Analysis of Factors Causing Low Doctor Verification Compliance based on Hospital Accreditation Standard

Nungky N. Kendrastuti[1], Isnu Octaviani[2]
[1]Management , KARS
Lecturer, Esa Unggul University, Jakarta, Indonesia
[2]Health Information Management, Esa Unggul University, Jakarta, Indonesia

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INTRODUCTION

According to the hospital accreditation standard, the doctor responsible for the patient carries out verification to ensure that all health actions carries out on the patient by other health workers are known to the doctor responsible for the patient. The verification process is a process where a responsible doctor signs at the side of the care professional's writing on the Integrated Patient Progress Record form. Initial studies show that the level of verification compliance by the doctor in charge of the patient was quite low. The average level of compliance with filling out doctor's verification in medical records was 9.26% (0-60%).

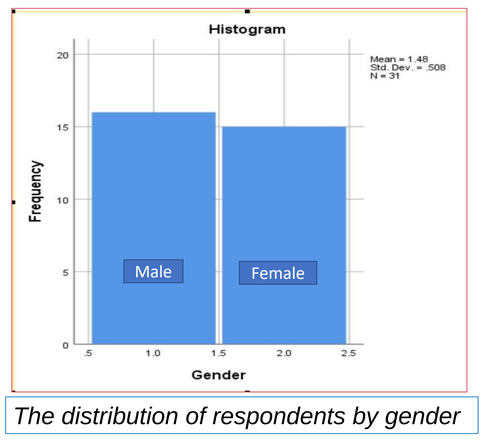
AIM

This study aimed to analyze the factors associated with low of verification by doctors at hospital.

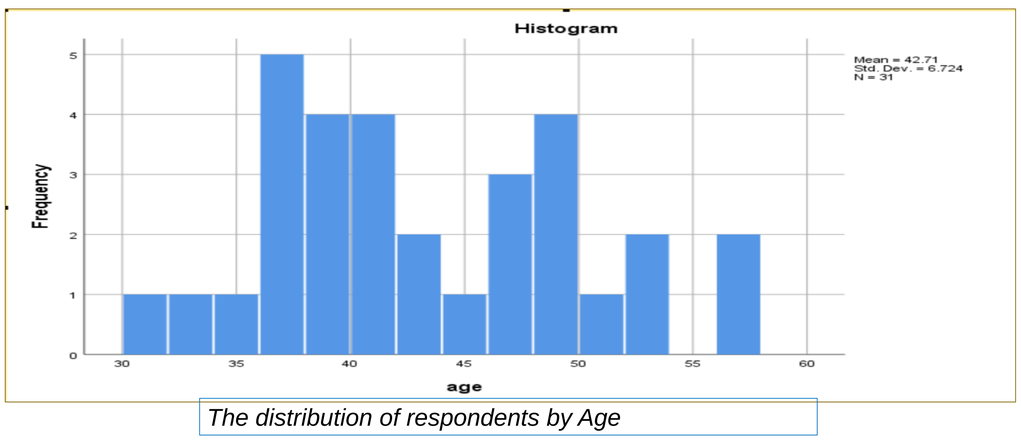
METHOD

This research method used a quantitative analytical approach with the research population consisting of doctors and inpatient medical record documents. A total of 31 doctors took part in this research. This research was carried out in November 2022 – February 2023 at RSUP dr. Sitanala Tangerang, Indonesia. Relationship testing was carried out using the Chi-Square test with p>0.05. The variables, such as age, length of service, gender and doctor's knowledge were tested to see whether they had a relationship with verification compliance.

RESULTS



The distribution of respondents by gender



The distribution of respondents by Age

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Age	.173	31	.019	.953	31	.190
work tenure	.197	31	.004	.876	31	.002
Gender	.346	31	.000	.638	31	.000
Knowledge category	.530	31	.000	.340	31	.000
Compliance	.518	31	.000	.397	31	.000

a. Lilliefors Significance Correction

Test of normality datas

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	91.450[a]	112	.922
Likelihood Ratio	44.171	112	1.000
Linear-by-Linear Association	.146	1	.703
N of Valid Cases	31		

a. 136 cells (100.0%) have expected count less than 5. The minimum expected count is .03.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	108.594[a]	91	.101
Likelihood Ratio	47.991	91	1.000
Linear-by-Linear Association	2.286	1	.131
N of Valid Cases	31		

a. 112 cells (100.0%) have expected count less than 5. The minimum expected count is .03.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.703[a]	7	.360
Likelihood Ratio	10.403	7	.167
Linear-by-Linear Association	1.317	1	.251
N of Valid Cases	31		

a. 14 cells (87.5%) have expected count less than 5. The minimum expected count is .48.

There was no relationship between the age factor (p= 0.922), the length of work factor (p=1.101), and the gender factor (p= 0.360) on the percentage of doctor verification compliance (95% CI, p<0.05).

The results of the study showed that there was no relationship between the age factor (p=0.922), the length of work factor (p=1.101), and the gender factor (p=0.360) on the percentage of doctor verification compliance (95% CI, p<0.05).

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	27.763[a]	14	.015
Likelihood Ratio	21.185	14	.097
Linear-by-Linear Association	1.659	1	.198
N of Valid Cases	31		

a. 22 cells (91.7%) have expected count less than 5. The minimum expected count is .10.

Knowledge

However, there is a significant relationship between the knowledge factor (p= 0,015) and the percentage of compliance with doctor verification

CONCLUSIONS

There is no significant relationship between age, length of work (work tenure), and gender on the low percentage of doctor verification compliance. But, there is a significant relationship between the knowledge factor and the percentage of doctor verification compliance.

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CONTACT INFORMATION

Researcher 1 : Nungky N. Kendrastuti

Phone: +628986829431

Email: dr.nungky050419@gmail.com

Researcher 2 : Isnu Octaviani

Phone: +6283898430555

Email: isnuoctaviani@gmail.com