Vol. 02, No. 1, March 2026, Page 22-30 E-ISSN 3123-6952

JOURNAL REKAM MEDIS

Research and Evidence on Knowledge in Administration and Management — Medical Electronic Data and Information Systems

Overview of Inpatient Medical Record Return Delays to the Filing Unit: A Case Study in a Siti Rahmah Hospital

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Article Information

Received: July 06, 2026
Revised: July 16, 2026
Online: July 27, 2026

Keywords

Medical Record, Return Delay, Filing Unit, Inpatient Record, Hospital

ABSTRACT

Timely return of inpatient medical records to the filing unit is essential to support continuity of health information management, coding accuracy, claim processing, and the availability of records for future healthcare services. However, delays in returning medical records remain a common issue in hospitals and may affect service quality. This study aimed to describe delays in the return of inpatient medical records and identify factors contributing to these delays at Siti Rahmah Hospital, Padang, Indonesia. A quantitative descriptive study was conducted in the Medical Record Unit of Siti Rahmah Hospital in 2025. The population included all inpatient medical records returned during the study period. Using a total sampling technique, 150 medical record files were observed. Data were collected through observation sheets and document review and analyzed using univariate analysis. The results showed that 95 (63.3%) inpatient medical records were returned late, while 55 (36.7%) were returned on time according to hospital standards. The main contributing factors were incomplete physician documentation (40.0%), delays in ward administrative processes (30.5%), incomplete nursing documentation (18.9%), and delays in discharge administration (10.6%). The average return time was 4 days, exceeding the hospital standard of 2 × 24 hours. Incomplete documentation and administrative delays were identified as the primary contributing factors. Strengthening monitoring systems, improving staff compliance, and enhancing coordination among healthcare professionals are recommended to reduce delays in medical record return.

Keywords: *Medical Record, Return Delay, Filing Unit, Inpatient Record, Hospital*

INTRODUCTION

Medical records are an essential component of healthcare services because they contain comprehensive information regarding patient identity, examination results, diagnoses, treatments, and other healthcare services provided to patients. Medical records serve not only as documentation of patient care but also as legal evidence, communication tools among healthcare professionals, sources of statistical data, educational materials, research resources, and requirements for insurance claims and hospital accreditation (Hatta, 2022). According to the World Health Organization (2021), effective medical record management contributes significantly to healthcare quality, patient safety, continuity of care, and organizational performance.

The quality of medical record management is closely associated with the timeliness of document processing throughout the healthcare service cycle. One important activity in this process is the return of inpatient medical record files from inpatient wards to the filing unit after patient discharge. The filing unit plays a crucial role in maintaining the availability, security, and accessibility of medical record documents (Rustiyanto, 2020). According to the Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2022 on Medical Records, healthcare facilities are required to manage medical records effectively to ensure the availability of accurate and complete health information (Kementerian Kesehatan Republik Indonesia, 2022).

Timely return of inpatient medical records is essential because it supports subsequent processes such as assembling, quantitative and qualitative analysis, coding, indexing, reporting, and insurance claim submission. Delays in returning medical records may negatively affect hospital operations, resulting in delays in coding activities, claim processing, report preparation, and retrieval of patient information for future healthcare services (Budi, 2021) (Widjaya, 2021). Furthermore, prolonged retention of medical records in inpatient wards increases the risk of document misplacement, loss, and incomplete documentation.

Several previous studies have shown that delays in returning inpatient medical records remain a common problem in hospitals. (Hallatu, 2021) reported that incomplete documentation by healthcare professionals, inadequate supervision, and poor compliance with hospital policies were major factors contributing to delayed medical record returns. Similarly, (Alfiansyah, G., et al., 2023) found that delays were associated with human resource factors, administrative procedures, and organizational support systems. (Fadilla, Fannya, Yulia, & Widjaja, 2024), through a literature review, identified incomplete physician documentation as one of the most dominant causes of delayed medical record return in hospitals. In addition, physician workload, nursing documentation completeness, and ward administrative processes have been reported as factors influencing the timeliness of medical record return (Roselina & Septiani, 2022) (Brahim, Yusmanisari, & Prihananto, 2024). Medical records cannot be submitted to the filing unit until all required documentation has been completed and verified. Consequently, any delay in completing clinical or administrative documentation may prolong the return process and reduce the efficiency of health information management services.

