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by

Submission date: 13-Mar-2023 07:25PM (UTC+0700)

Submission ID: 2036120725

File name: 8a. Artikel Jurnal SAINTIKA.pdf (800.91K)

Word count: 4378

Character count: 23148



Research Article

Analysis of **Factors Causing Delay in Returning Inpatient Medical Record Files at Purwoharjo Health Center**

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Receive : Revised: Published:
DOI : 10.22219/sm.Vol.xx

ABSTRACT

Delays returning inpatient medical record files at the Purwoharjo Health Center reached 54.01%, far from the standard 10% return target within 2x24 hours after the patient returned home. The purpose of the study was analyzing the factors causing the delay in returning medical record files at the Purwoharjo Health Center. The research subjects were 8 informants. Collecting data using interviews, observation, documentation, priority problems with USG, and improvement planning to fix problems with FGD. The results of the analysis of the delay in returning inpatient medical record files due to lack of knowledge of officers on the standard of returning medical record files, indiscipline of officers in filling medical record files, SIMPUS often an error, non-optimal use of expedition books, incomplete filling of medical record files, patient motivation in the form of encouragement from medical record officers have been done but officers still often return medical record files delayed. Priority problems include incomplete filling of patient medical files, indiscipline in filling patient medical record files, and lack of motivation in the form of reward. Improvement planning is making SOP for filling the medical record, improving SOP for returning the medical record, posting SOP in every officer room, giving the reward.

Keywords: Delay, Health Center, Inpatient, Medical Records, Return.

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INTRODUCTION

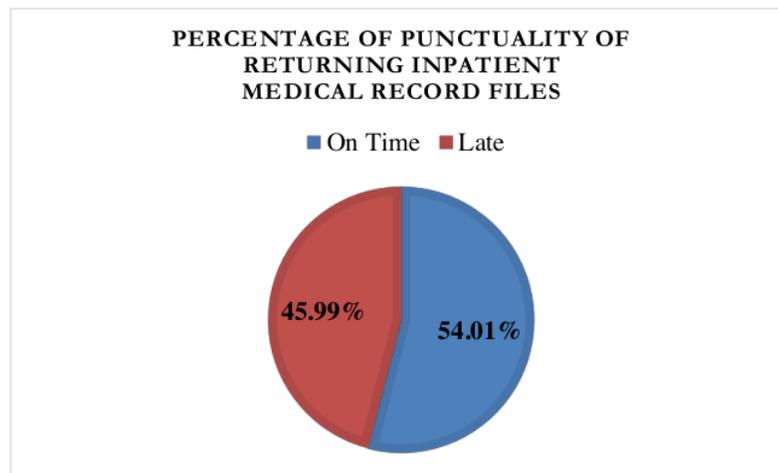
Puskesmas based on the Minister of Health of the Republic of Indonesia Number 43 of 2019 is a health service facility that carries out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts in their working areas. Puskesmas must provide services that are recorded and documented. Considering that medical records aim to help achieve orderly administration as part of efforts to improve medical services, the Puskesmas need to keep medical records (Rosa, 2017).

The implementation of good medical records can improve the quality of community health center medical services, especially through rapid and accurate documentation, so that it can be used

as the basis of patient care planning and treatment. Non-rapid and inaccurate medical record file documentation will affect the return time of a patient file. Medical record files must be returned within a maximum time limit of 2x24 hours after the patient returns home. If it is returned more than 2x24 hours after the patient returns, it is declared as delay to be returned. A delay in returning inpatient's medical record file from the inpatient room to the medical record room will hamper and disrupt the service system which results a long waiting time for patient services (Sukmonowati & Rudiansyah, 2018).

Based on the results of a preliminary study conducted from June to August 2021 at Purwoharjo Health Center, a problem found was high rate of delay in returning inpatient medical record files at Purwoharjo Health Center as it is shown in Figure 1.

Figure 1 Percentage of Punctuality of Returning Inpatient Medical Record Files during October 2020 to October 2021



Based on Figure 1, it can be seen that the punctuality level of returning inpatient medical record files at Purwoharjo Health Center during October 2020 to October 2021 was only 54.01%. It is still below the standard of returning medical record file where the Department of Health stated that it must be returned 100% within a time limit of 2x24 hours (Depkes, 2006).

The problem that causes delay in returning inpatient medical record files at Purwoharjo Health Center is the lack of officer discipline in completing medical record files after the patient is declared home so that it make medical record files accumulated and delay in returning. The expedition book has not been used optimally because the file return date is not written. It will make officer difficult to find out the length of time for the borrowed inpatient file. Purwoharjo Health Center has not given motivation to officers for filling out medical record files completely and on time, which allows incomplete medical record file to be returned to its officer.

