

## ACCREDITATION OF MEDICAL RECORDS IN PRIMARY CARES

Sri Wahyuningsih Nugraheni <sup>1</sup>, Hendratna <sup>2</sup>, Arlita Diasika Nanda <sup>3</sup>

<sup>1</sup> Medical Record and Health Information Study Program, Faculty of Health Sciences, Surakarta Duta Bangsa University, Jl KH Samanhudi No 93, Sondakan, Laweyan, Surakarta 57147, Indonesia

<sup>2</sup> Medical Record and Health Information Study Program, Faculty of Health Sciences, Surakarta Duta Bangsa University, Jl KH Samanhudi No 93, Sondakan, Laweyan, Surakarta 57147, Indonesia

<sup>3</sup> D3 Medical Record and Health Information Students, Faculty of Health Sciences, Surakarta Duta Bangsa University, Jl KH Samanhudi No 93, Sondakan, Laweyan, Surakarta 57147, Indonesia

\*corresponding author: [sri\\_wahyuning@udb.ac.id](mailto:sri_wahyuning@udb.ac.id)

### Abstract

Accreditation for primary cares is required and regulated in the Republic of Indonesia Minister of Health Regulation Num. 46 of 2015 Article 3. Although primary cares have been accredited, the management of medical records in primary cares has not been perfectly marked by lack of security and confidentiality of patient medical records. Therefore, research on the management of medical records based on accreditation is very important to create good administration. The aim of this study was to evaluate management of medical records in primary cares based on accreditation for primary cares and applicable legislation. Research is a qualitative research, so data collection is done by participatory and systematic observation, non-guided interviews and discussions, and documentation. Data processing starting from editing data continue triangulation data. Analysis and presentation of data is done qualitatively and quantitatively. Observations were made on the management of medical records in primary cares, interviews with medical record managers in primary cares, and reviews of medical record documents and supporting documents in the medical record management process. Result indicated that Standard criteria 8.4.1 and 8.4.2 are partially fulfilled, while the standard criteria 8.4.3 and 8.4.4 are fulfilled overall. Partially fulfilled and fulfilled overall element of accreditation assessment in primary cares are influenced by regulation, commitment of managers in doing activities based on regulations and synchronizing regulations in primary cares with nationally and internationally legislation.

**Keywords : primary cares, accreditation, medical records**

### 1. INTRODUCTION

In Indonesia public health centers are the backbone of first-rate health services and one of the main alternatives in the selection of health services. Public health centers is one of the most important public health service facilities in Indonesia because the public health centers is a functional implementing unit that functions as a comprehensive, integrated and sustainable health development center. In the era of globalization, people want health services that are safe, quality, satisfying and can answer their needs. One effort to improve service quality is by improving the quality of medical record services. Medical records are the most important component in a health service because medical records provide written evidence of the services provided by medical personnel to patients and have many benefits. A good medical record must have a structured system and information in the medical record must produce important and accurate information so that it is useful for management's needs in policy making and improving the quality of services available at the public health centers. Medical record is one of the basic data of all the components to be achieved in the accreditation of health centers, medical records play an important role in the documentation, so an assessment must be carried out using the standard of accreditation of the health center set by the Republic of Indonesia minister of health regulation Number 46 of 2015. In an effort to improve quality public health centers must be accredited periodically at least 3 years.

Therefore we need a structured medical record information management so that it can produce accurate and accurate information.

## **2. METHODS**

Research is a qualitative research, so data collection is done by participatory and systematic observation, non-guided interviews and discussions, and documentation. Data processing starting from editing data continue triangulation data. Analysis and presentation of data is done qualitatively and quantitatively. Observations were made on the management of medical records in primary cares, interviews with medical record managers in primary cares, and reviews of medical record documents and supporting documents in the medical record management process.

## **3. RESULTS AND DISCUSSIONS**

### **Criteria 8.4.1 Standardization of the Diagnosis Classification Code, Procedure Code, Symbols and Terms.**

- a. Standardization of Consistent and Systematic Classifications of Diagnosis and Other Terminology Codes.

The coding system for the diagnosis of medical record documents in the Kratonan Public Health Center in Surakarta City is in accordance with Republic of Indonesia Minister of Health Regulation Number 46 Year 2015, Ministry of Health Republic Indonesia 2006, and Giyana 2012 for coding diagnostic classification using ICD 10 and ICD-9-CM for action codes, but in the Head Decree Kratonan City Surakarta Health Center Number 445.4 / C / VIII / SK / 002 / VII / 2016 coding classification of diagnoses using ICD-10 but for coding actions using ICD-9-CM is not explained.

