Article

An Analysis of the Causes of Delays in the Return of Outpatient Medical Records at Jambesari Public Health Center, Bondowoso

Siska Ainul Kiromah[1*], Novita Nuraini[2], Atma Deharja[3], Sabran[4]

[1] Health Information Manajemen Study Program, Health Departement, Politeknik Negeri Jember, Indonesia; siska24.ainulkiromah@gmail.com

[2] Health Information Manajemen Study Program, Health Departement, Politeknik Negeri Jember, Indonesia; novita_nuraini@polije.ac.id

[3] Health Information Manajemen Study Program, Health Departement, Politeknik Negeri Jember, Indonesia; atma_deharja@polije.ac.id

[4] Health Information Manajemen Study Program, Health Departement, Politeknik Negeri Jember, Indonesia; sabran@polije.ac.id

* Correspondence: siska24.ainulkiromah@gmail.com

Abstract: Timely return of medical records is essential for evaluating the quality of services at Community Health Centers (Puskesmas). In the second quarter of 2022, Puskesmas Jambesari in Bondowoso experienced a significant delay in the return of outpatient medical records. Of the 1,822 expected files, 1,443 (approximately 80%) were returned late, resulting in frequent misfiling due to improper storage. The prolonged absence of these records was a major contributing factor to the issue. This study aims to analyze the underlying causes of delays in returning outpatient medical records at Puskesmas Jambesari by examining the seven elements of the 7M framework: manpower, money, materials, machines, methods, motivation, and media. Employing a qualitative research approach, data were collected through interviews, observations, documentation, and brainstorming sessions. The findings reveal several systemic issues: front desk staff lacked awareness of return deadlines; training for relevant personnel was insufficient; the use of tracers and phone communication was minimal; expedition books were not optimally utilized; no specific Standard Operating Procedure (SOP) existed for record return; motivational incentives were absent; the physical storage space for records was inadequate; and no budget proposal had been prepared to support improvements. Notably, the absence of a clear SOP further exacerbated the problem.

Keywords: 7M, Medical Records, Outpatient, Return Time

1. Introduction

Medical record management serves as a representative indicator of the quality of healthcare services. Efficient and accurate management of medical records enables timely and appropriate patient care [1]. One critical component of medical record management is the timeliness of record return. The duration taken to return medical records from service units to the medical records unit is referred to as the medical record return time [2]. A return is considered delayed if it exceeds the standard timeframe: 1×24 hours for outpatient and emergency department (ED) records, and 2×24 hours for inpatient records [3].

Puskesmas Jambesari is a primary healthcare facility located in Jambesari Subdistrict, Bondowoso Regency, which provides both outpatient and inpatient services. A preliminary study conducted at Puskesmas Jambesari on August 2, 2022, revealed a service gap in medical record management—specifically, delays in the return of outpatient medical records exceeding the 1×24 hour standard. In contrast, the return time for inpatient records was found to be timely, meeting the 2×24 hour standard after patient

discharge. Table 1 presents data on the delays in outpatient medical record returns during the second quarter of 2022.

Table 1. Data on Delays in the Return of Outpatient Medical Records

Month	Clinic Name			Number of Requested Medical Records	Number of Delayed Medical Records	Delay Duration (Days)			Percentage
	BP	**KIA/KB**	**Dental & Oral**			**2-4 days**	**5-7 days**	**>7 days**	
April	456	240	43	739	557	481	91	48	75%
May	382	194	27	603	471	308	121	42	78%
June	296	164	20	480	415	238	80	97	86%
Average				**607**	**481**	**342**	**97**	**62**	**80%**

Source: Primary Data on the Return of Outpatient Medical Records, Second Quarter of 2022

Based on the quantitative data presented in Table 1, it is evident that the delay in the return of outpatient medical records during the second quarter of 2022 showed a consistent monthly increase. The average percentage of delayed returns reached 80%, whereas ideally, the delay rate should be 0% [4]. The highest rate of delay occurred in June, with 86% of records returned late and 97 medical records delayed for more than seven days. This delay in returning outpatient medical records has already resulted in 66 instances of misfiled records due to incorrect placement during the second quarter of 2022. Further details on the misfiled outpatient records due to misplacement during this period are presented in Table 1.2.

