

Review of The Completeness of Filling In The Form (CPPT) of The Inpatient Midwifery Ward of Aisyiyah Hospital

Rahmadhani^{1*}, Siti Handam Dewi², Dewi Mardiwati¹, Oktamianiza¹, Heru Rahmat Wibawa¹, Yopia Priyanti¹

¹Applied Bachelor Program in Health Information Management, STIKES Dharma Landbouw Padang, Indonesia

²Department of Health Informatics, STIKES Dharma Landbouw Padang, Indonesia

Email: rahmadhani@stikesdharmalandbouw.ac.id*

Submitted : 14 January 2026 Accepted : 9 February 2026 Accepted : 14 February 2026

ABSTRACT

Incompleteness of Inpatient (CPPT) form affects the quality of medical records in hospitals. The (CPPT) form must be filled out completely to improve the quality of hospital services and can be accounted for if there are errors in service, action or medication administration. The purpose of this study was carried out because there are still many problems found related to incompleteness of the (CPPT) form by PPA at Aisyiyah Hospital. The study was conducted at Aisyiyah Hospital from January to March 2025, this type of research is quantitative research with a descriptive approach. The population was 144, with the Accidental Sampling sample technique, obtained 59. Data processing techniques were editing, coding, processing, and cleaning. The results of the study obtained a percentage of identification data as much as 1 (1.7%) incomplete 58 (98.3%) complete, in important reports 17 (28.8%) incomplete 42 (71.2%) complete. In authentication 50 (84.7%) incomplete 9 (15.3%) complete. In good record keeping, 21 (35.6%) were incomplete, 38 (64.4%) were complete. In filling out the form (CPPT), 51 (86.4%) were incomplete, 8 (13.6%) were complete. This was due to a lack of awareness among officers in filling out the CPPT form. The conclusion in this study was that incompleteness was still found, especially in the Authentication and Completion of the CPPT Form. This has an impact on patient safety and the accountability of medical personnel. It is recommended that officers fill out the CPPT form completely and accurately to support safe and quality health services.

Keywords: Completeness; CPPT Form; Identification; Important Reports; Authentication

INTRODUCTION

Electronic medical records (EMD) are the process of electronically recording a patient's medical history [1]. Electronic medical records are maintained in accordance with the provisions of the Ministerial Regulation. This process aims to conduct data analysis. Medical record data analysis is an activity to check the completeness and consistency of data in a patient's medical record [2]. There are two types of analysis, one of which is quantitative analysis. Quantitative analysis is a review of specific sections of the medical record with the aim of finding specific deficiencies related to recording medical records (required forms) [3] [4]. Quantitative analysis identifies, recognizes, and finds incomplete or incorrectly filled sections regarding the type of form used, the type of form required, and the medical team authorized to fill in the medical record [5]. The components of quantitative analysis include checking patient identification on each page of the medical record, the presence of all important reports, reviewing authentication and proper recording. Quantitative analysis is conducted to improve the completeness and accuracy of patient information [6] [7]. This analysis also aims to identify deficiencies in patient care so that they can be immediately corrected. A medical record is considered complete if every consultation action carried out on a patient must be written in the medical record sheet no later than 1x24 hours [8].

One of the important medical record forms is the Integrated Patient Progress Note (CPPT). The CPPT is an integrated record of a patient's health development during hospitalization from the patient's initial admission to discharge, which is filled out by various health workers involved in patient care [9]. The Integrated Patient Progress Note (CPPT) form must be filled out completely in order to improve the quality of hospital services and can be accounted for if errors occur in services, actions or medication administration by the care provider (PPA) [10]. The data that must be filled in the CPPT is quantitative analysis data that includes the completeness of filling in patient identity data, the presence of all important reports, authentication and review of records [11]. From the research results [12]. quantitative analysis shows that for the Review of Identification of inpatient medical record documents at As-Syifa Hospital, South Bengkulu, from 59 medical records studied, it was obtained that (98.75%) were complete and (1.25%) were incomplete. Review of good reports/notes of inpatient medical record documents

