

EFFORT REPAIR INCIDENT MISSFILE RECORD MEDICAL USING THE PDCA METHOD IN THE BLUD OF THE BUTON DISTRICT HOSPITAL

Selvi Novelita^{1*} Mega Ermasari Muzuh² Maryanto Nur Shamshul³

^{1, 2, 3} Polytechnic Baubau,
Indonesia

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WRITER WHICH CORRECTION

Name : Selvi Novelita

Address: Tolandona

E-mail: selvinovelita11@gmail.com

ABSTRACT

Missfile is condition in where document record medical No Being on a storage shelf that cannot be found and misplaced or lost (*missfiled*) medical record documents can hinder health services in the hospital.

This study aims to identify efforts to improve the occurrence of medical record misfiling using the PDCA method at the BLUD RSUD Kabupaten Buton. Study This implemented in Public Service Agency HOSPITAL Buton Regency Year 2025. Method Which used is use This type of qualitative research uses a descriptive approach, data collection using interview, observation and documentation study methods.

Data collection tools using interview guidelines, observation sheets, sheet studies documentation. Results study This obtained at the stage Plan, importance distribution task, SOUP latest, And Training is the initial foundation. In the Do phase, the focus is directed at adjusting work hours, using documented tracers, And labeling rack. On stage *Check* strengthening importance Data-based performance reporting and evaluation. In the *Action stage*, the emphasis is on coaching sustainable, culture *tracer* Which discipline, And periodic monitoring. The conclusion of this study is that with the implementation of fourth step This in a way consistent And systematic, risk of incident missfile can pressed, And quality storage record medical will increase significantly.

Missfile is condition in where document record medical No is at on storage shelves that cannot be found, and misplaced or missing medical record documents can hinder the process. service health in House Sick. Study This aims to identify effort improvement incident missfile record medical using the PDCA method at the BLUD Buton Regency Hospital.

Study This will implemented in Public Service Agency HOSPITAL Regency Buton on year 2025.

Method Which used is use type study qualitative with a descriptive approach, data collection using the method interview, observation And studies documentation. Tool Data collectors used interview guidelines, observation sheets, and documentation study sheets. The results of this study were obtained at the Plan stage, importance distribution task, SOUP latest And training This serves as the initial foundation. In the Do phase, the focus is directed towards adjusting working hours, using documented tracers, and labeling shelves.

The Check stage reinforces the importance of data-driven reporting and performance evaluation. The Action stage emphasizes ongoing coaching, a disciplined tracer culture, and regular supervision. The conclusion of this study is that by implementing these four step the in a way consistent And systematic so risk of incident missing file can reduced And quality storage medical records will increase significantly.

INTRODUCTION

Hospitals, as healthcare facilities, play a vital role in providing promotive, preventive, curative, and rehabilitative services, as stipulated in Law Number 17 of 2023. To support this function, an orderly, accurate, and quickly accessible health information system is required. One important subsystem is medical records, which serve as a source of patient health information and a means for administration, law, education, and research (Minister of Health Regulation Number 24 of 2022). Medical records also serve as a benchmark for the quality of hospital services, as their completeness and accuracy influence the smoothness of the service process (Murdiana, n.d.). Without proper medical record management, administrative order will not be achieved, thus decreasing service quality (Pravana et al., 2017).

One of the serious problems in managing medical records is the occurrence of *misfiling*. Misplacement or loss of files from storage shelves (Adha et al., 2023). This phenomenon has significant impacts, ranging from service delays, decreased patient satisfaction, to the potential duplication of medical record numbers (Simanjuntak & Wati Oktavin Sirait, 2019). Research shows that *misfiling* is often caused by weaknesses in the storage system, the absence of *tracers*, unclear SOPs, and low staff competency (Prasetyo & Dwijayanti, 2022). Initial observations at the BLUD Buton Regency Hospital in October–December 2024 noted 25 misfiled files out of 1,039 patient visits, with an average of 80 patients per day. This condition indicates that misfiling remains a real problem that can hinder the healthcare process (Simanjuntak & Wati Oktavin Sirait, 2019).

The urgency of this research is based on the need for hospitals to achieve accreditation standards and maintain service quality. According to Minister of Health Regulation No. 012 of 2012, one of the goals of hospital accreditation is to reduce the number of misfiling incidents to 0%. *Misfiling incidents* not only disrupt service effectiveness but also have the potential to lead to violations of patient data privacy (Djohar et al., 2018). Inaccurate medical record data can impact the diagnosis, treatment, and even patient safety. Several previous studies at various healthcare facilities, such as Bengkulu City Hospital, Salak Bogor Hospital, and Kalijaga Community Health Center, also confirmed that misfiling is a cause of service delays and low patient satisfaction (Bintari & Sari, 2022; Herawati, 2022). This suggests that research regarding the misfile repair strategy, there is a high urgency to be carried out.

