

Improving Methods Work Productivity of Medical Record Room Staff in Hospital Management Information a Regional General Hospital of Padang Sidempuan

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Abstract

This study aims to determine and describe the work productivity of staff in the medical record room in the implementation of HMIS in Padangsidimpuan City Hospital and what factors influence it. This research is a kind of survey research with a descriptive non hypothesis qualitative approach. The population in this study was the staff in the medical record room at Padangsidimpuan City Hospital with a sample size of 20 staff (total population units). Research data were collected through interviews and questionnaires. The data analysis technique used is descriptive analysis with percentages. The findings of the study showed that the majority of staff in the medical record room had a high work productivity category in the implementation of HMIS activities in Padangsidimpuan City Hospital, as many as 60% while 40% of staff had low work productivity. The analysis shows that work motivation, ability, wages, work environment, and staff work discipline are factors that influence the work productivity of staff in the medical record room in the implementation of HMIS. Thus, it was concluded that the majority of staff in the medical records room at Padangsidimpuan City Hospital had high category productivity and factors affecting the work productivity of staff in the medical record room in the implementation of HMIS activities at the Padangsidimpuan City Hospital, including work motivation, staff ability, wages, work environment, and work discipline.

Keywords

work productivity, Padang Sidempuan, hospital



I. Introduction

Human resources are an important factor in determining the survival of a company because employees are one of the production factors that play an important role compared to other production factors. Even though a company has complete facilities and infrastructure, without the support of good moral, dynamic, disciplined, and unified human resources, the company's survival will run slowly or even last long (Sutrisno, 2016).

Human resource management is the planning, organizing, directing, and controlling of labor procurement, development, compensation, integration, maintenance, and termination of employment to achieve the goals or objectives of individuals, organizations, and communities. Therefore, the functions in human resource management must be carried out optimally so that the needs related to individual, company, organizational or

institutional goals can be achieved. One of the human resource organizations in its services at the hospital is medical records (Julianti, and Eko, 2016) Medical records are a part of hospital administration that must be maintained because they are beneficial for patients, doctors, and hospitals. The hospital is responsible for protecting, maintaining the information in the medical record from the validity of the data or information.

The role of medical colleagues is needed to manage evidence material for health services safely, comfortably, efficiently, effectively, and confidentially. The implementation of this medical record activity is influenced by human resources, namely medical record officers. SIMRS is a communication information technology system that processes and integrates the entire hospital service process flow in the form of a network of coordination, reporting, and administrative procedures to obtain accurate and accurate information, and is part of the Health Information System. The existence of SIMRS itself has been regulated in the Minister of Health Regulation No. 82 of 2013 concerning SIMRS.

Many hospitals have made significant investments in information, but some have experienced difficulties or the adoption of SIMRS. Failure to adopt system to implement a system of failure in information results in inefficient use of resources and decreased motivation to implement the system. A paradigm shift in the health service sector, encouraging the use of technology as a means of exchanging information. Hospital information systems, which previously prioritized administrative data management, should prioritize information security, develop clinical systems to reduce medical errors, make use of an increasingly accessible internet, digitize manual recording, and utilize wireless equipment to improve access to information (Srinivasan, 2017).

Based on data obtained from the SIM unit at the Padangsidempuan City Hospital in 2018, that the application module for medical records already exists, but it has not been implemented properly by staff in the medical record room of the Padangsidempuan City Hospital. This also indicates that the work productivity of medical record officers in implementing SIMRS is still very low. Many factors affect work productivity, especially health workers, such as work motivation, ability, salary, work environment, work discipline, and so on. Based on the background description above, the researcher is interested in conducting a study entitled "Factors Affecting the Work Productivity of Staff in the Medical Record Room in the Implementation of Hospital Management Information System Activities at RSUD Kota Padangsidempuan".

