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Analysis of Performance Factors in Managing Medical Records in Pujer Bondowoso Health Center

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Abstract—Management of medical records at Pujer Bondowoso Health Center has not been implemented properly. This condition is due to the lack of Standard Operating Procedures for managing medical records, and Pujer Bondowoso Health Center uses a numbering system and an alignment system that is not in accordance with medical record standards. The purpose of this research was to analyze the performance factors of medical record management in Pujer Bondowoso Health Center. This research was qualitative research. Data collection through observation and interview with 4 respondents, includes 3 medical records officers and chief of the medical record. Determination of the main priority cause of problems was using CARL method (Capability, Accessibility, Readiness, Leverage). The CARL method was carried out by scoring. Determination of alternative solutions through discussion with respondents. The result showed that the main priority of the cause of medical record management problems in Pujer Bondowoso Health Center is the absence of Standard Operating Procedures for medical record management, so that the officers carried out the job without the appropriate guidelines. Conclusion: The results suggest that Pujer Bondowoso should make a Standard Operational Procedure regarding medical record storage and alignment systems Health Center, Standard Operating Procedure on the medical record numbering system, Standard Operating Procedure about medical record naming system, Standard Operating Procedure about implementation of retention and extermination, and Standard Operating Procedure medical record control system.

Keywords—medical record, performance, public health center

I. INTRODUCTION

Health Center in carrying out their duties need to do documentation by making medical records to support administrative order. [6] said that the 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. The medical record document management system consists of several subsystems, namely coding, assembling, indexing, filing,

retention and destruction, whereas in the identification, naming, numbering and register subsystems, including from the patient admission system. According to [10] medical record management that is not carried out according to procedures and guidelines will result in loss of information on the patient's medical record. In accordance with the function and importance of the medical record mentioned above, it requires good management performance in order to maintain a good medical record.

Pujer Health Center is located in Bondowoso Regency. As a first-level health facility, of course, the Pujer Health Center also maintains medical records, but until now there are still often found several problems related to the performance of the management of medical records, where the performance of managing medical records is not optimal. Medical records management performance is the work of a person or group of people in an organization that has been achieved in accordance with their respective authorities and responsibilities to create medical record management activities, which include coding, indexing, assembling, filing, retention and annihilation in order to achieve organizational goals.

The problem of not yet optimal performance in managing medical records also occurs in other Health Services Institutions as stated by [4] indicating that the management of medical records in Semarang City Hospital is not yet optimal and not in accordance with standards, namely work procedures and organization of health service facilities based on [6].

Some conditions that indicate that the management of medical records in PHC Pujer Bondowoso still not optimal yet seen the SOP (Standard Operating Procedure) relating to the management of medical records, causing the officer to work without written guidelines that have been agreed. Puskesmas Pujer Bondowoso also has not used the medical record numbering system in storing medical record documents. Officers make their own numbering system, where one rack

contains a village with numbering according to the initial letter A-Z of the patient's name.

Storage that does not implement a good medical record management system, namely the existence of a standard numbering system and a structured storage system, but by simply piling up patient files after service, it will only make it difficult for officers when searching for a document [11].

Another condition is the lack of facilities in the filing room, one of the things seen is that the officer only has one small cupboard for file storage, storage space is very narrow and cannot be added anymore, in addition to the medical record control system the officer does not use tracers and codes colors to make it easier to find and return DRM. The impact of not using tracers in the medical record file storage section is difficult to trace [1]. The occurrence of missfiles in the storage section resulted in additional work of the officer, because the officer must search and if not found must create a new file so that the registration process takes longer.

This can hinder the services provided by doctors to patients because there is no previous history of disease information, otherwise it can trigger a duplication of medical records on a storage rack [12]. [9] mentioned five factors that influence the performance of managing medical records, namely personal factors, leadership factors, team factors, system factors, and contextual / situational factors. One of the causes of these problems can be seen from the system factors, namely the absence of SOPs related to the management of medical records so that the officers work without guidelines, besides the work done by officers becomes erratic, often an officer takes part of his friend's work (double job). Job description is an important variable as a basis for a job. A less than optimal job description will certainly affect someone's work [15].

