

Analysis of Medical Record Management Process in Wahidin Sudirohusodo General Hospital

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Abstract:- The role of the medical record is very important in the management of hospital services. medical record quality indicators are included in one of the hospital accreditation assessment standards. Therefore, this study aims to determine the Process of Organizing Medical Records in General Hospital. Wahidin Sudirohusodo. The study design uses a qualitative descriptive approach with exploratory methods. This research was conducted at Wahidin Sudirohusodo General Hospital in 2020. There were 7 informants in this study. Data analysis with an interactive model consists of three stages of data reduction, data presentation, concluding. Based on research results. In the process of registering medical records involved in this process, namely administrative or admission officers who are also part of the medical record unit, and nurses, the implementation of filling patient medical records is still found many obstacles, from disciplinary factors, knowledge, awareness, time and motivation of doctors and nurses are the main obstacle in filling out the medical record. The medical record management at WahidinSudirohusodo Hospital has been proceeding from assembling, coding, indexing, but there are still obstacles encountered, namely the lack of officers in the process of quantitative and qualitative analysis of medical record files. HR in the medical record installation is inadequate, SOPs and channels are in place, the policy refers to Permenkes No. 269 of 2008, facilities and infrastructure were inadequate.

Keywords:- component; Input; Process; Output; Operation system; Medical record.

I. INTRODUCTION

Medical Record is a file that contains records and documents about the patient's identity, examination, treatment, actions and services provided to patients. Every patient who takes medication in a hospital must have a medical record (Afriyani, 2016).

The medical record aims to support the achievement of orderly administration in the context of efforts to improve health services in hospitals, which without the support of a system of management of medical records that is good, then the orderly administration in hospitals will not be as successful as expected (Dewi, 2017).

Besides the medical record is also a binding legal protection tool as well as legal evidence in terms of the actions given by doctors to patients. With the patient's medical record and medical personnel can have written evidence if something goes wrong and something detrimental to the patient or doctor can be accounted for legally (Dewi, 2016).

Medical records are also used to assess the quality of a hospital. This can be seen from how hospitals can provide good medical record services, especially in inpatient services. Inpatient services are ongoing patient activities to the hospital to obtain health services that last more than 24 hours (Akbar, 2017).

Increasing the number of visits to a hospital, it will cause various problems, especially in the administration / medical record, including the registration of patients who are queuing, the high workload on medical record personnel, delays in the distribution of medical record documents and other problems that can occur (Dewanto et al, 2016).

Based on the results of interviews with existing medical records officers, there are problems in Wahidin Sudirohusodo General Hospital, Makassar, among others in terms of inputs, namely high workload, lack of facilities and infrastructure, especially storage and technology rooms, operations that are not yet fully connected to all units.

The output is often the delay and incomplete submission of medical record documents. So it can slow down the process of claim collection by the BPJS. This is also one that makes late payment of hospital claims.

Problems with the output can be seen from the Quarterly I and Quarter II report in 2017 the Wahidin Sudirohusodo Hospital Medical Record section about the incompleteness of Medical Record Data from January-March of 0.88% and from April to June as much as 2.83%.

This is seen as an increase in the incompleteness of the medical record of 2.09% during the first quarter and second quarter. The incompleteness of DRM (Medical Record Document) is mainly found in the incompleteness of Informed Consent, delay in returning DRM > 24 hours and incomplete author authentication such as doctor's name, doctor's signature, nurse's name and nurse's signature.

Good or bad service provided is reflected in printed prints or data contained in medical records so there needs to be an evaluation of the process of organizing and managing medical records to assess the quality of medical records.

This study aims to determine the analysis of the organization of medical records at Wahidin Sudirohusodo General Hospital.

II. METHODS

A. Location and Research Design

The study was conducted at the WahidinSudirohusodo Government General Hospital. The study's design uses a qualitative descriptive approach with exploratory methods

B. Population and sample

The study population was all medical record installation employees who worked at the Wahidin Sudirohusodo Government General Hospital. To determine the number of sample sizes used purposive sampling method. The informant determination technique used is the inclusion and exclusion criteria so the number of informants in this study was 7 medical records officers.

C. Data Types and Sources

This research uses primary data and secondary data. Primary data obtained from interviews and observations for qualitative data. Secondary data obtained in writing through the study of important documents related to the organization of medical records such as medical record service procedures.

D. Data analysis

Analysis of the data used in this research is descriptive analysis. This analysis means that the data obtained from the study is presented as is then analyzed explorative to get a picture of the facts that occur. There are two analytical models used, namely interactive model data analysis and descriptive data analysis.

