



Overview of Return Times for Inpatient Medical Records at Andalas University Hospital

Rahmadhani^{1*}, Oktamianiza², & Ade Puspitasari³

¹Stikes Dharma Landbouw Padang, Indonesia

*e-mail: rahmadhani@stikeslandbouw.ac.id

Article Information

Received: May 23, 2024

Revised: May 27, 2024

Online: June 29, 2024

Keywords

Medical Record Files, Return, Time

ABSTRACT

One supporting element for medical record processing is the prompt return of files belonging to patients who have concluded their inpatient healthcare services. The established standard for the return of these medical records is within a maximum of 48 hours. This research aims to ascertain the timeframe the return of hospitalized patient records at Andalas University Hospital in Padang. The investigation employed a quantitative approach utilizing descriptive methods. The research took place in the storage room at Andalas University Hospital, Padang. The investigation took place starting from May to September 2023. The population of this study was 302 files with a sample of 75 medical record files with data collection time from 20 to 25 September 2023. The research applied the Simple Random Sampling technique. Data gathering involved observation and data processing techniques including editing, coding, processing, and cleaning. The analysis focused on univariate analysis. Results from Andalas University Hospital revealed that 31 files (41.3%) returned accurate medical records, while 44 files (58.7%) were found to have incorrect medical records returned. This indicates that many medical record files were returned after the stipulated timeframe of >48 hours. As a conclusion from the study, it's imperative for the head of the medical records room to assess and supervise the return process of inpatient medical record files. By doing so, this issue can be mitigated and delays in Submitting the medical records of a hospitalized patient anew files can be minimized.

Keywords: Medical Record, Returns, Time



INTRODUCTION

Medical record documents contain information regarding individual patient identity, results of medical evaluations, therapeutic steps, interventions, and other health services provided to individual patients. (Peraturan Menteri Kesehatan, 2022). It is important for medical records to be maintained in accordance with the norms set by medical institutions and government regulations. Discrepancies in this case can have an impact on reducing the quality of services provided by the medical records unit itself (Depkes RI, 2006).

It is important for medical records to be maintained in accordance with the norms set by medical institutions and government regulations. Discrepancies in this case can have an impact on reducing the quality of services provided by the medical records unit itself (Smith & Johnson, 2018). Proper medical records management ensures accurate patient care, legal compliance, and the effective functioning of healthcare systems (Jones et al., 2020).

This step is the initial stage in the patient medical record management cycle. The speed with which these documents are returned to the medical records department greatly influences the smooth operation of the unit, and has direct implications for the level of performance of the medical records unit (Taylor & Murphy, 2017). Ensuring that medical record documents are returned on time is a crucial step in establishing efficient medical record management (Harrison & White, 2019).

Any delay in returning medical record documents for more than 2x24 hours can disrupt the flow of services, patient information management processes and reporting. Not only that, this delay can also have an impact on delays in processing information, insurance claims, and the quality of services provided to patients (Winarti, 2013).

According to research results Amalia Dina Rosalina (2021) in a study entitled "Punctuality of Inpatient Medical Record Returns at Mitra Siaga Hospital, Tegal, 2021," The approach used is descriptive qualitative. The data collection process was carried out using participatory observation which produced information from 92 medical records that were the object of research. From this sample, there were 25 medical records (around 23%) which were returned in less than 2x24 hours and 67 medical records (around 77%) which were returned after more than 2x24 hours. Delays in returning medical record documents to the medical records unit are related to delays in completing medical records by care workers after the patient goes home.

The results of interviews with heads of rooms at Andalas University Hospital were not 100% using Electronic Medical Records. Only around 40%-50% of the division had switched to Electronic Medical Records, while the inpatient medical records section still relied on the Manual Medical Record method. Medical record files are often returned within 2-4 weeks after the patient leaves treatment. This delay has an impact on the accumulation of medical record files which must be checked for completeness (Baker et al., 2016).



