

# Assessment of Pharmacist Integrated Patient Progress Notes at Ibnu Sina Islamic Hospital Pekanbaru

Novtafia Endri, Hansen Nasif, Yelly Oktavia Sari\*  
Faculty of Pharmacy, Universitas Andalas  
Padang, West Sumatera, Indonesia

**Abstract:-** Integrated Patient Progress Notes also known as the Catatan Perkembangan Pasien Terintegrasi (CPPT) is a documentation carried out by professional caregivers about the development of a patient's condition in an integrated form in the patient's medical record using the SOAP (Subjective, Objective, Assessment, Plan) method. Incomplete and unsuitable CPPT writing can affect the continuity of care and the quality of patient care, which will affect the patient's therapeutic outcomes. This study aims to assess the completeness and suitability of writing integrated patient progress notes by pharmacists at Ibnu Sina Islamic Hospital Pekanbaru. This study is an analytic descriptive study with prospective data collection using total sampling from patient medical records. The inclusion criteria in this study were CPPT written last by the pharmacist. Medical records that meet the inclusion criteria as research subjects are 32 CPPTs at Pharmacist 1 and 31 CPPTs at Pharmacist 2. From this study, the results of the analysis of the completeness of CPPT writing at Pharmacist 1 were that there were no CPPTs (0%) written in full of the 32 CPPTs analyzed, and the results of the analysis of the suitability of CPPT writing were 2 CPPTs (6.25%) written in suitable with the 32 CPPTs analyzed. The results of the analysis of the completeness of CPPT writing on Pharmacist 2 are that there is no CPPT (0%) written completely from the 31 CPPT analyzed, and the results of the analysis of the suitability of CPPT writing are as many as 3 CPPT (9.67%) written suitable from the 31 CPPT analyzed.

**Keywords:-** Integrated Patient Progress Notes; Pharmacist; Medical Records; Writing.

## I. INTRODUCTION

Patient care in hospital accreditation standards is carried out based on the concept of patient-focused services (patient/person-centered care) which is implemented in the form of integrated patient care [1]. Patient-centered care requires integrated documentation that requires all professions to record on the same document with the aim of improving effective communication between professions. Because all professions record in the same document, recording can be done more optimally, minimizing miscommunication and improving service quality [2]. Integrated Patient Progress Notes, also known as the Catatan Perkembangan Pasien Terintegrasi (CPPT) is a documentation carried out by professional caregivers about the development of the patient's condition in

an integrated form in the patient's medical record using the SOAP (Subjective, Objective, Assessment, Plan) method [1,3].

As part of the healthcare team, pharmacists must document the care provided [4]. Documentation describes the care received by the patient and serves as a form of communication between healthcare providers [5]. Documentation is the activity of recording visit practices, such as drug use information, therapy adjustments, and drug use review notes (drug-related problems, recommendations, results of discussions with treating physicians, implementation, therapy results) [6].

Pharmacy has not been as active as other disciplines in documenting its contribution to patient care [5]. Pharmacists have experience managing prescription records, but many lack experience in documenting patient care activities [7]. Documentation by clinical pharmacists in health care centers is limited [8].

Previous research conducted at RSUP Dr. M. Djamil Padang Hospital showed the results of the analysis of the completeness of the pharmacist's CPPT writing, namely 25 CPPT (78.12%) which were written completely from 32 CPPT analyzed and the results of the analysis of the accuracy of the pharmacist's CPPT writing, namely no CPPT was written correctly from 32 CPPT analyzed [9]. Another study showed that the results of the analysis of the completeness of the pharmacist's CPPT writing were 26 CPPT (74.29%) which were written completely from the 35 CPPT analyzed and the results of the analysis of the accuracy of the pharmacist's CPPT writing were that there were no CPPT written correctly from the 35 CPPT [10]. In this study, an assessment of CPPT writing by pharmacists at Ibnu Sina Islamic Hospital Pekanbaru was conducted.

