

EVALUATION OF MEDICAL RECORD SERVICES BASED ON ACCREDITATION IN 2023 AT THE MEO-MEO COMMUNITY HEALTH CENTER IN BAUBAU CITY

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A B S T R A C T

Medical record services must be adjusted to the 2023 accreditation standards because they have a positive impact on supporting all service activities at the community health center. Accreditation of community health centers related to medical records is that medical records are organized in accordance with the provisions of policies and procedures. Community health centers are required to organize medical records containing data and information on patient care. This study aims to determine the suitability of medical record services based on the fulfillment of 2023 accreditation standards at the Meo-Meo Community Health Center in Baubau City. This research is qualitative, focusing on interpretation and a naturalistic approach to the subject matter. The sampling technique used in this study was the head of the Meo-Meo Community Health Center, the head of medical records, and the medical records officer. Data collection was conducted through direct interviews with officers and provided with questionnaires. From this study, it was found that the Meo-Meo Community Health Center in Baubau City achieved results at standard 1.3, almost all of which were in accordance with regulations, except for the type of medical records personnel that were not yet available at the community health center. Standard 3.8 was generally in accordance, but there were still several physical SOPs that were still in progress.

INTRODUCTION

Health services are an obligation the government must fulfill to the public, one of which is the Community Health Center (Puskesmas). Puskesmas health services strive to meet the needs of each individual or community in addressing current health issues. Improving education levels and socioeconomic conditions is necessary to increase the community's need and demand for health care and to improve the performance of health workers. Health services are still suboptimal due to the continued lack of facilities and infrastructure at Puskesmas. (Abdullah et al., 2023).

One of the health services in question is the Community Health Center (Puskesmas), which is a first-level health care facility that organizes and coordinates promotive, preventive, curative, rehabilitative, and palliative health services in its working area. Each of these activities aims to maintain and improve health and prevent and address health problems, targeting the community. (Amananti, 2024).

Medical records in healthcare facilities, particularly community health centers, play a crucial role in providing health information to all medical personnel involved in providing patient care. Indicators of good medical records services include completeness, speed, and accuracy in providing information regarding healthcare needs. (Rika et al., 2021).

In the medical records service standards themselves, all reference is made to community health center accreditation, which regulates community health center operations. The primary goal of community health center accreditation is to promote operational quality improvement through continuous improvement of management systems, quality management systems, service delivery systems and programs, and risk management practices. (Indonesian Ministry of Health permenkes, 2023).

Previous research (Sitorus et al., 2024) found that medical records officers were aware of activities or services in the Medical Records Unit that did not meet the assessment elements in the 2023 Community Health Center Accreditation Standards. Therefore, improvements were needed in accordance with what was requested in the assessment elements, such as regulations, documents,

observation and interview evidence, and simulation evidence. Existing regulations were updated based on the suggestions provided to comply with applicable standards.

Previous research (Kendrastuti & Nursyabani, 2023) found that the assessment of standards in implementation yielded low scores due to the absence of regulations (policies, guidelines, SOPs) that serve as a basis for organizing medical records. Regulations regarding the right to access information, storage of medical records, completeness of medical records, and confidentiality of medical records had not been established by management. This resulted in the implementation of medical record management being poorly organized. Furthermore, filling out medical records was not optimal.

Based on initial observations conducted on February 20, 2025 at the South Buton District Hospital and based on the results of the Field Work Practice (PKL), it was found that the South Buton District Hospital in the medical record borrowing and return section still uses manual recording in an album book or what is known as an expedition book. As a result, officers experience obstacles in tracing the return of medical record files that are not on the Filing rack and result in many patients complaining about long waiting times.

METHOD

Based on the problems outlined in the background, this study aims to evaluate medical records services based on the 2023 accreditation standards at the Meo-Meo Community Health Center in Baubau City. This design is expected to determine the alignment of medical records services at the community health center with the established accreditation standards. (Muhajirin et al., 2024), This research will be conducted at the Meo-Meo Community Health Center in Baubau City, Southeast Sulawesi.

This research was conducted in April-July 2025. As well as the design subjects, namely informants who understand information related to the design object, namely medical records officers at the Meo-meo health center.

RESULTS & DISCUSSION

Evaluation of Medical Records Services Based on the 2023 Accreditation Standards at Standard 1.3

This research was conducted at the Meo-Meo Community Health Center in Baubau City. Information was obtained directly and face-to-face. This research was conducted through in-depth direct observation of informants using interview guidelines. (Kesehatan & Indonesia, 2022).

