

Management Strategy Hospital Medical Record Using Quantitative Strategic Planning Matrix (QSPM) (Case Study at Bhayangkara Hospital, Denpasar Bali)

Annesia Malantiyaz¹, Muhardi², Handri³

^{1,2,3}Master of Management Study Program, Faculty of Economics and Business, Universitas Islam Bandung, Indonesia

Abstract

As one of the largest hospitals in Denpasar - Bali, Bayangkara Hospital Denpasar Bali should own a special strategy to face the competition in the field of health care. One way to maintain competitiveness, both in attracting the attention of potential patient and retaining existing patients is by having a proper understanding and analysis of the factors behind the management of medical records. Primary data sources were obtained from the questionnaire input, in-depth interviews and by observing data analysis using internal-external matrix, SWOT analysis and Quantitative Strategic Planning Matrix (QSPM). Medical record management at Bhayangkara Hospital Denpasar - Bali have yet to reach its maximum potential. Electronic medical records (EMR) has seen some early usage but there are several problems in its implementation and development. The Total IFE score of 2.482 which situated below 2.5 visualize the weak internal position of RSBD's medical record management, given that the institution has yet to fully utilize its strength to overcome its weakness. This indicates that the internal management of medical records was ineffective. The total EFE score reached 3.122. which scored above 2.50, indicates an effective external management of RSBD's medical records, because it has a strategy that can take advantage of the opportunities and minimize threats/negative external influences. RSBD fell in the category of cell II that prioritize growth and development (grow and build). The strategy with the highest implementation priority is the establishment of a medical record team equipped with dedicated programmers, with the highest attraction value strategies at 7.08.

Keywords

management strategy; medical records; QSPM



I. Introduction

To face the fairly tight competition in the field of health services, Rumah Sick Bhayangkara Denpasar (RSBD) as one of the largest hospitals (rumkit) in Denpasar-Bali, needs to use a special strategy. By analyzing and knowing the factors that influence the management of medical records, it can be one way to compete to attract the attention of prospective patients or keep patients permanent. Human Resources (HR) is the most important component in a company or organization to run the business it does. Organization must have a goal to be achieved by the organizational members (Niati et al., 2021). Development is a change towards improvement. Changes towards improvement require the mobilization of all human resources and reason to realize what is aspired (Shah et al, 2020). The development of human resources is a process of changing the human resources who belong to an organization,

from one situation to another, which is better to prepare a future responsibility in achieving organizational goals (Werdhiastutie et al, 2020).

In order to meet the demands of gaining the trust of patients, a house sick need to improve guarantee quality (quality assurance), quality control (quality control), and quality improvement (quality improvement). The formulation of the right medical record management strategy can make this happen.

Therefore, a detailed discussion is needed regarding the management of medical records so that it can be known (1) how to manage medical records at Bhayangkara Hospital Denpasar Bali, (2) analyze how effective the management of medical records is in dealing with developments in the internal and external environment of Bhayangkara Hospital Denpasar Bali, and (3) develop strategies for the future in increasing the perspective of potential and dynamic medical records at Bhayangkara Hospital Denpasar Bali.

RSBD currently needs to manage medical record services. This is important to facilitate access to medical records that can be accessed by other units easily and can be traced properly. This research is a case study by tracing the data and information obtained from the RSBD. The data can be obtained from environmental factors, namely internal and external factors that will affect the performance of hospital medical records. This is described using the Internal Factor Evaluation (IFE) matrix and the External Factor Evaluation (EFE) matrix. Then, the total IFE and EFE matrices are mapped using the Internal External (IE) matrix. Next, the main strategy alternative will be formulated using a matrix of Strengths, Weaknesses, Opportunities, and Threats (SWOT).

of several problems and results study introduction, can concluded that management of medical records at Bhayangkara Hospital Denpasar Bali has not been maximized, electronic medical records (e-RM) have begun to be used but there are still many obstacles in their implementation and development, so it is necessary to develop strategies that will be applied in the future in order to achieve a better medical record perspective. potential and dynamic so that management of medical records from the beginning, their retention and storage become clear so that they are easy to trace.