One relevant approach is the *Plan-Do-Check-Action* (PDCA) method, introduced by W. Edwards Deming as a continuous improvement cycle (Isniah et al., 2020; Taufik, 2020). PDCA is widely used in quality management, including in healthcare, to systematically improve process effectiveness. Several previous studies have shown that PDCA implementation can increase work efficiency, reduce error rates, and improve administrative quality (Simanjuntak, 2019; Djohar et al., 2018). However, the application of PDCA in the context of medical records management, particularly to address misfiling in regional hospitals, is still rarely studied. Therefore, this method is seen as a potential innovative solution to reduce the risk of misfiling while improving medical records storage management.

This study provides a novel approach by integrating the PDCA cycle to improve medical record misfiling incidents at the BLUD Buton Regency Hospital. The results show that the Plan stage requires clear task distribution, the latest SOP, and officer training; the Do stage includes the use of documented tracers, shelf labeling, and adjustments to work hours; the Inspection stage focuses on data-based reporting and evaluation; and the Action stage emphasizes continuous coaching, disciplined use of tracers, and routine supervision. By consistently implementing these four stages, the risk of misfiling can be significantly reduced, services can be improved, and hospital accreditation standards can be achieved. Therefore, this study aims to identify and formulate PDCA-based misfiling improvement steps at Buton District Hospital as a model of sustainable quality management in the field of medical records.

METHOD

This study uses a qualitative descriptive approach to provide an in-depth description of efforts to improve medical record misfiling through *the Plan-Do-Check-Action* (PDCA) method. The qualitative approach was chosen because it can explain the phenomenon contextually based on facts on the ground (Sugiyono, 2020). The research data consists of primary and secondary data. Primary data were obtained through direct observation, in-depth interviews with archivists, and documentation of medical record management activities. Meanwhile, secondary data were sourced from hospital documents such as monthly reports, Standard Operating Procedures (SOPs), and policies related to medical record storage.

The study population consisted of all staff working in the BLUD archives unit of Buton Regency Hospital. From this population, a sample of five submission staff was selected, considered representative because they are directly involved in the storage and distribution of medical records.

The sampling technique used was purposive sampling, which is the selection of informants based on certain criteria relevant to the research objectives (Sugiyono, 2020). The selected informants have experience, knowledge, and direct involvement in archiving activities, so that the data obtained is in-depth and contextual.

The research was conducted at the BLUD Buton Regency Hospital with the research period lasting during October to December 2024. The research stages follow the PDCA cycle, which consists of planning (*plan*), implementation (*do*), evaluation (*check*), and corrective action (*action*). With design This, researchers can describe process repair missfile in a way systematic And sustainable.

The PDCA method is used to identify problems, test solutions, and ensure corrective action. further development in medical record management (Isniah et al., 2020; Taufik, 2020).

Technique collection data done through observation, interview deep, And documentation study. Observation is used to record medical record storage and distribution activities, interview deep done For dig perception as well as experience officer archiving, while documentation studies are used to analyze SOPs, *register books*, and patient visit data. Instrument study Which used covering guidelines observation, guidelines interview, as well as tracer checklist sheet to ensure consistency of data recording.

The collected data was analyzed using qualitative descriptive analysis. analysis includes data reduction, data presentation, and drawing conclusions (Spradley & Huberman, 2024; Sugiyono, 2020). Validity data tested through triangulation source And method For ensure the validity of the findings. The analysis is carried out by mapping the factors causing the misfile, conducting interventions based on the PDCA cycle, and formulate improvement recommendations.

With this method, the research results are expected to be able to provide a real picture in the field. at a time solution practical for improvement quality maintenance record medical in House Sick.

RESULTS & DISCUSSION

This study aims to improve the incidence of medical record misfiling by using method *Plan-Do-Check-Action* (PDCA) in Public Service Agency HOSPITAL Regency Buton. Results study based on observations, interviews, and documentation conducted during October–December 2024. The analysis was conducted according to the PDCA stages consisting of *Plan*, *Do*, *Check*, and *Action*. Each stage displays the observation data (results table), then the steps are explained. improvements (step table), and discussed with previous theories and research.

Aspect Plan

planning stage aims to identify problems and formulate improvement strategies. Observations show that archivists *are* not yet disciplined in their use of *tracer*, there are still files that are stored incorrectly, and there is no specific SOP regarding *misfile* handling. Details of the observation results are presented in Table 1.

