

Factors Affecting Delays in Retrieval of Inpatient Medical Record Files at the West NTB Provincial Hospital

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Abstract

Every patient comes to visit a health care facility for health service needs so that medical record files must always be available, but medical record files often experience delays in returning them. Delays in the retrieval of inpatient medical record files were caused by duplicate medical record files, incorrectly stored, and not completed by the inpatient doctor. The aim of this study was to determine the factors that influence the delay in the retrieval of inpatient medical record files at the NTB Provincial Hospital. The type of research used is quantitative with cross sectional design. The population in this study were all medical record officers at the NTB Provincial Hospital, totaling 45 people with a total sample of 6 retrieval officers. The sampling technique uses incidental sampling. Data collection was carried out by observing or observing all medical record file retrieval officers using a check list. Data processing is done by editing, coding, data entry, and cleaning. Analysis of the data used is descriptive quantitative analysis. The results of the study based on the medical record file officers were categorized as good 0 (0%), and as many as 3 people (50%) categorized as sufficient, while the medical record file officers were categorized as lacking as many as 3 people (50%). The results of the study based on medical record files were categorized as good with a total of 0 (0%), and categorized as sufficient with a yes answer of 10 items (71.4%), while medical record files were categorized as lacking with 4 items (28.6%). It is necessary to increase medical record officers, especially officers in filing, so that their accuracy is increased in separating medical record numbers before storing them so that medical record files are not misplaced so that services at the hospital run smoothly.

Abstrak

Setiap pasien datang berkunjung ke sarana pelayanan kesehatan untuk keperluan pelayanan kesehatan sehingga berkas rekam medis harus senantiasa tersedia, namun seringkali berkas rekam medis mengalami keterlambatan dalam pengembalian. Keterlambatan *retrieval* berkas rekam medis rawat inap disebabkan karena berkas rekam medis yang *double*, salah simpan, dan belum dilengkapi oleh dokter rawat inap. Tujuan penelitian adalah untuk mengetahui faktor-faktor yang mempengaruhi keterlambatan *retrieval* berkas rekam medis rawat inap di RSUD Provinsi NTB. Jenis penelitian yang digunakan adalah kuantitatif dengan desain *cross sectional*. Populasi dalam penelitian ini adalah seluruh petugas rekam medis di RSUD Provinsi NTB sebanyak 45 orang dengan jumlah sampel sebanyak 6 orang petugas *retrieval*. Teknik pengambilan sampel menggunakan *incidental sampling*. Pengumpulan data dilakukan dengan cara observasi atau pengamatan seluruh petugas *retrieval* berkas rekam medis menggunakan *check list*. Pengolahan data dilakukan dengan cara *editing, coding, data entry* dan *cleaning*. Analisis data yang digunakan yaitu analisis kuantitatif secara deskriptif. Hasil penelitian berdasarkan petugas berkas rekam medis dikategorikan baik 0 (0%), dan dikategorikan cukup sebanyak 3 orang (50%), sedangkan petugas berkas rekam medis dikategorikan kurang sebanyak 3 orang (50%). Hasil penelitian berdasarkan berkas rekam medis dikategorikan baik dengan jumlah 0 (0%), dan dikategorikan cukup dengan jawaban ya sebanyak 10 item (71,4%), sedangkan berkas rekam medis dikategorikan kurang sebanyak 4 item (28,6%). Perlu peningkatan petugas rekam medis khususnya petugas di *filing*, agar lebih ditingkatkan ketelitiannya dalam pemisahan nomor rekam medis sebelum melakukan penyimpanan agar berkas rekam medis tidak salah simpan supaya pelayanan di RS berjalan dengan lancar.