II. RESEARCH METHOD

This research is a qualitative research, where with this type of research the data and information obtained are then analyzed to get an overview of the performance factors of medical record management.

A. Data Collection

Data collection techniques by means of interviews and observations, then proven by documentation. Data collection was carried out in the Pujer Bondowoso Public Health Center filing room.

B. Analisis Data

Data analysis used in this study was a qualitative data analysis technique. Data processing and analysis are carried out using a qualitative approach that emphasizes the direct observation of research.

III. RESULT AND ACHIEVED OUTPUTS

A. Personal Factors

1) *Educational Officer* : The latest educational history of the medical record officer at the Pujer Bondowoso Puskesmas explains that the recent educational history of the medical record officer at the Pujer Bondowoso Puskesmas is not from the medical record graduate, but rather consists of high school and D1 Nursing graduates. The information shows that the

education level of Pujer Bondowoso Puskesmas medical record employees is not in accordance with the medical recorder qualification standards. The conclusion from the interview results is that the educational qualifications possessed by medical records officers at Pujer Bondowoso Health Center do not meet the medical record work qualification standards, because the education level of the staff consists of high school, high school, and D1 Nursing, but officers can improve their performance and knowledge through activities the training. Employee education is a skill and knowledge based on work activities that are actually detailed and routine in order to be able to carry out and complete the work given to him [13]. The last educational history of the medical records officer at the Pujer Bondowoso Community Health Center is not from medical record graduates, but rather consists of high school / high school graduates, and Nursing Diploma 1. These conditions are not in accordance with the medical recorder qualification standards. [6] states that the qualifications of officers who work as medical recorders must have a formal education of at least D3 (Diploma 3) medical records and health information taken for 6 (six) semesters, with the title of Associate Expert.

2) *Knowledge*: Knowledge is a collection of information obtained from experience, or from birth that makes someone know something. The tofu process is obtained from the process of knowing, aware, understanding, and clever. Officers are said to have knowledge of one of them if they know the rules that encode diseases and actions must be based on ICD, know the rules about assembling, where one of them officers must control the incompleteness of DRM 1x24 hours, knowing that medical records officers must carry out indexing activities (in this study is to make a list 10 major diseases every month), then find out the function of tracer in the storage of medical records, know the rules related to the naming system according to the standard, namely based on KK / KTP, know the rules related to the use of a numbering system in storing medical records, and find out about 3 alignment systems according to the standard which is often used. In addition, also know the rules that say that Puskesmas must carry out retention activities (separating the location of active and inactive medical record files), as well as Non-hospital health services must destroy medical record files that have no use value every 2 years.

- *Coding* : The medical records officer at Pujer Bondowoso Health Center does not yet know the rules regarding coding. Evidenced by the following interview excerpts with respondent 1: "Selama ini kalo itunya sih (aturan koding) belum tahu." The interview excerpt said that the officer did not know about the coding rules, where the coding of the disease must be based on ICD 10, and the coding of actions based on the ICD 9 CM. The medical records officer at Pujer Bondowoso Health Center does not yet know the rules regarding coding. officials do not yet know the related coding rules, where the coding of diseases must be based on ICD 10, and coding of actions based on ICD 9 CM.
- *Indexing* : The knowledge of officers regarding the rules or standards for implementing indexing activities

can be seen from the following interview results: “Belum tahu”. The interview excerpt stated that the officers did not know anything about the procedures for indexing. According to researchers, if the medical record officer himself did not fully understand related to indexing activities, the officer would have difficulty in reporting the top 10 diseases if at any time he was required to make his own report without the aid of treasurer, so the indexing and reporting process could be hampered. The results showed that the officers did not know anything about the procedures for indexing. If the medical record officer himself does not understand the indexing activities, the officer will have difficulty in reporting the top 10 diseases if at any time he is required to make his own report without the assistance of the treasurer, so the indexing and reporting process can be hampered. The cessation of the disease indexing process, especially hospitalization, will affect the processing. We recommend that medical records officers begin to learn about indexing activities.