Based on the result of Mahanani study, the delay in returning the medical record file was caused by the lack of doctor awareness and discipline in completing and signing inpatient medical record file (Mahanani, 2020). The delay in returning the medical record file was due to the lack of procurement of facilities for filling department because some facilities were used with other departments (Haqqi *et al.*, 2020). The lack of motivation such as award, prize, or praise to officer was the cause of delay in returning medical record file (Mahanani, 2020).

The delay in returning medical record file is the medical behavior or non-medical personnel that infringe the standard operational procedures (SOPs) in their work so that researchers are interested in conducting research on the Analysis of Factors Causing Delay in Returning Inpatient Medical Record File at the Purwoharjo Health Center using Lourece Green theory based on predisposing factors which include officer knowledge and work discipline; enabling factors which include medical facilities and infrastructure, space distance, and completeness of filling out medical record file; and motivating factors which include motivation, and standard operating procedure (SOP) in Purwoharjo Health Center.

METHODS

This type of this study is qualitative. The study subjects consisted of 8 informants including 3 nurses, 2 midwives, 1 nutritionist, 1 doctor in charge of inpatient care, and 1 medical record officer. The variables of this study include predisposing factor, enabling factor, reinforcing factor, delay in returning inpatient medical record file. The data collection used interview, observation, documentation, priority problems with urgency, seriousness and growth, and problem solving with focus group discussion. The validity test of the data used source triangulation and technical triangulation.

RESULTS AND DISCUSSION

1. Analyzing predisposing factor of the cause of delay in returning inpatient medical record file at Purwoharjo Health Center.

Predisposing factor is factor that facilitates the occurrence of person behavior (Notoadmodjo, 2014).

a. Knowledge

The knowledge discussed in this study is the officer knowledge on the SOP and standard time for returning medical record file. Based on the results of interview conducted with officer regarding knowledge of returning medical record file, the following results were obtained:

“So here, there are a lot of SOPs and a lot of work too so sometimes i forget what the SOP is”(Informant 6).

“The basic standard is that it has been completed, it will be returned but sometimes there are officers who have not filled it out so it cannot be returned”(Infomant 4).

The results of the study found that there were 3 informants who already knew the SOP for returning medical record file and 5 informants did not know the SOP for returning medical record file because according to officers at Purwoharjo Health Center that the SOP were too many besides too many officers' workloads so that the officers forgot it. Some officers also argued that the standard for returning medical record file is based on the completeness of filling out file without knowing the deadline for returning file but some other officers had already known the standard time for returning medical record file which is 2x24 hours after the patient is declared home. It is in line with the results of Fadillah *et al* study which stated that the delay of returning medical record file was caused by the lack of officers knowledge on the standard time for returning medical record file⁶. So that the researchers argue that the lack of knowledge of officer regarding the standard time for returning medical record file is the cause of the delay in returning inpatient medical record file. The provision of knowledge to officers is important to provide by applying several communication methods in accordance with the delivery of information with the most effective technique that is providing SOP socialization to related officer at least twice a year (Praptiansari, 2017).

b. Officer Work Discipline

The work discipline discussed in this study is the work discipline of officer in filling out medical record file so that the return of medical record file is not in accordance with the time limit set in the SOP. Based on the results of interview conducted with officer related to the work discipline of officer, the following results were obtained:

"Sometimes it's according to the SOP but sometimes it's not. It depends on the shift, we are in the emergency and inpatient room in night shift which makes the officer busy and lazy to fill it. We will definitely postpone it tomorrow and finally forget to fill in and accumulated" (Informant 3).

Based on the results of the study, it was found that of the there were only 2 informants who stated that the return of medical record file was on time according to the time limit in the SOP because they immediately filled out the medical record file after the patient went home but 5 informants had not been disciplined in filling out the medical record file because they filled out the medical record file for more than 2x24 hours which resulted it is more than the time limit set in the SOP of Purwoharjo Health Center. The indiscipline of officer in filling out medical record file is that because of no person in charge of returning medical record file. Based on the decision of the Ministry of Health of Republic of Indonesia, Directorate General of Medical Services, Borrowers and recipients of medical record file are required to return it within 2x24 after the patient returns home. So that the researcher argued that the indiscipline of officer in filling out the medical record file is the cause of delay in returning inpatient medical record file. SOP must be installed in all treatment rooms to make head nurse and nurse remember and view information of standard inpatient medical record which should return within 2x24 hours after the patient returns home (Astianingsih, 2018).

