

Factors Affecting Medical Record Service Quality Activities at Puskesmas Bestari

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ARTICLE INFO

Keywords:

Quality of Service,
Medical Records,
Human Resources

ABSTRACT

Factors that affect the quality of medical record services are human resources, facilities and infrastructure and policy monitoring and evaluation. The problem of this study is that there are less medical record officers, causing less fast service. The purpose of the study was to determine the factors that affect the quality of medical record service activities at Puskesmas Bestari. This type of research is a descriptive study where the population and sample are the same, namely 4 general practitioners, 3 dentists, 7 nurses and 2 medical record officers. This research collection technique is a field study technique, namely questionnaires, interviews and observations. The data analysis used in this study was univariate analysis. The results obtained were poor service quality by 12.5%, poor doctor human resources by 28.6%, poor nurse resources by 28.6%, good medical recorder resources by 66.6%, poor facilities and infrastructure by 20%, policy monitoring and evaluation by 40%. Based on these results, it can be concluded that the quality of medical record services, doctor human resources, nurse human resources, medical recorder human resources, facilities and infrastructure and policy monitoring and evaluation are still lacking, so it is expected that the Head of the Puskesmas will conduct training on the importance of the quality of medical record services in improving the performance of officers at the Puskesmas.

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INTRODUCTION

Quality health services, one aspect of health services, is an important factor in achieving patient satisfaction. Patient satisfaction is one of the levels of patient feelings that arise as a result of health service performance obtained after patients compare with what is felt. Patients will be satisfied if the performance of health services obtained equals or exceeds expectations. The quality of medical record services is a health service provided to a patient as well as possible through the latest knowledge, so that the expected service increases (Indriyani, 2019).

The quality of medical records is responsible for maintaining the confidentiality of patient data and the quality of the contents of medical records is the responsibility of health workers who carry out medical records. Medical record quality analysis needs to be done so that medical records are complete so that they can be used as reference material in services, support information for quality assessment, help determine valid disease diagnosis and coding, as a completeness of claim administration to third parties (insurance). Improving the quality of medical record services is the degree of providing services efficiently and effectively in accordance with professional standards, service standards that are implemented thoroughly in accordance with patient needs, utilizing appropriate technology (Rendarti, 2019).

According to Minister of Health Regulation No. 24 of 2022 Chapter 1 Article 1, medical records are documents that contain patient identity data, examinations, treatment, actions, and other services that have been provided to patients (Ministry of Health, 2022).

The results showed that there was a relationship between the quality of service at the registration point and patient satisfaction. The study was conducted for patients with the results that there were patients (63.5%) said the service at the registration point was not satisfied with the service at the registration place (Christy, 2020). The results of the data study were taken from an audit of the level of use of EWS in 19,810 samples of inpatient medical records and from hospital statistics. Research shows that good use of EWS in RS X is only 22.81%. There was no significant difference in the patient's Net

Death Rate (NDR) and Length of Stay (LOS) after the application of EWS ($p = 0.862$ and $p = 0.105$; CI 95%). Increased activation of code blue and significant decrease in HCU admission after implementation of EWS ($p=0.001$ and $p=0.038$; CI 95%) is the opposite of the expected result. Significant decrease in ICU admissions after EWS implementation ($p = 0.013$; CI 95%), associated with low levels of EWS usage in RS X, can still be caused by factors other than EWS. Without the implementation of good EWS, a positive impact on the quality of inpatient services cannot be achieved (Dian Indriani Hidayat, Farid Agushyabana, 2020).

The results showed that patient satisfaction affected the quality of medical record services. The sample was 99 respondents and a significant value of 5% and obtained table value = 1.985. Showing a coefficient of determination value of 64.2%, it means that there is an influence of patient satisfaction variables on the quality of medical record services in the outpatient registration department of Bina Sehat General Hospital, while the remaining 35.8% is influenced by other factors that are not studied (Indriyani and Herfiyanti, 2021).

