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

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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*

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INTRODUCTION

Medical records are a fundamental component of modern healthcare systems, as they contain comprehensive and systematic information regarding patient identity, clinical findings, diagnoses, therapeutic interventions, and other healthcare services provided to patients (Ministry of Health Regulation, 2022). These records function not only as documentation of patient care but also as an essential communication tool among healthcare professionals to ensure continuity, coordination, and quality of care. In addition, medical records serve as legal evidence, a reliable source of health data for research and education, and a basis for decision-making in both clinical and administrative processes. Therefore, the management of medical records must comply with established standards and regulations to ensure accuracy, completeness, confidentiality, security, and accessibility of patient information.

In the context of healthcare service delivery, proper medical record management plays a crucial role in improving service quality, patient safety, and organizational performance. Ineffective management practices, including delays in document processing, incomplete data entry, and poor filing systems, can negatively impact service delivery, disrupt clinical workflows, and reduce overall healthcare efficiency (Depkes RI, 2006; Smith & Johnson, 2018). Furthermore, accurate and timely medical records are essential for supporting hospital accreditation processes, facilitating health insurance claims, enabling epidemiological surveillance, and assisting policymakers in developing evidence-based health policies (Jones et al., 2020). Consequently, medical record management is not merely an administrative task but a critical element in ensuring the effectiveness and sustainability of healthcare systems.

One of the most important stages in the medical record management cycle is the return of inpatient medical record documents to the medical records unit after a patient has completed their treatment. This stage marks the transition from clinical service delivery to administrative processing. The timeliness of returning these documents significantly influences the efficiency of subsequent processes, including assembling, coding, indexing, analyzing, and filing. These processes are essential to ensure that patient data are readily available for future use, whether for clinical follow-up, reporting, auditing, or research purposes.

According to established standards, inpatient medical record files should be returned within a maximum of 2 × 24 hours (48 hours) after patient discharge. Compliance with this standard is essential to maintain the continuity and availability of health information. Failure to meet this standard can lead to delays in data processing, reporting, and administrative workflows, which may ultimately affect patient care services (Harrison & White, 2019). In addition, delayed returns may hinder the ability of healthcare providers to access complete patient information when needed, particularly in cases of emergency visits or readmissions.

Delays in returning medical record documents can have wide-ranging consequences for healthcare organizations. These include disruptions in hospital administrative processes, delays in insurance claim submissions, difficulties in retrieving patient data for follow-up care, and an increased workload for medical record officers (Winarti, 2013). Moreover, incomplete or late-

returned records may compromise the quality of clinical decision-making and continuity of care, particularly when patients require readmission within a short period. Such conditions may also increase the risk of medical errors, reduce patient satisfaction, and negatively impact the overall quality of healthcare services.

From an organizational perspective, delays in medical record return are often associated with multiple interrelated factors. These include high workload among healthcare providers, lack of awareness or compliance with standard operating procedures (SOPs), inadequate staffing, limited supervision, and inefficient workflow systems. In addition, the continued reliance on manual medical record systems in some healthcare facilities further exacerbates the problem, as manual processes are more prone to delays, errors, and inefficiencies compared to electronic systems.

Previous studies have consistently shown that delays in returning medical record documents remain a common issue in many healthcare settings. Research conducted by Amalia Dina Rosalina (2021) revealed that 77% of inpatient medical record files were returned beyond the standard time limit of 2 × 24 hours. This delay was primarily associated with incomplete documentation by healthcare providers after patient discharge. Similarly, other studies have identified factors such as high workload, lack of supervision, inadequate staffing, and inefficient workflows as major contributors to delays in the medical record return process. These findings indicate that the problem of delayed medical record return is not isolated but represents a systemic issue in healthcare management.

At Andalas University Hospital, preliminary observations indicate that the implementation of Electronic Medical Records (EMRs) is still partial, with only approximately 40–50% of hospital units having adopted digital systems. Meanwhile, inpatient services continue to rely largely on manual record-keeping systems. This condition creates challenges in managing medical record documents efficiently. Delays in returning medical record files are frequently observed, with some documents being returned as late as 2–4 weeks after patient discharge. This situation leads to the accumulation of files in inpatient wards, complicates the retrieval of medical records, and disrupts patient services, particularly in cases of repeat visits or readmissions (Baker et al., 2016; Chang & Lee, 2018).

