

The Completeness of Filling in the Anesthesia Card Form in West Java, Indonesia

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Abstract: *The completeness of medical record documents can affect the process of health services in hospitals because of the completeness of filling out medical records as an indicator of service quality. The purpose of this study was to determine the completeness of filling out the anesthesia card form. This research method is descriptive observational, with quantitative data type. The study population was 487 anesthesia card forms at the Central Surgical Installation of Rumah Sakit X in West Java, Indonesia. The samples obtained were 83 anesthesia card forms. Sampling using Accidental Sampling. The research instrument used in this study was in the form of an Observation Check list sheet consisting of 59 components of pre-anesthesia observation, 33 components of intra-anesthesia observation and 28 components of post-anesthesia. It can be concluded that for pre-anesthesia forms that were filled in completely as much as 8.4% and incomplete 91.5%, intraanesthesia forms filled in as much as 18.0% and incomplete as much as 82%, post-anesthesia forms filled incompletely as much as 20.4%, and incomplete as much as 79.5%. With the high percentage of incompleteness in filling out the anesthesia form, the action that can be taken is to shorten and reduce the number of components of the anesthesia form so that the completeness of the anesthesia form can increase. For hospitals to review the components in the anesthesia card form because it is felt that it is enough to affect the completeness in filling, by reducing components.*

Keywords: Anesthesia Card Form, Filling Completeness, Pre, Intra, Post Anesthesia, Central Surgical Installation

1. Introduction

Hospitals are part of the continued realization of improving health status. In order to realize an optimal level of health, it is necessary to provide patient satisfaction in accordance with the established code of ethics and professional service standards. Anesthesia services are anesthesia services that evaluate, monitor and manage pre-, intra- and post-anesthesia patients and intensive treatment as well as pain management based on multidisciplinary science[1]. The high frequency of surgical procedures also increases the workload of anesthetists. An increase in workload can increase work pressure on anesthetists [2][3][4].

Each health services provided to the patients must be completely recorded in the medical record document, including facts about the patients, checks, actions, treatment, and other services that have been provided to the patients. The standard for filling out medical record documents is 100%, so that if the patient's health care record were incomplete, it will harm the person, the health workers who participated in filling in the medical record and the hospital [5].

The completeness of medical record documents greatly influences the health service process in hospitals, because the completeness of filling out medical records is used as an indicator of service quality, so that incomplete medical records can influence doctors, nurses and other health

workers in providing further treatment plans[6], [7]. Apart from that, the completeness of the medical record is closely related to its financial function in the claims process and its legal function as legal evidence in the form of documents and deeds in the event of a court or legal dispute. Incomplete medical records make it difficult for officers to assess the medical services provided and cannot be used as evidence in court [8]

The anesthetist must prepare for all possibilities before the operation by filling out the anesthesia card form at least four hours before the operation. They must consider all possible situations and ensure that their cards are complete. All members of the team must do the same thing. In this way, each patient receives the attention of a fully prepared team [9] [10]

Before filling out the anesthesia card form, the anesthetist must verify all paper specifications. They must check every piece of paper on their form about hospital rules and regulations, state laws, and department policies. Each anesthetist must understand which specifications apply to them and which apply to bedside staff members. In this way, each anesthetist can carry out their duties in accordance with hospital regulations so that patients receive safe care from both nurses and anesthetists [11][12][13]

The quality of medical records is very important because it determines the quality of services provided in the hospital. This is because medical records are one of the standards that

must be met by agencies or hospitals to obtain accreditation [14]

One of the hospitals that has received plenary accreditation is the X Hospital in West Java. Based on data on the number of procedures From January to November 2022, the number of special operations were 439 procedures, major operations were 203procedures, medium operations were 168procedures, and minor operations were 26procedures.

At the medical record installation in the medical record analysis section, in the medical record documentation there were still incomplete anesthesia card reports. Researchers saw 5 anesthesia card forms that had not been filled in completely, such as the data on intra-operative care, intra-operative nursing diagnosis, and medical status when entering the operating room. The anesthesia card form is still filled in manually and the anesthesia card form is checked when all operations have been completed. Completeness in filling out the Anesthesia Card Form every month. The assessment standard is 100% based on KEPMENKES RI No.129/MENKES/SK/II/2008 concerning Minimum Service Standards for hospitals.

