

Strategies to Reduce Delays in Returning Inpatient Medical Record Files in Internal Rooms Using the PDCA Method

Sitti Rahmawati^{1Mega} Ermasari Muzuh² Wa Ode Sitti Budiatty³

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CORRESPONDING AUTHOR

Name : Sitti Rahmawati
Address: Jl. Pahlawan, Bukit olio Indah, Baubau City.
Email: sittirahmawati@gmail.com

A B S T R A C T

Delays in returning inpatient medical record inpatient medical record files at Baubau City Hospital (RSUD Kota Baubau) have become an obstacle in patient data management. This problem is mainly due to delays by doctors in completing medical record filing, which affects the delay of nurses in submitting documents to the medical record unit, the purpose of this study is to formulate strategies for improving delays in returning medical record documents. The Do stage includes implementing this process in the inpatient care unit. Evaluation in the Check phase shows a decrease in the percentage of delays from 93.21% in May to 19% at the end of June after implementing the new workflow. The Action stage establishes this series as a standard procedure.

INTRODUCTION

According to Law Number 17 of 2023, hospitals are an institution of health services that provide comprehensive health care through services including promotive, preventive, curative, rehabilitative, and palliative measures that are carried out through various types of services such as inpatient care, outpatient care, and handling of emergency conditions, meanwhile, electronic medical records are included in the information system in the health service facilities. The management can be carried out. By a separate unit or adjusted to the needs and capacity of each of these facilities. This recording covers the entire process from the time the patient arrives, leaves the hospital, is referred to another place, or when the patient dies.

The implementation of medical records is one of the necessary supports in creating the regularity of medical administration in hospitals. Medical records are documents that include patient records and identification, examinations, treatments, actions, and other services provided to patients in healthcare facilities. This is crucial because effective health quality improvement depends on the smoothness, accuracy, and proper distribution of data between primary, secondary, and regional healthcare facilities and data storage centers.

In the previous research conducted by Sitti rahmawati Shinta (2024) conducted at the Buton Regency Regional Hospital, there were still problems related to delays in the process of returning medical record documents. In the results of the initial survey, the researcher was treated that almost 50% of medical record files had not been returned to the filing room The accuracy of the return of medical record files had an impact on the length of time patients received services and hindered data management. Requirements for medical records, timeliness, and fulfillment of legal requirements. Referring to the minimum service standard (SPM) guidelines of hospitals, there are four indicators of quality goals, one of which is accuracy in the provision of medical record documents. Of the four indicators, the timeliness of returning hospital medical record files is a maximum of 2x24 hours.(Wirajaya & Rettobjaan, 2021).

During observation at the Baubau City Hospital, it showed that the return of inpatient medical record files most often occurred in the internal room, the nurse was late in returning the file because the doctor did not fill out the medical record file according to the SOP regulations.

METHOD

The method applied is PDCA (Plan, Execute, Check, Act) or the Deming cycle. Also known as meyode PDCA (*Plan,Do,Check,Act*). At this stage, data collection is carried out through interviews and observations involving medical record officers, heads of health centers, medical record coordinators, DPJP, and midwives. Furthermore, determine the priority of the issue by applying the NGT (Nominal

Group Technique) method before developing a plan based on the priority of the problem that has been determined. The do stage in implementing the plan that has been prepared collectively at the plan stage (Fridayanti & Wachidah, 2022).

A plan is a stage where a person or organization tries to project goals and improvement steps to be achieved.

Do refers to the implementation process where various core activities begin to be carried out systematically according to a predetermined plan.

Check is the stage of evaluating and reviewing the results obtained from the implementation in the *Do* phase, with the aim of comparing the achievement data that has been achieved with predetermined goals or standards.

Action is the stage of implementing decisions based on findings obtained previously. At this stage, the response that can be taken includes corrective actions against non-conformities and setting standards to maintain consistency in the future.

RESULTS & DISCUSSION

1. Delay in Returning Inpatient Medical Record Files in the Internal Room

In order to identify the extent of delay in the return of medical records, the researcher conducted a review of the data recorded in the register book for the return of medical records of inpatients. This study was focused on the internal care unit in each room, with the aim of determining the percentage of delay in returning medical records of inpatients in the room.

$$\frac{\text{Jumlah RM yang terlambat}}{\text{Jumlah RM keseluruhan}} \times 100$$