Based on the results of observations carried out by researchers, the following information was obtained:

No.	Accreditation Standards	Compliance (suitable/not)	Condition of the Community Health Center
1.	Criteria 1.3.1 Human resources (HR) are available with the type, quantity and competency according to service needs and statutory regulations.	No	For the medical records section, the health center does not yet have medical records staff.
2.	Criteria 1.3.2 Each HR at the Community Health Center has a job description as a basis for implementing service activities and assessing employee performance.	In accordance	Every profession has been carried out according to the competencies it has
3.	Criteria 1.3.3 Every human resource has the opportunity to develop the necessary knowledge and skills.	In accordance	The health center provides opportunities for officers to develop their knowledge
4.	Criterion 1.3.4 Every HR has an up-to-date personnel file.	In accordance	The officers have complied with accreditation standards because all HR have and update their personnel files regularly.
5.	Criteria 1.3.5 New HR and HR who are transferred are required to attend orientation so that they understand and are able to carry out the main tasks and responsibilities assigned to them.	In accordance	The Community Health Center has consistently implemented orientation procedures for new and transferred personnel. This is essential to ensure that each individual has a proper understanding.

Criterion 1.1 provides information regarding the availability of human resources (HR) in the medical records work unit, with the type, number, and competency to meet service needs and statutory regulations. This is consistent with the following interview excerpt.:

"For the medical records section, the health center does not yet have medical records personnel."

(D/40/P,9 July 2025)

Based on the interview results, it was found that the Medical Records HR at the Community Health Center has job descriptions that serve as the basis for implementing service activities and assessing employee performance. This is consistent with the following interview excerpt:

"Every profession has been carried out according to the competencies it has"

(D/40/P,9 July 2025)

Based on the interview results, it was found that Medical Records HR has the opportunity to develop the necessary knowledge and skills. This is consistent with the following interview excerpt:

"The health center provides opportunities for officers to develop their knowledge"

(D/40/P,9 July 2025)

Based on the interview results, it was found that HR maintains up-to-date personnel files. This is consistent with the following interview excerpt:

"The staff have met accreditation standards because all HR have and update their personnel files regularly."

(D/40/P,9 July 2025)

Based on the interview results, it was found that new and transferred personnel in the medical records unit must attend orientation to understand and carry out their assigned primary duties and responsibilities. This is consistent with the following interview excerpt:

"The Community Health Center has consistently implemented orientation procedures for new and transferred personnel. This is crucial to ensure that each individual has a proper understanding."

(D/40/P,9 Juli 2025)

Evaluasi Pelayanan Rekam Me Based on the interview results, it was found that Medical Records HR has the opportunity to develop the necessary knowledge and skills. This is consistent with the following interview excerpt:dis Berdasarkan Standar Akreditasi Puskesmas Tahun 2023 pada Standar 3.8

At standard 3.8 (Belay, 2022) explains the implementation of medical record services carried out in accordance with the provisions of laws and regulations in a systematic manner for the implementation of medical records. This standard covers various aspects of medical record management.

The purpose of this standard is to ensure that medical records are managed properly, accurately, and securely, and are used to support quality health services at Community Health Centers.

No.	Accreditation Standards	Compliance (suitable/not)	Condition of the Community Health Center
1.	Patient registration	In accordance	Patient registration is carried out using 2 systems, namely manually and online, and in its implementation, the registration service section prioritizes elderly patients, pregnant women and toddlers.
2.	Distribution of medical records	In accordance	Distribution of medical records is no longer done manually but uses an electronic system.
3.	Completeness of medical records and recording of clinical information	In accordance	The completeness of medical records containing clinical information from patients is complete, including information such as diagnosis, treatment, treatment results and continuity of care.
4.	Data processing and coding	In accordance	For the coding, the filling has been updated and carried out by the doctor.
5.	Claim financing	In accordance	To claim for financing, submit a service fee bill to BPJS Kesehatan.
6.	Medical record storage	In accordance	Storage of patient medical records is carried out using two systems, namely manually and electronically.
7.	Quality assurance	No	No longer does quality assurance
8.	Release of health information	in accordance	Information is released to patients who require it, such as for the issuance of a health certificate.
9.	Annihilation	In accordance	Medical records of patients who have exceeded the storage limit are destroyed.

