

Distribution Analysis of Medical Records of Outside Patients to Support Confidentiality Contents of Medical Records

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Abstract

Distribution is the process by which medical record files are sent to the polyclinic aim to get health services. Research purposes it is use identify the distribution of outpatient medical records to support the confidentiality of the contents of medical records, Knowing what factors make outpatient medical record file brought by the patient, Knowing what efforts are can be implemented related distribution of outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung. Here presearch use descriptive method and approach his qualitative. Data collection techniques it is through observation, interviews, literature study and documentation. The research that has been carried out has resulted based on 5 working days from March 08 – March 12, 2021 that there are as many as 63 (17%) medical record files that are brought directly by patients to the polyclinic and medical record files distributed by distribution officers are only 1,627 (83%). Patients who bring medical record files have old medical record files (filled with data) as much as 33 (52.38%) and for new (empty) files as much as 30 (47.62%). Where should the distribution officer distribute all medical record files. Because The patient who brought the medical record file couldn't wait and the patient with the organic membership of the hospital was at immediate risk, namely the official patient, so that the officer could not do anything even though there was an unwritten policy. Efforts that already executed the hospital yakni make rules and affirmations to the patient / patient's family in writing in the form of a circular that medical records are not allowed to be brought by the patient other than by the medical record officer. So the conclusion is still not done well the implementation of the distribution of medical records so that it can cause problems related to the confidentiality of the contents of the medical record.

Keywords: Distribution, Medical Record Files, Outpatient, Confidentiality Medical records

1. Introduction

Background of the problem

Globalization current make increasingly Increasing public awareness about health is a challenge for health service facilities in order to improve the quality of health services. Hospital is top Health service facilities that have obligations to use share business which the best. Splenary ihealth care institution carry out maintenance health services individual which ensure availability care service emergency, inpatient and outpatient Street. (Law of the Republic of Indonesia Number 44 of 2009 about Hospital) .Hospital including supporting aspects in health. An important role is played by rHospitals are for people's lives, for that hospitals must improve their quality and quality in order to create an orderly administration. So that can be realized orderly administration in the hospital, namely the holding of medical record activities.

Defined Medical record is a file containing documents and records related patient identity, treatment, examination his, services and other actions that patients receive (Regulation of the Minister of Health of the Republic of Indonesia No.

269/MENKES/PER/III/2008 "On Medical Records"). The purpose of medical records is to coordinate and organize services from medical records that aim to support health services in hospitals better related administrative matters. For outpatient services, it is defined as: pservice that intended for patient who in health care facilities no get inpatient service (Huffman, 1994). The process of distributing outpatient medical record files is part organizing medical records that support medical record services. Where will the medical record document be delivered by a special distribution officer to the polyclinic where the patient is being treated? (Depkes RI, 2006). Rmedical record which is held in the hospital is the process that started from received patient at the hospital, then noted medical data it continues with effort to handle the medical record covers storage and borrowing until redistributed, processing patient medical data to the destruction of medical records. Distribution i.e. the top very process is crucial in organize medical records. Where the patient's medical record will be delivered by a special officer to the destination polyclinic.

Distribution of medical record files to a number of hospital carried out through several ways, one of

which is delivery by (manual) by moving from place to place the one to another. To that, pick up and delivery schedule for many the polyclinic / specialist who there is in the hospital needs to be made by the medical records department (Depkes RI, 2006).

The amount of medical record usage is used as the frequency of this return and delivery. Routinely sending files implemented the medical record officer cannot send them one by one if the request is sudden. For other units whose conditions are in dire need in an emergency, they must send officers to collect them available for taking medical record department independently. How to use amount hospitals in delivering medical records to many part quickly with the "pneumatic tube" water pressure pipe. But the obstacles experienced during delivery using the pipe are that it often gets stuck because the file is missing or delivered too thick. Distribution officer that have responsible for the delivery of the file, from registration to the polyclinic because including responsibility that cannot be separated from sending medical record files (Depkes RI, 2006).

Reflection of the medical record service with quality and good, namely comfortable, friendly, and fast. Part service given to outpatient medical record that is four for patient to register until the patient gets the medical record document this used in get health services (Depkes RI, 2007). In order to maintain confidentiality, special officers must distribute medical records that, because the information in it is confidential.

