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Research Paper

Level of Writing and Evaluation of Completeness Writing Integrated Patient Development Record (CPPT) Pharmacist at M Hatta Tertiary and Achmad Mochtar Tertiary Hospital in Bukittinggi Indonesia

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ABSTRACT: *Integrated Patient Development Record (In Indonesia callled CPPT) is documentation made by health care professionals regarding the development of a patient's condition in an integrated form in a standard format in the patient's medical record using the SOAP (Subjective, Objective, Assessment, Plan) method. Completeness in writing the CPPT can affect the quality of patient care and the results of the therapy that has been given. This study aims to determine the level of CPPT writing and evaluate the completeness of writing CPPT Pharmacists at the M. Hatta Tertiary Hospital Bukittinggi and Achmad Mochtar Tertiary Hospital Bukittinggi. This research uses observational research method. Data was collected retrospectively from the medical records of inpatients in 2019 by looking at the pharmacist's integrated patient development record (CPPT) in 3 basic department, Pediatrics, Surgery and Internal Medicine. Data collection used a random sampling technique, namely patients with hospital admission dates on the 1st and 15th of each month with exclusion criteria being the Pharmacist's Integrated Patient Progress Note (CPPT) in medical records that can not be read.There were 648 medical records observed, 289 were from the M Hatta Tertiary Hospital and 359 were from Achmad Mochtar tertiary hospital, the level of writing for the Pharmacist's CPPT was as much as 87.2% and 44.6%, and from the CPPT there were still incomplete writing items, most of them were writing pharmacist titles, with writing percentages of only 61.9% and 70%.*

KEYWORDS: *Integrated Patient Development Records (CPPT), SOAP (Subjective, Objective, Assessment, Plan), Medical Records*

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I. INTRODUCTION

The hospital is one of the health facilities where health efforts are carried out. Health efforts, namely any activity to maintain and improve health, aims to achieve optimal health status for the community. Health efforts are carried out using maintenance approaches, health promotion (promotive), disease prevention (preventive), healingdisease (curative), and health restoration (rehabilitative) which is carried out in a comprehensive, integrated and sustainable manner [1]

Service Pharmacists in hospitals can guarantee the availability of safe, quality, efficacious drugs and in accordance with the mandate of Law Number 44 of 2009 concerning Hospitals. Furthermore, Regulation of the Minister of Health of the Republic of Indonesia No. 72 concerning Pharmaceutical Service Standards in Hospitals, including management of drug preparations, clinical pharmacy services as well as oversight of drugs [2]. Pharmaceutical services are part of health services that have an important role in realizing quality health services where pharmacists are part of the health workforce who have duties and responsibilities in realizing quality pharmaceutical services.[3]. As for the demands from patients and the community regarding the quality of pharmaceutical services, it requires a change in service from the old paradigm of Drug Oriented to the new paradigm of Patient Oriented with the philosophy of Pharmaceutical Care.[4]

Documentation is something that must be done in every pharmaceutical service activity. Documentation is an activity to record visite practices which include information on drug use, changes in

therapy, notes on drug use studies (problems related to drug use, recommendations, results of discussions with treating doctors, implementation and results of therapy) [9]. Pharmacists document all actions taken in practice visits as professional responsibility, as educational and research materials, as well as improving the quality of professional practice [5]

Documentation is an important component of any pharmacy-based patient care service. Proper documentation is essential for high quality patient care, and serves many other important functions, from communicating with other healthcare providers to serving as an official record of care provided. Several structured documentation formats are currently in use, namely the use of Subjective, Objective, Assessment, Plan (SOAP) records to view patient progress in the health care field. Note SOAP is only one component of a comprehensive documentation system. The pharmacist must assess all patient documentation needs when selecting and developing a system for the pharmacist's practice [6]