II. Research Method

The paradigm of this research is a mixed methods approach (Mixed Methods Research). Muslim (2015) argues that joint research in operations research unites two Data analysis is quantitative and qualitative. Approach the based-on problem orientation, pluralistic, and consequence orientation.

Combined methods are divided into two types, namely research methods and combined models (mixed method and model research). Meanwhile, quantitative and qualitative strategies are combined in a combined model research. Meanwhile, qualitative data collection was carried out through interviews with respondents which were converted into quantitative data through a matrix of strategic factors. Identification of strategic environmental factors, position and condition of RSBD medical records based on strategic environmental factors, alternative strategies, strategic priorities, and strategy implementation as a tool for formulating RSBD development strategies

The population of this research is employees who are doctors, nurses, medical record staff of the RSBD in 2021-2022 . The 18 resource persons consisted of internal parties,

namely those from within the RSBD and external parties from outside the RSBD consisting of:

- Leaders of 3 people
- 3 medical record staff
- 3 doctors
- 3 nurses
- 3 patients/external parties

2.1 Framework Data Analysis

1. Stage 1: Input (Input Stage)

Get information about the condition or general description of hospital medical records. This includes the hospital's internal weaknesses and strengths, as well as the hospital's external threats and opportunities. This information is contained in the IFE and EFE matrices along with their weights.

2. Stage 2: Matching Stage

At this stage, it is done by comparing the advantages as well as to internal deficiencies with using external opportunities and threats, the IE matrix is also used to see the position of the hospital's medical records generated by mapping the total score of the IFE and EFE matrices, as well as the SWOT matrix. The results of this mapping are used to formulate alternative strategies to be implemented.

3. Stage 3: Decision (Decision Stage)

Discuss the strategy from the analysis results and compare it with other alternative strategies. Decisions made at this stage will be based on the previous stage so that a strong and accountable decision is obtained.

The QSPM matrix is used as the type of analysis at this stage. In general, this technique shows which strategy is better. David (2006) states that QSPM uses input analysis in stage one, while in stage two it is the matching of results analysis

The next important steps to take is strategy implementation. This is a critical stage because although some the organization/company is able to formulate a strategy, some of which are unable to implement the strategy.

III. Result and Discussion

According to The International Federation Health Record Organization (IFHRO) states that medical records contain information about the patient, medication, medical history, and records that are in accordance with the order of medical services.

According to Watson (1992) in Lubis (2009), medical records contain information/records, assessment, treatment, history taking, treatment actions, and services provided to patients, including initial patient registration to patient acceptance. The medical record is a system for organizing hospital activities, including the recording of the medical record itself.

According to Rustiyanto (2009) medical records contain : who, what, how and where the patient is in the hospital so that complete and valid data is needed. This data is used for assessment, assurance, treatment, and treatment outcomes. In other words, a medical record is a health history in the form of patient information from before being born into the world until

death. This record is made when a patient visits a hospital or health service for treatment, both inpatient and outpatient.

In line with the Decree of the Minister for Empowerment of State Apparatus No. 135 of 2002, that records of information about examinations, treatment, other actions, services and patient identity records are listed in the medical record document. According to Edna K Huffman (1999), medical records are data that shows the patient's condition, patient treatment history, and disease assessment, both at the time before having the disease and currently occurring.

Gibony (1991) states that the use of medical records is often abbreviated as ALFRED.

- a. Aspects of Administration (Administration). The function of this administration activity is used by the management team to carry out tasks, functions and authorities in the arrangement/maintenance of various resources.
- b. Legal Aspects (Legality). Aspect this will maintain and protect patients, providers (doctors, nurses, managers, owners of health care facilities and other health workers), and legal evidence.
- c. Financial Aspect (Financial) . Used for tracing in order to estimate expenses, receipts and costs of medical (health) service facilities
- d. Research. Is a study of information that works to develop knowledge in the medical field.
- e. Education. It is used for the development of science, especially in the health sector and the development of hospitals or health centers.
- f. Documentation. As a historical document related to a person's state of health.

