

REVIEW OF THE IMPLEMENTATION OF RETENTION AND DESTRUCTION OF MEDICAL RECORD FILES AT THE SOUTH BUTON DISTRICT HOSPITAL

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A B S T R A C T

The retention and destruction process is a crucial part of efficient and effective medical record management to support effective patient care. At the South Buton District Hospital, there is a pile of active and inactive medical record files due to inadequate space, as well as delays in retention and destruction. There are still files from 2015 to 2017 that need to be retained. The purpose of this study is to review the implementation of retention and destruction of medical record files at the South Buton District Hospital using a descriptive qualitative method with a case study design. The subjects in this study consisted of 5 informants including 1 head of medical records, 2 filing officers, 2 data processing officers. Data collection techniques were carried out through interviews, observation and documentation. The results of the study indicate that personal factors (individual factors) still include officers who do not have medical record education qualifications, lack of knowledge and have not received training or seminars. For team factors (group factors) in terms of coordination and teamwork are considered good, human resources are also considered sufficient, but there is still a high workload. For system factors, SOPs, scanning equipment, and computers to support retention activities have been met. However, storage racks, equipment used to support destruction and notification activities in the SIMRS system, have not been met. It can be concluded that these three factors still require improvement to prevent delays in the retention and destruction of medical records at the South Buton Regency Regional Hospital.

INTRODUCTION

According to Law Number 17 of 2023, a hospital is a health service facility that provides comprehensive individual health services—encompassing promotive, preventive, curative, rehabilitative, and/or palliative care—through inpatient, outpatient, and emergency services (Law, 2023).

Based on the Regulation of the Minister of Health Number 24 of 2022, a medical record is a document containing data regarding patient identity, examinations, treatments, procedures, and other services provided to the patient (Permenkes, 2022).

Medical records stored on shelves cannot be kept indefinitely. This is because the volume of medical records in hospitals constantly increases, eventually rendering storage space insufficient to accommodate new records. Retention is the process of reducing or sorting patient medical records by moving them from active shelves to inactive shelves. Medical record retention involves transferring inactive records from active shelves to inactive storage and sorting them in the archive racks based on the year of the patient's visit (Situmaorang et al., 2023).

Medical record retention is a procedure performed by hospitals to manage records that have been stored on shelves for five years, calculated from the date of the patient's last treatment, visit, or death. The retention process is carried out in stages, beginning with sorting, transferring, evaluating, and finally destroying the medical record documents. Sorting takes place prior to moving active medical records to inactive storage. Forms with enduring value—such as medical summaries, informed consent forms, surgical reports, infant identification records, and death certificates—are preserved separately, whereas forms lacking such value are destroyed in accordance with applicable regulations (Wijaya et al., 2022).

However, in practice, there are often delays in destroying inactive medical records. This situation leads to a buildup of unused files, limited storage space, and an increased risk of misfiling. As found in previous research, the lack of standard procedures, limited storage facilities, and the lack of separation between active and inactive files are the main causes of the high rate of medical record storage errors. The accumulation of inactive files that are not promptly destroyed increases the workload of staff, prolongs file retrieval times, and potentially reduces the quality of service to patients (Muzuh et al., 2025).

Files that have undergone the retention period and are no longer useful will be deleted. Destruction is the process of eliminating medical records that are no longer required. Retention and destruction processes are crucial components of efficient and effective medical record file management, supporting quality patient care (Alfiansyah et al., 2024).

Research findings (Istikomah et al., 2020) indicate that medical record staff at Mitra Medika Bondowoso Hospital reported that—since the hospital's medical record unit was established in 2011—no retention or destruction of medical record documents has ever been performed. Several factors likely contribute to this failure to carry out retention and destruction; notably, "personal factors"—specifically, the staff's lack of clarity regarding the correct procedures—have resulted in these processes remaining unimplemented.

Research by Alfiansyah et al. (2024) reveals that the Maron Community Health Center (Puskesmas Maron) faces challenges in executing timely retention and has never destroyed medical records since its inception. This situation has led to issues such as staff difficulty in locating medical record files and a lack of adequate storage space. The delays in retention and the failure to carry out medical record destruction are attributed to several factors, including personal, system, and team-related factors.