Medical secrets and medical records are closely related, because refer (Regulation of the Minister of Health No. 269/MENKES/PER/III/2008 Article 12 concerning Medical Records, 2008) explain that the medical record file is means which is owned health services, while for the contents is a right owned patient. Because of the contents of the medical record that contains all information about what was obtained from the patient and what Presented to patient, includes something that is personal, then based on (Government Regulation No. 10 of 1996 about Mandatory to Keep Medical Secrets, 1996) that is related must keep a medical secret that no exception medical record file all medical secrets must be kept all health workers.

Referring the results of the initial survey at RSAU dr. M Salamun Bandung there are some discrepancies between theory and implementation. Implementation of distribution Medical records are very important because they can affect the security and confidentiality of the file so that the distribution of files is maximized implemented by the medical record officer is very necessary. The distribution of medical records in outpatient units has been carried out manually and has been carried out as it should, however in tune with policy existing is not optimal. Medical record officer has distributed medical records However there are still some files that are brought by the patient or patient delivery person because they feel the wait is too long so he brings it himself, and usually the patient is a

patient member of the service such as the TNI who has to do other work, which is essentially the nature of the medical record, namely confidential and patient or The introductory must not bring it because it results in the non-maintenance of the confidentiality of the medical record, even the file can be seen or read by unauthorized or unauthorized parties.

Seeing this situation, the authors are interested in taking the title "Analysis of the Distribution of Outpatient Medical Records to Support the Confidentiality of the Contents of Medical Records". This study aims to clearly determine the implementation of the distribution of outpatient medical records to support the confidentiality of the contents.

a. Formulation of the problem

- a. The author formulates problem refer background this the above problems include:
- b. How is the distribution of outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung?
- c. What are the factors that cause the outpatient medical record file to be carried by the patient at the dr. M Salamun Bandung?
- d. What efforts can be made in the distribution of outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung?

b. Research purposes

- a. The objectives of this research are:
- b. General purpose
- c. Know clearly the distribution of outpatient medical records in order to be a support confidentiality of medical record contents based on established medical record management guidelines.
- d. Special purpose
- e. Identifying the distribution of outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung.
- f. Knowing what factors result in outpatient medical record file brought by the patient at RSAU dr. M Salamun Bandung.
- g. Knowing what efforts can be taken regarding the distribution of outpatient medical records for be a support confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung.

c. Benefits of research

- a. The benefits of this research include:
- b. For Hospital
- c. As a material to contribute ideas and thoughts in improving the quality of medical record services that can satisfy users of health services at RSAU dr. M Salamun Bandung.
- d. For Academics
- e. As an existence in the academic field and evaluation material in improving the quality of

education and adding references in the campus library.

- f. For Students
- g. Add experience, knowledge and skills directly to prepare yourself in the world of work in the future front.
- h. Can apply and deepen the theory gained during lectures where there are several cases that generally occur in the field.
- i. Increase interest in reading, writing and digging for accurate information.

2. Theory and Research Questions

2.1. Theory

Referring to the problem to be studied, theory related medical records, legal basis, use, purpose why use, ownership of medical records, patients, outpatients, distribution, and confidentiality is what used by the author in supporting this research.

2.1.1. Medical records

Files containing documents or notes related patient identity, treatment, examination, action as well as other services is what the patient receives is the definition of the medical record in tune Minister of Health Regulation No. 269/Menkes/Per/III/2008 about medical records.

Information overview includes recorded or even written about identity, physical laboratory, history taking, diagnosis and action and symptom service medical obtained patient who receive emergency services and treatment outpatient, inpatient or even which get Emergency service is an explanation of medical records according to the Director General of Medical Services (Depkes RI, 2006).

A set of facts about an individual's life history, including related illnesses, such as past and present medication or illness, that is recorded health practitioners as effort gift health services for patients, namely the meaning of medical records refers to exposure (Gemala Hatta, 2013).

Information recorded or written about identity, physical laboratory history, diagnosis of various medical actions and services obtained by patients including treatment from emergency services, outpatients or inpatients namely the meaning of medical records refer to exposure (Ery Rustiyanto, 2009).