3.1 Management Record Medical at RSBD

Management record medical already enter to in plan strategic (mission, objectives, strategies and policies) RSBD. Management record medical at this RSDB Becomes priority main, accompanied by with management record comprehensive medical and SOP preparation for input, process and output side (numbering, storage). Deficiency management record medical in Thing means infrastructure need improved, in particular room the place storage not enough for record medical status active.

Moment this RSBD will also develop supporting technology record medical that is System Information Management Record Medical (RM SIM). It is very important for the continuity of the RSBD, because save data every patient. Besides that, in the field medical influence service patient. by larger again, in the field house sick for knowing developments in RSBD (number visits, number visitors, number of dead, evaluation level progress and development of the hospital).

Management record medical not enough maximum because limitations amount power or HR record There are very few medical staff at the RSBD, so that still concurrently other duties. Record medical at RSBD with e-RM partially already refers to paperless, will but moment this still in the optimization process for all e-RM units. Limitations room for record medical still Becomes difficult thing controlled. RM SIM already bridal to BPJS, access registration and queue already online. This RM SIM normal called e-RM (electronic) record medical). Record the medical staff at the RSBD is still not yet maximum and necessary developed again.

3.2 Analysis effectiveness management record medical in face development internal and external environment in RSBD

Factors Analysis factors strategic management record RSBD medical is:

a. Strength

1. Management record medical already enter in plan strategic RSBD
Support leader for structuring and digitization is very necessary in skeleton smoothness as well as convenience activity management record medical at RSBD. RSBD leadership supports RSBD management with enter management record medical to in plan strategic RSBD.
2. Qualification of HR records high RSBD medical
HR qualification record medical at RSBD already in accordance with competence. Recruitment staff record medical conducted based on appropriate competence with tupoksi. Staff record medical S1 and D3 degrees in the field of record medical.
3. Record medical electronic (e-RM) already start built
RSBD start build record medical electronics (e-RM) in mid year 2021. It is because demands need organization, speed service administration, and limitations room storage files physique record medical.
4. Already have system online admission
Attention main current e-RM development this is in the system online admission. Change pattern service health that prioritizes patient, sue house sick for Keep going notice patient, even before patient the treated.

b. Weakness

1. Storage space record medical not enough support
There are several places home storage sick, but not enough support. Storage space record medical too narrow so that no capable accommodate record existing medical.
2. Orderly administration record medical still not enough
This is one influencing cause enhancement service health at home sick. Management record orderly medical, and traceable so support success vision and mission house sick.
3. Number of HR records medical not enough
Effort management record suitable medical _ with standard national of course must supported with the number and competence of human resources who understand record medical qualified. Amount staff record There are still very few medical facilities at the RSBD. This thing not comparable with amount record necessary medical _ managed and generated each year.
4. Archives record manual medical yet managed in accordance rule
Management record medical that is not in accordance rule happened, one of them because lack of human resources and space storage files record manual medical. This thing need Support leader for To do recruitment and procurement room so that setting files easy and smooth done.

c. Opportunity

1. Request stakeholder access to record high RSBD medical
The high demand for stakeholder access to medical records has encouraged the leadership of the RSBD to improve the e-RM information system as a repository of medical record information, so that every RSBD stakeholder can access the information quickly.

Currently e-RM is in the stage of perfection, namely the integration of all systems in the RSBD related to medical records.

2. One house pioneering pain record medical electronic web -based
Destination implementation record medical electronic web -based at RSBD is for enter patient data and search for it back, and see information visit patient as well as morbidity data in form statistics to be make it easy power health house sick in take decision action medical next for patient.
3. Record medical enter in evaluation accreditation house sick
Record medical Becomes proof RSBD performance. RSBD not could claim performance when without accompanied proof or Theory supporters. one roles and functions important record medical is as supporter RSBD performance. Record medical who has stored the information in e-RM becomes proof RSBD performance.

