Review Of Returning Medical Records In Outpatient Medical Record At Puskesmas Dayeuhkolot, Kabupaten Bandung

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Abstrack
In returning the outpatient medical record file to thesection of the Medical Record Unit, Assembling there was a delay. This is because the return of medical record files has not been carried out according to Standard Operating Procedures, as a result, causing delays in the reporting system. The method used is qualitative using a descriptive approach. Data collection techniques by observation, interviews and literature study. This study aims to determine the return of former medical records of outpatients at Dayeuhkolot Health Center. The results of the study prove that the delay in returning outpatient medical record files at the Dayeuhkolot Health Center with presentations during the 1 week study amounted to 63 or 22% of 285 medical record files. Efforts have been made to disseminate information to all officers related to the efforts made by the person in charge of COVID-19 patients in returning medical record files on time.

Keywords: *Return; Medical record file; Outpatient;*

Introduction

Indonesia has now entered the era of globalization which is constantly developing. The developments that occur are not only in the aspect of science and technology. The health sector and the health professions have also developed. One way of administering health that continues to develop is the health center.

Health center is a health service facility that carries out public health efforts as well as first-level individual health efforts, by prioritizing promotive and preventive efforts in its working area. The Puskesmas is re-regulated based on the new Minister of Health Regulation, namely Permenkes 43 of 2019. The service at the puskesmas is very important, namely the medical record service.

Based on Permenkes No. 269 of 2008. Medical records must be prepared in writing, complete and clear. A medical record is declared complete if the medical record contains all information about the patient, including medical, nursing resumes, and all supporting examination results which have also been initialed by the doctor in charge. Medical records must be completed immediately after the patient has received health services. In the return of medical records there is the possibility of incomplete.

The medical record unit is a unit in the health center in charge of managing medical records. Medical record service is to supervise the return of medical record files through qualitative analysis of medical records.

The return of medical record files is the process of returning medical record files that have been filled in completely by outpatients and returned to the medical record unit. Delays in returning medical record files over 1 x 24 hours can hamper services, patient data processing activities and reporting activities. This is done in order to improve the effectiveness of services, so as to produce the best service for all patients.

The form of effective service between patients and service providers is realized that there are many differences in perception. Patients interpret quality and effective service if the service is comfortable, pleasant and the staff is friendly which overall gives satisfaction to the patient. While providers interpret quality and efficient service if the service is in accordance with government standards, there are differences in perceptions that result in many complaints to the service. So that the return of medical record files that are not appropriate can prevent patients from returning to treatment because the medical record files have not been returned to the medical record unit. Based on temporary observations at the medical record installation, it was found that the late return of medical record files, namely 23 medical record files, hampered ineffective services.

Method

The method applied is a qualitative analysis method with a descriptive approach. According to (Al-Gharuty, 2009) as quoted from (Nilamsari, 2014) Qualitative research is a research method used to reveal problems in the working life of government organizations, society, youth, women, policies for the common welfare .

As according to Suharsimi (Arikunto, 2010), qualitative research is naturalistic research. The term "naturalistic" states if the implementation of this research does appear naturally, as it is, in normal situations that are not manipulated by situations and conditions, pressing in the description naturally. The return of data or the search for phenomena carried out from reasonable conditions is popular with the name "natural and natural data return "

(Sugiyono, 2013) qualitative research method is a research method based on the philosophy of *postpositivism* , used to examine the condition of natural objects, (as the opposite, namely experimentation) where the researcher is the key instrument, returning the sample data source is carried out *purposively and snowball*. The collection technique is triagulation (combined), the data analysis is inductive/qualitative, and the results of qualitative research emphasize meaning more than *generalizations*. This research was held in June 2021, the study was planned to be held for 1 month but because the author was exposed to covid 19 it could only be done for 1 week.

