

Returning of Medical Record Documents Among Hospitalized Patients: Literature Review

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INTRODUCTION

The Directorate of Nursing Service Efforts, KMKF of the Indonesian Ministry of Health and DPP PORMIKI (2010) stated that the medical record documents of inpatients was returned to the medical record unit no later than 2x24 hours (2 days) from the time the patient was declared discharged from the hospital. Based on this statement, 2x24 hours is the maximum time for returning medical record documents from the inpatient unit to the medical record unit, if it exceeds that time, the medical record documents is declared late. The delay in returning medical record documents can affect various activities based on the value of medical records in the health service process, such as in the documentation aspect in terms of providing medical record documents when patients return for treatment (control). Mirfat et al. (2017) said that the existence of medical record documents that can be provided again when the control patient can be used as a reference for further patient care or treatment because in the medical record documents there is a history record of the patient's condition.

Several studies have stated that the percentage of delays in returning medical record documents to inpatients in hospitals is still relatively high, as in Erlindai's research (2019) Choirunisa & Widjaja (2018) stated that the average percentage of medical record documents returns late in inpatients was 76.5%, as well as research Mirfat et al. (2017) mentioned that the average medical record documents return of inpatients was more than 7 days. This is certainly not in accordance with the standard time for returning medical record documents inpatients.

The delay in returning the medical record documents of inpatients at the hospital has an impact on several medical record management activities. Some of these impacts include delays in carrying out tasks in the medical record unit, especially the assembling section (Erlindai, 2019), delays in coding implementation (Agustin et al., 2020), delays in data processing which will affect hospital management policy making (Purba, 2020). 2016), and the unavailability of medical record documents when patients return for

treatment (control) so that patient service activities are hampered (Mirfat et al., 2017).

One way to minimize the occurrence of these impacts is to analyze the factors that cause the problem of delaying the return of medical record documents inpatients at the hospital using the literature review method or literature study, so that researchers try to conduct an analysis in the form of a literature study with the research title "Returning of Medical Record Documents. Inpatients in Hospitals: Literature Review".

METHOD

According to Dewi (2015) in Rusmawan (2019), literature review is an activity to collect data and information by exploring knowledge or knowledge from various sources such as books or written works. In this study an analysis of 16 articles was carried out that examined the factors causing the delay in returning medical record documents to hospitalized patients.

Sources of Data and Information

The search for articles was carried out on the Google Scholar database, GARUDA, Rama Repository, and the E-Library of PolytechnicStatejember using the keywords "Cause", "Delay", "Refund", "Medical Records", "Inpatient", "Hospital" and combine each keyword with "AND" and "OR". The inclusion criteria used include articles in the form of journals or theses that examine the factors causing the delay in returning medical record documents to hospitalized patients, according to the research topic, using qualitative or quantitative research designs, and published within the last Ten years. While the exclusion criteria include articles that are not in full text form and do not clearly state the source of the article.

Article Selection Flow

The flow of article selection based on predetermined criteria is shown in the following figure:

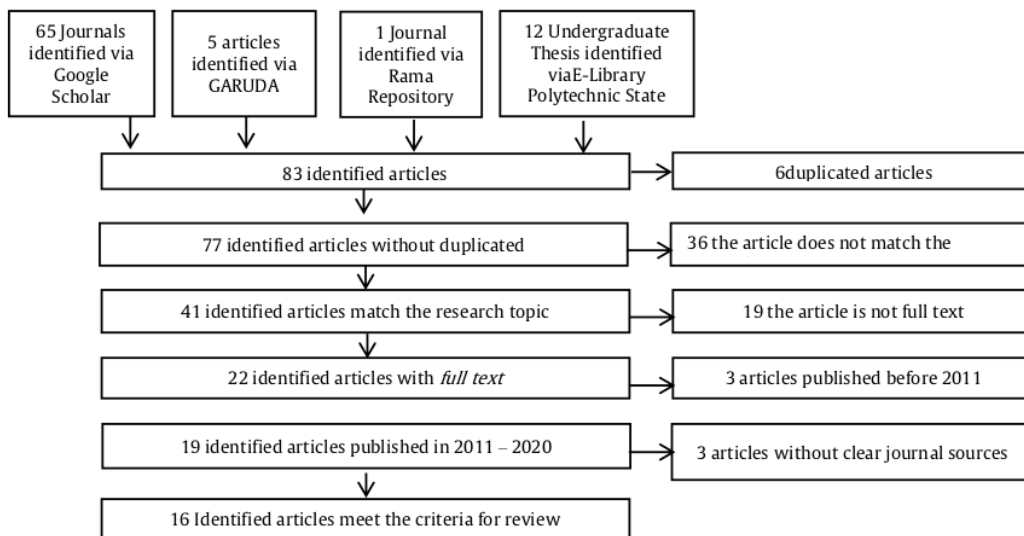


Figure 2.1 Article Selection Flow

The picture above shows that there were 14 articles in the form of 71 journals and 12 articles in the form of thesis. Based on the results of the screening of the 83 articles, there were 16 articles that met the criteria for analysis consisting of 11 articles in journal form and 5 articles in thesis form.

RESULT AND DISCUSSIONS

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1. Extraction of Data and Information

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Tabel 1
Extraction of Data and Information

Articles Sources	Author (Year of Publication)	Research design	Research Variables	Research Findings Factors Causing Delay in Return of medical record documents
Indonesian Journal of Health Management and Information Vol. 7 No. 1	Faiqatul Hikmah, Rossalina Adi W, dan Yonica Putra Rahmadtullah (2019)	Qualitative	Man, Method, Machines, and Materials,	There is no training provided to officers, the distance between the inpatient room and the medical record room is quite far, there is no use of telephone facilities, and the delay in filling out medical record documents by the doctor responsible for services.
Journal of Medicoeticolegal and Hospital Management Vol. 6 No. 2	Sayyidah Mirfat, Nurwulan Andadari, Yetti Nusaria, dan Nawa Indah (2017)	Qualitative	Man, Material, Machine, Method, and Money	Lack of doctor responsible for services, discipline in completing medical record documents, doctor responsible for services does not visit every day, room nurses forget to remind doctor responsible for services, doctor responsible for services, workload and high room nurses, medical record documents BPJS patients must enter the verification section, there is no post-it policy on medical recorded documnets, and there is no related evaluation. completeness of medical record documents filling.
Medicordhif Vol. 5 No. 1	Lily Widjaja dan Choirunisa (2018)	Qualitative	Man, Method, Machine, Material, and Fund	Lack of number of officers, lack of doctor responsible for services, discipline, no evaluation of problems in the medical record unit, no reward and punishment for officers, and medical record documents of insurance patients must be in the administration section.
Scientific Journal of Recording and Health Information IMELDA Vol. 4 No. 2	Erlindai (2019)	Qualitative	Incomplete filling of medical record documents, knowledge of officers, and distance between inpatient units and medical record units	The lack of discipline of doctors in completing medical record documents, especially on medical resume sheets, there is no special officer to return medical record documents to the medical record unit, and the distance between the inpatient unit and the medical record unit is quite far.
Mollucas Health Journal Vol. 1 No. 3	Lea M. Y. Janwarin, Nurma M., Samuel T., Hesina J, Huliselan, dan Feni T. (2019)	Qualitative	medical record documnets Completeness and Monitoring, Doctor Compliance	Incomplete filling of medical record documnets Completeness and Monitoring, no monitoring and evaluation activities on medical record documnets Completeness and Monitoring, and non-compliance of doctors in completing the contents of medical record documnets Completeness and Monitoring.
J-REMI: Journal of Medical Records and Infokes Vol. 1 No.	Riza Umami Agustin, Feby Erawantini, dan Mochammad Choirur	Qualitative	Knowledge and attitude of officers, facilities and infrastructure,	Incomplete filling of medical record documents, no reward and punishment for nurses, and SOP socialization has not been carried out.
J-REMI: Journal of Medical Records and Infokes Vol. 1 No. 4	Abdul Haqqi, Novita Nur Aini, dan Andi Permana Wicaksono (2020)	Qualitative	Man, machine, method, material, dan money	There is no officer training, there is no information column for the completeness of medical record documents that are returned to the medical record unit in the expedition book, the lack of socialization of SOPs for returning medical record documents, and incomplete filling of medical record documents by doctors.
Recorder Scientific Journal and Infokes IMELDA Vol. 2 No. 2	Siti Permata Sari Lubis (2017)	Qualitative	Human resources and standard operational procedures	Lack of discipline of doctors in completing medical record documents, especially in the names, times, signatures, and medical resume sheets. nurses do not remind doctors to complete medical record documents, and there are no sanctions for officers who return medical record documents not on time.
Jurnal Vokasi Indonesia Vol. 6 No. 2	Badra Al Aufa (2018)	Qualitative	Human resources, standard operational procedures, medical	Lack of doctor discipline, standard operational procedures for returning medical record documents have not been properly socialized,