Based on the background of the problems above, in general, the formulation of the problem in this study is formulated as follows: First, how is the work productivity of staff in the recording room in implementing SIMRS activities at the Padangsidempuan City Hospital? What factors affect the work productivity of staff in the medical record room in implementing SIMRS activities at the Padangsidempuan City Hospital.

II. Review of Literature

The philosophy of productivity has existed since the beginning of human civilization because the meaning of productivity is the desire (the will) and human effort (effort) to always improve the quality of life and livelihood in all fields. According to Syarif, as quoted by Widodo (2015), explained that the simple definition of productivity is the relationship between the quality produced and the amount of work done to achieve that result. Meanwhile, in general, productivity is the ratio between satisfaction with the whole and the sacrifice made. According to Umar in Widodo (2015), productivity means a comparison between the results achieved (output) and the overall resources used (input).

According to Sedarmayanti (2015), work productivity is the ratio of officers or workers from the maximum work achievement of one of the ideas that include quantity, quality at a time. Furthermore, Sedarmayanti (2015) explains that work productivity is a measure of the work of officers or employees with input and output procedures from officers or employees performance indicators in determining efforts to achieve high productivity in a company. According to Yuniarsih and Suwanto (2014), work productivity can be interpreted as a concrete result (product) produced by individuals or groups, during a certain unit of time in a work process. In this case, it can be stated that the notion of productivity has two dimensions, namely efficiency, and effectiveness.

Employees are one of the most important assets in the company, every employee is required to play an active role in setting plans, systems, processes, and goals to be achieved by the company. One way to achieve the effectiveness of a company is to foster and utilize human resources in order to produce a quality workforce, physically and mentally healthy, and have high skills to support the company's success (Mora et al, 2020).

Efficiency is a matter of comparing the planned use of the input with the use of the input used. If the input used is the greater the savings, the higher the efficiency level, and vice versa if the input used the smaller the savings, the lower the efficiency level. Effectiveness is a measure that provides an idea of how far the target can be achieved.

According to Sutrisno (2016), several factors can affect employee work productivity, including training, mental and physical abilities of employees, relationships between superiors and subordinates. According to Sedarmayanti (2015), various factors affect work productivity, including mental attitude, education, skills, management, Pancasila (hip) industrial relations, income levels, nutrition and health, social security, environment, and work climate, facilities. production, technology, and opportunity for achievement. Hariandja (2014), explains that the factors that affect productivity include: ability, situation, and environmental conditions, motivation, wages, education level, work agreement, application of technology.

Productivity measurement is used as a management tool to analyze and drive production efficiency. Also, the benefits of measuring productivity can be seen in the fixed company placement such as in determining real target goals and the periodic exchange of information between labor and management on issues that are interrelated with one another. According to Yuniarsih and Suwanto (2014), productivity can be measured by two main standards, namely physical productivity, and value productivity. Physically, productivity is measured quantitatively as the number of outputs (length, weight, length of time, number). Meanwhile, based on value (qualitative), productivity is measured based on the values of ability, attitude, behavior, discipline, motivation, and commitment to work/tasks. According to Ningsih (2018) Motivation is an encouragement that makes people want to work or act in a certain way. Speaking of motivational matters, what is discussed is human needs. The relationship between motivation and need is two things that cannot be separated from each other.

Productivity in our context is viewed as the instrument for continuous progress, and of constant improvement of activities. It is seen as rate of output per unit of input. Hence, higher productivity connotes achieving the same volume of output with less factor inputs. Thus, increased productivity could result from the reduction in the use of resources, reduction in cost, use of better method or improvement in factor capabilities, particularly labour (Orji, 2020_).