METHOD

This study employs a descriptive qualitative research design, specifically a case study approach. Qualitative research is a procedure that yields descriptive data—such as spoken or written words and observed behaviors—rooted in a phenomenological framework that focuses the scientific process on describing and deeply understanding the social phenomena under observation. This approach does not rely solely on the researcher's perspective but prioritizes the interpretation of meaning from the viewpoint of the research subjects themselves (Hardani et al., 2020).

Descriptive qualitative research is an approach to investigating specific behaviors, phenomena, events, problems, or situations, resulting in meaningful narrative descriptions that elucidate specific understandings (Leksono, 2020). This research method aims to describe the implementation of medical record retention and destruction at the South Buton Regency Regional General Hospital (RSUD).

The study utilizes a case study design, an approach involving in-depth analysis of specific phenomena, processes, or individuals through comprehensive and sustained data collection techniques to generate detailed information. A case study is a method for gathering and analyzing data regarding a specific case (Waruwu, 2024). It focuses on examining conditions, activities, and developments, as well as the key factors associated with and supporting them (Hardani et al., 2020). In this instance, the case study aims to review the implementation of retention and destruction procedures at the South Buton Regency RSUD by analyzing three factors: individual factors, team factors, and system factors.

RESULTS & DISCUSSION

The results of this study were obtained through interviews, observations, and document reviews conducted by the researcher at the South Buton Regency Regional General Hospital (RSUD). This study aimed to examine the implementation of medical record file retention and destruction at the hospital, analyzing the situation based on three factors: Personal Factors, Team Factors, and System Factors.

1. Personal Factors

a. Level of Knowledge and Educational Background

Based on interviews conducted at the South Buton Regency RSUD, it was found that regarding the personal factors of medical record staff—specifically their knowledge of medical record file retention and destruction—there were staff members who still lacked sufficient understanding. While retention and destruction are considered crucial, there is currently a backlog of files dating from

2015 to 2017. Furthermore, data on informant characteristics revealed that, among the five informants interviewed, one staff member did not have an educational background in medical records.

The following are the results of the interview with the filing staff member, who stated:

“Essentially, it is a sorting process. We separate files that are still frequently used (active) from those that haven't been accessed in the last five years (inactive). The goal is to prevent the storage shelves from becoming overcrowded. This is crucial; without it, the filing area would become overwhelmed. Right now, for instance, we are racing to process a backlog of files from 2015–2017 because the shelves urgently need to be cleared.”

(Informant I, May 8, 2026)

“What I know is that inactive medical records are separated from active ones, and inactive ones are separated. It's important to have some space on this shelf so that other files can be filled. It's very important.”

(Informant N, May 7, 2026)

The following are the results of an interview with a data processing officer, who stated:

Retention is the process of shrinking or reducing medical records from active shelves to inactive ones. This is important to prevent shelves from filling up too quickly and to prevent files from piling up.

(Informant NS, May 6, 2026)

The following are the results of an interview with a data processing staff member who does not have an educational background in medical records, stating:

Efforts are still underway to retain and destroy medical records, but I'm not entirely clear on the details. I don't know, but I've forgotten.

(Informant A, May 7, 2026)

This is reinforced and supported by source triangulation—specifically, the Head of Medical Records—who stated that the retention and destruction of records are crucial at the South Buton Regency Regional General Hospital (RSUD). The following are the results of the interview with the Head of Medical Records:

Retention and Destruction is the process of sorting and reducing inactive medical records, followed by their destruction. Destruction involves destroying medical records by shredding them until they are unreadable. Retention and destruction of medical records is crucial because it frees up space for future medical records, even those that are several years old.

(Informant M, May 5, 2026)

b. Schedule or Timing of Retention and Destruction

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found that there are individual differences regarding knowledge of the schedule or timing for retention and destruction. While some staff members are aware of the schedule for these processes, others lack sufficient knowledge regarding when retention and destruction should be carried out.

