

## Work Analysis of the Medical Record Unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021

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### Abstract

*The purpose of this research is to understand work analysis of the medical record unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021. This research is qualitative research with a rapid assessment procedure design. Data collection is done by interview, observation, and document search. The residency implementation stage is carried out from November 15 to 30, 2021, as well as providing guidance to the Field Supervisor and Academic Supervisor to complete the residency report. Problem identification was obtained from the results of interviews and in-depth brainstorming with observations and documentation studies carried out. The method used to determine the priority of the problem is by using the urgency, seriousness, and growth (USG) method. The results of the study show that the application of standard operating procedure in the medical record unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021 is not optimal. Therefore, it is necessary to socialize standard operating procedure for medical record, audit medical record unit, create a vision and mission of medical record unit.*

### Keywords

work; medical; standard operating procedure



## I. Introduction

Data management at the Public Health Center is building an information system. Manual data management or raw paper, the drawbacks are many, in addition to time consuming, accuracy is also very unacceptable because the probability of error is very high. Have support information technology exists today, manual data management works can be replaced with an information system using a computer, and much more fast, data management has also become easier. Accurate data error is very high. Have support information technology exists today, manual data management works can be replaced with an information system using a computer, and much more fast, data management has also become easier. Accurate data is contagious, we are also trying to cure patients. Hospital care for people both officials and visitors.

A Public Health Center can be said to be effective if the Public Health Center is able to change the behavioral paradigm of a society in accordance with the healthy paradigm. The Public Health Center is able to handle all health problems that exist in the work area of the Public Health Center, including handling services during patient registration in order to improve health status in a Public Health Center work area (Wati, 2019).

The service starts from patient registration which really needs attention, the faster the search for old patient data and the registration process for new patients will affect the

speed of medical services desired by patients. Outpatient service is a form of medical service. In simple terms, outpatient services are medical services provided to patients not in the form of inpatient care. The first form of outpatient services are those organized by clinics that are related to hospitals (hospital-based ambulatory care) (Lidya, 2009).

The service starts from patient registration which really needs attention, the faster the search for old patient data and the registration process for new patients will affect the speed of medical services desired by patients. In simple terms, outpatient services are medical services provided to patients not in the form of inpatient care (Lidya, 2009).

Medical records are not just records and documentation. The recording and documentation must be listed chronologically, systematically and accurately, so that it will provide an overview of the course of a person's illness, investigative actions that have been carried out on him, information on management plans, records of clinical observations and treatment results, approval/rejection of an action, summary of discharge, as well as the name and signature of the health worker providing the health service. Thus, a good medical record will reflect a good and responsible medical practice and also show that health workers have good performance and discipline (Samandari et al., 2017).

Regarding the medical record itself, it has been regulated in several laws, namely Law Number 29 of 2004 concerning Medical Practices, Law Number 44 of 2009 concerning Hospitals and Minister of Health Regulation Number 269/MENKES/PER/III/2008 concerning Medical Records, as the implementation of Article 47 Paragraph (3) of Law Number 29 of 2004 concerning medical practice. In the two regulations mentioned above, it is stated about the obligation of a doctor and dentist to make a complete, clear and accurate medical record. Even the Permenkes also mentions the importance of affixing the identity of the name, time and signature. Some of the obstacles found were, none of the officers at the medical record had an educational background of medical recorders, medical status or records which were sometimes lost or misplaced and patients who often forgot to bring administrative equipment to get health services, resulting in the service taking a long time, ineffective and efficient. In terms of the completeness of the contents of the medical record, doctors sometimes forget to sign after writing the patient's history and physical examination.

The purpose of this research is to understand work analysis of the medical record unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021.

## **II. Research Method**

This research is qualitative research with a rapid assessment procedure design. Qualitative research can be defined as the study of the nature of phenomena and is especially appropriate for answering questions of why something is (not) observed, assessing complex multi-component interventions, and focussing on intervention improvement (Octiva et al., 2018; Pandiangan, 2018). Rapid assessment procedure design are teams of researchers are deployed to gather information from small samples of key informants and local residents using surveys, semi-structured interviews and focus groups. Existing data sets are also studied to provide a more comprehensive picture of the problem (Asyraini et al., 2022; Octiva, 2018; Pandiangan, 2015).

