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Research Paper

Integrated Patient Progress Record Profile Pharmacists in Inpatient Peptic Ulcers in the Internal Medicine Department of Dr. M. Djamil Hospital Padang

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***ABSTRACT**: Monitoring drug therapy is a form of pharmaceutical service for a pharmacist to patients. The form of services provided for recovery is in the Medical Record in the form of MEDICAL RECORD (Integrated Patient Progress Record). The most commonly used MEDICAL RECORD format is SOAP (subjective, objective, assessment, and plan). MEDICAL RECORD records that are complete and precise will affect the performance of health workers in making decisions. In this study, the scope of this study was a completeness analysis study of pharmacist MEDICAL RECORD in inpatients with peptic ulcer in the Internal Medicine Department of DR M Djamil Hospital, Padang.This study was conducted retrospectively where data were taken from SOAP sheets of inpatients with peptic ulcer in 2019 and 2020. The data included in the analysis were collected from 22 Medical Records that had SOAP sheets in them. Of the 22 data, there were 19 MEDICAL RECORD (86.36%) written completely and 3 MEDICAL RECORD (13.64%) incomplete.*

***Keywords**: MEDICAL RECORD, SOAP, Peptic ulcer, subjective, objective, assessmen, plan*

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I. INTRODUCTON

Pharmaceutical services were initially focused on medicines and changed to patient orientation. The PCC (Patient Centered Care) concept is based on the needs, conditions and abilities of the patient. The PCC (Patient Centered Care) concept has six main components, namely exploring the disease and disease history, understanding the patient as a whole, finding the cause, improving the patient-health worker relationship to improve therapy results, being realistic, combining prevention and health promotion. In addition, patient-centered services are carried out to ensure rationality in the treatment received by patients.

The rationality of therapy ensures that the patient receives treatment that is appropriate to the patient's body condition and disease. A treatment can be said to be rational if the diagnosis is correct, the indication is correct, the drug is correct, the dose is correct, the patient is correct, the frequency of administration is correct, and there is monitoring of side effects.

To achieve the expected therapeutic effect, it is necessary to monitor the therapy carried out. Pharmaceutical services were initially focused on medicines and changed to patient orientation. The PCC (Patient Centered Care) concept is based on the needs, conditions and abilities of the patient. The PCC (Patient Centered Care) concept has six main components, namely exploring the disease and disease history, understanding the patient as a whole, finding the cause, improving the patient-health worker relationship to improve therapy results, being realistic, combining prevention and health promotion. In addition, patient-centered services are carried out to ensure rationality in the treatment received by patients.

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The maximum therapeutic effect is obtained from continuous communication between health workers and each other. In order to maximize optimal therapeutic effects, interprofessional collaboration between health workers or between health workers and patients is needed. The concept of interprofessional collaboration is needed to solve complex patient and therapy related problems and increase the effectiveness and efficiency of patient therapy. This documentation must be made by pharmaceutical personnel as proof that pharmaceutical care has been provided by pharmaceutical personnel to the patient. Details of the intervention provided in the form of problem analysis, problem solving, and monitoring of the solutions provided are documented in an integrated manner in the Medical Record.

Integrated Patient Progress Notes are one part of documenting health services, including doctors, nurses, pharmacists, nutritionists and other supporting staff. Writing MEDICAL RECORD (Integrated Patient Progress Notes) is done using the SOAP (Subjective, Objective, Assessment, Plan) method. This writing must show continuity with data from MEDICAL RECORD (Integrated Patient Progress Notes) of other health workers. The relationship is in the form of subjective data and objective patient data which will then be analyzed for problems related to therapy experienced by the patient. Problems related to drugs will be planned for resolution and follow-up on the plans provided.

II. MATERIALS AND METHODS

2.1 Research Design

This research was conducted at RSUP DR. M. Djamil Padang and carried out for 1 month in data collection. This research was conducted using a qualitative descriptive method with analysis carried out as a case study. Data collection was carried out retrospectively from Medical Records of peptic ulcer patients at Dr. RSUP. Djamil Padang for the period 1 January 2019-31 December 2020 by collecting data using purpose sampling.

2.2 Research Data Collection

1. Inclusion criteria
    a. Inpatients with peptic ulcers in the Internal Medicine Department of RSUP Dr. M. Djamil Padang for the period 1 January 2019-31 December 2020
    b. The Medical Record is written clearly and there is an Integrated Patient Progress Note (MEDICAL RECORD) made by the pharmacist.
2. Exclusion Criteria
    a. Patients with unclear Integrated Patient Progress Notes (MEDICAL RECORD).

