

STRATEGY FOR PREVENTING DELAYS IN RETURNING INPATIENT MEDICAL RECORD FILES BASED ON THE PDCA METHOD

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A B S T R A C T

Medical records are said to be of good quality if they are accurate, reliable, valid, timely, and complete. Inpatient medical record documents must be returned on time. If medical record documents are not returned according to the established SOP, this is considered a delay. This will affect the quality of health services. The purpose of this study was to determine the factors causing delays in returning inpatient medical record files and to create a strategy to prevent factors causing delays in returning medical record files at Buton District Hospital. To see the delay factors, the researcher used a prevention strategy using the PDCA method. The subjects in this study were 5 people with medical record file objects. The type of research used in this study was qualitative with a descriptive approach using a case study research design. Interviews and observations of medical record officers were used during data collection. The results of the study from February to April still experienced delays in returning medical record files where out of 1200 medical record files that had to be returned to the medical record room, there were 586 files that were late (48.9%), in February 48.2%, in March 47.9%, in April 50.2%. Factors that affect the delay in returning medical record files include the Man factor, which is the delay in nurses and doctors completing medical resumes, Methode is more enforced and orderly SOP, strengthening in the implementation of SOP. Medical record officers must remind nurses more often to be on time in returning medical record files, Preferably a warning letter or billing letter signed directly by the hospital director is given to nurses who are late in returning medical record files based on the applicable SOP.

INTRODUCTION

Hospitals provide a variety of medical services, including treatment and rehabilitation. Hospitals also function as a place for training health workers and biosocial research (Budi, 2011). To support health services, every hospital must organize medical records. Medical records are files containing records or documents about the patient's identity, examination, treatment, and other medical actions given to him. These medical records can include notes from doctors, dentists, or certain health workers, observation records, daily treatments, and all radiological and electro diagnostic recordings. Medical record data is collected from the time the patient is admitted to the time they are discharged from the hospital, including all procedures and treatments given. (Permenkes RI No 24 Tahun 2021)

Delays in returning medical records for inpatients are not only related to how quickly the data is processed, but can also cause delays in insurance payments and threaten the confidentiality of patient information. As a result of the scattered medical record files, patients who experience delays in returning medical record files for inpatient care for more than 2x24 hours. hours also cause a long time for managing control patients (Yulia, 2017). According to research conducted by Hikmah et al. (2019), four factors influence the length of time required to return inpatient medical records. Among them are the following: (1) The doctor did not fill out the file correctly; (2) there were no sufficient instructions regarding the return of medical records; (3) the distance between the inpatient room and the medical records room was considered far; and (4) communication facilities were not fully utilized.

The results of an initial study conducted in March 2024 at the Buton Regency Hospital showed that almost 50% of the medical record files taken from a sample of 20 BRMs had not yet been returned to the filing room. This shows that there is still a delay in returning medical record files. so that on the next visit the patient came to the hospital for a check-up, the BRM was not yet in the filing room, resulting in the Registration and Filing officers in managing medical records being hampered

because the inpatient BRM had not returned to the filing room. Thus, it can be said that the return of medical record files at the Buton Regency Hospital is not in accordance with the SOP.

The Deming cycle, or plan do check action (PDCA) method, is an approach created by Dr. W. Edwards Deming. PDCA method, an interactive four-step problem-solving process commonly used in quality control is essential. Problem solving focuses on the source of the problem and its solution.

METHODOLOGY

The type of research used in this study is qualitative with a descriptive approach using a case study research design. Observation and interviews were used during the data collection process. To prevent factors that cause delays in returning medical documents, the data obtained were processed descriptively.

The subjects in this study were the Head of the Filing Room, Ward Nurses, Doctors, and Registration Officers at the Buton Regency Hospital. With the object of research, namely medical record files and the implementation of the return of medical record files carried out at the Buton Regency Hospital in March-August 2024.

Data processing in this study was obtained from the results of interviews, the results of the observation checklist and then processed in narrative form.

RESULTS AND DISCUSSION

To determine the level of delay in returning medical record files, researchers conducted a documentation study of medical record files in the processing room. The documentation study conducted was by looking at the register book for returning inpatient medical records from each room from February to April 2024 to determine the percentage of delays in returning inpatient medical record files.

Table 1. Percentage of Return of Inpatient Medical Record Files at Buton District Hospital

No	All Room	Total number BRM	Total RM which is On time	Presentation Accuracy	Total RM the Late	Presentation Delay
1	Februari	373	193	51,8%	180	48,2%
2	Maret	399	208	52,1%	191	47,9%
3	April	428	213	49,8%	215	50,2%
Total		1200			586	48,9%

Source: *Medical Records Unit of Buton District Hospital, 2024*

Based on the table above, it can be seen that for all rooms at Buton District Hospital, from February to April there were still delays in returning medical record files, where 1200 files had to be returned to the medical record room, there were 586 medical record files that were late (48.9%), February 48.2%, March 47.9%, and April 50.2%.

