

Relationship between knowledge and motivation within completeness of the CPPT hospitalization form Road at Muara Siberut Health Center

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ABSTRACT

The incompleteness of the Integrated Patient Progress Record (CPPT) form is still found in many incomplete CPPT forms at the Muara Siberut Health Center. The incompleteness of the CPPT form can be influenced by the knowledge and motivation of health workers. The purpose of this study was to determine the relationship between knowledge and motivation with the incompleteness of the Outpatient Integrated Patient Progress Record (CPPT) form at the Muara Siberut Health Center. The results of this study were out of 55 outpatient CPPT forms at the Muara Siberut Health Center there were 40 (72, 7%) incomplete CPPT forms. The results of the chi square test in this study showed that there was no relationship between knowledge and incompleteness of CPPT forms at the Muara Siberut Health Center with a p value of 1.000 ($p > 0.05$) and there was no relationship between motivation and incompleteness of CPPT forms with a p value = 0.364 ($p > 0, 05$). It is expected from the results obtained that the Puskesmas Muara Siberut can improve knowledge by prioritizing and providing training on knowledge about filling out CPPT forms and considering awards or bonuses to encourage the completion of filling out CPPT forms.

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1. INTRODUCTION

According to Permenkes RI No. 24 of 2022 Medical Records are documents containing data on patient identity, examination, treatment, actions, and other services that have been provided to patients [1]. Based on Permenkes RI Number 129 of 2008, the minimum service standard for the completeness of filling out medical records is 100%. In filling out medical record documents that have been filled in completely within approximately 24 hours after the outpatient or inpatient is decided to go home [2].

The Integrated Patient Progress Record (CPPT) is a record of integrated patient health progress during hospitalization from the beginning of the patient's admission to discharge from the hospital, which is filled in by various disciplines involved in patient care services. The CPPT form is written using the SOAP pattern based on the assessment of S (subjective), O (objective), analysis results (A), and Planning (P), the Nutrition

section uses ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation). CPPT is used for reassessment of patients in outpatient and inpatient settings. The patient's health progress can be monitored and continuous between various disciplines (Doctors, Nurses, and other clinical discipline staff involved in patient care) [3].

Based on the results of research by Sela Rika Khourun Nisa et al (2021), the results showed that 99% of identification was completely filled in, 81% of important reports were complete, 54% of authentication was complete and 39% of documentation was complete. The conclusion in this study is that the most incompleteness in the documentation review is 61% [4].

Based on an initial survey conducted at the medical record unit of the Muara Siberut Health Center, Mentawai Islands Regency in the medical record document section with a total of 25 DRMs on the Outpatient CPPT form, 23 incomplete CPPT forms were found and 2 complete CPPT forms. The results of the identification review were 21 (84%) incomplete forms and 4 (16%) complete forms. The results of the review of important authentication reports were 23 (88%) incomplete forms and 2 (12%) complete forms. The results of the authentication review were 23 (88%) incomplete forms and 2 (12%) complete forms. The results of the review of good records authentication were 1 (8%) incomplete form and 24 (92%) complete forms.

Based on the above problems, the authors are interested in raising the title "The Relationship between Knowledge and Motivation with the Incompleteness of Outpatient Integrated Patient Progress Record Forms (CPPT) at the Muara Siberut Health Center".

2. METHODS

This study used quantitative research methods with a *cross sectional* approach. This type of research was used to determine the relationship between knowledge and motivation with the incompleteness of the CPPT form.

3. RESULTS AND DISCUSSION

3.1. Univariate Analysis

3.1.1. Incompleteness of CPPT Form

Table 1
Frequency Distribution of Incompleteness of Outpatient CPPT Forms
by Health Workers at Puskesmas Muara Siberut

Incompleteness of CPPT Form	Total	Percent
Incomplete	40	72,7
Complete	15	27,3
Total	55	100

Based on table 1, it can be seen that out of 92 outpatient CPPT forms at the Muara Siberut Health Center, the majority of 40 (72.7%) CPPT forms were incomplete and 15 (27.3%) CPPT forms were complete.

3.1.2. Knowledge

Table 2
Frequency Distribution of Knowledge with Incompleteness
of Outpatient CPPT Forms by Health Workers at Muara Siberut Health Center

Knowledge	Total	Percent
Not good	4	36,4
Good	7	63,6
Total	11	100

Based on table 2, it can be seen that out of 11 respondents, the minority of 4 (36.4%) respondents who had poor knowledge in filling out the CPPT form at the Muara Siberut Health Center.

3.1.3. Motivation

Table 3
Frequency Distribution of Motivation with Incompleteness of Outpatient CPPT Forms by Health Workers at Puskesmas Muara Siberut

Motivation	Total	Percent
No	4	36,4
Yes	7	63,6
Total	11	100

Based on table 3, it can be seen that of the 11 respondents, a minority of 4 (36.4%) respondents were not motivated to fill out the CPPT form at the Muara Siberut Health Center.

3.2. Bivariate Analysis

3.1.1. Relationship between knowledge and incompleteness of outpatient CPPT forms

Table 4
Distribution of Knowledge Relationship with Incompleteness of Outpatient CPPT Forms by Health Workers at Muara Siberut Health Center

Knowledge	Incompleteness of CPPT Form				Total		<i>p Value</i>
	Incomplete		Complete		<i>f</i>	%	
	<i>f</i>	%	<i>f</i>	%			
Not good	4	100%	0	0%	4	100%	
Good	6	85,7%	1	14,3%	7	100%	
Total	10	72,7%	1	27,3%	11	100%	1,000

Based on table 4, it can be seen that of the 11 respondents with poor knowledge, 4 (100%) respondents were incomplete in filling out the CPPT form. From the results of the chi-square statistical test, it can be seen that the p -value = 1.000 ($p > 0.05$) which means H_0 is accepted and H_a is rejected, meaning that there is no relationship between knowledge and incomplete outpatient CPPT forms at the Muara Siberut Health Center.

3.1.2. Relationship between motivation and incompleteness of outpatient CPPT forms

Table 5
Distribution of Knowledge Motivation with Incompleteness of Outpatient CPPT Forms by Health Workers at Muara Siberut Health Center

Motivation	Incompleteness of CPPT Form				Total		<i>p Value</i>
	Incomplete		Complete		<i>f</i>	%	
	<i>f</i>	%	<i>f</i>	%			
No	3	75%	1	25%	4	100%	
Yes	7	100%	0	0%	7	100%	
Total	8	72,7%	3	27,3%	11	100%	0,364

Based on table 5, it can be seen that of the 11 respondents who did not complete the CPPT form, there were 3 (75%) respondents who were not motivated in filling out the CPPT form. From the results of the chi-square statistical test, it can be seen that the p-value = 0.364 ($p > 0.05$), so H_0 is accepted and H_a is rejected, meaning that there is no relationship between motivation and incompleteness of outpatient CPPT forms at the Muara Siberut Health Center.

4. CONCLUSION

Based on this research, it can be concluded that there is no relationship between knowledge and motivation with the completeness of the integrated patient progress note (CPPT) outpatient form at the Muara Siberut Puskesmas.

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