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Article

Analysis of Factors Causing Noncompliance with Medical Record File Destruction Scheduling at Kalabahi Regional Hospital

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Abstract: Destruction of medical records has not been carried out at Kalabahi Regional Hospital, resulting in the accumulation of medical record files that are not properly placed on storage shelves. This study aims to analyze the factors contributing to the mismatch in the scheduling of record destruction at Kalabahi Regional Hospital, based on the MOA (Motivation, Opportunity, Ability) performance theory. This research employed a qualitative approach, with problem-solving recommendations developed through brainstorming. The subjects in this study included the Head of the Medical Records Installation, the Head of the Medical Records Committee, and three filing officers. Data were collected through in-depth interviews, observation, documentation, and brainstorming sessions. Data validity was ensured using technique triangulation and source triangulation. The results of the study, based on the MOA performance theory, showed: Motivation factors included the absence of praise or reprimands from the head of the medical records installation to staff related to destruction activities. Opportunity factors included the lack of a designated room for destruction activities, insufficient filing shelves, the absence of an SOP for destruction, the absence of a dedicated destruction team, the lack of job descriptions for the destruction team, no budget planning for destruction activities, no preservation list, and no destruction tools. Ability factors included the officers' lack of practical skills and knowledge about destruction activities. Based on these findings, it is recommended to plan and implement training programs, provide praise and reprimands to filing staff regarding destruction activities, provide a designated room for destruction, increase the number of filing shelves, develop an SOP for destruction, establish a dedicated destruction team along with clear job descriptions, and allocate a budget for destruction activities.

Keywords: Medical record destruction, MOA performance theory, Kalabahi Regional Hospital

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1. Introduction

Efforts to improve the quality of healthcare services in hospitals must be supported by achieving orderly administration. Administrative order is one of the objectives of maintaining medical records [1]. Medical records serve as a source of information; therefore, they must be stored for a specific period [2]. There are two types of medical record storage periods, namely active medical records and inactive medical records. Active medical records are those whose usage frequency is still high or the patient is likely to return for inpatient or outpatient services, with a storage period of 1–5 years. In contrast, inactive medical records are those of inpatients or outpatients that are no longer in use and are stored for a maximum of five years from the last visit of the patient for treatment. Once the inactive period has passed, the medical records must be destroyed [3]. The destruction process involves the disposal of medical record archives that no

longer have any value by physically destroying them. These must be completely destroyed, either by shredding, incineration, or burning, so that their contents can no longer be identified [1].

Kalabahi Regional General Hospital is one of the referral medical services located in Alor and is the only first-level referral medical service in Kalabahi. The results of a preliminary study conducted on July 1–2, 2022, indicate that Kalabahi Regional General Hospital has carried out the destruction of medical record files several times, with the last destruction in 2013 for records from 2005 to 2009. Meanwhile, records from 2010 onwards have not yet been destroyed. The increasing number of hospital visits has not been matched with proper implementation of medical record file destruction, as evidenced in the following table:

Table 1. Implementation of Medical Record File Destruction at Kalabahi Regional General Hospital

No	Last Visit Year	Scheduled Year for Destruction	Remarks
1	2004	2009	Destroyed in 2013
2	2005	2010	Not destroyed
3	2006	2011	Not destroyed
4	2007	2012	Not destroyed
5	2008	2013	Not destroyed
6	2009	2014	Not destroyed
7	2010	2015	Not destroyed
8	2011	2016	Not destroyed
9	2012	2017	Not destroyed
10	2013	2018	Not destroyed
11	2014	2019	Not destroyed
12	2015	2020	Not destroyed
13	2016	2021	Not destroyed
14	2017	2022	Not destroyed

Based on the table, it can be concluded that Kalabahi Regional General Hospital has not yet destroyed medical record files in accordance with the regulations [4] concerning the Medical Record File Retention Schedule, which stipulates that medical records whose retention period has ended must be sorted and destroyed. The quality of work in managing medical records can be reflected through the timely execution of medical record destruction activities. Robbins & Judge explain that work outcomes are influenced by Motivation, Opportunity, and Ability [5]. The preliminary results of the study indicate that the destruction of records was not carried out in a timely manner due to Opportunity factors—namely, the unavailability of rooms and shelving that could be used to store inactive records during the sorting and destruction process, as well as the absence of a specific team tasked with performing the destruction activity. The Motivation factor, as a cause of delay, was the absence of sanctions or firm regulations from management to staff who failed to carry out destruction activities. The Ability factor, as another cause, was the lack of understanding among personnel regarding destruction procedures and their lack of involvement in such activities.