			record documents, facilities and infrastructure,	and the distance between the inpatient unit and the medical record unit is quite far.
Medicordhif Vol. 2 No. 1	Indah Kristina dan Febri Ilham Maulana (2015)	Qualitative	standard operational procedures, and returning medical record documents flow	Lack of clear information related to the standard time for returning medical record documents, limited number of officers, lack of discipline of doctors in completing medical record documents
Medicordhif Vol. 5 No. 1	Ima Rusdiana dan Mutia Sari (2018)	Descriptive Qualitative	standard operational procedures, and returning medical record documents	Lack of socialization of returning medical record documents and standard operational procedures, no division of tasks related to returning medical record documents, and lack of doctor discipline in completing medical record documents contents
E-Library Polytechnic State Jember	Qualitative	Qualitative	Manpower, machines, methods, material, media, motivation, dan money	Lack of knowledge of officers, poor computer condition, no trolley support, lack of medical record documents information column, lack of doctor's discipline in completing medical record documents, and lack of reward and punishment for officers
E-Library Polytechnic State Jember	Nita Dwi Nur Aini (2018)	Qualitative	Manpower, machines, methods, materials, medis, motivation dan money	Lack of doctor's discipline in completing medical record documents, no training provided to officers, no trolley support facilities, no standard operational procedures dissemination, no reward and punishment for officers, and no supervision related to medical record documents return activities
E-Library Polytechnic State Jember	Cindy Praptiansari (2017)	Qualitative	Pengetahuan, disiplin kerja, kemampuan, sikap petugas, sarana, dan motivasi	Lack of socialization of medical record documents return standard operational procedures, limited number of officers, the distance between the medical record unit and the inpatient unit is quite far, there is no reward and punishment for officers, and there are no supporting facilities for medical record documents returns.
E-Library Polytechnic State Jember	Devi Tresmiati (2018)	Qualitative	Knowledge and attitude of officers, facilities, infrastructure, and motivation	The lack of discipline of doctor responsible for services in completing medical record documents, the distance between the inpatient unit and the medical record unit is too far, there are no supporting facilities for the return of medical record documents, the imbalance in providing motivation to officers.

2. Analyzing Human Factors that Cause Delay in Returning Medical Record Documents of Inpatients in Hospitals

2.1. Lack of discipline of the doctor responsible for services in filling out Medical Record Documents completely

Aini (2018) in her research states that the lack of discipline of the doctor responsible for services in completing medical recorded documents is caused by the doctor responsible for services not immediately completing medical record documents if the medical record documents is in small quantities. The doctor responsible for services waits until medical record documents is available in large quantities and then completes it. This was done because the doctor responsible for services was busy dealing with patients being treated, so they did not always have time to complete medical record documents.