The accumulation of medical record files in inpatient wards not only increases the workload of healthcare providers but also creates difficulties for medical record officers in managing, organizing, and storing documents. Furthermore, delays in returning records may lead to misplacement or loss of files, which can have serious implications for patient safety, legal compliance, and institutional accountability. These issues highlight the need for effective strategies to improve the timeliness and efficiency of medical record management systems.

Given these challenges, evaluating the timeliness of inpatient medical record returns becomes essential as part of broader efforts to improve hospital service quality, operational efficiency, and health information management systems. Understanding the current condition of medical record return practices can provide valuable insights into existing gaps and areas that require improvement.

Therefore, this study aims to provide a comprehensive overview of the return times of inpatient medical record files at Andalas University Hospital, Padang. By identifying the extent of delays and their distribution across different inpatient units, this study is expected to contribute to the development of strategies for improving medical record management practices. Ultimately, the findings of this study are expected to support the enhancement of healthcare service quality, improve administrative efficiency, and ensure better patient care outcomes.

METHODS

This study employed a quantitative research design with a descriptive approach aimed at providing a systematic overview of the timeliness of returning inpatient medical record files. The descriptive method was chosen to accurately describe existing conditions without manipulating variables, allowing researchers to present factual data regarding the return time of medical record documents.

The research was conducted in the medical record storage unit of Andalas University Hospital, Padang, which is responsible for receiving, processing, and storing inpatient medical record files. The study was carried out over a period from May to September 2023, while data collection specifically took place from September 20 to September 25, 2023.

The population of this study consisted of all inpatient medical record files recorded during the study period, totaling 302 files. From this population, a sample of 75 medical record files was selected using the Simple Random Sampling technique. This sampling method was used to ensure that each medical record file had an equal probability of being selected, thereby minimizing selection bias and improving the representativeness of the sample.

Data collection was conducted through direct observation using a structured observation checklist. The checklist was designed to record the time interval between patient discharge and the return of medical record files to the medical records unit. The primary variable observed in this study was the timeliness of medical record return, categorized into “on time” (≤ 2 × 24 hours) and “not on time” (> 2 × 24 hours), based on established hospital standards.

The data processing procedure consisted of several systematic stages. First, data editing was carried out to ensure completeness and consistency of the collected data. Second, coding was performed to classify and simplify the data into meaningful categories. Third, data entry and processing were conducted using appropriate data management techniques. Finally, data cleaning was performed to identify and correct any errors, inconsistencies, or missing values in the dataset to ensure data accuracy and reliability.

Data analysis was conducted using univariate analysis to describe the distribution and frequency of the timeliness of medical record returns. The results were presented in the form of tables, frequencies, and percentages to facilitate interpretation and provide a clear overview of the findings. This approach allows for a straightforward understanding of the magnitude of delays in returning inpatient medical record documents.

Although this study provides important descriptive insights, it is limited in its ability to identify causal relationships between variables. Therefore, further analytical studies are recommended to explore the factors influencing delays in medical record returns in more depth.

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. 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 show that out of 75 inpatient medical record files analyzed, only 31 files (41.3%) were returned within the established standard time of ≤ 2 × 24 hours (48 hours). In contrast, the majority of files, amounting to 44 files (58.7%), were returned beyond the specified time limit. This indicates that more than half of the medical record documents experienced delays in the return process, reflecting a significant gap between the actual practice and the expected standard of medical record management.

The relatively high proportion of delayed returns suggests that the implementation of standard operating procedures (SOPs) related to the return of medical record documents has not been fully optimized. This condition may affect the overall efficiency of medical record services, particularly in the stages that follow the return process, such as assembling, coding, indexing, and filing.

