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The Implementation of Hospital Service Data Reporting (RL 3.1) in SIRS *Online* is Reviewed from Facilities and Infrastructure at RSIA Artha Mahinrus Medan in 2024

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ABSTRACT

Hospital reporting is an organizational tool that aims to produce fast, precise, and accurate reports. This study aims to identify the factors that hinder the reporting of hospital service data (RL 3.1) at RSIA Artha Mahinrus Medan, as well as evaluate the impact of the condition of facilities and infrastructure on the effectiveness of the reporting process using the online SIRS application, by considering three indicators of infrastructure: completeness, condition, and use. The approach used is qualitative descriptive, with data collection through interviews and observations of research subjects including the head of medical records, registration officers, poly officers/nurses, and IT officers. The instruments used are interview guidelines and observation sheets. The results of the study show that the reporting of hospital service data (RL 3.1) in the online SIRS at RSIA Artha Mahinrus Medan experienced obstacles, such as the lack of number of computers in the medical record unit, computer system failures, and limited internet connections, which caused slow networking. Based on the results of the study, delays in making reports can be caused by problems with existing facilities and infrastructure. Therefore, the researcher suggests that the reporting of hospital service data (RL 3.1) be carried out outside of the collection time to prevent additional delays.

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INTRODUCTION

Reporting is a delivery of progress or results of activities as well as the provision of information on all matters related to duties and functions that will be given to higher officials. This report can be given orally or in writing, so that the recipient of the report can get an overview of the conditions of activities in the field that have been provided by the report maker . One of the reports that exist in health service facilities is hospital reporting. Hospital reporting is an organizational tool that has the goal of producing reports quickly, accurately and accurately. The activities carried out in the reporting section are collecting, processing, and analyzing data that is useful for decision-making at the hospital level. The source of hospital reporting data comes from registers, daily census of outpatients, daily census of inpatients, indexes and medical record files.

Hospital reporting is divided into two, namely internal reporting and external reporting. The internal reporting function is related to all interests of the hospital which includes all records of the results of hospital activities that will be used by the management for all managerial purposes, while the external reporting function is used for the benefit of authorized agencies outside the hospital, namely the Ministry of Health of the Republic of Indonesia, the Provincial Health Office, and the Regency/City Health Office which is used for assessment and monitoring in improving implementation policies program and planning of upcoming programs.

The implementation of reporting in hospitals has used information technology called the Hospital Information System (SIRS). The Hospital Information System (SIRS) is a government program whose implementation is aimed at all hospitals in Indonesia by reporting the recapitulation of service activities and disease complication data periodically (per month and per year). The implementation of the Hospital Information System (SIRS) aims to formulate policies in the field of hospitals, present hospital information nationally, and monitor, control, and evaluate the implementation of hospitals nationally.

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Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 1171/MENKES/PER/VI/2011 which has been stipulated by the General of Health Development, every hospital is required to implement a Hospital Information System (SIRS) consisting of Report Recapitulation (RL). Reporting data must be reported at a predetermined time and to help make accurate policies it needs to be filled in completely according to the specified format. Form RL 3.1 is one of the forms in *the online* SIRS that is used to collect data on inpatient service activities. This form is filled out according to the type of service provided to the patient in one year and is reported once a year, no later than January 15 of the following year.

In doing all work requires the availability of adequate and quality facilities and infrastructure, this is very much needed for each field as a determinant of the achievement of something done. Means are everything that can be used as a tool to achieve a goal, part of the means that are often found in the field of work are computers, tables, chairs, and shelves. With a variety of adequate equipment, it can be useful to facilitate the implementation of tasks so as to help improve performance and achieve a goal faster. Meanwhile, infrastructure is everything that can support certain purposes, for example workspaces, telecommunication networks, and internet networks.

Facilities and Infrastructure are supporting tools used for an activity process that has a function to realize the success of an organization or agency. If the facilities and infrastructure are not available, the activities carried out will not achieve the expected results and are not in accordance with the specified plan. Based on the results of previous research conducted by (Nurhadian, 2019) with the title "The Influence of Work Facilities on Employee Performance", it is known that the existence of adequate work facilities will improve the performance of employees so that they can work well and use all abilities to the maximum to produce optimal work results.

The results of the previous research conducted by (Taroreh & Kalalo, 2018) with the title "Science and Technology Factors – Factors Hindering the Online-Based SIRS Data Reporting Process" It is known that Prof. dr. R. D. Kandou Manado Hospital has conducted SIRS reporting online, but there are several factors that are inhibiting the reporting, namely starting from the *material* part such as the internet network which is often disrupted, and in the *man* part, the lack of knowledge of officers about SIRS which results in the reporting process being hampered. The results of previous research conducted by (Sari & Pujihastuti, 2017) with the title "Hospital Data Processing and Reporting Procedures Based on Hospital Information System (SIRS) Revision VI Dr. Soedono Madiun Hospital" have carried out the data management process in two ways, namely manually and computerized. The factor that causes delays in reporting hospital data is the *entry of medical records.*

Based on an initial survey conducted at RSIA Artha Mahinrus Medan, hospital service data reporting (RL 3.1) has been carried out computerized using the online SIRS application. In this process, several inhibiting factors were found in the implementation of hospital service data reporting (RL 3.1), especially related to the condition of facilities and infrastructure that have been available in the hospital.