Data collection is the process of collecting, measuring, and analyzing various types of information using standardized techniques (Jibril et al., 2022; Pandiangan et al., 2018; Pandiangan, 2022). Data collection is done by interview, observation, and document

search. First, in obtaining data that will be used for the residency report is through interviews and in-depth brainstorming conducted to the Head of Administration, Person in Charge of Medical Records, and Medical Record Employees. In addition, the observation method is also carried out during the residency. Document searches are also required for the completeness of the reports obtained from the data that is already available at the Technical Implementation Unit of the Bangkinang City Public Health Center.

The residency implementation stage is carried out from November 15 to 30, 2021, as well as providing guidance to the Field Supervisor and Academic Supervisor to complete the residency report. Problem identification was obtained from the results of interviews and in-depth brainstorming with observations and documentation studies carried out.

The method used to determine the priority of the problem is by using the urgency, seriousness, and growth (USG) method. Urgency, Seriousness, Growth (USG) method is one of the scoring methods to arrange the priority order of issues that must be resolved (Octiva et al., 2021; Pandiangan et al., 2021; Pandia et al., 2018). At this stage, each problem is assessed for its level of risk and impact. When the number of scores has been obtained, it can determine the priority of the problem. From the identification of the problem, the priority of the problem, fish bone analysis, alternative problem solving will be proposed to solve the problem (Pandiangan et al., 2022; Tobing et al., 2018).

### **III. Result and Discussion**

#### **3.1 Work Analysis of the Medical Record Unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021**

The results of the study show that the application of standard operating procedure in the medical record unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021 is not optimal.

In the management function section of the planning field for the vision and mission of the medical record section, after conducting interviews and observations, the vision and mission of the medical record unit were not found. Meanwhile, for standard operating procedure for medical record services, officers have carried out their duties according to the standard operating procedure by asking whether the patient has been treated or not, then if the officer asks for a patient identification card, if not, the officer records the identity in accordance with the patient identification protap.

Then proceed and submit the patient's medical record to the document delivery officer which will be submitted to the doctor's assistant in the examination room. For performance standards in the outpatient room, it can be seen from the employee's work targets where the employee's plans and performance targets are within the assessment period.

In the organizational function, in the context of running health services, each employee is treated on the way to work in accordance with the job description of the staff in the medical record room of the the Technical Implementation Unit of the Bangkinang City Public Health Center. Likewise with the arrangement of work schedules at the the Technical Implementation Unit of the Bangkinang City Public Health Center following the working hours of the Public Health Center, namely Monday to Thursday at 08.00 to 12.00 West Indonesia Time for registration, Friday and Saturday at 08.00-10.00 for working hours or response time for medical record officers it only takes approximately 7 minutes for new patients and 5 minutes for old patients.

In the direction of the function based on the results of interviews, for motivation to subordinates so far there is still no motivation given. One of them motivates to increase

knowledge and skills through seminars and training. For the delegation of authority itself, so far the delegation of authority if one of the medical record officers does not enter and has permission, the delegation of authority is given to another medical record officer. Meanwhile, the last supervision was carried out when the accreditation activity took place in 2019. So far, conflict management has not occurred at the the Technical Implementation Unit of the Bangkinang City Public Health Center.

In the control function section, from the results of the interview, it was found that the quality indicators in the medical record room already exist, but for document audits in the medical record it can be said that it is not optimal because the documentation is not yet active. Meanwhile, satisfaction surveys have so far been carried out through filling out questionnaires, suggestion boxes, and sms centers. But now it doesn't work anymore. As for the performance appraisal from the results of interviews and direct observations that the performance appraisal has been carried out in accordance with performance standards.