2.1.2. Medical Record Purpose

Aim is medical records refer to exposure (Hatta, 2011) can be divided into two big groups, that is :

- a. Primary Goal
- b. This goal is aimed directly for something which very related with patient care. The importance of the primary objectives include:
- c. For patient interests, tools proof the main one can tell the truth patient that it has identity by clear and in health care facilities have received various treatments and inspection so that it generates data at the same time is burdened the cost is medical records.

- d. For the interests of patient care, services that medical support, health workers, and other personnel which have a job in many health care facilities are documented by medical records.
- e. For service management interests, contains various activities that is on service management therefore used in the preparation of practice guide, multiple analysis disease, as well to carry out the evaluation quality of service already executed is a medical record by complete.
- f. In the interest of supporting services, can describe activities that relate with effort to handle sources that contained in hospital service organization, occurrence analysis trend as well as convey information for the clinic other is the use of medical records if specified.
- g. For financing interests, various delivery of health services obtained patient. This is where information matters began payment that need accurately recorded by the medical record.
- h. Secondary Goal
- i. This goal meant for something pleasing with the environment about patient care but for research, education, policy and regulation which is made.

2.1.3. Uses of Medical Records

- a. Referring to exposure (Gibony JR, 1991) medical record abbreviated ALFRED have use that is :
- b. Administration (Administration)
- c. Management can use information as well as data that appeared on medical records to use carry out its function of managing variety resources, cause content this with respect to responsibilities and authorities of personnel based on medical records for the sake of achievement of health service goals.
- d. Law (Legal)
- e. Patients will be protected from violations of the law, medical personnel (nurse, doctor, and etc), as well as owner and management of medical institutions with legal evidence. The legal value of medical records has a reason, namely because its contents involve legal certainty, namely maintaining the law and providing juridical evidence to be enforcer Justice.
- f. Financial (Finance)
- g. Finance used to take into account cost that need to be paid patients if every service obtained patient properly recorded and complete. Beside that, the type and quantity of service activities recorded on form can be used to estimate the cost of recommendations and health service income.
- h. Research (Research)
- i. Recorded many diseases in medical records can tracked to facilitate the scientific research and development of the Ministry of Health.
- j. Education (Education)
- k. For educators or students medical record documents can be used study and development knowledge. This document contains data or information about medical service activities and

the chronological development obtained patients, the usefulness of the information as a reference or material teach to user profession.

- l. Documentation (Documentation)
- m. The medical history owned a patient used as accountability material as well as pehospital reporttherefore said medical record that is document.

2.1.4. Legal Basis for Medical Records

- a. Medical record maintenance have legal basis, among others:
- b. Law No. 44 year 2009 about Hospital.
- c. Law No. 36 years 2009 about Health.
- d. Law No. 29 year 2004 about Medical practice.
- e. Minister of Health Regulation 269/MENKES/PER/III/2008 about medical records.
- f. Government Regulation No. 32 year 1996 about Health workers.
- g. Circular of the Director General of Yanmed No. HK.00.06.1.5.01160. year 1995 about technical instructions for the procurement of basic medical record forms and the destruction of medical record archives in hospitals.
- h. Decree of the Director General of Yanmed No. 78 year 1991 about Management of Medical Records in Hospitals.
- i. Decree of the Minister of Health Number: 034/Birhub/1972 about maintenance at a time hospital planning which is described as supporting the implementation of master plan by good, Therefore, it is mandatory for all hospital To use:
- j. Doing construction medical records based on the provisions already available.
- k. Has two statistical materials that are up to date.
- l. 1993 Hospital Service Standards on Guidelines for Medical Record Management.

2.1.5. Medical Record Ownership

Referring to exposure (Directorate General of Yanmed, 2006) related to ownership medical record has been determined listed by (Law No.29 of 2004 concerning Medical Practice, 2004) in article 46 paragraph (1) which disclose "medical record document" in line with meanright chapter 46 owned by health service facilities, dentists and doctor general, temporary medical record content is belongs to the patient."

The doctors feel have the authority full to patient handled so that the patient's medical record file is taken home, and the medical record officer insists on maintaining the file that to stay placed in the hospital. The patient's side often forces right medical record file contain history of illness read and carry. Therefore, Questions about the owner of the medical record legitimate arise.

