THE ANALYSIS OF THE MEDICAL RECORD OFFICERS' PERFORMANCE AT TOTO KABILA HOSPITAL

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ABSTRACT

The present study aims to find out the performance analysis of medical record officers at Toto Kabila Hospital. As seen from the compliance of officers to the application of standard operational procedures (SPO), the workload and the suitability of the officers' competence are by their toxics.

The current study is descriptive research applying a qualitative approach. Data collection using interviews, observations, and documentation. The subjects of this study were 5 participants consisting of the head of medical record, inpatient coordinator, assembling coordinator, assembling officer, and filing coordinator.

The results of this study indicate that compliance with the SOP implementation has not been fully implemented. The assembling section has implemented the existing SOP and the filing section has not fully implemented the SOP because the inpatient BRM storage facility is not adequate, thus slowing down the existing services. people and available a number of two people. In the filing section, 4 people are needed and there are only 3 available. A competent medical recorder understands the tasks assigned to him, compared to an officer who is not a medical recorder.

Keywords: Performance, Medical Record Officer, SPO, Workload, and Competency

PRELIMINARY

Hospital is health care that provides inpatient, outpatient, and emergency services as well as providing community health services as a whole or complete. Medical record unit is part of the unit in the hospital has an important role in providing information and data relating to gift acquired patient care [19].

Type C hospitals are required to have medical records officers with a minimum competency of D3 medical records and as many as 30 people. Providing manpower is one of the efforts to get and provide qualified experts who can work well [8].

In the medical record file assembly section (BRM) it has not been running well due to limited staff, lack of knowledge regarding SPO, delay in return time (BRM), due to incomplete filling of BRM. In the storage section, equipment and building facilities do not support and monitoring of hospital aspects is not inventive [21].

Performance is the implementation of a plan that has been prepared previously. Performance implementation is carried out by personnel who have the ability, competence, motivation and interest [22].

Previously, preliminary study was carried out at Toto Kabila Hospital through a question and answer session with the head of the medical record section and employees in the medical records unit , the results of the interview were that there were 8 staff in the medical record unit with educational background in medical record 2 people, public health and public administration 2 to 4 people, in the record units medical are divided into several parts, assembling, coding, indexes, filing, analyzing, and reporting. Several problems were also expressed by one of the officers where the medical records unit officers were still doing other work besides the work assigned to him so that the service was slow, and the BRM storage system was stored in the same place or united (centralized) which united BRM for emergency, inpatient and outpatient care. Outpatient care, so officers have difficulty tracking the required BRM and will slow down services.

Performance is the achievement obtained by the company, both profitable and unprofitable companies that were created during a certain period [2]. Performance is the essence of what employees do and their achievements when carrying out the obligations of an activity [10]. Performance is the implementation of plans that have been prepared previously. Performance is the achievement obtained by officers when carrying out one obligation in a company [11].

The performance index used in activities that can only be confirmed in a narrative manner against the authority of a character that can be assessed [22]. Performance appraisal is a pattern of assessing how efficiently officers carry out their duties while carrying out guidelines, and then informing them of this. The evaluation carried out will be an indication of advice when the evaluation is carried out and can then be used as material for further corrections [2].

Performance evaluation is more aimed at the individual evaluation of employees, and performance evaluation can be an instrument to survey how well officers carry out their obligations over a certain period of time [22]. Standard Operating Procedures is to provide work rules so that hospital activities can be controlled on a regular basis. With controlled activities, of course, the desired direction can be achieved optimally [6].

The objectives of the SOP planning for the company in carrying out its activities are as follows: First of all, to maintain the stable work of each employee. Second, clarify the flow of obligations of each work unit. Third, rearrange the observation process and training time in program preparation, because SPO are prepared methodically [17].

One of the standard operating procedures in the medical record unit is the standard operating procedure for the distribution of medical records. In the implementation of employees should consistently follow all procedures ways that all procedures ways that have been listed in the SPO, so if an employee leaves one groove or the commands listed in the SPO can be fatal [16].

Workload is the main prospect that gives birth to the foundation in the recapitulation. The workload must be emphasized through the activities of the work section which are then described as the target tasks in each position [9]. Workload is a preparation carried out for individuals when handling a task carried out at a certain period of time [5]. Workload is the capacity of work performance by several employees in an exclusive division [23] .