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1. INTRODUCTION

A hospital is a health service institution that provides complete individual health services, providing outpatient, inpatient and emergency services. Hospitals are obliged to continue to improve the quality of health services so that people are more confident and confident in using the health services provided by hospitals (Permenkes RI, 2016). In a hospital, one of the most important units is the medical records unit. A medical record is a file that contains notes and documents regarding the patient's identity, examination results, treatment, actions and other services that have been provided to the patient. Organizing medical records is an activity process that begins when the patient is admitted to the hospital, continues with the activity of recording the patient's medical data as long as the patient receives medical services at the hospital, and continues with handling medical record files which includes organizing storage to serve requests from patients or needs others (Hatta, 2013).

Medical records have several units, including the filing unit, retrieval unit, and assembling unit, where each unit has a very important role in providing data for various health service needs and for research purposes. The filing unit is a place to store medical record files. Every time a patient comes to visit a health service facility for health service purposes, medical record files must always be available (Permenkes RI, 2017). Delays in retrieving inpatient medical record files were caused by duplicate medical record files, incorrectly saved medical record files, and medical record files not yet being completed by the inpatient doctor. Delays in retrieving inpatient medical record documents in the filing section are caused by several general problems such as the time it takes to fill out resumes, the percentage of medical record file forms, in general these problems arise due to the lack of discipline of officers in managing working time (Mathis & Jackson, 2012).

In a preliminary study conducted on the 24th at the Regional General Hospital of West Nusa Tenggara Province, the number of visits in 2022, in January, was 1,552 patients, 74.73% filled in complete medical record files and 26.27% did not complete, in February there were 1,033 patients, 70.45% of the medical record files were complete and 30.55% were incomplete. One of the causes of delays is that the medical record file has not been completed by the inpatient doctor, so that the retrieval of the inpatient medical record file becomes late. Based on the background above, researchers are interested in taking the title "Factors that influence delays in retrieving inpatient medical record files at the Regional General Hospital of West Nusa Tenggara Province".

2. RESEARCH METHOD

The type of research used was quantitative with a cross sectional design. In this study, the research variables are factors that influence delays in retrieving inpatient medical record files, namely medical record officer factors and medical record file factors. The research location was carried out in the medical record storage room at the NTB Provincial Regional Hospital in December 2023. The population in this study was all storage officers at the NTB Provincial General Hospital, namely 45 people. The sample in the research included 6 medical record file retrieval officers at the Regional General Hospital of West Nusa Tenggara Province. The sampling technique used was cluster sampling. The data collection technique used in this research is observation or observing one of the planned procedures, which includes, among other things, viewing and recording the number and level of certain activities that are related to the problem being studied. The observations in this study were directly observing medical records officers in the retrieval section. Data collection was carried out using a data collection tool in the form of a check list to observe medical records officers in the retrieval section. Data processing is carried out by editing (data checking), scoring, coding, data input, entering data that has been scored into the program for further processing. Next, tabulating, the data is arranged in table form and then analyzed. The data analysis technique used in this research is quantitative analysis with descriptive statistics. The researcher describes or illustrates the data that has been collected, makes conclusions that apply to the general public or generalizations aimed at explaining or describing the characteristics of each variable regarding the factors that influence the retrieval of inpatient

medical record files at the West Nusa Tenggara Province Regional Hospital, namely the factors of the medical records officer in the department retrieval and factoring of medical record files, which then produces frequency and percentage distributions of each variable studied.

3. RESULTS AND DISCUSSION

1. Medical record retrieval officer at NTB Provincial Hospital

Table 1. Frequency distribution of medical record retrieval officers at NTB Provincial Regional Hospital

No	Medical records officer	Frequency	Percentage
1	Good	0	0%
2	Enough	3	50 %
3	Not enough	3	50 %
Amount		6	100%

Based on the table above, it is known that of the 6 respondents for medical record file retrieval officers, 0 people were categorized as good (0%) and 3 people were categorized as adequate (50%), while 3 people (50%) were categorized as poor. It can be seen that the answer to the measurement scale is good 76 -100%, 56-75% is enough, while less than <55%, based on data acquisition of 50% so it is categorized as less.

