



BORROWING SYSTEM FOR MISFILING OUTPATIENT MEDICAL RECORDS AT ERNALDI BAHAR HOSPITAL

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ABSTRACT

Problem: The implementation of storing and aligning medical records at Ernaldi Bahar Hospital still found misplacements, thus hampering the process of retrieving and returning medical record documents, both those stored and those to be borrowed.

Objective: Knowing the loan system for outpatient medical record misfiling incidents at Ernaldi Bahar Hospital.

Method: This type of research is observational with a descriptive design. The population in this study was 778 outpatient medical records with a sample of 264 files with a simple random sampling technique. The research data used secondary data processed univariately with frequency distribution.

Results: From a sample of 264 outpatient medical records, it was found that a small portion, namely 30(11%) of borrowed outpatient medical records were not recorded in the expedition book and their whereabouts were unknown, 259(98%) of borrowed outpatient medical records did not use a medical record tracer and 182(69%) were misfiled. There is a need to hold special training for medical record officers, maximize the use of expedition books and medical record tracers, prepare SOPs in the filing section that does not yet exist and use color codes on medical record folders.

Keywords : Expedition Book; Medical Record Tracer; Misfile.

Submission	: 16 April 2025
Received	: 27 April 2025
Accepted	: 23 May 2025
DOI:	https://doi.org/10.58222/sdgs.v1.i2.1215

1. INTRODUCTION

According to Government Regulation of the Republic of Indonesia Number 47 of 2021 concerning the Implementation of the Hospital Sector in Chapter 1 Article 1 states that a hospital is a health service institution that provides comprehensive individual health services that provide inpatient, outpatient and emergency services. Health services to the community need to be recorded or recorded as important confidential documents called medical records.

Medical records are written or recorded information about the identity, anamnesis, physical laboratory determination, diagnosis of all services and medical

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actions provided to patients and treatment for both inpatients, outpatients, and those receiving emergency services (Rustiyanto, 2011).

According to Budi (2011) a storage room (filing) is a place to store medical records for outpatients, inpatients and is one of the medical record units responsible for storing and returning medical records. The purpose of storing medical records is to make it easier and faster to find medical records stored on filing shelves, easy to retrieve from storage, easy to return medical records, protect medical records from physical, chemical and biological damage. Good medical record storage procedures are medical records that have completed the process are stored on storage shelves, sorted to prevent misplacement, storage accuracy with directions for stored medical record tracers, medical record tracers are removed after the medical records return to the storage shelf, storage accuracy starts from the color group (color code) on each shelf and the position of the number sequence (Directorate General of Yanmed, 2006).

This theory is in line with the results of Kurniawati's research (2015) which states that the tool aspect has not been implemented in the use of medical record tracers in the outpatient filing of Dr. M. Ashari Pematang Regional Hospital, so that many officers have difficulty knowing the whereabouts of medical records that are out or borrowed.

One of the factors causing medical record misfiles is the facility and infrastructure factor, namely the medical record tracer and expedition book. The non-use of the medical record tracer and expedition book is because officers find it troublesome to rewrite patient data into the expedition book. The expedition book functions as a handover of medical record documents, to find out which unit borrowed the medical record document and to find out when the medical record document was returned. If the expedition book is not used optimally, it will be difficult to track the whereabouts of the medical record document when a misfile occurs (Astuti & Anugra, 2013).

If the implementation of the alignment of medical records still finds misplacement (misfile) and the document is not found again (lost), it can hinder the process of retrieving and returning medical records, both those that are stored and those that will be borrowed (Budi, 2011). This theory is in line with the research results of Ariyani (2016) which states that the result of misplaced medical records is that officers have difficulty finding the medical records, which results in patients having to wait too long and officers are forced to make temporary medical records for the patient.

Ernaldi Bahar Hospital is a type A mental hospital under the scope of the South Sumatra Provincial Government and is a referral hospital from all regencies/cities in South Sumatra Province and from areas in other provinces such as Bengkulu, Jambi and Lampung Provinces and is fully accredited with 4 filing officers with non-medical record educational backgrounds, namely 2 high school graduates, 1 computer science graduate and 1 political science graduate with a work period of ≥ 5 years for each officer, however, the filing officers have never attended a workshop/training related to storing and aligning medical records. Based on the observation results, it is known that the storage system at Ernaldi Bahar Hospital, South Sumatra Province uses a centralized storage method, namely by combining and storing all medical record files of a patient (both outpatient and inpatient) into one folder and stored on one filing rack, then arranged or aligned numerically, namely Terminal Digit Filing (TDF), has a medical record tracer as a substitute for medical records that come out of the filing rack and uses a two-digit color code only to prevent misfiles when medical records are borrowed and returned to be combined with other medical records in the filing sub-rack according to the medical record number, as well as the existence of work

procedures stated in the Standard Operating Procedure (SOP), namely the SOP for Storing Medical Records, SOP for Aligning Medical Records, SOP for Borrowing Medical Records but not yet the SOP for Returning Medical Records and SIMRS (Hospital Management Information System).