While referring (Law No.29 Year 2004 about Medical Practice, 2004) Article 47 paragraph (2) uncover thatsannya "medical records in line What is meant is right paragraph (1) need to be kept confidential and stored by the head of the health service facility,

dentists and general practitioners"

Owner of various that note there is in the hospital, covers the medical record file is the hospital. This is because series of service activities to patients who are carried out health service unit is a record that found in medical record file. So, in the process of healing to the patient can be Proof. How is the healing effort implemented, so that the quality of service is good or bad from a health service agency can reflected in it is indicated in the contents of the medical record.

2.1.6. Patient

- a. According to (Law No.29 Year 2004 about Medical Practice, 2004) uncover thatsannya patient is the whole people who berconsultation related to perceived health problems in order to directly or indirectly receive necessary health services his to the dentist nor doctor.
- b. A person who receives medical treatment is a patient, often the patient needs the help of a doctor to recover from an illness or injury.

2.1.7. Outpatient

- a. According to (Kepmenkes No. 1165/MENKES/SK/2007/Chapter 1, Article 1 Paragraph 4, 2007) "Outpatient services, namely services" so that the patient observation, indiagnosis, treated, in rehabilitation by medical and got health services others with no stay in the hospital."
- b. According to (Azwar, 2010) something form of medical services, namely ambulatory services (outpatient service). Simple way outpatient service the service for patients which no berform of hospitalization (inpatient).
- c. Service to the patient in the health care facilities provided by not getting inpatient service namely outpatient services. (Huffman, 1994).

2.1.8. Distribution

A process send medical record file to the polyclinic aim so that health services can be implemented. When it appears request from TPP (Patient Registration Place) delivery or file distribution implemented, according to will patient to the clinic be the goal. The nature of the distribution of medical records is confidential so that in terms of carrying it cannot be done by everyone, then when organizing Medical record distribution role is very important.

According to (Alwi Hasan, 2005) distribution (sent, shared) against a number of places and person per person. There are several ways to distribute medical record files. For a number of hospital carried out through the manual way is to use the hands of a location to location others, therefore a schedule for taking and delivery use a lot part of the polyclinic/specialty that there is in the hospital need made by the medical records department. Amount use medical records including determining the frequency of delivery and pickup. Routinely the medical record officer does not can do delivery one by one medical record file in the same time. For this

other parts need send right officer existing as a file taker go to medical records when in an emergency. Pneumatic tube "medical pressure pipe" for amount hospital is used to deliver to many parts quickly medical record his (Depkes RI, 2006).

Various patient data distributed from place one to others by using technology in the computer field hope will be faster. If doctor can carry out access patient data from room and record the diagnosis, treat, action type his, as well as amount results complement medical can direct run and closed after the patient has been examined, so problem related to errors and delays in distribution patient medical record can be more small or possibly at all there is not any.

Patient data can be used hard copy/medical record archive that is issued (print out) stored his on the alignment rack. Therefore, it will be available if one day you need a file with hard copy form.

2.1.9. Confidentiality of Medical Records

Referring to exposure (Directorate General of Yanmed, 2006) regarding the confidentiality of medical records, namely: "In general" his there is awareness that sanny information that obtained medical records character secret, but if an analysis of this concept of secrecy is carried out can be found many exceptions.

Secrecy that medical record apply for whom, and under what conditions information nature confidential because it describes relationship that should be protected protected and leak in tune code of Ethics his medical as well as laws and regulations that enforced.

Based on (Permenkes RI No. 269/Menkes/Per/III/2008 Chapter IV Article 10 Paragraph 1, 2008) medical record confidentiality have properties namely:

"Information about identity, medical history, inspection his, treatment history and patient diagnosis need to be preserved confidentiality by the head of the health facility doctor/dentist, management officer, and certain health workers.

a. Research question

- As for problem which want to study this research whose formulation passes a number of questions:
- How is the distribution of outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung?
- What are the factors that cause the outpatient medical record file to be carried by the patient at the dr. M Salamun Bandung?
- How is the effort can be implemented in the distribution of outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung?

3. Research Methods

- This research uses descriptive method and

approach his qualitative. Referring to exposure (Sugiyono, 2017) state the scientific way to get data with goals and usage certain is the meaning of research methods fundamentally Descriptive research method is a method that aims to create a picture regarding conditions objective something (Notoatmodjo, 2010).