The results of Nuryani, et al's research (2022) the performance of medical record officers of Stannia Medical Hospital in providing outpatient medical record book registration services has been carried out well and in accordance with SPO (Operational Service Standards) and the interests of patients who come for treatment. However, in the registration process in terms of preparing outpatient book files, there are still delays because the patient's outpatient medical record book in the storage process is still irregular due to the lack of facilities and infrastructure.

Research results of Ulumiyah (2018) The implementation of patient safety efforts at Puskesmas X Surabaya City has not been optimal because there are still obstacles and shortcomings in meeting the standards of patient safety efforts listed in the puskesmas accreditation instrument so that 2 out of 4 standards for patient safety efforts Puskesmas X Surabaya City need to be optimized again in order to achieve the desired goals in improving the quality of health services (Hutagalung and Wau, 2019).

Shows the ratio between satisfied and less satisfied is almost the same, meaning that there are still some patients who still feel dissatisfaction with the services of health workers received. One of the reasons why patients are not satisfied with the services received is the lack of complete and clear information about the patient's health condition and the difference in terms of services carried out by specialist doctors (Mutmainnah, Ahri and Arman, 2021)

The results of this study showed that tangibles factor ($p\text{-value} = 0.372$), reliability factor ($p\text{-value} = 0.176$), and responsiveness factor ($p\text{-value} = 0.594$) were not related to the quality of health services at the Karadenan Health Center. While the assurance factor ($p\text{-value} = 0.001$), and empathy factor ($p\text{-value} = 0.001$) are related to the quality of health services at the Karadenan Health Center. The conclusion in this study is that the variables tangibles, reliability, and responsiveness factors have no relationship with the quality of health services. Meanwhile, in the variables of assurance factors and empathy factors, there is a relationship with the quality of health services at the Karadenan Health Center (Matondang, Madjid and Chotimah, 2019).

The results of the study found that based on the main competence of medical record officers at UPT Eye Special Hospital, most respondents were in good principal competencies were as many as 5 respondents (50%), Most respondents were in medium supporting competencies were 5 respondents (50%), Most respondents were in the quality of good health services as many as 7 respondents (70%) (Andi Ritonga and Oktavia Manurung, 2019).

The results of the study found that there was a relationship between the perception of responsiveness and direct evidence with the level of patient satisfaction about the quality of medical record services. There is no significant relationship between perceptions of reliability, assurance and empathy with the level of patient satisfaction about the quality of medical record services (Sugiarto, 2020).

The results of the study found that several factors that affect the quality of medical record services include human resources, facilities and infrastructure as well as policy monitoring and evaluation. The implementation of medical record management is in accordance with established standards, including

the completeness of filling medical records within 24 hours, implementing storage and destruction of medical record files. However, it is possible that there will be more related factors (Rendarti, 2019).

Puskesmas Bestari Medan is a community health center that is present to provide free examination services for the community of Central Petisah output, Medan Petisah district. In health service activities at Puskesmas Bestari Medan, there are activities between medical record officers and patients who interact.

According to the results of a survey conducted by Puskesmas Bestari Medan, there are still some problems found at the registration point due to lack of medical record officers, resulting in a buildup of patients. The patient registration process is hampered and patients wait a long time to get service. The waiting room is not large and the provision of seats for patients is less, thus making patients irregular

METHOD

The type of research used is descriptive research. Descriptive research is a method carried out with the aim of describing a situation objectively or in accordance with the actual situation (Muhammad, 2021). This descriptive research is used to determine the description of factors that affect the quality of medical record service activities at Puskesmas Bestari. The population in this study is health workers involved in filling out medical records at the Puskesmas, namely 2 medical record officers. The sample is a subset of the population of health workers involved i.e., 2 medical records officers. The sampling technique in this study is using the total sampling technique, which is where the number of samples is equal to the number of populations studied. Data collection techniques in this study are field study techniques, namely by collecting data directly from the object to be studied in order to obtain the data needed and describe the problems that occur in the puskesmas. The data collection techniques in this study are questionnaires (data collection techniques carried out by giving a set of questions or written statements to respondents to answer), interviews (conversations of two or more people that take place between the resource person and the interviewer to obtain the data needed) and observation (research activities by making direct observations of objects in the field). The data analysis used in this study was univariate analysis