Table 2. Data on Misfiled Outpatient Medical Records

Month	Requested Medical Records	Available Medical Records	Misfiled Records	Persentage
April	480	470	10	2,08%
May	603	592	11	1,82%
June	739	722	17	2,30%
Total	**3.026**	**2.960**	**66**	**2,18%**

Source: Secondary Data on Misfile Incidents in Outpatient Medical Records, Second Quarter of 2022

Based on the data on misfiled outpatient medical records due to misplacement—an impact of delayed record returns—there were 66 instances of misfiling, with the highest percentage recorded in June at 2.30%, or 17 documents.

The delay in returning outpatient medical records at Puskesmas Jambesari, Bondowoso, is suspected to be caused by issues within process elements of medical record services. These include a lack of staff awareness regarding the return time limits and limited participation of medical record officers in specialized training programs. These findings align with previous research [1], which reported that delays in returning medical records often result from physicians and nurses not fully understanding the time constraints for outpatient record return. Other contributing factors include the absence and underutilization of medical record tracers, the lack of a Standard Operating Procedure (SOP) governing the return process, and the unavailability of a specific budget allocation to support timely record return operations. Additionally, the work environment and staff motivation also influence the performance of personnel in returning outpatient records daily. If left unresolved, these issues may negatively impact the quality of healthcare services at Puskesmas Jambesari.

Therefore, this study analyzes the causes of delays in returning outpatient medical records using the 7M process framework: manpower, money, materials, machines, methods, motivation, and media (work environment). The aim is to identify the

contributing factors behind the delays and to formulate solution recommendations through a brainstorming-based approach to problem prioritization.

2. Materials and Methods

This study employed a qualitative research approach to examine in depth the factors contributing to delays in retrieving outpatient medical records at Jambesari Public Health Center. The analysis focused on seven aspects of the management process: manpower (including knowledge and training), materials (including outpatient medical record forms, machines, and tracers), methods (such as SOPs), money (including budget and funding), media (both physical and non-physical work environments), motivation (including rewards and sanctions), and the determination of priority issues. Identification of these problems was carried out using brainstorming techniques.

The research involved seven informants, consisting of two medical record officers as key informants, four outpatient clinic staff, and the head of the Jambesari Health Center as a supporting informant. Data were collected through interviews, observations, documentation, and brainstorming sessions conducted from January to March 2023.

Data analysis followed a systematic process involving three main steps: data reduction, data presentation, and conclusion drawing. To ensure data validity, credibility tests were conducted using triangulation techniques, including technique triangulation, source triangulation, and time triangulation.

3. Results

3.1. Analysis of the Causes of Delays in the Return of Outpatient Medical Records at Puskesmas Jambesari Bondowoso Based on the 7M Framework

3.1.1 Manpower

The manpower element in identifying the causes of delays in returning outpatient medical records at Puskesmas Jambesari refers to the knowledge and training of involved personnel, including medical record officers, midwives at the MCH clinic, nurses at the general clinic, general practitioners, dentists, and front-desk staff. Based on interview results, most personnel—including medical record officers, midwives, nurses, general practitioners, and dentists—were aware of the return deadline:

> *"Medical records must be returned within 24 hours after service; any longer is considered late."*

However, the front-desk staff, who are responsible for documenting the borrowing process, were unaware of the return deadline:

> *"I don't know about the return time. What matters to me is that I've done my job, which is logging the records to be submitted to each clinic."*

According to [6], the standard time for returning discharged patients' records is a maximum of 1 × 24 hours. In addition, [7] states that outpatient and borrowed records for other purposes must be returned within 1 × 24 hours. The lack of awareness among front-desk staff impacts delays, as they are unable to monitor the return process effectively [8].