(1) Patient registration

Based on the interview results, the results obtained regarding registration at the Meo-Meo Community Health Center, Baubau City, in the policy guidelines and procedures in the registration section showed results that were not yet in accordance (Hari Saputri & Rachman, 2022) with SOP standards due to the ongoing process of creating the SOP. This is in accordance with the following interview excerpt :

“Two days ago we were making an online registration SOP, for the guidelines we took references from the internet”

(S/35/P,9 July 2025)

This statement was confirmed by the head of medical records at the Meo-Meo Community Health Center, a triangulation source, who explained that the SOP at the community health center does not yet exist and is currently in the process of being developed. The following is an excerpt from the interview :

“We don't have an SOP yet and are in the process of creating an SOP”

(D/40/P,9 July

2025)

In the registration section, information regarding registration, types of services, efficient service procedures and flows, and service schedules, other information about service facilities shows appropriate results. This is in accordance with the following interview excerpt :

“We use 2 systems for registration, namely manual and online registration. For online registration, patients can register from noon to evening. For manual registration, patients can register in the morning with the officer”

(A/35/P,9 July 2025)

In the evaluation and follow-up of the implementation of the registration section, the results showed that they were in accordance with regulatory standards, such as if there were any data errors, they would be processed and corrected as soon as possible. This is in accordance with the following interview quote :

“Yes, every time there is a complaint from a patient about registration, we start changing it. “

(A/35/P,9 July 2025)

(2). Distribution of medical records

Based on the interview results, the results obtained regarding registration at the Meo-Meo Health Center in Baubau City regarding the distribution of medical records are appropriate, but the distribution process is no longer carried out manually but uses an electronic medical record system, This is in accordance with (Nur Afifah Mubarooh et al., 2024) with the following interview quote statement :

“The community health center has distributed patient medical records using an electronic medical record system”

(Triagulasi Sumber/40/P,9 July 2025)

(3). Completeness of medical records and recording of clinical information

Based on the interview results, the results obtained regarding the completeness of medical records and the recording of clinical information regarding policies and procedures for filling out medical records, which include diagnosis, treatment, treatment outcomes, and continuity of care provided, showed results that were in accordance with regulatory standards. This is in accordance with the following interview excerpt :

“Yes, the medical records are all complete”

(S/35/P,9 July 2025)

This statement was reinforced by the head of medical records at the Meo-Meo community health center as a triangulation source who explained that the procedures in the RME section were appropriate but did not yet have an SOP.

“Yes, the SOP for this RME section has not been created but the procedure is appropriate, but the physical form of the SOP has not been created”

(Source Triagulation /40/P,9 July 2025)

(4). Data Processing and Coding

Based on the accreditation standards in 2023, the results of interviews conducted by researchers at the Meo-Meo Community Health Center in Baubau City showed appropriate results (Rumpa et al., 2020) this is in accordance with regulations that require doctors to no longer handle the coding system, and that the community health center's coding SOPs are still missing. This is consistent with the following interview excerpt :

“For coding, it has been done by doctors as a whole, which is different from before, when it

was usually done by medical records officers and also there was no SOP for coding”

(Source Triangulation /40/P,9 July 2025)

(5). Financing Claims

The documents required for financing claims for BPJS requirements are in accordance with regulations (Saputro et al., 2020) the process is carried out in stages, starting with file collection and verification, and then the financing claim process. This is in accordance with the following interview excerpt :

“It is in accordance with procedures and requests from BPJS”

(A/33/P,9 July 2025)

The submission of patient files for claims to BPJS Kesehatan (Indonesian Social Security Agency) complies with regulatory standards, as the submission process is conducted online for verification. This is in accordance with the following quote :

“Yes, it is done every month by sending it via telegram. The letter of responsibility or cover letter will be given to the head of the health center”

(A/33/P,9 July 2025)

The completeness and validity of the files were also checked beforehand regarding the patient data that would be sent to BPJS to ensure completeness. This is in accordance with the following quote :

“Yes, always before sending”

(A/33/P,9 July 2025)

(6). Medical record storage

Officers consider responsibility, confidentiality and security of information in accordance with policies, procedures and access rights, showing that the results are appropriate (Nindyakinanti, 2021) with regulations because each officer is responsible for maintaining and accessing patient medical records. This is in accordance with the following quote:

“Each officer's electronic medical record has a password and ID so that not just anyone can access it.”

(S/35/P/9 July 2025)

This statement was reinforced by the head of medical records at the Meo-Meo health center as a triangulation source who explained that not all officers have access to patient medical records.

“Iya, karna itu merupakan tanggung jawab kita dan tidak semua petugas bisa akses”

(Source triangulation /40/P,9 July 2025)

Access to information, in accordance with policies and procedures, has been shown to be in accordance with regulations, as only staff can access and store patient medical records, ensuring the confidentiality of patient data. This is consistent with the following quote:

“Yes, the storage policy usually requires each room to request a report.”