2. Methodology

This research method is descriptive observational, with quantitative data type. The study population was 487 operation report forms. In this study, the sample taken was 83 anesthesia card forms. The research instrument used in this research is an observation checklist a) completeness of filling out the Anesthesia Card Form in Pre-Anesthesia starts from the patient's anamnesis before it is carried out , b) completeness in filling out the Anesthesia Card Form for Intra-Anesthesia starts when the patient is in the operating room until the procedure is completed with a total of 33 components and c) completeness in filling out the Anesthesia Card Form after anesthesia begins when the patient is transferred to the Recovery Room (RR) until they are transferred to a room with 28 components. This is as shown by the fulfillment of the indicators of each standard ethically Nomor 427.9/Kpts.101/RS X/2021.

3. Result and Discussion

- a) Completeness of filling out the anesthesia card form during pre-anesthesia

Table 1: Completeness of filling out the anesthesia card form for pre-anesthesia

No	Component	Completed		Not completed	
		N	%	N	%
1.	Medical record number	82	99	1	1
2.	Patient's name	83	100	0	0
3.	Date of birth	83	100	0	0
4.	Gender	83	100	0	0
5.	Address	81	97	2	2
6.	Preoperativediagnosis	64	77	19	23
7.	Typeof surgery	68	82	15	18
8.	Postoperativediagnosis	74	89	9	11
9.	Room	56	67	27	32
10.	Cito / elective	79	95	4	5
11.	Surgeon	83	100	0	0
12.	Surgeon assistant	80	96	3	4

13.	Anesthesiologist	83	100	0	0
14.	Anesthesianurse	83	100	0	0
15.	GCS	72	87	11	13
16.	Airway	73	88	10	12
17.	Blood pressure	77	93	6	7
18.	Pulse	76	91	7	8
19.	Respiration	73	88	10	12
20.	Respiratory rate	70	84	13	16
21.	O2	69	83	14	17
22.	SpO2	76	91	7	8
23.	Weight	15	18	68	82
24.	Height	13	16	70	84
25.	Blood group	7	8	76	92
26.	Laboratorium	82	99	1	1
27.	EKG	81	97	2	3
28.	Thoraksfoto	81	97	2	3
29.	TFP	80	96	3	4
30.	Another check	81	97	2	3
31.	Neuro system	81	97	2	3
32.	Respiration system	82	99	1	1
33.	Kardiovaskular system	82	99	1	1
34.	Gastrointestinal system	79	95	4	5
35.	Urinaria system	80	96	3	4
36.	Musculoskeletal system	80	96	3	4
37.	Metabolic system	80	96	3	4
38.	Medikamentosatherapy	78	94	5	6
39.	Physical status	76	92	7	8
40.	Premedication	77	93	6	7
41.	Time	81	97	2	3
42.	Drug	82	99	1	1
43.	Type of anesthesia	83	100	0	0
44.	Respiratory status	72	87	11	13
45.	Breath sounds	75	90	8	10
46.	Assistivedevices	64	77	19	23
47.	Skin	68	82	15	18
48.	Musculoskeletal status	67	81	16	19
49.	Urogenital status	68	82	15	18
50.	Sensory damage	68	82	15	18
51.	Pain complaints	62	75	21	25
52.	Pain scale	62	75	21	25
53.	Location of pain	62	75	21	25
54.	Painseverity	62	75	21	25
55.	Time of pain	62	75	21	25
56.	Psychological status	60	72	23	28
57.	Injuries	65	78	18	22
58.	Interventions	70	84	13	16
59.	Airway disorders	68	82	15	18

Based on Table 1, the highest level of completeness in filling out the anesthesia card form for pre-anesthesia (100%) is: Patient Name, Date of Birth, Gender, Surgeon, Anesthetist, Anesthesia Nurse, and Type of Anesthesia. Meanwhile, the data that has the lowest percentage of completeness in filling out the anesthesia card form during pre-anesthesia is: Body Weight, 15 anesthesia sheets (18%), Height, 13 anesthesia sheets (16%) and Blood groups as many as 7 pieces of anesthesia (8%). Incomplete completion of the anesthesia card form for pre-anesthesia, namely: Blood groups is 76 pieces of anesthesia (91%), height is 70 pieces of anesthesia (84%), and body weight is 68 pieces of anesthesia (82%).