Furthermore, medical record officers responsible for managing records have never received training focused on medical record management:

> *"Since I started working here, I have never participated in any training specifically related to managing medical records."*

This becomes a contributing factor to the delay in returning medical records, due to the lack of participation in specialized training programs. This condition hinders the development of staff knowledge, consistent with the findings of [9], which state that medical record officers' knowledge will not develop if not supported by participation in medical record training.

Based on the analysis of the manpower element, both limited knowledge and the absence of training were found to be contributing factors to delays in returning outpatient medical records at Puskesmas Jambesari Bondowoso. This is due to the front-desk staff not knowing the return time standards, and the medical record officers never receiving formal training related to record management or return procedures.

3.1.2 Machines

The machines element in identifying the causes of delays in returning outpatient medical records at Puskesmas Jambesari refers to the availability of communication tools, tracers, and the expedition book. The first factor, based on interviews with staff at Puskesmas Jambesari, showed that both the medical records unit and all outpatient clinics (MCH, general, and dental clinics) lack telephone communication equipment.

"There is no telephone; I usually go directly to the related clinic."

The unavailability of communication facilities in the medical records unit and in each outpatient clinic (MCH, general, and dental clinics) results in physical fatigue for the medical record staff. They are often required to repeatedly walk between outpatient service units to inquire about medical records that should have already been returned. This condition aligns with findings by [10], which state that using telephones at community health centers can facilitate easier communication between medical records staff and healthcare providers (PPA).

The second factor is the suboptimal use of the expedition book, due to front-desk staff often forgetting to record outgoing or returned medical records. This is evident from the many blank columns under the return date section. The expedition book can be considered used effectively only if all sections—such as medical record number, patient name, unit of use, borrowing date, and return date—are fully and accurately filled in [11] as cited in [12].
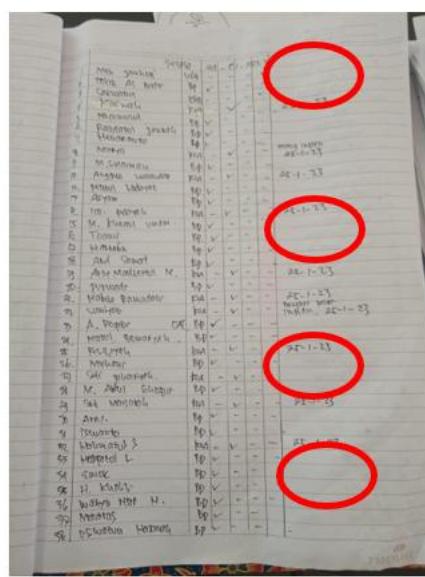
Figure 1. Suboptimal Use of the Expedition Book

The third factor, tracer, is a substitute tool for medical records that are not currently in their designated storage location (filing rack). Tracers help medical record staff locate the whereabouts of borrowed records [13]. Based on interviews, Puskesmas Jambesari has not yet implemented the use of tracers.

"We do not use tracers, so to know which records are out, we currently rely only on the expedition book."

This situation not only makes it difficult to track medical records but also hinders the provision of misplaced or lost records [14]. Therefore, given these facts, the use of tracers is essential and should be implemented in the return process of outpatient medical records. Based on the analysis of the machines element, the availability of telephones, tracers, and the expedition book system are major contributing factors to delays in returning outpatient medical records at Puskesmas Jambesari Bondowoso. These delays occur due to the absence of telephone lines and tracers, as well as the suboptimal use of the expedition book.

3.1.3 Materials

The material element in identifying the causes of delays in returning outpatient medical records at Puskesmas Jambesari refers to the completeness of record documentation. Incomplete medical records still occur, particularly due to attending physicians (DPJP) often forgetting to sign the records because of the high volume of daily patient visits.