## II. RESEARCH METHOD

### A. Research Design and Data Collection

This study is an analytic descriptive study with prospective data collection using total sampling from patient medical records. The research was conducted from October 2022 to December 2022 at Ibnu Sina Islamic Hospital Pekanbaru. Data taken in the form of Integrated Patient Progress Notes (CPPT) written last by the Pharmacist in the patient's medical record. The data collection method used was by means of document review using a checklist instrument. CPPT data collection was carried out for one month.

### B. Data Analysis

The analysis stage carried out is a qualitative descriptive analysis stage of the data obtained from the study of written documents in medical records. Analysis of the writing of Integrated Patient Progress Notes (CPPT) was carried out using the literature of the Technical Guidelines for Pharmaceutical Service Standards in Hospitals published by the Ministry of Health in 2019, so that a profile of the completeness and suitability of writing Integrated Patient Progress Notes (CPPT) was obtained. Data is processed in the form of percentages.

In this study, there were research limitations in the form of analyzing the suitability of the CPPT writing studied, namely the writing rules according to the SOAP framework according to the literature of the Technical Guidelines for Pharmaceutical Service Standards in Hospitals published by the Ministry of Health in 2019, not a case-by-case analysis. The conclusion of the results of the analysis of the completeness of CPPT writing is that if there is incomplete writing of the date of the visit/ time of the visit/ pharmacist's name/ pharmacist's title/ pharmacist's signature/ subjective data/ objective data/ assessment data and plan data, then the CPPT writing is categorized as incomplete. The conclusion of the analysis of the suitability of CPPT writing is that if there is a discrepancy in the writing of subjective/ objective/ assessment/ plan data, the CPPT writing is categorized as unsuitable.

## III. RESULT AND DISCUSSION

A total of 32 CPPTs written by Pharmacist 1 and 31 CPPTs written by Pharmacist 2 were analyzed for completeness and suitability of writing. Based on the CPPT analysis that has been carried out, the results of the completeness of CPPT writing on Pharmacist 1, namely, out of 32 CPPT analyzed, no CPPT (0%) is written completely and the results of the analysis of the suitability of CPPT writing are 2 CPPT (6.25%) which are appropriate. In Pharmacist 2, out of 31 CPPT analyzed, there were no CPPT (0%) written completely and the results of the analysis of the suitability of CPPT writing were 3 CPPT (9.67%) which were suitable.

Table 1 shows the data from the analysis of the completeness of CPPT writing from two pharmacists at Ibnu Sina Islamic Hospital Pekanbaru, the results of which were 0 CPPT (0%) which were written completely. The results of the analysis of the completeness of the CPPT of Pharmacist 1, namely 32 CPPT (100%), contained the date of the visit, the time of the visit, the name of the pharmacist and the signature of the pharmacist, and 0 CPPT (0%) contained the title of the pharmacist. The results of the analysis of the completeness of Pharmacist 2's CPPT, namely 31 CPPT (100%) contained the date of the visit; the name of the Pharmacist, and the Pharmacist's signature. 30 CPPT (96.77%) contained the Pharmacist's visit time, and 0 CPPT (0%) contained the title of Pharmacist. CPPT must be written in full, which includes the date and time of writing and ends with the signature, name and title of the pharmacist [11]. Incomplete CPPT can affect continuity of care and quality of patient care [7].