Patient identification that is filled in completely and correctly is needed to ensure who the form belongs to so that it can be a tool for specific patient identification[15]. Age is one item that can make it easier for officers to identify

patients. Writing age in detail on the medical record form will greatly influence patient health services, especially in the pharmaceutical field, because age can determine the dose of the drug, in this study the appropriate anesthetic drug can be given to the patient[16].

Completeness in completing the examination components is very important to prepare the patient's condition before surgery and the actions carried out by doctors and other health workers during the surgical process. For this reason, medical record documents are expected to contain accurate, complete and reliable information. If important reports are not filled in completely then there will be no further treatment or action in surgical cases. [17]

b) Completeness of filling out the anesthesia card form for intra-anesthesia

Table 2: Completeness of filling out the anesthesia card form for intra-anesthesia

No	Component	Completed		Not completed	
		N	%	N	%
1.	Induction	83	100	0	0
2.	Anesthesia technique	81	97	2	3
3.	Breathingcontrol	81	97	2	3
4.	Ventilator	74	89	9	11
5.	Special techniques	78	94	5	6
6.	Respiration rate	78	94	5	6
7.	PEEP	75	90	8	10
8.	PIP	76	91	7	9
9.	O2	79	95	4	5
10.	N2O	83	100	0	0
11.	Air	83	100	0	0
12.	Volatile	76	91	7	9
13.	EKG	74	89	9	11
14.	SpOw	76	91	7	9
15.	SRTN	83	100	0	0
16.	Signsof shock	83	100	0	0
17.	Medication	83	100	0	0
18.	Vital sign: Blood pressure	74	89	9	11
19.	SpO2	69	83	14	17
20.	Heart rate	73	88	10	12
21.	Gauzebleeding	32	38	51	61
22.	Suction	32	38	51	61
23.	Irrigation	32	38	51	61
24.	Type of surgical wound	66	79	17	21
25.	Position	83	100	0	0
26.	Puncture location	83	100	0	0
27.	Drug	83	100	0	0
28.	Efidrine/adrenalin	83	100	0	0
29.	Time	83	100	0	0
30.	Conditions during surgery	83	100	0	0
31.	Fluids	83	100	0	0
32.	Section caesarea	83	100	0	0
33.	Post-operative condition	83	100	0	0

Based on Table 2, the highest level of completeness in filling out the anesthesia card form for intra-anesthesia (100%) is: Induction, N2O, Water, SRTN, Signs, Medication, Position, Puncture Location, Medication, Ephidrine / Adrenaline, Time. Conditions during surgery, fluids, sectio caesaria, and post-anesthesia conditions. Meanwhile, the data with the lowest percentage of completeness in filling out the anesthesia card form during intra-anesthesia are: Gauze Bleeding with 32 anesthesia

sheets (38%), Suction with 32 anesthesia sheets (38%), and Irrigation/Washing with 32 anesthesia sheets (38%). Incomplete completion of the anesthesia card form for intra-anesthesia, namely: Bleeding Gauze with 51 pieces of anesthesia (61%), Suction with 51 pieces of anesthesia (61%), and Irrigation/Washing with 51 pieces of anesthesia (61%).

The anesthetist must prepare for all possibilities before the operation by filling out the anesthesia card form at least four hours before the operation. They must consider all possible situations and ensure that their cards are complete. All members of the team must do the same thing. This way, each patient receives attention from a fully prepared team[13], [14]

c) Completeness of filling out the anesthesia card form for post-anesthesia

Table 3: Completeness of filling out the anesthesia card form for post-anesthesia