Productivity indicators according to Sedarmayanti (2015), were developed and modified from Gilmore and Fromm's thoughts about productive individuals, namely: (1) Constructive action. (2) Believe in yourself. (3) Take responsibility. (4) Having a love for

work. (5) Having foresight. (6) Able to solve problems and be able to adapt to changing environments. (7) Having a positive contribution to the environment (creative, imaginative, and innovative). (8) Has the power to realize its potential. According to Yuniarsih and Suwanto (2014), productivity is determined by the support of all organizational resources, which can be measured in terms of effectiveness and efficiency. Effectiveness and efficiency are focused on the following aspects: (1) The final result (the actual product achieved), both in terms of quality and quantity. (2) The duration or length of time used to achieve the final result. (3) Optimal use of resources. (4) The ability to adapt to market or user demands.

The role of medical records is very important and is inherent in activities in providing medical or health services, especially those carried out by doctors in hospitals or independent practices. Therefore there is a saying that the medical record is the third person when the doctor receives the patient. A medical recorder is a person who has completed formal Medical Record and Health Information education so that he has competence recognized by the government and profession and has the full duty, responsibility, authority, and right to carry out Medical Record and Health Information service activities in the health service unit According to the Republic of Indonesia's Minister of Health Regulation Number 55 of 2013, a medical recorder is someone who has passed Medical Record and Health Information education by the provisions of laws and regulations.

Medical record provisions are established to foster hospital organization and management in providing quality services. According to Permenkes No. 269 of 2008 concerning Medical Records, the basis for consideration of the need to provide medical records is in the context of realizing an optimal health degree for the community so that there is a need for an increase in the quality of health services. Therefore, the medical record is a patient's right that is intended to provide maximum service. The scope of medical records according to the Minister of Health Decree No. 377/2007, includes: (1) Collecting, integrating, analyzing primary and secondary health service data, presenting and disseminating information, organizing information sources for research, planning, monitoring, and evaluation of health services. (2) Creating health information management standards and guidelines covering legal aspects with elements of security, confidentiality, security, privacy, and data integrity. (3) The operational management of the health information management work unit is divided based on the ability of health service facilities in carrying out information management.

The use of medical records can be used as (1) Health care and treatment of patients; (2) Evidence in the process of law enforcement, medical and dental disciplines and upholding medical and dentistry ethics; (3) Educational and research needs; (4) Basic health service fee payer; (5) Health statistics. The use of medical records can be seen from several aspects, including: (1) Administrative aspects: a medical record has administrative value because its contents involve actions based on authority and responsibility as medical personnel and paramedics in achieving health service goals; (2) Legal aspects: evidence to uphold justice; (3) Financial aspects: medical record documents have a monetary value because they contain data / information that can be used as an aspect of research and development of science in the health sector (4) Research aspects: medical records involve data / information that can be used as an aspect of research and development of science in the health sector; (5) Educational aspects: chronological development and medical service activities provided to patients so that they can be used as reference materials for teaching in the professional field; (6) Documentation aspect: the contents of medical records can be used as material for accountability and hospital reports; (7) Medical aspects: the basis for planning the treatment / care to be given to a patient

In addition to medical record data which is an information requirement from the hospital, the scope of health information that must be managed by the hospital includes reporting data to the Ministry of Health of the Republic of Indonesia and health data required to carry out the accreditation process. The quality of health data / information contained in medical records must meet the quality indicators of medical records, namely: (1) Availability: information must be obtained by those who wish to use it; (2) Easy to understand: information must be easily understood by decision makers; (3) Completeness of medical resume filling: at a minimum includes data / information on the patient's identity, admission diagnosis and indication of the patient being treated, summary of physical and supporting examination results, final diagnosis, treatment and follow-up, as well as the name and signature of the doctor or dentist who provided health services; (4) Accuracy: the accuracy of medical records in which all patient data is written carefully, accurately, precisely and in accordance with the actual situation (5) Punctual: medical records must be filled in and after being filled in must be returned to the medical records department on time in accordance with existing regulations; (6) Fulfillment of legal requirements based on Permenkes Number 269 of 2008 in which: (a) Writing medical records does not use a pencil; (b) Deletion does not exist; (c) Scribbles, errata in accordance with procedures, dates and signatures; (d) The writing must be clear and legible; (e) There is a signature by the person obliged to sign and the name of the officer; (f) There is a date and time of action examination; (g) There is an approval sheet.

