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Article

Analysis of Factors Causing Delays in Outpatient Medical Record Returns at Puskesmas Ajung

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Abstract: The rate of late returns of outpatient medical records at the Ajung Jember Health Center increased from 5.36% in July 2022–April 2023 to 20.07% in January–February 2024. Several factors are believed to contribute to these delays, including inadequate staff qualifications, the absence of rewards and punishments, suboptimal training, and ineffective implementation of standard operating procedures (SOPs). This study analyzes these delay factors using McCormick and Tiffin's performance theory, which considers both individual and situational factors. A qualitative research method was applied, with research subjects including the head of the puskesmas, registration officers, and other medical personnel. Data were collected through interviews, observations, and brainstorming sessions, and analyzed using data collection, data reduction, data presentation, and drawing conclusions. The results indicated that individual factors included the educational background of medical record officers and suboptimal application of punishment. Situational factors included a lack of training, inadequate SOP implementation, and ineffective expedition forms. It is expected that Puskesmas Ajung will conduct socialization with the officers involved in the return process, optimize the application of punishment, provide training related to medical record management (especially for staff involved in the return process), review the SOP, and add a borrowing date column as a monitoring tool.

Keywords: Delay, Medical Records, Returns

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1. Introduction

Community Health Centers (Puskesmas) are primary-level health service facilities that provide individual health services prioritizing promotive and preventive efforts within their working areas. Puskesmas are obliged to maintain medical records as a form of administrative order, documentation, and support for recording related to the provision of health services [1]. A medical record is a note or document containing data, patient identity, examinations, treatments, procedures, and other services that have been provided to the patient [2]. Medical records must be created in a written, complete, and clear manner, and must be accountable for every service provided to patients by health personnel such as doctors, dentists, nurses, midwives, and other health workers [3]. The implementation of medical records begins when a patient registers, followed by recording activities throughout the period the patient receives health services [4]. The return of medical records is a process of retrieving medical records from the service unit that borrowed them back to the medical records unit [5].

Proper medical record return is related to the performance of clinic administration staff in returning the medical records. Good performance will result in medical records being returned within the predetermined time. The standard for returning medical records, particularly in outpatient units, is within 1x24 hours after the clinic opens [6]. A

preliminary study conducted at Ajung Community Health Center on May 2, 2023, identified problems in the medical records unit, where data showed that the return time for medical records exceeded 24 hours. Below is the data on delays in returning outpatient medical records at Ajung Community Health Center from July 2022 to April 2023.

Table 1. Data on Delays in Returning Outpatient Medical Records at Ajung Community Health Center from July 2022 to April 2023

No.	Month	Total	Return Time ≤ 1x24 Hours		Return Time > 24 Hours	
			Number	%	Number	%
1.	July 2022	1074	1027	95,62%	47	4,38%
2.	August 2022	1460	1375	94,18%	85	5,82%
3.	September 2022	1438	1361	94,65%	77	5,35%
4.	October 2022	1371	1299	94,75%	72	5,25%
5.	November 2022	1523	1447	95,01%	76	4,99%
6.	December 2022	1612	1542	95,66%	70	4,34%
7.	January 2023	1759	1697	96,48%	62	3,52%
8.	Februari 2023	1591	1591	1462	91,89%	129
9.	March 2023	1207	1207	1119	92,71%	88
10.	April 2023	884	884	844	95,48%	40
	Total	**13.919**	**13.182**	**94,64%**	**747**	**5,36%**

Table 1 shows that during the period from July 2022 to April 2023, there was a total of 13,919 medical records in the outpatient unit, with 13,182 medical records (94.64%) returned within 1x24 hours, while 747 medical records (5.36%) were returned more than 24 hours later. Although the percentage of delayed medical record returns is relatively small, it still does not comply with the medical record return SOP, which requires that outpatient medical records be returned to the medical records unit within the specified time of 1x24 hours. The occurrence of delayed medical record returns is related to staff performance, which is influenced by training, attitude, work methods, and work equipment.

Therefore, the researcher uses the performance-influencing factors according to McCormick & Tiffin (1974) to analyze the performance of staff involved in the return of medical records, which consists of two factors: individual factors and situational factors [7]. Individual factors relate to a person's characteristics, including education, experience, motivation, and attitude, while situational factors originate from the work environment and can influence a person's performance, including training, leadership, funding availability, work methods, and work equipment.