Table 1. Completeness of Writing Integrated Patient Progress Notes

Pharmacist	Completeness of Integrated Patient Progress Notes	Complete	Incomplete
		Total	Total
Pharmacist 1	Date of visit	32 (100%)	0 (0%)
	Time of visit	32 (100%)	0 (0%)
	Pharmacist name	32 (100%)	0 (0%)
	Pharmacist title	0 (0%)	32 (100%)
	Pharmacist signature	32 (100%)	0 (0%)
	Subjective (S) data	32 (100%)	0 (0%)
	Objective (O) data	32 (100%)	0 (0%)
	Assessment (A) data	32 (100%)	0 (0%)
	Plan (P) data	32 (100%)	0 (0%)
Pharmacist 2	Date of visit	31 (100%)	0 (0%)
	Time of visit	30 (96.77%)	1 (3.22%)
	Pharmacist name	31 (100%)	0 (0%)
	Pharmacist title	0 (0%)	31 (100%)
	Pharmacist signature	31 (100%)	0 (0%)
	Subjective (S) data	31 (100%)	0 (0%)
	Objective (O) data	31 (100%)	0 (0%)
	Assessment (A) data	31 (100%)	0 (0%)
	Plan (P) data	31 (100%)	0 (0%)

Systematic documentation in pharmaceutical care displays completeness, consistency, and organized data. SOAP (subjective, objective, assessment, plan) documentation is the primary documentation method used by pharmacists and other healthcare providers to document inpatient and outpatient care [3,12]. Based on the data from the analysis of the completeness of the Pharmacist 1 CPPT, namely there is writing subjective, objective, assessment and plan data as much as 32 CPPT (100%) and the results of the Pharmacist 2 CPPT analysis, namely there is writing subjective, objective, assessment and plan data as much as 31 CPPT (100%), so that 0 CPPT (0%) was written completely from 32 CPPT analyzed at Pharmacist 1 and 0 CPPT (0%) was written completely from 31 CPPT analyzed at Pharmacist 2.

Incomplete writing of CPPT by Pharmacist 1, namely 32 CPPT (100%) where none of them contained the writing of the title of Pharmacist. Incomplete writing of CPPT by Pharmacist 2 is 31 CPPT (100%) with details of 30 CPPT there is no writing of the title of Pharmacist and 1 CPPT there is no writing of the time of visit and the title of Pharmacist.

Table 2 shows the data from the analysis of the suitability of writing CPPT from 2 pharmacists at Ibnu Sina Islamic Hospital Pekanbaru, the results obtained are that in Pharmacist 1 there are 2 CPPT (6.25%) which are in suitable with the writing of 32 CPPT analyzed and in Pharmacist 2 there are 3 CPPT (9.67%) which are in suitable with the writing of 31 CPPT analyzed.

Table 2. Suitability of Writing Integrated Patient Progress Notes

Pharmacist	Integrated Patient Progress Notes Writing	Suitable	Unsuitable
		Total	Total
Pharmacist 1	Subjective (S) data	32 (100%)	0 (0%)
	Objective (O) data	22 (68.75%)	10 (31.25%)
	Assessment (A) data	6 (18.75%)	26 (81.25%)
	Plan (P) data	6 (18.75%)	26 (81.25%)
Pharmacist 2	Subjective (S) data	31 (100%)	0 (0%)
	Objective (O) data	16 (51.61%)	15 (48.38%)
	Assessment (A) data	14 (45.16%)	17 (54.83%)
	Plan (P) data	8 (25.80%)	23 (74.19%)

Analyze the suitability of CPPT writing:

#### A. Subjective (S)

In the analysis of the suitability of CPPT writing based on the SOAP format, 32 CPPTs (100%) were found to be suitable in the subjective data written by Pharmacist 1 and 31 CPPTs (100%) were suitable in the subjective data written by Pharmacist 2. Subjective data written by Pharmacist 1 is patient complaints related to illness, treatment history and medical history, and subjective data written by Pharmacist 2 is patient complaints related to illness. Subjective data can be in the form of drug-related or disease-related patient complaints. In addition, it can also be a history of drugs or diseases obtained from patients [11]. In the analysis of the suitability of writing this subjective data, there were 0 CPPT (0%) that were unsuitable by Pharmacist 1 and Pharmacist 2.