(S/35/P/9 July 2025)

This statement was reinforced by the head of medical records at the Meo-Meo health center as a triangulation of sources, along with an interview quote.

“Already”

(Source triangulation /40/P,9 July 2025)

(7). Quality Assurance

Based on the 2023 accreditation standards, the results of interviews conducted by researchers at the Meo-Meo Community Health Center in Baubau City are consistent with the following quote:

“No longer done for quality assurance”

(Source triangulation /40/P,9 July 2025)

(8). Release of Health Information

Based on the accreditation standards in 2023, the results of interviews conducted by researchers at the Meo-Meo Community Health Center in Baubau City, in the information release section, the following interview results were obtained.

“done”

(Source triangulation /40/P,9 July 2025)

(9). Annihilation

The destruction of old or expired records has been carried out, but there is a problem with the SOP, namely the lack of physical evidence of the SOP. This is in accordance with (Idriani & Siswanto, 2023) and the following interview quote statement :

“Yes”

(S/35/P/9 Juli 2025)

This statement was reinforced by the head of medical records at the Meo-Meo Health Center as a triangulation of sources, along with an interview quote.

“It's already 2023 but we don't have any SOP for physical evidence yet.”

(Source triangulation /42/P, 9 Juli 2025)

The document review section at the Meo-Meo Community Health Center in Baubau City also conducted a review of medical records before destroying them. This is consistent with the following interview excerpt:

“Yes, there we see a 5 year limit, we open our medical records, we collect them in one place, then we destroy them.”

(S/35/P/9 Juli 2025)

This statement was reinforced by the head of medical records at the Meo-Meo health center as a triangulation source, the following is an excerpt from the interview.

“Yes, before the destruction is carried out, a file sweep will be carried out first.”

(Source triangulation /42/P, 9 Juli 2025)

Based on observations made at the Meo-Meo health center in criterion 1.3.1 regarding human resources (HR) related to the type, number and competency in the health center, it describes a discrepancy in its services, namely in the field of medical records at the health center there are no medical record personnel so this does not comply with the criteria where in criterion 1.3 explains that To meet the need for manpower in the health center based on the number, type, and capabilities needed, it is necessary to conduct a job analysis and workload analysis in accordance with regulations regarding employee needs planning. In this case, it can also consider recommendations from professional organizations as a basis for submitting workforce needs to the regional health office. Thus, efforts are made to meet the complete workforce needs, both in terms of type, number, and competency according to the job map and the results of the workload analysis. The purpose of fulfilling this HR is so that the services provided are in accordance with the needs and expectations of service users and the community.(Indonesian Ministry of Health permenkes, 2023)

Based on observations made at the Meo-Meo Health Center on criteria 1.3.2 Every HR at the Health Center has a job description as a basis for implementing service activities and assessing employee performance based on the data that has been observed, it was found that there is a match between the job description and the competency of each profession that works. This is in accordance with existing regulations, namely the Head of the Health Center determines the job description of each employee as a reference in carrying out service activities. Each employee is required to understand their respective job descriptions in order to carry out work in accordance with the duties, responsibilities, and authorities they hold. The employee's job description contains the main tasks and additional tasks as well as the authority and responsibilities determined by the head of the Health Center.(Indonesian Ministry of Health permenkes, 2023)

Based on observations conducted at the Meo-Meo Community Health Center on criteria 1.3.3. Every human resource has the opportunity to develop the necessary knowledge and skills. Where the results of the observation there is a match because each profession is given the right to improve their skills and abilities where this is in accordance with the regulations, namely To improve the abilities of all employees, the Community Health Center needs to plan and provide opportunities for all employees to improve their competencies through education and/or training. In addition, employees can also improve their abilities by attending workshops, seminars, and on-the-job training (OJT), both online and offline. The results of the analysis of differences in employee abilities are used as a basis for determining employee competency improvement in accordance with applicable regulations.(Indonesian Ministry of Health permenkes, 2023)

Based on observations conducted at the Meo-Meo Community Health Center in criteria 1.3.4. Each HR has the latest personnel files. The observation results found compliance where each health worker who works if they have the latest documents regarding personnel must be collected as a basis for the renewal file. This is in accordance with the regulations, namely that the Community Health Center is required to have personnel documents, both printed and digital, for each employee who works there. This document is used as proof that the employee meets the specified requirements and there are also efforts to ensure that these requirements are met. These personnel documents are managed according to the established mechanism to ensure they are always complete and up to date. Health workers who work at the Community Health Center must have a registration certificate (STR) and/or a practice permit (SIP) in accordance with the provisions of laws and regulations.(Indonesian Ministry of Health permenkes, 2023)