No	Component	Completed		Not completed	
		N	%	N	%
1.	Pain complaints	63	76	20	24
2.	Pain scale	63	76	20	24
3.	Skin conditio	66	79	17	20
4.	GCS	67	81	16	19
5.	Vital sign: Blood pressure	77	93	6	7
6.	SpO2	78	94	5	6
7.	Heart rate	73	88	10	12
8.	Post operation to inpatient	83	100	0	0
9.	Monitoring	78	94	5	6
10.	Doctor explained	76	91	7	8
11.	Medical record number	83	100	0	0
12.	Time in RR	83	100	0	0
13.	NurseAnesthesia	83	100	0	0
14.	Clockout	77	93	6	7
15.	Installedtool	83	100	0	0
16.	Generalcondition	83	100	0	0
17.	Pulse	83	100	0	0
18.	Blood pressure	83	100	0	0
19.	Weight	74	89	9	11
20.	Respiration rate	83	100	0	0
21.	Aldrete initial score	83	100	0	0
22.	Action	83	100	0	0
23.	Monitoring RR	83	100	0	0
24.	Activity nurse anesthesia di RR	83	100	0	0
25.	Aldrete final score	83	100	0	0
26.	Steward score	83	100	0	0
27.	Bromage score spinal	83	100	0	0
28.	Signature	83	100	0	0

Based on Table 3, the highest level of completeness in filling out the anesthesia card form after anesthesia (100%), namely: Medical Record Number, Entry Hours, R.R. Anesthesia Nurse, Equipment Installed, General Condition, Pulse, Blood Pressure, Initial Aldrete Score, Actions, RR Monitoring, Anesthesia Nurse Activities in RR, Aldrete Score, Steward Score in children, Spinal Bromage Score, and signature.

Meanwhile, the data with the lowest percentage of completeness in filling out the anesthesia card form during

post-anesthesia were: Pain Complaints with 63 anesthesia sheets (76%), and Pain Scale with 63 anesthesia sheets (76%). Incomplete completion of the post-anesthesia card form, namely: Pain Complaints totaling 20 anesthesia sheets (24%), and Pain Scale totaling 20 anesthesia sheets (24%).

The anesthesia card form for post-anesthesia as written evidence can be said to be authentic because the position of the anesthesia card form for post-anesthesia was made and signed by an authorized official (doctor) because it has a strong, clear and convincing level of proof. The authentication form must be filled in completely, especially in the case of or For high-risk procedures, there must be a signature from the doctor or other provider of approval. If the authentication is incomplete, this is a form of indiscipline and responsibility on the part of the doctor. [7], [10]

In authentication, no person other than the author must sign. This is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia that every entry in the medical record must include the name, time and signature of the doctor, dentist or certain health worker who provides health services directly. [1], [5]

Apart from that, the completeness of filling out medical records is closely related to the financial function in the claims process as well as the legal function, namely as legal evidence in the form of writing or documents in the event of a dispute or legal conflict case in court.

Incompleteness in filling out the anesthesia card form after anesthesia is caused by several factors, namely officer factors (man), procedural factors (method), equipment factors (material), machines factors and motivation factors. The main factor causing incomplete completion of the anesthesia card form during post-anesthesia is the lack of awareness and discipline of the doctor in completing the anesthesia card form during post-anesthesia so that the doctor does not immediately sign the anesthesia card form during post-anesthesia. The doctor's signature and name on the medical record is very important because it is legal and a form of responsibility towards the patient. Every entry in the anesthesia card form after anesthesia must include the name, time and signature of the doctor, or certain health worker who provides direct health services. [9]

d) Completeness of filling out the anesthesia card form for pre, intra and post anesthesia

Table 4: Completeness of filling out the anesthesia card form for pre, intra and post-anesthesia

No	Component	Completed		Not completed	
		N	%	N	%
1	Filling out the pre anesthesia Card Form	7	8,4	76	91,6
2	Filling out the intra Anesthesia Card Form	15	18,0	68	82,0
3	Filling out the post Anesthesia Card Form	17	20,4	66	79,6
Total		39		210	

Based on Table 5.4, the highest level of completeness in filling out the anesthesia card form for Pre, Intra and Post anesthesia is: Filling out the Post Anesthesia Card Form with 28 components, with a percentage of 20.4% with 17 components filled 100%. And 66 components were not filled in completely with a percentage of 79.6% of the 28 components. Meanwhile, the data that has the lowest percentage of completeness in filling out the anesthesia card form is: Filling out the pre anesthesia Card Form with 59 components.