RESULTS AND DISCUSSION

Characteristics of Respondents

The population of this assessment is medical records officers. On the basis of determining the number of samples that have been determined in the previous chapter, so that a sample of 2 people was obtained. The characteristics of respondents in this study will be presented in the following table:

1. Age

Health workers involved in filling out medical records at Puskesmas Bestari who were respondents in this study had a diversity in age levels. The distribution of age-level distribution is presented in the following table 1:

Table 1. Distribution of Respondents by Age of Officer

No.	Age Classification (Years)	Respondents	Presentase (%)
1.	31-40	1	50
2.	41-50	1	50
Total		2	100

Based on the data in table 1, it can be seen that respondents in the age classification of 41-50 years are 1 respondent or if the percentage is 50%. At the age of 31-40 years, that is 1 respondent or if the percentage is 50%.

2. Gender

Health workers involved in filling out medical records at Puskesmas Bestari who were respondents in this study had different genders. The distribution of sex distribution is presented in the following table 2:

Table 2. Distribution of Respondents by Officer's Gender

No.	Gender	Respondents	Presentase (%)
1.	Woman	1	50
2.	Man	1	50
	Total	2	100

Based on the data in the table above 2, it can be concluded that female respondents are as many as 1 respondent or if the percentage is 50%, men are as many as 1 respondent or if the percentage is 50%.

3. Education

Health workers involved in filling out medical records at Puskesmas Bestari who were respondents in this study had different educational backgrounds. The distribution of education distribution is presented in the following table 3:

Table 3. Distribution of Respondents Based on Officer Education

No.	Education	Respondents	Presentase (%)
1.	D-III Recorder and Health Information	1	50
2.	D-III Radiology	1	50
	Amount	2	100

Based on the data in the table above 4.3, it can be concluded that respondents who graduated from medical recorders as many as 1 respondent or if the percentage is 50%, and radiology graduates as many as 1 respondent or if the percentage is 50%.

Univariate Analysis

Quality of Medical Record Services

Table 4. Frequency Distribution of Medical Record Service Quality

Quality of Service Medical Record	Frequency		Frequency		Total	
	Yes	%	No	%	Yes/No	%
Registration hours open on time	2	100	0	0	2	100
Service at Puskesmas is fast	1	50	1	50	2	100
Timely provision of medical record files	1	50	1	50	2	100
Waiting time in the registration hall <18 minutes	1	50	1	50	2	100
Medical record number is always filled in	2	100	0	0	2	100
Complete patient identity	2	100	0	0	2	100
Medical records are returned after the patient receives treatment	1	50	1	50	2	100
Medical records restored to complete storage	0	0	2	100	2	100

The frequency of distribution on the results of questionnaires filled out by medical record officers

on the quality of medical record services shows that service at Puskesmas is fast at 50%. Timely provision of medical record files by 50%. The waiting time in the registration room <18 minutes is 50%. Medical records are restored after the patient receives treatment at 50%. Complete medical records are returned to 100% storage.

Table 5. Frequency of Quality of Medical Record Services

Quality of Service	Medical Record	Frequency	Percentage
Good Service		2	25
Poor Service		6	75
Amount		8	100

The frequency of distribution on the results of questionnaires filled out by medical record officers on the quality of medical record services showed good service results by 25% and poor service by 75%.