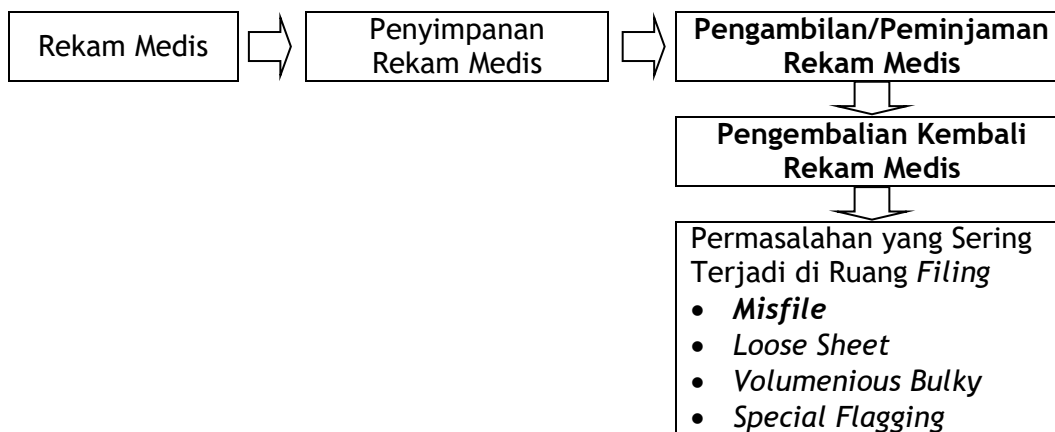
The results of initial observations conducted on 10 medical records borrowed for inpatient services showed that 5(50%) were misfiled and 5(50%) were not misfiled. Based on the results of interviews with filing officers, it was found that officers were less active in using medical record tracers and medical records that were borrowed and returned to the filing room were sometimes not recorded in the expedition book.

This is because the last level of education of the officer is one of the factors causing misfiling, because it is possible that the officer's understanding of the alignment of medical records is still lacking and there has never been training to improve the officer's understanding and skills in carrying out their duties as a filing task.

The impact of the misfiling incident is related to the quality of service provided. For example, because rediscovering patient files takes too long, on the other hand, patients also want to get service from the doctor immediately, the doctor must also get the patient's files immediately before providing services to the patient. So the patient's archive in the form of a medical record file should be found in a short time. Misfiling incidents can occur due to officer factors including education level, lack of training, and workload (Budi, 2011).

Based on the background description above, seeing the importance of medical records in creating continuous medical information, the research question formulated is how is the system description of the incident of misfiling of outpatient medical records at Ernaldi Bahar Hospital in 2024.

2. THEORETICAL FRAMEWORK



3. METHODOLOGY

This type of research is observational with a descriptive design. The population in this study was 778 outpatient medical records with a sample of 264 files using a simple random sampling technique. The research data used were secondary data processed univariately with a frequency distribution.

4. RESULTS AND DISCUSSIONS

a. Medical Record Lending System at Ernaldi Bahar Hospital

Tabel 1. Medical Record Lending System at Ernaldi Bahar Hospital

Medical Record Lending System	Amount (n)	Persentase (%)
Know its Existence	234	89
Don't Know its Existence	30	11
Amount	264	100

Source : Processed Secondary Data, 2024

The results of this study found that out of 234 outpatient medical records, a small number of outpatient medical records were unknown and were not recorded in the expedition book. In theory, the expedition book functions as proof of handover of medical record documents, to find out which unit borrowed the medical records and to find out when the medical records were returned, and to find out and monitor medical records that are being borrowed or have been returned. If the expedition book is not used optimally, it will be difficult to track the whereabouts of medical record documents when a misfile occurs (Astuti & Anunggra, 2013).

Medical records whose whereabouts are unknown are influenced by several causal factors, including less than optimal use of the expedition book, there are work instructions or SOPs (Standard Operational Procedures) for activities in the filing section but are incomplete, there is a medical record tracer but it is rarely used or instructions to go out, lack of supervision and evaluation of the storage of medical records.