- Qualitative research methods, namely those that use the philosophy of postpositivism as a basis, their uses as a state identification tool natural object (have an opponent experiment) Which one the key instrument is the researcher, in a triangulation (combined) technique to collect data implemented, the nature of the data analysis is inductive/qualitative, and meaning of generalization is more emphasized than the result research qualitative (Sugiyono, 2017).
- Data source his the data used are primary and secondary data. Directly dor primary obtained from distribution officer through the observations made and Interview. Secondary data is information which has there is that is outpatient visit data as well as policy data and SOP that there is in the hospital.
- The subject of this research is medical record documents at Dr. M Salamun Bandung. Distribution of outpatient medical record files at RSAU Dr. M Salamun Bandung became the object of this research.
- In business in order to get complete data in compiling this Final Project, the authors use data collection techniques:
- Observation
- A process observing and taking notes logically, systematically, rational and objective related to various phenomenon, including in man-made conditions or actual conditions in order to achieve specific purpose, namely the definition of observation according to (Arifin Zainal, 2011).
- The author reviews and observes in the field directly which was conducted from March 8 to March 12, 2021, at RSAU Dr. M Salamun Bandung. The author participated in carrying out the tasks that officers in the field did and took data by directly examining the distribution outpatient medical records to support the confidentiality of the contents of medical records at Dr. M Salamun Bandung.
- Interview
- Meeting between 2 people to carry out an exchange of ideas or information through method question and answer, Therefore, it can be shrunk Becomes something meaning or conclusion on a specific topic, namely the definition of an interview refers to exposure Esterberg in (Sugiyono, 2015).
- Writer doing Interview with distribution officer, the aim is to obtain information about how the outpatient medical record distributed to support the contents of medical records at Dr. M Salamun Bandung to keep it a secret.
- Literature review

m. The author also collects data by reading books, literature, internet and other materials which regarding with the problems studied to strengthen the results of research and becomes a runway for solve a problem. The literature study here utilizes the information found in literature to compare and help solve research problems implemented here. Collecting data from journals or references from websites, book, which regarding with distribution effort medical records.

n. Documentation

Documentation by Sugiyono (Sugiyono, 2011) is the event record happened in the past. The form of the document includes monumental works as well as pictures from an individual as well as writing. For documents that shape picture for example sketches, live drawings, photos and so on. The author does documentation by taking pictures related to medical records distributed.

4. Results

4.1. RSAU dr. M Salamun Bandung

Idea to create a Indonesian Air Force Central Hospital have that background Air Force need to have patient shelter which exists with various activities that covers special and general health. Public health here treats and cares for members of the Indonesian Air Force at a time family which is owned. While special health, namely activities in the field of Aviation Health, through procurement activity development at once study past special health team, medical check-up activities, as well as special operations support activities at the army level (TNI) or national. Hospital also do procurement civic mission for local community services. Therefore, a hospital was established based on the policy of the Minister of Air Force Commander in Bongkor Ciumbuleuit Village No. 203 Bandung. Since 1958 the hospital has been established.

4.1.2. Vision and mission

a. Vision

- "As TNI Referral Hospital The best in West java"
- Mission
- Carry out maintenance good health support needed every practice and TNI/Air Force Operations.
- Carry out maintenance health services that with good quality against members of the TNI / Air Force and their families and the general public.
- Carry out upgrades personnel professionalism skills sustainable.

4.2. Geographical location

- Topography
- Air Force Hospital Dr. M. Salamun is located at Jalan Ciumbuleuit no. 203, Ciumbuleuit Village, Kec. Cidapad, Bandung City namely in the northern part of the city of Bandung. Land area is range 39,545 m², building area is range 10,558,19 m², elevation range 750 meters from sea level by air is 24°C - 30°C, not far with the location of Puncut Hill as the center culinary and nature sports tourism. The distance to the Cihampelas shopping center, the Governor's Office, Unpar and several universities, business centers, and other activities is quite close.
- Demographics
- Cidapad District with area is wide 612.32 Ha at the end of 2009 had a population of 51,971 people, with an average density of 8,487 people/km², is part potential for supporting health service activities that run Hospital.

