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## **Monitoring analysis of the speed of outpatient medical record services at X Hospital, in Bekasi Regency, 2021**

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**Abstract**--One of the quality of outpatient services in hospitals is the provision of fast and accurate medical record files so that they can support good health services. Provision of medical record documents in outpatient services in accordance with Hospital Minimum Service Standards No.129/Menkes/SK/II/2008 that is less than or equal to 10 minutes, but to determine the continuity of the time suitability, monitoring analysis needs to be carried out, whether there is an increase in speed of medical record services or experiencing a decline in medical record services. So if there are significant obstacles, it is necessary to look for the causative factors, then if the speed of service increases, it is necessary to know and improve what factors greatly influence the increase of speed in medical record services of the outpatient unit of X Hospital. The purpose of this study is to monitor and analyze the speed of medical record services in the outpatient unit of X Hospital. The type of research conducted is qualitative research. The subject of this research is the coordinator in each part of processing (assembling, coding, indexing, analyzing), distribution, filing or storage and retrieval of medical records. The results of this study indicate that the human resources in the medical record unit in the filing division have not divided the workload based on the number of available resources and there is no written job description and there is still a lack of training in the filing / storage and retrieval of medical record documents. There are medical record documents that have not been stored properly on the storage rack, and there are borrowed medical record documents that have not been returned within 1 x 24 hours at the medical record section. Management of

medical records must be regulated properly, so as to produce speed of quality medical record services in outpatient units.

**Keywords**---human resources, facilities and infrastructure, policies and medical record flow.

## **Introduction**

Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient and emergency services (According to the Law of the Republic of Indonesia Number 44 of 2009). So the role of the hospital is very important in providing treatment in the midst of community life that needs it. According to WHO (World Health Organization), the hospital is an integral part of a social and health organization with the function of providing plenary (comprehensive) services, curing disease (preventive) to the community. In this case, the hospital customer is the patient, who must be served properly and properly handled, when the patient chooses the hospital to ask for medical help.

One form of administrative services in hospitals is medical record services. Organizing medical record services is required to provide excellent service with a short waiting time to create patient satisfaction. Every hospital is obliged to provide medical record services. This has been regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 269/Menkes/Per/III/2008. Medical records are files containing records and documents regarding patient identity, examination, treatment, and other services that have been provided to patients. Both outpatients, inpatients, and emergency departments are recorded in the forms available in each hospital. Each recording of the results of services to patients can be done manually or electronically. Specifically for data recording that is done manually, medical record forms or documents are needed to maintain the continuity of the activities of a health service process provided to patients.

The provision of fast and accurate medical record files can support health services, especially quality outpatient services. On this occasion the authors chose Hospital X with a focus on medical records with services in outpatient units. Based on the results of observations at Hospital X in January 2021, Hospital X has been in accordance with the provision of medical record documents so that the time taken is in accordance with the minimum service standards for hospitals by the regulation of the Minister of Health of the Republic of Indonesia Number 129/Menkes/SK/II/2008 that is, the time of providing medical record documents for outpatient services is 10 minutes, but for the continuity of the time suitability, monitoring analysis needs to be carried out by looking at the speed of medical record services in the outpatient unit, whether there is an increase in the speed of medical record services or vice versa experiencing a setback or delay in recording services medical. So if there are significant obstacles, it is necessary to look for the causative factors, then if the speed of service increases, it is necessary to know and improve what factors greatly influence the increase in the speed of medical record services in the outpatient unit of hospital X. This is in an effort to increase quality of hospital

services. For this reason, in this study, the author compiled a study entitled "Monitoring Analysis of The Speed Of Outpatient Medical Record Services At X Hospital".

### **Research Objectives**

This study aims to determine the analysis of monitoring the speed of medical record services in the outpatient unit of Hospital X in 2021.

