

Factors Affecting the Not Implementation of Medical Record Tracer

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ABSTRACT

Tracer is an important tool in controlling the use of medical record files. Usually used to replace medical records that are out of storage. These exit instructions remain in storage until the borrowed medical records are returned and stored again. This exit sign is equipped with a pocket for storage of request slips. The purpose of this study was to determine the factors that influence the non-application of a medical record tracer at the Pratama Klambir clinic in 2021. This research method used a descriptive qualitative method which was carried out from November to completion. The informants of this research were 6 informants, namely 1 key informant, 4 main informants and 1 triangular informant obtained by purposive sampling technique. The study obtained the man factor (human resources), namely the education of officers who did not graduate from medical records and had never attended training, machines (machines) that had not been applied to the use of tracers and lacked storage racks, materials (raw materials), namely the folders used were still made of plastic and had not used color codes, methods (methods/procedures), namely SPO had not been carried out properly, and money, namely there was a shortage of money. The conclusion in this study is that there are many factors (human resources), machines (machines), materials (raw materials), method (methods/procedures) and money (money) which causes the medical record tracer not to be applied at the Pratama Klambir clinic.

Keywords: Tracer, Medical Records, Kelambir Primary Clinic

INTRODUCTION

According to WHO (World Health Organization) Health development is fundamentally an effort carried out by all components of the Indonesian Nation with the goal of increasing knowledge, willingness, and capacity to live healthily for everyone in order to reach the maximum level of public health as an investment in natural resource development (WHO, 2013). Human resources that are both socially and commercially productive (Macke & Genary, 2019; Amrutha & Geetha, 2020; Sancho et al., 2018; Chams & Garcia-Blandón, 2019; Siyambalapitiya et al., 2018). The effectiveness of health development is primarily driven by continuity between program and sector activities, as well as continuity with earlier era efforts. Because health is a human right (Kruk et al., 2018; WHO, 2020; Hinton, 2018), health development is an endeavor to satisfy one of the basic rights of individuals to access health care services (McDougal et al., 2018; Jackson, 2018; O’Cathain et al., 2019). Public health services are service that are public in nature with the main objective of maintaining and improving health and preventing disease without neglecting disease healing and health restoration (Peprah et al., 2018; Janakiram & Dye, 2020). These public health services include health promotion, prevention and eradication of infectious diseases, maternal and child welfare, environmental hygiene and sanitation, health education in the community, public health care, nutrition improvement, mental health, dental and oral health, eye health, health schools, laboratories, elderly health organized by community health centers.

A clinic is a type of health care institution that arranges individual health services and provides basic and/or specialized medical care (Lilleheie et al., 2020; Munge et al., 2018; Tripathi & Siddiqui, 2018). Any individual who commits himself to the health sector and possesses knowledge and abilities gained through education in the health sector for specific categories requiring power to carry out health efforts is considered a health worker. A medical record is a file that contains notes and documents such as patient identity, examination results, therapy

administered, and other acts and services provided to patients. Medical records evolve in response to the dynamics of development and progress (Feng et al., 2020; Yadav et al., 2018). Medical records develop as a result of circumstances or a knowledge of the value of documenting for legal, medical, financial, educational, and other purposes. Documenting patient data is critical in medical health workers (Konttila et al., 2019; Oleribe et al., 2019; Piers et al., 2018) since all services offered by physicians, nurses, health workers, and other health workers must be correctly recorded and controlled in a medical record system (Dagher et al., 2018; Mikula & Jacobsen, 2018).

The administration of the medical record begins when the patient is admitted to the hospital and continues to record the patient's medical data for as long as the patient is receiving medical services at the hospital. It also includes the handling of medical record files, which includes organizing storage and removing files from the storage area to serve requests or borrowing for medical records and other needs. Medical records must be made by every health service facility (Li et al., 2020; Magill et al., 2018). Thus, medical records have a large influence on the quality of health services received by patients (Finkelstein et al., 2020; Baumann et al., 2018), also contribute important things used in health law (Wing et al., 2018). Medical records can be used as educational, research and accreditation materials. Medical records must be stored and kept confidential by doctors, dentists and leaders of health facilities. According to the Regulation of the Minister of Health, the maximum storage time is 5 years and medical record resumes are at least 25 years. Tracer (exit guide), which is a substitute for medical records that will be removed from storage for any purpose (Kannampallil et al., 2018). Exit tracers or guides improve efficiency and accuracy in borrowing by showing where a medical record is to be stored upon return. When deposit is resumed, the requisition slip is deleted and available, blank of the borrow slip in record.