5. Research result

Based on the results of observations at RSAU Dr. M Salamun Bandung, the data results have been obtained, namely:

4.2.1. Implementation of the distribution of medical record files

No	Date and time	Visit Outpatient	Distribution		Patient (%)	Medical Record File Description			
			Officer Distribution	Patient		File Record Medical Old (Data Filled)	Percentage (%)	File Record Medical New (Blank)	Percentage (%)
1	Monday, March 8, 2021	398	381	17	4%	8	47.06%	9	52.94%
2	Tuesday, 09 March 2021	358	339	19	5%	10	52.63%	9	47.37%
3	Wednesday, March 10, 2021	338	326	12	3%	7	58.33%	5	41.67%
4	Thursday, March 11, 2021	286	279	7	2%	3	42.86%	4	57.14%
5	Friday, March 12, 2021	247	239	8	3%	5	62.50%	3	37.50%
Amount		1,627	1,564	63	17%	33	52.38%	30	47.62%

Source : From RSAU dr. M Salamun Bandung

Based on the results of observations, in table 4.1 the percentage of the number of visits and the number of this medical record files brought by distribution officers and patients on 08 March – 12 March 2021, total outpatients within time 5 days is 1,627 patients with the level of distribution of files that patients do as much as 17%. The medical record file brought by

the patient contains an old file (filled with data) as much as 33 (52.38%) and new (empty) files as much as 30 (47.62%). At the time the author made observations at the RSAU dr. M Salamun Bandung, in fact there is no distribution procedure. Requirements for distribution of outpatient medical records at RSAU dr. M Salamun Bandung which I

observed was an outpatient and medical record document. In its implementation, the requirements there is in the hospital matched theory. However, there are things that are still not appropriate, namely sometimes there are officers who are wrong do storage medical records in the storage basket or the officer distributes medical records incorrectly, so that some medical records are lost or incorrectly distributed to other polyclinics.

4.2.1. Factors that cause the outpatient medical record file to be brought directly by the patient

Based on the results of observations at the RSAU dr. M Salamun Bandung, there are amount factors that cause medical record files to be carried by patients, namely there are 63 or 17% of medical record files brought by patients for spread to the destination polyclinic. The cause is the patient can't wait for the medical record to be delivered by the officer. The limitations of officers have become part the obstacle.

Table 4. 2 The number of medical record files that came out and the number of distribution officers

No	Date and time	Number of Outgoing Medical Record Files	Number of Distribution Officers	Number of Medical Record Files that must be Distributed
1	Monday, March 8, 2021	398	2	199
2	Tuesday, 09 March 2021	358	2	179
3	Wednesday, March 10, 2021	338	2	169
4	Thursday, March 11, 2021	286	2	143
5	Friday, March 12, 2021	247	2	124
	Amount	1,627	2	814

Source: From RSAU dr. M Salamun Bandung

Referring the results in table 4.2 the number of medical record files that came out and the number of distribution officers on March 08 – March 12, 2021, within time 5 days is 1,627 medical record files and the number that must be distributed is 814 files by distribution officers. Here it is clear that there are only 2 distribution officers, and every day one distribution officer need to do distribution medical record file for example provided in the table above. As a result there is a delay and accumulation of files in the storage room by the distribution officer so that it slows down the distribution process. Medical record seven can be lost or carried home by the patient, therefore medical records can scattered and secrecy it can doubtful because can be known by other parties or third parties who do not have the authority and can be misinterpreted. Service patients are usually members of the TNI, because they have to return to duty so they take own medical record file to be delivered to the destination polyclinic to be expedited.

4.2.3. Problem Solving Efforts in the Analysis of Outpatient Medical Record Distribution to Support Confidentiality of Medical Record Content

The efforts of the RSAU dr. M Salamun Bandung did related to problem solving analysis of distribution of outpatient medical records in order to support the confidentiality of the contents of medical records, namely:

The hospital strives for officers to be more careful in terms of keep medical records returned from the polyclinic and more thorough in seeking medical records. Medical records are not only searched for by officers in the storage room but also in polyclinics. Officers do not just lend to other parties so that medical records are not issued of storage space and confidentiality is maintained.

The hospital makes rules and affirmations in writing to the patient or even the family of the patient in the form of a circular that medical records are not

allowed so that brought by the patient himself other than by the officer concerned. The officer explained to family or patient alone regarding the distribution procedure in order to maintain the safety of patient medical records.