Several factors suspected of contributing to delays in returning medical records include the qualifications of staff not yet being in accordance with requirements, the absence of reward and punishment systems, suboptimal training, and ineffective implementation of medical record return SOPs.

2. Materials and Methods

2.1 Type of Research

This study employed a qualitative research design. The qualitative approach was utilized to analyze the factors contributing to delays in the return of outpatient medical records at Ajung Public Health Center (Puskesmas), Jember.

2.2 Research Subjects

A purposive sampling technique was used to determine the research subjects, as the researcher deemed that the personnel involved in the outpatient medical record return process could provide information relevant to the research topic. The study involved eight informants, comprising two medical record officers as primary informants. The supporting informants included the head of the health center, three outpatient administration officers, one midwife, and one nurse.

2.3 Data Collection

The methods of data collection applied in this study were interviews, observation, and documentation. The data were collected from January to April 2024.

2.4 Data Analysis

Data analysis involved data collection, data reduction, data presentation, and drawing conclusions. The validity of the data was ensured through source triangulation and methodological triangulation.

3. Results

The return of outpatient medical records at Ajung Public Health Center has not yet met the standards set by the Indonesian Ministry of Health (2006), which stipulates that outpatient medical records must be returned within 24 hours after the outpatient clinic opens [6]. The delay in returning the records is attributed to the suboptimal performance of the responsible staff. The following are the results of observations on the return time of outpatient medical records conducted from January to February 2024, as shown in Table 2.

Table 2. Duration of Outpatient Medical Record Return at Ajung Public Health Center, Jember

No	Month	Total Number of Returned Outpatient Medical Records			
		Return Time 1x24 hours	%	Return Time >24 hours	%
1	Januari 2024	703	83.03%	183	21.35%
2	Februari 2024	771	85.94%	173	18.88%
	Total	**1474**	**84.54%**	**356**	**20.07%**

Table 2 presents the data on delays in the return of outpatient medical records at Ajung Public Health Center, Jember, during the period of January to February 2024. A total of 1,750 outpatient medical records were recorded. Of these, 1,475 records (84.54%) were returned within the standard timeframe of 1x24 hours, while 356 records (20.07%) were returned after more than 24 hours.

3.1 Identifying Individual Factors Contributing to Delays in the Return of Outpatient Medical Records at Ajung Public Health Center, Jember Regency

3.1.1 Education

Education is a formal activity that progresses through levels based on certificates obtained by an individual [8]. Based on the research conducted, it was found that the medical record staff at Ajung Public Health Center are high school graduates or equivalent. The educational background of the staff is shown through the following interview excerpts:

"I graduated from MAN" (informant 1, 2024)

"Just high school" (informant 2, 2024)

Based on the interviews conducted, it is known that the educational qualifications of the medical record staff at Ajung Public Health Center are still not aligned with the minimum standard of a diploma (D3) in medical record science. These qualifications do not meet the requirements set out in Regulation of the Minister of Health of the Republic of Indonesia No. 55 of 2013 regarding the organization of medical record jobs, which stipulates that the minimum qualification is a D3 in medical records [9]. This misalignment between the staff's educational background and the required competencies affects their performance, particularly in managing and returning medical records. There is a noticeable correlation between the staff's educational level and the timeliness of returning medical records. Individuals with at least a D3 in medical record education are expected to better understand the importance of timely medical record returns, thereby reducing delays. Education significantly influences staff understanding and skills in the field, which in turn improves their performance [10]. The lack of appropriate educational qualifications and competencies leads to poor understanding of the importance of returning medical records on time.

Based on the findings, it can be concluded that medical record staff whose educational background does not meet the required qualifications contribute to delays in returning outpatient medical records. The discrepancy in education level and lack of necessary competencies lead to a lack of understanding of the urgency and importance of timely medical record return, making educational background one of the contributing factors to the delays.

