

The Strategy of Provision Time Length Improvement of Medical Record Documents in Bhayangkara Lumajang Hospital with PDCA Method – Indonesia

Novita Nuraini¹, Siti Sofiyah², Rossalina Adi Wijayanti³

¹Lecturer, Health Departement, Jember State Polytechnic, Jember, Indonesia, ²Student, Health Departement, Jember State Polytechnic, Jember, Indonesia, ³Lecturer, Health Departement, Jember State Polytechnic, Jember, Indonesia

Abstract

Background: Each hospital must follow minimum service standards regarding waiting times and the time for providing outpatient medical record documents. According to the results of observations, the time for providing outpatient medical record documents on the morning shift has a total average of 22 minute while the afternoon shift has a total average of 21 minute.

Methods: The purpose of this study is to improve and develop strategies to speed up the time of providing medical record documents at Bhayangkara Lumajang Hospital with the PDCA (*Plan, Do, Check, Action*) method.

Results: The results and discussion can be concluded, namely the *plan* (planning) in an effort to improve the time of providing medical record documents which is quite long, namely by making *tracers*. *Do* (implementation) of the results of the plan in an effort to improve the length of time for providing medical record documents at Bhayangkara Lumajang Hospital, by implementing the MCH system, applying *tracers* to medical record documents. The *check* can be concluded that the time for providing medical record documents has not met the expected standard.

Conclusion: *Action* (improvement) as a result of the agreement in *Brainstorming*, *Action* concluded that Bhayangkara Lumajang Hospital will maintain the standard time for providing medical record documents and apply the use of *tracers* from researchers.

Keywords: *long preparation time, medical record documents, PDCA, hospital.*

Introduction

A medical record is a file that contains the

information and document about patient identity, check-ups, medication, treatment, and other services given to the patient. The obligation of medical record provision for each health service facility included is medical record filling accurately, complete, and on time.

Corresponding Author:

Novita Nuraini

Health Departement, Jember State Polytechnic,
Jember, Indonesia

Email: novita_nuraini@polije.ac.id

Therefore, medical record units are demanded to be able to give the services rapidly, proper, and guarantee secrecy, also accurately⁽⁵⁾.

The medical record activities are delivering and distributing the medical record to the outpatient unit. Medical records are influenced by fast and proper delivery. If the delivery of medical records to the destination polyclinic isn't on time, it will affect the patient's waiting time. In this case, the patient waiting time toward medical record service is an important thing that will influence the first impression of hospital services⁽⁵⁾.

The waiting time of service delivery starting from gets the registration card till gets the required medical treatment and the regulation of medical record documents. According to the standard of medical record document provision, the outpatient service is 10 minutes maximal. The gap category

between waiting and check-up time that is estimated to satisfy or less satisfy the patient is when the patient starts to register in the locket, queue, and wait for the calling to the poly to be history and checked up by the doctor, nurse, or midwife more than 90 minutes (long category), 30 – 60 minutes (mid-category), and ≤ 30 minutes (fast-category)⁽⁴⁾.

The waiting time and the outpatient medical record document provision time in Indonesia are determined by the Minister of Health through the minimal service standard. Each hospital has to follow the minimum service standard about the waiting time and the provision-time of outpatient medical record documents. The minimal service standard of outpatient waiting-time based on Health Minister Rule Number 129/Menkes/SK/II/2008 is less or equal to 60 minutes, while the outpatient medical record document provision time is less or equal to 10 minutes.

Table 1. The Data of Outpatient Medical Record Document Provision Time Length in Bhayangkara Lumajang Hospital Month January-February Year 2020

Day and Date	Morning Shift		Afternoon Shift	
	Time Average	The Amount of DRM	Time Average	The Amount of DRM
	≤ 10 minutes		≤ 10 minutes	
Wednesday, 29 -01 – 2020	14 minutes	20	35 minutes	15
Thursday, 30 – 01 – 2020	34 minutes	25	5 minutes	20
Monday, 03 – 02 – 2020	13 minutes	35	37 minutes	30
Tuesday, 04 – 02 – 2020	9 minutes	30	30 minutes	25
Wednesday, 05 – 02 – 2020	34 minutes	15	25 minutes	20
Thursday, 06 – 02 – 2020	12 minutes	15	11 minutes	10
Friday, 07 – 02 – 2020	35 minutes	10	6 minutes	15
Total	22 minutes	150	21 minutes	135

Source: Primary Data, 2020

According to the interview result with the registry operator and filling, the information is obtained that the provision time length of outpatient medical record documents is caused by several factors, those are the mistake to put the medical record file/misfile and the other trouble causes. It is required to identify the provision time length of medical record documents using 5M (man, machine, method, material, money). It is corresponding with the research conducted by Dian Putri Damayanti (2019) that stated the cause factors of the time length of ≥ 10 minutes medical record file provision are because the mistake of the medical record file storage in the shelf, the unworked transaction proof print machine, and the unavailable tracer. While, according to the research by Indah Kristina (2015), it explained that on the implementation of medical record retrieval and arrangement, the operator runs accordingly to the SOP, but no one who managed the provision time length standardization of outpatient medical records from the patient registers until the medical record was provided.