The following are the results of interviews with filing staff:

“I'm aware; the rule stipulates action after five years of inactivity. However, due to various circumstances, we were only able to start processing the 2015–2017 backlog this month—after Eid. The goal is to finish this month; it should certainly be wrapped up by early June at the latest.”

(Informant I, May 8, 2026)

"I don't really know"
(Informant N, May 7, 2026)

The following is the result of an interview with a data processing officer:

"For hospitals, it is every five years, calculated from the patient's last visit for treatment."
(Informant NS, May 6, 2026)

The following is the result of an interview with a data processing officer who does not have an educational background in medical records:

"It is not certain."
(Informant A, May 7, 2026)

This is corroborated by source triangulation—specifically, the Head of Medical Records—who stated that while the retention process (separating active and inactive files) has already been carried out at the South Buton Regency Regional General Hospital (RSUD), the actual destruction of the files is scheduled for the near future. The following is an excerpt from the interview with the Head of Medical Records:

"The retention process—distinguishing between active and inactive files—was actually carried out last year; only the destruction phase remains pending. God willing, it will be done this month, barring any obstacles."
(Informant M, May 5, 2026)

Training or Seminars Regarding Medical Record File Retention and Destruction Interviews conducted at the South Buton Regency RSUD revealed that, regarding individual factors, the medical record staff have not attended specific training sessions or seminars on this topic. However, staff members do understand the workflow for retention and destruction, having gained this knowledge through internal briefings and the hospital's existing guidelines. The following is an excerpt from an interview with a filing staff member:

"Not all staff may have attended specific training, but we understand the workflow thanks to internal briefings and the hospital's guidelines."
(Informant I, May 8, 2026)

"As for training, I have never attended any."
(Informant N, May 7, 2026)

The following is the result of an interview with a data processing officer:

"Not yet."
(Informant NS, May 6, 2026)

The following is the result of an interview with a data processing officer whose educational background is not in medical records:

"Not yet."
(Informant A, May 7, 2026)

This finding is reinforced and supported by source triangulation—specifically, the Head of Medical Records—who stated that staff at the South Buton Regency Regional General Hospital (RSUD) have never attended training or seminars regarding the retention and destruction of medical record files. The following is an excerpt from the interview with the Head of Medical Records:

"As for training, I have never attended any."
(Informant M, May 5, 2026)

Observations regarding personnel factors at the South Buton Regency RSUD indicate that the situation is not yet fully compliant. There are still staff members without a medical records background, inactive files that have yet to be retained or destroyed, and a lack of staff participation in training or seminars to enhance skills. The following are the results of the observation checklist regarding team factors:

Table 1. Results of the observation checklist regarding (personal factors).

No	<i>Personal Factor</i> (Faktor Individu)	Yes	No	Information
1.	All medical record staff possess a minimum educational qualification of a Diploma III (D3) in Medical Records and Health Information.		√	Of the five informants, one did not possess qualifications in medical records.
2.	Staff are able to distinguish between active and inactive files based on the date of the last visit.	√		
3.	Staff carry out retention and destruction in accordance with the established schedule.		√	Due to the daily workload.
4.	Provision of training or seminars to enhance the skills, capabilities, and performance of staff regarding the retention and destruction of medical record files.		√	Due to the daily workload.

Source: Primary Data, 2026

The "Personal Factor" in this study focuses on the education level, knowledge, and training possessed by medical record staff. Interview and observation results indicate that one out of the five informants lacks an educational background in medical records. Furthermore, some staff members do not fully understand the concepts and schedules regarding record retention and destruction. None of the staff have received specific training or attended seminars on retention and destruction, even though the workflow has been communicated through internal briefings and hospital guidelines. These conditions indicate that individual factors remain an area requiring improvement. Education relevant to the medical records field can help staff understand procedures, retention schedules, sorting methods, and destruction requirements. Training is also necessary to update staff knowledge and skills. These findings align with research by Istikomah et al. (2020) and Agustin et al. (2020), which demonstrates a link between knowledge, education, and training and the implementation of retention and destruction processes.