The medical record is a data file that contains the patient's identity, all actions taken from the beginning to the patient in the context of providing health services. This recording and documentation must be listed chronologically, systematically and accurately, so as to provide information on the course of a person's illness, investigative actions that have been carried out on him, information on management plans, records of clinical observations and treatment results, approval/rejection of an action, summary of discharge (discharge summary), as well as the name and signature of the health worker who provides the health service. In providing health services, health workers have an obligation to provide quality (quality), optimal and sustainable services.[7]

A medical record recording system that is not integrated can cause one unit to another to be inefficient in its work because the data input is repeated, starting from admission, polyclinic and reporting in the medical record. Meanwhile, an integrated medical record system can provide opportunities for professionals to make corrective decisions and clinical decisions in order to analyze and maintain patient conditions.[8]. Integrated Patient Development Record (CPPT), namely documentation carried out by health care professionals regarding the development of the patient's condition in an integrated form in a standard format in the patient's medical record using the SOAP method [9,10]

The principles of pharmaceutical care advise pharmacists to document such actual or potential drug-related problems as identified, as well as therapy-related interventions that will be implemented or have been implemented. Pharmacists must communicate their recommendations and actions to non-pharmaceutical health care practitioners (Doctors, nurses), patients or caregivers (Parents), or other pharmacists. The purpose of communication is useful to provide clear and concise notes regarding drug problems that have or may occur, the pharmacist's thought process in taking certain actions, and what actions have been taken. In addition, medical services in return for services to patients can only be provided if there is adequate documentation relating to the services provided [11]

Internationally, the effectiveness of the quality management system in improving service quality and patient safety in hospitals is not convincing enough. Quality management systems have a different focus than clinical service quality and patient safety. In Indonesia patient safety has become a serious concern. The first study was conducted in 15 hospitals with 4500 medical records, the results showed that the number of Unexpected Events varied greatly, namely: 8.0% to 98.2% for diagnostic error and 4.1% to 91.6% for medication errors, 8.2% to 98.4% intervention errors[12].

The effectiveness and safety of using drugs, namely in the form of patient complaints, clinical manifestations and examination results as a support that can be done using the SOAP method(5). The Integrated Patient Development Note consists of 4 parts, namely the letter S (Subjective) containing the complaints felt by the patient and the patient's condition at the time of examination. Letter O (Objective) which contains data on treatment therapy and measurement results on the patient. The letter A (Assessment) means explaining how the problem is with the patient from the pharmacist's point of view and the letter P (Plan) is the next step that will be given to the patients [13, 14]

Incomplete documentation can affect the performance of health workers in taking further action. Improving pharmaceutical performance can affect drug therapy management, management of disease states, knowledge of health, integrated drug and treatment information by coordinating with nursing staff [15]. The use of SOAP is widespread, so this format can help pharmacists communicate with other medical personnel [6]. SOAP is written continuously and done every day.

In 2008 at the Regional General Hospital Dr. Moewardi Surakarta, research conducted by Rahmadhani et al on the process of completing medical record documents obtained results for an Incomplete Medical Record (IMR) of 8.83% and a Delinquent Medical Record (DMR) of 2.07% of a total of 2901 patients who were discharged in April. The causative factor of incomplete medical record documents for inpatients is due to aspects of human resources and aspects of implementation procedures[16].

In 2019, based on the research of Sunartini et al., the frequency distribution of patient falls incidents was found to be 16.7% of the total incidents. It was found that there were 8 variations of patient falls during service at the hospital. Based on the research that has been done, the number of incident reports of patients who

fall due to inaccurate medical records is based on the type of general hospital or special hospital in Indonesia, namely general hospitals 96.67% and special hospitals 33.3%. The results of the analysis of the accuracy of medical records seen from the documentation of the actions of health workers after the incident were found to be 100% inaccurate. While the number of incidents based on reporting, namely employees or nurses etc., was 90.0%, patients 6.67%, family or companions 3.33%.[7]

All patient-specific information, clinical decisions, and patient clinical outcomes recorded for use in practice constitute documentation, including anything documented by hand, or entered into a computer program that becomes data and is used to facilitate patient care.[17]. Documentation has explained how the care was received by the patient and serves as a form of communication between health care providers, so that every practitioner involved knows what evaluation has occurred, what the patient's treatment plan is, and who will provide it [18].