Result and Discussions

Based on the results of the research that the author has done regarding the return of outpatient medical record files at the Dayeuhkolot Health Center, the authors obtained the following research results:

1. **SOP for returning medical record files**

The Dayeuhkolot Health Center has a Standard Operating Procedure (SOP) for returning Medical Records, the following is a statement:
   a. Returning medical records is the activity of retrieving medical records that have been used for medical or research purposes.
   b. Purpose, for administrative reference for the implementation of steps for the administration of orderly administration in returning medical records.
   c. Policy, Decree of the Head of Dayeuhkolot Health Center Number: P/440/DYK//2019 regarding the management of medical records .
   d. Reference, Regulation of the Minister of Health No. 269 Year 2008.
   e. The steps, the officer takes the medical record that has been borrowed, the officer records the number of the medical record that has been borrowed, that the

medical record has returned, the officer keeps the medical record in the storage area.

f. Related units, medical records room, general examination room, dental examination room, child examination room, Kia examination room .

2. Return of medical record files

The results of taking medical record files can be seen in table 1. Table. 2 Patient data for treatment and file data that does not return

No.	Date	Number of Files Medical records	Number of files not returned	%
1	21	60	16	26%
2	22	55	8	14%
3	23	50	20	40%
4	24	50	6	12%
5	25	40	9	22%
6	26	30	2	6%
Amount		**285**	**63**	**22%**

Based on the table above, the results of returning the record files for 1 week (June 21-26 2021) to the medical record installation were 22% who did not return 63 medical record files out of 285 medical record files. It is known from the table above it can be concluded that . Implementation of returning medical record files for outpatients at Dayeuhkolot Health Center. Return of medical record files from the poly to the medical record unit, the Assembling section, which is to examine the components of the complete medical record file and store it directly in the storage room.

Factors that cause delays in medical record file because there are no special officer returns the file medical records and patient registration covid 19 conducted by the insurer answer each performed after the service is completed so the medical record file is not directly in return, during a pandemic covid 19 there is always a record file medical personnel who do not return on time.

Efforts made by the medical record installation are to socialize polyclinic officers about the importance of returning medical record files every 3 months, but there are still medical records that are not returned on time.

Based on the research results of returning medical record files, there was a delay of 22% (63 of 285 medical record files) resulting in disrupted services and reporting not

in accordance with SOPs. This research is planned to be carried out for 1 month but because the researcher was exposed to covid 19, he could only carry it out for 1 week at the Dayeuhkolot Health Center. The return of medical record files is the beginning of processing medical record files, the more medical record files that are not returned on time, service will be disrupted, accumulation in the processing and reporting section results in an increase in the workload of officers. It will cause the service to be less effective if the delay in returning the medical record file is still classified in the unfavorable category. On the other hand, the more medical record files that are returned on time, the faster the implementation of services, processing and reporting of medical record files can affect the work quality of the medical record unit .

The factor that hinders the delay in returning the medical record file is because there is no special officer for returning the medical record file and it is still being held by the polyclinic officer, resulting in delays. During the covid 19 pandemic, many officers were exposed to covid 19 as a result, medical record files did not return on time so that the return of medical record files was considered poor. And the registration of COVID-19 patients is carried out after examining the patient so that the medical record file does not return on time, this disrupts the service

Efforts taken by the medical record installation to the clinician to socialize the importance of returning medical record files on time every 3 months are considered less effective, it is better to increase the socialization of returning medical record files at least once a month so that polyclinic officers feel the importance of returning files medical record on time.

During the COVID-19 pandemic, many officers were exposed to Covid-19 as a result, medical record files were not timely, so that the return of medical record files was considered poor .

Conclusion

The return of medical record files at the Puskesmas from the polyclinic to the medical record installation that was not on time amounted to 22% (63 of 285) this medical record file is not in accordance with the SOP. So that many medical record files are not returned on time, the service will be disrupted because there is a buildup in the service, processing and reporting sections. The inhibiting factor for returning medical record files is that there is no special officer for returning medical record files. And the registration and filling of medical record files for COVID-19 patients is carried out after outpatient service so that the return of medical record files is not returned on time.

Efforts to socialize about the importance of returns have been carried out once every 3 months, this is still a delay, it should be carried out at least once a month to polyclinic officers. So that there is no delay in returning medical record files.

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