

EFFORTS TO CORRECT MISFILE INCIDENTS IN THE FILING ROOM USING THE PDCA (PLAN, DO, CHECK, and ACTION) METHOD AT THE WAJO HEALTH CENTER

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A B S T R A C T

Wajo Community Health Center is one of the Community Health Centers in Baubau City which has inpatient care and is a community health center that reaches 120 patients per day. This research was motivated by the occurrence of misfiles in medical record files obtained in May 2024 with a total of 15 misfiles in medical record files with a total of 1620 patients seeking treatment at the Wajo Community Health Center. This research aims to improve misfile incidents in the film room using the PDCA (Plan, Do Check and Action) method. is a type of descriptive approach and data collection techniques using interview guidelines, observation and documentation studies. The results of this research are that we have made a design for numbering stickers on the medical record shelf baskets, then pasted them and made an expedition book design as a marker and proof of the existence of the outgoing medical record files. From the storage room, after planning was carried out, the resulting number of misfile incidents in medical record files was 15, so after repairs were made, misfile incidents began to decrease by 6 files. Conclusion: The researcher has carried out efforts to repair misfile incidents in the medical record room using the PDCA method at the Wajo Health Center. Suggestions for this research It is hoped that the community health center which is the research site will continue the improvements that have been implemented.

INTRODUCTION

A health center is a functional implementing unit that functions as a health development center, a center for fostering the role of a first-level health service center that carries out its activities comprehensively, integrated, and continuously in a community that resides in a certain area (Sari et al., 2019).

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 43/MENKES/PER/2019 concerning health centers, health centers are health service facilities (faskes). A health service facility is a place used to carry out health service efforts, both *promotive*, *preventive*, *curative* and *rehabilitative* carried out by the government, local governments and/or community governments. To improve the quality of health center services, it is supported by the implementation of medical records which is one of the health service efforts that aims to support the achievement of administrative order. The health center was established to provide basic, comprehensive, complete, and integrated health services for all residents living in the working area of the health center. The health center is required to provide medical records.

Medical record files are said to be mislocated or lost if the file is needed but on the file storage shelf it is not available or non-existent. Misfile files can also cause duplication of medical record files where this is in line with research conducted by Mutiara (2018) which states that *misfiles* of medical record files can cause duplication of medical record files where a patient has two medical record numbers, because it causes the results of continuous patient examinations to not be achieved due to the separation of previous patient history records.

Misfile is an error in the arrangement and placement of medical record files because it can be very difficult later when looking for and retrieving files (Novianti, 2022).

Based on the results of the research on the cause of *misfiles* caused by the Man element at the Bungi Health Center, the implementation of the collection and return of medical record files in the storage room was carried out by one medical record officer. Based on the results of observations made in the medical record file storage room of the Bungi Health Center, it was found that there were officers in the filing section, but they did not have a background in medical record education and

health information, but had a background in dental nurse education. These officers have participated in training related to medical records (Mega Ermasari Muzuh, Wa Ode Sitti Budiatty, 2023).

The use of *Tracer* is one of the important means of controlling the use of medical records, used to replace medical records that come out of storage. *The tracer* remains in storage until the borrowed medical records are returned and stored again. A *tracer* or *out guide* card is a card used to replace medical records. The use of *Tracer* is one of the important means of controlling the use of medical records, used to replace medical records that come out of storage. The *tracer* remains in storage until the borrowed medical records are returned and stored again. A *tracer* or *out guide* card is a card used to replace medical records.

According to the results of previous research conducted by Nova, Djusmalinas and Fitra at the Bengkulu City Hospital, misfiles were often found during the search for patient medical record documents in the *filing* room, there were *misfiles* as many as 50 medical record documents on shelves 01-21 to 01-30. This is because the storage room of the Bengkulu City Hospital is still messy, the use of *tracers* and SOPs in the filing room has not yet existed and *the filing* officers have not conducted training (Oktavia & Damayanti, 2017).

Based on the results of initial observations, the Wajo Health Center is one of the health centers that provides inpatient treatment and health centers in Baubau City which has approximately 120 patients per day. The number of patients in May reached 1,620, there were *misfiles* of 15 medical record files that were *misfiled*. Therefore, the author is interested in conducting research with the title Efforts to Improve *Misfile* Incidents in the *Medical Record Filing* Room using the PDCA method at the Wajo Health Center.

METHODOLOGY

Qualitative research methods are research methods used to research on the natural condition of objects. This type of research is descriptive qualitative research, meaning that data analysis is not with numbers but with words, sentences or paragraphs that are used to evaluate efforts to improve *misfile* incidents in the *filing room* using the PDCA method at the Wajo Health Center. The subjects in this research are medical record officers, consisting of the head of the medical record room and the medical record officer at the Wajo Health Center. The object used in this study is an effort to correct the occurrence of *misfiles* in the medical record *filing* room at the Wajo Health Center. The place where this research was carried out was at the Wajo Health Center located on Dr. Wahidin Street, Lamangga Village, Murhum District, Baubau City. The time for conducting the research starts from April to May 2024. The data collection techniques in this study are Observation, Interview and Documentation Study. This research instrument is an observation checklist, interview guidelines and recording tools. The data analysis of this research is data reduction, data presentation and conclusion drawn.