Completeness of filling in medical record documents for patients needs to be done in a timely manner so that medical record documents can also be returned to the medical record unit in a timely manner. If medical record documents is not returned to the medical record unit in a timely manner, it can have an impact on the provision of medical record documents when the patient is in control. Based on Permenkes No. 129 of 2008 concerning Minimum Service Standards for Hospitals, the time for providing

inpatient medical record documents is not less than 15 minutes, so that if inpatient medical record documents is needed by a doctor when the patient is in control, then medical record documents must be provided within that time. The Minister of Health also states that the patient's medical record documents must be completed 100% in less than 24 hours, so that apart from prioritizing patient care, the doctor responsible for services must also pay attention to the time standard in completing medical record documents so that there are no problems related to the provision of medical record documents when the patient's medical record documents is needed again.

2.2. There is no training provided to officers

Octaviantini (2018) in her research said that the delay in returning inpatient medical record documents to the medical record unit was caused by the absence of training for officers. This is shown by officers who do not know the standard time for returning medical record documents to the medical record unit. In addition, nurses are also less aware of the importance of filling out medical record documents completely and impact if medical record documents is returned late to the medical record unit. Based on the results of interviews, medical record officers also do not know the importance of training for work implementation. Whereas according to Decree of the Minister of Health No. 377 of 2007

11 concerning Professional Standards for Medical Recorders and Health Information, it is stated that medical recorders are required to improve knowledge and professional abilities of both individuals and organizations through the application of knowledge related to the field of medical records and health information. Based on this statement, it is necessary for medical record officers to carry out training so that their knowledge is increased and can do a better job.

2.3. Doctor Responsible for Services does not visit every day

3 Another factor that causes delays in returning medical record documents inpatients to the medical record unit is that the doctor responsible for services does not do daily visits based on what was stated in the study of Mirfat et al. (2017). This is because the doctor responsible for services practices in several places, so that when patients return home, medical record documents still has to be piled up in the inpatient unit to be completed when the doctor responsible for services visits. The schedule for the doctor responsible for services visits is also uncertain, it could be that the doctor responsible for services visits are before the poly schedule, after the poly schedule or at night. This causes the room nurse to be unable to prepare medical record documents which must be completed by the doctor responsible for services when visiting. In addition, the time that the doctor responsible for services has for visits is also quite short because the doctor responsible for services has to visit other places, causing delays in filling out the medical record documents. If the medical recorded documents filling is delayed, the inpatient medical recorded documents cannot be returned in a timely manner.

2.4. The nurse forgot to remind the doctor responsible for services to fulfill the incomplete medical recorded documents

4 Mirfat et al. (2017) in his research stated that one of the factors causing the delay in returning medical recorded documents was that the nurse forgot to remind the doctor responsible for services to complete the incomplete medical record documents. When the doctor responsible for services visits, the room nurse often forgets to remind the doctor responsible for services to complete the medical recorded documents for patients who have returned home. This is because the room nurse is more focused on patient care. Seeing the Bed Occupancy Ratio owned by the hospital where the research was carried out was quite high, namely 96.7% and the number of room nurses was still lacking, causing the workload of nurses in the hospital to be quite high. In terms of returning medical recorded documents to the medical record unit, the room nurse is also carried out when the room nurse has free time. This causes medical recorded documents cannot be returned in a timely manner because returns do not pay attention to the standard 2x24 hour return time, causing the medical record documents payback time to be delayed.

2.5. Lack of number of officers which causes high workload of officers

Erlindai (2019) said that the delay in returning medical record documents was caused by a lack of officers. This is illustrated by the condition of the medical record documents that has been completed but is not immediately returned to the medical record unit by the nurse because the nurse's

workload is quite high. The lack of a medical record officer also causes there is no special officer in charge of taking DRM from the inpatient unit, so the nurse in charge of returning the medical record documents. If the medical record documents has not been returned more than 2x24 hours, the medical record officer will contact the nurse by telephone to immediately return the medical record documents to the medical record unit.

The limited number of officers was also mentioned as one of the factors causing the delay in returning inpatient medical record documents to the medical record unit in Praptiansari's research (2017). Based on the results of interviews in this study, nurses said they were unable to meet the standard time for returning inpatient medical record documents to a maximum of 2x24 hours after the patient went home. This is because the number of nurses only reaches 2-3 people per shift who are tasked with serving increasing patients, completing medical record documents, and returning medical record documents to the medical record unit. Of the three jobs, nurses prioritize patient care efforts, so that when patient visits increase, nurses often delay completing and returning medical record documents in a timely manner. The nurse's workload is quite high, causing medical record documents to be returned late to the medical record unit.