at As-Syifa Hospital, South Bengkulu, from 59 medical records studied, it was obtained that (99.27%) were complete and (0.73%) were incomplete. Review of Authentication of inpatient medical record documents at As-Syifa Hospital, South Bengkulu, from 59 medical records studied, it was obtained that (86.5%) were complete and (13.5%) were incomplete [13]. Review of good notes of inpatient medical record documents at As-Syifa Hospital, South Bengkulu, from 59 medical records studied, it was obtained that (52%) were complete and (48%) were incomplete. Percentage. From the research results [14] of 81 inpatient medical records in dengue hemorrhagic fever cases, 72 medical records with a percentage of 88.88% were completely filled out on the CPPT form. This CPPT form must be filled out completely by doctors or nurses who provide services or procedures to patients [15] [16]. Based on the initial survey conducted by researchers at Aisyiyah Hospital, it was found that the hospital had 8 treatment wards, one of which was the obstetrics ward, at Aisyiyah Hospital it had not used an electronic medical record system, this was an obstacle to conducting quantitative analysis at the hospital [17]. The state of the art of this study shows that although quantitative analysis of CPPT has been widely conducted, studies that specifically review CPPT in obstetrics wards in hospitals that have not implemented EMR are still limited [18] [19]. The novelty of this study lies in the quantitative analysis of the completeness of filling out CPPT in obstetrics wards in hospitals with manual medical record systems, thus providing a new contribution in evaluating the quality of clinical documentation and becoming the basis for the development of electronic medical record systems in the future [20].

Based on the results of observations conducted on 10 files of Medical Records of Inpatient Obstetrics at Aisyiyah Padang Hospital on January 16, 2025, on the integrated patient progress notes (CPPT) form, the author obtained the results. In filling out the identification review, it was found that there were 10 (100%) completeness and 0 (0%) incompleteness, in the review of important reports there were completeness (100%) and 0 (0%) incompleteness, in the authentication review there were completeness (40%) and 6 (60%) incompleteness, in the review of good recording there were incompleteness 4 (40%) and 6 (60%) completeness. In the Integrated Patient Progress Notes Form (CPPT) seen from 4 components there were incompleteness 10 (100%) and completeness 0 (0%). Based on these problems, researchers are interested in conducting research on "Review of the completeness of filling out the integrated patient progress record form (CPPT) in the inpatient obstetrics ward of Aisyiyah Hospital.

METHODS

The type of research used in this method is quantitative research [21]. This research was conducted at Aisyiyah Padang General Hospital in January-March 2025 in the obstetrics ward. The population in this study was all inpatient obstetrics medical record files from January to March 2025 totaling 144 medical record files. The sample was taken using the Accidental Sampling technique and obtained 59 samples. The data collection technique used was by observation or direct observation on the Integrated Patient Progress Notes Form (CPPT) in the Inpatient Obstetrics Ward by using a checklist table to determine the completeness of filling out the form (CPPT) in the Inpatient Obstetrics Ward of Aisyiyah Padang General Hospital. Data processing techniques include editing, coding, processing, and cleaning. The analysis used is univariate. Univariate analysis is a single analysis of one variable that stands alone and is not associated with other variables. The univariate analysis in this study was to determine the completeness of the Integrated Patient Progress Notes (CPPT) form in the inpatient Obstetrics Ward of Aisyiyah Padang Hospital in 2025. Data were analyzed using descriptive statistics using computerized SPSS applications.

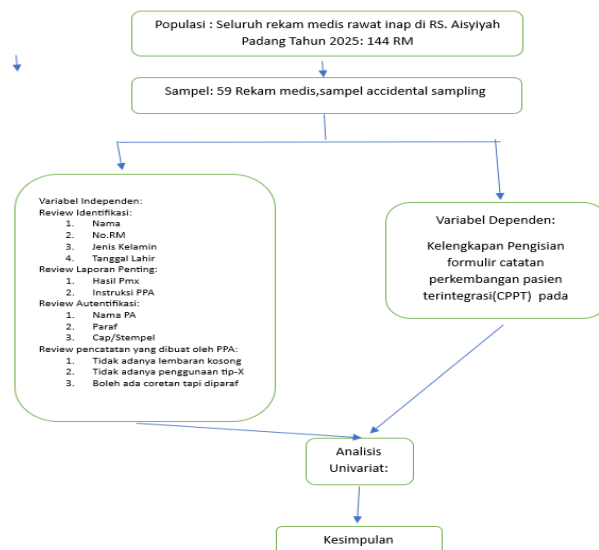


Figure 1. Research Stages Flowchart

RESULTS

This study was conducted in March 2025 at the medical records unit of Aisiyyah Hospital, Padang. Data were collected from January to March 2025. Data collection was conducted by observing the integrated patient progress record (CPPT) form for obstetric inpatients using a checklist.