METHOD

This study uses a qualitative descriptive method, which produces data in the form of written or spoken words from interviews to understand the attitudes, views, feelings, and behaviors of individuals or groups. The subjects of the study include the head of medical records, registration officers, poly officers/nurses, and technicians. The research instruments included interview guidelines, voice recorders, and checklists. The data processing technique consists of three stages: (1) Data reduction to summarize and select important information, (2) Presentation of data in the form of diagrams, tables, or graphs to make it easier to understand, and (3) Drawing conclusions that answer the formulation of the problem and can be developed during the research.

RESULTS AND DISCUSSION

Result

The characteristics of the informants in this study consisted of four people. Informant 1 is the

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head of medical records of RSIA Artha Mahinrus Medan who is responsible for reporting and acts as the main informant. Informant 2 is the registration officer who records the patient's identity and provides important information related to the research. Informant 3 is a polyclinic/nurse officer who compiles the daily census of patients and provides relevant data for reporting. Informant 4 is a technician who is responsible for the maintenance of hospital infrastructure, providing information related to the technical aspects of the research.

Table 1. Characteristics of Informants

No	Informant	Gender	Age	Length of Work	Education	Job position
1.	Informant 1	Woman	24 Years	2 Years	D-III RMIK	The head of medical records and is also on duty as a Reporting officer
2.	Informant 2	Woman	28 Years	5 Years	D-III RMIK	Registration Officer
3.	Informant 3	Woman	24 Years	2 Years	S1 Nursing	Poly officer/nurse
4.	Informant 4	Man	27 Years	7 Years	S1 Informatics Engineering	Technician

RL Report Collection and Submission Process 3.1

The following are the steps in the process of collecting and sending RL 3.1 reports using the SIMRS and SIRS *online* application revision IV version 2.0 at RSIA Artha Mahinrus Medan:

1. The reporting officer at RSIA Artha Mahinrus Medan opens the Hospital Management Information System (SIMRS) application, then logs in by filling in the username and password.
2. After logging in, select item RL 3 hospital service activity data. Then click RL 3.1, which is inpatient services. Then the hospital code, hospital name, province, district, logo and year will appear. There is also an option to print or exit the page.
3. After selecting the print option, SIMRS will display a daily census recapitulation of each room, there is a medical record number, provincial code, regency/city, year, type of service, early year patient, incoming patient, live discharge, dying <48 hours, exiting patient dying >48 hours, number of long treated, year-end patient, number of days of treatment, and treatment class.
4. For the reporting process on SIRS *online,* go to the website https://sirs6.kemkes.go.id/ on the internet. Then a login menu appears, enter your username and password
5. After logging in, select the RL 3 menu of hospital service activity data then select RL 3.1 Inpatient services on the navigation menu.
6. After selecting RL 3.1, the RL 3.I inpatient service report display will appear, click the item to enter the entry page and confirm the data year reported.
7. You can see the display of RL 3.1 on the online SIRS application, which shows the input data from SIMRS. Officers are expected to fill in all templates according to the data or reports in each unit.
8. After filling in all the items in the online SIRS template , click save at the bottom left.

The results of interviews with officers at RSIA Artha Mahinrus Medan show that there are several obstacles in the implementation of daily tasks, especially in terms of facilities and infrastructure. The reporting officer revealed that although other facilities are adequate, the number of computers available is still limited, with only one unit being shared, thus hindering work efficiency. In addition, the limitations of workspace that are not separate between storage, reporting, and coding also lead to inefficiencies and potential disruptions in work. Another problem faced is the often unstable internet speed, which hampers the reporting process. However, the use of computerized systems in hospital reporting (RL 3.1) is considered very helpful because it allows direct access to data through SIMRS without the need to collect manual data from each service unit.

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Meanwhile, the registration officer stated that they did not experience any obstacles in carrying out their duties because the available facilities and infrastructure were adequate. The same thing was also expressed by poly officers/nurses who stated that the facilities and infrastructure for making daily census reports are not an obstacle. In addition, they ensure that there are no delays in making daily censuses because patient data is always recorded and recapped daily.

However, in the information technology aspect, it was found that hospitals do not have permanent IT staff responsible for system maintenance. This leads to the absence of a regular check schedule for computers and networks, which has the potential to cause technical problems in the future. Overall, the main obstacles in carrying out duties at this hospital include the limited number of computers, the inseparability of workspaces, unstable internet connections, and the absence of permanent IT staff. However, the use of computerized systems in reporting has provided significant benefits in speeding up work processes and increasing efficiency.

Table 2. Results of Observation of Facilities in the Implementation of Reporting

No	Observation	Availability		Amount	Condition				Information
		Yes	None		1	2	3	4	
1	Computer	✓		1 pieces				✓	Computers in the medical record room are used to perform several tasks starting from reporting and coding
2	Table	✓		2 pieces		✓			The tables in the reporting section are all made of wood
3	Chair	✓		3 pieces		✓			3 chairs in the reporting section made of Iron

Condition description: 1 = Very Good; 2 = Good; 3 = Enough; 4 = Less

Based on Table 2 above, it is concluded that the reporting facilities at RSIA Artha Mahinrus Medan are still inadequate, especially in the computer section. The computer available in the medical records section is only one unit, which is used alternately by medical record officers.