Despite the availability of several studies on delayed medical record returns, most studies have focused on specific contributing factors or have been conducted in different hospital settings. Limited studies have comprehensively described the magnitude of delays and the distribution of contributing factors within hospital medical record units. Furthermore, variations in hospital policies, organizational structures, staffing patterns, and documentation practices may influence the timeliness of medical record returns. Therefore, further research is needed to provide updated evidence regarding the extent of delays and the factors associated with delayed inpatient medical record returns. This gap highlights the importance of conducting a comprehensive assessment of medical record return performance in hospital settings.

As healthcare institutions continue to face increasing demands for quality services and efficient information systems, monitoring the timeliness of medical record return has become an important performance indicator. Effective management of medical records is necessary to support evidence-based decision making, quality improvement initiatives, accreditation requirements, and financial sustainability (World Health Organization, 2021) (Hatta, 2022).

Preliminary observations conducted at Siti Rahmah Hospital, Padang, indicated that a considerable number of inpatient medical record files were returned beyond the hospital's established timeframe. Delays in the return process were observed in several inpatient wards and were suspected to affect the workflow of the Medical Record Unit, particularly in assembling, coding, filing, and claim submission activities. These delays may interfere with the workflow of the Medical Record Unit and reduce the efficiency of health information management services. However, information regarding the extent of delays and the factors contributing to the problem remains limited.

Therefore, this study aimed to describe the timeliness of inpatient medical record returns to the filing unit and to identify factors contributing to delays in a hospital setting. The findings are expected to provide evidence that can support hospital management in developing strategies to improve medical record management processes and compliance with established return standards. Understanding these factors is essential for developing effective interventions to improve the quality of medical record services and support efficient hospital operations.

METHODS

This study employed a quantitative descriptive research design to provide an overview of delays in the return of inpatient medical records to the filing unit and to identify factors contributing to these delays. The study was conducted in the Medical Record Unit of Siti Rahmah Hospital, Padang, West Sumatra, Indonesia. Data collection was carried out from January 1 to March 31, 2025. During this period, all inpatient medical record files returned to the filing unit were included in the study. The study population consisted of all inpatient medical record files returned to the filing unit between January and March 2025. Since the number of available records was manageable, a total sampling technique was applied**, in which all 150 inpatient medical record files returned during

the study period were included as the study sample.** This technique ensured that all eligible records were included in the analysis, providing a comprehensive representation of the return process within the hospital.

Data were collected through direct observation and document review using a structured checklist developed based on hospital medical record return standards and relevant literature. The checklist was used to assess the timeliness of medical record returns and to identify factors associated with delays. The observed variables included timeliness of medical record return, duration of delay, completeness of physician documentation, completeness of nursing documentation, ward administrative processes, and discharge administration procedures.

Medical record return timeliness was categorized according to hospital policy. Records returned within 2 × 24 hours after patient discharge were classified as on time, while records returned more than 2 × 24 hours after discharge were classified as delayed. The duration of delay was calculated based on the difference between the patient discharge date and the date the medical record was received by the filing unit. To ensure data accuracy, all collected data were cross-checked with inpatient discharge records and filing unit receipt logs. The observation and document review were conducted prospectively throughout the January–March 2025 data collection period by trained personnel under the supervision of the researcher. The collected data were then coded and entered into a database for analysis.