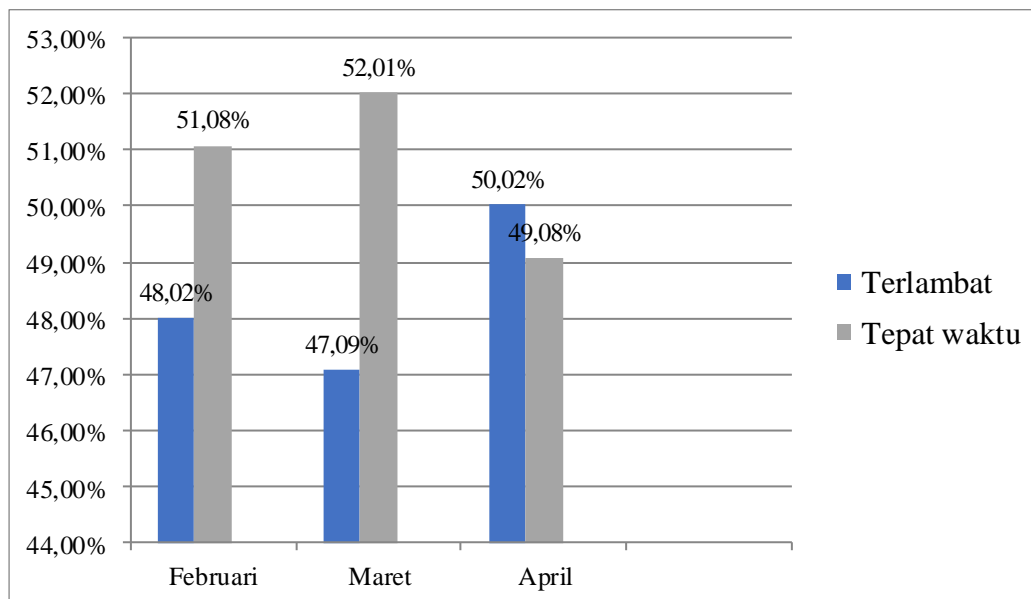


Figure 1. Graph of Return of Inpatient Medical Record Files at Buton District Hospital from February to April 2024

Based on interviews during the research at Buton District Hospital, there are factors causing delays in returning medical record files, namely Man, Methods, Material, Machine, and Money. However, the factors that most often cause delays in returning medical record files, namely man and machine, can be explained as follows:

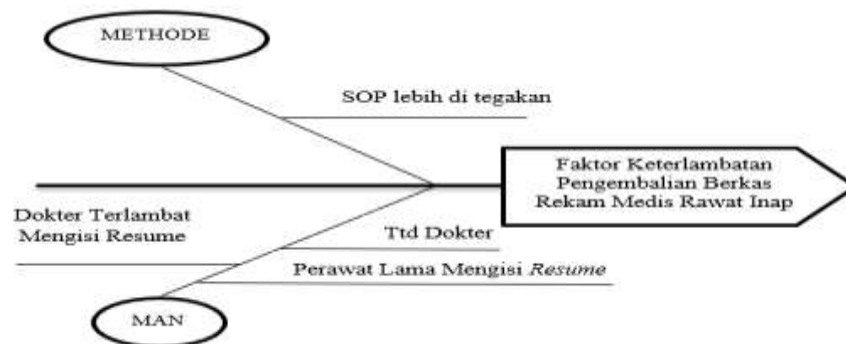


Figure 2. Fish Bone Diagram

Delay Prevention Strategy Using PDCA Method

Plan (Planning)

The Plan stage, namely planning and setting good process standards, is the goal of the PDCA method plan. Based on the results of interviews and data collection at the Buton District Hospital, the researcher plans to enforce and be more orderly in the SOP, strengthen the implementation of the SOP, optimize MAN, namely borrowers must actively return the BRM if there is still a delay, a warning letter or bill is given which is signed directly by the hospital director to reduce the level of delay in returning medical record files.

Do (Implementation)

The do stage is the implementation or application stage planned in the plan stage. After conducting interviews with informants and triangulating sources, based on the results of the brainstorming agreement, namely: Enforcing and orderly SOPs, borrowers must actively return BRMs, warning letters or billing letters signed directly by doctors to each nursing room that is late in returning BRMs, audits and monitoring, feedback and reviews.

Check (Examination)

Conducting an evaluation related to the implementation of the results of improving enforcement and orderly SOPs, from the examination of the time of returning medical record files, samples were taken in May, there were 412 BRMs, and there were 233 BRMs who returned on time, and there was a billing letter form signed directly by the hospital director, Audit and Monitoring ensure that medical records are filled in on time and completely, Audit activities have been carried out after the planning was determined at the beginning of the month so that Monitoring in each nursing room, Feedback and Review have been carried out periodically and provide feedback to doctors about the quality and speed of filling in medical records.