Competency (competency) as the basic characteristics of individuals that specifically affect good performance

[20]. Competence is a combination of capacities (aptitudes), information, and behavior (state of mind) that can be observed and linked basically to the success of an organization and the implementation of work and individual commitment to the organization [4].

The duty of the medical recorder is to monitor and manage BRM, so that it becomes information for decision making. Efficient management of medical records requires officers who are constituents in the medical record department, both from the aspect of eminence and number. Eminence of officers covers the level of competence, skill and knowledge, while the number is the quantity of staff available and which must be equal to responsibility [18].

Medical recorders are people who have graduated from college majoring in medical records and health data in accordance with applicable regulations [7]. Medical records have very important roles and responsibilities in hospitals, so that their use requires officers who must be competent in their fields, so that services can be maximized and can be provided appropriately and productively [12].

A health worker is someone who works in the health sector, has insight and skills gained through training and education and is authorized to carry out health training [15]. Patients who have completed receiving treatment, whether in inpatient, outpatient or emergency department, the BRM must be returned to the medical record unit immediately, and bring the expedition book and then signed or the initials of the officer who delivered it. BRM is arranged in racks according to the arrangement stated in the SOP [16].

RM storage is carried out for designated personnel, especially for the head of the health office [24]. Reports to convey accurate, fast and precise information. Reports will be provided to the hospital and to the local government for general hospitals [16].

RESEARCH METHODS

This study uses a qualitative approach with descriptive research type, because in this study descriptive data is needed in the form of written or spoken words from people who can be observed. This research was conducted in March-April 2021. This research took place at the Toto Kabila Hospital, Bone Bolango Regency.

The types of data used in this study are Primary Data and Secondary Data. Data primer is data obtained by researchers directly from other of data (informant) that from the interviews. While secondary data is data obtained indirectly such as documentation SPO [13].

The interview guide used in this study is a structured interview, by conducting face-to-face interviews with research informants and using interview rules that have been held previously. Observations in the study were to observe and record how the performance of officers in the medical records unit of the Toto Kabila Regional General Hospital. Documentation in this study is the exception through interview and observations, and observations, the data obtained from the document that is Standard Procedures Operating (SPO**)**.

The methods of data processing and data analysis in this study are:

1. Data reduction

   The data obtained in the field will go through a reduction process, this will make it easier to provide accurate reflections to researchers when mobilizing data in the future.
2. Data Presentation

   Then the decomposition of information or data is carried out, to group and organize information or data based on predetermined goals, so that the information or data displayed is

easy to understand. The presentation of qualitative research data is usually shown in the form of a narrative text.

3. Conclusion

   The last stage is to finish presenting, to draw conclusions, namely the results of this research.

The validity of data or trust in subjective investigation information is carried out, among others, by broadening perceptions, expanding determination in investigations, triangulation of dialogue with colleagues, reviewing negative cases and checking [14].

RESEARCH RESULT

Performance Analysis based on officer compliance with the application of SPO

The results of interviews that researchers have conducted with each informant regarding the performance analysis of medical record officers at Toto Kabila Hospital, seen from the application of SPO, it was found that at Toto Kabila Hospital, precisely in the medical record unit, the SOP had not been fully implemented, where in the SPO filing section it had not been implemented due to the lack of adequate facilities. Adequate with the question "Does BRM management have an SOP? "How is BRM managed?" Informant MS stated that in the management of BRM, they already had SPO, and the management was carried out by verifying medical record files, coding and storing BRM. According to the recording below:

"…Yes, the management of medical record files already has SPO, and for the management of medical record files, the first thing will be file verification, then coding will be carried out and the last one will be storage " (30 March 2021).

The FM informant stated that in managing medical record files, they already have SPO and BRM management for the assembly section, namely verifying BRM from the treatment room if the medical record file is not complete it will be returned to the previous treatment room. According to the following recording:

"...Yes, there should be and as far as I know there is an SPO. And if the inpatient room has the procedure for managing the medical record file, namely ee, the status / BRM that has been used will be delivered to the medical record unit, then verification or checking of the completeness of the medical record file will be carried out, if it is complete it is immediately registered but if it is not complete it will be returned to the room" (30 March 2021).

The UJ informant stated that the SPO in the assembling section already exists, and the management in the assembling section is to check the completeness of the medical record file. According to the following recording:

"...Yes, there is an SOP for assembling. The procedure in the assembly section is to check the completeness of the medical record file" (30 March 2021).

