

## ABSTRAK

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### **ANALISIS KUANTITATIF BERKAS REKAM MEDIS PADA LEMBAR *INFORMED CONSENT* TINDAKAN OPERASI KASUS *SECTIO CAESAREA* DI RUMAH SAKIT ISLAM BANJARMASIN TAHUN 2020**

KTI. Program Studi DIII Perekam dan Informasi Kesehatan 2018  
(xvii + 105)

*Informed consent* merupakan persetujuan yang diberikan oleh pasien atau keluarganya atas dasar penjelasan mengenai tindakan medis yang akan dilakukan terhadap pasien tersebut. *Informed consent* diperlukan untuk memastikan bahwa pasien telah mengerti semua informasi yang dibutuhkan untuk membuat keputusan, serta pasien mampu memahami informasi yang relevan dan pasien memberikan persetujuan. Dari 10 berkas rekam medis pada formulir *informed consent* tindakan operasi diperoleh ketidaklengkapan komponen identifikasi sebanyak 98%, komponen laporan penting sebanyak 95,5%, komponen autentifikasi sebanyak 95% serta komponen pencatatan yang baik sebanyak 83,3%. Tujuan penelitian ini mengetahui analisis kuantitatif Berkas Rekam Medis Pada Lembar *Informed Consent* Tindakan Operasi Kasus *Sectio Caesarea* di Rumah Sakit Islam Banjarmasin Tahun 2020. Metode penelitian menggunakan metode deskriptif dengan subjek penelitian informan utama yaitu petugas perawat kamar bedah asisten dokter spesialis *obgyn* dan informan triangulasi yaitu kepala instalasi rekam medis dan petugas analisis. Instrumen penelitian ini yaitu pedoman observasi dan pedoman wawancara, teknik analisis data penelitian ini yaitu kuantitatif yang didukung kualitatif. Dari hasil penelitian komponen identifikasi pasien dan dokter kelengkapan tertinggi pada nama pasien (99,3%), ketidaklengkapan tertinggi pada nomor rekam medis (5,7%) dan kelengkapan tertinggi pada komponen dokter pelaksana tindakan (95,7%), ketidaklengkapan tertinggi pada pemberi persetujuan (51,1%), komponen laporan penting kelengkapan tertinggi pada komponen diagnosis (92,9%) ketidaklengkapan tertinggi pada komplikasi (36,2%), komponen autentifikasi kelengkapan tertinggi pada komponen nama dokter (93,6%) ketidaklengkapan tertinggi pada nama pasien/keluarga (28,4%), komponen pencatatan sesuai standar kelengkapan tertinggi pada komponen tidak ada *tipe-x* (100%) ketidaklengkapan tertinggi pada tidak ada bagian kosong (73%).

Kata Kunci: *Informed Consent*, analisis kuantitatif, kelengkapan  
Daftar Pustaka: 29 (2004 – 2021)

## **ABSTRACT**

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### **QUANTITATIVE ANALYSIS OF MEDICAL RECORD FILES ON THE INFORMED CONSENT SHEET OF SECTIO CAESAREA OPERATING ACTIONS AT BANJARMASIN ISLAMIC HOSPITAL IN 2020**

KTI. DIII Recording and Health Information Study Program 2018

(xvii + 105)

*Informed consent is the consent given by the patient or his family based on an explanation of the medical action to be performed on the patient. An informed consent is needed to ensure that the patient has understood all the information needed to make a decision and that the patient can understand relevant information and the patient provides consent. Of the 10 medical record files on the informed consent form for surgery, 98% of the identification components were incomplete, 95.5% of the essential report components, 95% of the authentication components, and 83.3% of the good recording components. The purpose of this study was to determine the quantitative analysis of Medical Record Files on the Informed Consent Sheet of Sectio Caesarea Case Operations at the Islamic Hospital of Banjarmasin in 2020. The research method used the descriptive method with the main informant research subject, namely the surgical room nurse, assistant specialist, obgyn specialist, and triangulation informants, namely the head. medical record installation and analysis officer. The research instruments were observation guidelines and interview guidelines. The data analysis technique for this research was quantitatively supported by qualitative. From the results of this study, the component of patient and doctor identification had the highest completeness in the name of the patient (99.3%), the highest incompleteness was in the medical record number (5.7%) and the highest completeness was in the component of the acting doctor (95.7%), the highest incompleteness was in the medical record number (5.7%). the approval provider (51.1%), the highest component of the critical report was the diagnosis component (92.9%) the highest incompleteness was the complication (36.2%), the highest completeness authentication component was the doctor's name component (93.6%) the highest incompleteness in the name of the patient / family (28.4%), the component of recording was according to the highest standard of completeness in the no-x-type component (100%) the highest incompleteness was in no blank section (73%).*

*Keywords: Informed Consent, quantitative analysis, completeness*

*Bibliography: 29 (2004 – 2021)*