Medical records of inpatients at the hospital must be kept for at least 5 (five) years from the date the patient was treated or discharged. After the time limit According to information obtained from the manager and staff in the medical record room, there were several advantages in implementing this computer-based SIMRS, including 1. Ease of inputting patient data. The process of inputting patient data using a computer program can be easier than the method manual. Patient data input is carried out in the registration room, directly filling in the form contained in the computer program. 2. Ease of making patient treatment cards With this program, officers no longer need to fill in the medical card form manually, because in this program, when the officer has entered patient data, the officer only has to click the print card, the patient's medical card will be used. can be printed. 3. Ease of determining the medical record number of the old patient when he comes back for treatment. By re-entering the old patient's medical record number, when the patient comes back for treatment, the officer no longer needs to input data from the patient. 4. Ease of knowing the available beds in each room. When a patient registers, the officer can find out the number of beds available in each room, without having to check into the room again. So that it can make it easier for registration officers and patients to immediately find out which beds and rooms are still available. 5. Ease of making general inpatient reports In making reports, staff will also find it easier. Because the officer only needs to print a report that is connected automatically when patient data is entered and entered. The types of general inpatient reports that are produced are daily reports of incoming and outgoing patients, monthly reports of incoming and outgoing patients, annual reports of incoming and outgoing patients. 6. The efficiency of human resources. In data entry, data processing, and reporting can be done by only one officer, so that the human resources needed are more efficient. 7. Time effectiveness. The patient registration process will be faster because some patient data is simply filled in by selecting it. Thus, the time required for general admission of hospitalized patients is more effective. 8. Data security Stored data is more secure because this system is equipped with a user name and password so that only registered officers can use this system.

III. Research Methods

This research is a type of survey research with a non-hypothetical descriptive qualitative approach, namely research that collects as much data as possible regarding the work productivity of staff in the medical record room in the implementation of SIMRS activities at the Padangsidempuan City Hospital as well as factors that influence, among others, work motivation factors, ability. , wages, work environment, and work discipline. The data obtained in this study are qualitative data and quantitative data. Through descriptive statistical data processing, qualitative data will later be used to accompany and complete the picture obtained from quantitative data analysis. In qualitative research, the number of samples or research respondents does not need to be too much because the aim is to analyze more deeply a phenomenon or event.

IV. Results and Discussion

The frequency distribution of respondent characteristics according to age, based on the results of the study, is briefly presented in Table 1.

Table 1. Frequency Distribution of Respondents by Age

No.	Ages	Total	Percentage
1	≤ 35 years	6	30,0
2	> 35 years	14	70,0
	Total	20	100

Based on the data in Table 1 above, it can be explained that the characteristics of respondents according to the age of 20 people, as many as 6 people (30%) who are less or the same as 35 years and as many as 14 people (70%) are more than 35 years old. Thus, the majority of medical record staff who were research respondents were over 35 years of age, as much as 70%.

The frequency distribution of respondent characteristics according to gender, based on the results of the study is briefly presented in Table 2, it can be explained that the characteristics of the respondents according to gender, of the 20 people there are 5 people (25%) male and 15 people (75%). female. Thus, the majority of medical record staff who were respondents in this study were women, as much as 75%.

Table 2. Respondents Frequency Distribution by Gender

No.	Gender	Total	Percentage
1	Man	5	25,0
2	Woman	15	75,0
	Total	20	100

The frequency distribution of respondent characteristics according to education level, based on the results of the study is briefly presented in Table 3, it can be explained that the characteristics of respondents according to education level, of the 20 people there are 3 (15%) Diploma-III graduates, and 17 people (85%) Bachelor degree (S-1). Thus, the majority of medical record staff who became respondents in this study were S1 graduates, namely as many as 85%.