Completeness of Identity Filling in the CPPT Form for Inpatient Midwifery at Aisiyyah Hospital

Based on the results of observations on the completeness of filling in identity data on 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Asiyah Padang Hospital, the percentage of completeness of filling in identity data is obtained according to the following table.

Table 1
Frequency distribution of completeness of identity on the CPPT Inpatient Midwifery Form at Aisiyyah Padang Hospital 2025

Complete identity	f	%
Incomplete	1	1.7%
Complete	58	98.3%
Total	59	100%

Based on table 1, it can be seen that of the 59 Integrated Patient Progress Notes Forms (CPPT) for Inpatient Obstetrics at Aisiyyah Padang Hospital, a small portion of the identity data, 1 (1.7%) was incomplete.

Completeness of Filling in Important Reports on the Inpatient Midwifery CPPT Form

Based on the results of observations on the completeness of filling in identification data on 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Asiyah Padang Hospital, the percentage of completeness of filling in important report data is obtained according to the following table:

Table 2
Frequency distribution of the completeness of Important Reports on the CPPT Inpatient Midwifery Form at Aisiyyah Padang Hospital

Important Report Completeness	f	%
Incomplete	17	28.8%
Complete	42	71.2%
Total	59	100%

Based on table 2, it can be seen that of the 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Aisiyyah Padang Hospital, a small portion of the important report data, 17 (28.8%) were incomplete.

Completeness of Authentication Filling in the CPPT Inpatient Midwifery Form at Aisiyyah Padang Hospital

Based on the results of observations on the completeness of filling in identification data on 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Asiyah Padang Hospital, the percentage of completeness of filling in authentication data is obtained according to the following table:

Table 3
Frequency distribution of authentication completeness on the Inpatient Midwifery CPPT form at Aisiyyah Padang Hospital

Authentication Completeness	f	%
Incomplete	50	84.7%
Complete	9	15.3%
Total	59	100%

Based on table 3, it can be seen that of the 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Aisiyyah Padang Hospital, the authentication data showed that most of them, 50 (84.7%) were incomplete.

Completeness of filling in proper recording data on the Inpatient Midwifery CPPT Form at Aisiyah Padang Hospital

Based on the results of observations on the completeness of filling in identification data on 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Asiyah Padang Hospital, the percentage of completeness of filling in good recording data is obtained according to the following table:

Table 4
Frequency distribution of completeness of recording on the CPPT Inpatient Obstetrics Form at Aisiyah Padang Hospital

Completeness of good recording	f	%
Incomplete	27	45.7%
Complete	32	54.3%
Total	59	100%

Based on table 4, it can be seen that of the 59 Integrated Patient Progress Note Forms (CPPT) for Inpatient Obstetrics at Aisiyah Padang Hospital, a small portion of good recording data, 27 (45.7%) were incomplete.

Completeness of the CPPT Inpatient Midwifery Form at Aisiyah Padang Hospital

Based on the results of observations on the completeness of filling in identification data on 59 Integrated Patient Progress Note Forms (CPPT) for Obstetric Inpatients at Asiyah Padang Hospital, the percentages obtained are as per the following table:

Table 5
Frequency distribution of completeness of CPPT forms Inpatient Midwifery at Aisiyah Padang Hospital

Completeness of CPPT Form	f	%
Incomplete	51	86.4%
Complete	8	13.6%
Total	59	100%

Based on table 5, it can be seen that of the 59 Integrated Patient Progress Note Forms for Inpatient Obstetrics at Aisiyah Hospital, when filling out the CPPT form, the majority, 51 (86.4%) were incomplete.