2.3 Data Analysis

The analysis stage was carried out in a qualitative descriptive manner from data obtained from Medical Records. The analysis process is carried out by discussing each case using the Standard Technical Instructions for Pharmaceutical Services in Hospitals, the American Hospital Formulary Service (AHFS), and other treatment guidelines. The results of the analysis will provide a profile for filling out the pharmacist's Integrated Patient Progress Note (MEDICAL RECORD) for peptic ulcer patients in the Internal Medicine Department of Dr. RSUP. M. Djamil Padang. Profile data is processed in the form of percentages and analysis when filling out the MEDICAL RECORD sheet for pharmacists for peptic ulcer patients in the Internal Medicine Department of Dr. RSUP. M. Djamil Padang.

III. RESULTS

Analysis carried out on 22 Integrated Patient Progress Notes (MEDICAL RECORD) data from pharmacists for inpatients with peptic ulcers at DR M Djamil Hospital in Padang, there were 19 CPPTs that were complete and 3 others were complete.

Table 1 Accumulation of MEDICAL RECORD completeness data

Completeness	Complete		Incomplete	
	Amount	%	Amount	%
Visit Date	22	100%	0	0%
Visiting Time	22	100%	0	0%
Pharmacist Initials	22	100%	0	0%
Pharmacist's name	22	100%	0	0%
Pharmacist Degree	20	90.9%	2	9.1%
Subjective	21	95.45%	1	4.55%
Objective	22	100%	0	0%
Assessment	22	100%	0	0%
Plans	22	100%	0	0%

IV. DISCUSSION

Peptic ulcer is a condition where the mucosa, submucosa and muscle tissue of the digestive tract are damaged as a result of direct contact with stomach acid/pepsin. The main causes of peptic ulcers are the use of NSAIDs and H.pylori infection. According to WHO (World Health Organization), the prevalence of peptic ulcers in Indonesia is 6-15%, especially among those aged 20-50 years with mortality of 0.08% among them. One method that can be used to minimize the occurrence of errors in therapy is by creating integrated documentation of the patient's condition, one method is MEDICAL RECORD. Fulfillment of the correct analysis of the patient's condition must be carried out and there needs to be regular examination of various parties.

Analysis of the completeness of the MEDICAL RECORD is assessed from several aspects that must be included in it. These aspects include the visit date, visit time, pharmacist's initials, pharmacist's name, pharmacist's title, and SOAP data (subjective, objective, assessment, and plan). If one of these aspects is not met, then the MEDICAL RECORD from the pharmacist is considered incomplete. Incompleteness occurred in the form of no written pharmacist title and subjective data

This research data was taken from Medical Records of inpatients with peptic ulcers in the internal medicine department of DR M Djamil Hospital Padang in 2019 and 2020. There were 57 patient Medical Record data, but only 22 Medical Records were included in the inclusion. Integrated Patient Progress Note (MEDICAL RECORD) data in Medical Records was analyzed for the MEDICAL RECORD writing profile. Based on the analysis carried out, there were 19 CPPTs (86.36%) written completely and 3 CPPTs (13.64%) written incompletely.

Analysis carried out on 22 Integrated Patient Progress Notes (MEDICAL RECORD) data from pharmacists for inpatients with peptic ulcers at DR M Djamil Hospital in Padang, there were 19 CPPTs that were complete and 3 others were complete.

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Of the 22 pharmacist MEDICAL RECORD data, there are 2 aspects that are not written in the MEDICAL RECORD, namely pharmacist title and subjective data. Of the 22 data analyzed, 2 (9.1%) CPPTs did not write pharmacist degrees and 20 others (90.9%) had degrees. The absence of writing a pharmacist title is found in data with codes K9 and K17. Meanwhile, subjective data contained 1 data (9.1%) written in the data with code K7 and 21 other data (90.9%) written. SOAP data (subjective, objective, plan, assessment) should be written down completely. This data is written as a communication tool between health workers to improve the quality of hospital services that are completely and accurately integrated in the form of Medical Records.

V. CONCLUSION

Based on the results of research conducted on the profile analysis of pharmacists' Integrated Patient Progress Notes (MEDICAL RECORD) for inpatients with peptic ulcers in the Internal Medicine Department of DR M Djamil General Hospital, Padang, it was concluded that the analysis carried out on the completeness of pharmacist Integrated Patient Progress Notes (MEDICAL RECORD) data for inpatients with peptic ulcers in the Internal Medicine Department of DR M Djamil Hospital, Padang, found that 19 CPPTs (86.36%) were written completely and 3 CPPTs (13.64%) were written incompletely. Results of analysis carried out on 22 MEDICAL

RECORD pharmacists for inpatients with peptic ulcers in the Department of Internal Medicine at Dr M. Djamil Hospital Padang, incomplete writing was found in the pharmacist degree of 2 MEDICAL RECORD and subjective data of 1 MEDICAL RECORD

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