital, researchers conducted direct interviews with 4 informants and obtained the following results:

Man

Table 6. Sample characteristics

No	Sampel	Gender	Age	Length of working	Level of education
1.	Source 1	Female	25 Years old	4 Years	D3 Medical Record
2.	Source 2	Female	35 Years old	10 Years	D3 Nursing
3.	Source 3	Female	39 Years old	10 Years	D3 Nursing
4.	Source Triangulation	Female	28 Years old	8 Years	D3 Medical Record

From sources consisting of 4 people, interviews were conducted and stated

“Because the number of child patients at Karya Medika Bantar Gebang Hospital is large, and they have never attended training/seminars regarding the completeness of filling out patient medical summaries”

Source 1

“never attended training/seminars and in nursing their job is only to remind Attending Physician to fill out a medical summaries”

Source 2

“Currently, the Attending Physician for pediatric patients has been very cooperative in filling out the medical summaries so the workload for nursing is not too heavy because it is only a reminder, but there is one Attending Physician who has not completely filled out the medical summaries.”

Source 3

“Checking the completeness of a child patient's medical summaries is a fairly high workload because many doctors still do not fill it out completely, have never attended specific training related to the completeness of filling out a patient's medical summaries.”

Source Triangulation

Interview results indicate that the problem of incomplete medical summaries for pediatric patients at Karya Medika Bantar Gebang Hospital is influenced by a combination of workload, competency, and procedural compliance. The high number of pediatric patients results in increased workload, particularly for staff responsible for checking medical documentation. Most of the physicians in charge of patients (Attending Physician) have never received training or seminars specifically addressing the completeness of medical summaries, resulting in varying levels of knowledge and implementation of completion standards. The role of nurses is limited to a reminder function, while primary responsibility remains with the Attending Physician. Although the majority of Attending Physician are cooperative, individuals are still found to have incompletely completed medical summaries. This situation is exacerbated by the lack of structured technical training and weak oversight mechanisms. Therefore, improving the completeness of medical summaries requires targeted interventions in the form of regular training, clear role allocation, and strengthening the monitoring and evaluation system.

Machine

Of the four sources interviewed, three reported that the computer and network were fine and that there were spare laptops. One source reported that there were initial issues with filling out medical summaries, but now everything is running smoothly.

“The signal has been intermittent so far but not too problematic.”

Source 3

“Sometimes the internet is often interrupted / slow.”

Source Triangulation

Based on the interviews, most informants assessed that the hardware and network facilities at Karya Medika Bantar Gebang Hospital were in adequate condition. Three of the four

informants reported that the computers and network presented no significant challenges, and that a spare laptop was available as an alternative in case of technical difficulties. Another informant stated that while completing medical summaries had encountered challenges in the initial stages, the process was now running smoothly.

Although the devices were deemed adequate, issues related to internet connection stability were still identified. One informant mentioned that the network signal frequently experienced disruptions, although this did not significantly impede performance. Statements from triangulated sources corroborated these findings, noting that the internet was sometimes slow or unstable. This indicates that connectivity quality remains a factor potentially impacting the smooth completion of electronic medical summaries, especially during periods of high workload. Therefore, despite adequate hardware, efforts are needed to optimize internet network quality to ensure the data entry process runs consistently and without interruption.

Money

Of the 4 sources interviewed, all said they were not aware of the existence of a special budget to support the process of completing the electronic medical summaries.

“There is no reward/punishment system and no specific budget for training.”

Source 1

“There is no specific budget for training, especially regarding the completeness of medical summaries.”

Source 2

“There is no specific budget”

Source 3

“Salary is still not in accordance with the workload and there is no special budget related to training on how to complete a medical summaries.”

Source Triangulation

Interview results indicated that all informants were unaware of any specific budget allocated to support the completion of electronic medical summaries at Karya Medika Bantar Gebang Hospital. All informants confirmed that no funding has been allocated for training, seminars, or competency development activities related to the completion of complete medical summaries. Furthermore, the first informant highlighted the absence of a reward or sanction system that could motivate staff to maintain the quality of the completion. The second and third informants also confirmed the absence of specific training funds allocated for the topic. Meanwhile, triangulation of sources added that the level of compensation or salary received is not commensurate with the workload, in addition to the absence of a specific budget for technical training related to the completion of medical summaries. These findings indicate that limited financial support is a barrier to improving the completeness of electronic medical documents. The lack of training budgets and incentives results in low motivation and limited opportunities for skill development for the healthcare workers involved.

Method

Of the 4 sources interviewed, all sources stated that there was no SOP for Electronic Medical Summaries, only a manual SOP for Medical summaries.

There is only a manual medical summaries SOP

Source 1

There is no SOP yet for electronics

Source 2

There is no SOP for filling out electronic medical summaries yet, but there is a manual one.