II. RESEARCH METHODS

This research was conducted from March to July 2020 at the M Hatta tertiary Hospital and Achmad Mochtar tertiary hospital in Bukittinggi City Indonesia. This research uses observational research method. Data were collected retrospectively from the medical records of inpatients in 2019 by looking at the presence or absence of a pharmacist's integrated patient development record (CPPT), and if so, an analysis of the completeness of the writing was carried out [2].

. The population in the study were all patients recorded in the medical records for 2019 at 3 basic department, Pediatrics, Surgery and internal medicine by collecting data using a random sampling technique, namely patients with hospital admission dates on the 1st and 15th every month with the exclusion criteria being the Pharmacist's Integrated Patient Development Note (CPPT) in the medical record which is can not be read.

Explanation of the data retrieved [2]:

1. Complete Pharmacist Integrated Patient Development Record (CPPT) consisting of date/time of pharmacist visit, name and title of pharmacist, pharmacist signature/signature, subjective data, objective data, assessment data and patient data plan
2. Subjective (S) in the pharmacist's Integrated Patient Development Record (CPPT) is data including symptoms or complaints felt by patients related to drugs/disease.
3. Objectives (O) in the pharmacist's Integrated Patient Development Record (CPPT) are measurable results of examinations by other health professional staff.
4. Assessment (A) of the pharmacist's Integrated Patient Development Record (CPPT) is an identification of drug-related problems based on subjective and objective information which includes drugs that do not comply with guidelines/formularies, drugs that are not suitable (listed in therapy guidelines but are contraindicated in certain conditions), not there are no indications for the drugs given, inappropriate drug combinations, inappropriate duplication of active groups or ingredients, no drugs with indications and too many drugs prescribed for indications.
5. Plan (P) in the pharmacist's Integrated Patient Progress Note (CPPT), namely recommendations given by pharmacists based on assessments carried out to provide solutions to problems in medication therapy and monitoring/follow-up to evaluate the results of drug therapy.

III. RESULTS AND DISCUSSION

In this study, there were 648 inpatient medical records observed, of which 289 medical records were at M Hatta tertiary Hospital , but only 252 medical records were written by pharmacists. As for the medical records at .Achmad Mochtar tertiary Hospital observed 359 medical records, but only 160 medical records were written by pharmacists.

Tertiary Hospital	**Medical record**			**Percent writing CPPT pharmacist(%)**
	The Number of medical records was observed	**There is a pharmacist CPPT**	**Without CPPT pharmacist**	
M Hatta	289	252	37	87.2
Achnad Mochtar	359	160	199	44.6
Total	648	412	236	

Table1 1. Level of CPPT writing in the Medical Records at the two observed hospitals

In table 1, it can be seen that there is a difference in the level of CPPT writing in the two hospitals observed. From the medical records seen, . It turned out that Achmad Mochtar only had a 44.6% writing level for his CPPT which was very far from the M Hatta Hospital. The number of pharmacists for the two hospitals is considered sufficient so that the writing rate which is only half is worthy of concern.

CPPT Equipment	M Hatta Hospital (from 252 medical records)		Achmad Mochtar Hospital (from 160 medical records)	
	Number of writes (times)	Percentage (%)	Number of writes (times)	Percentage(%)
Visit date	252	100	243	100
Visit time	252	100	243	100
Pharmacist Name	251	99.6	240	98.7
Pharmacist degree	156	61.9	170	70
Pharmacist's signature / initials	252	100	240	98.7
Subjective Data (S)	244	96.8	240	98.7
Objective Data (O)	252	100	243	100
Data Assesmant (A)	252	100	243	100
Data Plan (P)	252	100	242	99.6

Table 2. Completeness of writing Pharmacist Integrated Patient Development Notes

From table 2, above it can be seen a comparison of the completeness of the CPPT between the M Hatta Hospital and the Achmad Mochtar Hospital. The results obtained, Achmad Mochtar Hospital has a higher percentage of complete CPPT than the M Hatta Hospital. The incompleteness of these two hospitals is that on average there is a pharmacist degree which is often not made.

