Proceedings of the International Conference on Nursing and Health Sciences, Volume 3 No 1, May 2022, Page 207 – 214
e-ISSN 2774 – 5104, Global Health Science Group
http://jurnal.globalhealthsciencegroup.com/index.php/PICNHS

LITERATURE STUDY ANALYSIS OF DAILY INPATIENT CENSUS IMPLEMENTATION FOR REPORTING OF HOSPITAL INPATIENT SERVICE INDICATORS

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ABSTRACT

The implementation of the daily census of hospitalization must be carried out according to procedures properly and correctly so that the data used can be utilized optimally by the hospital. The utilization of this reporting data relates to the mechanism of service procedure flow for the internal and external interests of the hospital. The general objective in this research is to know the implementation of daily inpatient census for reporting of inpatient service indicators incorrect. Method: This research is a literature study with research instruments using google chrome and google scholar. Sample of 6 journals related to the daily census of hospitalizations. The results showed that 6 out of 6 daily census journals of hospitalizations were not in accordance with the procedures both in terms of officers and the implementation of the daily census of hospitalizations. Results: The data sources used in the creation of the daily census of hospitalizations are inpatient register books and medical record documents. The utilization of daily census data of hospitalizations 2 out of 6 journals has utilized daily census data to the maximum because daily census data is used as decision making by hospital management. Conclusions: The advice from this study is that hospitals should create or update fixed procedures and instructions covering all activities of the mechanism for implementing the Daily Census of Hospitalization, and hospitals should hold training or socialization of writing/filling technical instructions and fixed procedures on the Daily Census of Hospitalization.

Keywords: daily census of hospitalizations; data sources; data utilization

INTRODUCTION

Hospitals are the essence of health services that organizing individual health services in a complete manner that provide inpatient, outpatient and emergency services (Kemenkes RI, 2014). The hospital management information system includes a medical record information system, which produces informative statistical reports so that it can be used by hospital management for decision making, to conduct assessments of hospital services, as well as assess success rates or provide an overview of the state of service in the hospital.

According to Sudra (2014) the analizing and reporting section is one part of the installation of medical records that has the main task of collecting data on hospital activities from the daily census recorded by the installation of hospital activity data recording services, theyp daily census as the basis of hospital activity reports, collecting and processing outpatient and inpatient disease data as the basis of morbidity reports, collect and process data on hospitalization and immunization status as the basis of integrated surveillance reports, collect and process basic hospital data as the basis of hospital state reports, collect and process power state data as the basis of power state reports, collect and process data on the state of power, collect and process data on medical equipment and environmental health activities as the basis of reports on medical equipment and environmental health, as a basis for medical equipment reports and environmental health, collect and process

nosocomial infection data for reports on nosocomial infection control activities, process medical data for reports on hospital statistical analysis results, collect and process mortality data as the basis of mortality reports.

The utilization of this reporting data is related to the mechanism of service procedure flow for the internal and external interests of the hospital, especially to find out service indicators. Therefore, there needs to be a fixed procedure in its implementation and the mechanism of the medical record unit with the aim of anticipating difficulties in retrieving information and deciding on a medical service and the use of reporting data by parties who 3 need for statistical reporting, law, education, accreditation bodies. Daily census activities of hospitalizations have been running but in the calculations sometimes there are still errors in the final number of patients who are still being treated (Desy, et al, 2018).

Analysis of Utilization of Inpatient Daily Census Data For Reporting of Inpatient Service Indicators, the use of the Daily Census of Hospitalization (SHRI) which is not optimal makes the existence of the Daily Census of Hospitalization (SHRI) only as a complement or formality (Agung, et al, 2012). Regarding the efforts that can be made by the hospital is the need to socialize the technical instructions for writing / filling and emphasis related to fixed procedures on the Daily Census of Hospitalization for its main inpatient officers in nurses in the mechanism of implementation. (Hiskia, Yanuarius Numberi 2020). Based on the facts obtained in the literature review research that the author conducted, there needs to be an analysis of the implementation of Daily Inpatient Census activities to maximize the implementation and utilization of Daily Hospitalization Census data, the author took the title "Analysis of The Implementation of the Daily Census of Hospitalization for Reporting indicators of Hospitalization Services".