Observation checklist results reinforce these findings. Staff are able to distinguish between active and inactive files based on the date of the last visit; however, execution does not always adhere to the schedule due to daily workloads. Consequently, enhancing competence through training and consistent information dissemination is necessary, particularly for filing staff.

2. Team Factor

a. Coordination and Teamwork

Interviews conducted at the South Buton Regency Regional General Hospital (RSUD) revealed that team factors—specifically coordination and teamwork—are satisfactory, with no communication barriers identified during retention activities.

The following are the results of interviews with filing staff:

“Coordination is ongoing and has been smooth so far. We are working as a team to meet the retention targets for the 2015–2017 period. There are no communication barriers; the only issue is timing synchronization to ensure daily operations aren't disrupted while we are retrieving large volumes of files.”

(Informant I, May 8, 2026)

“Not yet; I don't know—you could ask the head nurse...”

(Informant N, May 7, 2026)

The following is the result of an interview with a data processing officer:

“I'm not sure.”

(Informant NS, May 6, 2026)

The following is the result of an interview with a data processing officer whose educational background is not in medical records:

“I’m not sure, as there hasn’t been a meeting yet. Preparations for record retention and destruction have indeed been made—efforts are underway. However, regarding the meeting, nothing has taken place yet, so we don’t know the details on that.”

(Informant A, May 7, 2026)

This is reinforced and supported by source triangulation—specifically, the Head of Medical Records—who stated that at the Busel Regency Regional General Hospital (RSUD), coordination and teamwork during the retention process have been excellent, and no obstacles have been encountered in its implementation. The following is the result of the interview with the Head of Medical Records:

“Coordination is good; the filing staff are part of the destruction team. The destruction process hasn’t been carried out yet, but the retention phase has proceeded smoothly.”

(Informant M, May 5, 2026)

b. Human Resources (HR)

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found that the team factor regarding human resources is sufficient; however, significant effort is required regarding staff retention. Workload levels are also quite high, although a division of tasks for retention activities is already in place.

The following are the results of an interview with a filing staff member:

“For routine services, our current staffing might be sufficient, but addressing the backlog of records—which has accumulated over years—requires us to work exceptionally hard on top of our daily workload. Our attention is often split between handling registrations and distributing the high volume of daily patient files, so the task of organizing older records frequently gets delayed, leading to that years-long accumulation. It is a significant undertaking; we have to meticulously review each file from 2015 to 2017—covering everything from the ER to Outpatient services—to ensure no critical data is missed. We do have a division of duties; typically, some staff remain at the service counter while others work incrementally on retrieving and processing the older files. As for the schedule, we are targeting to have everything completed this month, following the Eid holiday.”

(Informant I, May 8, 2026)

“I’m not sure; you could ask the head nurse.”

(Informant N, May 7, 2026)

The following are the results of an interview with the data processing officer:

“I’m not sure”

(Informant NS, May 6, 2026)

The following are the results of an interview with a data processing staff member whose educational background is not in medical records:

“I’m not sure about the human resources situation, though the workload is certainly high. There is a division of tasks, but the details aren’t finalized yet.”

(Informant A, May 7, 2026)

This is corroborated by source triangulation—specifically, the Head of Medical Records—who stated that while the South Buton Regency Regional General Hospital (RSUD) has a sufficient number of staff, the workload remains quite high. Regarding the distribution of tasks for record retention activities, these are carried out during the second hour following the conclusion of clinical services. The informant also noted that delays in executing retention activities were previously caused by a shortage of personnel, though staffing levels are now considered adequate. The following are the results of the interview with the Head of Medical Records:

“Iya sudah cukup banyak, jadi insyaallah aman-aman. Bebannya lumayan juga toh kalau di saya. Untuk jadwal khusus mereka biasa melakukan retensi di jam ke 2 setelah pelayanan jadi biasa beberapa waktu ini selama dilakukan retensi mereka curi-curi waktu, karena maksudnya tidak ada jadwal khusus untuk kegiatan ini. Kapan kalau sudah ada jadwal kosong mereka langsung lakukan

retensi. Dan Mungkin sebelumnya rumah sakit itu ada keterbatasan tenaga untuk melakukan retensi, karena sebelumnya kan petugas filingnya cuman 1, jadi dia setengah mati cuman sendiri sekarang sudah ada 3 jadi sudah bisa membantu”

(Informan M, 05 Mei 2026)

Based on observations regarding team factors at the South Buton Regency Regional General Hospital (RSUD), staff—particularly those in the filing section—continue to face a high workload.

