Evaluation Analysis of Using Tracer on Medical Record Storage

Fita Rusdian Ikawati[1], Achmad Jaelani Rusdi[2]
[1,2]Medical Record Study Program, ITSK RS dr. Soepraoen Kesdam / Brawijaya, Indonesia
fita.160978@itsk-soepraoen.ac.id, achmadjaelani@itsk-soepraoen.ac.id

Abstract

Tracer is one of the facilities in the medical record filing room that can be used as medical record storage to facilitate the detection of its existence. Several studies show that there are still missfiles in medical record files. This can make services to patients often delayed and not timely because medical records are very important for patients. The purpose of this study will be to analyze the importance of evaluating the use of tracers in order to achieve the best quality of health institutions. The research method used is qualitative research with a literature review. The secondary data used for the literature review are 15 peer-reviewed journal articles published between 2019-2021 on evaluation of the use of tracers of health agencies spread throughout Indonesia. The findings indicate that there is a need for a good medical record document storage system in the form of a tracer to maximize the service quality of health agencies, both puskesmas and hospitals throughout Indonesia.

I. Introduction

Management of medical record file storage is very important in a health facility because it makes it easier and faster to search for medical record files stored on storage shelves. The hospital is responsible for protecting, maintaining the information in the medical record from the validity of the data or information (Andari, 2020). This can make it easier to retrieve files from storage, make it easier to recover stolen files, as well as protect them from physical, chemical, and biological damage.(Ramadan, 2019). According to Yastori, tracers can help speed up the availability of medical files so that they can be presented in a timely and accurate manner (Yastori, 2019).

Tracer is one of the facilities in the medical record filing room that can be used as medical record storage to facilitate the detection of its existence. The critical nature of tracking as a medical record file detector when it leaves the medical record file storage rack must be communicated to medical record health workers, especially health centers. This information is expected to be used to determine the existence of medical record files on the storage rack using a Tracer as a tracking card (Musfika, 2020). With the tracer facility in the filing room, it makes it easier to find medical records when needed (Valentina, 2019)

To prevent dampness of medical record files, the medical record file storage room must have several facilities, such as a room with an ideal temperature for file storage, using Roll-o-Paks, open shelves, and filing cabinets as a means of storing medical record files. Tracer that can be used to trace the existence of medical records as a substitute for medical record files on the filing shelf. Because with medical record storage, patient medical records can be found more easily when needed (Yastori, 2019).

The Indonesian Ministry of Health stipulates that medical records may not leave the record room without an exit/borrow card, and the use of tracers in the storage room must

comply with these basic rules. Health is a very important element of the quality of life in national development (Rildayani, 2020). Everyone who receives/borrows medical records must return them in good condition and on time, and this rule applies both to people inside and outside the medical record room. Provision should be made for the length of time medical records remain on the shelf without being accessed. Every staff of Health agencies especially emergency hospitals must have the information they need and all medical records must be returned to their shelves at the end of each working day unless ordered by the court, medical records cannot be removed from their location (Depkes RI Director General Yanmed, 2006).

Several studies show that there are still missfiles in medical record files. This can make services to patients often delayed and not timely because medical records are very important for patients. Therefore, this study will analyze the importance of evaluating the use of tracers in order to achieve the best quality of health institutions.

II. Research Methods

This research is a qualitative research with the type of literature review or literature review. Literature review is a systematic, explicit and reproducible research method for identifying, evaluating and interpreting existing documents (Kesim & Yıldırım, 2017). This research was conducted by analyzing 15 peer-reviewed journal articles published between 2019-2021 regardingevaluation of the use of tracers of health agencies spread throughout Indonesia.