DISCUSSION

Completeness of Identity Filling in the CPPT Form for Inpatient Midwifery at Aisiyah Padang Hospital 2025

Based on the researcher's analysis, the level of completeness of the identity filling on the Integrated Patient Progress Notes (CPPT) form in the obstetrics inpatient ward of Asiyah Padang Hospital was observed to be very high at 98.3% with only 1 (1.7%) form incomplete. Of the 1 (1.7%) who did not fill in the name, gender, and date of birth items that were not given a barcode by the medical records officer. The observation results indicate that the deficiency was caused by the officer's negligence in attaching the patient's identity barcode sticker, not due to a problem with the system [22]. Although the percentage of incompleteness is relatively small, this still needs to be considered, considering that one error in patient identification can have fatal consequences for safety and quality of care [23].

Completeness of Filling in Important Reports on the CPPT Form for Inpatient Obstetrics at Aisiyah Hospital Padang 2025

Based on the researcher's analysis, the level of completeness of filling in important reports on the Inpatient Form (CPPT) of Asiyah Padang Hospital was found to be 17 (28.8%) incomplete. Of the 17 (28.8%) seen from 2 items, but the incomplete one was in one item, namely the PPA instruction item, found as many as 11 (18.6%) were not filled in by midwives and 6 (10.2%) were not filled in by ob-gyn doctors [24]. The observation results showed that incompleteness was caused by limited time for PPA such as midwives and doctors to fill out the form completely, especially after the procedure, and there were also some officers who did not fully understand the filling standards so that important reports on the CPPT form were often ignored [25]. Incomplete reports on the PPA instruction item have the potential to cause the risk of errors in patient care, hinder coordination between health workers, and slow down service evaluation [26] [27].

Completeness of Authentication Filling in the 2025 Midwifery Inpatient CPPT Form at Aisiyah Padang Hospital

Based on the researcher's analysis, 50 (84.7%) of the Integrated Patient Progress Notes (CPPT) forms for Obstetric Inpatients at Aisiyah Padang Hospital were incomplete. Of these 50 (84.7%) items, three were missing: the doctor's name, 3 (5.0%) were missing, and the midwife's name, 7 (11.8%). The midwife's initials, 5 (8.4%) were missing, and the doctor's stamp, 18 (30.5%) were missing, and the midwife's name, 29 (49.1%). Observations indicate a lack of awareness among the PPA regarding the authentication process, particularly for these three items. Sometimes the PPA only signs but does not include the stamp and name, and sometimes the stamp is missing [28] [29]. Incomplete authentication has the potential to hinder the smooth running of medical services, complicate coordination between health workers and reduce the quality of monitoring patient progress [30] [31].

Completeness of proper recording on the 2025 Aisiyah Padang Hospital Midwifery Inpatient CPPT Form

Based on the researcher's analysis, it is known that the level of completeness of good recording data on the Inpatient (CPPT) form at Aisiyah Padang Hospital was found to be 27 (45.7%) incomplete. Of the 27 (45.7%) seen from 3 items, namely the item on the presence of blank sheets, 23 (3.9%) were found not filled in by the doctor, the item on the use of type_x, 1 (1.6%) midwife used type_x, and the item on the presence of uninitialed scribbles, 6 (10.1%) were found crossed out by the midwife without initialing them [32] [33]. The observation results show that officers often do not fill in blank sheets, especially in the date/time column, the care provider's profession column, the PPA instruction column, and the verification column on the CPPT form, in the section on the scribbles, officers often make mistakes in initialing the crossed out sentences, so that the information becomes ambiguous and the validity of the medical data is questionable [34] [35]. Uninitialed scribbles can lead to unclear information and question the validity of medical data, potentially disrupting monitoring of the patient's condition and making it difficult for healthcare workers to continue treatment [36] [37].

Completeness of filling out the Integrated Patient Progress Notes Form (CPPT) for Inpatient Midwifery at Aisiyah Padang Hospital 2025

Based on the results of the researcher's analysis, the level of incompleteness in filling out the integrated patient progress notes (CPPT) form at Aisiyah Padang Hospital is seen from the 4 components above, namely 51 (86.4%) are incomplete, of the 51 (86.4%) the most incomplete is in the authentication component, namely 50 (84.7%) are incomplete. Of the 50 (84.7%) seen from 3 items, namely in the PPA name item, 3 (5.0%) were found not filled in by doctors and 7 (11.8%) were not filled in by midwives, in the initial item, 5 (8.4%) were found not filled in by midwives, and in the stamp item, 18 (30.5%) were found not filled in by doctors and 29 (49.1%) were not filled in by midwives. This shows that the level of completeness in filling out the CPPT form in the authentication component is still very low [38] [39].