Table 3. Results of Infrastructure Observation in the Implementation of Reporting

NO	Observation	Yes	No	Information
1.	Reporting room separate from other units		✓	The reporting room is combined with other medical record units
2.	Electricity supply such as ganlets is available in the event of a power outage	✓		The provision of ganlets is already provided for Electrical power requirements
3.	Dedicated internet network available in the reporting section	✓		The provision of an internet network in the reporting room already exists, but the network often experiences delays
4.	Have adequate internet speed		✓	Frequent network conditions are disrupted
5.	Adequate room layout		✓	The layout of the room is quite narrow because the room is small and filled with medical record files

Based on table 3, the means in the reporting section have not fully supported optimal

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performance. Although there are generators as a backup power and internet network that is expected to be fast, there are often delays and interruptions. In addition, the narrow layout of the room, filled with medical record files, is also an obstacle.

Discussion

Completeness

Based on the results of the research, the completeness of facilities and infrastructure in the medical record reporting section is still inadequate, especially in terms of the number of computers. Currently, there is only one computer available that must be used alternately by officers for reporting and coding, thus becoming an obstacle in making hospital service data reports. On the contrary, in the registration and nursing sections, especially in making the daily census, facilities and infrastructure are sufficient. The registration process and making daily patient censuses can run smoothly with adequate computer and network support, so that there are no obstacles in collecting patient data. Thus, delays in reporting hospital service data do not come from the registration section or the creation of the daily census. The results of this study are in line with the theory put forward by Moner (in Zahari, 2022), which states that facilities and infrastructure are the main or supporting tools in the implementation of work and play a role in supporting work organizations.

Condition

Based on the results of the research, the condition of facilities and infrastructure in the reporting section is still inadequate. One of the main obstacles was the absence of a dedicated room for reporting, so the room was merged with other medical record units, such as storage and coding. The layout of the room became narrow due to the large number of medical record files stored in it. In addition, the internet network used for reporting often suffers from disruptions. Even though it uses a Wi-Fi network with a speed of 50 Mbps, lag still occurs due to the large number of connected devices. Available computers also experience a decrease in performance because they have been used for a long time.

On the other hand, the condition of facilities and infrastructure in the registration and nursing section, especially in making the daily census, is adequate. The process of registering patients and making daily censuses runs smoothly without any problems, with adequate facility support. Delays in making daily censuses do not occur because officers routinely collect data on patients who come to the hospital every day. Thus, the delay in reporting hospital service data is not caused by the registration department or the nursing department in charge of conducting the daily census.

The results of this study are in line with the theory put forward by Bohari (2019), which states that good facilities and infrastructure can improve employee performance, while if the available facilities are inadequate, then employee performance will also be less than optimal.

Use

Based on the results of the research, the reporting of hospital service data (RL 3.1) has currently been carried out computerized through the online SIRS application. Reporting officers can access the necessary data directly through SIMRS to fill in the required information. The Hospital Management Information System (SIMRS) not only functions as a data recording tool but also as the main source of information for other units in the hospital. The data of patients enrolled in the registration section is available directly in SIMRS, allowing reporting officers to access information quickly and accurately. The initial integration of patient data in SIMRS and direct connection with the registration department and polyclinic made it easier for reporting officers to access data.

The reporting process is carried out using online SIRS, where data is automatically transferred from SIMRS to online SIRS for report submission. This significantly improves the efficiency of officers' performance as there is no longer a need to manually collect data from each service unit. The schedule

for reporting hospital service data has been determined in accordance with the Minister of Health Regulation No. 1171 of 2011, so the collection must be in accordance with the predetermined schedule. However, it is possible that delays in making reports can occur due to constraints on facilities and infrastructure in hospitals. By reporting before the collection deadline approaches, the risk of delays can be minimized.

CONCLUSION

Based on the results of the study, hospital service data reporting (RL 3.1) has currently been carried out computerized through the online SIRS application, where reporting officers can access data directly through SIMRS to fill in the required information. SIMRS not only serves as a data recording tool but also as the main source of information for other units in the hospital, so that patient data registered in the registration section can be accessed quickly and accurately. The initial integration of patient data in SIMRS and direct connection with registration and polyclinics makes it easier for reporting officers to access data, reducing the need for manual data collection. The reporting process is carried out with an automated system, where data from SIMRS is directly transferred to SIRS online for report submission, thereby increasing the work efficiency of officers. The reporting schedule has been set in accordance with the Indonesian Minister of Health Regulation No. 1171 of 2011, so that data collection must be in accordance with the predetermined time, but constraints on facilities and infrastructure in hospitals, such as computer limitations and network disruptions, can cause delays. Therefore, by reporting early before the collection deadline approaches, the risk of delays can be minimized, ensuring a smooth hospital administration process.

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