III. Discussion

3.1 Results

Table 1. Literature Review Results Evaluation of Tracer Usage and Procedures for Making Tracers for Health Institutions in Indonesia

No	Author's Name and Year of Publication	Health Agency Location	Research methods	Research Findings
1	(Hutauruk & Gurning, 2019)	Deli Serdang	Quantitative	Using two systems, namely centralized and decentralized as well as tracer so that the existence of medical record documents can be is known
2	(Sindy & Pratama, 2019)	Sintang	Qualitative	The existence of a tracer as a medical record file tracking card when it comes out of the storage rack
3	(Yastori, 2019)	field	Qualitative	Socialization of the importance of effective use of tracers

4	(Valentina, 2019)	Medan	Qualitative	One of the assessments in the accreditation standards of health centers. is with the use of tracer
5	(Aso, 2019)	Bojonegoro	Qualitative	The Medical Record Document Storage System in the form of a tracer plays an important role in the maintenance of medical record documents
6	(Musfika, 2020)	Madison	Qualitative	Already using the tracer but the use of the tracer stopped because of several factors that hindered the implementation of the tracer
7	(Hasan et al., 2020)	Surabaya	Qualitative	Need a tracer to missfile medical record files
8	(Ningsih et al., 2020)	Banjarmasin	Qualitative	Facilities and infrastructure such as Tracer are not used, while the register book is only available for inpatient registration
9	(Janti & Wariyanti, 2020)	Surakarta	Qualitative	Maximizing health services is through the use of tracers that add information to the tracer
10	(Pujihastuti & Rohmadi, 2020)	Sragen	Qualitative	The need to implement a centralized system on the tracer
11	(Herman et al., 2020)	Situbondo	Qualitative	There is an effect of using tracers on storage racks on the ease of officers in controlling medical record files
12	(D. Wulandari, 2020)	Klaten	Qualitative	The need for evaluation of the process of returning medical record files to the tracer
13	(S. Wulandari et al., 2021)	Palembang	Qualitative	Insufficient number of tracers causes misfile
14	(Adiningsih et al., 2021)	South Denpasar	Qualitative	The need for an SPO tracer in the filing section
15	(Ritonga & Lubis, 2021)	Christmas Mandailing	Qualitative	The importance of tracers to the management of medical record files

Source: Processed by Researchers, 2021

3.2 Discussion
Evaluation Analysis of Tracer Usage on Medical Record File Storage

Based on the results of the literature above, it shows that there is a need for a good storage system for medical record documents to maximize the service quality of health institutions, both health centers and hospitals throughout Indonesia. The results of table 1 show that around 70% of health agencies do not have tracer activity on storage shelves. In line with the research conducted by Ningsih, for example, it happened at TK III Dr. Hospital. R Soeharsono Banjarmasin, already has a tracer but it is not utilized optimally due to lack of human resources and ineffective Standard Operating Procedures (SOPs) (Ningsih et al., 2020). The results of table 1 imply that the use of tracers is also underutilized to the maximum in all health agencies spread across Indonesia.

Based on Valentina's study, medical record officers in health institutions, especially puskesmas, are not graduates of the medical records department and have never received training in the management of medical records work units. The prevalence of duplicate medical record numbering shows that the understanding of puskesmas officers to the management of medical record work units is still limited. Because the numbering system is very important in the administration of medical records, the system chosen must be appropriate to the situation of the health facility provider. Although the selection of the right numbering system will make it easier for officers to retrieve medical patients, this will also have an impact on the development of storage space and additional shelves (Janti & Wariyanti, 2020). This also shows that the officers do not have the necessary qualifications and competencies for medical recorders, which implies that the management of medical records at the puskesmas is not smooth. (Valentina, 2019). In line with the results of a study conducted by Musfika researchers, the obstacle in implementing the use of tracers lies in the lack of ability of medical record officers regarding the tracer system which is still decentralized due to the lack of space devoted to medical record processing such as assembly, coding, and indexing (Musfika, 2020). Human resources are one of the most important factors for the success of the organization in achieving its goals (Adiningsih et al., 2021).

Based on the results of interviews and observations made by Hasan, the storage and arrangement of medical record files is also caused by officers who tend to be lazy to use tracers. As a result, the arrangement of medical record files is not in the correct order so that it can confuse other officers using the tracer (Hasan et al., 2020) This is confirmed by research conducted by Wulandari, that another factor that hinders the provision of medical record files is the indiscipline of health workers in terms of returning medical record files on time to the tracer. Delays in returning medical records on the filing rack can hinder the efforts of officers in providing medical records (D. Wulandari, 2020).The absence of a tracer in the filing rack will make it difficult to return medical record documents to their original place, because theoretically the tracer is an important tool to track the existence of medical record documents. So from the results of the study it was caused by the lack of knowledge of officers about the benefits of tracers (Ningsih et al., 2020).