CONCLUSION

The incompleteness of the Inpatient (CPPT) form at Aisiyah Padang Hospital is still not optimal. The completeness of filling in identification data on the inpatient (CPPT) form at Aisiyah Padang Hospital is 58 (98.3%), complete and 1 (1.7%) incomplete. The completeness of filling in important report data on the inpatient (CPPT) form at Aisiyah Padang Hospital is 42 (71.2%) complete and 17 (28.8%) incomplete. The completeness of filling in Authentication data on the inpatient (CPPT) form at Aisiyah Padang Hospital is 50 (84.7%) incomplete and 9 (15.3%) complete. The completeness of filling in good record data on the inpatient (CPPT) form at Aisiyah Padang Hospital is 32 (54.3%) complete and 27 (45.7%) incomplete. The completeness of filling in the inpatient data form (CPPT) at Aisiyah Padang Hospital was 51 (86.4%) incomplete and 8 (13.6%) complete.

Strengthened supervision, regular evaluation, and increased understanding of healthcare workers are needed to ensure that the completion of the CPPT form, especially regarding identity data, is maintained and the risk of incompleteness can be minimized comprehensively. It is necessary to emphasize the responsibility of the PPA to ensure that instructions or follow-up plans are clearly recorded, and regular supervision is also required. Concrete steps are needed to ensure complete authentication to support improving the quality of healthcare services and safeguard patient safety and rights. Stricter oversight of the recording process, enforcement of discipline regarding the obligation to initial data corrections, and ongoing education for healthcare workers regarding the importance of complete, accurate, and procedural recording are needed. Given the high level of incompleteness in general, Aisiyah Padang Hospital needs to increase regular supervision by the medical records team or quality team.

ACKNOWLEDGMENTS

By expressing gratitude to the presence of Allah SWT who has bestowed His grace and blessings upon the researcher and prayers accompanied by greetings to the Prophet Muhammad SAW who has shown the right path to his people so that the researcher can complete this research. The researcher also expresses gratitude to Stikes Dharma Landbouw and Aisiyah Hospital for facilitating the research.