- **Assembling :** The staff's knowledge of the deadline for controlling incomplete medical record documents can be seen through the following interview excerpts: “Belum tahu”. The statement explained that in checking the completeness of medical records, officers did not refer to the applicable rules. The clerk claimed not to know the deadline for controlling the incompleteness of medical record documents. According to the researchers this could have an impact on the suboptimal implementation of assembling activities, in this case the process of checking the completeness of DM and controlling incompleteness of DRM 1x24 hours. One of the assembling activities is controlling incompleteness 1x24 hours [7]. The clerk claimed not to know the deadline for controlling the incompleteness of medical record documents. This can have an impact on the suboptimal implementation of assembling activities, in this case the process of checking the completeness of DM and controlling the incompleteness of DRM 1x24 hours.
- **Filing :** Based on the results of the study it was found that the knowledge of medical record officers in Pujer Bondowoso Health Center related to the storage system that was in accordance with medical record standards was still lacking. The storage system includes the administration of medical records, medical record control, naming systems, numbering systems, and alignment systems. Based on the results of the study it was found that the knowledge of medical record officers in Pujer Bondowoso Health Center related to the storage system that was in accordance with medical record standards was still lacking.
- **Retention :** The Pujer Bondowoso Puskesmas medical record officer does not yet know the rules that medical record files need to be reviewed periodically, for example every month, quarterly or annually depending on the amount of DRM, as well as the rules for the destruction of medical records that apply to Puskesmas, namely with a destruction limit every 2 years. Officers only know the rules of retention and annihilation that apply to hospitals, that is, with a

retention limit of 5 years. The Pujer Bondowoso Puskesmas medical record officer does not yet know the rules that medical record files need to be reviewed periodically, for example every month, quarterly or annually depending on the amount of DRM, as well as the rules for the destruction of medical records that apply to Puskesmas, namely with a destruction limit every 2 years. Officers only know the rules of retention and annihilation that apply to hospitals, that is, with a retention limit of 5 years. [6] states that medical records at non-hospital health service facilities must be kept for at least 2 (two) years from the date the patient was treated.

3) **Training:** Based on the results of interviews with respondents, it is known that the medical records officer has never attended a medical record training at all. Evidenced by the results of the following interview excerpt: “Belum sama sekali”. The excerpt from the interview stated that the officers had never attended training at all. Even though the medical records officer has never participated in the training, the head of the medical record had attended the training once, namely in 2018. Evident from the quote from the respondent's statement 4, which is as follows: “Petugas rekam medis semuanya belum pernah ikut pelatihan. Cuma satu kali kemarin, saya, tahun 2018 kemarin”. The interview statement explained that in Puskesmas Pujer Bondowoso all medical records officers had never attended training, only those who had attended the training were medical records. The head of the medical record had attended the training precisely in 2018.

Based on this description, it can be concluded that the implementation of training for medical records officers in the Pujer Bondowoso Community Health Center is still lacking, because only one officer has attended the training, and that was only once in 2018, while the other officers have never attended any training.

All medical record officers in Puskesmas Pujer Bondowoso have never attended training, only those who have attended the training are medical records. The head of the medical record had attended the training precisely in 2018. Training activities, officers can improve their performance and knowledge even though the officer is not a graduate of medical records. As said [14] that the development of officers is needed in the delivery of health services, one of them is by providing training, because training has a positive effect on improving employee performance.

Medical records officers should attend medical records management and health information training, especially related to the medical record storage system. Medical record officers who have attended training will have better knowledge and can assist their work in improving health services. Based on this description, it can be concluded that the implementation of training for medical records officers in the Pujer Bondowoso Community Health Center is still lacking, because only one officer has attended the training, and that was only once in 2018, while the other officers have never attended any training.