One of the activities in creating the quality to adjust the standard is applying the proper quality management system, having a goal and clear steps, and giving the innovation in taking the prevention and problem resolving faced by the hospital. One of the methods used to solve the problem in health services is the PDCA method (Plan, Do, Check, Action). PDCA method (Plan, Do, Check, Action) is a process of problem resolving by quality improvement in achieving an improvement⁽¹⁾, where each process is implemented with careful planning, the measured and clear implementation, the accurate evaluation and data analysis implementation, and the improvement action following the monitoring

implementation. It really can solve the happened problems (Dewi et al., 2013).

Based on the problems explained above, the time length of outpatient medical record provision often happens. Thus, the researcher is interested to research with the title *The Strategy of The Provision Time Length Improvement of Medical Record Document in Bhayangkara Lumajang Hospital with PDCA Method*. This method is expected to help the hospital in decision-making to improve the health service quality, especially the medical record unit.

Methods

Type of Research

The type of research used is qualitative research; it is a research method used to investigate the natural object condition where the researcher is a key instrument⁽⁶⁾. This research is descriptive; it is a description in the word form to explain the events in Bhayangkara Lumajang Hospital without using numbers. In the end, the research also produces the recommendation related to the improvement efforts in medical record document provision.

Data Analysis Method

The research objects are all the information related to the provision time length of outpatient medical record documents and the strategy to accelerate the outpatient medical record document provision time. The research subject is 12 respondents consisted of 8 registration operators and 5 medical record operators.

Data Collection Method

The data collection methods conducted by the researcher are interviewing, observing,

brainstorming, and documenting the medical record document provision.

Result and Discussion

Plan identifies 5M elements (Man, Machine, Methods, Material, and Money) and arranges the improvement strategy of the provision time length of outpatient medical record documents in Bhayangkara Lumajang Hospital.

The step in this research is the improvement strategy plan of the provision time length of outpatient medical record documents in Bhayangkara Lumajang Hospital. Supriyanto and Damayanti (2007) stated that a plan is a process to anticipate future events and to determine the strategy (a method, adaptive action) to achieve the organization's goal in the future. The plan involves some steps namely situation analysis, problem-causes analysis, the arrangement of the proposed activity plan, and the implementation plan.

The Step of Situation Analysis

The step of the situation analysis is required in the planning process because if it is implemented correctly, it can define the problem following the expecting reality⁽²⁶⁾. The situation analysis involves the determination of the planner, task and planner team draft, policy and purpose of organization strategy, plan goal, data, and the required information in the plan and problem determination.

The Step of Problem Cause Analysis

After the main problem determination, the next step is the determination of the most possible problem causes. This step is also known as problem analysis. The problem causes can exist in one

factor but also happened on more than one factor. The researcher ran the research in medical record installation on registration and filling sections in Bhayangkara Lumajang Hospital to know the time length provision of outpatient medical record documents in November-December 2020 until January 2021. The activities plan of the outpatient medical record document provision in Bhayangkara Lumajang Hospital by identifying 5M elements consists of Man, Machine, Method, Material, and Money factors.

Proposed Activity Plan

The step of the proposed plan activity arrangement is applied after passing several steps, those are: problem causes identification, problem-solving approach formulation, proposed activities plan arrangement based on the situation analysis step, problem-causes determination, solving solution, and the technic and device of the plan.

Activity Implementation Plan

AIP (Activity Implementation Plan) consists of activities, tools, funds, the required staff, schedule, and the division of executor's tasks and obligations. AIP arrangement consists of 2 activity steps; AIP arrangement and potential resistance analysis.

Do runs the plan of improvement activity to solve the time length problem of outpatient medical record document provision in Bhayangkara Lumajang Hospital.