2.6. Lack of knowledge of nurses on the standard time for returning inpatient medical record documents to the medical record unit.

Octaviantini (2018) in his research states that one of the factors causing the delay in returning inpatient medical record documents to the medical record unit is the lack of knowledge of nurses about the standard time for returning inpatient medical record documents to the medical record unit. In the study, it was stated that officers did not know the standard time for returning medical record documents to the medical record unit. In addition, nurses are also less aware of the importance of filling out medical record documents completely and the impact if medical record documents is returned late to the medical record unit.

According to Decree of the Minister of Health No. 377 of 2007 concerning Professional Standards for Medical Recorders and Health Information states that medical recorders are required to improve the knowledge and professional abilities of both individuals and organizations through the application of knowledge related to the field of medical records and health information. So that to minimize the delay in returning medical record documents of inpatients to the medical record unit, it is necessary for medical record officers to try to increase their knowledge so that they increase and can do their jobs better and in accordance with the standard operational procedures that have been set.

2.7. Lack of attitude of nurses in reprimanding doctor responsible for services who did not immediately complete medical record documents

Astiningsih (2018) in her research states that the attitude of nurses can cause delays in returning inpatient medical record documents to the medical record unit. This is illustrated by the attitude of nurses who do not reprimand doctor responsible for services when they do not immediately complete the patient's medical record documents. The nurse only said that there was still a medical record documents that had to be completed when the doctor

responsible for services was not b²⁵ and it would take about 3 days, so the nurse had to wait a long time for the medical record documents to be completed.

According to the researcher, nurses must always remind the doctor responsible for services to complete medical record documents a² in effort to minimize the problem of delays in returning inpatient medical record documents to the medical record unit and the impacts arising from this problem, because nurses are also responsible for the completeness of medical record documents filling. This is in accordance with Apriyanti (2018) who¹⁴ id that the completeness of filling out the patient's medical record documents is one of the responsibilities of the medical staff consisting of doctors, nurses, and other professional health workers. The attitude of nurses who always remind¹ doctor responsible for services to immediately complete medical record documents can support the implementation of medical record documents return activities to the medical record unit in accordance with the time standard that has been set.

3 Analyzing the Factors of Supporting Facilities that Cause Delay in Returning Medical Record Documents for Inpatients in Hospitals

3.1. There are no facilities to support medical record documents return activities to the medical record unit, such as trolleys

Praptiansari (2017) and Aini (2018) in their research state that the a¹² nce of supporting facilities in the form of trolleys² auses the medical record documents of inpatients to not be returned to the medical record unit in a timely manner. This is because officers² eed more energy and time when manually bringing inpatient medical record documents to the medical record unit. Similar to Erlindai's research (2019) w² h states that nurses are lazy to immediately return inpatient medical record documents to the medical record unit because the process to go to the medical record unit requires more personnel. Without supporting facilities such as trolleys, it can have an impact on the inaccuracy of the medical record documents return of inpatients to the medical record unit.

Based on this, officers need a trolley as a means of supporting the return of medical record documents which is considered to be able to lighten the burden on officers compared to carrying medical record documents manually, especially with the distance between the medical record unit and the inpatient unit which is quite far.

3.2. The use of post it has not been implemented to record incomplete items in incomplete medical record documents

Mirfat³ al. (2017) in his research said that one of the causes of the delay in returning inpatient medical record documents to the medical record unit was the absence of a post-it policy. The purpose of using post it is to provide a sign in the form of a description of the medical record documents section that needs to be completed by the doctor responsible for services. Post it is affixed to the medical record documents which serves as a sign that the medical record documents is not complete before being returned to the inpatient unit to be completed again by the doctor responsible for services.