Source 3

There is no SOP for the completeness of electronic medical summaries yet, but there is an SOP for manual medical summaries.

Source Triangulation

Interview results indicated that all informants stated that there is no specific standard operating procedure (SOP) for completing electronic medical summaries at Karya Medika Bantar Gebang Hospital. All four informants confirmed that the current SOP only covers manual completion of medical summaries. The first and second informants emphasized that written procedures for the electronic system have never been developed. A similar statement was made by the third informant, who added that even at the operational guideline (SOP) level, there is no document regulating the completeness of electronic medical summaries, while such a procedure is available for the manual version. Source triangulation corroborated this statement, emphasizing that the current completion guidelines are still based on a manual system. The lack of a specific SOP means there's no standard reference for healthcare workers when completing electronic medical summaries, increasing the potential for discrepancies and incomplete documents. Developing a specific, regulatory-compliant SOP is crucial for improving the consistency, accuracy, and completeness of data in electronic medical summaries.

Material

Of the 4 sources, 2 sources already knew that there was a special tool for the medical summaries completeness analysis process and 2 other sources stated that they did not know that there was a tool for the analysis process.

There is none in the treatment in patient room
Sumber 2

There isn't any checklist
Sumber 3

Based on the interview results, there was a difference in knowledge among informants regarding the availability of special tools for the electronic medical summaries completeness analysis process at Karya Medika Bantar Gebang Hospital. Two informants stated that they were aware of a tool that could be used for this purpose, while two other informants stated that they were unaware of its existence. The second informant confirmed that the special tool in question was not available in the treatment room, while the third informant stated that the tool for the medical summaries completeness analysis process was indeed not available. This finding indicates that in addition to possible limited facilities, there are also differences in information and socialization regarding the available facilities. Unequal knowledge and availability of these analytical tools can impact the effectiveness of the monitoring and evaluation process for the completeness of electronic medical documents. Therefore, clear data collection regarding the availability of these tools, equitable distribution to relevant units, and increased outreach to all staff are needed to ensure optimal utilization.

Discussion

Review Identification

The results of the analysis of the completeness of filling out medical summaries in the identification review of the electronic medical summaries data for inpatient pediatric patients at Karya Medika Bantar Gebang Hospital from 88 electronic medical summaries studied, there are 9 components, namely: medical record number, name, gender, date of birth, age, room, doctor in charge, date of admission, date of discharge. 100% have been filled in completely, there are no incomplete electronic medical summaries in the identification review because they have been accommodated in the hospital information system (SIMRS) automatically.

It can be concluded that the electronic medical summaries data completion based on patient identification review is 100% complete. In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 129 of 2008. concerning Minimum Service Standards, it states that the completeness of medical records filled out less than 24 hours after the completion

of the service must reach 100%. At a minimum, each medical record must have the patient's name and medical record number to identify the sheet. Identification is carried out to prevent patient identity errors that can later have fatal consequences if the patient receives a medical procedure that is not appropriate for the patient's condition, such as administering the wrong medication, drawing the wrong blood, or even the wrong medical treatment.

Review Important Reports

Important Report Review Results analysis of the completeness of filling in electronic medical summaries for inpatients in Karya Medika Bantar Gebang Hospital, from 88 electronic medical summaries files studied there are still several components that are not filled in completely with a total percentage of completeness of 71% and a total percentage of incomplete of 29% caused by the lack of compliance of officers regarding filling in electronic medical summaries of patients. The completeness of the important reporting review consists of 14 components with the lowest presentation, namely the results of the ICD 10 code (0%), ICD 9 code (0%), Action (0%), Radiology (63%), Multi Organ Examination (77%), Physical examination (79%), while the highest percentage is the anamnesis component (91%), Follow-up Instructions (96%), Discharge Status (95%), Patient Condition at Discharge (97%), Laboratory (100%), Diagnosis (100%), Therapy (100%). Based on the results of interviews with the person in charge of the inpatient room and the assembling officer, why is there incompleteness? Because there are many child patients at Karya Medika Bantar Gebang Hospital, and they have never attended training/seminars related to the completeness of filling out patient medical summaries.

It can be concluded that the results of the research on the completeness of inpatient electronic medical summaries data based on the review of important reporting still have components that have not been filled in completely so that the results of the analysis of the important reporting review have not reached 100% complete. This result is not in line with the Minister of Health Regulation No. 24 of 2022 Article 16 paragraphs 1 and 2 which states: Article (16) paragraph (1) states that filling in clinical information as referred to in Article 13 in paragraph (1) letter c is in the form of recording and documenting the results of examinations, treatments, actions, and other health services that have been and will be provided to patients. Article (16) paragraph (2) states that recording and documentation as referred to in paragraph (1) must be complete, clear, and carried out after the patient receives health services by including the name, time, and signature of the health worker providing health services.