### **Research Method**

This research was conducted at the Outpatient Medical Record Unit of Hospital X. The study was conducted from March to April 2021. The informants selected in this study were the Head of the Medical Record Unit with a tenure of more than 1 year, the Head of the Outpatient Unit with a term of office more than 1 year, Registration Coordinator with tenure of more than 1 year, Medical Records Staff.

The design of this research study is qualitative research, where in qualitative research the researcher will examine the process of medical record service activities in the outpatient unit through observation, interviews, and document review. In qualitative, the researcher will get data from observations, and information from interviews regarding problems or obstacles that exist in the process of monitoring the speed of medical record services in the outpatient unit of Hospital X. Then the data results are made in the form of a matrix, analyzed, and made narrative. To obtain information in this study used primary data and secondary data. Primary data: Interviews and observations of every staff involved in the process of completing the medical record document at each stage. Secondary data: Documents related to the process of providing medical record documents in outpatient units.

### **Research Results**

#### **Human Resources**

Based on the results of in-depth interviews about the number of human resources in the medical record section, the researcher asked how many human resources were the medical record staffs? Furthermore, the researcher asked whether the current human resources were in accordance with their respective job descriptions and were sufficient in relation to the speed of medical record services in the outpatient unit? From the results of the researcher's observations, it is also known that the Hospital itself is actually always trying to meet the number of human resources needed in the Medical Record section, which currently amounts to 17 people. The data is supported by the results of interviews with informants with the answer of informant 1:

*"Currently the number of medical record staffs is 17 people, I think it is enough for the medical record service process at hospital X. Especially in the processing section (filing, introduction, assembly) with a total of 7 human resources, each tasked with the same tupoksi, including the task of checking the list of patients for treatment,*

*patient history, and the scanning section alternately every 2 hours once a change of staffs. During service, sometimes the staffs forget to input the request for stock, so the next day they run out of stock (Medical Record forms, Office Stationery, etc.) and the human resources in the filing department on average have not attended training on Medical Records."*

It is the same as what was said by the following informant 2 .....

*"The number of medical record staffs is 17, maybe there are enough medical record staffs, but regarding the speed of medical record services, motivation needs to be increased so that the slowing speed gets better."*

Then informants 3, 4 and 5 said the same answer regarding the number of human resources in the medical record, namely 17 people, but there was a slight difference from the follow-up answers regarding the adequacy of the following human resources..... Informant 3:

*"For human resources, there are currently 17 medical record staffs, but there must be encouragement from management, whether it's a reward for achieving targets or others."* Informant 4:

*"There are already 17 human resources, but regarding the speed of medical record services, sometimes there are other units that hinder the process of providing medical record documents at us."*

Informant 5:

*"The number of medical record staffs of 17 people is sufficient to accommodate each of their respective duties in the medical record service process. However, sometimes when the human resource service forgets to input the request for stock, the next day it runs out of stock (Medical Record form) so that it hampers the speed of Medical Record services."*

### **Facilities and infrastructure**

Based on the results of interviews with informants, all informants provided the same information when the researcher asked about the number of facilities and infrastructure such as computers and printers.

Informant 1:

*"The number of computers in the two medical record rooms is sufficient, of which there are 4 in the data room and only 3 in the filing room. There are 3 printers in the two rooms in total. However, the specifications need to be improved because the computer is slow. The place for filing medical record documents is lacking because many documents that need to be stored in the filing rack are full and stored on the floors next to the medical record room shelf. Sometimes there has been a power outage because the electrical power of 2 buildings is different, as a result the data that we have input is not saved."*

Informant 2:

*"There are 7 computers in two rooms and 3 printers, but there seems to be less computers in the filing room because there are only 3, if there are enough data rooms there are 4. The filing room needs to add another computer for patients who register via WhatsApp. The place for filing out medical record documents is lacking because many documents that need to be stored in the filing rack are full and stored on the floors next to the medical record room shelf."*

Informant 3:

*“Actually, currently computers and printers are sufficient because everything is going well, the number of printers is 3 and the total number of computers in the two medical record rooms is 7. The place for filing medical record documents is lacking because many documents that need to be stored in the filing rack are full, some are stored on the floors next to the medical record room shelf. If the power supply voltage is unstable or there is a power outage, the data that we input on the computer is not stored.”*

Informant 4:

*“There are 7 computers in two rooms. Data room 4 and filing room 3. The printer is 1 in the filing room that works, if you can add 1 more printer. The computer also added 1 more in the filing room. Because the data backup computer is slow, we will separate the patient data for WA registration, specifically the computer itself. The problem is that more and more computer patients in the medical record become slower, if possible, the specifications can be upgraded so that the speed of service using computers in medical records is better. The place for filing medical record documents is lacking, many documents are stored next to the floor shelf of the medical record room.”* Informant 5:

*“I think the total number of computers in two rooms is 7. There are 4 computers in data management/analysis and 2 printers. In the filing, delivery, assembly room, there are 3 computers and 1 printer, that's enough. However, if there are many patients, especially on Mondays and Tuesdays, the computer suddenly becomes slow loading, especially in the filing room. Looks like the network is disrupted so slow.*

*The place or room and shelf for filing medical record documents is lacking because many documents that need to be stored in the filing rack are full and stored on the floors next to the medical record room shelf.”*

### **Medical Records Policy and Flow**

Based on the results of in-depth interviews, it is known that the standard size used in the implementation of medical record services refers to the Regulation of the Minister of Health. From the development of in-depth interviews, the researchers asked whether the policies and processes for the medical record process already existed. Following are the answers of each informant... Informant 1: *“The flow and SOPs already exist and human resources have gone through the flow, but the obstacles are from other units if borrowing medical record documents are not returned immediately, which hinders us in the process of preparing medical record documents”.* Informant 2:

*“There are SOPs, Flows and they have followed according to the flow and medical record procedures. The obstacle is that we are in accordance with the SOP, but other units, for example, the Operating Room, if we borrow medical record documents, are not returned to their place, and instead we are asked to take them ourselves to the operating room. This, in our opinion, is another unit that is hindering it.”*

Informant 3:

*“There is already a Flow and SOP, it has followed the flow as well. sometimes obstacles from other units in borrowing medical record documents are not returned on time. In addition, there is also the problem of double medical record numbers, so we have to clarify the medical record number to the nurse, or ask the patient directly.”*

Informant 4:

*"There are Flows and SOPs, we have also followed the existing paths, the biggest obstacle is that medical record documents are not returned immediately and sometimes registration is not confirmed if in service it turns out that there is no doctor serving in the poly so that the medical record section makes another medical record document. So double medical record documents for 1 patient".*

Informant 5:

*"In the medical record section, there are SOPs and flows as well. Basically we always follow the rules but sometimes other problems arise from other units, whether it's medical record documents that have not been returned to their place, or even other parts that do not obey the existing SOPs due to busy reasons in the unit and others."*

### **Characteristics of Informants**

Informants who were asked for information regarding the analysis of monitoring the speed of medical record services in the outpatient unit of Hospital X in this study consisted of 5 medical record staffs, namely assembling, coding, indexing, filing and analyzing.

### **Discussion**

After reducing the data, and presenting it in the form of narrative text, the researcher will conduct further discussion of the research results, by analyzing the data and comparing them with the following theories:

#### **Human Resources**

Based on the results of observations made, the duties and functions of the processing and distribution division of the medical record unit at Hospital X are known to have 10 human resources, with a division of work tasks for which there is no written Tupoksi for each staff, including the task of checking the patient list. treatment and patient history alternately with information every 2 hours once a change of staff, the scanning section has no person in charge. So that the staffs on duty are less focused on doing their jobs and can affect the speed of medical record services.

George Milkovich and Paul C. Nystrom (Dale Yoder, 1981:173) define that: "Manpower planning is a process of forecasting, developing, implementing and controlling which ensures that the company has the appropriate number of employees, the correct placement of employees, at the right time, which automatically more useful.