Based on observations conducted at the Meo-Meo Health Center on criteria 1.3.5 new HR and HR transferred from other duties are required to attend orientation in order to understand and be able to carry out the main tasks and responsibilities given to them. Where the observation obtained results in accordance with the regulations, namely Orientation is carried out so that New Employees and Employees whose duties are changed understand the tasks, roles, and responsibilities they will carry out. General orientation activities are carried out to generally recognize the vision, mission, values adopted, code of ethics of behavior, main tasks and functions, organizational structure of the Health Center, quality and patient safety programs, and infection prevention and control programs. (Indonesian Ministry of Health *permenkes*, 2023)

According to Minister of Health Regulation Number 33 of 2015, healthy human resources are people who are motivated to work in the health sector, whether they have formal education in the health sector or not, as long as they have the authority to carry out certain health efforts. Human resources in the Medical Records and Health Information Unit are very important and must be managed properly to determine the right type, quantity, and quality of human resources, and be ready when needed. To manage the Medical Records Unit and produce quality health information, sufficient resource support is required, such as adequate human resources, facilities and infrastructure. In addition, other aspects that also need to be considered in improving the efficiency and effectiveness of human resource management in the Medical Records Unit are adequate facilities and infrastructure. One example is the layout of the workspace. A well-laid workspace can increase work productivity and provide physical and psychological comfort, thereby improving the quality of service to patients. This is appropriate (Melati Hutaeruk & Br Gurning, 2020) states that a medical recorder is someone who has completed education in the field of medical records and health information, with a minimum education level of D3 Medical Records in accordance with applicable laws and regulations.

At the Meo-Meo Community Health Center in Baubau City, an SOP has not been established in accordance with the guidelines and is currently in the process of creating an SOP for the Community Health Center in the outpatient registration section. The Community Health Center also provides a flowchart in the patient registration section, containing information about registration, procedures and efficient service flow. This Community Health Center also has patient safety procedures by differentiating for elderly patients, pregnant women and toddlers who do not need to take a queue number and also the Community Health Center has carried out evaluations and follow-ups regarding the implementation of the registration section, such as if there is an error in the data then it will be corrected on the same day. (Arifin et al., 2023) explained that the electronic patient registration process simplifies work because officers only need to enter patient data into the registration system. Once the data is entered, the system can immediately generate a report or output. Input and output data can be viewed by officers at any time. Furthermore, this system also simplifies work for officers because they no longer need to re-enter data from previously registered patients. To search for patient data, simply use the patient's name or medical record number, eliminating the possibility of duplicate data, incorrect data entry, or missing data.

The process of sending patient medical records from storage to the service units needed for health care purposes, the main purpose of which is to support patient care by ensuring that medical records are available on time and complete. At the Meo-Meo Community Health Center in Baubau City, based on research results, the distribution of medical records is no longer carried out because it has used an electronic system so that its distribution is automated through the system.

Completeness of medical record files refers to the completeness of filling in all the necessary elements in the patient's medical record. This completeness ensures that the medical record contains comprehensive and accurate information to support patient care as well as administrative and legal purposes. At the Meo-Meo Community Health Center in Baubau City, based on the results of research on the completeness of medical record files for policies and procedures for filling in medical records that include diagnosis, treatment, treatment results and continuity of care provided are in accordance with the SOP but for the SOP itself the physical form has not been made. Corrections and additions to medical record data have also been carried out in accordance with applicable regulations because the work is carried out every time at the end of the service and evaluation and follow-up have also been carried out but if the patient's medical record is incomplete it will have a pink mark which means that the data entry has not been completed therefore a crosscheck process is needed again before input. This is confirmed according to research (Yanti & Daniati, 2022) Stating that in the implementation of medical record file distribution, there is no appropriate officer in the filing section despite existing policies and SOPs governing file distribution. This occurs because medical record officers work in two positions simultaneously, resulting in a longer file distribution process. Factors contributing to the

delay in file distribution are incompetent human resources and a lack of training.

The process of providing codes in the form of letters, numbers, or a combination of both to represent medical information recorded in the patient's medical record. This code is used to classify diseases, actions, and health conditions according to the ICD-10 standard for diseases and ICD-9 CM for medical actions. At the Meo-Meo Community Health Center in Baubau City, based on research results, the coding section is no longer carried out by medical record officers but has been carried out by doctors and there is no SOP for coding at the community health center. This is made clear (Pradita, 2024) The implementation of electronic medical records in coding implementation also provides very significant changes, this is because providing the right code can potentially increase the income of health service providers. (Pertiwi, 2019) In addition, another important thing to note is that Medical Records who have the authority to implement the classification and codification system for diseases related to health and medical procedures according to the correct medical terminology must meet the educational qualifications determined by the Minister of Health Regulation Number 55 of 2013.