III. RESULTS

A. Characteristics of Informants

Characteristics of the informants involved in research on the administration of medical records at WahidinSudirohusodo General Hospital are the informant code, age, sex, last education and position. informant characteristics there are 5 women and 2 men. Characteristics based on age, namely the youngest age is 22 years old and the oldest is 42 years. The most recent education was DIII medical records as many as 6 people and S1 as many as 1 person.

B. Patient registration

In the process of registering medical records involved in this process, namely administrative or admission officers who are also part of the medical record unit, nurses, and the results of interviews with informants:

"In charge of the registration section on the front"
(Informant 1, Interview, February 19, 2020).

"There is an admission officer, specifically the registration section, if in Ugd there are also nurses sometimes helping"
(informant 3, interview January 29, 2020)

C. Method

In carrying out the organization of medical records at WahidinSudirohusodo Hospital, the flow and operational standards can be seen from the interviews as follows:

"Yes, the SOP here for each field already exists, we can later see the document. So we work according to the existing flow "
(Informant 2, Interview January 29, 2020)

"Here there is a flow starting from the registration process to returning the medical records to storage, so we carry out daily tasks under the existing flow and SOP."
(Informant 5, Interview on January 29, 2020).

For SOP to be adjusted to the situation in the hospital environment and must be based on applicable provisions:

"This is determined based on the flow, so from the field of medic services, then to the head of the medical record, and the coordinator and who knows it is the director of the hospital"
(informant 1, interview 19 February 2020).

"The stipulation is adjusted to the applicable rules, surely the head of the supporting sector, the head of the installation, the room coordinator are also involved."
(Informant 3, Interview January 29, 2020).

D. Filling in medical records

Based on the results of in-depth interviews related to filling medical records at WahidinSudirohusodo Hospital, namely:

"The problem is that the doctor or nurse does not usually have the contents or signatures on the consul sheet."
(Informant 2, Interview January 29, 2020).

"Some are not content, such as doctor education, doctor's signature, and consul answers, we usually return the solution then socialize the related personnel about the importance of filling medical records."
(Informant 3, Interview January 29, 2020).

E. Arrangement of Medical Records

Based on the results of in-depth interviews regarding the arrangement of medical records at WahidinSudirohusodo Hospital as follows:

"Following applicable procedures, we are coding, assembling, routine, filling other things done to correct the medical record form that has been returned" (Informant 2, Interview January 29, 2020).

"There is a flow we stick with the rules, going through several processes, such as filling, assembling, to check whether it is complete or not" (Informant 4, Interview January 29, 2020).

Concerning the unit that is late in giving patient status to the medical records department at Wahidin Sudirohusodo Hospital, there are still several units that are often late in returning medical records, following interviews with informants:

"MR.S outpatient care and SEP guarantees, sometimes not the same diagnosis, we usually confirm back." (Informant 4, Interview January 29, 2020).

"There are several units, PICU, Inpatient, outpatient care is also normal, usually not suitable for filling, sometimes also the contents of the new contents are returned" (informant 7, interview 29 January 2020)

"There is a PICU, sometimes it is too late to return the RM, the reason is usually there are some doctors who handle it, so there are some sheets that are not filled in for example consul sheets, well just do the socialization." (Informant 3, Interview January 29, 2020).

F. Analysis of Contents of Medical Records

Based on the results of interviews related to the analysis of patient medical records at Wahidin Sudirohusodo Hospital, namely:

"So for the analysis of medical records carried out qualitatively and quantitatively, each patient goes home distorted the medical record file, and is accepted by the analysis officer so there is a quantitative analysis done whether filled out or not, the number of forms is a suitable or incomplete signature, then if the quantitative analysis is complete furthermore the qualitative analysis becomes more quality, for example, what is written by the doctor in line with his actions, is the diagnosis written by the doctor, whether the doctor's actions are appropriate in the medical resume and the next sheet when we finish it, we enter the coding process and so on." (Informant 1, Interview, February 19, 2020).

G. Policy

Based on the results of in-depth interviews related to the policy component in supporting the implementation of medical records at Wahidin Sudirohusodo Hospital, as follows:

"There are rules in the law, Permenkes No. 269 / Menkes / III / 2008. And the internal rules of the hospital" (Informant 1, Interview, February 19, 2020).

"Permenkes number 269 of 2008, yes, it became the basic rules for implementing medical records." (informant 4, interview 29 January 2020).

"There are, operational standards we follow, hospital rules regarding medical records, and ministerial regulation 269 if I'm not mistaken" (informant 5, interview 29 January 2020).

In general, in the filling procedure, there were still some errors found and there was still incompleteness in the collection process as follows:

"If the application is following applicable regulations, but sometimes the contents are incomplete in the filling, so we usually return it to the inpatient or outpatient unit." (Informant 2, Interview January 29, 2020).

"Sometimes it is incomplete, sometimes there are sheets scattered too, it makes it difficult when inputted." (Informant 4, Interview, January 29, 2020).