Further findings revealed that delays in returning medical record documents were not evenly distributed across all inpatient wards. Among the three treatment rooms—Eboni, Sakura, and Maranti the Eboni treatment room contributed the highest number of delayed returns. Of the total delayed files, 26 files (66.7%) originated from the Eboni room. This indicates that more than half of the delays were concentrated in a single treatment unit.

The Eboni treatment room primarily serves BPJS class 2 and class 3 patients, including both surgical and non-surgical cases. This ward generally accommodates a larger number of patients compared to other wards, which may lead to a higher workload for healthcare providers, particularly in completing medical record documentation after patient discharge. The high patient turnover and workload may contribute to delays in finalizing and returning medical record files to the medical records unit.

In comparison, the Sakura treatment room, which serves BPJS class 1, general, VIP, and VVIP patients, showed relatively better timeliness in returning medical record documents. Similarly, the

Maranti treatment room, which focuses on obstetrics, gynecology, and maternal and child health services, also demonstrated fewer delays compared to the Eboni room. These differences may be influenced by variations in patient volume, case complexity, staffing levels, and workflow management in each ward. The findings also suggest that operational factors, such as workload distribution, staff discipline in completing documentation, and coordination between inpatient wards and the medical records unit, play an important role in determining the timeliness of medical record returns. In wards with higher patient loads, healthcare providers may prioritize direct patient care over administrative tasks, resulting in delays in documentation completion and submission.

Additionally, the reliance on manual medical record systems in inpatient units may further contribute to delays. Physical handling of documents, including the need for manual completion, verification, and transportation of files, increases the likelihood of delays compared to electronic systems. This is particularly relevant in situations where the hospital has not fully implemented Electronic Medical Records (EMRs).

When compared with previous studies, the findings of this research are consistent with earlier research conducted by Wulandari and Rumpiati (2018), which reported that a large proportion of medical record documents were returned beyond the standard time limit. Although the percentage of delayed returns in this study (58.7%) is lower than that reported in previous studies, it still indicates that delays remain a persistent issue in medical record management.

From an operational perspective, delays in returning medical record documents can lead to several consequences, including the accumulation of files in inpatient wards, difficulty in retrieving patient records, and delays in data processing and reporting. This condition may also increase the workload of medical record officers, who must handle a backlog of documents within a limited time frame.

Overall, the results of this study indicate that the timeliness of returning inpatient medical record documents at Andalas University Hospital has not yet met the expected standards. The high proportion of delayed returns highlights the need for improvements in workflow management, staff compliance, and coordination between units to ensure that medical record documents are returned in a timely manner.

DISCUSSION

The findings of this study indicate that the majority of inpatient medical record files at Andalas University Hospital were not returned within the established standard time of 2 × 24 hours. Specifically, 58.7% of the files were returned late, while only 41.3% were returned on time. This result clearly demonstrates that delays in the return of medical record documents remain a significant and persistent issue that requires immediate and systematic attention from hospital management.

The timeliness of returning medical record documents is widely recognized as a key performance indicator in medical record management systems. It reflects not only the efficiency of administrative processes but also the level of coordination between healthcare providers and medical record officers. Delays in this process can disrupt the continuity of information flow within the hospital, particularly in subsequent stages such as assembling, coding, indexing, analyzing, and

filing. As a consequence, delays may reduce the availability of accurate and complete patient information needed for clinical decision-making, administrative functions, and hospital reporting systems.

From a clinical perspective, the unavailability of timely medical record data can negatively impact the quality and safety of patient care. Healthcare providers rely on accurate and up-to-date information to make informed decisions regarding diagnosis, treatment planning, and follow-up care. When medical record documents are delayed or incomplete, the risk of miscommunication, duplication of procedures, and medical errors may increase. This condition is particularly critical in cases where patients require readmission within a short period, as the absence of previous medical history may hinder appropriate clinical interventions.

One of the primary factors contributing to delays in returning medical record documents is incomplete documentation by healthcare providers, including doctors and nurses, after patient discharge. Medical record files cannot be submitted to the medical records unit until all required forms have been properly completed and verified. This finding is consistent with previous studies, which emphasize that incomplete documentation is a major barrier to timely return (Amalia Dina Rosalina, 2021). In many cases, healthcare providers prioritize direct patient care activities over administrative tasks, leading to delays in completing medical record documentation.