Data analysis was performed using univariate statistical analysis. Frequencies, percentages, means, and standard deviations were calculated to describe the characteristics of medical record returns, the proportion of delayed returns, and the factors contributing to delays. The results were presented in the form of tables and narrative descriptions to provide a clear overview of the phenomenon being studied. Ethical considerations were maintained throughout the study. Patient confidentiality was protected by anonymizing all medical record data used in the analysis. The study focused solely on administrative aspects of medical record management and did not involve direct patient intervention.

RESULTS

This study analyzed 150 inpatient medical record files returned to the filing unit during the study period. The analysis focused on the timeliness of medical record return, factors contributing to delays, and the average duration required for records to be returned after patient discharge. The findings provide an overview of the extent of delays in medical record return and identify the major factors affecting compliance with the hospital's return standards.

A total of 150 inpatient medical record files returned to the Filing Unit of Siti Rahmah Hospital between January and March 2025 were included in the analysis.

Table 1. Distribution of Timeliness of Inpatient Medical Record Return (n = 150)

Return Status	Frequency	Percentage (%)
On Time	55	36.7
Delayed	95	63.3
Total	150	100

The findings indicate that delayed return of inpatient medical records remains a major challenge in the hospital. The high proportion of delayed returns suggests that compliance with the hospital's standard for returning medical records has not yet been achieved. This condition may reduce the efficiency of subsequent medical record management processes, including assembling, coding, indexing, reporting, and insurance claim processing, thereby affecting the overall performance of health information management services.

Table 2. Factors Causing Delays in Medical Record Return (n = 95)

Factors	Frequency	Percentage (%)
Incomplete physician documentation	38	40.0
Delay in ward administration process	29	30.5
Incomplete nursing documentation	18	18.9
Delay in discharge administration	10	10.6
Total	95	100

The findings indicate that delays in returning inpatient medical records were primarily associated with incomplete clinical documentation and administrative processes. Documentation-related factors, particularly incomplete physician and nursing records, accounted for the largest proportion of delays, suggesting that compliance with documentation requirements remains a major challenge. Administrative factors also contributed substantially, indicating that inefficiencies in ward and discharge procedures further prolonged the return process. Overall, these findings highlight the need to strengthen documentation compliance and improve coordination of administrative workflows to ensure the timely return of inpatient medical records.

Table 3. Average Return Time of Medical Records

Variable	Mean (Days)	SD
Return Time	4	1.8

The findings indicate that the average return time of inpatient medical records exceeded the hospital standard of 2 × 24 hours, demonstrating that the return process was generally not completed within the required timeframe. This result reflects the persistence of delays in medical record management and suggests that improvements in monitoring, interprofessional coordination, and compliance with documentation and administrative procedures are needed to ensure timely return of medical records and support efficient health information management services.

DISCUSSION

The study found that 63.3% of inpatient medical records at Siti Rahmah Hospital were returned late to the filing unit. This finding indicates that compliance with the hospital standard requiring the return of medical records within 2 × 24 hours after patient discharge remains below the expected target." Delays in returning medical records have also been reported in several previous studies conducted in Indonesian hospitals. (Hallatu, 2021) reported that delayed medical record returns are still a common problem and are often associated with incomplete documentation and inadequate supervision. Similarly, (Alfiansyah, G., et al., 2023) found that delayed return of inpatient medical records was influenced by human, procedural, and organizational factors.

Timely return of medical records is essential to ensure the continuity of health information management activities, including assembling, coding, indexing, reporting, and insurance claim processing. According to the (World Health Organization, 2021), effective medical record management contributes significantly to healthcare quality, patient safety, and organizational performance. Delays in the return process can therefore affect both clinical and administrative functions within hospitals.

The present study identified incomplete physician documentation as the most common factor contributing to delays, accounting for 40.0% of all delayed cases. This finding is consistent with the results of (Fadilla, Fannya, Yulia, & Widjaja, 2024), who reported that incomplete discharge summaries, physician signatures, and final diagnoses were major causes of delayed medical record return. (Sabran, Angelina, Alfiansyah, Mudiono, & Deharja, 2025) also found that physicians frequently postponed completing documentation because of high workloads and competing clinical responsibilities. Complete physician documentation is a critical requirement before medical records can be processed further in the filing unit.