The failure to implement destruction in accordance with the established schedule at Kalabahi Regional General Hospital has led to the accumulation of medical record files in the active records storage room. Based on the above discussion, it is necessary to conduct an analysis of the factors causing discrepancies in the timing of the destruction of medical records at Kalabahi Regional General Hospital. This is expected to support efforts to ensure the destruction of inactive or no longer valuable medical record files, thus preventing accumulation of medical record files in the filing room.

2. Materials and Methods

The type of research conducted is qualitative research, which emphasizes understanding problems in social life based on detailed, complex, and holistic real-life situations by collecting data in a scientific setting to understand events in which the researcher is the main instrument. This research employs descriptive methods to explain the situation during the study in order to gain understanding and clarification of the characteristics of the variables being studied.

2.1 Research Object and Subjects

The objects in this study are Ability (experience and knowledge), Motivation (praise and reprimand), and Opportunity (space, shelves, SOPs, implementing teams, job descriptions, budgeting, shredding lists, destruction tools, and training) related to the implementation of medical record file destruction at Kalabahi Regional General Hospital. The research subjects consisted of 1 head of the medical record department, 1 person responsible (PIC) of the filing unit, 2 filing unit staff, and 1 chairperson of the medical records committee.

2.2 Research Variables

The variables in this study are Ability, Motivation, and Opportunity.

2.3 Data Collection Techniques

The data collection techniques used included interviews, observation, documentation, and brainstorming. Brainstorming was used to formulate improvements to the problems identified.

2.4 Data Validity Testing

Source triangulation and technique triangulation were applied to test the validity of the data in this study. Source triangulation was conducted by confirming the validity of the obtained data through various sources. For example, the data from the head of the medical record unit was compared with that from other subjects (medical record staff and filing staff). Meanwhile, technique triangulation was carried out by comparing data collected through interviews, observations, and documentation. This was done to ensure the consistency and reliability of the findings.

3. Results

3.1 Analyzing the Motivation Factor in the Implementation of Medical Record File Destruction at Kalabahi Regional General Hospital

a. Praise

Praise in this study refers to stimuli given to filing staff involved in medical record file destruction activities in the form of appreciation, either verbally (e.g., words of thanks, acknowledgment, thumbs-up gestures, handshakes) or as awards (money, books, food, and the like), as well as formal certificates. Interview results with informants revealed that the filing staff had never received direct praise from supervisors specifically for participating in medical record destruction activities. However, the head of the medical records installation acknowledged that some staff had been verbally praised for their involvement, though not formally or consistently in relation to the destruction activities. Observational results regarding the praise given also showed that no formal praise in the form of certificates/awards recorded in the personnel files of respondents was found.

Based on interview and observation findings, it can be concluded that informants generally did not receive praise or recognition from superiors regarding their involvement in the destruction of medical record files. This is consistent with the statement of Prabu & Wijayanti, who noted that the more praise employees receive, the more likely it is to increase their motivation [6]. The work motivation of staff in the filing unit is influenced by various forms of praise, including verbal acknowledgment. Praise

for filing staff can increase work motivation through simple acts such as words of thanks, thumbs-up gestures, handshakes, or gifts (money, books, food, etc.) and other awards. This finding is in line with Wijayanti & Nuraini, who stated that one of the uses of employee ID cards is to record praise given to employees [7]. One potential solution to increase the motivation of filing staff in the destruction process is for supervisors to give specific praise to staff who have completed destruction-related tasks, either through verbal acknowledgment or through gestures and tangible rewards such as money, books, food, and so on.

b. Reprimand

Reprimands in this study refer to warnings issued either intentionally or unintentionally by superiors to filing staff for not carrying out the medical record destruction activities. These can take the form of demotions, postponed promotions or salary increases, and verbal or written statements of disapproval. Interview results indicate that informants had not received any reprimands from superiors regarding medical record destruction activities. This was supported by the head of the medical record unit, who stated that no reprimands had been given to filing staff because the destruction team had not yet been formed, and destruction activities at the hospital had not been implemented. Observations also showed that there was no evidence of formal reprimands such as demotions, postponed promotions or salary increases, or verbal/written reprimands recorded in the personnel files or administrative logs of the medical record unit.

