

Review Implementation Of Retention Of Medical Record Files Based On The Regulation Of National Standards For Hospital Accreditation (SNARS) Edition 1 MIRM 10 At RSUD Dr RM Djoelham Binjai 2021

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ABSTRACT

The quality of standardized hospital services in Indonesia can be determined from their conformity with the National Hospital Accreditation Standards (SNARS). Medical record retention which is also important in hospital services is contained in SNARS First Edition MIRM 10. In MIRM 10 there are three assessments to meet national hospital accreditation standards regarding medical record retention. The purpose of this study was to determine the implementation of medical record retention at RSUD Dr RM RS Djoelham Binjai based on SNARS 1st Edition MIRM 10. This study used a qualitative descriptive method with a cross sectional design. The research was conducted at Dr.RM Hospital. Djoelham Binjai from June to September 2022. The population in this study were 4 officers and the entire population was sampled. The method used in this research is by interview and observation. Based on the results of the study, it was found that the fulfillment of the element of assessment 1 MIRM 10 based on SNARS did not yet have an SOP. Assessment of element 2 has not been fully carried out. The absence of an individual officer for retention duties results in element 3 mismatch. This study concluded that medical record retention at RSUD Dr RM Djoelham Binjai had not been fully implemented based on SNARS 1st Edition MIRM 10.

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INTRODUCTION

Medical record is one of the front gates in Health Services which is a measure of patient satisfaction in receiving services. According to RI Minister of Health No.

55 of 2013 [1] medical record is a form or file of records regarding patient identity, treatment, and health service actions provided by health workers to patients.

Hospital medical record documents must be kept for at least 5 years from the time the patient was last treated or returned from hospital treatment. After 5 years, medical records must be depreciated, except for a summary of discharge and approval for medical action [2].

Retention, namely the activity of separating active and inactive medical record documents, is an important way to overcome the problem of piling up files that have no use value. Delays in depreciation of medical record files at the Medical Record Installation often lead to stacking of files and placement of medical record files that are not in accordance with their storage shelves [3].

Implementation of hospital retention adjusted to the latest accreditation standards organized by the Hospital Accreditation Committee, namely the National Hospital Accreditation Standard (SNARS). The national hospital accreditation standard regarding retention or storage of medical record files, namely Information Management and Medical Records (MIRM) 10. Hospitals have regulations to determine the retention period for medical records, data, and other

information related to patients in accordance with statutory regulations to support patient care, management, legal documentation, as well as education and research [4].

Implementation of medical record file retention from active to inactive in the hospital so far carried out in the proper manner. The implementation of important medical record file retention is implemented in every hospital in order to avoid the accumulation of medical record files on file storage racks so as not to cause damage to medical record files or misfiles. Srigita Research [5] (2019) at the Dr. Lung Hospital. HA Rotinsulu Bandung regarding the implementation of retention has not been carried out according to MIRM 10 SNARS Accreditation standards 2018 [4], found 8,255 inactive medical record files from 2010 to 2015 in storage rooms due to lack of human resources and socialization of standard operating procedures. Meanwhile, research [6] Latuconsina at the Kanjuruhan Hospital in Malang Regency, also shows that the implementation of retention has not been carried out in accordance with SNARS MIRM Accreditation 10, this is because there is no special shelf for storing medical record documents, and one of the medical record officers does not understand the contents of this accreditation standard. In addition, the retention process does not use an archive retention schedule to determine the period for storing medical record documents, and is not in accordance with the existing SPO. Based on the results of the initial survey at Dr. RM. Djoelham Binjai the implementation of retention is carried out in stages starting from sorting, transferring, and destroying. However, this process has an erratic archive retention schedule and there are still inactive medical record files on active storage shelves that have not been retained because data retrieval is a bit slow which has an impact on service quality and distribution of medical record files which can result in misfiles. Therefore the researchers wanted to know about the implementation of retention of medical record files based on regulations (SNARS) edition 1 of MIRM 10 at Dr. RM. Djoelham Binjai.

METHOD

A. Type of Research

This type of research is a qualitative descriptive research method with a cross sectional design.

B. Sampling technique

The sampling technique in this study used saturated sampling.

C. Data Collection Techniques

Data collection techniques used in this study by using interviews and observations.

D. Research Instruments

The research instrument is an interview sheet that contains a checklist and observation sheet.

E. Data Analysis

Data analysis used in this study is a descriptive analysis technique by linking the results of observations with the guidelines that should be, namely National Standard for Hospital Accreditation (SNARS) MIRM 10.

RESULTS AND DISCUSSION

Research Results

Implementation of Medical Record File Retention in RSUD Dr. RM. Djoelham Binjai

Pelamedical record file retention at RSUD Dr. RM. Djoelham Binjai is done gradually starting from sorting, transferring, and destroying in the process accordingly yes The archive retention date corresponds to the year of the last visit and is arranged according to the medical record number and the medical record that has been grouped in an inactive storage shelf is stored again before being destroyed later. This activity is carried out by filing officers who have attended socialization about retention.