> *"If it's incomplete, it's usually when there are many patients and the doctor gets overwhelmed and forgets to fill in the signature section. But as for anamnesis and diagnosis, those are usually complete, God willing."*
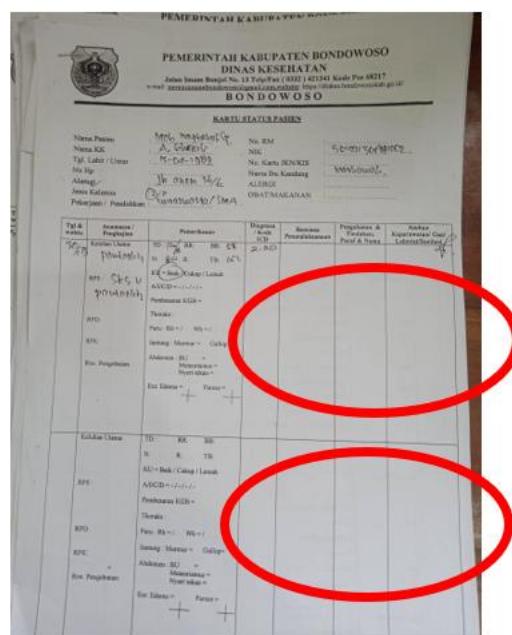
Figure 2. Incomplete Medical Record Documentation

According to guideline [4], medical records must be 100% complete within 1×24 hours after the service. A medical record is considered complete if it includes the patient's name, date, time, and the signature of the attending physician or any other healthcare staff involved in providing care [15]. Based on the analysis of the material element, incomplete outpatient medical records were found to be a contributing factor to delays at Puskesmas Jambesari Bondowoso. The incomplete documentation decreases the quality of healthcare services and prevents timely return of medical records, which ideally should be processed and returned promptly.

3.1.4 Methods

The method element in identifying the causes of delays refers to the absence of a specific Standard Operating Procedure (SOP). At Puskesmas Jambesari, no SOP exists for

the return of outpatient medical records, leading to a lack of consistency and accuracy among staff when returning the records.

"There is no specific SOP for the return of medical records yet."

According to Seomohadiwidjojo (2016), SOPs are used to ensure that activities are carried out systematically and in accordance with organizational standards. The presence of an SOP for the return of medical records is important as it provides clear guidelines for both medical record officers and healthcare providers (PPA), enabling them to carry out the return process professionally. SOPs serve as standardized references for task execution [16]. Furthermore, if such SOPs are already in place, it is essential to conduct socialization efforts to ensure a shared understanding and consistent interpretation of the procedure. This aligns with [17], which states that SOP dissemination helps clarify the return procedures for all relevant personnel, ensuring records are returned on time.

Based on the analysis of the method element, the lack of an SOP for the return of outpatient medical records was identified as a contributing factor to delays at Puskesmas Jambesari Bondowoso. The absence of clear procedural guidelines hinders staff performance in executing timely and consistent return practices.

3.1.5 Money

The element of money in this study refers to the budgeting or allocation of funds for the activity of returning outpatient medical records. Based on interviews and documentation, it was found that no budgeting had ever been proposed for the procurement of tracers and training in medical records.

"it has been done before, and usually in the form of direct items such as paper, folders, and books".

Table 3. Medical Record Budget Proposal

No.	Components
1.	F4 Paper
2.	Adhesive Tape
3.	Pen
4.	Marker Ink
5.	Printer Ink
6.	Folder
7.	Black and Red Marker
8.	Book Divider
9.	Scissors
10.	Staple Refills

The current condition of the medical records department requires the procurement of tracers and training in medical records. As a result, medical records are difficult to locate, making it challenging to monitor and trace medical records that are not stored on the filling rack. According to [18], healthcare financing includes the amount of funds that need to be allocated to meet the health needs of individuals, groups, and communities. Thus, it is essential to immediately propose a budget related to the procurement of tracers and medical record training as one of the primary needs in the activity of returning outpatient medical records.

Based on the analysis of factors from the money element, budgeting becomes a contributing factor to the delay in the return of outpatient medical records at Jambesari

Health Center, Bondowoso, due to the absence of budget proposals and allocations specifically intended for the return of outpatient medical records.