2. Analyzing enabling factor of delay of returning inpatient medical record file at Purwoharjo Health Center.

Enabling factor is factor that facilitates person behavior (Notoadmodjo, 2014).

a. Facilities and infrastructure

Facilities and infrastructure that will be discussed in this study are facilities and infrastructure used as support in the process of returning inpatient medical record file. Based on the results of interview with officer related to facilities and infrastructure to support the return of medical record file, the following results were obtained:

"If there is no trolley because maybe the distance is still close but SIMPUS often has error so that patient data input is hampered and it is input in the next day which finally delays its return that should be 2x24 returned" (Informant 8).

Based on the results of the study, it was found that all informants stated that facilities and infrastructure as support for returning medical record file had no problem but 2 informants stated that sometimes SIMPUS often had error which hampered the process of inputting inpatient data into SIMPUS. Based on the problems above, the researcher argued that SIMPUS which sometimes has error is one of the causes of delay in returning inpatient medical record file. Maintenance is needed at least once a month which aims to ensure continuous and efficient system¹¹. The expedition book has not been used optimally because the officer did not write the date of returning file so that it make the officer difficult to evaluate the file that returned on time and returned late.

"For inpatient expeditions, I usually use the form of registration. It's not in the form of book but it's only written in the time of entry and exit. Sometimes I don't write the date of returning file because I am overwhelmed with my workload" (informant 8)

According to the Department of Health of the Republic of Indonesia, the Directorate General of Medical Services, regarding the standard time for returning inpatient medical record file is 2x24 hours so that the expedition book of borrowing medical record file can be used optimally by adding description column of incomplete and complete file, and note the time of returning so that officer can be easier to know the delay of file returning which can be used to evaluate its delay in hope of reducing its problem (Depkes, 2006). So that the researchers argued that SIMPUS facilities and ineffective use of expedition book are the causes of delay in returning inpatient medical record file.

b. Space Distance

The space distance discussed in this study is the distance between inpatient room and medical record room. Based on the results of interview with officers related to the distance between medical record room and inpatient room, the following results were obtained:

"In my opinion, it's not too far but the counter should be open 24 hours because the medical record only opens in the morning until noon. So if a patient is hospitalized in the afternoon or evening, the file will be incomplete because there is no medical record" (Informant 3)

The results of the study above, it was found that all informants did not mind the distance between inpatient and medical record room because it had been quite close. Unfortunately the counter is not open 24 hours so that if patients were hospitalized in the afternoon or evening, they cannot be completely registered and have medical records which will certainly hamper the filling of medical record file.

The distance between inpatient and medical record room which is not too far is in accordance with the results of observations that it is approximately only about 75 meters so that space distance is not the cause of **delay in returning inpatient medical record file at Purwoharjo Health Center**. The distance between the inpatient room and the medical record room can also affect the behavior of an officer in returning medical record files on time (Rohmawati *et al.*, 2021).

c. Completeness of Medical Record File Filling

The completeness of medical record file filling discussed in this study is medical record file filling completely by doctor and officer. Based on the results of interview with officers regarding the completeness of medical record file filling, the following results were obtained:

"Incomplete nutritional care form is usually being returned because sometimes one day care patient returns home without meeting the nutrition officer or the officer has counseling agenda when the patient returns home so that the nutritional care form has not been filled out. For a medical resume, the patient usually has permission to return home only by telephone from the doctor because the doctor is no longer at Community Health Center and patient family force to return home so that medical resume has not been filled in. For example yesterday there was a vaccination program so that doctor is seldom at Community Health Center" (Informant 8).

Based on **the results of the** research above, **the delay in returning inpatient medical** record file from the inpatient polyclinic to the medical record room is due to the incomplete inpatient medical record file filling after the patient is declared home so that the return of medical record file to the medical record room exceeds the maximum time limit which is 2x24 hours. If there are incomplete file filling, the assessor for the completeness and accuracy of the medical record will return it to the officer in charge in order to be completed. In reducing the **delay in returning inpatient medical** record file **due to** incomplete inpatient **medical** record file, it is necessary to make a decision or SOP regarding the person in charge of filling of medical record file (Hikmah *et al.*, 2019)

3. Analyzing Reinforcing Factor of the Cause of **Delay in Returning Inpatient Medical Record File at Purwoharjo Health Center**.