Observation and Interview Results

berbased on the observations and interviews that have been conducted, data on the characteristics of the informants are obtained which are listed in table 1

Tabel 1 Characteristics of Informants Storage Officers at Dr. RM. Djoelham Binjai

Informan	Jenis Kelamin	Umur	Pendidikan Terakhir	Pelatihan Rekam Medis
Informan 1	Perempuan	26 Tahun	S1 Rekam Medis	Ya
Informan 2	Perempuan	53 Tahun	D3 Farmasi	Ya
Informan 3	Perempuan	44 Tahun	S1 Keperawatan	Ya
Informan 4	Perempuan	49 Tahun	D4 Gizi	Ya

Tabel 2 Observasi

Observasi	Terpenuhi	Tidak Terpenuhi
1. Ruang rekam medis Inaktif		
2. Berkas Rekam medis inaktif melebihi waktu retensi	√	√
3. Rak rekam medis inaktif	√	
4. Jadwal retensi arsip	√	
5. Standar operasional Prosedur (SOP)	√	
6. Mesin pencacah		√

berbased on table 3.2 from the results of observations at RSUD Dr. RM. Djoelham Binjai can be seen that the inactive medical record files and shelves have been fulfilled, and the archive retention schedule, standard operating procedures but the inactive medical record room and enumerator machine have not been fulfilled. berbased on the results of interviews conducted by researchers to 4 recording officers medis in the storage room regarding the retention of medical records. The following are excerpts from several informants.

Tabel 3 List of Questions

Register Questions	Java Responden Tires			
	Responden 1	Responden 2	Responden 3	Responden 4
Element Assesment 1				
1. Are the regulations regarding the period for storing medical record files in accordance with the proper regulations?	yes	yes	yes	yes
2. Is there hamobstacles in the retention of medical record files?	No	No	No	No
3. Is it still there medical record file yes haven't been	Yes	Yes	Yes	Yes

4. File that retention is appropriate yes dwal archive	Yes	Yes	Yes	Yes
5. In doing retention father/mother split according to the type of disease?	Yes	Yes	Yes	Yes
Element Assesment 2				
1. Does the hospital guarantee the security and confidentiality of medical records?	Yes	Yes	Yes	Yes
Element Assesment 3				
1. Files that have exceeded the storage period but have not been destroyed?	Yes	Yes	Yes	Yes

Discussion

Based on the results of the research in table 3.1 which has been described above by the officer storage of medical records at RSUD Dr. RM. Djoelham Binjai with background medical record education only 1 person with a working period of 2 years. Other informants have non-medical record educational backgrounds but work experience in medical records for more than 6 years and have attended training.

Assessment elements 1 MIRM 10 regulation of medical record storage period in RSUD Dr. RM. Djoelham is in accordance with the applicable laws and regulations and according to the archive retention schedule but does not yet have a special SOP for retention, only guided by existing provisions. Meanwhile, he found inactive medical record files at

Active Room and retention has not been carried out because there is no special officer to do so. Therefore, officers who carry out retention are officers who have a milespare time after completing his work so that obstacles can occur and result in the accumulation of files in the active medical record room and have an impact on the distribution of medical records, causing misfiles because there are many medical record documents that are not arranged neatly according to the medical record number.

Activation retention at RSUD Dr. RM. Djoelham Binjai is carried out periodically, for example every month, quarter, or yearly depending on the amount of DRM stored. This also occurred in Latuconsina's research at Kanjuruhan Hospital in Malang Regency, 2019 where the implementation was still not fully in accordance with the SNARS policy because in the process of implementing medical record document retention there were no special officers to work on implementing medical record document retention.

Meanwhilea in Srigita's research [5] at Dr. Lung Hospital. HA Rotinsulu Bandung, 2019) found inactive medical record files in the storage room due to lack of human resources and socialization of standard operating procedures.

Jamn that, based on Measurable Element 2 MIRM 10 stated that within the span of storage of medical record files, the hospital guarantees security and confidentiality. For storing inactive medical record files or documents, it has not 100% guaranteed document security. In the physical aspect, there is water seepage on the floor which has the opportunity to damage medical record files, but the confidentiality of medical records has been maintained because only medical record officers in the storage section are free to enter the filing room.

Abut in Latuconsina's study [6] at the Kanjuruhan Hospital in Malang Regency,

2019 implementation of retention was not optimal because the storage of inactive medical record documents was only placed and stacked in the inactive medical record document storage room without a special shelf for medical record documents. This is an opportunity for the entry of insects or small animals that can damage inactive medical record documents.

Pelaextermination center at RSUD Dr. RM Djoelham Binjai does not comply with assessment element 3 in MIRM 10. This is because there are still documents as well as data and information in the form of files that exceed the storage time period and have not been destroyed. One of the reasons is the absence of special officers in carrying out retention so that it is only carried out by officers who have free time to carry out retention and damage to the enumerator machine.

CONCLUSION

Based on the results and discussion of the research entitled review of the implementation of medical record file retention based on Hospital Accreditation Standards (SNARS) Edition 1 regulations Managementn Information on Medical Records 10 at RSUD Dr. RM. Djoelham Binjai can be concluded, on the fulfillment of the 1 MIRM 10 assessment element at Dr. RM. Djoelham Binjai already has regulations regarding the implementation of retention in the form of a guide with the title "Socialization Materials About Retention of Medical Record Documents" but the fulfillment of assessment elements 2 and 3 has not been fully implemented.

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