Strive to be more thorough and careful with medical record officers when saving to the distribution basket, each polyclinic is given a folder with the name of the polyclinic in front of it so that the officer does not distribute it wrongly and enlarges the writing in the distribution basket.

The hospital seeks to have a division of tasks among officers, so that officers do not carry too many medical records to use distributed because the distribution has been divided. For confidentiality is maintained and the service runs smoothly.

6. Discussion and Conclusion

5.1. Discussion

5.1.1. Implementation of the distribution of medical record files at RSAU dr. M Salamun Bandung

Referring the results of observations, at the RSAU dr. M Salamun Bandung implementation of the procedure distribution the outpatient medical record file does not have an SOP (Standard Operating Procedure) that regulates it. However, the distribution process has been running but has not run optimally. Process distributed file have something profitable i.e. can speed up health services on patient. Beside that also there is a weakness, namely the distribution of outpatient medical record files to the polyclinic, the implementation process is long so that effectiveness and efficiency service for patient will be less. Distribution here has not been fully realized properly in RSAU dr. M Salamun Bandung where the medical record file is brought directly by the patient because of the length of the distribution process for patients' outpatient. It happened in some cases, the patient/family medical record file was

brought by the official patient to the polyclinic. Meanwhile, according to the provisions of there should be the file is distributed by the distribution officer to maintain the confidentiality of the patient's medical record. RSAU dr. M Salamun Bandung already made a determination regulation in order to maintain confidentiality of medical information on patients. In accordance with hospital policy, maintain confidentiality from loss and damage to medical records, it is the duty of the officers medical records and staff hospital generally.

Referring to observation at RSAU dr. M Salamun Bandung procedures for the implementation of the distribution is still not appropriate. In the distribution of medical records, it is seen that the patient himself did it. Based on [table 4.1](#), the percentage of the number of visits and the number of medical record files is obtained in time 5 working days on March 8 – March 12, 2021 brought by the distribution officer are 1,564 medical record files and 63 patient files. To March 08, 2021, total outpatient visits were 398 patients with 17 files brought by patients' fruit (4%). On March 9, 2021, a total of 358 patients visited with 19 files brought by patients' fruit (5%). for March 10, 2021, total visits were 338 patients with 12 files brought by patients' fruit (3%). On March 11, 2021 a total of 286 patients visited with 7. files brought by patients' fruit (2%). On March 12, 2021, the total number of outpatient visits was 247 patients with 8 files brought by patients (3%). So the percentage of all medical record files brought by patients is 17%.

Description of the medical record file match [Table 4.1](#) above has 2, namely the old medical record file (filled with data) and the new medical record file (empty). Old medical record files (data filled) on Monday, March 8, 2021, there were 8 (47.06%) files, on Tuesday, March 09 2021 there were 10 (52.63%) files, on Wednesday March 10 2021 there were 7 (58.33%) files, on Thursday 11 March 2021 there were 3 (42.86%) medical record files, and on Friday 12 March 2021 there were 5 (62.50%) medical record files. With a total of 33 (52.38%) medical record files. While the new medical record files (blank) on Monday, March 8, 2021, there are 9 (52.94%) files, on Tuesday, March 9, 2021, there are 9 (47.37%) files, on Wednesday March 10, 2021 there are 5 (41.67%) files, on Thursday 11 March 2021 there were 4 (57.14%) medical record files, and on Friday 12 March 2021 there were 3 (37.50%) medical record file. With a total of 30 (47.62%) medical record files.

From the results of the study, it has not been fully realized in the distribution of medical record files at RSAU dr. M Salamun Bandung where are the files still available brought by the patient. This clearly deviates from the rules contained in the hospital itself.

5.1.2. Factors that cause the outpatient medical record file to be brought directly by the patient

Factors that be the cause the medical record file is brought by the patient because the patient can't wait for the medical record to be delivered by the officer.