d. Threat

1. Study identification patient, reporting important, and authentication, proper documentation not yet fully follow rule national
Rule national record medical that is Regulation of the Minister of Health of the Republic of Indonesia No. 269/MENKES/PER/III/2008 concerning Record Medical. study Identification Patients, reporting important, authentication, documentation must in accordance with Chapters II, III, and IV namely related Record Type and Content Medical, Administration and Storage Procedures, Destruction and Confidentiality. Record medical nature mandatory and appropriate rules.
2. Demand use sign certified digital hand in accordance rule national
Rusli (2009) stated that aspect privacy and authentication in record medical is very important. because that, privacy and authentication must guard with good in record medical electronics. If both Thing that no available, impact to patient and home very big pain, ok in field medical nor social.
3. Demand society that is increasingly literate technology
Civilization humans in the 21st century has is at in Industry 4.0 digital revolution, where in this era, technology information and communication Becomes very important thing in life human. Service facilities health that is Hospitals are required to improve the quality of service to patients, as benchmark measure community use obtain a sense of comfort, safety, quality, and effectiveness in use facility health.
4. Development of e-RM still depends from the vendor
The development of e-RM is highly dependent from vendors. HR record the medical staff at the RSBD is still limited to users, not yet capable for make programmer alone . Dependency big against developer vendors record medical Becomes threat big management record medical at RSBD.

e. Analysis IFE and EFE. Matrix

Analysis IFE and EFE metrics are presented in Tables 1 and 2.

Table 1. IFE. Matrix

Internal factors	Weight (a)	Rating (b)	Score (axb)
Strength			
- Management of medical records has been included in the strategic plan of the RSBD	0.122	4	0.486
- High qualification of RSBD medical record HR	0.121	4	0.483
- Electronic medical record (e-RM) has started to be built	0.125	4	0.501
- <i>online</i> admission system	0.126	4	0.506
Weakness			
- Medical record storage space is not supportive	0.108	1	0.108
- Orderly administration of medical records is still lacking	0.119	1	0.119
- The number of medical record human resources is less	0.130	1	0.130
- Manual medical record archives have not been managed according to the rules	0.148	1	0.148
TOTAL	1,000		2,482

Table 2. EFE. Matrix

External Factors	Weight (a)	Rating (b)	Score (axb)
Opportunity			
- Demand for <i>stakeholder access</i> to RSBD medical records is high	0.154	3	0.462
- One of the hospitals that pioneered <i>website -based electronic medical records</i>	0.143	3	0.430
- Medical records are included in the hospital accreditation assessment	0.122	4	0.489
Threat			
- Patient identification review, important reporting, authentication, correct documentation have not fully followed national rules	0.131	3	0.393
- Demands for the use of certified digital signatures according to national regulations	0.163	3	0.490
- The demands of an increasingly technology literate society	0.132	3	0.397
- The development of e-RM still depends on the vendor	0.153	3	0.460
TOTAL	1,000		3.122

f. Analysis IFE and EFE. Matrix

Strategic position through IE matrix defined based on total score IFE and EFE matrices. Weighting on X and Y axes. Total value matrix IFE 2.482 and is EFE 3.122.

With thereby the position of the RSBD is in quadrant II, namely grow and develop (grow and build). Repair management record less medical effective internally and maintain effectiveness management record medical by external, can use appropriate alternative strategies for applied to quadrant this including intensive strategy (development) product, market penetration, and market development) or integrative strategies (integration to back, to front and horizontal).

Identification result from Strengths, Weaknesses, Opportunities and Threats of the Study Program as well as position program competition that is in quadrant II, will used for formulate alternative strategy with use SWOT matrix. Position management record RSBD medical based on IE matrix can seen in Figure 1.

g. Alternative RSBD Medical Record Management Strategy

Based on the analysis of the IFE and EFE matrices, a SWOT matrix can be compiled which produces four types of strategies, namely SO, WO, ST, and WT strategies. The development strategy in this matrix is adjusted to the results of the IE matrix, namely the position of the hospital is located in cell II, which is growing and *building* . The results of the SWOT analysis can be seen in Table 3.