3.1.2 Motivation

Motivation refers to an individual's willingness to contribute and make significant efforts in the hope of improving performance and achieving organizational goals [11]. Interview results regarding the provision of rewards or recognition were illustrated by informants' statements as follows:

> *"Yes, there is, but not in the form of material rewards. Rather, in the form of appreciation such as moral recognition and words of encouragement from the leadership. In addition, service incentives (japel) are also provided." (informants 1, 3, 2024)*

> *"There is no special recognition yet, but the motivation usually comes in the form of moral encouragement and japel." (informants 2, 5, 6, 7, 2024)*

From the interviews above, it can be concluded that most staff involved in the return of outpatient medical records at Ajung Public Health Center, Jember, receive recognition to motivate them, such as service incentives (japel) and verbal appreciation or encouragement when records are returned promptly. Providing rewards increases staff motivation and work performance. In line with the study by Wirajaya et al. (2020), the implementation of rewards is necessary to motivate staff in improving their performance [12]. The provision of rewards is also related to the concept of punishment. The researcher also identified the application of punishment for staff in relation to delays in returning outpatient medical records, as shown in the following interview excerpt:

> *"Usually just a verbal warning." (informant 1, 2024)*

> *"The sanction is a warning if there is negligence in returning medical records on time." (informant 3, 2024)*

Based on the interviews, staff who do not properly perform their duties may receive sanctions or punishment in the form of verbal warnings if they are late in returning medical records. These sanctions are intended to prevent repeated violations and errors, thereby minimizing delays in medical record returns [13]. However, in practice, there are still staff who return records late but do not receive any warnings, resulting in inconsistency in the implementation of rules and disciplinary actions. This inconsistency may affect staff motivation to comply with rules regarding timely return of medical

records. Inconsistent enforcement of rules and sanctions can also lead to conflicts of interest. Such conflicts may occur among individuals within the organization [14].

Based on these findings, the researcher concludes that while the implementation of rewards such as service incentives and expressions of appreciation has been applied effectively at Ajung Public Health Center, the application of punishment in the form of verbal warnings remains suboptimal. As a result, some staff members who return records late are not properly sanctioned. The ineffective implementation of punishment can lead to inconsistency in rule enforcement, which may in turn influence staff motivation to comply with procedures for the timely return of medical records. Thus, the lack of motivation caused by inconsistent punishment becomes a contributing factor to delays in the return of outpatient medical records.

3.2 Identifying Situational Factors Contributing to Delays in the Return of Outpatient Medical Records at Ajung Public Health Center, Jember Regency

3.2.1 Training

Work training is a structured activity aimed at providing, improving, and developing job competencies according to skill levels and qualifications relevant to one's position [15]. Based on the research findings, it was found that staff at the medical record unit had never received training or attended seminars on medical record management, as shown by the following interview statement:

"Never." (informants 1, 2, 5, 6, 7, 2024)

From the interviews, it was revealed that the health center had never conducted any training related to medical records, including the process of returning them. This statement was supported by the researcher's observations, which found no documentation of training or socialization activities on medical records, nor any training certificates or seminar attendance records. This condition does not align with the Indonesian Ministry of Health Regulation (2020), which states that one of the supporting competencies for medical record officers is the ability to provide educational consultation and training for health service information users [16].

Therefore, if no training is provided, delays in the return of outpatient medical records will likely persist. This aligns with the findings of Alfiansyah et al. (2023), which indicated that the absence of training on medical records has an impact on the understanding of medical record return procedures [10]. In fact, training in medical record management is necessary to improve the knowledge, skills, and productivity of staff involved in the return process, in order to minimize the ongoing issues found at Ajung Public Health Center. Consistent with the findings of Haqqi et al. (2020), training in medical record management must be conducted to enhance staff competencies and reduce problems related to record return delays [17].

Based on these findings, it can be concluded that the lack of training in medical record management contributes to delays in the return of outpatient medical records at Ajung Public Health Center. The insufficient implementation of training programs results in inadequate staff understanding, knowledge, and skills, which further affects their productivity and leads to persistent issues in returning medical records. Proper training should be conducted regularly to improve employee performance and minimize errors, thus preventing delays in medical record return.