The following are the results of the observation checklist regarding team factors:

Table 2 Observation Checklist Regarding (Team Factors)

No.	Team Factor (Faktor Kelompok)	Yes	No	Information
1.	Teamwork in the execution of retention and destruction processes.	√		
2.	There is a high workload in carrying out tasks	√		
3.	Adequate staffing, particularly for the execution of records retention and disposal.	√		

Source: Primary Data, 2026

The "Team Factor" encompasses coordination and cooperation among staff, staffing levels, task allocation, and workload. Research findings indicate that coordination and cooperation between filing staff and the disposal team are effective; no significant communication barriers were encountered during retention activities. Furthermore, the number of filing staff has increased, meaning that, overall, staffing levels are considered adequate.

Nevertheless, workload remains a challenge. Staff members must divide their attention between retention activities and daily service duties, such as patient registration and file distribution. Consequently, retention tasks are often performed only when time permits after service hours or during gaps in the workflow. This situation can delay the management of older files and lead to backlogs. These findings align with Istikomah et al. (2020), who noted that juggling multiple roles can hinder the execution of retention and disposal processes.

Therefore, while the existing effective coordination should be maintained, the allocation of tasks and the scheduling of retention activities need to be more structured. Establishing a dedicated retention and disposal team could serve as an alternative solution, ensuring these activities do not rely excessively on staff members' spare time.

3. System Factor (Faktor Sistem)

a. Budget

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found that the system factor regarding the budget has begun to be prioritized.

The following are the results of the interview with the filing staff:

“It is now being prioritized by management, particularly to facilitate the clearing out of old files.”
(Informant I, May 8, 2026)

“I’m not sure”

(Informant N, May 7, 2026)

The following are the results of an interview with the data processing officer:

“I’m not sure”

(Informant NS, May 6, 2026)

"Yes"

(Informant A, 07 May 2026)

This is corroborated by source triangulation—specifically, the Head of Medical Records—who stated that while the South Buton Regency Regional General Hospital (RSUD) likely has the funds, no specific budget was allocated because the requirements were minimal.

The following are the results of the interview with the Head of Medical Records:

“I don’t think so; after all, the budget isn’t that large. Carrying out the destruction requires a few witnesses—just from among us—there isn’t really... well, maybe there are some, but only a very small number.”

(Informant M, May 5, 2026)

b. Medical Record Storage Racks

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found that there are limitations regarding storage rack systems; according to informants, there are no dedicated storage racks for inactive medical record files, so these files are still stored in cardboard boxes. Meanwhile, some active files are also still being stored in cardboard boxes.

The following are the results of interviews with the filing staff:

“To be honest, we don’t yet have a dedicated rack for inactive files. We are currently focusing the available racks solely on active files to ensure smooth patient service.”

(Informant I, May 8, 2026)

“The files are still kept in a box”

(Informant N, May 7, 2026)

The following are the results of an interview with the data processing officer:

“It seems they’re using boxes rather than shelves. We actually still keep some of the currently active items in boxes too, simply because we’re short on shelving here.”

(Informant NS, May 6, 2026)

The following are the results of an interview with a data processing staff member whose educational background is not in medical records:

“none”

(Informant A, May 7, 2026)

This is reinforced and supported by source triangulation—specifically, information from the Head of Medical Records—indicating that the South Buton Regency Regional General Hospital (RSUD) faces a shortage of storage shelving; consequently, inactive files are merely stored in a separate room inside cardboard boxes. The following are the results of the interview with the Head of Medical Records:

“Right now, we’re still doing that, because our storage space is limited. We move inactive files to a separate room and put them in boxes.”