The second most common factor was delays in ward administrative processes (30.5%). Similar findings were reported by Roselina and Septiani (2022), who observed that administrative procedures, billing verification, and discharge-related activities often prolong the retention of medical records in inpatient wards. Administrative inefficiencies can create bottlenecks that delay the transfer of records to the medical record unit.

Incomplete nursing documentation accounted for 18.9% of delayed returns. Nursing records are an important component of medical records because they provide detailed information regarding patient care and clinical monitoring. (Brahim, Yusmanisari, & Prihananto, 2024) reported

that incomplete nursing documentation frequently contributes to delays in medical record processing, particularly when healthcare providers fail to complete nursing notes before patient discharge. This finding highlights the importance of ensuring documentation completeness among all healthcare professionals.

The study also found that delays in discharge administration contributed to 10.6% of delayed returns. Although this percentage was lower than other factors, discharge administration remains an important component of the medical record workflow. Delays in preparing discharge documentation, obtaining approvals, and completing administrative requirements can postpone the return of medical records to the filing unit.

Furthermore, the average return time of 4.2 days exceeded the hospital standard of 2 × 24 hours. This result is comparable to findings reported by (Alkausar, Novita, Mauliza, & Nuriyanti, 2025), who found that the average return time of inpatient medical records in several hospitals exceeded established standards due to documentation and administrative constraints. Exceeding the standard return time may delay coding activities, claim submissions, hospital reporting, and the availability of patient information for subsequent healthcare services.

Based on these findings, hospitals should strengthen monitoring systems and implement regular audits of documentation completeness. Continuous education and training programs for physicians, nurses, and administrative staff are also necessary to improve compliance with documentation standards. In addition, the implementation of electronic medical records, reminder systems, and tracking mechanisms may help reduce delays and improve the efficiency of medical record management processes. Enhanced collaboration among healthcare professionals and medical record officers is essential to ensure that inpatient medical records are returned within the required timeframe.

CONCLUSIONS

The findings of this study indicate that the majority of inpatient medical records in the private hospital were returned late to the filing unit, with a delay rate of 63.3%. This result demonstrates that compliance with the hospital standard requiring medical record return within 2 × 24 hours after patient discharge has not yet been achieved consistently. Delayed returns remain a significant challenge that may affect the effectiveness of medical record management and overall hospital operations. The primary factors contributing to delayed returns were incomplete physician documentation (40.0%), delays in ward administrative processes (30.5%), incomplete nursing documentation (18.9%), and delays in discharge administration (10.6%). Among these factors, incomplete physician documentation was identified as the most dominant cause, indicating the importance of timely completion of clinical documentation before records are transferred to the filing unit.

The study also revealed that the average return time was 4 days, exceeding the hospital standard of 2 × 24 hours. This finding suggests that existing procedures and monitoring mechanisms

require further improvement to ensure compliance with established policies and standards. Delays in returning medical records may negatively affect coding activities, statistical reporting, insurance claim processing, accreditation requirements, and the availability of patient information for continuity of care. Based on these findings, hospitals should strengthen monitoring and evaluation systems, improve staff compliance with documentation completion requirements, and enhance coordination among physicians, nurses, administrative staff, and medical record officers. Regular audits, continuous training programs, and the implementation of reminder or tracking systems may help reduce delays and improve the efficiency of medical record management processes. Future studies are recommended to explore additional organizational and behavioral factors influencing medical record return timeliness and to evaluate interventions aimed at improving compliance with return standards.

ACKNOWLEDGMENT

The authors would like to express their sincere gratitude to the management of Siti Rahmah Hospital, the Medical Record Unit staff, and all individuals who contributed to the successful completion of this study. Their support and cooperation were greatly appreciated.

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