The NH informant also stated that the assembling section already has SPO and BRM management procedures, namely analyzing the integrity of BRM, if the file is not complete it will be returned to the previous treatment room. According to the recording as follows:

"...ee, for the SPO the assembly section already exists. Then the procedure is in accordance with the one in the SPO, namely first analyzing the completeness of the contents of the BRM, and if it is not complete, it will be returned to the previous treatment room" (30 March 2021).

The YK informant answered the researcher that the filing section already has an SPO, and the procedure for managing medical record files in the filing section is that files that have been used will be checked for

completeness in the assembling section, then the files will be stored in the filing room and arranged on storage shelves. The storage system uses a decentralized system, this is different from the one in the SPO, the SPO explains that the storage system is centralized and the arrangement in the storage rack is different, for outpatient BRM it is arranged based on the terminal digit filing system (final number system), this system makes it easier for officers to find Temporary patient BRM is reused while inpatient BRM is arranged by month, this system makes officers need a long time to find medical record files to be used, and this is because the BRM storage room is not well organized and the existing facilities are not adequate. According to the following recording:

"...Yes, the SPO in the filing section already exists. Then for the procedures that are in the filing, namely the medical record file that has been used from the treatment room will be returned to the medical record unit, and will be processed or processed by the assembling officer to see its completeness, then stored in storage shelves. For outpatient BRM it is stored based on the terminal digit filing system (final number system), for Inpatient BRM it is placed by month, so when checking inpatient BRM to be used it takes a long time, this is because the inpatient file storage has not been organized. Neat and inadequate storage facilities. Indeed, the SPO explained that the storage was centralized or that the patient's BRM storage was placed in one folder, folder, place, storage rack, both BRM, Rajal, IGD. However centralized storage has not been implemented here, but decentralized storage where for draft and rajal documents are separated or placed in different places, this is due to inadequate facilities in the placement of BRM" (31 March 2021).

The results of field observations found that the SPO for the preparation of BRM in the RM unit already existed, and the management of the medical record file, the assembling section had implemented the existing SPO, while the filing section had not implemented the SPO, this was due to the storage facilities in the medical record unit. Toto Kabila Hospital is not adequate.

Performance of Medical Record Officers at as seen from the Workload

The results of interviews with informants about the performance of medical record officers at Toto Kabila Hospital seen from the workload of officers, the results showed that the workload in as the assembling and filing sections was quite high, due to the lack of officers in each section, this is in accordance with the job analysis data (ANJAB) found by researcher. For the question "Is there a daily attendance of officers?" the five informants gave the same answer that the medical record officer had daily attendance who used fingerprints but because of the current pandemic the use of fingerprints was stopped. The MS informant said that due to the pandemic, fingerprint attendance was transferred to attendance via online chat via whatsapp to the head of the medical record sub-division. Like the following statement:

"...There is attendance, but fingerprint attendance has not been used at this time because there is still a pandemic, and the attendance is transferred to online, chat wa , where if there is an officer who will permit if there is business, the permission is via chat wa to me" (30 March 2021).

The next question is "How many officers are there in the medical record section? Is the current number of officers sufficient to complete the work at hand? MS replied that the total number of medical record officers was 26 people, 8

people in the medical record unit, which were divided into 1 RI coordinator, 2 assembling, 3 filing and retrieval and 2 reporting people. And there are not enough officers to complete the given task. According to the recording as follows:

"... For the total number of medical record officers as many as 26 people, but those in the medical record room are 8 people, which are divided into 1 RI coordinator, 2 Assembling, 3 filing & retrieval, 2 reporting and Total there are not enough officers to complete the given task" (30 March 2021).

The FM informant stated that the number of officers in the assembling section was two people, and the available officers had not been able to complete the existing tasks, this was because with a total of 3000 files/year the calculation had to be officers. This is in accordance with the following recordings:

"...The number of assembling officers is 2 people and the current number of officers is not enough to analyze files or status, because the number of files is around 3000 files/year, so the calculation for 3000 files must be 3/4 officers" (30 March 2021).

The UJ informant also stated that the number of assembling officers was 2 people who were divided into 1 section checking the completeness of the files and 1 inputting person, and the number of existing officers was not enough to handle the work at hand. According to the following recording:

"...There are 2 assembling officers. 1 person inputs and 1 person checks the file, oh so not enough the number of officers is not enough to do the work" (30 March 2021).

The NH informant stated that the number of officers in the assembling section was two people, and the number of available officers had not been able to handle the work at hand. According to the following recordings:

"... The number of assembling officers is 2 people, actually it's not enough, but we have to finish the work" (30 March 2021).