Related to the socialization of policies in the process of organizing medical records, it has been conveyed by the head of installation and room coordinator, as follows:

"We often do socialization to all units, but as such there are still errors in filling it" (informant 2, interview January 29, 2020)

"There has been socialization related to the rules, the obstacle in the field is that there is still a lack of awareness of the health workers regarding the importance of completing medical records." (Informant 3, Interview January 29, 2020).

H. Facilities and infrastructure

From the results of interviews related to facilities and infrastructure in organizing medical records at Wahidin Sudirohusodo Hospital:

"Yes, actually, if we calculate the number of facilities and infrastructure, there are some that are lacking because we are currently heading for or seeking electronic medical records, so we need supporting tools, especially computers and so on to support the implementation of medical records" (informant 1, interview 19 February 2020).

Inadequate, there is still much that needs to be addressed, especially workspace and storage space." (Informant 3, Interview January 29, 2020).

IV. DISCUSSION

Based on in-depth interviews that with the number of medical record officers in the medical record installation of 88 officers and for registration officers there are 3-4 officers in one shift with only two shifts per day and serving around 800 patients can be ensured that the officers are quite overwhelmed. In addition to the file analysis

section, which only amounted to about 6-7 officers to conduct a medical record file analysis that can reach approximately 1000 in a day which causes the input delay. This has led to the need for additional staff in medical record installations to maximize performance in providing services to patients and hospitals.

As for the related facilities and infrastructure at Wahidin Sudirohusodo General Hospital. Ideally, the location of the medical record room must be able to provide fast service to all patients, easily accessible from all directions and easily support administrative services.

Good storage equipment, good lighting, room temperature regulation, room maintenance, attention to the safety factor of officers, for a medical record storage room is very petrified to maintain and encourage employee excitement and employee productivity (Savitri, 2011).

In the process of registering medical records involved in this process, namely administrative or admission officers who are also part of the medical record unit, and nurses. Patient registration is done when the patient first comes to visit the hospital. Each patient who came was asked for complete data.

The filling of medical records at WahidinSudirohusodo Hospital was carried out by medical record officers, nurses, and doctors. In filling out the medical record, it should be filled in completely, so every action given must be recorded, but in practice, there are still many medical records that are not filled out completely as well as the records of nurses and doctors.

For nurses' responsibilities, the most incomplete filling was in the informed consent section, a summary of entry and exit and initial assessment of the patient, as many as 3 medical record files (27.27%), due to the large workload, the number of records to be filled by nurses and doctors as well as time constraints resulting in not all records of nurses and doctors filled out only the important parts that are prioritized.

The filling of the medical record is the responsibility of the service provider doctor and all medical personnel involved in providing health services to patients (Werdani, 2016).

A complete medical record is one part of the health services provided to patients. For medical records to be filled and following the authority of the accuracy of the data, it is necessary to have a policy from the agency or hospital concerned about the authority to fill out the medical record (Maryati, 2016).

Medical record service standards according to RI Minister of Health Decree No. 129 / MENKES / SK / 0/2008 regarding Hospital Minimum Service Standards with the type of service that is, completeness of filling medical record 24 hours after 100% standard service has been completed.

In the Regulation of the Minister of Health RI No.269 / MENKES / PER / III / 2008 article 5 on Medical Records, the procedure for organizing medical records is to state that medical records must be made immediately and completed after patients receive services (Hatta, 2008).

To see the quality of medical records can be seen from the completeness of filling medical records and the accuracy in returning the medical record file to the medical record unit. The record file has a lot of benefits if the medical record is not filled in completely and is not the time when returning it will hinder the making of hospital reports (Basiroh et al, 2016). Therefore, it is expected that officers at WahidinSudirohusodo Hospital will cooperate to complete the incomplete medical record file and return it to comply with the existing SOP.

V. CONCLUSIONS

The implementation of medical records at Wahidin Sudirohusodo Hospital regarding of human resources or officers, who are in the medical record unit can be concluded to be inadequate, besides that it is still found in other fields that are still lacking officers so that additional staff are needed so that officers can focus on their respective main tasks and functions. The medical record management at Wahidin Sudirohusodo Hospital has been proceeding from assembling, coding, indexing, but there are still obstacles encountered, namely the lack of officers in the process of quantitative and qualitative analysis of medical record files. There are still obstacles or constraints in organizing medical records, several factors hampering the organization of medical records are factors of lack of medical record officers, factors of staff knowledge that are still lacking, discipline and awareness of doctors and nurses in completing filling medical records. The hospital is expected to provide socialization and training for doctors and nurses about the completeness of the medical record, regularly monitoring and evaluating the organization of medical records every month regarding the analysis of the completeness and the need for medical record installation.

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