Do have to be executed following the plan. In implementing an activity plan, sometimes the activity plan made doesn't solve the problem

yet. Basically, the implemented thing in this step is trying a new planned product⁽¹⁾. The do is implemented following the activity implementation plan on the plan step. The activity implementation consists of tracer making and outpatient medical record document tracer SOP that would be applied in the medical record unit of Bhayangkara Lumajang Hospital for three months, from November-December 2020 until January 2021. The implemented plans are tracer making (out-guide) and outpatient medical record document tracer SOP. According to the observation result, the operator already used the tracer and tracer SOP from the researcher and it was approved as the suggestion for the hospital and applied the *KIB (Kartu Indonesia Berobat)* to be more discipline to improve the provision time length of outpatient

medical record documents to be faster.

Check runs the improvement check-up to discover the problem that is influencing the provision time length of outpatient medical record documents in Bhayangkara Lumajang Hospital.

Check step is the following step of *do* step that has been run for three months. According to Bustami (2011), the base used in check compares the achievement result to the made plan (target). It is to determine if the activity success or not. The table below is the provision time length data of outpatient medical record documents in morning and afternoon shifts from 29 January 2020 until 07 February 2020 in Bhayangkara Lumajang Hospital.

Table 2. The Time length Data of Outpatient Medical Record Document Provision in Bhayangkara Lumajang Hospital, Month of January-February 2020

Day and Date	Morning Shift		Afternoon Shift	
	Time Average	The Amount of DRM	Time Average	The Amount of DRM
	≤ 10 minutes		≤ 10 minutes	
Wednesday, 29 -01 - 2020	14 minutes	20	35 minutes	15
Thursday, 30 – 01 - 2020	34 minutes	25	5 minutes	20
Monday, 03 – 02 – 2020	13 minutes	35	37 minutes	30
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Wednesday, 05 – 02 – 2020	34 minutes	15	25 minutes	20
Thursday, 06 – 02 – 2020	12 minutes	15	11 minutes	10
Friday, 07 – 02 - 2020	35 minutes	10	6 minutes	15
Total	22 minutes	150	21 minutes	135

Source: Primary Data, 2020

The table below is the average time calculation of outpatient medical record document provision in Bhayangkara Lumajang Hospital from November-December 2020 until January 2021:

Table 3. The Average Check Result of Medical Record Document Provision in Bhayangkara Lumajang Hospital

Month	The Amount of DRM	The Average Time of DRM provision
November	220	33 minutes
December	220	40 minutes
January	140	3538 minutes
Total	560	37 minutes

Source: The observation result in Medical Record Installation Bhayangkara Lumajang Hospital

Action runs the time length improvement of outpatient medical record document provision in Bhayangkara Lumajang Hospital.

Bustami (2011) opined that the step in improvement action is supposed to prevent recurring same problem. It is implemented with standardization (maintain the standard or apply the standard improvement), supervision, and rule. The other problems that weren't solved yet were recorded to be used in the next plan. According to the check and interview results conducted by the researcher, the plan application that has been done generally was matching the expected target and will be determined in this improvement.

The standard time of outpatient medical record document provision is important. It needs to be evaluated every month and continues the socialization to all the medical record operators about the importance of using the outpatient

medical record document tracer. Next, the hospital needs to conduct the training procurement about the importance of using outpatient medical record document tracer and give a reward and punishment to the related operator, the medical record operators.

Conclusion

According to the research about The Strategy of Time length Improvement of Outpatient Medical Record Document Provision in Bhayangkara Lumajang Hospital with PDCA Method, the result and discussion can be concluded as follows:

1. *Plan*, in the improvement effort of the provision time length of outpatient medical record documents that quite long by identifying 5M elements, are making the tracer and outpatient medical record document tracer SOP.

2. *Do the plan* in the improvement effort of the provision time length of outpatient medical record

documents in Bhayangkara Lumajang Hospital, by applying the KIB system to be more discipline, applying the following the tracer use SOP made by the researcher and approved by the hospital on the outpatient medical record document that has been run for 3 months, start from November- December

3. 2020 until January 2021 in medical record unit of Bhayangkara Lumajang Hospital.

4. *Check* can be concluded that the provision time of outpatient medical record document in the before-after implementation comparison, there is a change that it is faster after the improvement implementation. The comparison result before the improvement implementation is the provision time length of outpatient medical record documents in the morning shift has an average total of 22 minutes; while the afternoon shift has an average total of 21 minutes. After the provision time length improvement of outpatient medical record documents for three months on 560 medical record documents, the average provision time of medical record documents is 37 minutes.

5. *Action* is the agreement that results in *Brainstorming*. *Action* is concluded that Bhayangkara Lumajang Hospital maintains the time length standard of outpatient medical record document provision following MSS (Minimum Service Standard) and the time length improvement of outpatient medical record document provision from researcher by using the tracer following the tracer SOP of outpatient medical record document well but not maximal.

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