REFERENCES

- [1] S. G. R. R. Swari, Kelengkapan Pengisian Berkas Rekam Medis Pasien Rawat Inap RSUP Dr. Kariadi Semarang, Semarang: Arteri: Jurnal Ilmu Kesehatan, 2019.
- [2] P. Adi, Pengaruh Kepemimpinan Kepala Sekolah, Motivasi Dan Lingkungan Kerja Terhadap Kepuasan Kerja Guru Dan Staf Tata usaha (Studi Kasus pada MTsN 10 Tanah Datar Kecamatan Sungayang), Tanah Datar: STIE Indonesia, 2018.
- [3] N. Fadillah, “Tinjauan Kelengkapan Rekam Medis Rawat Inap pada Kasus Demam Berdarah Dengue di Rumah Sakit Angkatan Laut Marinir Cilandak,” *Press*, pp. 6-18, 2022.
- [4] R. ZA, H. AS dan P. TA, “Analisis Kualitatif Pengisian Rekam Medis Rawat Inap Di Rumah Sakit Umum Daerah Kabupaten Aceh Tamiang Tahun 2022,” *Jurnal Ilmiah Perkam dan Informasi Kesehatan Imelda*, pp. 112-23, 2023.
- [5] W. Amelya, “Faktor-Faktor Yang Mempengaruhi Kelengkapan Diagram Fishbone Di Rsud Kota Madiun,” *Bhakti Husada Mulia*, pp. 1-23, 2021.
- [6] A. R. Safitri, “Tinjauan Kelengkapan pengisian rekam medis rawat inap di rumah sakit as-syifa,” *Journal Of Health Information Management*, pp. 3-15, 2022.
- [7] F. N, “Kualitas Dokumen Rekam Medis Rawat Inap Berdasarkan Analisis Kualitatif.,” *Infokes*, pp. 28-33, 2020.
- [8] Fadilah, Fannya dan M. Muniroh , “Tinjauan Kelengkapan Rekam Medis Rawat Inap Pada Kasus Demam Berdarah Dengue Di Rumah Sakit Angkatan Laut Marinir Cilandak,” *Jurnal Kesehatan Tambusai*, pp. 500-508, 2022.
- [9] Giyatno dan M. Y. Rizkika, “Analisis Kuantitatif Kelengkapan Dokumen Rekam Medis Pasien Rawat Inap Dengan Diagnosa Fracture Femur Di Rsud Dr. R.M. Djoelham Binjai. Jurnal Ilmiah Perkam Dan Informasi Kesehatan Imelda,” *Jurnal Ilmiah Perkam Dan Informasi Kesehatan Imelda*, pp. 25-30, 2020.
- [10] S. Khonsa, “Analisis Kelengkapan Formulir Pengkajian Medis Awal Dokter pada Rekam Medis Pasien Rawat Inap di Rumah Sakit Vertikal Jakarta Timur,” *duta Pres*, pp. 18-23, 2022.
- [11] L. Handayuni, “Rekam Medis Dalam Manajemen Informasi Kesehatan. cv insan cendekia mandiri.,” *CV. Insan Cendekia Mandiri*, pp. 5-15, 2020.
- [12] M. Halid, “Analisis Kelengkapan Pengisian Berkas Rekam Medis,” *Jurnal Manajemen Informasi dan Administrasi Kesehatan (JMIAK)*, pp. 1-7, 2023.
- [13] Anas Rahmat Hidayat, “Review kelengkapan berkas rekam medis rawat inap secara retrospective di rumah sakit panti,” *rekam medis*, pp. 10-15, 2021.
- [14] Hartati dan Nurdin, “Analisis Profitabilitas,Pertumbuhan Aset Dan Leverage Terhadap Nilai Perusahaan Dengan Ukuran Perusahaan Sebagai Variabel Moderator.,” *Operasio*, pp. 32-41, 2019.
- [15] M. Ircham, “Metodologi Penelitian Kuantitatif dan Kualitatif Bidang Kesehatan, Kebidanan, Kedokteran,” *Fitramaya*, pp. 70-76, 2022.
- [16] Y. E. T. D. Wahyuntara JK, “Pelindungan Hak atas Rahasia Medis Pasien dalam Implementasi Rekam Medis Elektronik (Studi pada Rumah Sakit Bhayangkara, Semarang),” *Jurnal Hukum Kesehatan*, pp. 158-75, 2024.
- [17] Oktamianiza, “Manajemen berkas dan isi rekam medis,” *Print Centre*, pp. 6-10, 2021.
- [18] Permenkes, “Klasifikasi dan perizinan Rumah Sakit,” Kemenkes, Jakarta, 2020.
- [19] S. RA, “Penerapan Permenkes Nomor 24 Tahun 2022 tentang rekam medis terhadap efektivitas pelayanan kesehatan,” *Jurnal Hukum Kyadiren*, pp. 12-5, 2024.
- [20] R. Hidayat, I. Daniati dan N. Seha, “Review kelengkapan berkas rekam medis rawat inap secara retrospective di rumah sakit,” *health student journal*, pp. 1-15, 2021.
- [21] Sugiyono, Metode Penelitian Kuantitatif, Jakarta: Alfabeta CV, 2022.
- [22] M. T. Talib, “Manajemen Rekam Medis,” *Talib Press*, pp. 15-23, 2022.
- [23] R. MY, “Analisis Kuantitatif Kelengkapan Dokumen Rekam Medis Pasien Rawat Inap Dengan Diagnosa Fracture Femur Di RSUD Dr. RM Djoelham Binjai,” *Jurnal ilmiah perkam dan informasi kesehatan imelda (JIPKI)*, pp. 62-71, 2020.
- [24] P. R. T. M. Putri W, “ANALISIS KUANTITATIF DAN KUALITATIF PADA DOKUMEN REKAM MEDIS RAWAT INAP PERIODE JANUARI 2025 DI RSUD EMBUNG FATIMAH BATAM,” *Jurnal Kebidanan* , pp. 88-98, 2025.