3.1.6 Media (Work Environment)

The media element in identifying the cause of delays in the return of outpatient medical records at Jambesari Health Center refers to the physical condition of the medical records room at the facility. The medical records room is relatively small, crowded with storage racks and stacks of files. The following documentation illustrates the condition of the medical records room.

Figure 3. A crowded room with storage racks and piles of files

According to [19], a cramped medical records room can present several challenges that affect the return process of outpatient medical records. Therefore, it is important to ensure that the medical records room is adequately sized to support a smooth and efficient return process.

Based on the analysis of the media element, the physical condition of the medical records room is a contributing factor to the delay in the return of outpatient medical records at Jambesari Health Center, Bondowoso, due to the limited space and the accumulation of storage racks and document piles.

3.1.7 Motivation

The motivation element in identifying the causes of delays in the return of outpatient medical records at Jambesari Health Center refers to the rewards and sanctions given to staff. Based on interview results and data, it was found that there has been no implementation of reward or sanction mechanisms for medical record officers or health care providers (PPA) related to the return of outpatient medical records.

"*So far, no rewards or sanctions have been implemented.*"

Motivation is a condition that drives or encourages someone to carry out activities in a continuous manner [20]. The granting of rewards and sanctions, such as praise or verbal reprimands to PPA staff by medical record officers or heads of health centers, should ideally be applied to boost their spirit in returning complete and timely medical records. The implementation of both rewards and sanctions is considered essential to motivate staff to work optimally in fulfilling their responsibilities [21]. The higher the work motivation possessed by the staff, the more timely the return of outpatient medical records is expected to be, which will improve overall staff performance [22].

Based on the analysis of the motivation factor, the lack of a reward and sanction system becomes a contributing factor in the delay of returning outpatient medical records at Jambesari Health Center, Bondowoso. This delay occurs due to the absence of motivation mechanisms directed toward the health care providers responsible for timely record returns.

3.2. Analyzing Problem Priorities and Formulating Solution Recommendations for the Delay in the Return of Outpatient Medical Records at Jambesari Health Center, Bondowoso through Brainstorming

Based on the data collected, the next step was to determine problem priorities through the brainstorming process. According to Roestiyah (2008) as cited in Hasanah (2015), the brainstorming process consists of five stages:

a. Stage of Information and Motivation Sharing

At this stage, the researcher provided an explanation to the forum participants regarding the issue of delays in returning outpatient medical records and the impact caused by the problem. This included communicating the forum's objectives to identify causal factors and solutions. The identification of issues and motivational aspects aimed to encourage participants' active engagement during the session.

b. Identification Stage In the identification stage, forum participants were given the opportunity to contribute ideas and openly express their opinions. The researcher, who also served as the forum facilitator, presented the findings from previous problem analysis while encouraging participants to propose causes based on their perspectives. The data below presents the results of the issue identification process.

Table 4. Problem Cause Identification Results

No	Identified Cause of the Problem
1.	No prior medical record staff training conducted
2.	No specific SOP for outpatient record returns in place
3.	No specific SOP for the return of outpatient medical records exists
4.	No use of *tracer* tools
5.	No implementation of *punishment* and *reward* mechanisms
6.	Unstable network conditions, especially in the C1-care unit
7.	Lack of public awareness about the importance of proper service procedures
8.	Insufficient knowledge of front desk staff regarding the return procedure
9.	Limited number of staff in charge of record returns
10.	Absence of supervision or monitoring of medical record return activities

Source: Primary data, 2024

c. Classification Stage

At this classification stage, the results of the previously identified problems were grouped based on categories mutually agreed upon by forum participants. The participants agreed to classify the causes based on the area of corrective action and the level of urgency that needs to be addressed immediately. The results are as follows:

Table 5. Classification Results of Urgent Causal Factors

No	Problem	Solution	Implementation Scope	Priority Order
1.	No specific SOP for return	Development of SOP for record return	Researcher and Health Center	1
2.	No socialization of SOP for borrowing and returning	Conducting SOP socialization	Researcher and Health Center	2
3.	No use of tracer	Procurement of tracer	Researcher and Health Center	3
4.	Lack of public information regarding outpatient service hours	Pamphlet or banner related to outpatient service hours	Researcher and Health Center	4