Budihardjo emphasized that the SOP is a regulatory instrument that has the aim of regulating the stages of certain work procedures and work processes (Budiharjo, 2014). Based on some literature, the results of table 1 show that the role of medical record officers in implementing Standard Operating Procedures (SOP) is significant in improving the quality of health services at the puskesmas. (Adiningsih et al., 2021). SOPs that use tracers still do not meet the SOPs that have been set. The preparation of SOPs is only to meet the needs of accreditation. Based on the results of the table above, it shows that the development of SOPs for storing medical records has never been evaluated. The responsibilities of health officials

at both hospitals and health centers also overlap, which causes a lack of control over medical records (Hasan et al., 2020).

Based on the explanation above, the researcher underlines the evaluation for the factor of officers who lack adequate ability in the use of tracers is the need for training, coaching and socialization carried out by the management of the health agency itself or the local government. In addition, it is necessary to increase the number of workers in the medical record unit, especially in the tracer medical record file storage section, so that the inpatient medical record file storage section has a dedicated person in charge and there is no overlap or double work.

The management of health agencies should establish SOPs as references or guidelines for officers in carrying out a job and hold regular scheduled meetings with the aim of evaluating or assessing performance in processing tracers in the provision of medical records.Evaluation of the SOP tracer can also be done by opening an opinion forum for leaders and medical officers to foster deliberation and avoid conflicts between officers and leaders. The leadership determines sanctions and rewards to instill discipline in medical record officers, ensuring the management of the inpatient medical record storage section runs optimally in accordance with SOPs.

IV. Conclusion

Based on the results of the literature above, it shows that there is a need for a good medical record document storage system in the form of a tracer to maximize the service quality of health agencies, both health centers and hospitals throughout Indonesia. The findings show that around 70% of health agencies do not have tracer activity on storage shelves. The rest of the health agencies that already have tracers have not been used optimally. Other factors that prevent tracers from being used efficiently are human resources factors that are less competent and tend to be lazy and negligent and SOPs that have not been implemented properly. The researcher underlines the evaluation for the factor of officers who do not have adequate skills in the use of tracers, namely the need for training, guidance and socialization carried out by the management of the health agency itself or the local government. In addition, it is necessary to increase the number of workers in the medical record unit, especially in the medical record file storage section of the tracer so that there is no overlapping work. It is also possible to evaluate the SOP tracer by opening an opinion forum for leaders and medical officers to encourage deliberation and prevent conflicts between officers and leaders. The researcher also concluded the need to create a list of sanctions and rewards to help medical record officers stay on track, and ensure the management of the hospital's inpatient medical record storage section runs smoothly and in accordance with SOPs.

References

Adiningsih, L. Y., Romansyah, D. E., & Kanaya, I. G. A. K. Y. (2021). Evaluasi SPO Penggunaan Tracer Untuk Mengendalikan Missfile Berkas Rekam Medis di Bagian Filing UPTD Puskesmas I Denpasar Selatan. Bali Medika Jurnal, 8(1). https://doi.org/10.36376/bmj.v8i1.164

Andari, et.al. (2021). Improving Methods Work Productivity of Medical Record Room Staff in Hospital Management Information a Regional General Hospital of Padang Sidempuan. Budapest International Research and Critics Institute-Journal (BIRCI-Journal) Vol 4 (2): 1666-1676.

Aso, K. (2019). Tinjauan Pelaksanaan Sistem Penjajaran Dokumen Rekam Medis Pada Bagian Filing Uptd Puskesmas Bojonegoro. Jurnal Hospital Science, 3(1).

Budiharjo, M. (2014). Panduan Praktis Menyusun SOP. Raih Asa Sukses.

Depkes RI Dirjen Yanmed. (2006). Buku Pedoman Penyelenggaraan & Prosedur Rekam Medis Rumah Sakit Di Indonesia.

Hasan, M., Tri Ardianto, E., & Setiawan Hendyca, D. (2020). Analisis Faktor Penyebab Terjadinya Missfile Berkas Rekam Medis Rawat Inap Di Rumah Sakit Phc Surabaya Tahun 2020. J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatan, 2(1).