- b. Standardization of the Diagnosis and Terminology Classification Code Compiled by the Public Health Center.

Standardization of diagnosis and terminology classification codes compiled by Kratonan Public Health Center Surakarta City Already in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015 which explained that the diagnosis classification compiled by Public Health Center was at least 10 major diseases, while in Kratonan Health Center Surakarta City compiled the top 20 diseases.

- c. Standardization of abbreviations used in services in accordance with national or local standards.

Standardization of abbreviations used in services in accordance with national or local standards in the Kratonan Health Center is in accordance with the Decree of the Head of the Public Health Center Number 445.4 / C / VIII / SK / 002 / VII / 2016 and Republic of Indonesia Minister of Health Regulation Number 46 of 2015, due to the use of abbreviations used in service in accordance with Local standards and used at every time service.

Standard Criteria 8.4.1 Regarding Standardization of the Diagnosis Classification Code, Procedure Code, Symbols and Terms, the implementation of diagnosis and action coding in the Surakarta City Kratonan Health Center is in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015, WHO 2005, Ministry of Health Republic Indonesia 2006, where coding classification of diagnoses using ICD-10 and action codes using ICD-9-CM, as well as the preparation of diagnosis classification codes compiled by Public Health Center that are 20 major diseases and the use of abbreviations used in accordance with local standards and used at each service, but in the coding of actions not regulated in the Decree of the Head of Public Health Center Number 445.4 / C / VIII / SK / 002 / VII / 2016.

**Criteria 8.4.2 Access to Medical Information**

a. Defined Policy or Procedure Regarding Officer Access to Medical Information.

Policies or procedures regarding access of officers to medical information in the Kratonan Health Center Surakarta City are in accordance with Republic of Indonesia Minister of Health Regulation Number 46 Year 2015, Ministry of Health Republic Indonesia 2006 and Decree of the Head of Public Health Center Number 445.4 / C / VIII / SK / 003/2016 which has been determined policies and procedures regarding officers' access to medical information.

b. Staff Access To Information Needed Is Implemented In Accordance With Duties and Responsibilities

Officer access to the information needed is carried out in accordance with the duties and responsibilities of the Kratonan Public Health Center in Surakarta City in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015, Ministry of Health Republic Indonesia 2006 and Decree of the Head of Public Health Center Number 445.4 / C / VIII / SK / 003/2016 those WHO 2005 borrow medical records only officers WHO 2005 have an interest in carrying out their duties.

c. Access to Information Officers Is Implemented In Accordance with Policies and Procedures

Officer access to information was carried out according to policies and procedures at the Kratonan Surakarta Public Health Center not yet in accordance with Republic of Indonesia Minister of Health Regulation Number 46 Year 2015, Ministry of Health Republic Indonesia 2006 and Decree of Head of Public Health Center Number 445.4 / C / VIII / SK / 003/2016 due to medical records coming out that day must be returned that same day but the fact is that it did not cause the officer to have difficulty finding medical records if used for visits.

d. The Right to Access the Information Considering the Level of Confidentiality and Information Security.

The right of access to information considers the level of confidentiality and information security in the Kratonan Health Center of Surakarta City not in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015, Republic of Indonesia Minister of Health Regulation Number 269 / Menkes / PER / III / 2008 Chapter V Article 12 and Decree of Head of Public Health Center Number 445.4 / C / VIII / SK / 003 / VII / 2016 because the distribution of medical record documents in the afternoon is done by patients.

Standard criteria 8.4.2 regarding access to medical information at the Kratonan Public Health Center in Surakarta City has not been in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015, Decree of Head of Public Health Center Number 445.4 / C / VIII / SK / 003 / VII / 2016 concerning Access to Medical Information and Ministry of Health Republic Indonesia 2006 because in the afternoon the distribution of medical record documents in Kratonan Public Health Center in the City of Surakarta was carried out by patients, patients could see medical records and possibly be read by patients

**Criteria 8.4.3 Storage and Processing of Medical Records**

a. Public Health Center have medical records for each patient with a standard identification method

The Public Health Center has a medical record for each patient with a standard identification method in the Kratonan Public Health Center in Surakarta City in accordance with Republic of Indonesia Minister of Health Regulation Number 46 Year 2015 and Shofari 2004,

but according to Budi 2011 it is not appropriate because the implementation in giving patient status is not consistent.