With a percentage of 8.4% with 7 components filled 100%, and 76 components not filled completely, with a percentage of 91.6% from 59 components. The development of anesthetic science provides considerations in the type of anesthesia used. Anesthesia refers to the practice of administering medication by injection or inhalation that can block the sensation of pain and other sensations, or can create a state of unconsciousness that eliminates all sensation, thereby allowing medical procedures and operations to be carried out without causing unexpected difficulty or discomfort [18]

Based on the research results, it was found that the completeness of filling out the anesthesia card form for pre-anesthesia was the highest (100%), namely: Patient Name, Date of Birth, Gender, Surgeon, Anesthetist, Anesthesia Nurse, and Type of Anesthesia. Meanwhile, the data that has the lowest percentage of completeness in filling out the anesthesia card form during pre-anesthesia is: Body Weight

with 15 anesthesia sheets, Body Height with 13 anesthesia sheets and Goals. Blood as many as 7 pieces of anesthesia. And incomplete completion of the anesthesia card form for pre-anesthesia, namely: Blood group is 76 pieces of anesthesia, height is 70 pieces of anesthesia, and body weight is 68 pieces of anesthesia.

From the research results, it was also found that the completeness of filling out the anesthesia card form for intra-anesthesia was the highest (100%), namely: Induction, N2O, Water, SRTN, Signs, Medication, Position, Puncture Location, Medication, Efidrine / Adrenaline, Time. Conditions during surgery, fluids, sectio caesaria, and post-anesthesia conditions. Meanwhile, the data that has the lowest percentage of completeness in filling out the anesthesia card form during intra-anesthesia is: Bleeding, 32 pieces of anesthetic gauze, 32 suction, Irrigation/washing of anesthesia. And there are 32 sheets for filling out anesthesia and incomplete sheets for filling out the anesthesia card form for intra-anesthesia, namely: Gauze Bleeding, 51 anesthesia sheets, Suction, 51 anesthesia sheets, and Irrigation/Washing, 51 anesthesia sheets.

Based on the research results, it is known that the recording of each examination carried out on patients is not in accordance with the SOP for the authority to fill out the anesthesia card form for intra-anesthesia, namely the highest percentage of incomplete filling of examination components on the anesthesia report form for surgical cases is bleeding gauze as many as 51 pieces of anesthesia (61%), suction 51

pieces of anesthesia (61%), and irrigation/washing 51 pieces of anesthesia (61%).

Filling in medical records is a task for health workers. There are many factors that can influence one of them is the nurse's career path. This is because the higher the career level, the more competencies and skills that can be applied to patients. This can certainly increase patient satisfaction with the quality of service. [19], [20]

Another factor that can influence is human resources. Until now, the need for health workers is increasing and there are still many hospitals where the number of health workers is not sufficient compared to the activities carried out. Therefore, it is important for hospital management to calculate and allocate health workers based on workload. This can have an impact on the work life satisfaction of anesthetists.[21], [22]

In addition, patients who are hospitalized must be provided with education regarding their condition by care professionals. This is done so that patients can know the main management when they return home. Therefore, health workers not only pay attention to the patient's basic needs while in hospital but can also provide ongoing services when the patient goes home. This must of course also be documented in the patient's medical record so that the patient feels satisfied.[23][24][25], [26]