Based on [table 4.2](#) the number of medical record files that came out and the number of distribution officers on 08 March – 12 March 2021, within time 5 days the number of medical record files that came out was 1,627 and the number that had to be distributed was 814 files by the distribution officer. On Monday, March 8, 2021, 398 medical record files were issued together 2 distribution officers and the number that must be distributed by one distribution officer is 199 files. On Tuesday, March 9, 2021, 358 medical record files came out with 2 distribution officers and the number of files that had to be distributed by one distribution officer was 179 medical record files. On Wednesday, March 10, 2021, 338 medical record files came out with 2 distribution officers and the number of files that had to be distributed by one distribution officer was 169 medical record files. On Thursday, March 11, 2021, 286 medical record files came out with 2 distribution officers and the number of files that had to be distributed by one distribution officer was 143 files. On Friday, March 12, 2021, as many as 247 medical record files came out with 2 distribution officers and the number of files that had to be distributed by one distribution officer was 124 files. This causes delays in the distribution process.

Patients are patients at immediate risk and hospital membership patients that is service patients are usually members of the TNI. This results in doubts about the confidentiality and security of the medical record itself because it can be seen by other parties or third parties. This can also have an impact on social jealousy towards other patients because these patients are official patients.

5.1.3. Problem Solving Efforts in the Analysis of Outpatient Medical Record Distribution to Support Confidentiality of Medical Record Content

The efforts of the RSAU dr. M Salamun Bandung did so that the confidentiality of the distribution of medical records was maintained that is make rules and affirmations to patients or their families in writing in the form of circulars explaining that medical records are not allowed so that brought by the patient himself other than by the medical record officer. Efforts that should be taken it is better to make regulations for official patients so that the confidentiality of the contents of medical records is maintained. An explanation of the distribution procedure so that the patient's medical record that can be kept confidential implemented Medical record officer for family or patient alone.

7. Conclusion

Referring the results of the observations that the author put forward in the previous chapter, the author draws several conclusions regarding the analysis distribution outpatient medical records to support the confidentiality of the contents of medical records at RSAU dr. M Salamun Bandung, including:

- a. Medical record officers carry out the distribution of outpatient medical records at RSAU dr. M

Salamun Bandung. The implementation has been running properly but has not run optimally. The contents of the medical record are also not fully protected as they should be. This is due to the negligence or carelessness of the medical record officer in taking, storing and distributing to the destination polyclinic, as well as the limited knowledge of the patient so that the patient often takes and the file is delivered to the polyclinic itself, also because of the limited knowledge of other health workers so that sometimes medical records are taken. the patient goes home and is stored in the polyclinic.

- b. The time of the implementation of the distribution of medical record files at RSAU dr. M Salamun Bandung lasted for 5 working days there were 1,627 medical record files, 1,564 or 83% of medical record files delivered by distribution officers and 63 medical record files or 17% brought directly by patients. For old medical record files (filled with data) as many as 33 (52.38%) and new files (blank) as many as 30 (47.62%).
- c. Factors that be the cause the carrying of medical record files by the patient is that there is an accumulation and delay of files in the storage room by the distribution officer so that it slows down the distribution process. A total of 1,627 medical record files were issued, the number of distribution officers was 2, and 814 files were issued need distributed. Every day the distribution of medical record files that must be distributed by distribution officers is more than 100 buah. This can cause delays in the distribution process. The patient is a patient with hospital membership that is TNI members who can't wait because there are many other jobs.

The efforts of the RSAU dr. M Salamun Bandung did related to problem solving for the analysis of the distribution of outpatient medical records to support the confidentiality of the contents of medical records, namely in writing the hospital made rules and affirmations to family or patient alone in the form of a circular that medical records are not allowed so that brought by the patient himself other than by the medical record officer.

8. Recommendation

The author tries to put forward some suggestions and input to the hospital refer existing problems that is:

Make strict regulations or make a written warning in the form of a circular explaining that: sannya Medical records are not allowed to be carried by patients other than officers. As well as officers provide an understanding of the confidentiality of the contents of the patient's medical record the which become dependents officers and medical records can used as legal evidence.

Making SOP (Standard Operating Procedure) regarding distribution medical record file, so that the implementation of the duties of the medical record

officer, especially the distribution officer, can run as good possible according to the existing steps.

- a. Conducting internal meetings and conducting work evaluations, the real cause will be identified, and a solution can be found immediately. And will be given verbal sanctions for distribution officers who often make mistakes and can be held accountable for their profession.
- b. Improving the performance of officers, especially distribution officers in terms of time management, means that they must be able to place work priorities.

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