The YK informant stated that the number of officers who were filed was 3 people, and the existing officers were not sufficient to complete the existing work. According to the following recordings:

"... 3 filing officers, not enough, with a monthly storage system and if there is a request for BRM then the number of officers available is not enough and the warehouse conditions are not adequate" (31 March 2021).

The next question "How many hours per day does the Medical Record officer work? Approximately from what time until what time? Do the officers always come home on time? The MS informant answered the researcher's question that the officers worked eight hours a day from eight to sixteen, and the officers always came home on time. According to the following recording:

"…Our total working hours per day are eight hours from eight to sixteen or 4 pm, it comes from Monday-Friday, so Saturday we are closed, well and the officers here often come home on time" (30 March 2021).

The FM informant also stated that the officer's working hours per day are eight hours from eight to sixteen and sometimes they go home early, sometimes they come home late or work overtime. According to the following recording:

"…The working hours are eight hours from eight to sixteen. Personally, sometimes I go home early, sometimes it's late. If there are a lot of patient status, we usually work overtime until 5 pm" (30 March 2021).

The UJ informant stated that the officers work eight hours a day from eight

to sixteen and often work overtime. This corresponds to the following recording:

"…eight hours from eight in the morning to four in the afternoon, oh often overtime" (30 March 2021).

The NH informant also stated that the total working hours per day is eight hours from eight to sixteen in the afternoon and often overtime. According to the following recording:

"…The total is eight hours, so from eight in the morning to four in the afternoon, when we go home we often work overtime" (30 March 2021).

Informant YK revealed that the working hours per day are eight hours a day from eight in the morning until sixteen, and often work overtime. According to the following recording:

"…The day is eight hours a day from eight in the morning until sixteen, and we often work overtime but sometimes come home early" (31 March 2021).

The next question is "Is the workload ordered equal to the existing authority benchmark? MS revealed that the workload ordered was not balanced with the available benchmarks, seen from the existing job analysis (ANJAB). According to the following recording:

"…If you ask if it is appropriate or not, we can look at ANJAB or analyze the positions at the hospital, later we can ask the staffing department for ANJAB, okay?" (30 March 2021).

The FM informant also revealed that the workload given was not balanced with the existing benchmarks, because there were not enough officers, so officers had to do work other than the work given. This is in accordance with the following recordings:

"…Not appropriate, because we still lack officers here, so you could say the workload is still high, therefore we have to do other tasks as well" (30 March 2021).

The UJ informant also stated that the existing workload was still quite high and not in accordance with existing standards. According to the following recording:

"…In my opinion, it is not appropriate, because the officers are still doing other jobs besides the work given" (30 March 2021).

The NH informant also revealed that there was no match between the workload and the existing standards. According to the following recording:

"…Not appropriate, because we are still holding other jobs besides our duties" (30 March 2021).

The YK informant also revealed that there was no match between the workload given and the existing standards, because he was still doing other work. According to the recording as follows:

"…Not appropriate, because we as officers already have our respective duties due to lack of manpower so we have to do concurrently or in other words we have to do work outside of our job" (31 March 2021).

Based on the observation that researchers do that the number of officers in the unit medical record as many as 8 people, divided 1 coordinator RI, assembling 2 person, filing and retrieval 3 person, reporting 2 people, in the assembling and filing number of officers there is not enough to do existing tasks, this causes the workload of officers to be quite high because they have to do work that is not their job. Daily attendance officers use fingerprint, but due to the pandemic then attendance diverted to online, via chat whatsapp, and total working hours officers per day is 8 hours, start to start at eight in the morning until 4 pm, with a break of one hour, on the hour twelve officers went out for a break to eat and pray, then returned to the room at 13.00.

Performance of Medical Record Officers at based on the suitability of the Competence of Officers with their Main Tasks

The results of interviews obtained by researchers related to performance. Medical record officers at Toto Kabila Hospital seen from the suitability of the competence of officers and their main duties and functions, the results showed that the competence of medical record officers in the medical record unit was not in accordance with their main duties, this was because the competence of medical record officers was higher school. For the question "Is the educational background of the officers in accordance with their work? Do the officers understand all the work given? The informants answered that the education level of medical record officers has several levels including S1, DIII and SMA, MS revealed that the officers understand the tasks given. According to the following recording:

"...For the educational level of the medical record officers, there are several of them S1, DIII and SMA/SLTA, later see the structure of the medical record organization for more details. Well, the officer understands the task given" (30 March 2021).

