

# Factors Delay in Returning Medical Record Documents from Inpatient Room to Medical Record Installation Hospital Tk.II.03.05.01 Dustira Cimahi

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## Abstract

Aspect accuracy time return file record medical take care stay should in accordance with the set SOP by House sick Dustira Cimahi that is 2x24 hours after patient go home and already in state complete. By because that need existence evaluation factor reason lateness time return file record medical take care stay for Upgrade quality service House sick. Study this aim for know reason inaccuracy time return file record medical take care stay, type study this that is descriptive approach quantitative, technical data collection using observation and interview. From result research conducted \_ is known that total inaccuracy time return file record medical by 174 or 19.3% files record medical take care stay and total right file \_ time by 411 or 45.5%. Factor reason lateness time return file record medical take care stay that is caused by doctor and late nurse \_ fill in completeness file record medical, lack socialization about return file record medical take care proper stay \_ time and in accordance the procedure already set, lack of not quite enough answer from administrator and access to doctor narrow or no open, administrator does not want to communicate so that what is written doctor previously not done. \_ Best advice party House sick To do socialization and remind return doctor and profession other medical moment meeting about accuracy return file record medical for more discipline in complete file record medical in accordance with SOP policy so that return file record medical no experience delay.

**Keywords:** File Return, Inpatient Medical Records

## 1. Preliminary

The return of medical record files is very important in supporting medical record file services, especially medical record data processing.

The impact of returning medical record files that are hampered will affect and result in delays in processing medical record data, because the medical records of inpatients that have been returned will be processed and will produce timely information for improving the quality of services in hospitals. In addition, the impact is that the services that will be provided to patients take longer because they have to look for medical record files that have not been returned to the medical record installation. one \_ Standard Operation Return procedure (SOP) file record medical at home Sick Tk.II 03.05.01 Dustira limit time return document record medical from take care stay to installation record medical that is 2x24 hours after patient declared go home by doctor guarantor answer patient.

Results observation show file record medical at home Sick Tk.II 03.05.01 Dustira on month January 2022 found 1,499 of the 19 wards were returned to assembly section. Sample Return file taken 9 samples that are not appropriate time return to installation record medical on month January 2022. On month January 2022 total file record returned medical \_ in 9

rooms. In 9 rooms the Jum l ah returned status there are 583 files (64.8%), returned < 2x24 hours there are 411 files (45.5%), and > 2x24 hours there were 174 files (19.3%).

The cause of the delay in returning inpatient medical record files is that the administrator does not want to be

responsible for his work so that the files that should be returned are 2 x 24 hours and this exceeds 2 days, from a human perspective or the administrator is negligent so that there has been a loss of medical record files. Therefore, this research was conducted to find out more about the factors causing the delay in returning medical record documents at Tk.II.03.05.01 Hospital Dustira Cimahi.

Based on the problems above, the authors are interested in conducting research with the title "Factors of Delay in Returning Medical Record Documents from Inpatient to Medical Record Installation Tk.II.03.05.01 Dustira Cimahi".

## 2. Literature review

### Provision charging record medical

According to the Director General of yanmed (2006: 45-46) medical records must be made immediately and completely completed after the patient receives service with the following conditions:

Every consultation action carried out on a patient, no

later than 1 x 24 hours must be written in the medical record sheet.

All records must be signed by a doctor or other health worker in accordance with their authority and written with their full name and given a date.

Records made by medical students and other students are signed and are the responsibility of the treating doctor or by the supervising doctor.

The records made by the resident must be known by the supervising doctor.

The treating doctor can correct the writing error and do it at the same time and initialed.

Deletion of writing in any way is not allowed.

Conditions for returning inpatient medical records

According to director general yanmed (1997; 108) a person who accepts and borrow record medical obliged for return in state good and hurry time 2 x 24 hours after patient go out from House sick.

### Medical record analysis

The filling/recording of medical records is most likely incomplete or not in accordance with the provisions, this is due to:

Documentation is carried out by many health service providers.

Medical Records were created as a secondary activity to accompany the course of patient care, so the documentation may not be as accurate and complete as specified/desired.