METHOD

The source of this research data is primary data in the form of relevant article or journal literature. The literature search uses a google scholar database with the keyword "Analysis of the implementation of the daily census of hospitalizations for reporting indicators of hospitalization services". The Inclusion Criteria used are research articles published in 2010-2020, indicators used that are related to the implementation of the daily census of hospitalizations for reporting indicators of hospital inpatient services. Research conducted with data analysis techniques is qualitative. While the exclusion criteria used are articles that cannot be downloaded, more than the last 10 years, which is not related to the analysis of the implementation of the daily census of hospitalizations for reporting indicators of inpatient services in hospitals. Data extraction is summarizing the important information found in each research article reviewed. Data synthesis is combining from various research results and drawing conclusions.

RESULTS

Table 1.
Research Subject

No.	Researcher's Name	Year	Types of Research	Research Instruments	Population
1	Ferly, et al.	2020	Qualitative Descriptive	Observation guidelines and interview guidelines	Inpatient daily census officer (nurse) and daily census officer of the medical record section

No.	Researcher's Name	Year	Types of Research	Research Instruments	Population
2	Hiskia Yanuarius Numberi	2020	Descriptive	Observation guidelines and interview guidelines	Officers of the medical record reporting analysis unit and the mechanism for utilizing daily census medical record data hospitalizations of Muhammadiyah Ponorogo General Hospital
3	Agung Kurniawan, et al.	2012	Descriptive	Observation guidelines and interview guidelines	Policies and mechanisms for the utilization of medical record data of the Daily Inpatient Census (SHRI) and the analysis officer of the medical record reporting unit
4	Igustin Budiyanti Yusuf, et al.	2013	Descriptive	Unstructured interviews and observations	Ward nurses (nurses) and reporting analyst officers and the implementation of the Daily Inpatient Census (SHRI)
5	Desy Fitriya, et al.	2018	Descriptive	Questionnaires and observation guidelines	All daily census hospitalizations in June 2018 at Waled Kabutapen Cirebon Hospital.
6	Catur Pamungkas Dewi Yunita, et al.	2011	Descriptive, quantitative and qualitative	Questionnaires and observation guidelines	Daily census data management activities of hospitalizations and nurses, medical record officers, heads of medical record installations, and heads of inpatient rooms

Table 2.
Hospital Procedures on the Implementation of the Daily Census of Hospitalization

No.	Researcher Name	Yeaar	Results of Hospital Procedures On The Implementation of Daily Census of Hospitalizations
1	Ferly, et al.	2020	1) Officers a) Daily census officers are hospitalized incorrectly in comparison of the number of days of care higher than the number of long treated patients b) The knowledge of the inpatient room daily census officer about the components contained in the daily census is still lacking c) The daily census officer of the room is incorrectly written on the form, sometimes if there is a transfer patient it is not written the move from which room to what room 2) Implementation a) Incomplete daily census data b) The SOP has not explained the implementation of the daily census c) An error in the input of daily census data

No.	Researcher Name	Yeaar	Results of Hospital Procedures On The Implementation of Daily Census of Hospitalizations
2	Hiskia Yanuarius Numberi	2020	1) Officers The officer does not directly write the number of beds in case of changes to the daily census of hospitalization (SHRI) 2) Implementation a) The patient's return information data recorded in the inpatient scratch census (SHRI) is not filled b) Days of care that are not fully filled c) The daily census of hospitalizations is not filled in completely such as the name of the room, nursing day and patient's home information
3	Agung Kurniawan, et al.	2012	1) Petugas a) Petugas tidak langsung menuliskan pasien yang dipindahkan 2) Pelaksanaan a) Data jumlah pasien keluar mati yang dicatat pada Sensus Harian Rawat Inap (SHRI) dengan dokumen rekam medis pasien yang meninggal tidak sama b) Jumlah tempat tidur jika terjadi perubahan tidak langsung ditulis pada sensus harian rawat inap
4	Igustin Budiyanti Yusuf, et al.	2013	1) Officers There is a delay made by the officer in the delivery of the daily census of hospitalizations 2) Implementation The daily census of hospitalizations is only made 1 sheet for the medical record section
5	Desy Fitriya, et al.	2018	1) Officers Daily census activities of hospitalizations have been going well, but officers sometimes still make mistakes in calculating the final number of patients treated 2) Implementation Daily census of hospitalizations at Waled Hospital on the number of initial patients, new patients entering, patients moving rooms, patients transferred, patients out alive, patients dying and the final number of patients treated the results are appropriate.
6	Catur Pamungkas Dewi Yunita, et al.	2011	1) Officers a) Lack of discipline of officers in conducting daily census of hospitalizations and collecting census data not on time, lack of discipline of officers on the part of medical records in the census data b) Not all officers can use Barber Johnson charts 2) Implementation a) The data filled in on the daily census form is incomplete b) There is an error of hospitalization information due to an error during data entry during recapitulation on the computer c) Availability of information about inpatient indicators required by management is not timely