Action

The results of the analysis of existing problems are then used to determine what problems must be resolved. The result of the brainstorming is that the main reason for the delay in returning medical records to Buton District Hospital must be prioritized. namely SOP has not been implemented properly, then a warning letter or bill has been made which is signed directly by the doctor to each nursing room that is late in returning the BRM. Samples were taken in May, from 412 inpatient medical record files for all rooms, there were 215 medical record files that were on time, and 179 medical record files that were late, so the percentage of delays is:

$$\frac{\text{Total RM the late one}}{\text{Total RM which is made study objek}} \times 100$$

$$\frac{179}{412} \times 100\% = 43,44\%$$

From the data above, it is known that the Enforcement and orderliness of SOPs and the provision of billing letters signed directly by the hospital director, Audit and Monitoring, namely controlling nurses to ensure that medical records are filled in on time and completely, Audit activities have been carried out in early May after the planning was determined and then Monitored in each nursing room so that at the end of the month a significant difference can be seen, then the Feedback and Review activities have been carried out periodic reviews and provide feedback to doctors about the quality and speed of filling in medical records so that doctors after taking action quickly and carefully have filled in the complete medical resume and signature so that when BRM Returns to the medical records room it is more timely. So it can be concluded that the Man and Methods elements that are more enforced have made significant changes.

Table 2. Matriks PDCA

5 M	Problem	Plan	Do	Check	Action
<i>Man</i>	Based on the results of interviews with officers and heads of rooms regarding the causes of delays in returning medical record files for inpatients due to nurses and doctors not having completed the patient's medical record files.	Optimizing MAN, namely borrowers must actively return BRM, provide warning letters or billing letters signed directly by the hospital director to reduce the level of delays in returning medical record files.	Carry out inspection activities within a specified time scale.	There is a provision of billing letters signed directly by the hospital director, Audit and Monitoring, namely controlling nurses to ensure that medical records are filled in on time and completely, Audit activities have been carried out after the planning was determined at the beginning of the month so that Monitoring	provision of billing letters signed directly by the hospital director, Audit and Monitoring, namely controlling nurses to ensure that medical records are filled in on time and completely, Audit activities have been carried out in early May after the planning was determined and then Monitored in each nursing room so that at the end of the month a significant difference can be seen, then the Feedback and Review activities have been carried out periodic reviews and provide feedback to doctors about

5 M	Problem	Plan	Do	Check	Action
				in each nursing room, Feedback and Review have been carried out periodically and provide feedback to doctors about the quality and speed of filling in medical records.	the quality and speed of filling in medical records so that doctors after taking action quickly and carefully have filled in the complete medical resume and signature so that when BRM returns to the medical records room it is more timely
<i>Method</i>	There is an SOP on returning medical record files, but it has not been optimized properly. The delay in returning medical record files for inpatients is caused by incomplete filling in of the files by nurses and doctors.	more enforced and orderly SOP, strengthening the implementation of SOP	SOP has been carried out in orderly implementation of medical records	Conducting an evaluation related to the implementation of the results of improving enforcement and orderly SOPs, from the examination of the time of returning medical record files, samples were taken in May of 412 BRM, and there were 233 BRM who returned home on time.	Samples taken in May, from 412 inpatient medical record files for all rooms, there were 215 medical record files that were on time, and 179 medical record files that were late, so the percentage of delays was: $\frac{179}{412} \times 100\% = 43,44\%$

Source: Primary Data, 2024

CONCLUSION

Based on the data obtained during the study, it can be seen that medical records were delayed, namely in February 48.2%, March 47.9% and April 50.2%. And from the total number of 1200 files in February, March and April there were 589 (48.9%) that were late in returning to the medical records room.

Factors that cause delays in returning inpatient medical record files, namely: In the Man section, the delay in nurses and doctors filling out medical resumes so that old files return to the medical records unit, especially filling by DPJP who must always be reminded so that doctors are on time, so that man is less than optimal. in the Methods section, SOPs that are not enforced in creating a strategy to prevent delays in returning medical record files using the PDCA method, at the Plan stage a strategy is produced based on the results of brainstorming, namely: Orderly SOPs, Audit and monitoring, Feedback and Review.

Research limitations are based on the researcher's direct experience in this study, there are several limitations experienced. These limitations may be some elements that need to be considered by future researchers to improve their research. This is because this study itself certainly has shortcomings that need to be fixed in future research. Some of the limitations of this study are as follows: Lack of time for researchers to conduct research, The object of research only focuses on the delay factor, so researchers do not pay attention to the need for implementation in making strategies.

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