Based on the problems encountered in the medical record unit, the authors have prepared an intervention plan to improve the quality of the medical record unit service in the future. In accordance with the literature review regarding the background of the person in charge of the medical record unit, it should be someone who has the background and competence of a medical recorder. Medical Recorder Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 377/MENKES/SK/III/2007 concerning Medical Recorder Professional Standards, that there are 2 categories of competence that must be possessed by medical recorders and health information. The categories are main competencies and supporting competencies. Both must be possessed by a medical recorder and health information to carry out duties in health care facilities (Kholili, 2011). The intervention carried out was to send a letter of request for a medical recorder to the local Health Office and do an internship at a Public Health Center which has staff with a medical recorder profession. The internship is carried out for 2 weeks with the supervision of the medical record officer at the destination Health Center, and the Public Health Center needs to budget funds to conduct medical record training/internships.

This is in line with what was done by Mardawati and Leonard (2019) stating that the problems in the human resources component include the lack of responsibility in completing the coding of medical actions, to overcome these problems there are several things that can be done in the implementation of coding including: and procedures in coding, the need for compliance in coding such as conducting audits, monitoring and evaluation, determining contact persons, holding education and training, responding to detected complaints and developing communication lines. In this case the doctor is not a coder but is responsible for determining accurate diagnoses and medical actions.

No.135/Kep/Menpan/12/2002 is a professional support service activity oriented to the need for health information for every health service provider, administrator, and management in health care facilities and other interested institutions based on medical record science. The implementation of a good medical record depends on the medical record officer itself. With the fulfillment of the number of medical record officers in accordance with the job description in each work unit, the service will be maximized (Nuraini, 2015).

The implementation of standard operating procedures in the the Technical Implementation Unit of the Bangkinang City Public Health Center medical record unit has not been maximized due to audit activities after the accreditation process was no longer running, it requires a joint commitment between related parties to be able to maximize the implementation of standard operating procedure in the medical record unit, in this case the person in charge of the quality team, PMKP team and Audit team and UKP head to benefit

from the vision and mission: To become a media as a bridge between the current condition of the organization and future conditions, increase the level of work standards, foster a sense of belonging to an organization, grow and increase a sense of responsibility by work ethic, determine the purpose of the basis and precision in accordance with applicable rules and regulations.

To conduct organizational structure in the medical record unit in order to clarify responsibilities, positions, and job descriptions in order to maintain a workload within a certain time. Organizing medical records in accordance with the decision of the Minister of Empowerment of State Apparatuses can carry out their duties again periodically according to a predetermined schedule. The combination of the management review meeting method conducted by the quality leader and audited by the Bangkinang City Public Health Center audit officer, as well as socialization of the application of standard operating procedure in medical record services are expected to maximize the compliance of RM staff to standard operating procedure.

Based on the results of research conducted by Suhartina (2019), it is stated that the implementation of the 2018 standard operating procedure for the medical record file storage system has not been effective: retrieval that does not use outgoing file instructions, there is no written and attached flow of medical record documents. This is due to the lack of socialization to the medical record team which causes health services to be ineffective.

Vision and mission in the medical records unit is very important, because it determines the direction and goals of the organization. The following below is an organization, creates a healthy organizational condition, becomes a guide for making a plan, helps many parties or individuals in identifying an organizational goal, triggers various organizations to be able to innovate in the face of competition, helps all individuals and organizations when making decisions that within an organization's vision.

According to David C. Mc. Clillan, that every human being has an achievement motive, namely the desire to work better, so it is very natural for an employee/staff to also want to improve work performance which in the end will receive an award from the leader. Giving motivation or rewards is very important in improving the performance of officers in the medical record unit, it creates a new spirit and a conducive atmosphere in the workplace. Medical record service manuals and brochures are useful for guiding services in medical records, so that medical record service activities are more focused and effective.

#### **IV. Conclusion**

The results of the study show that the application of standard operating procedure in the medical record unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021 is not optimal.

Therefore, it is necessary to socialize standard operating procedure for medical record, audit medical record unit, create a vision and mission of medical record unit. To the person in the medical record unit at the Technical Implementation Unit of the Bangkinang City Public Health Center in 2021 for socialization to all doctors, midwives, and nurses in the application of standard operating procedure for medical records in order to speed up work in health services in the medical record unit.



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