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Article

Analysis of Factors Causing Delays in Inpatient Medical Record Returns at Hospital X

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Abstract: The delay in the return of inpatient medical records at Hospital X reached 71.23% in February 2022. This indicates a persistently high delay rate that does not comply with the standard for returning inpatient medical records, which is 2 x 24 hours. The purpose of this study was to analyze the factors contributing to the late return of inpatient medical records using the WHO behavior theory. This research employed a qualitative approach, with data collected through interviews, observations, and documentation. The results showed that for the Thoughts and Feelings variable, the contributing factors were the lack of staff knowledge regarding the standard return time for inpatient medical records, as well as the fact that some staff had never attended training or seminars related to medical records. The Personal Reference variable was not identified as a contributing factor. For the Resources variable, there were no supporting facilities available in the medical record return process in each room, the SOPs did not include related units, had not been re-socialized, and were not available in every inpatient room. Regarding the Culture variable, incorrect knowledge was considered correct, and staff had to wait for the doctor's schedule to complete signature requirements. In conclusion, delays in the return of inpatient medical records were influenced by staff knowledge, training, availability of supporting facilities, incomplete or poorly disseminated SOPs, and habitual practices among hospital personnel during the record return process.

Keywords: Delay, Return, Medical Record

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1. Introduction

Hospitals are healthcare service facilities that provide comprehensive individual health services, including inpatient, outpatient, and emergency care. In implementing these health services, hospitals must strive to provide optimal services. One of the obligations that hospitals must fulfill is to manage medical records accurately and appropriately, as this plays an important role in influencing patient satisfaction and hospital service quality.

Medical record management, carried out by the medical record unit, includes activities such as patient registration, documentation, data processing, storage, and retrieval of medical records. In order to be effective, medical record management must be implemented quickly, accurately, and thoroughly. The implementation of timely, precise, and accurate medical record documentation affects the return process of inpatient records. The return of medical records is one of the supporting factors in improving the quality of medical record services in hospitals. The quicker the records are returned to the medical record unit, the faster subsequent processes can take place, which can in turn improve the performance quality of the medical record staff.

There are standard provisions regarding the return time of medical records, as outlined in Ministry of Health Regulation No. 129 of 2008 concerning Minimum Service

Standards for Hospitals. It states that inpatient medical records must be returned to the medical record unit within 2 x 24 hours after the patient is discharged. Hospital X has also established the same policy, namely that inpatient records must be returned within 2 x 24 hours. However, in reality, there are still delays in the return of medical records at the hospital. In February, for example, 364 out of 511 records were delayed in being returned, resulting in a delay percentage of 71.23%. This indicates that the hospital's standard for medical record return is not being met at 100%.

Based on these issues, further analysis is needed to determine the factors causing the delay in the return of inpatient medical records at Hospital X.

2. Materials and Methods

The type of research used in this study is qualitative research. According to Sugiyono (2016), qualitative research is a method aimed at analyzing and explaining collected data in the form of words or images, rather than emphasizing numerical data. In this study, qualitative research is used to analyze the factors causing delays in the return of inpatient medical records at Hospital X, based on staff behavior. Data in qualitative research is obtained through interviews and observations.

3. Results

Thought and Feeling

Based on the research findings, it was found that the knowledge of staff at Hospital X is still not optimal regarding the standard time for returning inpatient medical records. Some staff were still unable to correctly respond to questions about the standard return time. The standard time for returning inpatient medical records is outlined in the Ministry of Health Regulation No. 129 of 2008 concerning Minimum Service Standards for Hospitals, which states that inpatient records must be returned to the medical record unit within 2 x 24 hours after the patient is discharged. Limited knowledge of such standards can result in delays in record return, and this lack of knowledge can negatively impact staff behavior. When staff do not understand the correct standards, they are less likely to act in accordance with them. This aligns with the view of Pakpahan et al. (2021), who state that knowledge can influence behavior. Similarly, Nototmodjo (2012) argues that when someone possesses good knowledge, it encourages appropriate behavior, which can improve their problem-solving abilities.

A person's knowledge is acquired through education and training. Training included in this study refers to professional development activities that allow staff to acquire knowledge and improve skills in order to achieve better performance. Medical record staff involved in healthcare services need to understand medical record standards, which must be learned through training or seminars. Interviews revealed that some staff had attended training or seminars related to medical records. These staff generally had an educational background in medical records.

However, other staff stated they had never received such training, particularly those from other professional backgrounds, such as nursing. This indicates a need for further dissemination and education about medical records for all staff. Nurses, for example, mentioned that they had never received training in medical records management due to differences in professional backgrounds. Training is essential to expand insight, knowledge, and skills. Several staff at Hospital X had never participated in any training related to medical records, and this lack of training was linked to poor understanding and substandard practices. Kemenkes RI (2007) emphasized that each individual or organization is required to increase knowledge, skills, and application of science and technology relevant to health information management. Staff who master their field of work tend to act according to proper procedures and contribute to better performance. The lack of medical record training is one of the reasons cited for substandard performance. This is consistent with the findings of Hardono & Endrayanto (2016), who

explained that training helps staff master specific knowledge according to needs, which in turn improves individual performance and role fulfillment in the workplace.