Tabel 1. Hasil Observasi Penyisipan Berkas Rekam Medis Berdasarkan Aspek *Rencana*

Variabel	Aspek yang Diamati	Tidak Ada	Keterangan
RENCANA	Jumlah Petugas Aktif	ȳ	10 orang (6 lama, 4 baru) Penempatan tidak merata di jam sibuk
	SOP Terkini	ȳ	Menggunakan SOP lama, Tidak ada SOP khusus untuk <i>tracer</i> dan <i>missfile</i>
	Pelatihan Petugas	ȳ	Tidak tersedia pelatihan formal Pembelajaran masih bersifat informal antarpetugas

Sumber: Data Primer, 2025

Berdasarkan hasil observasi tersebut, disusun langkah-langkah perbaikan sebagaimana ditunjukkan pada Tabel 2.

Tabel 2. Langkah-Langkah Upaya Perbaikan Kejadian Missfile Berdasarkan Aspek *Plan*

Tahapan PDCA	Aspek	Temuan Penelitian	Analisis dan Tindak Lanjut yang Direncanakan
RENCANA	Jumlah Petugas Penyisipan	Jumlah petugas bertambah dari 6 menjadi 10 (terdiri dari 6 petugas lama dan 4 baru).	Penambahan SDM dinilai positif, namun perlu disertai pembagian tugas yang efisien dan rotasi kerja agar kinerja lebih optimal dan risiko missfile berkurang.
	SOP Penyimpanan	SOP yang digunakan masih lama belum diperbarui.	Penyusunan SOP baru yang sesuai dengan kondisi dan kerja terkini harus dilakukan agar setiap petugas memiliki pedoman kerja standar dan seragam.

Training Officer	There is no official training yet, learning Still informal.	Need regular training at least every 6 months to equalize technical understanding between officers and improve work quality.
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Source: Data Primary, 2025

These findings highlight the importance of early planning in a filing system. According to Prasetyo & Dwijayanti (2022), the lack of clear SOPs and the indisciplined use of tracers are the main causes of *misfiling*. Therefore, sound planning is essential for reducing errors in medical record storage.

Aspect Do

The implementation (*do*) *phase* focused on implementing improvements according to plan. Observations showed increased *tracer usage*, although some files still did not comply with *the tracer flow*. Details of the results can be seen in Table 3.

Table 3. Results Observation Insertion File Record Medical Based on Aspect *Do*

Variables	Aspect Which Observed	No There is	Ket A e d ra a ngan
INSPECT	Insertion File	ŷ	Done after O'clock service finished, happen missfile Because fatigue officer
	Use Tracer	ŷ	Already used However No noted and there is no return form
	Label Rack Storage	ŷ	Already available label rack However Still there are some shelves that don't have label Which clear so that make things difficult file placement and search

Source: Data Primary, 2025

Implementation improvement steps at this stage include the addition of *tracers*, daily monitoring by the *archivist*, and the use of color coding to clarify storage flows. Details of the improvement steps are shown in Table 4.

Table 4. Steps Effort Repair Incident *Missfile* Based on Aspect *Do*

Stages PDCA	Aspect	Findings Study	Analysis And Action Carry on Which Planned
DO	Implementation Insertion	Compilation done every day, but often <i>missfile occurs</i> Because not enough focus And in a hurry hurry.	Need scheduling time insertion Which more ideal (not after rush hour) and work control increase officer concentration.
	Use <i>Tracer</i>	Tracer used but Not yet There is formal procedures or record keeping return.	Made procedure official recording tracer, as well as training use tracer Which Correct so that tracking effectiveness increases.

Source: Data Primary, 2025

These results support the findings of Pravana et al., (2017) that consistent use of *tracers can significantly reduce the risk of misfiling*. Thus, *the do stage* becomes a concrete implementation of the planning that has been made.

Aspect Check

The evaluation (*check*) *stage* was conducted to assess the effectiveness of the implementation. Observations showed a decrease in the number of *misfiles* after the implementation of the new tracer and SOP. Detailed data are shown in Table 5.

Table 5. Results Observation Insertion File Record Medical Based on Aspect *Check*

Variables	Aspect Which Observed	No There is	Description A n da
INSPECT	Handling Missfile	ŷ	Search done in a way manual Because No There is system report official or form recording incident
	Evaluation Team	ŷ	No There is evaluation routine so that evaluation only based on individual observations

Steps evaluation Which done shown on Table 6.