The process of submitting a claim for financing health services based on the patient's medical record data, completeness of medical records and accuracy is very important for the smoothness of the claim process and avoid obstacles in financing in the process of claiming financing for medical records itself through several stages such as filling in patient medical record data, providing codes, submitting claims, verifying claims and also payment of claims. At the Meo-Meo Community Health Center in Baubau City, based on the results of research on the overall financing claim section, which starts from the completeness of the required documents by adjusting the BPJS requirements, verifying the completeness first by the officer, the process of sending files to BPJS and waiting for the verification results from BPJS where the delivery is done every month via telegram but only a letter of responsibility or a cover letter from the head of the community health center. As well as the financing claim system is in accordance with the standards that have been set. (Ariyanti et al., 2025) The officer identifies the patient by reviewing the list of visiting patients through reporting. To find out the examination results, the officer will open the patient's RME. If inconsistencies are found during the data entry process, the officer will confirm this with the DPJP (Physician in Charge of the Patient).

The process of storing medical record documents both in physical and electronic form in accordance with applicable regulations is to maintain the security of confidentiality, integrity and availability of medical record data. At the Meo-Meo Health Center in Baubau City, based on the results of research in the storage section which starts from considering the responsibility for confidentiality and security of information in accordance with the policy procedures and access rights of identification methods and also access to information has been carried out in accordance with the procedure but the storage system has obstacles when retrieving patient medical record data files, especially those stored in high sections because there are no ladders to take them so that it can interfere with safety if carried without using the tool. This is reinforced by (Aisyah Putri et al., 2022) Mistakes in storing medical records make it difficult for staff to find documents, disrupting services at the polyclinic. Staff also find it difficult to access files from the top shelves because there are no ladders. When a desired file is not found on the shelf, duplicate numbers are generated because staff don't know where the patient's medical record is located.

Efforts to ensure that medical record data is accurate, complete, and secure, and meets established standards involve various activities such as quality audits for data access processing and monitoring and evaluation of medical record implementation. At the Meo-Meo Community Health Center in Baubau City, research results indicate that quality assurance is no longer being carried out at the community health center (Rendarti, 2019) Stating that the factors influencing the quality of medical records unit services are recognized, one of which is the completeness of inpatient medical records. These factors also include human resources, such as physician behavior and the implementation of leadership policies regarding reward and punishment systems.

The process of granting access to or information from a patient's medical records to another party, including the patient themselves, healthcare professionals, or third parties, following applicable procedures and regulations. At the Meo-Meo Community Health Center in Baubau City, research has shown that the release of information has never been carried out by medical records officers. The first impact affecting compliance with the release of medical information was the lack of an explanation. (Darmawan, 2023) Due to the various different interpretations, the process of disbursing submitted claims is delayed, which can be detrimental to patients.

The activity of removing or destroying medical record documents that no longer have any use value either because they are damaged, unreadable or have passed the retention period where this

destruction is useful to reduce the storage burden and the risk of misuse of patient data. At the Meo-Meo Community Health Center in Baubau City, based on the results of research in the destruction section, the process for destroying medical record files has been carried out according to standards, but for physical SOPs at the Meo-Meo Community Health Center there are no yet. And also before carrying out the destruction process, the officers first conduct a sweep to ensure that the medical record files to be destroyed are truly in accordance with the criteria. This is in accordance with (Retensi et al., 2024) Medical records must be kept for 5 years after the patient's last treatment or discharge date, as stipulated in Article 8 of the Regulation of the Minister of Health of the Republic of Indonesia Number 269/Menkes/Per/III/2008. These files can be destroyed if they exceed the storage period.

Maintaining medical records in a healthcare facility or service is an integral part of service quality in Indonesia. The management and administration of medical records must receive serious attention and be carried out effectively. Several factors influence the success of medical records management, including human resources, systems, management, adequate facilities, a clear organizational structure, and sufficient resources. Healthcare facilities must have the necessary facilities to manage medical records. According to the Minister of Health Regulation, healthcare facilities are required to provide the necessary facilities for managing medical records. (Retensi et al., 2024) Medical records relate to the recording, processing, and reporting of information used in activities at the Community Health Center (Puskesmas). The medical records management process begins when a patient enters the Puskesmas, followed by the recording of the patient's medical data by a doctor, dentist, or other healthcare professional providing direct care to the patient. This process continues throughout the patient's time at the Puskesmas. The medical records are then managed, including storage and retrieval of files from the storage area to meet patient requests for treatment, care, or other needs. The medical records management process involves several stages: Assembling, Coding, Indexing, Analysis, and Filling.