No	Problem	Solution	Implementation Scope	Priority Order
5.	Suboptimal use of expedition book for borrowing and returning medical records	Expedition book (includes MR number, patient name, related polyclinic, date of borrowing and return) completed	Researcher and Health Center	5
6.	No training for medical record staff	Medical record staff training	Health Center	6
7.	Front desk staff lack knowledge of return deadline	Medical record staff training	Health Center	7
8.	No implementation of reward and punishment	Implementation of reward and punishment	Health Center	8
9.	Network disruptions for data entry	Internet network improvements	Health Center	9
10.	No budget proposal submission	Submission of budget proposal	Health Center	10

Source: Primary Data on Classification of Urgent Causal Factors

d. Verification Stage

At this stage, the researcher, acting as the forum facilitator, presented the results of the previously conducted classification process to the forum participants. This stage aimed to determine priority issues based on the urgency of their resolution. The verification process resulted in three priority problems to be addressed as improvement steps, as these three issues were identified as dominant causal factors that needed to be resolved immediately.

Table 6. Order of Problem Priorities

N0	Problem	Solution	Priority Order
1.	No specific SOP for the return of outpatient medical records	Development of SOP for outpatient record return	1
2.	No use of *tracer*	Procurement of *tracer*	2
3.	Lack of public information regarding service hours	Distribution of pamphlets or banners regarding service opening and closing hours	3

e. Agreement Stage (Conclusion)

In this stage, the forum participants finalized and agreed upon three main dominant causes contributing to the delay in the return of outpatient medical records at Jambesari Health Center, Bondowoso. The prioritized solutions began with the development and socialization of a specific Standard Operating Procedure (SOP) for outpatient record return as the main and core corrective action. This was followed by the procurement of tracer tools and informational banners as supporting improvements related to the identified problems.

4. Conclusions

Based on the analysis using the 7M framework, several key factors were identified as causes of delays in the return of outpatient medical records at Puskesmas Jambesari. In terms of manpower, front-desk staff lacked awareness of return deadlines and had never received formal training in medical records management. Regarding machines, the use of expedition books was suboptimal, tracer tools were not implemented, and informational media on service hours were unavailable. The material element showed incomplete documentation in outpatient records, while the method aspect revealed the absence of a specific Standard Operating Procedure (SOP) guiding the return process. The media (workspace) was found to be limited in size and cluttered with storage racks and files. For motivation, no reward or sanction system was applied to reinforce timely record returns. The money aspect highlighted the lack of budget allocation for essential activities such as tracer procurement and training. The root cause identified was the absence of a dedicated SOP, supported by secondary factors such as the lack of tracer use and informational banners. As a result, the recommended solution is to develop and socialize a specific SOP as the primary corrective measure, supported by the procurement of tracer tools and informational banners as complementary improvements.

References

[1] R. Fadillah *et al.*, "Analisis penyebab keterlambatan pengembalian berkas rekam medis rawat jalan di Rumah Sakit Mitra Medika Bondowoso," *J. Rekam Medik dan Informasi Kesehatan*, vol. 2, no. 1, pp. 64–72, 2020.

[2] A. Dewi *et al.*, "Literature review: Analisis faktor penyebab keterlambatan pengembalian rekam medis di rumah sakit," *Health Information Management Journal*, vol. 9, no. 1, pp. 2655–9129, 2021.

[3] R. Indradi S., *Rekam Medis*. Tangerang Selatan: [Publisher not specified], 2017.

[4] Kementerian Kesehatan Republik Indonesia, "Peraturan Menteri Kesehatan Republik Indonesia Nomor 129 Tahun 2008 tentang Standar Pelayanan Minimal Rumah Sakit," 2008.

