

## SUMMARY

### **Innovation Acceptance and Doctor Compliance Intention Analysis in New Medical Record Format Implementation According to KARS 2012 Hospital Accreditation Standards Using Decomposed-TPB Model**

New medical record format innovation according to accreditation standards are expected to encourage quality improvement of hospital services that focus on the patient. New medical record format according to KARS 2012 accreditation standards version began to be implemented in Dr. Soetomo hospitals in April 2013. The process of implementation of the new medical record format cause both positive and negative responses from those who are directly involved in the implementation, especially doctors and nurses. It appears in the evaluation of the completion of the contents of the new medical record format in Dr. Soetomo Inpatient Ward Service where there is a decline in completion numbers of the medical record after the new format is implemented.

Based on the medical record evaluation data from January to August 2013, it can be obtained that an average completion of medical records contents in the old format Pediatric Inpatient Ward amounted to 97.28% while the new medical records format amounted to 64.60%. The average completion of medical records contents of the old format Internal Medicine Inpatient Ward 93.66% while the new format of medical records 66.86%. While Dr. Soetomo Inpatient Ward generally have an average completion of the medical records contents of the old format by 96.46% and 64.59% of the new format.

The decline in completion of medical record file can describe the low level of doctor acceptance of innovation and compliance in the implementation of the new medical record format in Dr. Soetomo hospital Pediatric and Internal Medicine Inpatient Ward that may be caused by determinants of intention to behave in accordance with the theory-decomposed TPB include attitude toward behavior, subjective norms, and perceived behavioral control.

The purpose of this study was to develop recommendations towards increased doctor acceptance and compliance intention to new medical records format implementation according to KARS 2012 hospital accreditation standards in Dr. Soetomo hospital Pediatric and Internal Medicine Inpatient Ward.

Variables and subvariables studied in this study include perceived of usefulness, ease of use, compatibility, peer influence, superior influence, self-efficacy, facilitating resource condition, attitude, subjective norm, perceived behavioral control, intention to use, intention to comply and behavior intention. The research design is a cross-sectional study and data collection method using questionnaire.

Research located in 2 large SMF in Dr. Soetomo Hospital, which is Pediatric and Internal Medicine. Samples were collected from 82 people consisting of 45 pediatric residents and 37 internal medicine residents. The results as follows:

- a. The level of doctor's perceived usefulness, ease of use and compatibility of new medical record format is relatively low.

- b. Doctors attitude towards the implementation of new medical record format is relatively low. It is shown in the pediatric and internal medicine residents attitude indicator towards the implementation of the medical records of the new format which is not good (average total value of all indicators pediatric residents 3.59).
- c. Variable perceived usefulness, ease of use and compatibility together and partially affect the level of implementation of the attitude of doctors in the new medical record format {F count 41.069, perceived usefulness ( $\beta=0.358$ ,  $p=0.011$ ), ease of use ( $\beta=0.265$ ,  $p=0.016$ ) and compatibility ( $\beta=0.274$ ,  $p=0.009$ )}.
- d. Respondents assessment to the strength of the influence of the people surrounding points of view to the respondents are relatively less influential. Total average value of subjective norm included in the poor category (Total average value according to pediatric residents 19.09).
- e. Doctors have relatively poor perception of the amount of control or resource that is believed to promote good behavior in the implementation of the medical record. Total average value of perceived behavior control classified as not good (Total average value according to pediatric residents 18.02).
- f. The doctor has the intention to behave or behavior intention relatively not good in the implementation of the new medical record format. It can be seen from the average total acquisition value of behavioral intention that classified as not good (Total average value according to pediatric residents 4.75 and to internal medicine residents 5.08).
- g. Variable attitude, subjective norm, and perceived behavioral control jointly affect the level of behavior intention physician in the medical record implementation of the new format (F count 45.829, significance level 0.001). Only attitude and perceived behavioral control variables are partially significant ( $<0.05$ ) on the level of behavior intention physician in the implementation of the new medical record format {attitude ( $\beta=-0.316$ ,  $p=0.025$ ), and perceived behavioral control ( $\beta=0.591$ ,  $p=0.001$ )}.

The conclusion of this study can be described that attitude is founded on the perceived usefulness, ease of use and compatibility of the value of the new medical record format and resource facilitating condition of the facility or supporting resources (eg time, SPO and guide manuals, monitoring and evaluation systems etc.) are very influencing doctor's intention to compliance in implementing the new medical record format in accordance with existing standards.

**ABSTRACT****Innovation Acceptance and Doctor Compliance Intention Analysis in New Medical Record Format Implementation According to KARS 2012 Hospital Accreditation Standards Using Decomposed-TPB Model**

This study analyzes factors that influence doctor acceptance and intention to use the new medical record format as well as the intention of compliance with a number of service standards in the implementation of the new medical record format in Dr. Soetomo Public Hospital Surabaya. This study integrates Theory Acceptance Model (TAM) and the Theory of Planned Behavior (TPB) or collectively called decomposed TPB model. This research is a quantitative descriptive and exploratory research. Data collection was performed in 82 respondents consisting of Pediatrics and Internal Medicine Residents. Data collection technique using questionnaires. Statistical analysis used multiple linear regression analysis method to evaluate the influence between the variables studied. The results of this study found that the variable perceived usefulness, ease of use and compatibility together and partially affect the level of implementation of the doctor's attitude in the implementation of the new medical record format {F count 41.069, perceived usefulness ( $\beta=0.358$ ,  $p=0.011$ ), ease of use ( $\beta=0.265$ ,  $p=0.016$ ) and compatibility ( $\beta=0.274$ ,  $p=0.009$ )}. Only attitude and perceived behavioral control variables partially significant effect on the level of doctor behavior intention in implementation of new medical record format {attitude ( $\beta=-0.316$ ,  $p=0.025$ ), and perceived behavioral control ( $\beta=0.591$ ,  $p=0.001$ )}. The conclusion of this study is that attitude is founded on perceived usefulness, ease of use and compatibility of the value of the new medical format and perceived behavioral control or supporting resources greatly affect doctor intention to adhere to implement the new medical record format in accordance with established standards.

Keywords: decomposed-TPB, TAM, medical record.