Based on interviews and observations conducted with informants, it can be concluded that informants had never received reprimands from their superiors. This finding is inconsistent with Fajar et al. [8], who state that higher levels of employee motivation are associated with the effective issuance of reprimands or sanctions. Reprimands issued to filing staff for failing to carry out destruction tasks are expected to help motivate employees to improve performance. Employee motivation in the filing unit can be enhanced through various types of reprimands. These may include demotions, postponed promotions or salary increases, and written or verbal warnings so that the staff feels corrected by a superior directly related to the destruction tasks. This finding aligns with Wijayanti & Nuraini, who noted that one function of employee ID cards is to record disciplinary actions received by staff. Failure to perform medical record destruction tasks properly may lead to a decline in work motivation among filing staff when no reprimands or supervision are given [7]. One solution to improve motivation in performing medical record destruction is for supervisors to issue timely reprimands, documented in employee records or through administrative memos. This can encourage filing staff to take their responsibilities seriously and carry out the tasks diligently.

3.2 Analyzing the Opportunity Factor in the Implementation of Medical Record File Destruction at Kalabahi Regional General Hospital

a. Space (Room)

The room observed in this study refers to the filing area used to conduct medical record file destruction activities. Ideally, the filing room should have a minimum area of 20 m^2, a corridor distance between racks of ±180–200 cm, and sub-rack spacing of ±80–100 cm. The room should be well-maintained, dry, clean, and not slippery. Interview results revealed that the filing room at the hospital did not meet the standard, as it was smaller, more humid, and less comfortable. Observations also showed that although the room had an area of 150.1 m^2 and was well-maintained, the floor surface was moist, slippery, and not dry, indicating that it did not meet the standard criteria for flooring such as being made of solid, strong, and non-slippery material. Based on interviews and observations with informants, it can be concluded that the filing room at the hospital is not yet compliant with the required standard. This aligns with the Ministry of Health guidelines,

which state that filing rooms in type C hospitals should have a minimum area of 20 m², while the minimum standard for individual office space is 2.5 × 3 m² per person [9].

Furthermore, interviews indicated that the filing room did not have a dedicated space for file destruction. All services and storage of both active and inactive records were conducted in the same room, creating inefficiencies. This is consistent with Huljanah [10], who stated that active and inactive record storage should be separated to ease staff access when retrieving medical records for daily services or destruction processes. One solution proposed to resolve the room issue is to separate the active record room, inactive record room, and destruction room to facilitate easier storage and retrieval by staff.

b. Shelving

In this study, shelving refers to the storage units used to hold medical record documents during the implementation of destruction activities, either conventional or innovative. If adequate shelving is not available, the document storage process will not run smoothly. Furthermore, organized and easily retrievable storage of medical records is essential. Interview results showed that while the available shelving in the filing room was in good condition, the quantity was insufficient. This was evident from the accumulation of medical records in the filing room, indicating that the existing shelving was inadequate. Observations regarding shelving in the filing room revealed the use of conventional or open metal racks in good condition, used to store medical record files. This aligns with Istikomah et al. [2], who stated that shelving for medical record storage should consist of cabinets without doors but with dividers to effectively store records in an orderly and well-maintained manner.

Based on interviews and observations, it can be concluded that the filing room at the hospital used conventional or open racks made of metal that were structurally sound but insufficient in number, as evidenced by the accumulation of medical record files. Interview findings also indicated that there were no dedicated racks for storing forms retained during the sorting of both active and inactive records or those marked for destruction. From these results, it can be concluded that the hospital had not yet implemented specialized storage procedures for such forms. Shelving is a critical component of the medical record storage system. Proper shelving ensures orderly and secure storage of inactive records in accordance with established procedures. One solution to address the shelving shortage is the planning and implementation of additional shelving units in the filing room to reduce the accumulation of inactive records. Furthermore, it is necessary to provide dedicated shelving units specifically for the destruction process, where retained forms and other documents are temporarily stored before final disposal.

c. Standard Operating Procedure (SOP)

The SOP in this study refers to the set of instructions or procedural steps formalized to guide the completion of medical record file destruction stages, including the availability of a specific SOP and its dissemination to staff. Based on interview results with filing staff, it was found that the staff were unaware whether the hospital already had a specific SOP for medical record destruction. Observations also indicated that there was no existing SOP specifically for the destruction of medical records, which might hinder the proper implementation of destruction activities. This aligns with Hilmansyah's research, which emphasizes that without a proper destruction SOP to serve as a reference for implementation, destruction activities cannot be effectively executed [11].