B. Leadership Factors

1) *Monitoring and Evaluation*: Regarding the monitoring activities of some medical records officers at the Pujer Bondowoso Health Center said that the monitoring activities were carried out by the head of the medical record. Evidenced by the excerpt interview interview 1 below: "Biasanya bu wiwin mbak (Kepala Rekam Medis)". The official statement said that the evaluation and monitoring activities are usually carried out by the Head of the Medical Records. Based on the data validity test with the Head of the Puskesmas, this is consistent with the opinion of the Head of the Puskesmas that evaluation and monitoring activities are usually carried out by the Head of the Medical Record and the Head of the Puskesmas. Evidenced by the following interview results: "Ya kadang saya, kadang bu wiwin". Based on the results of the data validity test it is known that monitoring activities are carried out by the head of the medical record, sometimes by the head of the Puskesmas. The head of the medical record said that he had never monitored or evaluated the work of the officer. Proven quote excerpts following statement 4: "Ndak pernah mbak, anak-anak sudah besar sudah tahu harus apa". Based on the results of the interview description, it is known that the head of the medical record never conducts evaluation and monitoring. The absence of monitoring and evaluation activities is certainly not in accordance with the policies in force at the Pujer Bondowoso Puskesmas which requires that monitoring and evaluation activities be carried out routinely every month. The absence of monitoring and evaluation activities is certainly not in accordance with the policies in force at the Pujer Bondowoso Puskesmas which requires that monitoring and evaluation activities be carried out routinely every month. [8] said that the function of monitoring and evaluation is to measure the results that have been achieved in implementing the program by measuring the plans that have been made and agreed upon, while also analyzing all monitoring results to be used as material in considering decisions and efforts for improvement and improvement. Inadequate monitoring and supervision functions can result in lack of compliance of doctors and medical record unit officers in carrying out their duties, especially those related to medical records [5].

2) *Reward and Punishment*: Pujer Health Center does not have a specific policy related to the provision of rewards and punishment for officers, so that medical records officers during work also have never received any reward from the leadership when disciplined at work. In accordance with the results of the interview excerpt 2 below: "Ndak ada, kayaknya sama aja, rajin ndak rajin di anggap sama saja, kalo menurut saya sih gitu".

The respondent's statement explained that there was no reward for disciplined officers at the Pujer Community Health Center. Good and bad officers at work are considered to be the same. Regarding punishment, the head of the medical record said that he had never given any form of motivation to the employee / officer of the medical record. Evidenced by the excerpts of the respondent's statement 4 as follows: "Ndak ada mbak, nggak pernah".

The interview excerpt 4 stated that there was no punishment or reward as a form of work motivation from the leadership to the officers. Based on this description it is known that providing motivation from the leadership has not gone well. Based on the results of these descriptions it can be concluded that the giving of motivation by the leadership in the Pujer Bondowoso Puskesmas has not been going well because the evaluation and monitoring activities are only carried out by the Puskesmas Head during the money, but the money activities have not been carried out routinely, besides that there is also no reciprocity in reward and punishment activities for medical records officers.

Based on the results of the study note that providing motivation from the leadership has not gone well. Reward and punishment that are not implemented properly will reduce the motivation of employees so that it is difficult to enforce discipline and perform optimally. Based on the results of these descriptions it can be concluded that the giving of motivation by the leadership in the Pujer Bondowoso Puskesmas has not been going well because the evaluation and monitoring activities are only carried out by the Puskesmas Head during the money, but the money activities have not been carried out routinely, besides that there is also no reciprocity in reward and punishment activities for medical records officers.

C. System Factors

1) *Work Facilities*: The work facilities referred to by researchers here are tools needed by officers in carrying out work, in this case the management of medical record documents. Included in this work equipment is ICD 10 which is used to support the coding process in accordance with the rules of classification and codification, computers that support indexing activities, in addition to facilities in the form of a temporary DRM tracking card / tracer and filing / storage space close to the registration room / counters, and to support the activities of retention and annihilation need to have an active and inactive RM storage rack. Based on the results of the interviews and observations it can be concluded that the work facilities to support the management of medical records in Pujer Bondowoso Puskesmas for some facilities are still inadequate, for example such as filing shelves and filing rooms, while some required facilities such as tracers are also not yet available, although there are some facilities are available such as ICD-10 but are not used by officers. Work facilities at the Pujer Health Center can be seen in the following description:

- *ICD 10* : Observation results show the application of ICD 10 at the Pujer Health Center, but the coding officer has never used it. Based on the results of these observations and interviews, it was concluded that there is an ICD 10 facility that is already available on the computer, but its use is not optimal, because it has never been used.
- *Computers* : Observation results show that the officer has a computer as one of the facilities to help with medical record work. The computer is placed in the registration room. The computer in Pujer Bondowoso Health Center is used when registering patients only, its function is only to check the KIS (Kartu Indonesia Sehat) patients only. The description can be concluded that the facilities available in the form of computers,

but have not supported the implementation of indexing activities or making morbidity reports by medical records officers because computers have never been used for this.

- *Tracer* : Based on the results of interviews of the facilities that have been mentioned by researchers there are all, except tracer. This is consistent with the following statement of respondent 1: "Tracer ndak ada, rak nya ada 3, ruang filing sudah dekat tapi ya gitu, nggak enak". The statement explained that the officers did not use tracers during their work because they were not available.
- *Filing Room* : The location of the RM Pujer Puskesmas storage room is near but it is felt by officers to be less strategic. The results of the DSPAT observations are seen in Figure 1.



Fig. 1. Counter located in front of the RM storage room

Figure 1. shows that in Pujer Puskesmas the filing / storage room is located in front of the registration room or counter, precisely next to the patient waiting room. If you want to take or return the file to the storage room, the officer must get out of the window and pass the patient who is in line, so it is likely to be difficult for the officer and disturb patient comfort.

Based on information obtained by researchers from the head of the Puskesmas, it is known that there is a larger room and can be used as a counter and filing room, and its location is more strategic. The head of the puskesmas plans to move the storage room to the room.

- *Filing Rack* : The number of medical record storage racks in Pujer Bondowoso Health Center can be seen in Figure 2.



Fig. 2. Number of Filing Racks

Figure 2. shows that Pujer Bondowoso Health Center has 3 shelves for storing medical records. The availability of storage racks is felt to be still lacking due to the capacity of the medical record file which is very much even though it has not exceeded capacity. The results of observations on the area of the medical record storage room show that the medical record storage room is very narrow, so it is not possible for officers to add filing shelves in the medical record storage room at the current Pujer Bondowoso Puskesmas.

2) *Work procedures*: The work procedure referred to in the identification of this study is the SOP (Standard Operating Procedure) which is established so that there will be stability and regularity in carrying out activities, in this case referring to the management of medical record files in accordance with the Standard Operating Procedure. Puskesmas Pujer Bondowoso does not have SOPs related to Medical Record Management. Evidenced by the following interview respondent 1 quote: "SOP dulu pernah buat tapi sudah hilang nggak tahu kemana". The results of the interview quotation show that there were SOPs and regulations in Pujer Health Center, but they have long since disappeared. Based on the description of the interview, it can be concluded that the absence of SOPs at the Pujer Bondowoso Puskesmas is not yet in accordance with the standards, because it causes officers to work without guidelines. The results showed that there were SOPs and regulations in Pujer Health Center but they were long gone. [3] said that with the SOP, all activities in a company can be well designed and can run according to the wishes of the company. Considering that SOP is a work guide for everyone in the organization, the medical record leader should prepare the SOP and evaluate its use to get effectiveness and work efficiency at the maximum level.

D. Medical Record Management Performance

1) *Coding*: The results obtained were that the medical records officer of the Pujer Puskesmas never did the coding, because the coding was carried out by nurses, and was only carried out when there was a referral. Based on the results of the description it can be concluded that the coding process for medical record officers has not gone well because it is not the responsibility of the medical recorder.

2) *Indexing*: The indexing process carried out at the Pujer Bondowoso Community Health Center is to make a list of the top 10 diseases each month, but this activity is carried out not by the medical records officer himself, but by the treasurer of goods. The conclusion of the description of the results of the research is that the indexing process at the Pujer Health Center has not been carried out optimally because even though it has already been carried out, but only in the form of a list of the top 10 diseases, other than that the activity was not carried out by the medical records officer.