CONCLUSION

Based on the results of research at the Meo-Meo Community Health Center in Baubau City by conducting an evaluation of medical record services based on the 2023 accreditation standards based on standards 1.3 and 3.8, the following conclusions can be drawn : In criterion 1.3.1 which is related to the availability of human resources with the type, number and competency according to service needs and statutory provisions, it is not in accordance with the standards due to the factor that the health center's medical records unit does not yet have medical records personnel and in criteria 1.3.2 to 1.3.5 as a whole it is in accordance with accreditation standards. Standard 3.8 patient registration does not meet standards due to the lack of a standard operating procedure (SOP). Medical record distribution is in accordance with the electronic medical record system. Medical record completion and clinical information recording are not yet in accordance with standards, as SOPs have not yet been created. Data processing and coding are in accordance with standards, with coding performed by doctors. Claim financing complies with BPJS standards and procedures. Overall medical record storage meets accreditation standards. Quality assurance and the release of health information are no longer performed. Destruction of medical record files has been carried out procedurally, but the SOP for the files has not yet been created.

THANK-YOU NOTE

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DAFTAR PUSTAKA

- Abdullah, K., Sarkarsi, R., Rosnani, S., Fasrul, A. A., Online, M. J. P., Mjp, E., Standards, M., Tool, I., Executive, S., Standards, T. M., Health, U., Representatives, S., Stress, T. M. C. and A. I. of, Gross, C., Seebaß, K., Levesque, R., Наследов, А. Д., Norusis, M., Release, W., ... Chraif, M. (2023). penyelenggaraan kesehatan masyarakat. *Accident Analysis and Prevention*, 183(2), 153–164.

- Aisyah Putri, L., Fannya, P., Indawati, L., & Putra, D. H. (2022). Gambaran Sistem Penyimpanan Rekam Medis Di Indonesia (Literature Review). *Gambaran Sistem Penyimpanan Rekam Medis Di Indonesia*, 05, 33–42.
- Amananti, W. (2024). *penyelenggaraan kesehatan masyarakat*. 4(02), 7823–7830.
- Arifin, I., Heltiani, N., & Fattolah, D. (2023). Perancangan Sistem Informasi Registrasi Pasien Rawat Jalan RSUD Kabupaten Lebong. *Manajemen Informasi Kesehatan*, 8(1), 27–37.
- Ariyanti, M., Nugraha, E., & Sudra, R. I. (2025). *Evaluasi Proses Penginputan Data Klaim Pembiayaan Kesehatan di Unit Rawat Jalan UPT RSUD RAA Soewondo Pati Pendahuluan*. 13(1), 42–50. <https://doi.org/10.47007/inohim.v13i1.645>
- Belay, B. S. (2022). Pelayanan Rekam Medis Berdasarkan Standar Akreditasi Puskesmas Tahun 2023 pada Standar 3.8. 5, *γ787(8.5.2017)*, 2005–2003.
- Darmawan, A. (2023). Analisis Pelepasan Informasi Rekam Medis Sebagai Penjamin Aspek Hukum Kerahasiaan Data Pasien. *Jurnal Manajemen Informasi Kesehatan Indonesia (JMIKI)*, 11(1), 86–90. <https://doi.org/10.33560/jmiki.v11i1.500>
- Hari Saputri, A. H., & Rachman, M. A. (2022). Implementasi Manajemen Informasi Rekam Medis Menurut Standar Akreditasi Di Puskesmas Rampal Celaket. *Journal of Medical Records and Health Information*, 3(1), 9–13. <https://doi.org/10.58535/jrmik.v3i1.37>
- Idriani, F., & Siswanto, S. (2023). Analisis Pemusnahan Rekam Medis Di Puskesmas : Systematic Review. *Jurnal Ilmiah Pamenang*, 5(2), 30–33. <https://doi.org/10.53599/jip.v5i2.193>
- Indonesian Ministry of Health permenkes, (2023). Keputusan Direktur Jenderal Pelayanan Kesehatan Nomor Hk.02.02/D/35395/2024 Tentang Pedoman Survei Akreditasi Rumah Sakit. *Minister of Health Regulation*, 1–194.
- Kendrastuti, N. N., & Nursyabani, M. F. (2023). Evaluasi Penyelenggaraan Rekam Medis dalam Pemenuhan Standar Akreditasi di Puskesmas Kedaung Barat Kabupaten Tangerang. *Indonesian of Health Information Management Journal (INOHIM)*, 11(1), 68–78. <https://doi.org/10.47007/inohim.v11i1.508>
- Kesehatan, M., & Indonesia, R. (2022). *Standar Akreditasi Puskesmas*. 021, 1–11.
- Melati Hutaeruk, P., & Br Gurning, M. M. (2020). Analisis Kebutuhan Sumber Daya Manusia Terhadap Beban Kerja Di Bagian Rekam Medis Menggunakan Metode (Work Load Indicator Staffing Need) Di Rumah Sakit Umum Permatatunda Medan Tahun 2019. *Jurnal Ilmiah Perekam Dan Informasi Kesehatan Imelda (JIPIKI)*, 5(2), 187–199. <https://doi.org/10.52943/jipiki.v5i2.406>
- Muhajirin, Risnita, & Asrulla. (2024). 11+Gm+82-92. *Journal Genta Mulia*, 15(1), 82–92.
- Nindyakinanti, D. (2021). *Sistem Penyimpanan dan Pemrosesan Rekam Medis Terkait Standar*. 1(2), 94–101.
- Nur Afifah Mubaroach, V., Weryco Latupeirissa, L., & Luxiarty, R. (2024). Evaluasi Kesesuaian Pengelolaan Rekam Medis Dengan Standar Akreditasi Di Rumah Sakit Kabupaten Cirebon. *MEJORA Medical Journal Awatara*, 2(4), 37–42. <https://doi.org/10.61434/mejora.v2i4.262>
- Pradita, R. (2024). Tinjauan Pelaksanaan Coding Diagnosa Dan Tindakan Pada Implementasi Rekam Medis Elektronik Puskemas Botania. *Jurnal Manajemen Informasi Kesehatan ...*, 9(1), 176–185. <https://ojs.stikessaptabakti.ac.id/jmis/article/view/481>
- Rendarti, R. (2019). Faktor-Faktor yang Mempengaruhi Mutu Pelayanan Rekam Medis di Rumah Sakit. *Surya Medika: Jurnal Ilmiah Ilmu Keperawatan Dan Ilmu Kesehatan Masyarakat*, 14(2), 59–65. <https://doi.org/10.32504/sm.v14i2.125>