The absence of a policy on the use of post it causes the incomplete medical record documents feedback to be not

received to the doctor responsible for services. Regarding feedback, the medical record unit makes incomplete medical record filling data every month to be reported to the management and feedback to each treatment room (inpatient). However, the data only contains the average payback period, does not include incomplete medical record filling data for each doctor responsible for services. This causes the incomplete data for filling out the medical record documents that has been made has never reached the doctor responsible for services and continues to cause delays in development.

3.3. Poor conditions and utilization of telephone and computer facilities

Wisdom et al. (2019) in his research says that the⁴ ack of use of telephone facilities also causes delays in medical record documents returns. Based on the results of interviews in this study, telephone facilities have not been used optimally by inpatient unit officers and medical records officers to communicate related to the return of medical record documents, so medical record officers have to go around to the inpatient unit to collect medical record documents that has not been returned. According to the researchers, it is less efficient in terms of energy and time. When the medical record officer goes around to the inpatient unit to collect the medical record documents, more energy and time will be used compared to communicating with the inpatient unit via telephone. Telephone facilities are useful for facilitating communication between two parties, but in reality in this case the telephone facilities are not used optimally.

Octaviantini (2018) in his research also said that the³ delay in returning medical record documents was caused by the computer facilities used. There is one computer in each inpatient room, but sometimes it gets interrupted. The computer in the inpatient unit is used by the nurse to input diagnosis and action data on the Hospital Management Information System, so that if the² mputer is disturbed, the medical record documents cannot be returned to the medical record unit until the diagnosis and action are inputted. This can have an impact on medical record documents which cannot be returned in a timely manner to the medical record unit.

3.4. There is¹⁸ column complete or incomplete and late or not late of medical record documents information in the inpatient medical record documents return expedition book

Octaviantini (2018) in her research states that the absence of a column explaining the status of completeness¹ id delays in medical record documents inpatients who are returned to the medical record unit, as well as the name of the doctor responsible for services concerned in the expedition book for returning medical record documents inpatients, causes there to be no evaluation related to the problem of late returns. DRM o³ npatients. This is because there is no data showing the delay in returning medical record documents. Columns that explain the status of completeness and delay in returns are needed to find out if there is a problem with late medical record documents returns. If in the information column it is noted that there is a delay in returning medical record documents, it can be immediately evaluated and a solution given to the problem to avoid the impacts that may occur.

3 Analyzing the factors of work procedures that cause delay in returning medical record documents in inpatients in hospitals

4.1. Medical record documents of Social Security Administration Agency patients must enter the Social Security Administration Agency verification section before going to the medical record unit

Mirfat et al. (2017) in his research said that one of the causes of the delay in returning inpatient medical record documents was that Social Security Administration Agency patient medical record documents had to go to the Social Security Administration Agency verification section before going to the medical record unit. Before entering the medical record unit, medical record documents of Social Security Administration Agency patients must go through the Social Security Administration Agency claim process first in the BPJS verification section. The average time medical record documents in the verification section is 3-10 days. The length of time medical record documents is in the verification section is caused by patient diagnoses that are difficult to read, more than one doctor responsible for services, the difference between claims and high hospital 2sts, and coding, so that medical record documents cannot be returned to the medical record unit in a timely manner.

4.2. There is no supervision and 8 aluation from the management on the problem of delays in returning inpatient medical record documents to the medical record unit.

Choirunisa & Widjaja (2018) in their research stated that the absence of an evaluation related to problems in the medical record unit at the medical committee meeting was also mentioned as one of the factors causing the delay in returning inpatient medical record documents. In the research, it was explained that at the meeting of the medical committee only discussed problems that occurred in the medical profession, never discussed problems in the medical record unit. This causes no solution to the 2 problem that occurs, in this case the delay in returning medical record documents. The same thing was also mentioned in the research of Janwarin & Makmun (3)19 that there has never been an evaluation related to the delay in returning medical record documents that occurred in the hospital by the leadership. This is because the hospital leadership has never asked for data on delays or incompleteness of medical record documents to the medical record officer, so that 4 the medical record officer does not analyze the delay and completeness of medical record documents, so the problem of delays in returning inpatient medical record documents to the medical record unit continues to occur.