(Informant M, May 5, 2026)

c. Retention and Destruction Equipment

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found that the system factor regarding equipment supporting retention activities—such as computers and scanners—plays a role.

The following are the results of interviews with the filing staff:

“We now have sophisticated scanning equipment capable of automatically scanning multiple sheets at once. Consequently, we scan the entire contents of the files slated for retention to create a digital archive before the physical copies are destroyed. As for storage—since we lack shelving for inactive records—we place the documents into boxes and stack them neatly.”

(Informant I, May 8, 2026)

“There’s a computer over there—scan it.”

(Informant N, May 7, 2026)

The following are the results of an interview with the data processing officer:

I’m not sure.

(Informant NS, 06 May 2026)

The following are the results of an interview with a data processing staff member whose educational background is not in medical records:

"Yes"

(Informant A, 07 May 2026)

This is reinforced and supported by source triangulation—specifically, the Head of Medical Records—who stated that South Buton Regency Regional General Hospital (RSUD) possesses the scanning equipment necessary for record retention activities. The following are the results of the interview with the Head of Medical Records:

"The most we can do is scan, but that's all we have."

(Informant M, May 5, 2026)

d. Standard Operating Procedure (SOP)

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found that regarding system factors, a Standard Operating Procedure for the Retention and Destruction of Medical Record Files is already in place.

The following are the results of the interview with the filing staff:

“Standard Operating Procedures are already in place, and they serve as our working guidelines to ensure the process does not violate regulations.”

(Informant I, May 8, 2026)

“Standard operating procedures are certainly in place; after all, it wouldn't make sense to carry out a retention process without having an SOP.”

(Informant N, May 7, 2026)

The following are the results of an interview with the data processing officer:

"It seems like there is, because we're going to be retaining them soon."

(Informant NS, May 6, 2026)

The following are the results of an interview with a data processing staff member whose educational background is not in medical records:

"Yes"

(Informant A, 07 May 2026)

This is reinforced and supported by source triangulation—specifically, the Head of Medical Records—who stated that the South Buton Regency Regional General Hospital (RSUD) already has

Standard Operating Procedures (SOPs) regarding the retention and destruction of medical record files. The following are the results of the interview with the Head of Medical Records:

"There is an SOP for it."
(Informant M, May 5, 2026)

e. SIMRS Notification

Based on interviews conducted at the South Buton Regency Regional General Hospital (RSUD), it was found regarding system factors that the existing Hospital Management Information System (SIMRS) lacks a notification feature.

The following are the results of the interview with the filing staff:

"The system is being developed in that direction. However, with the help of the advanced scanning equipment mentioned earlier, the process of digitizing these 2015–2017 files has become much faster."
(Informant I, May 8, 2026)

"Please ask the head nurse."
(Informant N, May 7, 2026)

The following are the results of an interview with the data processing officer:

"I don't know for sure, but I don't think so."
(Informant NS, May 6, 2026)

The following are the results of an interview with a data processing staff member whose educational background is not in medical records:

"I'm not sure"
(Informant A, May 7, 2026)

This is reinforced and supported by source triangulation—specifically, the Head of Medical Records—who stated that the South Buton Regency Regional General Hospital (RSUD) does not yet utilize a Hospital Management Information System (SIMRS) to provide automatic notifications for files that have reached inactive status. The following are the results of the interview with the Head of Medical Records:

"Not yet for this one, because it is still in progress. The Hospital Management Information System (SIMRS) is still being processed."
(Informant M, May 5, 2026)

Observations regarding system factors at the South Buton Regency Regional General Hospital (RSUD) indicate that current arrangements are not yet fully compliant; this is due to the absence of dedicated storage racks and paper shredders to support disposal activities, delays in the record retention process, and the fact that disposal has not yet been carried out.

The following are the results of the observation checklist regarding system factors:

Table 3. Observation Checklist Regarding Team System (System Factors)

No.	<i>System Factor</i> (Faktor Sistem)	Yes	No	Notes
1.	Availability of dedicated shelving for inactive medical records.		√	No dedicated shelving available; inactive files are still stored in boxes.