- Retensi, P., Rekam, B., Puskesmas, U. P. T., & Samarinda, W. (2024). *Pelaksanaan Retensi dan Pemusnahan Berkas.Rekam. Medis.di UPT. Puskesmas.Wonorejo Samarinda 1) 1,2,3).* 5(2), 1609–1613.
- Rika, A., Anisah, A., & Purnama, D. N. (2021). Peran Penting Kelengkapan Rekam Medik di Rumah Sakit. *Baiturrahmah Medical Journal*, 1(1), 69–76.
- Rumpa, F. J. A., Korompis, G. E. C., Kolibu, F. K., Kesehatan, F., Universitas, M., & Ratulangi, S. (2020). *Sistem Manajem.* 9(4), 181–187.
- Saputro, A., Suryawati, C., Agushybana, F., Sakit St Elisabeth Semarang, R., & Kesehatan Masyarakat, F. (2020). Analisis Sistem Pengelolaan Rekam Medis Pendukung Klaim Jaminan Kesehatan Nasional Pelayanan Rawat Inap Di Rumah Sakit S Kota Semarang. *Jurnal Manajemen Kesehatan Indonesia*, 8(1), 23–29. <https://ejournal.undip.ac.id/index.php/jmki/article/view/25389>
- Sitorus, M. S., Erlindai, E., Hutasoit, T., Christy, J., & Lase, K. (2024). Sosialisasi Kesesuaian Pelayanan Rekam Medis Dengan Standar Akreditasi Puskesmas Tahun 2023 Di Puskesmas Pasar Merah Medan. *Jurnal Ilmiah Pengabdian Kepada Masyarakat (Ji-SOMBA)*, 3(2), 88–97. <https://doi.org/10.52943/ji-somba.v3i2.1676>
- Yanti, F. R., & Daniati, S. E. (2022). Tinjauan Pendistribusian Family Folder Di Puskesmas Rumbio Jaya Tahun 2021. *Jurnal Rekam Medis (Medical Record Journal)*, 02(November), 312–321. <https://jom.ftp.ac.id/index.php/rmik>