Based on the understanding of the figures above, it can be concluded that human resource planning is a process of determining manpower based on the needs of the organization in order to create the number of employees, appropriate employee placement and economically useful for the organization (hospital) so that it can help achieve organizational goals. Abdurrahman (2012) with the title "Analysis of Human Resources in the Field of Medical Records at the Cut Meutia Regional General Hospital, North Aceh Regency in

2011". The results of the study can be concluded that: (1) The state of human resources in the Medical Record Sector when viewed in terms of quantity is sufficient but in terms of quality it still does not meet the requirements, because there are still personnel with below-standard abilities or do not have the required competencies. (2) The educational qualifications of human resources in the Medical Record Sector have not been able to fill the vacant positions in the organizational structure. (3) In the division of tasks in the workload, there are still overlaps in several parts and in its implementation there are still duplicate tasks carried out in several positions. The similarity between the research conducted by Abdurrahman and the researcher is that they both aim to find out the condition of human resources in the Medical Record Sector based on quantity and quality as well as seen from educational qualifications and division of labor tasks. While the difference. Research conducted by Abdurrahman wanted to know the human resource needs of all medical record staffs, while this study was to see the speed of medical record services carried out by record staffs.

Looking at the criteria for education, age, length of work on human resources in medical record services, it is necessary to provide training and be given the opportunity to continue education to a higher level so that their knowledge and skills are getting better, which will certainly affect the speed of medical record services in hospitals X.

### **Facilities and infrastructure**

In accordance with the results of interviews that have been carried out, facilities and infrastructure such as computers with specifications, networks, storage racks have not been as expected with service needs in the medical record room because there are still shortcomings in each of these facilities/facilities. So that the staffs on duty experience obstacles to do their work and can affect the speed of medical record services. Whereas according to the theory of George Edward III (1980, 1) in Nugroho (2011), physical facilities are important sources in implementation.

Frenti Giyana (2012) with the title "Analysis of Inpatient Medical Record Management System at Semarang City General Hospital". Based on this research, it is found that there is still a lack of facilities and infrastructure in supporting the work of medical record management staffs, in the filing, missed file and place sections that are not up to standard, while in the analysis section, the Management Information System has not run optimally. The similarity between the research conducted by Frenti Giyana and the researcher is that both the Management Information System has not run optimally and in the filing section there is a problem where the filing is located. While the difference. Research conducted by Frenti Giyana wanted to know and analyze the inpatient medical record management system, while this study was to see the speed of medical record services in outpatients.

Anton Susanto (2016) with the title "Application of Service Quality Management in the Medical Record Unit of PKU Muhammadiyah Surakarta Hospital", the results of his research are Discipline, loyalty, accuracy, filing racks and exceeding their capacity and SOPs, which are not running well. The similarity between the

research conducted by Anton Susanto and the researcher is that both in the filing section there are problems with the filing place or the filing rack and exceeding its capacity. While the differences Research conducted by Anton Susanto wanted to know how the implementation of service quality management in the medical record unit while this study was to see the speed of medical record services in outpatients. The overall electronic equipment required is sufficient in number, although there are equipment such as computers that need to be considered to be added in the filing room to further improve the required medical record administration services. Regarding the quality of the existing equipment, it still needs better equipment maintenance, because the equipment used such as computers is often slow or takes long to load so that the service process becomes hampered in data processing, this is influenced by the condition of the computer that is old and lacks maintenance. The medical record service system still needs improvement with the support of good information technology, of course it must be supported by computer facilities with good specifications and a network that is not problematic, plus an integrated system (Electronic Medical Record).