Based on an interview with the head of the medical records room at Ernaldi Bahar Hospital, he said that the head of the room and the head of the medical records division often provide motivation to medical records officers to work better. The head of the room or the head of the medical records division often supervises and evaluates storage officers in a simple way, namely a supervision system such as compiling cards, compiling outpatient medical records and a recording system, but researchers still find medical records whose whereabouts are unknown and are not recorded in the expedition book.

According to Hasibuan (2003), motivation is the provision of driving force that creates a person's passion for work so that they are willing to work together, work effectively and integrate with all their efforts to achieve satisfaction. An important driving factor that causes humans to work is the need that must be met. According to Amsyah and Zulkifli (2005), the purpose of supervision in management is the process of determining who will be carried out, evaluating implementation and if necessary implementing corrective actions until implementation is in accordance with the plan. In management, the head of the medical records unit has the authority to regulate the management in the medical records unit including directing human resources. Management of medical records requires special skills and expertise in an independent work unit and supports hospital services. In relation to the management of human resources in the health information management work unit, staff supervision must be carried out in order to improve the performance of health information management services through supervisors who have been assigned and understand the principles of effective human resource management (Hatta, 2013).

Based on information from the medical records officer, the whereabouts of the outpatient medical records are unknown because the medical record documents were lost or scattered in the inpatient and outpatient rooms, and if there are patients who want to seek treatment with a medical record number that is not found on the storage rack (filing) and is not recorded in the expedition book, the officer will create a new medical record number for the old patient who comes for

treatment. This also hinders the services provided by doctors to patients because there is no information about previous medical history. The impact of incidents like this is that access to medical record documents is easier for many people to find out and the risk of confidentiality of medical record documents is threatened. If it continues, more and more outpatient medical record documents will be out of control of medical record officers. According to the Minister of Health Regulation Number 749a of 1989 Article 13 concerning Medical Records states that medical record documents belong to the hospital, meaning that the Hospital Director is responsible for: loss, damage, or falsification of medical records; use by unauthorized Agencies/persons. The contents of the medical records belong to the patient whose confidentiality must be maintained. To protect this confidentiality, provisions are made, including that only medical records officers are permitted to enter the medical records storage room, it is prohibited to quote the entire contents of the medical records for agencies or individuals, and that while the patient is being treated, the medical records are the responsibility of the room nurse and their confidentiality is maintained.

From the results of the research that has been conducted in the Filing Room of Ernaldi Bahar Hospital, there are already SOPs for Storing Medical Records, SOP for Aligning Medical Records, SOP for Borrowing Medical Records, but there is no SOP for Returning Medical Records that regulates the rules or steps for recording medical records in the expedition book.

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 512/MenKes/Per/IV/2007 concerning Practice Permits and Implementation of Medical Practice CHAPTER I paragraph 10 Standard Operating Procedures are a set of instructions / steps to complete a certain routine work process, which provides the right and best steps based on mutual consensus to carry out various activities and service functions created by health service facilities based on professional standards. Storage (filling) in the medical records unit is an important part of maintaining the confidentiality and security of medical records so that when needed again the medical records can be found properly, so that SOPs related to all activities in the filing section must be established in order to create good storage, retrieval and return of medical records and in accordance with the rules in the management of medical records in the filing section.

b. Use of Medical Record Tracer at Ernaldi Bahar Hospital

Tabel 2. Use of Medical Record Tracer at Ernaldi Bahar Hospital

Use of Medical Record Tracer	Amount (n)	Persentase (%)
Used (placed in the medical record position that comes out of the filing rack)	5	2
Not Used (placed in the medical record position that comes out of the filing rack)	259	98
Amount	264	100

Source : Processed Secondary Data, 2024

The results of this study found that out of 259 outpatient medical records, almost all outpatient medical records did not use medical record tracers when the medical records left the filing rack for service. Medical records that left the filing rack for service, management interests or legal interests did not use medical record tracers due to, among other things, the absence of SOP for the use of medical record tracers, lack of supervision and evaluation of the retrieval and return of medical records to the filing rack. According to Novalin & Prasetya (2013), the impacts that arise if medical record tracers are not used, medical record officers have difficulty when returning medical records to the filing rack and medical records that are

borrowed do not know their whereabouts. Regarding the non-use of medical record tracers for medical records that are out or borrowed, it can cause several things such as the service process to patients being hampered due to the length of the medical record retrieval process and the number of patients complaining about the long waiting time. Medical record tracers are an important tool in controlling the use of medical records, usually used to replace medical records that are out of storage (Heltiani, 2020) and medical record tracers also increase efficiency and accuracy in borrowing by showing where a medical record is to be stored when returned (Rustianto, 2011).

c. Misfiling of Outpatient Medical Record Incident at Ernaldi Bahar Hospital

Tabel 3. Misfiling of Outpatient Medical Record Incident at Ernaldi Bahar Hospital