In detail, it can be seen that at the M Hatta Hospital, there were 252 CPPT patients who were included in the inclusion criteria. With analysis, 252 (100%) visit dates were obtained, there were 252 (100%) visit times, there were 251 (99.6%) pharmacist names , there are 156 (61.90%) pharmacist titles, there are 252 (100%) pharmacist signatures, there are 244 (96.8) subjective data, there are 252 (100%) objective data, there are 252 (100%) data assessmant and there are 252 (100%) Plan data. The results obtained at the M Hatta Hospital show that pharmacists often do not make their titles at CPPT, then there are several CPPT whose subjects are not made.

At Achmad Mochtar Hospital, there were 243 CPPT writing in 160 medical records with the analysis obtained that there were 243 CPPT (100%) visite dates, there were 243 CPPT (100%) visite times, there were 240 (98.7%) pharmacist names , there were 170 (69.95%) pharmacist titles, there were 240 (98.7%) pharmacist signatures, there were 240 (98.7%) subjective data, there were 243 CPPT (100%) objective data, there were 243 (100%) Assesmant data and there are 242 CPPT (99.58%) data plans. In writing SOAP, it should include the date and time of writing and also end with the pharmacist's initials accompanied by the name and title(2).

The results obtained at Achmad Mochtar pointed out that pharmacists often do not make their titles at the CPPT, there are several pharmacist names that are also not written down, pharmacist signatures/initials, subjective data and there is also one cppt where a plan is not written in it. If subjective data is not written which contains symptoms or complaints that are felt by the patient related to the disease, then errors can occur in giving therapy to patients which will later be at risk of Drugs Related Problem (DRP) occurring and affecting the results of therapy that has been given to patients.

Structured SOAP is more appropriate when used with follow-up, in which the pharmacist is involved in choosing the right drug therapy. Accurate SOAP documentation can be used as evidence of care provided to patients and also used for cases of legal testing of reimbursement and quality of patient care. In the documentation there must be time, signature, and the name of the person responsible for it [20]. The CPPT written by the pharmacist must write notes in accordance with the established writing rules, namely writing down the date and time so that the documentation that has been made can be of high quality, not confusing, and inaccurate [6].

From the two hospitals in Bukittinggi, the result was that when filling out cppt at the M Hatta Hospital, there was only one CPPT pharmacist in a medical record for one patient, even though the patient was treated for more than one day, on average, almost all cppt in each patients who were filled in even though there were several patients who were not filled in by the pharmacist in the medical record. Whereas at Achmad Mochtar Hospital, the data obtained varies, one patient has 1 to 6 CPPT pharmacists written in the medical record, while several cppt pharmacists are found in the patient's medical record which is filled out every day, once a day and many pharmacists are also found who do not fill in the CPPT pharmacist in the patient's medical record.

The results of the study by looking at the completeness of the CPPT can be used as a communication tool between health workers, this communication contains ideas, feelings, concerns, meanings and thoughts given to the recipient of the message[19]. Completion of the CPPT is proof that good service has been carried

out at the hospital and the CPPT is an evaluation of the actions taken for the patient which will be documented later, namely the patient's medical record, there we can see how the patient is progressing and what actions have been taken. The CPPT sheet should be filled in every day when the visit has been completed, but what was found at the M Hatta Hospital was only filled in once for each patient and for Achmad Mochtar Hospital filling out the CPPT there was only one CPPT for a patient and there were also 6 CPPT patients who were treated for 6 days.

IV. CONCLUSION

Writing level of the Pharmacists' CPPT at M Hatta Hospital and Achmad Mochtar Bukittinggi Hospital was as much as 87.2% and 44.6%, and from these CPPT there were still incomplete writing items, the most were writing pharmacist degrees, with writing percentage is only 61.9% and 70%.

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