FM informants whose competence is DIII medical recorder stated that they understood the task given. According to the following recording:

"…For our educational background, there are various levels such as the head of the medical record sub-section, me and the medical recorder DIII assembling officer, the economics undergraduate assembling coordinator and also the high school student, personally, maybe because my competence is a medical recorder so I understand the task assigned to me" (30 March 2021).

The UJ informant also revealed that the educational levels of medical record officers were S1, DIII and SMA. UJ also revealed that he did not understand the task given because it was not the competence of the medical recorder but the economy. According to the following recording:

"...Well, if the education level of the officers here is several, high school, DIII medical records and S1 economics, if I have a bachelor's degree in economics, to be honest I don't really understand the task, sometimes I'm also confused because it's not my competence" (30 March 2021).

The NH informant revealed that the education level of the officers consisted of S1, DIII and SMA, NH whose competence was DIII medical recorder said he understood the task given to him. According to the following recording:

"...Well, the officers' education is S1, DIII and SMA. Personally, my competence is DIII medical worker so I understand and with my duties" (30 March 2021).

The YK informant also stated that the education levels of the officers were S1, DIII and SMA, YK revealed that he did not understand the tasks given, because it was not their competence. According to the following recording:

"...Yes, the education level is S1, DIII and SMA. For example, I am the one in the filing section, I don't really understand because it is not my competence being filed" (31 March 2021).

The following question "Is there any special training for Medical Record officers? How many times has it been? The informants answered that so far, no training has been given to the officers. Both medical recorder competence and non-medical recorder competence.

Based on field observations, medical record officers who are competent medical recorder understand and are quick to respond in carrying out their duties, while officers who are not competent

medical recorders are sometimes still confused and slow in carrying out their duties, this is because there is also no training for officers who are not competent medical recorders.

DISCUSSION

Performance Analysis based on officer compliance with the application of SPO

From the results of observations and interviews with informants, Toto Kabila Hospital already has SPO (assembly, storage and retention). But in the application of SPO it has not been fully implemented, in the assembling section, SPO has been applied, but in the filing section it has not been implemented, this is due to the lack of adequate facilities in the medical record file storage room, so that it can interfere with services or result in slow services and the resulting performance officers will be less than optimal.

Standard Procedure Operating as an instrument for the evaluation of the performance of the organization, in particular the clarity of the process to unit responsible, thus achieved coordination in controlling the problem in the implementation process activity in an organization [17].

Performance of Medical Record Officers at as seen from the Workload

The workload of the medical record officer at the Toto Kabila Hospital in the assembling and filing section is still quite high, judging by the existing anjab, the assembling officer needed is 3 people and there are 2 people (needs an additional 1 person). In the filing section, 4 people are needed and there are only 3 people (needs an additional 1 person).

Adjustment workload more potential officers to the degree of productivity and efficiency. In the event that the workforce is not in accordance with the existing workload, the work will result in work weakness and can result in a decrease in work efficiency so that it can affect the quality of welfare administration at RSU Hj Surabaya [1].

Performance of Medical Record Officers at based on the suitability of the Competence of Officers with their Main Tasks

The study of medical record officers at the Toto Kabila Hospital showed that there were more officers who were competent in SMA/SLTA, officers with competence in medical recorders understood the tasks assigned to them. However, for officers whose competence is not medical recorders, they do not understand the tasks given because they are not in accordance with their main tasks and no training has been given to officers. So, if the officer does not understand what he is doing then the resulting performance is not optimal.

Lack officer can lead to fatigue officer so that the resulting performance is less than optimal, but with their education and training to the officers of the science and the ability so medical records and personnel skills will rise to the intention of the company can be reached with good results [3].

CONCLUSION

1. Medical record unit of RSUD Toto Kabila already has SPO (Assembling, Filing and Retention). The assembly de partment has implemented the existing SOP and the filing section has not fully implemented the SOP because the inpatient BRM storage facilities are not adequate, thus slowing down the existing services.
2. The workload of the medical record officer at RSUD Toto Kabila in the assembly and filing section is still quite high. Based on anjab, assembling Officers is still quite high. Based on anjab, assembling officers needed three people and two people available. In

the filing section, 4 people are needed and only 3 people are available.

3. Officers who are competent medical recorders understand the tasks given, compared to officers who are not competent medical recorders.

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