4. Conclusion

- a) Based on the research results, it was found that the completeness of filling out the anesthesia card form for pre-anesthesia was the highest (100%), namely: Patient Name, Date of Birth, Gender, Surgeon, Anesthetist, Anesthesia Nurse, and Type of Anesthesia. Meanwhile, the data that has the lowest percentage of completeness in filling out the anesthesia card form during pre-anesthesia is: Body Weight, 15 anesthesia sheets (18%), Height, 13 anesthesia sheets (16%) and Goals. Blood as many as 7 pieces of anesthesia (8%). And incomplete completion of the anesthesia card form for pre-anesthesia, namely: Blood group is 76 pieces of anesthesia (91%), height is 70 pieces of anesthesia (84%), and body weight is 68 pieces of anesthesia (82%).
- b) The highest level of completeness in filling out the anesthesia card form for intra-anesthesia (100%) is: Induction, N2O, Water, SRTN, Signs, Medication, Position, Puncture Location, Medication, Efidrine / Adrenaline, Time. Conditions during surgery, fluids, sectioacaesaria, and post-anesthesia conditions. Meanwhile, the data with the lowest percentage of completeness in filling out the anesthesia card form during intra-anesthesia are: Gauze Bleeding with 32 anesthesia sheets (38%), Suction with 32 anesthesia sheets (38%), and Irrigation/Washing with 32 anesthesia sheets (38%). And the completeness of filling out the anesthesia card form during intra-anesthesia was incomplete, namely: Gauze Bleeding totaling 51 anesthesia sheets (61%), Suction anesthesia sheets (61%), and Irrigation/Washing 51 anesthesia sheets (61%).

- c) The highest level of completeness in filling out the anesthesia card form after anesthesia (100%) is: medical record Number, Entry Hours, R.R. Anesthesia Nurse, Equipment Installed, General Condition, Pulse, Blood Pressure, Initial Aldrete Score, Actions, RR Monitoring, Activities Nurse Anesthetist in RR, Aldrete Score, Steward Score in children, Bromage Score Spinal, and TTD. Meanwhile, the data with the lowest percentage of completeness in filling out the anesthesia card form during post-anesthesia were: Pain Complaints with 63 anesthesia sheets (76%), and Pain Scale with 63 anesthesia sheets (76%). And incomplete completion of the anesthesia card form for post-anesthesia, namely: Pain Complaints of 20 anesthesia sheets (24%), and Pain Scale of 20 anesthesia sheets (24%).

References

- [1] Komisi Akreditasi Rumah Sakit, *Standar Nasional Akreditasi Rumah Sakit*. Jakarta, 2017.
- [2] R. Noprianty, S. A. Febianti, and J. Fikri, "Analysis of Nurses Staff Needs Using Workload Indicate Staff Need in Pediatric Ward With Time Motion Study," *J. Medicoeticolegal dan Manaj. Rumah Sakit*, vol. 9, no. 1, pp. 13–22, 2020, doi: 10.18196/jmmr.91112.
- [3] R. Noprianty, W. Wahdana, and A. Suryanah, "Dampak Beban Kerja terhadap Produktifitas Kerja di Ruang Perioperasi," *J. Kepemimp. dan Manaj. Keperawatan*, vol. 5, no. 2, 2022.
- [4] R. Noprianty, *Buku Ajar Manajemen dan Kepemimpinan dikembangkan Berdasarkan Teori Keperawatan dan Dilengkapi Dengan Studi Kasus, Daftar Tilik Dan Soal-Soal*, 1st ed. Sleman: Deepublish, 2023.
- [5] Kemenkes RI, *Peraturan Menteri Kesehatan No. 269/Menkes/PER/III/2008 tentang Rekam Medis*. Jakarta, 2018.
- [6] I. Binarti and F. D. Fitriyana, "Analysis of Incomplete Medical Record Filling in Indonesia," *Int. J. Sci. Soc.*, vol. 4, no. 1, pp. 347–357, 2022, doi: 10.54783/ijssoc.v4i1.441.
- [7] T. A. A. Raekha, S. Wahyuningsih, and N. A. B. M. Yahya, "Completeness of Medical Record Documents for Inpatient Kidney Failure at the Hospital," *Proc. Int. Conf. Nurs. Heal. Sci.*, vol. 3, no. 1, pp. 187–200, 2022, doi: 10.37287/picnhs.v3i1.1147.
- [8] COACRNA, *Guidelines for Counting Clinical Experiences*, no. January. 2021.
- [9] V. Herasevich, M. A. Ellsworth, J. R. Hebl, M. J. Brown, and B. W. Pickering, "Information needs for the OR and PACU electronic medical record," *Appl. Clin. Inform.*, vol. 5, no. 3, pp. 630–641, 2014, doi: 10.4338/ACI-2014-02-RA-0015.
- [10] S. Limpoon, R. Seangrung, and A. Nimmankiatkul, "Factors affecting completeness of anaesthetic record: a cross-sectional study," *Ann. Med. Surg.*, vol. 85, no. 11, pp. 5433–5438, 2023, doi: 10.1097/ms9.0000000000001336.
- [11] AANA, *Documenting anesthesia care*. 2016.
- [12] D. Np and S. Handbook, *Doctor of Nursing Practice Program Student Handbook*. College of Nursing, 2015.
- [13] M. Jokar, M. A. Sahmeddini, F. Zand, R. Rezaee, and A. Bashiri, "Development and evaluation of an