Table 3. Frequency Distribution of Respondents by Education

No.	Graduate	Total	Percentage
1	D-III	3	25,0
2	S1	15	75,0
	Totals	20	100

Work motivation data in this study were obtained through a questionnaire filled out by respondents / medical record staff to find out about the work motivation of the staff in the medical record room. Staff work motivation data, from the results of the questionnaire, are grouped into 3 (three) criteria, namely low, medium and high. The frequency distribution of work motivation data for medical record staff, based on the results of the study, is briefly presented in Table 4 below:

Table 4. Frequency Distribution of Work Motivation Data

No	Work Motivation	Total	Percentage
1	Low	6	30,0
2	Normal	8	40,0
3	High	6	30,0
	Totals	20	100

The results of the research findings based on the results of the questionnaire showed that the majority of staff in the medical record room of the Padangsidempuan City Hospital who were respondents in this study had abilities that were classified as good categories, namely 10 people (50%), and 5 people each (25%). abilities that are classified as poor and quite good. Furthermore, from the results of the questionnaire analysis and interviews of researchers with staff in the medical partner room of the Padangsidempuan City Hospital and from the results of observations during researching the medical record room, it was found that the staff generally could operate computers, the ability to carry out SIMRS activities, Skilled in preparing and examining the completeness of general sheets of patient medical records, researching outpatients according to the rules, skilled at making printouts of patient registration and Patient Main Index Card (KIUP), skilled in inputting patient status data, understanding well work procedures in implementing SIMRS in the room medical records, as well as the ability of staff to complete tasks promptly related to SIMRS activities in the medical record room.

The results of interviews by researchers with the Head of the Medical Record Unit at the Padangsidempuan City Hospital regarding the ability of medical record staff, it was found that the staff in the medical record room as a whole could operate computers or laptops. At the beginning of the SIMRS implementation, namely in 2018, the staff had been given knowledge and training, until now all staff in the medical record room had also understood and were able to carry out medical record activities with the existence of SIMS. Even with the SIMRS, it can also make it easier for medical record room staff, starting from entering patient data, making cards for patients, knowing information about patient medical records as well as information about available beds in each room. With the computer-based SIMRS, staff also do not have to bother looking for patient data, both new and old patients, simply by entering the patient's medical record number, all the information needed can be obtained quickly and save more time. So, with the SIMRS, medical record activities will be more efficient and effective.

Furthermore, based on the results of cross-tabulation between the ability data and the work productivity of staff in the medical record room in the implementation of SIMRS activities, out of 5 people (25%) of staff who have abilities belonging to the poor category, there are 3 people (15%) whose work productivity is classified as poor, low category and as many as 2 people (10%) who are classified as a high category. Furthermore, from 5 people (25%) of staff who have the ability classified as good enough, as many as 4 people (20%) whose work productivity is classified as low and 1 person (5%) is in the high category. Meanwhile, of the 10 staff (50%) who have the ability classified as good, 1 person (5%) has low work productivity and 9 people (45%) have high work productivity.

Based on the cross-tabulation between ability and staff work productivity, it shows that staff who have high work productivity come more from staff who have relatively good abilities, compared to staff who have relatively low and sufficient abilities. This also indicates that staff capacity is one of the factors that influence the work productivity of staff in the medical record room in implementing SIMRS or in other words, the better the staff's abilities, the higher the work productivity of staff in the medical record room in implementing SIMRS.

The conclusion from the results of this study at the same time supports the results of previous research conducted by Rino et al. (2015), which concluded that ability has a significant effect on the work productivity of production employees at PT. Marita Makmur Jaya Bengkalis Regency. The results of the research by Hati and Irawati (2015) concluded that job skills had a dominant influence on the productivity of female workers in the production operator division. The results of the research by Manik and Syafrina (2018), which concluded that the mental and physical abilities of employees have a positive and significant effect on employee work productivity.