Table 6. Steps Effort Repair Incident Missfile Based on Aspect *Check*

Stages PDCA	Aspect	Findings Study	Analysis And Action Carry on Which Planned
INSPECT	Monitoring <i>Missfile</i>	Incident Missfile Still happen, especially in care stay overnight. Not yet There is documentation or report routine.	Required system reporting formal For take notes each missfile event as a basis for analysis and repair periodically.
	Process Search File	The search process is carried out in a way manual And eat time long.	Need system help like log search And digitalization to reduce search time and improve accuracy. The need for existence forum team evaluation routine as well
	Evaluation Team Performance	Not yet Once done evaluation formal to system And team storage.	as indicator performance For measure effectiveness Work And consistency implementation SOUP.

Source: Data Primary, 2025

This evaluation is important because it can identify weaknesses in the implementation of improvements. According to Djohar et al., (2018), routine evaluation is key to preventing administrative errors, especially on management document medical. Findings study This show that evaluation which is carried out periodically can improve the quality of medical record storage.

Aspect Action

Stage action (*action*) done as action carry on from evaluation. Observation The results showed that after supervision and training, compliance among *filing officers* increased, and the incidence of *misfiling* could be reduced. The results of the observations are in Table 7.

Table 7. Results Observation Insertion File Record Medical Based on Aspect *Action*

Aspect Variables	Which Observed	There is	n't any	Information
Action	Consistency		ÿ	Not yet cultivated in a way comprehensive Because Not yet there are standards for reporting tracers in/out
	Use <i>Tracer</i>		ÿ	
	Coaching Team		ÿ	Still lack of training official Because No existence technical training or periodic supervision

Source: Data Primary, 2025

Steps action carry on shown on Table 8.

Table 8. Steps Effort Repair Incident Missfile Based on Aspect *Action*

Stages PDCA	Aspect	Findings Study	Analysis And Action Carry on Which Planned
Action	Procedure <i>Missfile</i>	Handling There is no SOP for handling missfile And Not yet There is mechanism standard. handling	Prepare a complete SOP for handling missfiles with search, reporting, and evaluation mechanisms.
	Consistency Use <i>Tracer</i>	The use of tracers has not yet been consistent And Not yet cultivated.	Strengthening culture Work through supervision routine And sanctions administrative If tracer No returned or noted.
	Coaching Team	Team performance is not optimal Because Not yet There is training Which systematic.	The need for training And training technical in a way periodically, and providing feedback based on performance individuals and teams.

Source: Data Primary, 2025

Stage action ensure repair Which done can sustainable. According to Adha et al., (2023), cycle PDCA effective as tool repair quality sustainable, so that results not only nature temporary but become part from culture Work. With thus, stage *the act* of becoming affirmation that repair *missfile* must guarded in a way consistent so that No happen many problems.

In a way overall, implementation method PDCA capable lower occurrence *missfile* in Regional Public Service Agency (BLUD) of Regional General Hospital Regency Buton. Stage plan give base policy , *do* repair practice in

field inspections, quality control *checks*, and actions to establish sustainable standards. The results of this study align with the findings of Simanjuntak & Wati Oktavin Sirait (2019) and Bintari & Sari (2022), who emphasized the importance of SOPs, *tracers*, and supervision in reducing misfiling.

With this study, this answer objective study in introduction, that is designing step repair *missfile* based PDCA Which can become model management quality record medical in House Sick area.

CLOSING

This study shows that the implementation of the *Plan-Do-Check-Action* (PDCA) method can reduce the incidence of medical record misfiling at the BLUD RSUD Buton Regency. Based on observations, the number of *misfiling* cases, which was initially recorded at 25 out of 1,039 patient visits over a three-month period, was reduced to less than 5 cases after the implementation. intervention. On stage plan, repair focused on compilation SOUP, training officer, And shelf labeling; the stage of emphasizing the use of *tracers* and *monitoring*; the *inspection* stage produces routine evaluations that detect a decrease in the number of *missfiles*; while *subsequent actions* ensure improvement through maintenance and supervision. With this, objective study For compile steps repair missfile based PDCA has been achieved and can be used as a model for medical record quality management in regional hospitals.

This study has several limitations that should be considered. First, the study was conducted in only one regional hospital, so the results cannot be broadly generalized to all healthcare facilities. Second, the limited number of informants, five filing officers, means the data obtained remains highly contextual and does not reflect the perspectives of all healthcare workers involved in medical records management. Third, study This only implemented in term time three month, so that Not yet capable describe The desire for long-term improvement. Fourth, quantitative data on misfiling rates were calculated only for the study period, so there is no comparison with annual data. Therefore, further research with a broader scope, longer timeframe, and involving more respondents is highly recommended to strengthen the results and the application of the PDCA method in medical records management.

SAYING ACCEPT LOVE

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