Herman, L. N., Wijayanti, R. A., Deharja, A., & Roziqin, M. C. (2020). Analisis Penyebab Lama Penyediaan Berkas Rekam Medis Rawat Jalan di Puskesmas Mangaran. J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatanan Informasi Kesehatan, 2(1).

Hutauruk, P. M., & Gurning, M. M. B. (2019). Faktor – Faktor Penghambat Pelayanan di Tempat Pendaftaran Pasien BPJS Rawat Jalan di Rumah Sakit Sari Mutiara, Lubuk Pakam Tahun 2019. Jurnal Ilmiah Perekam dan Informasi Kesehatan Imelda (JIPIKI), 4(2).

Janti, H., & Wariyanti, A. S. (2020). Kelebihan dan Kekurangan Penerapan Family Numbering System di Puskesmas Dinas Kesehatan Kota Surakarta. Jurnal Rekam Medis Dan Informasi Kesehatan, 3(1). https://doi.org/10.31983/jrmik.v3i1.5554

Musfika, M. (2020). Tinjauan Faktor-Faktor Penghambat Pelaksanaan Tracer di Rumah Sakit Griya Husada Madiun. Jurnal Delima Harapan, 7(1). https://doi.org/10.31935/delima.v7i1.96

Ningsih, E. R., Rosada, A., & Larasati. (2020). Tinjauan Dampak Terjadinya Duplikasi Dokumen Rekam Medis Di Rumah Sakit Tk III Dr. R Soeharsono Banjarmasin. JKiKT (Jurnal Kajian Ilmiah Kesehatan Dan Teknologi), 2(1).

Pujihastuti, A., & Rohmadi. (2020). Tata Kelola Ruang Filing di UPTD Puskesmas Masaran II Kabupaten Sragen. Prosiding: Seminar Nasional Rekam Medis dan Informasi Kesehatan.

Ramadlan. (2019). Pengaruh Design Tracer Terhadap Penyimpanan Berkas Rekam Medis Rawat Jalan Di Puskesmas Kapas. Jurnal Hospital Science, 3(2).

Rildayani, et.al. (2020). The Effect of the Comprehensive Midwifery Care Model with the One Student One Client (OSOC) Approach to Birth Outcomes in North Aceh Regency. Budapest International Research and Critics Institute-Journal (BIRCI-Journal) Vol 3 (3): 1676-1682.

Ritonga, Z. A., & Lubis, H. E. (2021). Tinjauan Pelaksanaan Sistem Penyimpanan Rekam Medis Berdasarkan Standar Akreditasi Di UPTD Puskesmas Kotanopan Mandailing Natal. Jurnal Ilmiah Perekam Dan Informasi Kesehatan Imelda (JIPIKI), 6(1).

Sindy, S. L., & Pratama, R. Y. (2019). Desain Traccer (OUTGUIDE) Pada Ruang Penyimpanan Rekam Medis Di Puskesmas Sungai Durian Sintang... … Medis dan Informasi Kesehatan.

Valentina. (2019). Tinjauan Sistem Penyimpanan Redis Medis Menurut Standar Akreditasi Puskesmas di Puskesmas Sukaramai Tahun 2019. Jurnal Ilmiah Perekam Dan Informasi Kesehatan Imelda (JIPIKI), 4(1).

Wulandari, D. (2020). Analisis Faktor Penyebab Keterlambatan Penyediaan Berkas Rekam Medis Rj Di Rsup Dr. Soeradji Tirtonegoro Klaten. J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatan, 1(2).

Wulandari, S., Febrianti, F., & Herfiyanti, L. (2021). Analisis Penggunaan Tracer Di Puskesmas Ariodillah Palembang. Syntax Idea, 3(8). https://doi.org/10.36418/syntax-idea.v3i8.1452

Yastori, Y. (2019). Sosialisasi Pelaksanaan Sistem Penggunaan Tracer sebagai Pelacak Berkas Rekam Medis pada Rumah Sakit Naili Dbs Padang. Logista - Jurnal Ilmiah Pengabdian Kepada Masyarakat, 3(2). https://doi.org/10.25077/logista.3.2.172-176.2019