Staff who have not received medical record-related training or seminars tend to lack understanding of the quality of record returns and their professional roles. This is evident from the interview data showing that untrained staff were more likely to contribute to delays in returning inpatient medical records.

Personal Reference

The colleague referred to in this study is someone who serves as a personal reference, offering support, including guidance or direction from fellow staff. Based on research findings, it was revealed that most staff at Hospital X had colleagues who provided such support. This peer support plays a crucial role in motivating staff to work better and more efficiently, and it can also influence the work performance of others.

Staff at Hospital X also reported receiving guidance that was aligned with existing SOPs. Peer relationships influence how well tasks are carried out. When there is good interpersonal support among colleagues, work is usually completed more efficiently, and staff are more likely to perform well. This aligns with the opinion of Azwar (2013) and Sya'baniah et al. (2019), who suggest that peer relationships have a strong influence on performance improvement.

Positive peer relationships contribute to attitude formation and job performance. When coworkers get along and support each other, it results in higher motivation, a stronger sense of teamwork, and greater job satisfaction, which ultimately leads to improved work outcomes and employee well-being [7].

Resources

This variable discusses supporting facilities and SOPs. The availability of supporting facilities greatly assists in the borrowing and returning process of inpatient medical records. Hospital X uses a tracer system and borrowing logbooks in the borrowing and return process to help minimize errors, such as misplacement of medical records in the filing rack. This is consistent with the statement of Rahmadani et al. (2023), who noted that tracers serve to indicate which records are being borrowed and by whom. The use of tracer logbooks helps ensure that every record taken can be properly tracked. This finding also aligns with Agustin et al. (2020), who emphasized that tracer logbooks function as monitoring tools to ensure that borrowed records are returned appropriately.

Other required facilities include file carts or trolleys in the inpatient wards of Hospital X. Research findings indicate that these trolleys are used to facilitate the return of inpatient medical records to the medical record unit. This aligns with Rahmadani et al. (2023), who stated that file trolleys are useful in streamlining the process of returning records from wards to the medical records installation. The availability of such facilities can support medical record staff in carrying out their tasks efficiently. Similarly, Nurwanti et al. (2022) explained that such tools are necessary to support the return process of medical records. SOPs (Standard Operating Procedures) are crucial in the medical record borrowing and return process.

The availability of SOPs allows staff to carry out their responsibilities in an organized manner. Findings revealed that some staff at Hospital X had not been informed about the existence of medical record return SOPs. This lack of awareness may impact their ability to follow procedures correctly. This aligns with the opinion of Kresnahadi (2021), who explained that SOPs help direct performance in accordance with guidelines and responsibilities. Likewise, Jessalina (2019) stated that SOPs serve as reference materials for staff in executing medical record return tasks.

However, some staff at Hospital X stated that SOPs for medical record return were not well socialized or implemented, and there was no SOP displayed in each inpatient room, even though Kemenkes RI (2007) emphasized that SOPs should be clearly posted at each work station so that all staff can refer to and follow them correctly.

Culture

Organizational or workplace culture, according to Schein (1992) as cited in Habudin (2020), refers to a set of basic assumptions created, discovered, or developed by a particular group as they learn to overcome problems they face. These assumptions are considered valid and are taught to new members as the correct way to perceive, think, and feel in relation to those problems.

At Hospital X, a cultural habit that contributes to the delay in the return of medical records is that staff must wait for doctors to complete and sign the records, which often causes delays. This finding is consistent with Padilah et al. (2021), who stated that one of the causes of delays in the return of medical records is the inaccuracy of doctors in completing the discharge summary. Doctors' schedules are often full, resulting in incomplete records and delays in their return. Improved discipline in completing medical records is essential to minimize delays. The habit of waiting for doctors to complete the records is a contributing factor to the delay, and this issue is not aligned with the return standard set by Hospital X, which requires inpatient medical records to be returned within 2×24 hours. However, this requirement is not yet clearly stated in the hospital's SOP.

4. Conclusions

Delays in the return of medical records are caused by several factors, including staff's suboptimal knowledge regarding the standard return time, the absence of training received by some staff, the lack of supporting facilities in each inpatient room, the unavailability of Standard Operating Procedures (SOPs) in all rooms, and the need for staff to wait for doctors' schedules to complete medical record documentation. Based on these findings, this study recommends updating and improving the knowledge of all staff, providing the necessary supporting facilities in each relevant inpatient room, and ensuring the availability of SOPs in every inpatient room.

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