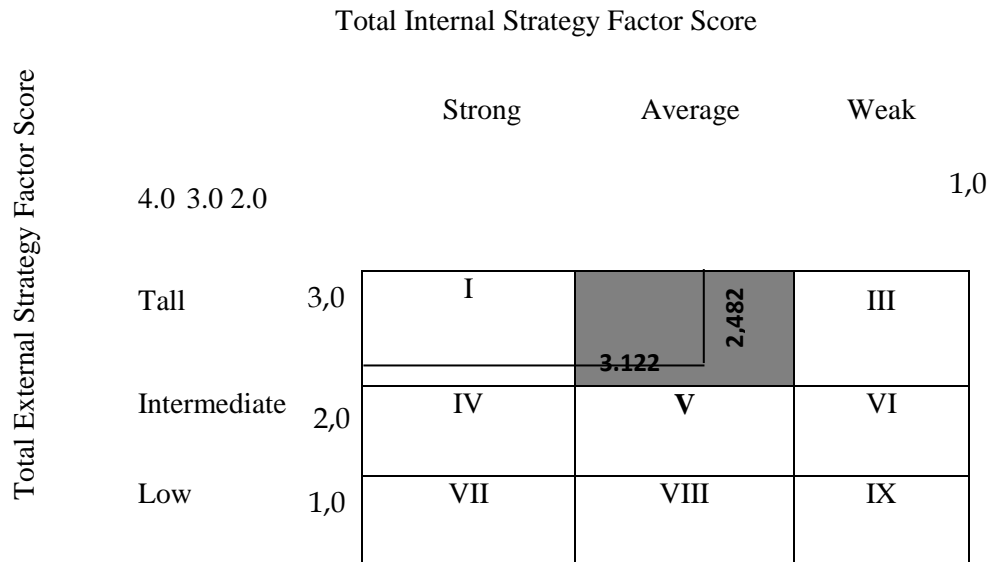


Figure 1 . Management IE Matrix record medical hospital

Table 3. SWOT matrix for the management of RSBD medical records

<p style="text-align: center;">Factor</p> <p style="text-align: center;">Internal</p> <p style="text-align: center;">Factor</p> <p style="text-align: center;">External</p>	<p style="text-align: center;">Strength (S)</p> <ol style="list-style-type: none"> 1. Management of medical records has been included in the strategic plan of the RSBD 2. High qualification of RSBD medical record HR 3. Electronic medical record (e-RM) has started to be built 4. <i>online</i> admission system 	<p style="text-align: center;">Weakness (W)</p> <ol style="list-style-type: none"> 1. Medical record storage space is less supportive 2. Orderly administration of medical records is still lacking 3. The number of medical record human resources is less 4. Manual medical record archives have not been managed according to the rules
<p style="text-align: center;">Opportunity (O)</p> <ol style="list-style-type: none"> 1. Demand for <i>stakeholder access</i> to RSBD medical records is high 2. One of the hospitals that pioneered <i>website - based electronic medical records</i> 3. Medical records are included in the hospital accreditation assessment 	<p style="text-align: center;">SO Strategy</p> <ol style="list-style-type: none"> a. Development record medical comprehensive electronic (e-RM) for all line RSBD services (S1, S2, S3, S4; O1, O2, O3) 	<p style="text-align: center;">WO Strategy</p> <ol style="list-style-type: none"> a. Qualified HR recruitment education record medical (W2, W3, W4; O1, O3) b. design re - layout recording unit room medical (W1, W2, W3, W4; O1, O3)
<p style="text-align: center;">Threat (T)</p> <ol style="list-style-type: none"> 1. Patient identification review, important reporting, authentication, correct documentation have not fully followed national rules 2. demands use sign certified digital hand in accordance rule national 3. The demands of an increasingly technology literate society 4. The development of e-RM still depends on the vendor 	<p style="text-align: center;">ST strategy</p> <ol style="list-style-type: none"> a. Preparation of formal legal sign digital hand for record medical according to Law Number 11 of 2008 (S1, S3, S4; T1, T2, T3, T4) 	<p style="text-align: center;">WT Strategy</p> <ol style="list-style-type: none"> a. Formation team record equipped medical _ with internal <i>programmer</i> (W1, W2, W3, W4; T1, T2, T3, T4)

h. RSBD Medical Record Management Strategy Priority

Calculation result in the strategy QSP matrix that must be come first for soon conducted that is formation team record equipped medical with internal programmers, who have score power highest pull that is of 7.08. Table QSP matrix is presented in Table 4.