Table 3.
Data Sources In The Making of The Daily Census of Hospitalizations

No.	Researcher name	Year	Data Source Results In The Making of The Daily Census of Hospitalizations
1	Ferly, et al.	2020	The making of the daily census of hospitalization is still in the form of sheets manually, namely by filling out the daily census form of hospitalization in the form of sheets of paper in the inpatient room / ward.
2	Hiskia Yanuarius Numberi	2020	Daily Census Data on Hospitalization (SHRI) is obtained from each care ward recorded in the inpatient register book, after which it is continued by recapitulation into hospital performance indicators by being used as a basis for making inpatient service indicators.
3	Agung Kurniawan, et al.	2012	Daily Census Data on Hospitalization (SHRI) at dr. Soeroto Ngawi Hospital was obtained from each treatment ward and inpatient register book, after which it was continued with the recapitulation of RP.1 by being used as the basis for making indicators of inpatient services manal and computerized.
4	Igustin Budiyanti Yusuf, et al.	2013	Sources in the creation of the Daily Census of Hospitalization (SHRI) are obtained from nursing report books and medical record documents, the contents of the nursing report book used in making the daily census of hospitalizations are the patient's name, while from the patient's medical record document used, namely the patient's medical record number, date of entry and date of exit of the patient.
5	Desy Fitriya, et al.	2018	Medical record officers make the Daily Census of Hospitalization (SHRI) manually, namely theypnya on the recapitulation form sheet then done manual calculations and presented in the form of tables.
6	Catur Pamungkas Dewi Yunita, et al.	2011	The management of the daily census data of hospitalization is still done manually, that is, nurses write the data of inpatients on the daily census form of hospitalization based on the inpatient register book, The hospitalized daily census data processing officer in the medical record section recapitulates the daily census data of hospitalization manually on the daily recapitulation form, then manually glued back to the monthly recapitulation.

Table 4.
Utilization of Inpatient Daily Census Data For Reporting of Inpatient Service Indicators

No.	Researcher name	Year	Results of Utilization of Daily Inpatient Census Data for Reporting of Inpatient Service Indicators
1	Ferly, et al.	2020	The utilization of daily census data of hospitalization is used for the processing of BOR, LOS, TOI, BTO, GDR, and NDR processed manually using Ms. Excel.
2	Hiskia Yanuarius Numberi	2020	Reporting officers in the medical records section recapitulate daily census data to further process and produce inpatient indicators (BOR, LOS, TOI, BTO, GDR, NDR). After that the medical record officer reports to the director of the hospital and its ranks for use in the decision-making process.
3	Agung Kurniawan, et al.	2012	The data used by the reporting analyst officer for the creation of inpatient service indicators is only The Day of Care and Long Treated of patients as the basis for calculation BOR, AvLOS, TOI, while BTO are taken from the inpatient register. Data is also used as a basis for decision-making in hospitals.

No.	Researcher name	Year	Results of Utilization of Daily Inpatient Census Data for Reporting of Inpatient Service Indicators
4	Igustin Budiyanti Yusuf, et al.	2013	Recapitulation of the daily census of hospitalization obtained data for the calculation of inpatient indicators, namely, BOR, LOS, TOI, and BTO.
5	Desy Fitriya, et al.	2018	The results of the rumination of the daily census of hospitalizations obtained bor, LOS, TOI, NDR and GDR scores.
6	Catur Pamungkas Dewi Yunita, et al.	2011	The inpatient daily census data processing officer in the medical records section recapitulates the daily census data of hospitalization manually on the daily recapitulation form, then manually glued back to the monthly recapitulation form. After that the data is entered on a computer with a Microsoft Excel program until a calculation of hospitalization indicators (BOR, LOS, TOI, BTO, NDR, GDR) is generated for one month.