Kriteria	Misfile Event				Total
	Misfile		No Misfile		
	n	%	n	%	
Lending System					
Know its Existence	157	60	77	29	234
Don't Know its Existence	30	11	0	0	30
Medical Record Tracer					
Used	0	0	5	2	5
No Used	182	69	77	29	259

Source : Processed Secondary Data, 2024

The results of this study found that out of 264 outpatient medical records, it was found that 5 medical records that came out of the filing rack to be borrowed for outpatient services did not experience misfile because they used an expedition book and a medical record tracer so that there was no misfile, but 30 medical records experienced misfile due to not using an expedition book and a medical record tracer. In theory, the incidence of misfile of medical record documents should be 0%. If the percentage of accuracy and return of medical record documents is less than the misplacement of medical record documents, then it is said to be misfile (Terry and Rue, 2010). The results of the study by Laxmi and Prasetya (2013) showed that when viewed from the location of the sub-rack, the highest number of misfile medical record incidents was on the 1st sub-rack with a total of 114 misfile medical records. This is because the location of the 1st sub-rack is in the top position on a rack. This makes it difficult for officers to align medical record documents on the sub-rack, because the location of the sub-rack is high. According to the results of interviews with filing officers, there has never been any training to improve the understanding and skills of officers in carrying out their duties as filing officers. In addition, fatigue of officers can also be a cause of medical record misfile incidents, because of the many medical record documents that must be provided and returned, officers tend to be tired. Work fatigue will reduce the performance of officers in carrying out their duties. This is possible due to lack of concentration, so that officers are wrong in aligning medical records, misfile occurs.

The occurrence of medical record misfiling is caused by several factors including the "Man" factor, the "Money" factor, the "Methods" factor, the "Material" factor, which can be described as follows. The implementation of storing medical record documents at Ernaldi Bahar Hospital is based on the "Man" factor, namely that officers in the filing section do not have a medical records education background and have never received training to improve the understanding and skills of officers in carrying out their duties as filing officers.

The implementation of medical record document storage based on the "Money" factor is a submission for additional filing shelves, this is because outpatient and inpatient medical records continue to increase. The condition of the filing room at

the Ernaldi Bahar Hospital, South Sumatra Province is also not very spacious, there are several outpatient and inpatient medical records on the floor. The impact of poorly arranged medical records is that it reduces the comfort of officers in storing medical record documents, and can be one of the causes of the increasing incidence of misfiles.

Funds are one of the most important things to achieve a system in a hospital in order to achieve good and fast service according to patient expectations. If hospital funds are not sufficient in procuring supporting equipment, the rate of misfiles will increase (Rusdarti, 2008; Terry & Rue, 2010).

Based on the "Methods" factor, namely the storage system, and the alignment system used at the Ernaldi Bahar Hospital is a centralized storage system with a Terminal Digit Filing (TDF) ranking system. The disadvantages of a centralized storage system include medical records quickly becoming thick because patients routinely seek treatment or receive care for a long time, so that it is necessary to add many shelves and filing rooms and require a lot of manpower to implement them. Implementation is based on the "Material" factor, namely medical record tracers. The use of medical record tracers at the Ernaldi Bahar Hospital in the Province has not been maximized, this is because there is no SOP for the use of medical record tracers and the lack of supervision and evaluation of the retrieval and return of medical records to the shelves.

According to the Director General of Yanmed (2006), the procedure for storing medical records is that medical records that have completed the process are stored on storage shelves, sorted to prevent misplacement (missfile), storage provisions with stored directions (medical record tracers), medical record tracers are removed after the medical records are returned, storage accuracy starts from the color group on each shelf and the position of the number sequence. Controlling medical record misfiles by using tracers and color codes, rearranging all medical record documents on the filling shelves to check whether there are any documents that are misplaced (missfile), re-ordering medical record documents according to the alignment system used, making it easier for officers to return and re-store medical record documents on the filling shelves (Rustianto, 2011).

5. CONCLUSION

Misfiling incidents are unlikely to occur if the filing officer uses one of the substitute medical record facilities, namely the expedition book or medical record tracer, but misfiling of medical records can occur if the filing officer does not use the expedition book and medical record tracer, which are substitute medical record facilities that come out of the filing rack so that the existence of medical records can be traced.

ACKNOWLEDGEMENTS

Thank you to the Chair and Head of the Research and Community Service Unit of STIKes Sapta Bakti who have given permission to the author so that he can complete the research. The author also expresses his thanks to the Director of Ernaldi Bahar Hospital who has given permission for researchers to carry out research.

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