3) *Assembling*: The results obtained were that the activities of assembling the activities were sometimes carried out and not yet 1x24 hours. Based on the results of the description it can be concluded that the assembling process at the Pujer Bondowoso Health Center has been carried out but

not yet optimal because the control of incomplete medical records is rarely done and has not been done 1x24 hours.

4) *Filing*: The results showed that the Puskesmas in the storage activity did not use the tracer as a control card / file guidance while out of the filing rack. The Puskesmas also does not use a standard alignment system, because it does not use an alignment system in accordance with the Republic of Indonesia's Ministry of Health but rather a self-made system, which is based on the alphabet of the patient's initial letter (A-Z) and the patient's residence address. The naming system used in Pujer Bondowoso Health Center is in accordance with the theory because it is in accordance with KK / KTP, but still does not use additions such as RM, Tn, Ny, Nn, Bpk, An, titles and titles written behind the patient's name. The numbering system has not yet been used in the Pujer Bondowoso Health Center, because the storage process does not use a medical record numbering system.

5) *Retention*: The Pujer Bondowoso Puskesmas medical record officer has never carried out retention activities, namely separating the location of active and inactive medical record files. The description above shows that the performance of medical record management in Puskesmas Pujer Bondowoso is still not well implemented and optimal, because the implementation is not in accordance with medical record standards.

The absence of written performance standards and performance targets in the medical record installation can result in ignorance of the performance standards set and expected by the head of the medical record and the medical record installation as an organization that has specific goals or targets [2]. Based on the description of the interview, it can be concluded that the absence of SOPs in the Pujer Bondowoso Puskesmas is not yet in accordance with the standards, because it causes officers to work without guidelines.

The results showed that the performance of medical record management in Puskesmas Pujer Bondowoso was still not well implemented and optimal, because the implementation was not in accordance with medical record standards.

E. Performance Factors in Managing Medical Records by Determining Priority Causes

The results of the main priority cause of the selected problem is the problem "There is no specific SOP related to the implementation of medical record management." Alternative problem solving that needs to be suggested based on the main priority causes of the problem through the results of a joint discussion with all respondents is to make a sop about the storage system and the alignment of medical records, make a soup about the numbering system according to medical record standards, make a soup about the naming system according to medical record standards, make a soup about the provisions of the implementation of retention and annihilation, make a soup about the system of retrieving and returning medical record files.

This is because in storing medical records in which there is a system for naming, aligning and numbering medical records, officers do not have their own SOPs and officers also do not come from a medical record education background, so they do not understand the SOP that is in accordance with medical record standards. In addition, so far the officers have

never carried out retention and annihilation activities due to not understanding that medical record files must be retained and destroyed periodically. According to researchers, because medical record management activities are carried out every day, it is certain that SOP is really needed as a guideline in maintaining medical record files.

IV. CONCLUSIONS AND RECOMMENDATIONS

A. *Conclusions*

Based on results and discussion, it can be concluded as follows:

- The education level of Pujer Bondowoso Health Center medical record employees is not in accordance with the medical recorder qualification standards
- The medical records officer at Pujer Bondowoso Health Center does not yet know the rules regarding coding, indexin, assembling, Filing and Retention
- All medical record officers in Pujer Bondowoso Health Center have never attended training
- The head of the medical record in Pujer Bondowoso Health Center never conducts evaluation and monitoring
- Pujer Health Center does not have a specific policy related to the provision of rewards and punishment for officers
- Work facilities at Pujer Bondowoso Health Center are still inadequate
- The results showed that there were SOPs and regulations in Pujer Bondowoso Health Center but they were long gone
- The performance of medical record management in Pujer Bondowoso Health Center was still not well implemented and optimal

B. *Recommendations*

The researchers provide the following recommendations:

- Make a sop about the storage system and the alignment of medical records
- Make a sop about the numbering system according to medical record standards
- Make a sop about the naming system according to medical record standards
- Make a sop about the provisions of the implementation of retention
- Make a sop about the system of retrieving and returning medical record files.

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