- [25] L. AP, “FAKTOR YANG MEMPENGARUHI KETIDAKLENGKAPAN PENGISIAN BERKAS REKAM MEDIK RUMAH SAKIT UNIVERSITAS HASANUDDIN TAHUN 2022= AFFECTING FACTORS FOR INCOMPLETE FILLING OF MEDICAL RECORD DOCUMENTS IN HASANUDDIN UNIVERSITY HOSPITAL 2022,” Universitas Hasanuddin, Makasar, 2022.
- [26] N. S. Bete MA, “Analisis Kuantitatif Kelengkapan Pengisian Catatan Perkembangan Pasien Terintegrasi Dokumen Rekam Medis Rawat Jalan Di Rumah Sakit Jiwa Daerah Abepura Periode Februari Tahun 2022,” *Jurnal Rekam Medis dan Manajemen Informasi Kesehatan*, pp. 46-59, 2023.
- [27] P. A. H. T. Mustafa A, “Clinical Documentation Improvement (CDI) untuk Peningkatan Mutu Pelayanan di Era JKN,” *Rekam Medis*, pp. 1-14, 2025.
- [28] S. Y. Nasif H, “EDUKASI PENULISAN CATATAN PERKEMBANGAN PASIEN TERINTEGRASI (CPPT) PADA APOTEKER DI RUMAH SAKIT,” *Adab*, pp. 4-16, 2023.
- [29] Y. Y, “Tanggung Jawab Hukum Tenaga Kesehatan terhadap Pasien.,” *Hukum Kesehatan*, pp. 33-2, 2024.
- [30] H. FT, “ANALISIS KELENGKAPAN FORMULIR CATATAN PERKEMBANGAN PASIEN TERINTEGRASI (CPPT) DI REKAM MEDIS PASIEN RAWAT JALAN PADA POLIKLINIK SARAF DI RSUD BERKAH KABUPATEN PANDEGLANG PERIODE JANUARI-MARET TAHUN 2022.,” Berkah, Padeglang, 2022.
- [31] R. NT, “Identifikasi Faktor-Faktor yang mempengaruhi Pelaporan Insiden Keselamatan Pasien di Rumah Sakit,” *Scoping Review*, pp. 56-90, 2024.
- [32] W. A, “Analisis Kelengkapan Pengisian Catatan Perkembangan Pasien Terintegrasi (CPPT) Rekam Medis Ruang Flamboyan di Rumah Sakit Prof. Dr. IGNG Ngoerah,” Ngoerah, Jakarta, 2024.
- [33] I. R. P, “ANALISIS PENERAPAN CLINICAL PATHWAY MENGGUNAKAN ICPAT (INTEGRATED CLINICAL PATHWAY APPRAISAL TOOL) RUMAH SAKIT ISLAM FAISAL MAKASSAR TAHUN 2022,” *Universitas Hasanuddin Pers*, pp. 77-90, 2022.
- [34] N. S. Bete MA, “Analisis Kuantitatif Kelengkapan Pengisian Catatan Perkembangan Pasien Terintegrasi Dokumen Rekam Medis Rawat Jalan Di Rumah Sakit Jiwa Daerah Abepura Periode Februari Tahun 2022,” *Jurnal Rekam Medis dan Manajemen Informasi Kesehatan*, pp. 46-59, 2023.
- [35] Z. F. L. I. Roflin E, “Pengolahan dan Penyajian Data Penelitian Bidang Kedokteran.,” *Penerbit NEM*, pp. 25-34, 2021.
- [36] H. D. Widartini I, “Review Kelengkapan Pengisian Formulir Catatan Perkembangan Pasien Terintegrasi (CPPT) Rawat Inap di Rumah Sakit Harapan Dan Doa Kota Bengkulu,” *Health Information Management*, pp. 4-6, 2019.
- [37] F. M. i. M. h. R. H. H. Rusli A, “Strategi Pengumpulan dan Pengelolaan Data dalam Penelitian Pendidikan: Kajian Teoretis dan Praktis,” *Jurnal Pendidikan Islam*, pp. 573-81, 2025.
- [38] S. D. Az IS, “Pengaruh penulisan formulir catatan perkembangan pasien terintegrasi terhadap MIRM 13.3 di Kota Bandung,” *Jurnal Ilmiah Manusia dan Kesehatan*, pp. 425-32, 2021.
- [39] W. A, “Analisis Kelengkapan Pengisian Catatan Perkembangan Pasien Terintegrasi (CPPT) Rekam Medis Ruang Flamboyan di Rumah Sakit Prof. Dr. IGNG Ngoerah.,” *IGNG*, pp. 6-17, 2024.