This becomes a problem when there are patients who have just left the medical facility after treatment and are then treated again within the next 1-3 weeks. The storage room staff has a very difficult time finding the patient's medical record files, and there is a delay in treating the patient (Chang & Lee, 2018). Problems that occurred in the storage room caused medical records officers to be overwhelmed in finding where the medical record files were located (Evans et al., 2020).

METHODS

This research is quantitative with descriptive methods. The research was conducted in the storage room at Andalas University Hospital, Padang. The research was conducted from May to September 2023. The population of this study was 302 files with a sample of 75 medical record files with data collection time from 20 to 25 September 2023. Applying the Simple Random Sampling technique, data collection was carried out through observation and process. data processing techniques editing, coding, processing, cleaning. The analysis used is univariate analysis.

RESULTS

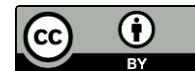
Based on an analysis of 75 medical record documents for patients undergoing treatment in the inpatient unit, the results of returning medical record documents are in accordance with the time schedule, which is detailed in the following table:

Table 5.1
Frequency Distribution of Timeliness of Returning Inpatient Medical Record Files

Timeliness of Return of Medical Record Files	f	%
On time	31	41.3
Not on time	44	58,7
Total	75	100,0

The results of research conducted by researchers showed that of the 75 inpatient medical record files, researchers found 44 files (58.7%) of medical records that were returned more than 2 x 24 hours, with the largest number of medical record files being returned late from the Eboni treatment room.

This research is similar to the study conducted by Citra Sri Wulandari and Rumpiati (2018) in their study entitled "The Accuracy of Returning Inpatient Medical Record Documents at RSUD Dr. Harjono S Ponorogo". Of the total 3663 files studied, it was found that 155 files (5%) were returned on time (2x24 hours) and 3171 files (95%) were returned more than 2x24 hours. (Wulandari and Rumpianti, 2018).



The medical record document return system has a very crucial role in supporting the efficiency of medical record information management. When there is a delay in the process of returning documents, this can cause delays in processing patient data, which in turn can hamper the reporting process. Delays in returning medical record documents can also increase the workload for officers responsible for managing information in medical record documents (Hatta, 2013)

At Andalas University Hospital there are 3 treatment rooms for inpatient care, including the Eboni room, Sakura room and Maranti room. The Eboni treatment room serves BPJS class 2 and class 3 patients, both surgical and non-surgical patients. Sakura treatment room, serving BPJS class 1, general, VIP and VVIP patients. Meanwhile, the Maranti treatment room serves ob-gyn, mother and child patients. Of the three treatment rooms, the more frequent return of medical record files from the treatment room to the medical records room which exceeds the 2x24 hour time limit is the Eboni treatment room, with a total of 26 files (66.7%) because the treatment room serves more patients. compared to other treatment rooms.

DISCUSSION

It is recommended that the head of the medical records room evaluate or monitor the return of medical record documents for patients undergoing inpatient treatment. This step is expected to reduce, or even minimize, delays in returning medical record documents for patients undergoing inpatient treatment.

CONCLUSIONS

Based on the research conducted on the return times of inpatient medical records at Andalas University Hospital, it is evident that delays in the return of medical records are a significant issue. The findings showed that 58.7% of medical records were returned beyond the standard 48-hour timeframe. This delay has profound implications on the efficiency of medical record management and patient care. The study highlights the importance of timely medical record processing, as delays can lead to difficulties in retrieving necessary patient information, impacting both administrative tasks and patient treatment. It is crucial for the hospital to implement measures to streamline the return process and address the causes of these delays, such as inadequate completion times by healthcare providers and the lack of complete transition to electronic medical records. In order to improve hospital efficiency and service quality, the management of the medical records department must prioritize monitoring the return of these documents and ensure adherence to the set standards. Future research could explore the implementation of technological solutions, such as fully integrating Electronic Medical Records (EMRs), to further enhance the timeliness and accuracy of medical record management, which could reduce workload and improve patient outcomes.