From the results of the interviews that the researchers conducted with 2 medical record officers that the patient's medical record files were difficult to find and sometimes very slow to find, if the patient came for treatment without carrying KIB, it was difficult for them to find the medical record file because the clinic did not yet use a clinical information system (Olsson, 2018). The purpose of this study is to find out the factors that influence the non-implementation of medical record tracers at the Kelambir Primary Clinic in 2021.

METHODS

The research method chosen was descriptive qualitative. A qualitative research approach is one that seeks to characterize and synthesize numerous circumstances, situations, or occurrences of social reality that exist in the society under study. Descriptive research is a study conducted with the main objective to provide an objective description or description of a situation. The research location was carried out at the Klambir Pratama Clinic which is located at Jalan Kelambir V No. 42 Tg Gusta Medan. When the research was carried out in December - Completed. The informants in this study were 4 informants. The research informants in this study are: One key informant, the Head of Medical Records at the Pratama Klambir facility and the main informant is the Medical Record Officer at the Klambir Primary Clinic. The type of data in this study uses 3 (three) types of data, namely primary data through observation, interviews and documentation. Secondary data, namely data or documents at the Klambir Primary Clinic consisting of clinical profiles, medical records, and others. Tertiary data was obtained from journals, books and websites. Various data collection method in this study use:

Observation & Interview

Observation is a way of gathering data that involves attentively monitoring or studying a research site in order to determine the circumstances that exist or to show the validity of a research plan that is being carried out. In-depth interviews are a technique where researchers and informants meet face to face in the interviews conducted. In in-depth interviews, a focused discussion took place between the researcher and the informant regarding the problem under study.

Documentation

Documentation is one of the secondary data sources needed in research. Documentation as a data collection technique through written materials published by institutions that are the object

of research. The validity of the data in this study is determined by triangulation, which includes three types of triangulations: method triangulation, which is an attempt to check the validity of the data, or the validity of the researchers' findings from the same source using different techniques, such as data obtained by interview, then checked by observation, and documentation. Triangulation of data sources is the process of determining the truth of a piece of information by gathering data from numerous sources such as documents, archives, interview results, observations, or interviewing more than one person who is thought to have a different point of view. Theory triangulation is the use of a number of perspectives or theory in interpreting a set of data. So that the triangulation informant in this study was the head of the Klambir Pratama Clinic as much as 1 informant to compare the results of the research on key informants and key informants.

RESULTS & DISCUSSION

Characteristics of Informants

Table 1.
Characteristics of Research Informants

Informant Name	Education	Age	Position	Length of Work	Informant Qualifications
Cici nadya	S1 Economics	28 Years old	PIC	1 Years	Key Informant
Monalisa	D3 Nursing	26 Years old	Nurse	2 Years	Main Informant
Lutfi	D3 Nursing	26 Years old	Nurse	2 Years	Main Informant
Eva	D3 Midwifery	29 Years old	Midwifery	1 Years	Additional Informant
Fitri	Highschool	25 Years old	Administration	1 Years	Additional Informant
Dr yuliandri	Doctor	33 Years old	Clinic Manager	2 Years	Triangulation Informant

(Source: Informants at the Klambir Primary Clinic)

Based on research conducted by researchers at the Klambier Pratama Clinic using interview, observation and documentation methods. In the following, the researcher will explain some discussion of the results of the research that the researchers found about "Factors Influencing the Non-Implementation of Medical Record Tracers at Kelambir Primary Clinic in 2021" In this study there were several factors that influenced the non-implementation of medical record file tracers, including the Man factor (human resources), namely medical record officers did not have medical record education qualifications and officers had never attended training related to medical records. Machine factor, namely not using a tracer and there is a damaged shelf in the medical record file storage room. Material factors (raw materials), namely the medical record file folder still uses plastic folders and still lacks folders and has not used color coding. The method factor (method/procedure), namely the SPO has not been carried out properly. The money factor is that there is no special budget for medical records so that the facilities and infrastructure have not been fulfilled.