DISCUSSION

Based on a review of 6 journals that have been conducted regarding the Implementation of the Daily Census of Hospitalizations for Reporting indicators of Hospital Inpatient Services, the entire journal shows that each hospital has errors in the implementation of the daily census of hospitalizations that are not in accordance with existing procedures. The same error occurred in 5 out of 6 journals, namely errors in officers and errors in the implementation of the daily census, errors that occurred including lack of knowledge of officers on the implementation of a good and correct daily census, miscalculation of daily census data, errors in filling out the daily census of incomplete hospitalizations or did not include data that should be in the daily census of hospitalizations so that the data on the census did not match the record documents. The actual medical and the real situation in the hospital. This is not in accordance with the theory according to Sudra (2010) namely in the daily census report of hospitalizations, which are reported not only the number of patients still being treated but include the number of initial patients, the number of new patients entering, the number of transfer patients, the number of patients who come out or go home from the ward (life and death), the number of patients who enter and exit on the same day as the day of the implementation of the census, and the final or remaining number of patients still being treated in the unit.

The whole journal shows that each hospital for data sources in making the daily census is in accordance with the theory of the Ministry of Health of the Republic of Indonesia (2006) where the inpatient register book is the basic data of the number of patients in the inpatient room that needs to be recorded and reported 60 every day to the medical record unit whose figures will be cross-checked with the daily census made by each inpatient room. The recapitulation of the daily census of hospitalization is also in accordance with the theory that the recapitulation of data is reported every month using the recapitulation sheet, the daily census recapitulation sheet of hospitalization is a table containing the accumulative of patients entering, moving, exiting / referencing, transferred and patients who died in each ward within a certain time. (Budi, 2011). Daily hospitalization census data is data used by the reporting analyst in the processing of hospital reporting and has the main task of collecting data on hospital activities from the daily census recorded by the installation of hospital activity data recording services. The daily census data of hospitalizations will be processed by the reporting analyst to be used as an indicator report of inpatient services and also as a decision-making material by the management at the hospital.

The results for the other 4 journals have also utilized daily census data properly and correctly because the daily census data of hospitalizations is used for indicators of inpatient services, namely BOR, LOS, TOI and BTO. As in Ferly's research, et al (2020) for the use of daily census data of hospitalizations are used for the processing of BOR, LOS, TOI, BTO, GDR, and NDR which are processed manually using Ms. Excel. The utilization of daily census data of hospitalizations is carried out recapitulation of the daily census of hospitalizations and then obtained data for the calculation of hospitalization indicators, namely, BOR, LOS, TOI, and BTO (Igustin Budiyanti Yusuf, et al, 2013). The utilization of daily census data of hospitalization results from calculations from the daily census of hospitalizations will be obtained bor, LOS, TOI, NDR and GDR (Desy Fitriya, et al, 2018). The utilization of daily census data of hospitalizations inpatient daily census data processing officers in the medical records section recapitulates daily census data manually on the daily recapitulation form, then manually glued back to the monthly recapitulation form. After that the data is entered on a computer with the Ms. Excel program until the calculation of inpatient indicators (BOR, LOS, TOI, BTO, NDR, GDR) for one month (Catur Pamungkas Dewi Yunita, et al, 2011). This is in accordance with Sudra's theory (2014) that BOR, LOS, TOI and BTO are included in the hospital reporting system in the internal report volume of service activities at the Inpatient Installation. Daily census data at the 4 hospitals has been used as it should be, but has not been utilized optimally by the hospital in making management decisions.

CONCLUSION

The error of implementing the daily census of hospitalization is caused because the sop of the daily census of incomplete hospitalization covers the entire daily census implementation, miscalculation of the daily census of hospitalizations and the lack of knowledge of nurses in filling out the daily census of hospitalizations correctly. The data source in making the daily census is in accordance with the theory of the Ministry of Health of the Republic of Indonesia (2006) and budi theory (2011). 4 journals already use daily inpatient census data to properly and correctly report inpatient service indicators. Recommend creating or updating fixed procedures and instructions that include all activities of the mechanism for implementing the Daily Inpatient Census. Hospitals should also conduct training or socialization of writing/filling technical instructions and fixed procedures on the Daily Census of Hospitalization for inpatients in their implementation mechanisms so that they can upgrade their knowledge and skills related to the daily census of hospitalizations.

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