- anesthesia module for electronic medical records in the operating room: an applied developmental study,” *BMC Anesthesiol.*, vol. 23, no. 1, pp. 1–11, 2023, doi: 10.1186/s12871-023-02335-2.
- [14] N. ANESTHETISTS, *Guidelines on Advanced Practice Nursing Nurse Anesthetists 2021*. 2021.
- [15] N. L. P. Devhy, “Kelengkapan Pengisian Rekam Medis Rawat Inap Kasus Demam Berdarah Dengue (DBD) Di Kota Denpasar,” *J. Manaj. Inf. Kesehat. Indones.*, vol. 10, no. 1, p. 25, 2022, doi: 10.33560/jmiki.v10i1.364.
- [16] S. Sugiarsi *et al.*, “Literatur Review: Mengapa Rekam Medis Tidak Lengkap?,” *Heal. Inf. Manag. J. ISSN*, vol. 8, no. 2, pp. 2655–9129, 2020.
- [17] S. J. Weiner, S. Wang, B. Kelly, G. Sharma, and A. Schwartz, “How accurate is the medical record? A comparison of the physician’s note with a concealed audio recording in unannounced standardized patient encounters,” *J. Am. Med. Informatics Assoc.*, vol. 27, no. 5, pp. 770–775, 2020, doi: 10.1093/jamia/ocaa027.
- [18] P. J. S. Koo, *Acute pain management*, 4th ed., vol. 16, no. 4. 2003.
- [19] N. Adi, R. Kusumah, and R. Noprianty, “Evaluasi Pelaksanaan Kompetensi Berdasarkan Jenjang Karir Profesional Perawat,” *J. Kesehat. Vokasional*, vol. 4, no. 2, pp. 93–101, 2019.
- [20] R. Noprianty, “Jenjang Karir Perawat dan Kepuasan Pasien terhadap Kualitas Pelayanan Keperawatan,” *J. Pendidik. Keperawatan Indones.*, vol. 5, no. 2, 2019, doi: 10.17509/jpki.v5i2.17404.
- [21] R. Noprianty, W. Dewi, S. Muhsinin, S. Soleha, I. Sugiharti, and I. Andriyansyah, “Perencanaan Sumber Daya Manusia Kesehatan Rumah Sakit Melalui Pelatihan Aplikasi Software Workload Indicators of Staffing Need,” *PengabdianMu J. Ilm. Pengabdi. Kpd. Masy.*, vol. 8, no. 5, 2023.
- [22] R. Noprianty, F. M. Wahyudi, W. Wahdana, and T. Juarta, “Quality Assurance in The Surgical Ward of Hospital X in Bandung During the Covid- 19 Pandemic,” vol. 4, no. 1, pp. 37–42, 2023.
- [23] S. Noviyanti and R. Noprianty, “Pelaksanaan Discharge Planning oleh Profesional Pemberi Asuhan (PPA) di Ruang Rawat Inap,” vol. 4, no. 3, pp. 139–146, 2019.
- [24] H. Amir *et al.*, “Enhancing skill conceptualization, critical thinking, and nursing knowledge through reflective case discussions: a systematic review,” *J. Med. Life*, vol. 16, no. 6, pp. 851–855, 2023, doi: 10.25122/jml-2023-0042.
- [25] P. Puspitasari *et al.*, *Pemenuhan Kebutuhan Dasar Manusia I*, 1st ed. Magelang: PT. ADIKARYA PRATAMA GLOBALINDO, 2023.
- [26] R. Noprianty, F. M. Wahyudi, and C. Valiani, *Pemenuhan Kebutuhan Dasar Manusia II*, 1st ed. Bandung: Media Sains Indonesia, 2023.

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