In addition to documentation completeness, workload is another significant factor influencing the timeliness of medical record returns. The results of this study show that the Eboni treatment room had the highest number of delayed returns, accounting for 66.7% of late files. This ward serves a large number of patients, particularly BPJS class 2 and class 3 patients, including both surgical and non-surgical cases. High patient volume and complexity of care increase the workload of healthcare providers, making it more challenging to complete documentation promptly. This finding supports the assumption that workload distribution and staffing levels play an important role in determining the efficiency of medical record management processes.

Another contributing factor identified in this study is the limited implementation of Electronic Medical Records (EMRs). The continued reliance on manual record-keeping systems in inpatient units increases the likelihood of delays due to the need for physical handling of documents, manual verification, and transportation of files from wards to the medical records unit. Manual systems are inherently more time-consuming and prone to errors compared to electronic systems. Previous studies have demonstrated that the adoption of EMRs can significantly improve the efficiency of medical record management by reducing processing time, minimizing errors, and enhancing accessibility of patient data (Baker et al., 2016).

Furthermore, organizational and managerial factors may also contribute to delays in returning medical record documents. These include lack of strict supervision, weak enforcement of standard operating procedures (SOPs), limited accountability mechanisms, and insufficient monitoring systems. In the absence of regular evaluation and feedback, healthcare providers may not fully comply with established standards for timely documentation and submission of medical record files. Therefore, strengthening managerial oversight is essential to ensure adherence to existing policies.

The implications of delayed medical record returns extend beyond administrative inefficiencies. Delays can affect hospital financial performance, particularly in relation to insurance claims processing. In many healthcare systems, including those involving BPJS, timely submission of complete medical record documents is a prerequisite for claim processing. Delays in returning records may lead to delayed or rejected claims, which can impact hospital revenue and financial sustainability.

In addition, delays in returning medical record documents can increase the workload of medical record officers. Accumulation of unreturned files creates a backlog that must be processed within a limited timeframe, potentially leading to work overload, decreased productivity, and increased risk of errors such as misfiling or loss of documents. Such conditions may compromise the overall quality of health information management and pose risks to patient safety and data integrity (Evans et al., 2020).

From a systems perspective, the findings of this study highlight the need for a comprehensive approach to improving the timeliness of medical record returns. Interventions should not only focus on individual behavior but also address systemic issues such as workflow design, staffing adequacy, technological support, and organizational culture. Implementing clear SOPs, conducting regular audits, and providing feedback to healthcare providers can help improve compliance with established standards.

In addition, hospitals should consider adopting strategies to enhance efficiency, such as increasing staff capacity, providing continuous training on the importance of timely documentation, and accelerating the transition to fully integrated EMR systems. The use of digital systems can streamline documentation processes, enable real-time data entry, and reduce dependency on physical document handling. Improved coordination and communication between healthcare providers and medical record officers are also essential to ensure smooth workflow and timely submission of documents.

Despite the valuable insights provided by this study, several limitations should be acknowledged. The descriptive design limits the ability to establish causal relationships between variables. In addition, this study did not explore in depth other potential influencing factors such as individual compliance behavior, organizational policies, staff motivation, and infrastructure limitations. Therefore, future research is recommended to use analytical approaches, such as multivariate analysis, to identify the determinants of delays in medical record returns more comprehensively.

Future studies could also explore the impact of interventions, such as the implementation of EMRs or workflow improvements, on the timeliness of medical record returns. Comparative studies between hospitals with different levels of digitalization may provide further insights into best practices in medical record management.

Overall, the results of this study emphasize that the timely return of inpatient medical record documents is a critical component of effective healthcare management. Addressing delays in this process is essential for improving hospital efficiency, enhancing service quality, ensuring continuity of care, and maintaining patient safety. Therefore, a coordinated effort involving healthcare

providers, medical record officers, and hospital management is required to improve compliance with established standards and optimize the medical record management system.

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.

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