2.	Presence of accumulated inactive medical records.	√		
3.	Availability of a dedicated scanner for retention and destruction activities.	√		
4.	Presence of a paper shredder.		√	
5.	Staff carry out retention processes in accordance with SOP.		√	Occurrence of retention delay
6.	Staff carry out destruction processes in accordance with SOP.		√	Destruction has not yet been carried out.

Source: Primary Data, 2026

Based on the documentation checklist results, one point has been met: the existence of a Standard Operating Procedure (SOP) regarding the retention and destruction of medical record files. However, four other points have not yet been met; the documentation checklist table is provided below:

Table 4. Documentation Checklist

No.	Documents Reviewed	Yes	No	Notes
1.	Training certificates obtained during training participation		√	Training certificates are not currently available. However, all medical record storage staff have been deemed qualified based on technical competence and continue to operate in accordance with the hospital's internal regulations.
2.	Budget planning for the implementation of retention and destruction		√	No specific budget allocation was observed. However, advanced scanning equipment capable of rapidly processing large volumes of documents (sheet-by-sheet) is already in place; the procurement of this equipment was funded through the available budget.
3.	Standard Operating Procedures (SOPs) regarding the retention and destruction of inactive medical record files	√		Operations continue to adhere to statutory regulations and the hospital's internal policies to ensure all documentation requirements are met.
4.	Schedule for the retention and destruction of inactive medical record files		√	There is currently no formal written schedule.

Source: Primary Data, 2026

The "System Factor" in this study encompasses the budget, storage racks for inactive files, tools supporting retention and destruction, Standard Operating Procedures (SOPs), and Hospital Management Information System (SIMRS) support. Research findings indicate that the hospital has provided computers and scanners to assist the retention process, and SOPs regarding retention and destruction are in place. However, there is no specific budget allocated for destruction activities. Facility limitations persist, particularly regarding dedicated storage racks for inactive medical record files; inactive files are currently kept in boxes and stored in a separate room. Furthermore, the hospital lacks destruction equipment, such as paper shredders. These limitations can hinder the destruction process and the management of files that no longer possess utility value. These findings align with studies by Wijaya et al. (2022) and Alfiansyah et al. (2024), which identify facilities and infrastructure as crucial elements in the implementation of retention and destruction procedures. Regarding the information system, the SIMRS does not yet provide automatic notifications when files reach inactive status, as the system is still under development. Information system support could otherwise assist staff in identifying files that have entered the retention period and reduce reliance on manual sorting. Although SOPs exist, implementation remains delayed. This suggests that the existence of SOPs must be accompanied by adequate infrastructure, implementation schedules, clear task allocation, and supervision to ensure consistent application.

Table 5. Summary of Research Findings

Factor	Key Findings	Condition
Personal Factors	Some staff lack a medical records background; knowledge levels are uneven; no specific training or seminars have been conducted.	Needs improvement

Team Factor	Coordination and cooperation are good; staffing levels are considered adequate; daily workloads are high.	Partially met
System Factors	Computers, scanners, and SOPs are available; inactive record shelving, disposal equipment, and SIMRS notification features are not yet available.	Not fully met

Source: Primary Data, 2026

CONCLUSION

Based on the research findings regarding the implementation of medical record retention and destruction at the South Buton Regency Regional General Hospital (RSUD), the following conclusions can be drawn:

Regarding the "Personal Factor" in the implementation of medical record retention and destruction, some staff members lack understanding of the definitions, schedules, or timing associated with these processes; furthermore, some staff members do not possess an educational background in medical records. This situation is compounded by the fact that medical record staff at the hospital have not attended any training or seminars specifically addressing medical record retention and destruction, even though the procedural workflow has been communicated through internal briefings and existing hospital guidelines.

Regarding the "Team Factor," the level of coordination and teamwork is considered good, with no communication obstacles identified during retention activities. While human resources at the hospital are considered sufficient in number, staff face a heavy workload; specifically, their attention is often divided between handling registration duties and managing the distribution of a high volume of daily patient files. Consequently, the task of organizing older files is frequently delayed, leading to an accumulation of files over several years.