A doctor is busy, so writing notes can be on a valid form and in a hurry so that it is not legible. A nurse who is busy serving patient calls forgets to record things related to the patient's treatment that has been given.

### 3. Research methods

Data analysis performed in study this is Descriptive approach Quantitative. According to sugiono (2008), research descriptive is research conducted \_ for now mark variable independent, good one variable or more (independent) without make ratio or connect with another variable. Variable study the is Submission document record medical take care stay to file assembly Late (>2x24hours) and file no late (<2x24hours). Population samples the object study in study this is document record medical that is during month January 2022 is 1,499 documents. Sample is document record late medical \_ taken 9 sample as much 585 file record registered medical \_ on month january 2022 at Home Sick Kindergarten II.03.05.01 Dustira. And Subject research in research this subject study is a subsection Record medical. Technique the sampling used that is in taking sample from study this using random sampling.

Method of data collection used that is interview, According to sugiyono (2016:317) interview used as technique data collection for find problem that must researched and also if researcher want know things from more respondents \_ deep. Observation According to sugiyono (2018:229) observation is technique data collection that has specific features \_ when compared with another

technique. Observation in study this that is with do observation directly on the field for now actual conditions. \_ On study this observed population \_ is File record medical return < 2x24 hours and >2x24 hours there are 19 rooms as many as 1,499 files record medical return. Samples under study \_ in study this is File record medical return < 2 x 24 hours and > 2 x 24 hours per room in 1 month as much 9 room. Time and location Study done for 1 month that is on January 24th \_ until February 24, 2022 at Home TK. II Hospital 03.05.01 Dustira, having his address at Jl.Dustira no.1, Baros, Kec. Cimahi Tengah, Kota Cimahi, West Java 40521.

### 4. Results and discussion

#### Percentage of Delay in Returning Inpatient Medical Record Files

Calculate the percentage of the delay rate in each room.

Based on the results of research at the TK II Hospital 03.05.01 Dustira Cimahi, it is known that the total number of inpatient medical record documents that were late returned to assembling were 585 documents, consisting of the following rooms:

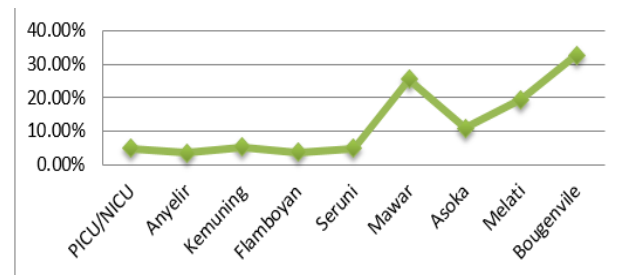
No	Inpatient Medical Record File Return	Number of Files	Percentage
1.	On time (< 2 X 24 hours)	411 File	45.6%
2.	Not on time (> 2 X 24 hours)	174 File	19.3%
3.	Amount	585 File	64%

The object taken by the author regarding the delay in the medical record file is from the expedition book in assembling.

So that the percentage of tardiness in each ward can be seen in the following graph:

raph 4.1

Graph of the room rate of delay in returning inpatient medical record files



Based on the graph, the highest delay rate occurred in the Bougenville ward as much as 32.7%. Bougenville is one of the operating rooms.

Identify how long it takes to deliver medical record files at TK.II.03.05.01 Hospital Dustira Cimahi.

Based on the results of interviews with the Medical Records Sub-Section, which was conducted on March 4, 2022, at the Medical Record Installation, the following information was obtained:

Identify the factors that cause delays in returning medical record files at TK.II.03.05.01 Hospital Dustira Cimahi.

“Pengantar berkas rekam medis itu dari ruangan rawat inap di antar ke kita itu dari peraturannya kan 2x24 jam, 2x24 jam itu harus sudah kembali ke baian assembling udah itu pengolahan data. Dari 2x24 jam 2 hari itu berkas yang sudah pulang itu peratur yang kita tetapkan di menkesnya pun ada dan jelas, nah itu peraturan yang jelas tetapi masih banyak yang diluar peraturan atau sering dilakukan administrasi ruangan lebih melebihi peraturan atau 2 hari kepulangan berkas rekam medis.”