### **Medical Records Policy and Process**

According to the results of interviews with informants in medical records that borrowed medical record documents are usually not returned on time or even medical record staffs who take their own medical record documents to the unit that borrows medical record documents. This is what needs discipline and awareness of each unit to know the rules that apply based on the rules or procedures for taking medical records (Depkes, 1991). If the applicable rules are not implemented, the staff in charge of medical records will experience obstacles in providing medical record documents and can affect the speed of medical record services.

Zulhenry (2008) with the title "Overview of the medical record management system at the Lancang Kuning Hospital, Pekanbaru". The result of the research is that the SOP on medical records already exists but has not been approved by the management, because from the management there is no question about it so that the staffs are not too fixated on working in accordance with the existing SOPs. For the flow of patients is good, only the flow of medical records is considered ineffective because patient files go home late to enter the medical record so that staffs are constrained in data processing. The similarity of the research conducted by Zulhenry with the researcher is that they both aim to determine compliance with Standard Operating Procedures and the flow of medical records in hospitals based on SOPs in medical records. While the differences in research conducted by Zulhenry wanted to know the overall medical record management system regarding human resources, facilities and infrastructure, teamwork, standard operating procedures and medical record flows in hospitals, while this study only policies, flows and SOPs in medical records only and to see the speed of medical record services carried out by the recording staff.

There is a need for an appeal from the management regarding SOPs and service flows that must be followed and obeyed by all related units in medical record services. There is already an SOP/Policy regarding the timing of providing patient medical record documents in the medical record section but sometimes neglecting

to implement the SOP. In addition, no one has ever been penalized for violations of the time of providing medical record documents.

Procedures regarding the provision of medical record documents, contain comprehensive procedures that must be carried out by staffs who play a role in the process of providing medical record documents. This has also been clearly seen in the SOP of Hospital X's Medical Records. In general, it can still be said that the procedure is still in accordance with what is happening in the field. However, regarding the compliance of each staff, it is different, plus compliance with SOPs and flows for other units related to medical records. During the interview, information was obtained from informants that there was a habit that staffs from other units who borrowed medical record documents were not returned to their place. This is what needs to be considered in the supervision of the management for the implementation and implementation of the SOPs that have been made.

### **Conclusion**

Based on the results of research through interviews, observations and document review at the Medical Record Unit of Hospital X, it can be concluded as follows:

### **Human Resources**

1. The processing and distribution department (filing, introduction, assembly) with 10 human resources, each with the same main duties and responsibilities, including the task of checking the list of patients for treatment, patient history, and the scanning section alternately with information every 2 hours change of staffs. However, there are no written basic tasks and functions and workload arrangements based on the number of special staffs in the distribution section (filing, introduction, assembly).
2. During service in the distribution department (filing, delivery, assembly) sometimes staffs forget to input the request for stock of finished goods the next day out of stock (Medical Record forms, Office Stationery and others) thus hampering the speed of Medical Record services.
3. On average, the filing section has not attended training on medical records so that they lack knowledge, strategies and skills regarding medical records, this can affect the speed of medical record services in outpatient units.

### **Facilities and infrastructure**

1. The specification of the some of the computers still not compatible for medical record management.
2. The medical record storage area (filing) is already full.
3. Incomplete medical record documents (disobedient medical staff in filing out medical record documents)

### **Medical record policy and process flow**

There is non-compliance with the SOP and the established flow, such as borrowing medical record documents that were borrowed by other units and not returned immediately, thus hampering the provision of medical record documents.

### **Suggestion**

In order to achieve the vision, mission and objectives of the Medical Record Unit, it is imperative that the obstacles must be addressed immediately. As:

1. Make a job description to arrangements human resources at medical record unit.
2. Make sure when serving in the distribution section (filing, delivering, assembling) the staffs not forget to input the request for stock so that the next day they run out of stock.
3. Hospital HRD facilitate Medical Record staff for Training;

Thus the quality of service at hospital X will continue to increase along with the rapid development of technology and public awareness of health services. Therefore the medical record unit of hospital X always improves Human Resources, Facilities and infrastructure and policies and the flow of the medical record process.

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