Review Authentication

The results of the authentication review of the analysis of the completeness of filling out the electronic medical summaries for inpatients in Karya Medika Bantar Gebang Hospital, of the 88 electronic medical summaries files studied, there are still several components that are not filled out completely by the officers. The average presentation of the completeness of the medical summaries based on the authentication review is 99%, and the average presentation of incompleteness of the electronic medical summaries is 1% in the name or signature component of the doctor (100%), the medical summaries is filled out completely 99%. Based on the results of interviews with the person in charge of the inpatient room and the assembling officer, the reason for the incompleteness is because the doctor in charge is in a hurry to complete the medical summaries file, is in a hurry to fill it out, lacks awareness in completing the doctor's stamp and signature, forgets, is less careful in filling out the electronic medical summaries form.

It can be concluded that the completeness of the electronic medical summaries data for inpatient pediatric patients at Karya Medika Bantar Gebang Hospital based on authentication review is still not completely filled in. In filling in the medical summaries, it should be filled in 100% completely by both the responsible doctor because it covers the legal aspects. If the doctor's name is not there, the legal aspects cannot be accounted for, so it cannot be used as a basis or evidence in legal proceedings. According to the medical law No. 29 of 2004 Article 46 Paragraph (3)

which states that every medical record must be accompanied by the name, time, and signature of the officer who provided the service or procedures.

Review Accurate Documentation

The results of the review of the recording analysis of the completeness of filling out the electronic medical summaries for inpatient pediatric patients at Karya Medika Bantar Gebang Hospital, of the 88 electronic medical summaries files studied, there were still components that were not filled out completely by the staff. The average percentage of completeness of the electronic medical summaries based on a good recording review was 97%, while the average incompleteness was 3%. Based on the results of interviews with the person in charge of the inpatient room and assembly officers, the reason for the incompleteness was due to lack of care, lack of concentration, lack of awareness, and often forgetting to fill out the electronic medical summaries. It can be concluded that the completeness of the electronic medical summaries data for inpatient pediatric patients at Karya Medika Bantar Gebang Hospital based on a good record review is still not completely filled in. According to the Minister of Health Regulation No. 24 of 2022 explains that in the event of an error in recording or documentation in filling in clinical information, health workers providing health services can make corrections.

Analysis of Factors Causing Incomplete Medical Summaries Based on 5M

Based on the research results, the causes of incomplete electronic medical summaries for inpatient care in pediatric patients at Karya Medika Hospital, Bantargebang, have been identified as follows: Man Factor refers to the large number of pediatric inpatients and the fact that one pediatrician in charge of a pediatric patient's medical summaries was incomplete. Machine Factor refers to the internet connection, which is sometimes unstable, causing disconnections with the hospital's information system server. Money Factor refers to the lack of a dedicated training budget for completing medical summaries. Method Factor refers to the lack of an SOP for completing electronic medical summaries; the only SOP is manual medical summaries. Material Factor refers to the lack of specialized tools for analyzing the completeness of medical summaries.

CONCLUSION

The quantitative analysis of 88 electronic medical summaries for pediatric inpatients revealed an overall completeness rate of 92%. Identification was 100% complete, while important reports (71%), authentication (99%), and accurate documentation (97%) showed gaps. Incompleteness was attributed to high patient volume, lack of training, and absence of SOPs. The 5 M factors (*Man, Machine, Money, Method, Material*) were significant contributors.

Interviews revealed that the incompleteness was caused by the high number of pediatric patients, the lack of specialized training, and the lack of standard operating procedures (SOPs) for completing electronic medical summaries. Influencing factors included: Human (minimal training, high workload), Machine (internet network disruptions), Money (lack of a reward/punishment system and training budget), Method (lack of specific SOPs), and Material (lack of analytical tools or checklist forms in the relevant units).

Recommendation, Recommendation that can be used to improve the completeness of filling out electronic inpatient medical summaries for pediatric patients at Karya Medika Bantar Gebang Hospital are: Hospitals can create rewards and punishments for all staff involved in completing medical summaries and checking the completeness of electronic medical summaries files. Provide a backup modem in case of internet network problems to minimize network issues and hinder patient care or documentation. Allocate a dedicated budget for training related to completing electronic medical summaries. Create SOPs related to completing electronic medical summaries in accordance with applicable regulations. Create forms or checklists as tools for analyzing the completeness of electronic medical summaries.

ACKNOWLEDGEMENTS

The author would like to thank Karya Medika Bantar Gebang Hospital for permission and support for the research, to all sources who have provided information, to the Indonusa Surakarta Polytechnic campus for the guidance provided, as well as to the family and all parties who have helped so that this research can be completed properly.

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