Reinforcing factor is favor that encourage or strengthen the occurrence of person behavior (Notoadmodjo, 2014).

a. Motivation

Motivation discussed in this study is the encouragement given by Community Health Center to officers in charge of returning inpatient medical record file. Based on the results of interview with

officers regarding motivation given by Community Health Center to officers, the following results were obtained:

"For the motivation of encouragement, maybe it's only reminding the officers for many times but the result is that it's still delay, and I have a lot of work so what's important is that I have reminded them" (Informant 8)

Based on the results of the study above, 4 informants stated that the available motivation was only internal motivation on the basis of officer willingness to return the medical record file on time but 2 informants stated that there was punishment in the form of warning to immediately return the medical record file. The head of Purwoharjo Health Center stated that they had given batik for all officers. The medical record officer often encouraged doctors and nutrition workers to return it on time but it was still delayed so that doctor as the head of Community Health Center had not been figure for officers. The researchers argued that the lack of external motivation in the form of giving award is the cause of the delay in returning inpatient medical record file. Officers who return inpatient medical records on time need to be appreciated for their work so that it will make them feel valuable and work more enthusiastically (Astianingsih, 2018).

b. SOP

SOP discussed in this study is the availability of SOP for assessing the completeness and accuracy of medical record, and for returning medical record file at Purwoharjo Health Center. Based on the results of interview with officers regarding SOP, the following results were obtained:

"If SOP has already existed and been socialized but the socialization only conducted a few times each year. It is only socialized by me but not the head of Community Health Center because it's handed over to the officer concerned, and usually it's conducted after evaluation. If the performance results don't reach the usual work target, we will socialized it again but usually the officers sometimes forget the SOP" (Informant 8).

Based on the results of the study above, 3 informants stated that the socialization of SOP had been carried out several times, usually during mini workshops. It is usually handled by medical records officers who were also in charge of making SOP. SOP socialization is usually conducted after the evaluation of performance that has not reached its work target. According to 4 informants, although the socialization of SOP was conducted, the officers forgot the SOP because of the large number of jobs of the officers. The socialization of standard operating procedures (SOP) can be used to optimize the performance of officers¹¹. The researchers argued that the lack of routine socialization of SOP is the cause of delay in returning inpatient medical record file. It is important to regularly socialize policies/SOP so that officers can remember the indicator and objective of the accurate returning medical record file to be achieved (Hidayat *et al.*, 2021).

4. Determining the Priority of Cause of Delay in Returning Inpatient Medical Record File at Purwoharjo Health Center using Urgency, Seriousness and Growth (USG) Assessment Method.

Urgency, Seriousness, Growth (USG) method is a method used to arrange the priority of problems by determining the level of urgency, seriousness and the development possibility by determining a scale of 1-5 or 1-10 (Ningtiyas, 2016). The results of the priority problems that have been carried out with several informants obtained three main priority problems which is shown in Table 1.

Problem	Total Score	Ranking
Nurse, midwife, nutrition officer, and doctor in charge of inpatients have not completed the medical record file of inpatients	94	I
The non-compliance of nurse, midwife, nutrition officer, and doctor in charge of inpatient in filling the medical record file of inpatient so that the returning medical record file is not in accordance with SOP	86	II
The lack of motivation in the form of reward given to increase enthusiasm of officers, the motivation given is in the form of reprimands among officers	79	III

5. Making improvement planning for the problem of delay in returning inpatient medical record file at Purwoharjo Health Center using Focus Group Discussion (FGD) method

The determination of recommendations for improvement or solutions of problems causing the delay of returning inpatient medical record file at the Purwoharjo Health Center, using FGD and based on the results of priority problems using USG method. Recommendation for several problems obtained including making SOP for filling the medical record file, and it is necessary to evaluate and record which part of form is not yet completed and who are often incomplete in making report and delivered at monthly meeting or mini workshop. SOP can be posted in each officer room so that officer will not forget, improving SOP for returning the medical record file, and it is necessary to provide motivation in the form of reward.

CONCLUSION

This study concluded that the factors causing the delay in returning inpatient medical record file at the Purwoharjo Health Center were due to incomplete filling of medical record file by doctor, nutrition worker, nurse, and midwife; indiscipline in filling medical record file, and lack of external motivation because there is no specific officer who reminds its return and there is no reward.

Based on the results of the study, researchers can provide suggestions, that Community Health Center is expected to be able to apply SOP for filling the medical record file made by researchers, can post SOP in every officer room, provide motivation in the form of reward to officer, and medical record officer can make report of complete and incomplete file filling as evaluation material.

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