Machine & Man (Human Resources)

In the many factor (human resources) the researcher found that the number of officers at the Kelambir Primary Clinic was 6 people. These officers do not have medical record education qualifications and have never attended training to increase the knowledge of medical record officers. In terms of the machine factor, the use of a tracer in the filling section has not been implemented because the officers did not know how to use the tracer and had not received instructions on how to use the tracer, and the informant also knew that files were piled up in the storage room and many files were scattered on shelves and sometimes not placed in the storage room. storage racks, making the search for medical record files lengthier and resulting in medical record files not being located owing to delays in returning medical record files to the storage room (Overhage et al., 2020; Kroth et al., 2018).

Material (Raw Material), Method (Method/Procedure) & Money

In terms of material factors (raw materials) the results of observations made by researchers in the filling room and it was found that the patient's medical record file folder still uses a plastic folder with yellow, green, red, blue and purple covers, but the folder has not used a color code. Researchers also saw as many as 62 medical record files on storage shelves without using folders. In terms of material factors (raw materials) researchers know that the medical record unit already uses SPO but is not going well (Tofail et al., 2018; Bruce et al., 2018). Because there are still many officers who are disobedient in following the policies that have been set, one of which is in the process of returning files from each unit to the medical record storage room which often experiences delays. As a result of the discovery of outdated medical record files, this occurrence may have a long-term detrimental influence on patient care. In terms of money, researchers are aware that, particularly in the medical record unit, there is no unique budget set by the unit, but rather the budget is determined directly by the leadership (Allison et al., 2018; Mandon & Cazals, 2019).

CONCLUSION

According to the findings of research conducted by researchers using observation, interview, and documentation methods, there are factors that influence the non-implementation of medical record tracers in aspects of man (human resources), machines, materials (raw materials), methods (methods/ procedures), and money, as for the conclusions and suggestions as follows: According to the findings of researchers' interviews, observations, and documentation, there are human factors causing the non-implementation of the medical record file tracer at the Pratama Klambir clinic, namely the researcher discovered that the educational qualifications of special Medical Record officers were not Medical Record graduates, and the officers had not attended training. It is expected to assign or recruit special medical record graduates and conduct training for officers so that the management of the medical record unit runs well and is carried out in accordance with the expertise of officers to increase the knowledge and skills of officers in storing medical record files.

In the machine factor, there are factors causing the non-implementation of tracers in medical record files at the Klambir Primary Clinic, namely researchers found that the use of tracers had not been implemented because officers did not know how to use them and did not receive instructions for their use. There are 3 shelves for storing Medical Record files and 1 shelf that is damaged and not suitable for use. The researcher discovered the causal factors for not implementing the medical record file tracer at the Klambir pratama clinic in terms of material factors (raw materials), namely materials such as the Medical Record file folder used were still made of plastic and not a special folder designed by the Medical Record unit, and did not use color codes on the folder. Due to a shortage of folders, there are still numerous medical record file folders and medical record files that do not employ.

In the method factor, the researcher found the causes of the non-implementation of the medical record file tracer at the Klambir Pratama Clinic, namely that the special Standard Operating Procedures (SPO) in the Medical Record unit had not been carried out properly. There are still many officers who do not comply in following the policies that have been set. The researchers discovered the causes of the non-implementation of the medical record file tracer at the Klambir Pratama Clinic in terms of money, specifically that there was no budget, so every facility and infrastructure needed in the Medical Record unit was not immediately available because the budget was regulated by the leadership. The facilities and infrastructure are in the form of a medical record room that is still small and should be enlarged, shelves that are still limited and medical record file folders that are lacking.

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