The completeness of the contents of the medical record document and the provisions for completeness of the document, namely: every action or consultation carried out on the patient within 1 x 24 hours must be written on a medical record form, all records must be signed by a doctor or other health worker in accordance with the authority and write the name and give the date. Many officers do not agree that incomplete medical record documents are immediately returned to the filing section. So in practice there are still medical record documents that have not been filled in completely and this causes medical record documents to be returned late (Ministry of Health RI 2016). Based on the results of observations made at the NTB Provincial Regional Hospital, the officers already knew about the time limit for collecting medical record files, namely 1 x 24 hours. However, in reality, only a few officers take the attitude that taking medical record files to the filing section must be done on time, namely 1 x 24 hours. This shows that the knowledge possessed by officers is not in accordance with the attitudes and practices they implement.

2. Medical record files at NTB Provincial Hospital

Table 2. Frequency distribution of medical record files at NTB Provincial Regional Hospital

No	Medical record files	Frequency	Percentage
1	Baik	0	0%
2	Enough	10	71.4 %
3	Kshrimp	4	28.6 %
Jumlah		14	100%

Based on the table above, it is known that medical record files are categorized as good with a total of 0 items (0%), and categorized as sufficient with 10 correct answers (71.4%), while medical record files are categorized as poor with 4 items of no answers (28.6%) it can

be seen that the answer to the measurement scale is 76-100% good, 56-75% sufficient, while less than <55%, based on the data obtained at 71.4% so it is categorized as sufficient.

The procedure for retrieving inpatient medical record files at the NTB Provincial Regional Hospital has procedures, including a tracer/exit guide which is an important means of controlling medical record users. Used to replace medical records that come out of storage shelves. The discharge instructions remain in storage until the borrowed medical records are returned. The tracer really helps officers in marking the correct location for re-storing medical records (Shofari, 2012). This tracer can be used as a storage slip so that it is not lost or to find out about delays in reports until the medical records are returned to storage. This tracer must be made of colored and strong material. The expedition book is a book of proof of transactions/handover of medical record documents for health service purposes (Muninjaya, 2016). The medical record expedition book has the main function, namely as proof of handover of medical record documents including handover from filing to the poly, from filing to officers and from assembling to the medical records unit (Ministry of Health of the Republic of Indonesia, 2017). Based on the results of observations at the Medical Records Installation, especially the retrieval section at the NTB Provincial Regional Hospital, it is known that the factors that influence delays in retrieving inpatient medical record files are caused by several problems found, including incorrectly storing medical record files due to the process of storing medical record files, The officers were not careful in seeing the medical record number that matched the tracer on the storage shelf which was based on the final number group, the medical record file had not been completed by the inpatient doctor because the doctor in charge had other obstacles when filling in the medical record file so that the return of the medical record file was postponed. before being completed by the responsible doctor. In the filing section of the NTB Provincial Regional Hospital, the storage of outpatient, inpatient and emergency medical record documents uses a centralized system. A centralized system is the storage of medical record files in one place for both outpatients, inpatients and the emergency room (Citra Budi, 2012). The medical records unit at the NTB Provincial Regional Hospital stores non-active and active medical record files in the filing room but the shelves are separated. Inactive medical record files are on the north shelf while active ones are on the south shelf.

4. CONCLUSION

Based on the results of the research conducted, conclusions can be drawn regarding the factors that influence delays in retrieving inpatient medical record files at the NTB Provincial Regional Hospital: a) Medical Records Officers, namely from 6 respondents categorized as good, 0 people (0%) and categorized as sufficient, 3 people (50 %), while 3 people (50%) were categorized as inadequate, it can be seen that the answer to the measurement scale was good, 76-100%, adequate, 56-75%, while less than <55%, based on data acquisition of 50%, so it was categorized as poor; b). The medical record file is categorized as good with 0 items (0%) and sufficient with 10 correct answers (71.4%), while the medical record file is categorized as poor with 4 items not answered (28.6%).) it can be seen that the answer to the measurement scale is good, 76-100%, sufficient, 56-75%, while less than <55%, based on data obtained at 71.4%, so it is categorized as sufficient.

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