Human Resources

Table 6. Frequency Distribution of Medical Recorder Human Resources

No.	Human Resources	Frequency Yes	%	Frequency No	%	Frequency Yes/No	%
1.	Medical recorders are patient friendly	2	100	0	0	2	100
2.	The medical recorder uses easy-to-understand language	2	100	0	0	2	100
3.	The medical recorder came in time	2	100	0	0	2	100
4.	Medical recorders are always at work	2	100	0	0	2	100
5.	Medical recorder served well	2	100	0	0	2	100
6.	The number of medical recorders is sufficient at the Puskesmas	0	0	2	100	2	100
7.	Recent education appropriate	0	0	2	100	2	100
No	Human Resources	Frequency Yes	%	Frequency No	%	Frequency Yes/No	%
8.	Working time of medical recorder at Puskesmas already compliant	2	100	0	0	2	100
9.	The medical recorder restores the medical record if it is incomplete	0	0	2	100	2	100

Frequency of distribution on interview results filled in by medical recorders on resources humans show that the number of medical recorders in the Puskesmas is sufficient at 100%, the last education of the corresponding medical recorder is 100%, the medical recorder returns the complete medical record file at 100%.

Table 7 Human Resource Frequency

No	Human Resources	Frequency	Percentage
1.	Good Human Resources	6	66,6
2.	Human Resources Are Not Good	3	33,3
Amount		9	100

The frequency of distribution in interviews filled by nurses in human resources showed good medical recorder human resources at 66.6% and poor medical recorder human resources at 33.3%.

Facilities and Infrastructure

Table 8 Frequency Distribution of Facilities and Infrastructure

No.	Facilities and Infrastructure	Frequency		Frequency		Frequency	
		Yes	%	No	%	Yes/No	%
1.	Seats at the Puskesmas are sufficient	0	0	2	100	2	100
2.	The patient receives a queue number	0	0	2	100	2	100
3.	The patient carries a medical card	1	50	1	50	2	100
4.	The number of computers is sufficient for registration	2	100	0	0	0	100
5.	Patients carry KIUP during treatment	1	50	1	50	2	100
6.	Tracer availability	0	0	2	100	2	100
7.	Availability of expedition books	0	0	2	100	2	100
8.	Adequate registration space	1	50	1	50	2	100
9.	The patient waiting room is comfortable and clean	2	100	0	0	2	100
10.	Secure medical record storage space	1	50	1	50	2	100

The frequency of distribution of observations filled by medical recorders in facilities and infrastructure shows adequate seats at 100%, patients receive queue numbers at 100%, patients do not bring medical cards at 50%, patients do not bring KIUP at 50%, no tracer available at 100%, no expedition books available at 100%, inadequate registration space at 50%, storage space is not safe at 50%.

Table 9. Frequency of Facilities and Infrastructure

Facilities and Infrastructure	Frekuensi	Persentase
Good Human Resources	2	20
Human Resources Are Not Good	8	80
Amount	10	100

The frequency of distribution of observations filled by medical recorders in facilities and infrastructure shows good facilities and infrastructure results by 20% and poor medical recorder human resources by 80%.

Policy Monitoring and Evaluation

Table 10. Frequency Distribution of Policy Monitoring and Evaluation

Quality of Medical Record Services	Frequency		Frequency		Frequency	
	Yes	%	Yes	%	Yes/No	%
The officer provides information clearly and correctly	1	50	1	50	2	100
The officer records the medical record well	1	50	1	50	2	100
Officers are always punctual	1	50	1	50	2	100

Officer gets <i>punish</i> when default In work	0	0	2	100	2	100
Officers get <i>rewards</i> if they do a good job	0	0	2	100	2	100

The frequency of distribution of observations filled in by medical recorders in policy monitoring and evaluation shows officers providing information correctly and clearly by 50%, officers recording medical records well by 50%, officers are always on time by 50%, officers get punish if negligent in working by 100%, officers get rewards if they do a good job by 100%.

Table 11. Frequency of Policy Monitoring and Evaluation

Policy Monitoring and Evaluation	Frequency	Percentage
Good Policy Monitoring and Evaluation	0	0
Poor Policy Monitoring and Evaluation	5	100
Amount	5	100

The frequency of distribution of observations filled by medical recorders in facilities and infrastructure shows good policy monitoring and evaluation results of 0% and poor medical recorder human resources by 100%.