3.2.2 Work Method

The work method in this study refers to the Standard Operating Procedure (SOP) related to the implementation of the return process for medical records at Ajung Public Health Center, Jember. A Standard Operating Procedure is a detailed and systematic work procedure containing step-by-step written instructions intended to accomplish specific work processes [18]. The research findings show that Ajung Public Health Center has

implemented an SOP for the return of medical records, as indicated by the following interview excerpt:

"Yes, and it has been implemented." (informants 1, 2, 3, 4, 5, 2024)

The above interviews confirm that the SOP for the return of medical records is already available and implemented. This is also supported by documentation evidence of the SOP, as shown below:



Figure 1. SOP for the Return of Medical Records

The interview and documentation above indicate that Ajung Public Health Center has an established SOP for the return of medical records. In addition, the researcher also identified whether socialization of the SOP had been carried out to the staff involved in the return process of medical records, as illustrated in the following informant statement:

"The SOP was socialized during the accreditation process around June 2023." (informant 3, 2024)

"I don't think I've ever heard of such SOP socialization." (informants 2, 3, 5, 7, 2024)

The interviews indicate that the socialization of SOPs has not been carried out thoroughly for staff responsible for returning medical records. As a result, when SOP dissemination is not implemented effectively, many staff members do not fully understand the applicable procedures, which may lead to inconsistencies in implementation and increase the risk of delays in medical record returns. These findings are supported by Lutfiah et al. (2021), who stated that delays in the return of outpatient medical records may be due to insufficient socialization of SOPs related to the return and completion of medical records for staff [19]. In fact, SOP socialization should be conducted regularly and attended by all staff involved in the return process of outpatient medical records. The goal is to provide clarity and ensure that all responsible personnel comply with the return timeline and execute the procedure in accordance with established SOPs. This can help reduce issues related to the return of outpatient medical records at Ajung Public Health Center. Consistent with the findings of Setiyawan et al. (2018), regular SOP socialization is important to increase awareness and compliance among staff, making it easier for them to follow procedures [20].

Based on these findings, it can be concluded that the implementation of work methods, particularly SOP dissemination, is a contributing factor to delays in the return of outpatient medical records at Ajung Public Health Center. This is due to the irregular

and incomplete socialization of SOPs, leading to a lack of understanding among staff involved in the return process. Furthermore, limited knowledge of written SOP procedures may hinder compliance and affect record return timeliness. Therefore, improving routine SOP dissemination and strengthening supervision are essential to ensure all personnel understand and implement the procedures properly, thereby minimizing delays and improving service quality.

3.2.3 Work Equipment

The work equipment referred to in this study is the tool used by staff in performing their duties, specifically in the return process of medical records—namely, the expedition form. The expedition book functions as a reference to track and monitor the medical records that are currently borrowed or have been returned [21]. Research findings show that the components included in the expedition form implemented at Ajung Public Health Center are as stated by the following interview excerpt:

> *"It is appropriate for the items listed in the expedition form." (informants 2, 4, 5, 6, 7, 8, 2024)*

Based on the above interviews, it can be concluded that the components in the expedition form are generally suitable; however, informants 1 and 3 suggested that certain elements should be added, as expressed in the following statements:

> *"It's already suitable, but it would be better if an additional 'remarks' item was included." (informant 1 and 3, 2024)*

The researcher also identified issues related to the function of the expedition form in providing information regarding the timeliness of medical record return. The following statement from an informant illustrates this:

> *"It's not yet optimal because it only contains the borrowing date. There's no return date listed. It would be better to add important items such as the return date, so it can serve as useful monitoring material." (informant 1 and 3, 2024)*

Based on the interview, it was found that the current expedition form does not provide adequate information for tracking medical record returns because it lacks a return date column that could be used to monitor how long a record has been borrowed or used in service units. Therefore, the incompleteness of work tools, especially the expedition form, has become one of the contributing factors to delays in the return of outpatient medical records at Ajung Public Health Center. Adding items such as borrow date and return date columns is necessary to improve staff capability in monitoring return schedules. This addition would help identify late returns and support timely evaluation efforts. Moreover, having a complete and standardized form enables staff to determine which records are overdue, thereby enhancing the evaluation process regarding medical record return performance [22].

4. Conclusions

Based on the findings, delays in the return of outpatient medical records at Ajung Public Health Center are caused by both individual and situational factors. These include inadequate staff qualifications (below D3 level), the lack of routine training, insufficient enforcement of punishment, poor socialization of SOPs, and incomplete documentation tools—particularly the absence of return date columns in expedition forms. To address these issues, it is recommended that the health center assign medical record officers with at least a D3 qualification, optimize the enforcement of verbal warnings by supervisors for late returns, provide regular training on return procedures, and improve SOP dissemination. In addition, the addition of key monitoring elements such as borrowing and return dates in the expedition form should be made mandatory and signed by the

responsible officer as verification. These efforts are crucial to improving compliance, minimizing delays, and ensuring effective medical record management.

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