Table 4. QSP Matrix

No.	Strategy Alternative	Total value	Order of Priority
A.	Development of comprehensive electronic medical records (e-RM) for all RSBD service lines	6.37	2
B.	Formal legal preparation of digital signatures for medical records in accordance with Law Number 11 of 2008	6.34	3
C.	HR recruitment with medical record education qualifications	6.37	2
D.	design re - layout recording unit room medical	6.34	3
E.	Formation of a medical record team equipped with an internal programmer	7.08	1

IV. Conclusion

Management record medical at Home Sick Bhayangkara Denpasar Bali yet maximum. Record medical electronic (e-RM) already start used but still many constraints in implementation and development. Development and management record medical at this RSDB Becomes priority main. Moment this stakeholder requests for record medical part big already walk smoothly. Not yet system integrated record keeping and expedition between poly whole, sometimes cause long time meet return record medical. Deficiency management record medical in Thing means infrastructure need improved, in particular room the place storage not enough for record medical status active. Storage space for record medical inactive with retention not enough over 5 years not yet in accordance standard and not managed with good

Condition management record medical staff at the RSBD can seen based on analysis factors strategically, so that obtained current position of RSBD this and can seen effectiveness management that has done. Based on analysis factor internal strategy, is amounted to 2,482. Total average weighted under 2.5 shows internal management position record RSBD medical is weak internally, where institution not yet maximizing strength for resolve weakness. This thing shows management record medical internally not yet effective. From result analysis calculation factor strategic external of 3,122. The value be on top average of 2.50. This thing show management record RSBD medical already effective by external. This thing proved with there is a strategy that can enlarge opportunities and minimize threat / influence negative external. With thereby RSBD position is located in cell II, namely grow and develop (grow and build). Repair management record less medical effective internally and maintain effectiveness management record medical by external, can using alternative strategies for used on cells this is an intensive strategy (market development, market penetration, and product).

From result IFE matrix and EFE SWOT matrix that produces the right strategy in skeleton reach perspective record potential and dynamic medical at Home _ Sick

Bhayangkara Denpasar Bali. SO, strategy generates Development strategy record medical comprehensive electronic (e-RM) for all line RSBD services. ST strategy results in a formal legal drafting strategy for signs digital hand for record medical according to Law Number 11 of 2008. The WO strategy results in a qualified HR Recruitment strategy education record medical, and design strategy re - layout recording unit room medical. WT strategy results in Formation strategy team record equipped medical with internal programmer. Must- have strategy come first for implemented that is formation team record equipped medical with internal programmers, with score power pull highest between alternative strategy of 7.08. Formulas implementation of management strategy record RSBD medical done in form of road map, activities this as an important instrument capable of give understanding to everyone, able help change environment and as guide / instructions in direct in doing activity implementation of management strategy record medical in period time certain.

Today, the values of local wisdom of the people in the coastal village of Wakatobi district have been formed through a long history that has been passed. The values of local wisdom of today's society are a reflection of the social dynamics that occur in their society. The local wisdom values include:

- The philosophy of "kahedupa gau satoto". It means the union of heart, feeling and action. Gau satoto the implications of this philosophy include that something produced by deliberation must be carried out, and something that is said at stake.
- The philosophy of "Kahedupa Tenirabu Teandiandi Nuwolio" which means Kahedupa is on the same level as Nuwilo or the Sultanate of Buton (even though it is under the government of the Sultanate of Buton), meaning that they all feel that they are brothers and equal, they do not want to be colonized by other nations. This also has positive implications in resource management, because the Wakatobi community has strong enough confidence to be able to manage these resources independently, what is needed is how to create a planned and programmed management concept to apply to the Wakatobi community.
- The Wakatobi community is also a society that has a high social spirit. For them, those who have natural wealth is the earth on which they stand. This is a social asset in maintaining harmony between people in a society that has strata in their social life.
- The Wakatobi community is a religious society. For the Wakatobi people, the sea is not only an area that has economic value, but is also a gift given by God as a source of life.

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