- b. The Encoding, Storage and Documentation System Makes It Easy For Officers To Find Medical Records On Time

The numbering system used in the Kratonan Public Health Center in Surakarta City is in line with Budi 2011, and Shofari 2004 is using the Unit Numbering System (UNS) numbering system and is carried out by a family folder system, where each family head has a medical record number. The alignment system used in the Surakarta Kratonan Health Center is in line with Budi 2011, because it uses Straight Numerical Filing (SNF), which is aligning the patient's medical record documents sequentially in order, using the front number as a reference for searching medical record documents and record documents. medical patients outside the Kratonan area are placed and made separate. The storage system used in the Kratonan Public Health Center in Surakarta City is in accordance with Budi 2011, Ulfa 2015 and Purba 2016, which is storage using a centralized system where the family folder is stored in one place and uses the same number as an identification reference even though medical records are often misplaced and sometimes not found

- c. The existence of Medical Record File Storage Policies and Procedures with Clarity of Retention Periods in Accordance with Applicable Laws

Policies and procedures for storing medical record files with clarity of retention period in accordance with legislation applicable in Kratonan Public Health Center of Surakarta City in accordance with Republic of Indonesia Minister of Health Regulation Number 269 / Menkes / PER / III / 2008 and Decree of Head of Public Health Center Number 445.4 / C / VIII / SK / 005 / VII / 2016, namely retention in the UPT of Kratonan Health Center in Surakarta City, conducted for 2 years, namely from the year of the last visit.

Criteria standard 8.4.3 Storage and processing of medical records in the Kratonan Public Health Center of Surakarta City, namely health centers have medical records for each patient with a standard identification method in the Kratonan Surakarta Public Health Center UPT in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015 and Shofari 2004, whereas according to Budi 2011 according to the implementation in giving patient status is not consistent, the numbering system used in the Kratonan Public Health Center in Surakarta City is in accordance with Budi 2011, and Shofari 2004 is using the Unit Numbering System (UNS), the alignment system is in line with Budi 2011, because using Straight Numerical Filing (SNF), the storage system uses centralization, although it often happens that misstatements of medical record files are sometimes not found, and retention is carried out for 2 years, ie from the year of last visit.

#### **Criterion 8.4.4 Confidentiality of Medical Records**

- a. The contents of the Medical Record Document Include Diagnosis, Treatment, Treatment Results and Continuity of Care Provided

The contents of medical record documents are in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015 and Republic of Indonesia Minister of Health Regulation Number 269 / Menkes / Per / III / 2008, namely the contents of outpatient medical records containing patient identity (patient name, family name, date of birth, address, telephone number, occupation, gender, ID number, contribution recipients / non contribution recipients / general patient type) date and time, history, physical and supporting examination, diagnosis, follow-up therapy and patient responsiveness

b. Follow-up Assessment of Completeness and Accuracy of Medical Record Contents.

The completeness and accuracy of the contents of the medical record at the Kratonan Public Health Center in Surakarta City is not yet in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015 because Public Health Center in Surakarta City does not carry out an assessment of acts further completeness and accuracy of the contents of medical record documents.

c. Availability of Procedures for Maintaining the Confidentiality of Medical Records.

The availability of procedures to maintain the confidentiality of medical records at the Kratonan Public Health Center in Surakarta City is in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015 concerning Public Health Center Accreditation, Primary Clinics, Independent Doctors Practice Sites, and Dentist Independent Practice Centers, Decree of Head of Public Health Center Number 445.4 / C / VII / SK / 004 / VII / 2016 and Republic of Indonesia Minister of Health Regulation Number 269 / Menkes / Per / III / 2008 because the Kratonan Public Health Center in Surakarta City has provided procedures to maintain the confidentiality of medical records.

Standard criterion 8.4.4 regarding the confidentiality of medical records in the Kratonan Public Health Center in Surakarta City is in accordance with Republic of Indonesia Minister of Health Regulation Number 46 of 2015 concerning Public Health Center Accreditation, Primary Clinics, Independent Doctors' Practice Sites, and Dentist Independent Practices, Decree of Head of Public Health Center Number 445.4 / C / VII / SK / 004 / VII / 2016 and Republic of Indonesia Minister of Health Regulation Number 269 / Menkes / Per / III / 2008 namely the contents of outpatient medical records containing the patient's identity (patient name, family name, date of birth, address, telephone number, occupation, gender, ID number, contribution recipients / non contribution recipients / general patient type) date and time, history, physical examination and support, diagnosis, follow-up therapy and patient response, but no follow-up assessment regarding the completeness and accuracy of the contents of the medical record and available procedure for maintaining the confidentiality of medical records

#### 4. CONCLUSION

Partially fulfilled and fulfilled overall element of accreditation assessment in primary cares are influenced by regulation, commitment of managers in doing activities based on regulations and synchronizing regulations in primary cares with nationally and internationally legislation.

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