#### B. Objective (O)

In the analysis of the suitability of writing CPPT based on the SOAP format, 22 CPPT (68.75%) were suitable for objective data written by Pharmacist 1 and 16 CPPT (51.61%) were suitable for objective data written by Pharmacist 2. Objective data written by Pharmacist 1 and Pharmacist 2 are vital signs and laboratory data. Objective data contains data sourced from observations and measurements made by other health professionals [11]. Objective data contains vital signs, drug lists, and laboratory data [7]. Other objective data sourced from the literature such as pharmacokinetic data (half-life, volume of distribution) can also be included [11].

In the analysis of the suitability of writing this objective data, pharmacist 1 had 10 CPPT (31.25%) that were unsuitable and pharmacist 2 had 15 CPPT (48.38%) that were unsuitable. The discrepancy in writing objective data on Pharmacist 1 and Pharmacist 2 is that in the subjective data, pain complaints are written; the objective data should be written on the pain scale because it is related to subjective data. SOAP writing must be continuous and related between subjective data and objective data [11].

#### C. Assessment (A)

In the analysis of the suitability of writing CPPT based on the SOAP format, it was found that 6 CPPT (18.75%) were suitable in the assessment data written by Pharmacist 1 and 14 CPPT (45.16%) were suitable in the assessment data written by Pharmacist 2. Assessment data written by Pharmacist 1 is that there are indications but not treated and no Drug Related Problems (DRP) were found. The assessment data written by

Pharmacist 2 is drug interaction and no Drug Related Problem (DRP) was found. Assessment data written on CPPT in the form of Drug Related Problems (DRP) which include indications but not treated, administration of drugs without indications, inappropriate drug selection, doses too high, doses too low, unwanted drug reactions, drug interactions, and patients not using drugs for some reason [11].

In the analysis of the suitability of writing this assessment data, Pharmacist 1 had 26 CPPT (81.25%) that were unsuitable and Pharmacist 2 had 17 CPPT (54.83%) that were unsuitable. The discrepancy in writing the assessment data at Pharmacist 1 is that the assessment results written are not drug-related problems, such as writing the patient has received drug therapy, labor results above or below normal values without explaining what the problem is, drug interaction without explaining what form of drug interaction. The discrepancy in writing assessment data on Pharmacist 2 is that the assessment results written are also not drug-related problems such as writing labor results above or below normal values without explaining what the problem is.

#### D. Plan (P)

In the analysis of the suitability of writing CPPT based on the SOAP format, it was found that 6 CPPT (18.75%) were suitable in the plan data written by Pharmacist 1 and 8 CPPT (25.80%) were suitable in the plan data written by Pharmacist 2. The plan data written by Pharmacist 1 and Pharmacist 2 are drug therapy recommendations and monitoring plans. The plan contains recommendations for drug therapy complete with dosage, drug therapy monitoring plans, and counseling plans [11].

In the analysis of the suitability of writing this plan data, Pharmacist 1 had 26 CPPT (81.25%) that were unsuitable and Pharmacist 2 had 23 CPPT (74.19%) that were unsuitable. The discrepancy in writing the plan data for Pharmacist 1 and Pharmacist 2 is that the plan written is not a pharmaceutical service plan such as writing continue therapy according to the direction of the doctor in charge of the patient.

The incompleteness and unsuitability of CPPT writing for the two pharmacists at Ibn Sina Islamic Hospital Pekanbaru was due to the fact that the two pharmacists also had other responsibilities in outpatient services so that at certain times clinical pharmacy service activities could not be carried out optimally.

#### IV. CONCLUSION

From the results of the research conducted, it was concluded that the completeness of CPPT writing at Pharmacist 1, namely, there was no CPPT (0%) written completely from 32 CPPT analyzed and the suitability of CPPT writing, namely 2 CPPT (6.25%) written suitable from 32 CPPT analyzed. The completeness of CPPT writing for Pharmacist 2 is that there is no CPPT (0%) written completely from the 31 CPPT analyzed and the suitability of CPPT writing is as many as 3 CPPT (9.67%) written suitable from the 31 CPPT analyzed.

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