Regarding the "System Factor," a budget has been allocated, though there is no specific budget line item dedicated to this purpose. Specialized storage shelving for inactive medical records is not yet available; instead, these files are stored in cardboard boxes in a separate room. While the hospital possesses equipment that supports retention activities—such as computers and scanners—it lacks equipment for destruction, such as paper shredders. The South Buton Regency Regional General Hospital (RSUD) has also established Standard Operating Procedures (SOPs) regarding the retention and destruction of medical record files. However, the Hospital Management Information System (SIMRS) does not yet feature notifications, as the system is currently under development.

DAFTAR PUSTAKA

- Agustin, D. W., Wijayanti, R. A., & Permana, G. N. (2020). Identifikasi Faktor Penyebab Ketidakesesuaian Pelaksanaan Retensi Dokumen Rekam Medik Inaktif di RS Husada Utama Kota Surabaya. *J-REMI: Jurnal Rekam Medik dan Informasi Kesehatan*, 2(1), 57–63. <https://doi.org/10.25047/j-remi.v2i1.2156>
- Alfiansyah, G., Himma, A. F., Rachmawati, E., & Roziqin, M. C. (2024). Keterlambatan Retensi dan Pemusnahan Rekam Medis di Puskesmas Maron Probolinggo. *Jurnal Riset Pengembangan dan Pelayanan Kesehatan*, 3(1). <https://doi.org/https://doi.org/10.56399/jgl.v3i1.171>
- Futari Ayu Istikomah, Nuraini, N., Erawantini, F., & Ardianto, E. T. (2020). Analisis Prioritas Penyebab Belum Terlaksananya Retensi dan Pemusnahan Dokumen Rekam Medis Rawat Inap di RS Mitra Medika Bondowoso Tahun 2019. *J-REMI: Jurnal Rekam Medik Dan Informasi Kesehatan*, 1(4), 381–392.
- Hardani, Auliya, N. H., Andriani, H., Fardani, R. A., Ustiawaty, J., Utami, E. F., Sukmana, D. J., & Istiqomah, R. R. (2020). *Metode Penelitian Kualitatif dan Kuantitatif* (H. Abadi (ed.)). CV. Pustaka Ilmu.
- Leksono, S. (2020). Pendekatan Deskriptif. *Ilmu Ekonomi dan Penelitian Kualitatif*.
- Muzuh, M. E., Sari, S. M., Setyowati, R., & Mana, I. R. (2025). Penerapan Metode PDCA untuk Mengurangi Insiden Kesalahan Pengarsipan Rekam Medis: Studi Kualitatif di Rumah Sakit Daerah di Indonesia. *JURNAL PROMOTIF PREVENTIF*, 8(4), 1007–1012.
- Permenkes RI No 24. (2022). Permenkes RI No 24 Tahun 2022 Tentang Rekam Medis. *Peraturan*

- Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022, 151(2), 10–17.*
- Presiden RI. (2023). UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 17 TAHUN 2023 TENTANG KESEHATAN. *Undang-Undang, 187315*, 1–300.
- Situmaorang, M., Mulyana, A., & Nurwana, M. (2023). Analisis Keterlambatan Retensi Dan Pemusnahan Berkas Rekam Medis Di Rumah Sakit X. *Warta Dharmawangsa, 17(2)*, 542–553. <https://doi.org/10.46576/wdw.v17i2.3170>
- Waruwu, M. (2024). Pendekatan Penelitian Kualitatif: Konsep , Prosedur , Kelebihan dan Peran di Bidang Pendidikan. *Jurnal Penelitian dan Evaluasi Pendidikan, 5*, 198–211. <https://doi.org/https://doi.org/10.59698/afeksi.v5i2.236>
- Wijaya, A., Firdausiyah, F. A. N., & Akbar, P. S. (2022). Keterlambatan Pelaksanaan Retensi Dokumen Rekam Medis di Rumah Sakit: Literature Review. *Jurnal Rekam Medik & Manajemen Informasi Kesehatan, 1(1)*, 19–28. <https://doi.org/10.47134/rmik.v1i1.12>