The results of the research findings show that the majority of staff in the medical record room of the Padangsidempuan City Hospital who were respondents in this study thought that the wages/salaries they received were in the proper category, namely 15 people (75%) and as many as 5 people (25%) argued that the wages/salaries they received were the salaries he received was classified as inadequate. The results of the analysis of questionnaires and interviews with researchers with staff in the medical partner room of the Padangsidempuan City Hospital regarding the wages/salaries received by staff, it was found that the staff thought the wages/salaries received were by expectations.

The results of the research findings show that the majority of staff in the medical record room of the Padangsidempuan City Hospital who were respondents in this study had a good category of work discipline, namely 10 people (50%), while as many as 7 people (35%) whose work discipline was classified as sufficient, good and as many as 3 people (15%) whose work discipline was in the poor category.

The results of the questionnaire analysis and interviews of researchers with staff in the medical partner room of the Padangsidempuan City Hospital regarding work discipline in the medical record room, it was found that the staff thought they always came on time, were never absent (except sick and always informed the hospital), always obey the prevailing rules and regulations, use equipment or computers only for medical record work, carry out SIMRS activities by applicable instructions and procedures, always use uniforms and attributes according to regulations, and never go home before the set home hours even though the work has been completed.

The results of the researcher interview with the Head of the Medical Record Unit at the Padangsidempuan City Hospital regarding work discipline for staff in the medical record room, it was found that the Padangsidempuan City Hospital had rules or regulations that all officers, nurses, medical record staff and doctors had to obey. The staff in the

medical record room are also very disciplined, both in obeying the existing rules or regulations, time discipline, and discipline in using work equipment.

Furthermore, based on the results of cross-tabulation between work discipline data and work productivity of staff in the medical record room in implementing SIMRS activities, from 3 people (15%) of staff who have work discipline are classified as poor, there are 2 people (10%) who have productivity. their work is classified as low category and as many as 1 people (5%) whose work productivity is classified as a high category. Furthermore, from 7 people (35%) of staff who have work discipline classified as quite good, as many as 5 people (25%) whose work productivity is classified as low and as many as 2 people (10%) whose work productivity is classified as high. Meanwhile, of the 10 staff (50%) who have work discipline are in a good category, 1 person (5%) has low work productivity and 9 people (45%) have high work productivity.

Based on the results of cross-tabulation between work discipline data and staff work productivity, it shows that staff with high work productivity are more likely to come from staff who have good work discipline, compared to staff who have sufficient or poor work discipline. This also indicates that good work discipline is also one of the factors that affect staff work productivity in implementing SIMRS or in other words the better the staff work discipline, the higher the work productivity of staff in the medical record room in implementing SIMRS.

The results of this study support the results of previous research conducted by Thamrin, et al. (2015), which concluded that work discipline affects the work productivity of production employees at PT. Sinar Siak Dian Permai Bandar Sekijang. The results of research by Sinaga and Ibrahim (2016), which conclude that work discipline has a positive effect on the work productivity of employees in the palm oil production division at PT. Superior Partners of Pelalawan Riau Heritage. As well as the results of research by Putri, et al (2015), that discipline has a positive effect on work productivity of Supporting employees at PT. Indah Kiat Pulp and Paper Tbk.

V. Conclusion

Based on the results of the research and analysis that has been carried out, several conclusions are obtained, the first is the work productivity of the staff in the medical record room in the implementation of the Hospital Management Information System (SIMRS) activities at the Padangsidempuan City Hospital, of the 20 staff who were used as research samples showed that the majority of staff in the room Medical records have a high category of work productivity in the implementation of SIMRS activities, namely as much as 60%, while as many as 40% of staff have low work productivity. Second, the factors that affect the work productivity of staff in the medical record room in implementing SIMRS activities at the Padangsidempuan City Hospital include work motivation, staff ability, wages, work environment, and work discipline. consumers have received restriction.

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