During March, there were 479 medical records of inpatients in the internal unit. Of the total, as many as 446 documents experienced delays in returning. Therefore, the percentage of delays is calculated as follows:

$$\frac{\text{Jumlah RM yang terlambat}}{\text{Jumlah RM keseluruhan pada bulan Maret}} \times 100$$

$$100\% = 93.11\% \frac{446}{479} \times$$

In April, all the medical records of inpatients in the inpatient room amounted to 550. Of these, all of them experienced delays in returns. Thus, the level of delay in the collection of medical records in that period is:

$$\frac{\text{Jumlah RM yang terlambat}}{\text{Jumlah RM keseluruhan pada bulan April}} \times 100$$

$$100\% = 94.18\% \frac{518}{550} \times$$

During the month of May, there were 664 medical records of inpatients in the internal care unit. Of these, 614 documents were not returned on time. Therefore, the percentage of delays in this period is:

$$\frac{\text{Jumlah RM yang terlambat}}{\text{Jumlah RM keseluruhan pada bulan Mei}} \times 100$$

$$100\% = 92.46\% \frac{614}{664} \times$$

Table 1. Data on the Percentage of Delay in Returning Medical Record Files for Internal Medicine

Yes	Entire Room	Sum Total Brm	RM amount on time	Percentage of accuracy	RM Amount The Late	Late presentation
1	March	479	33	6,89%	446	93,11%
2	April	550	32	5,82%	518	94,18%
3	May	664	50	7,53%	614	92,46%
Sum		1693			1578	91,21%

Source: Medical Record Unit of Baubau City Hospital, 2025

Referring to the data in the previous table, it can be seen that the internal care unit at the Baubau City Hospital is still facing the problem of delays in returning medical record files during the period from March to June. Of the total 1693 files that should have been returned to the medical records section, as many as 1578 of them experienced delays, which is equivalent to 93.21%. In monthly terms, delays occurred at 93.11% in March, 94.18% in April, and 92.46% in June.

Although it has been determined that the maximum time for the return of inpatient medical record documents from the service room to the medical record installation section at Bhayangkara Sartika Asih Hospital Bandung is 2x24 hours, in reality there are still many files that are not returned according to the specified time. This discrepancy still occurs even though regulations regarding return procedures have been formally enforced (Research *et al.*, 2021).

From the results of research at the Baubau City Hospital, the rate of delay in returning inpatient medical record documents shows a fairly high number. In March it was 93.11%, in April it was 94.11% and in June 92.46% this condition is at risk of causing various negative impacts, especially because important information related to patients stored in medical record files cannot be accessed in a timely manner. The slow availability of data can hinder the process of returning decisions by hospital management who need accurate and fast data to formulate strategic steps. Meanwhile, patients will have difficulty accessing information that should be obtained from the data contained in their medical record files.

The results of Mirfat's research (2017), That a comprehensive medical record is a medical record that has been filled out completely by the doctor within about 24 hours after the completion of outpatient services or after the inpatient service is declared to go home. Medical record documents are considered late to be returned if the deadline has passed, which is a maximum of 2 x 24 hours after the patient is discharged from the hospital. Inpatient medical record documents returned less than 2 times 24 hours after the patient is discharged will be considered timely, while documents returned more than 2 x 24 hours will be declared late (Lestari, 2022)

2. Causes of delays in the return of inpatient medical record files

From the results of the interview with the officer and the head of the room, it was known that the delay in returning the inpatient medical record file was caused by an incomplete medical record file. This happens because the doctor has not finished filling in the data on the medical record.

"Usually at the inpatient doctor who has not completed it, so those from treatment are also late to take them to the casemix so those from the casemix are also hampered to bring them to the room"

Inform A

This opinion is also supported by the head of the medical record room who stated that the delay in returning the medical records of inpatients is caused by files that have not been filled out openly. Here is the statement of the triangulation results:

"We are part of the medical record installation while this report is from the claims officer to the claims officer who is late in depositing because the first"

one is constrained from the treatment room where sometimes the doctor has not completed his medical resume"