“Kalo faktor misalkan penyebab itu yang menyebabkan berkas rekam medis terlambat menghilang ya..Terlambat itu kan dari segi Human sih sebenarnya dari segi administratornya,dari segi administrartor yang menjalankan tugas itu menjalankannya terkadang lalai atau tidak bertanggung jawab yang harus di tanggung jawabkan pekerjaan itu dan tidak mau untuk mengembalikan atau memenuhi tanggung jawab yang seharusnya 2 hari pulang ini ditahan . maksudnya ditahan dalam arti bukan ditahan tidak mau contohnya belum dikerjakan rinciannya,lalu kelengkapannya tidak dikerjakan,dan akses terhadap dokter itu sempit maksud sempit itu tidak mau terbuka administrator itu tidak mau berbicara atau tidak mau komunikasi sehingga ap yang ditulis dokter itu sebenarnya maka itulah yang dikerjakan oleh administrator.”

Based on the results of interviews with the Medical Records Sub-Section, which was conducted on March 4, 2022, at the Medical Record Installation, the following information was obtained:

Identifying the causes of delays in medical record files hampering services at TK.II.03.05.01 Hospital Dustira Cimahi.

Based on the results of interviews with the Sub-Division of Medical Records conducted

“Berkas rekam medis itu pulangnya terlambat lalu menghambat ke pelayanan pasien yang akan mengunjung keesokannya terhadap peyakit yang diderita. Termasuk berkasnya tidak ada yang jadi penyebab salah satu contoh misalkan dari ruang pasien tersebut misalkan dari ruang seruni,misalkan 3 hari dirawat 2 harinya harus pulang berarti sudah 5 hari , hari ke 7 pasien harus kontrol ke penyakit dalam poli klinik dan berkas masih di ruangan itu jelas terhambat dan sudah menunggu lama ternyata berkas pasien tersebut belum pulang dri ruangan nah solusi yang kita lakukan untuk mengambil langkah kecepatan atau responen kita tetep dalam waktu kurun dari 7 menit itu pasien sudah dapat terlayani itu kita menelon atau elakukan penyusulan atau bisa dibilang traking dalam medisnya,kitayang menjemput atau bisa call saja via telpon untuk segera pihak administrator mengembalikan berkas tersebut secepatnya ke instalasi rekam medis tersebut.”

On March 4, 2022, at the Medical Record Installation, the following information was obtained:

## Conclusions and Suggestions

### 5. Conclusion

Implementation of Return of Medical Record Files for

Inpatients in Bougenville Room

Standard Operating Procedures/Permanent Procedures already exist but, in the field, /implementation it has not been carried out properly where the inpatient medical record file must be returned 1x24 hours after the patient returns to the Medical Record Unit.

It can be seen the rate of delay in returning medical record files for inpatients in the Bougenville room with the highest percentage of 32.7% in January 2022.

Factors that cause delays in returning medical record files at Dustira Cimahi. Hospital

Doctors and nurses are often not punctual in filling out, completing and signing medical record files.

Lack of socialization about returning inpatient medical record files on time and in accordance with established procedures.

There is a buildup of files and many files that are scattered or tucked away with other files.

the administrator does not want to be responsible for his work, so the files that should be returned are 2x24 hours and this is more than 2 days

Access to doctor narrow or can you say no want to open, administrator does not want to speak or no want to communication so that what is written doctor previously no worked on.

### 6. Suggestion

From the conclusions above, the following suggestions can be given:

In connection with the completeness of writing documents for inpatient medical record files in the Bougenville room, to overcome the problem of busy doctors and nurses they have the authority to the residents below to complete the document form for the inpatient medical record file to continue being responsible by providing a signature / initial which means agreeing with above what was written.

Providing socialization to officers in the inpatient room regarding the importance of the delay in returning inpatient medical record files must be returned 1x24 hours.

Adding medical record officers, especially the management of medical record documents in the inpatient room.

The need for socialization to doctors and nurses regarding the importance of filling out inpatient medical record documents.

Motivate medical record officers, doctors and nurses.

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