4.3. Lack of socialization of standard operational procedures for returning inpatient medical record documents to nurses and doctor responsible for services

Lack of socialization of standard operational procedures can lead to a lack of knowledge of nurses and doctor responsible for services related to standard operational procedures for returning medical record documents to inpatients, in this case the standard time for returning medical record documents. Lack of knowledge of officers related to existing standard operational procedures, causes a mismatch between standard operational procedures and the work being done. This is in accordance with Astiningsih's

research (2018) which states that the absence of socialization of the medical record documents return standard operational procedures causes nurses to not know the form and content of the existing medical record documents return standard operational procedures, so nurses assume that medical record documents returned to the medical record unit when the medical record documents is ready to be returned.

5. Analyzing the motivational factors that cause delay in returning medical record documents in inpatients in hospitals

The existence of rewards and punishments can cause officers to be more enthusiastic in doing work, so that work can be done in accordance with existing standard operational procedures. This is in accordance with Choirunisa & Widjaja (2018) which states that the absence of rewards and punishments results in a lack of motivation for officers to do work in accordance with standard operational procedures which can have an impact on the quality of work. Aini (2018) also mentioned that the absence of a morale booster for officers such as rewards and punishments can result in officers often making mistakes in doing their jobs.

6. Analyzing work environment factors that cause delays in returning medical record documents to hospitalized patients

The distance between the inpatient unit and the medical record unit can affect the timeline of medical record documents returns. The closer the distance between the inpatient unit and the medical record unit, the lower the possibility of delaying the return of medical record documents, but on the contrary, the farther the distance between the inpatient unit and the medical record unit, the higher the possibility of delaying the return of the medical record documents because the inpatient unit personnel require more personnel to carry out their duties. to the medical record unit. This is in accordance with Dwijayanti's research (2018) which states that the distance between one place and another affects the potential to carry out an activity or work.

LIMITATIONS OF THE RESEARCH

This research has limitations in the number of articles database analyzed. Research in the form of further literature studies is expected to use a database of more articles so that the results of the research can better describe the conditions that were developing at that time.

CONCLUSION AND SUGGESTION

Based on the results and discussion of the 16 articles that have been analyzed, it can be concluded that there are five aspects of the factors causing the delay in returning the medical record documents of inpatients at the hospital, including the human factor in the form of a lack of doctor responsible for services discipline in filling out medical record documents completely, the supporting facility factor in the form of the absence of facilities to support medical record documents return activities to medical record units such as trolleys, work procedure factors in the form of lack of socialization of standard operational procedures for

returning inpatient medical record documents to nurses and doctor responsible for services, motivational factors in the form of the absence of rewards and punishments for officers who obey and do not comply with standard operational procedures for returning patient medical record documents hospitalization, and work environment factors such as the distance between the inpatient unit and the medical record unit that is too far.

For the hospital there are several suggestions put forward. First, it is necessary to carry out socialization activities for the return of medical record documents to inpatients on a regular basis. The right way to do this is to convey during regular meetings with all hospital units and by attaching standard operational procedures sheets for medical record documents returns in all inpatient units so that nurses and doctor responsible for services know and always pay attention to the predetermined medical record documents return time standard. Second, it is necessary to procure supporting facilities such as trolleys so that officers do not experience problems in returning medical record documents in large quantities at a considerable distance from the inpatient unit to the medical record unit. Third, it is necessary to provide rewards and punishments so that officers are more motivated to do work in accordance with predetermined standard operational procedures even though rewards and punishments are given in the form of praise and reprimand.

For further research, it is necessary to conduct research related to the calculation of the workload and the needs of officers related to medical record documents return activities for inpatients, both nurses as the party who returns medical record documents and medical record officers as the party responsible for the availability of medical record documents when medical record documents is needed again.

Conflict of Interest Statement

This research was conducted to support the scientific research of researchers in the field of Health Information Management and this research is not a request from any organization.

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