Interviews further revealed that the SOP had not been disseminated to medical record staff because the SOP itself did not exist. SOPs play a vital role in the destruction process by providing clear instructions for staff on how to carry out tasks optimally. Therefore, the hospital needs to develop a specific SOP for medical record destruction and ensure it is disseminated to all relevant sections and personnel. This would help ensure the destruction process is conducted properly, on schedule, and promptly—thereby reducing the accumulation of medical record files in storage racks.

d. Implementation Team

The implementation team referred to in this study is the synergy of efforts by the filing staff to achieve a common goal—namely, the execution of medical record file destruction. Based on interviews with filing staff, it was found that the hospital had not yet formed a dedicated implementation team specifically for medical record destruction activities. This aligns with the statement from the head of the medical records installation, who confirmed that a special destruction team had not been formed due to several constraints, such as the relocation of the filing room and the medical records department in recent years during the hospital's reconstruction, as well as the limited number of filing staff.

Based on interviews, it can be concluded that the hospital has not yet formed a special team for the destruction of medical record files. Team formation is important to create synergy in achieving the desired objectives. This is in line with Sustina [12], who stated that teamwork is the synergistic effort of individuals working together to reach a shared goal. Without the formation of a destruction team, not all activities related to medical record file destruction can be carried out in accordance with applicable standards. Conversely, the absence of a dedicated team could become an obstacle in organizing destruction activities at the hospital.

e. Budgeting

The budget referred to in this study is a document containing estimated costs for the execution of destruction activities, including income and expenditure items. Interview findings with informants revealed that, at present, there is no specific budgeting plan for destruction activities at the hospital. Thus, it can be concluded that although there are no issues in preparing a general budget, the challenge lies in the allocation of funds. The hospital's budget is often insufficient to accommodate all planned expenses, and certain needs—such as for destruction—are sometimes not prioritized or not included in the budgeting process due to competing priorities. According to the Ministry of Health [13], one of the essential supporting competencies of a hospital is financial planning, including budgeting and implementation. The preparation of such a budget, ideally led by a medical record officer, is expected to support all necessary destruction activities.

Budget planning for medical record file destruction is an effort to ensure smooth execution. If there is no specific funding, the implementation may be delayed or obstructed due to lack of required infrastructure. The budgeting process carried out by the designated officer should anticipate all funding needs, including for equipment and storage specifically allocated for destruction activities. This includes separated racks for active, inactive, and to-be-destroyed files. Without such arrangements, storage space will quickly become overcrowded. Therefore, budgeting and implementation of financial planning must be strengthened to ensure the destruction process can proceed smoothly and in accordance with regulations.

3.3 Analyzing the Ability Factor in the Implementation of Medical Record File Disposal Activities at Kalabahi Regional General Hospital

a. Experience

Experience in this study refers to something that has been felt, experienced, and lived by filing staff and stored in memory, particularly in relation to the activity of medical record file disposal. Interview findings indicate that the informants had never been directly involved in the disposal of medical record files during their tenure as filing officers at Kalabahi Regional General Hospital. Based on interview data, it can be concluded that filing staff at Kalabahi Hospital have not yet had experience that can be used as a reference and learning resource in carrying out medical record file disposal activities.

This is in line with the opinion of Nototomo and Villela, who state that having experience can be valuable not only for oneself but also as a learning guide for others [15].

Possessing experience is not only beneficial for the individual to independently carry out medical record file disposal but also valuable for other staff. A solution to address the issue of staff lacking experience in medical record file disposal is to plan and implement training or seminars related to the disposal of medical record files for medical record officers, so that filing staff gain the necessary experience.

b. Knowledge

Knowledge in this study refers to the understanding that filing staff have regarding the concept and procedures of medical record file disposal. Based on interview findings, it was found that informants had limited knowledge about the process and importance of disposing of medical record files. This lack of knowledge served as one of the causes of discrepancies in the implementation of medical record disposal at Kalabahi Regional General Hospital. Observations regarding the informants' knowledge showed that the lack of training, workshops, or seminars contributed to this limited understanding. These findings suggest that informants lacked sufficient knowledge, which ultimately affected their ability to perform medical record file disposal activities.