Informant F

3. Strategies to Reduce Delays Using the PDCA Method

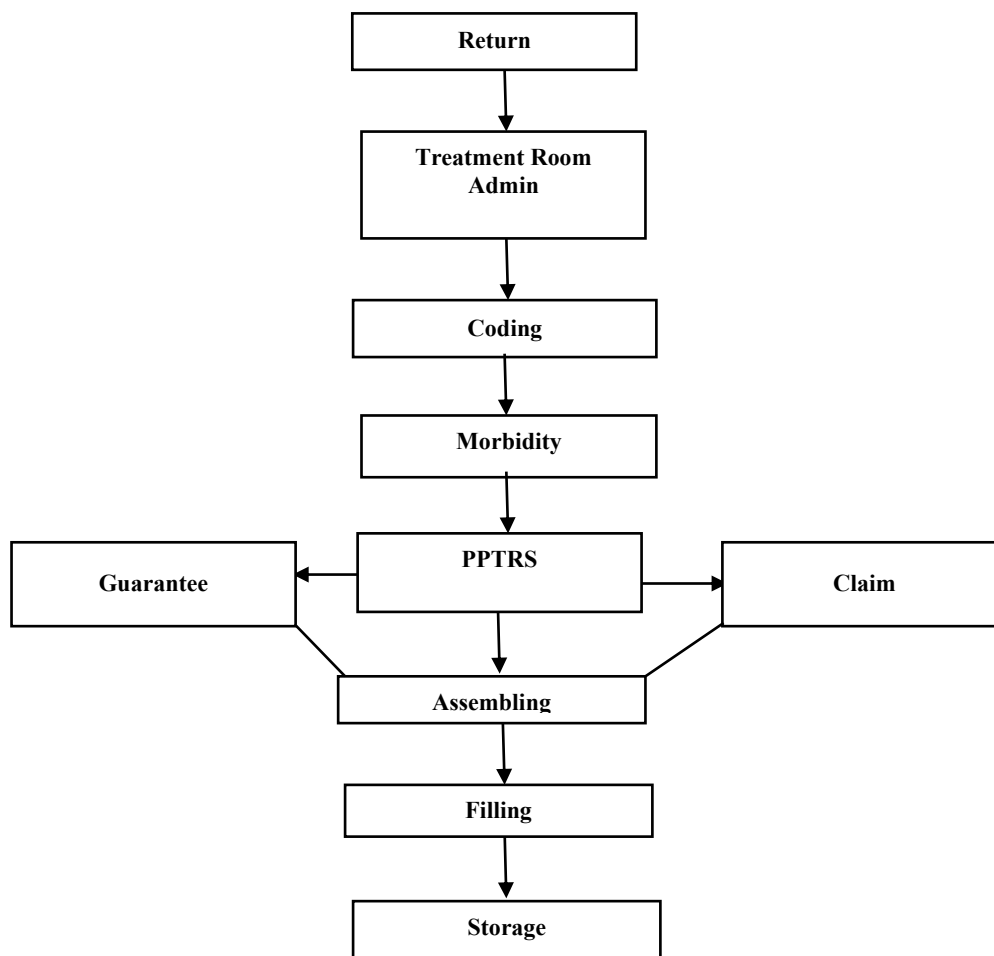
a. Plan Stage (planning)

The plan in the PDCA method is understood as an effort to plan the details and establish effective process standards, so this planning is carried out to identify the problems that exist and draw conclusions about the factors that affect the emergence of the problem. Based on the results obtained at the planning stage, the researcher plans to develop a procedural structure for returning medical records for nursing

b. The Do Stage (implementation)

Phase *Do* is the implementation phase of everything that has been planned at the plan stage, including explaining the process, producing, and implementing the improvement plan that has been prepared (Sofian Bastuti, 2017). The results of the research that have been carried out show that at the *Do*, the researcher has successfully implemented the creation of an inpatient medical BRKAS RKAM wrapping flow structure, so that it can reduce the percentage of delays in the filing room. In accordance with research (Chelly Suha Arifia, 2023)

INPATIENT MEDICAL RECORD RETURN FLOW CHART



c. Check Stage

Carrying out an evaluation related to the implementation of the improvement results, from the examination of the time of return of medical record files in May 664 BRM, with 614 delays, a delay percentage of 92.46%, and the impact of the creation of a flow structure for the return of

medical record files sampled in June 654 BRM, with 187 files of 187 medical record files that were late, the percentage of delay was 19%.

d. Action Stage

The results of the analysis of the existing problems were then carried out to determine the problem which was resolved through mutual agreement in making a flow of the structure for the return of inpatient medical record files showed that in May only 93.21% were obtained while in June, only 19% of the results obtained were obtained from late medical record files at the Baubau City Hospital. From the creation of the structure of the return of the medical records that have been significant, it will be determined that the implementation of the creation of the flow structure for the return of the medical record file in the filing room and internal treatment room will be determined, and periodic feedback and review activities will be carried out and provide feedback to doctors regarding the quality and speed of filling out medical record files.

COVER

Conclusion

1. Data from research at the Baubau City Hospital found that the process of returning medical record files to the *filing* department, with the figure obtained in March the percentage of delays recorded was 93.11%, increasing to 94.18 in April, and decreasing slightly to 92.46% in May. Of the total late BRMs, there were 1693 files in March, April, and May of which 1578 (93.21)% of them returned late to the medical record filing room at the Baubau City Hospital.
2. One of the main factors that cause delays in the transfer of medical record documents from the internal inpatient room to the filing room is the delay in filling out medical resumes, especially for DPJP and diagnosis, as well as the lack of enforcement of SOPs.
3. The development of a strategy to prevent delays in the return of medical record documents to the storage room using the PDCA method, in the hold *Plan*, a strategy was produced in the form of preparing a flow structure for the return of medical record files.
4. In the development of a strategy to prevent the reduction of file delays with the PDCA method, the results for June showed that out of 654 total, 187 medical records were found to be late with a delay percentage of 19% for inpatient medical records in the internal room.

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