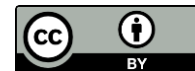


ACKNOWLEDGMENT

Very grateful to Dr. Dr. Yevri Zulfiqar, Sp.B, Sp.U (K) as director of Andalas University Hospital and to Mrs. Yulidar, Amd.Kes, as head of the Medical Records Installation together with the staff of Andalas University Hospital for the opportunity, support and access to conduct research and data collection.

REFERENCES

- Amalia Dina Rosalinda and Leni Herfiyanti. 2021. " Accuracy of Returning Medical Records of Hospitals Patients in Hospital Partners Emergency Tegal." *Indonesian Scientific Journal* 1(7) 775-783 <https://cerdika.publikasiindonesia.id/index.php/cerdika/article/view/117>
- Aufa, Badra Al. 2018. "Analysis of Factors Influencing inaccuracies in the timing of returns of hospital medical records at X Bogor Hospital." *Indonesian Vocation Journal* 6(2): 41–46. [https://www.researchgate.net/publication/329354488 Analisis Faktor yang Berpengaruh Terhadap Ketidaktepatan Waktu Pengembalian Berkas Rekam Medis Rawat Inap di RS X Bogor](https://www.researchgate.net/publication/329354488_Analisis_Faktor_yang_Berpengaruh_Terhadap_Ketidaktepatan_Waktu_Pengembalian_Berkas_Rekam_Medis_Rawat_Inap_di_RS_X_Bogor)
- Baker, P., Smith, J., & Richards, L. (2016). *The Transition to Electronic Medical Records: Challenges and Strategies*. Health Informatics Journal, 22(3), 238-245.
- Chang, Y., & Lee, H. (2018). *Delays in Medical Record Retrieval: Effects on Patient Care and Hospital Efficiency*. Journal of Health Management, 26(4), 352-358.
- Evans, D., Williams, K., & Taylor, S. (2020). *Overcoming Medical Record Storage Issues in Healthcare Facilities*. Journal of Medical Record Administration, 15(2), 112-120.
- Harrison, R., & White, M. (2019). *Best Practices in Medical Records: Ensuring Accuracy and Efficiency*. Wiley-Blackwell.
- Jones, T., Williams, A., & Garcia, M. (2020). *Healthcare Compliance and Record Keeping: Standards and Best Practices*. Springer Nature.
- Oktamianiza. (2021). *Management and Medical Records Content Files* (H. Wahyuni (ed.)). CV Padang Print Centrw
- PERMENKES RI No 269/MENKES/PER/III/2008. (2008). Permenkes ri 269/MENKES/PER/III/2008. In *Permenkes Ri No 269/Menkes/Per/Iii/2008* (Vol.2008, p. 7).
- Permenkes, RI. 2020. "Permenkes No. 3 of 2020 on Hospital Classification and Licensing." *About Hospital Classification and Licensing* (3): 1–80. <http://bppsdmk.kemkes.go.id/web/filesa/peraturan/119.pdf>.
- PERMENKES. 2019. *Technical Standards for Compliance with the Quality of Basic Services on the Minimum Service Standards in the Health Sector*.
- Siswati, Siswati, and Dea Ayu Dindasari. 2019. "Review of security and confidentiality aspects of medical records at the South Jakarta Partner Loyalty Hospital." <https://ejournal.poltekkes-smg.ac.id/ojs/index.php/RMIK/article/view/5349>
- Smith, R., & Johnson, L. (2018). *Medical Records Management: Legal and Ethical Considerations*. Oxford University Press.



This work is licensed under a [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/)

Copyright © The Author(s)

Miracle Get Journal, Vol. 01, No. 2, May 2024

- Wardhina, Faizah, and Nina Rahmadiliyani. 2022. "Socialization of the return of the medical records of the nursing hospital at Banjarbaru Roses Hospital." *Journal of Indonesian Society* 2(3): 231–35. <https://jpmi.journals.id/index.php/jpmi/article/view/609>
- Wulandari and Rumpianti. 2018 " Accuracy of returns of hospital medical records at RSUD Herjono S Ponorogo ". <http://2trik.jurnalelektronik.com/index.php/2trik/article/view/189> \