This aligns with the statement by Marsum, who stated that staff with inadequate knowledge are more likely to hinder the proper implementation of medical record file disposal [16]. Based on interviews with informants, it can be concluded that their limited understanding stems from a lack of socialization or education regarding medical record file disposal. The Ministry of Health defines disposal as the process of permanently eliminating or destroying inactive medical records, typically through burning, shredding, or recycling [1]. A proposed solution to address this knowledge gap among filing staff is to plan and implement training or seminars on the concept and procedures of medical record file disposal, thus increasing their understanding and competency in carrying out the task.

3.4 Recommended Efforts to Resolve the Issue of Inconsistency in the Timing of Medical Record File Disposal at Kalabahi Regional General Hospital Using the Brainstorming Method

An alternative solution to the root causes of the problems identified in this study was developed through the brainstorming method, which was conducted with several informants. One of the root causes identified was the lack of implementation of medical record file disposal at Kalabahi Regional General Hospital. Based on the brainstorming results, a recommended solution to address the problem was to create a Standard Operating Procedure (SOP) for medical record file disposal, as the hospital had not yet established an SOP for that purpose. This recommendation aligns with the Regulation of the Minister of Health of the Republic of Indonesia No. 269/MENKES/PER/III/2008 concerning medical records, the Circular Letter from the Director of Medical Services No. HK.00.06.1.5.01160 of 1995 regarding technical guidelines for the procurement of medical record forms from hospitals and clinics, and the Director's Decree of Kalabahi Hospital No. 88/RSD/KEP.XII/2018 concerning the Guidelines for Organizing Medical Records at Kalabahi Hospital.

Based on the results of alternative solution formulation using the brainstorming method, it can be concluded that the primary cause of the inconsistency in the timing of medical record file disposal at Kalabahi Hospital lies in the opportunity factor, as almost all variables related to this factor have not been met, thus hindering the implementation of the disposal activity. The opportunity factor is the most critical factor for the successful implementation of medical record disposal activities in the hospital, as it involves all necessary resources—man, money, method, materials, and machine. Without these resources, the activity cannot be carried out. In other words, if the resources under the opportunity factor are not fulfilled, the disposal process cannot run smoothly. If the disposal activity fails to take place due to a lack of opportunity, then the factors of ability and motivation cannot be properly assessed. The reason for the motivation factor in this study is the hesitation and uncertainty in carrying out the disposal activity at Kalabahi

Regional General Hospital, because the disposal activity had not been performed by the filing staff due to a lack of Standard Operating Procedures and insufficient direction from other related parties.

Thus, the dominant factor influencing the failure of the disposal activity as previously explained is the opportunity factor, while the ability factor of the filing staff was revealed through interviews. Most of the informants interviewed stated that the medical record officers at Kalabahi Hospital had not participated in training or workshops related to medical record disposal, nor had they attended education relevant to medical records. Although two of the informants (the head of the medical record installation and the seminar committee chair) confirmed that such training and seminars had been conducted, the implementation had not yet reached the filing staff. Therefore, the recommendation from the brainstorming process is to organize planning and implementation of seminars and technical guidance (bimtek) on the procedure and regulations of medical record disposal, especially targeted at the filing staff, so that the file disposal activity can be effectively and appropriately implemented at Kalabahi Regional General Hospital.

4. Conclusions

Based on the findings and analysis of the factors causing the inconsistency in the timing of medical record file disposal at Kalabahi Regional General Hospital, it can be concluded that the main contributing factors are related to motivation, opportunity, and ability. From the motivation aspect, there is a lack of recognition or rewards from the head of the medical record department to staff regarding the implementation of disposal activities, as well as the absence of any reprimands, primarily because a formal disposal team within the filing unit has not yet been established. In terms of opportunity, although the filing room meets standard requirements, there is no separation between spaces for active records, inactive records, and disposal; the number of filing racks is insufficient, and none are specifically allocated for disposal purposes. Moreover, there is no established Standard Operating Procedure (SOP) for disposal, no designated disposal team, and no budget planning for the activity. Lastly, from the ability perspective, the staff lacks both experience and knowledge related to the medical record file disposal process.

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