Discussion

Characteristics of Respondents

The population of this assessment is medical records officers. Medical record officers at Puskesmas Bestari vary in age, gender and education. At the age level, 1 officer is 46 years old and 1 officer is 34 years old. On the gender of 1 female officer and 1 male officer. In education, 1 officer graduated from D-III Medical Recorder and Health Information and 1 officer graduated from D-III Radiology.

Quality of Medical Record Services

The results of the questionnaire researchers obtained as much as 2 (25%) on the dimension of medical record service quality, which means that the quality of medical record services at Puskesmas Bestari is categorized as not good. So in the process of patient registration services, waiting time for patients seeking treatment, completeness of medical record files, time for providing medical record files at the Puskesmas have been done well. The performance of officers in performing services affects the quality of medical record services. The results of this study are not in line with Andi's research Some respondents are in good service quality as many as 7 respondents (70%) (Andi Ritonga and Oktavia Manurung, 2019).

The results of this study are in line with Nuryani's research in 2022 which said that the performance of medical record officers of Medika Stania Hospital in providing outpatient medical record book registration services has been carried out well and in accordance with SPO (Operational Service Standards) and the interests of patients who come for treatment (Nuryani et al, 2022).

Human Resources

In human resources, the medical recorder and health information section at Puskesmas Bestari gets 6 (66.6%) which means that the human resources of medical recorders are categorized as good enough. So in the process of patient service by medical recorders has been done optimally.

The results of this study are in line with Andi's research based on the main competence of officers at UPT Eye Special Hospital, most respondents are in the main competence of getting good results is as many as 5 (50%) (Andi Ritonga and Oktavia Manurung, 2019). Human resources who have mastered technology and communication are important elements, namely the delivery of services to patients and create competitive advantages. To create quality human resources, of course, is related to competence (Rendarti, 2019).

Facilities and Infrastructure

The results of the researchers' observations obtained 2 (20%) on the dimensions of facilities and infrastructure, which means that the facilities and infrastructure at the Bestari Health Center are categorized as still not good. So the available facilities and infrastructure are not enough. The results of this study are not in line with Andi's research Most respondents are in moderate supporting competence 5 respondents (50%) (Andi Ritonga and Oktavia Manurung, 2019).

The results of this study are in line with Nuryani's research in the registration process in terms of preparing outpatient book files, there are still delays because the patient's outpatient medical record books in the storage process are still irregular due to insufficient facilities and infrastructure factors (Nuryani et al, 2022).

Understanding means is something that is used as a tool to achieve meaning and goals. For example, medical record and health information service facilities are defined as tools to achieve service objectives, such as office stationery, computers, printing presses, treasury / outguide, main index cards, etc. While the definition of infrastructure is everything that is the main support for the budgeting of a process. For example, medical record and health information service infrastructure means indirect tools to achieve goals in services, such as locations, buildings, medical record storage rooms, meeting rooms, etc. (Rendarti, 2019).

Policy Monitoring and Evaluation

The results of the researchers' observations obtained 3 respondents (60%) on the dimension of policy monitoring and evaluation, which means that policy monitoring and evaluation is categorized as still not good. Therefore, policy monitoring and evaluation at Puskesmas Bestari is still lacking.

The results of this study are not in line with Rendarti's research which stipulates that the management of monitoring and evaluating policies is in accordance with the standards that have been set. However, it is possible that there will be more related factors. Monitoring is an effort made routinely to identify the implementation of various program components as planned, the timing of program implementation as scheduled, and progress in achieving program objectives. Activities to monitor for improvements while the work is still running, whether it is according to plan or not. Supervision cannot be done if there is a plan to ensure that the work system of the medical record unit is well implemented. While policy evaluation is an activity related to assessing the effectiveness of medical record performance further. The goal is to ensure that the activities carried out can achieve the goals that have been planned or set. In addition, it is also to know that the activities carried out are right on target, methods, time, costs, etc. (Rendarti, 2019).

CONCLUSION

In the dimensions of the quality of medical record services, human resources of medical recorders, facilities and infrastructure and policy monitoring and evaluation at Puskesmas Bestari are still categorized as still not good and not enough.

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