[5] S. Margono, *Metodologi Penelitian Pendidikan: Komponen MKDK*. Jakarta: [Publisher not specified], 2005.

[6] Departemen Kesehatan RI, "Pedoman Penyelenggaraan dan Prosedur Rekam Medis Rumah Sakit di Indonesia," 2006.

[7] L. Wijaya and D. R. Dewi, *Manajemen Informasi Kesehatan II: Sistem dan Sub Sistem Pelayanan RMIK*. Jakarta: Kementerian Kesehatan RI, 2017.

[8] F. Octaviantini, "Analisis faktor penyebab keterlambatan pengembalian berkas rekam medis rawat inap di RSUD Tongas," 2018.

[9] D. A. T. L. and H. Wardani, "Tinjauan pelaksanaan prosedur peminjaman dokumen rekam medis di unit filing RSUD Pandan Arang Boyolali tahun 2012," 2012.

[10] Suryawiyanto, "Analisis faktor penyebab keterlambatan pengembalian rekam medis rawat inap di Puskesmas Ambunten tahun 2021," 2021.

[11] Astuti and Anunggra, "Faktor-faktor penyebab terjadinya *missfile* di bagian filing RSUD Banyumas tahun 2013," 2013.

[12] N. Oktavia, F. T. Damayanti, and A. Sapta Bakti, "Analisis penyebab terjadinya *missfile* dokumen rekam medis rawat jalan di ruang penyimpanan (filling) RSUD Kota Bengkulu tahun 2017," *J. Manajemen Informasi Kesehatan Indonesia*, vol. 6, no. 2, 2018.

[13] E. K. Huffman, *Health Information Management*. Chicago: AHA Press, 1994.

[14] C. Ramadlan, T. Wahyu, and Y. Pratama, "Pengaruh desain *tracer* terhadap penyimpanan berkas rekam medis rawat jalan di Puskesmas Kapas," *J. Hospital Science*, vol. 3, no. 2, 2019.

[15] Kementerian Kesehatan Republik Indonesia, "Peraturan Menteri Kesehatan Nomor 269 Tahun 2008 tentang Rekam Medis," 2008.

[16] N. Natasia, A. Loekqijana, and J. Kurniawati, "Faktor yang mempengaruhi kepatuhan pelaksanaan SOP asuhan keperawatan di ICU-ICCU RSUD Gambiran Kota Kediri," *J. Kedokteran Brawijaya*, vol. 1, 2014.

[17] A. Haqqi, N. N. Aini, A. P. Wicaksono, and J. Kesehatan, "Analisis faktor penyebab keterlambatan pengembalian berkas rekam medis rawat inap di RS Universitas Airlangga," *J-REMI: J. Rekam Medik dan Informasi Kesehatan*, 2020.

[18] F. A. N. Hidayati and D. P. Sari, "Prosiding Seminar Informasi Kesehatan Nasional (Sikesnas)," *Proc. Seminar Informasi Kesehatan Nasional (Sikesnas)*, 2021.

[19] Wiraja, "Faktor-faktor yang mempengaruhi ketidaklengkapan rekam medis pasien pada rumah sakit di Indonesia," *J. Manajemen Informasi Kesehatan Indonesia*, vol. 7, no. 2, pp. 2337–585, 2019.

[20] S. A. Saputra, "Pengaruh kompensasi dan motivasi kerja terhadap kepuasan kerja serta implikasinya terhadap kinerja pegawai pada Dinas Pendidikan Kabupaten Karawang," *J. Manajemen dan Bisnis Kreatif*, 2018.

[21] A. K. Negara and R. W. Febrianti, "Pengaruh motivasi pelayanan publik, *perceived organizational support*, dan *organizational citizenship behavior* terhadap kinerja organisasi sektor publik di Kota Tangerang," *Dynamic Management Journal*, vol. 3, no. 2, 2019.

[22] Nafisatun, "Analisis faktor-faktor yang berhubungan dengan pengembalian dokumen rekam medis rawat inap reguler di RSUD Dr. Moewardi Surakarta," 2011.