RESULTS & DISCUSSION

Do you know the main cause of *misfiles* in the medical record filing room at the Wajo Health Center?

Based on the results of interviews and observations conducted on the research subjects, namely medical record officers who stated that there are still misfile incidents, but not so often this is because officers who are tired, rush to go home become the wrong insert of the medical record file, the folder number is almost similar to the number, the length of time it takes to return from the poly, many patients seek treatment so that when the officer inserts the medical record file in its place they have fatigue and lack of focus.

"Wrong insert, the same sometimes the file comes back from the poly, It's sloppy so sometimes human error Oh yes usually it's a workload because it's tired and wrong in the map number sometimes almost the same number "

(Responden A)

"Human error, because I'm tired, hurry to go home"

(Responden B)

This is emphasized by *triangulation* , which is as follows:

"Ah, the wrong file, the wrong basket, the basket has the numbers anyway, the wrong insert is usually because the medical record number is almost the same, so sometimes it's the same human error as well"

(Triangulation)

Based on the results of interviews and observations conducted by the researcher to the research subjects, the results of the observation study are:

Table 1. Observation Results

Observed aspects	Observation Results		
	Yes	Not	Information
SOP for Storage Space Management	✓		There is Not yet a match
Misfile events	✓		There are quite often
Tracer	✓		There is But not used
Expedition Book		✓	None
Borrowing SOP		✓	None
Return SOP		✓	None
SOP Efforts to Handle Misfile Incidents		✓	None

Planning improvements that will be made to reduce the incidence of misfiles in the medical record filing room using the PDCA (*Plan-Do-Check-Action*) method at the Wajo Health Center?

Plan Stage

This plan stage is an improvement plan in solving the problems that occur. The repair plan consists of:

Planning the design of medical record number stickers that will be pasted on a folder basket that does not have a medical record file number label or storage sub-shelf. The provision of this sticker is carried out to make it easier for officers to search for medical record files and store medical record files later to reduce *misfiles* because most of them are misinserted.

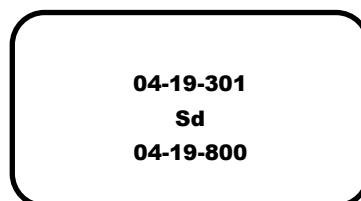


Figure 1. Numbering Sticker Design

Planning the creation of an expedition book design. This planning is carried out so that officers can monitor medical record files that have been borrowed or left the *filing room* to minimize delays in the return of medical record document

Planning socialization to officers regarding the addition of the use of medical record numbering stickers that will make it easier for officers to find medical record files and store medical record files. Conducting socialization activities to officers regarding the addition of expedition books that make it easier for officers to know the files that have come out and those that have not been returned. Do Stages Have created and pasted a medical record file numbering sticker on a medical record folder *boxfile* that does not have a sticker before. Have made and recorded in the expedition book the record file. This book will be evidence and a marker for where all medical record files that come out of the storage room go.

It has conducted socialization related to the addition of the use of medical record numbering stickers that will make it easier for officers to find medical record files and store medical record files. Having conducted socialization related to the use of expedition books that have been made with expedition books, officers will find it easier to know and track where the files come out. Conducting socialization activities to officers related to the use of expedition books that make officers know the files that have been borrowed out and files that have returned to the storage shelf.

Table 2. Misfile Incidents at the Wajo Health Center in 2024

Moon	Number of Patient Visits	Number of Misfiled RM Documents	Presented %
January	1.590	20	1,26%
February	1.623	22	1,35%
March	1.594	18	1,12%
April	1.632	10	0,61%
May	1.620	15	0,92%
Sum	8.059	85	1,05%

Source : Wajo Health Center in 2024

The table above explains the number of *misfile* incidents over the last 5 months as much as 1.05%. This shows that there are still many misfile incidents at the Wajo Health Center. Because in the *filing room* they do not use the expedition book and on the numbering label there are still many who do not have a numbering sticker on the medical record file basket, therefore the researcher provides a solution in the form of numbering the medical record file and making an expedition book so that every document that comes out of the *filing room* is recorded in the expedition book

Check Stage

The *Check stage* is to check the results of the improvements that have been made to the efforts to correct misfile events in the medical record *filing room* using the PDCA *plan, do, check, and action methods*. The results obtained after carrying out the improvement stages to reduce the number of *misfiles* in medical record files and to make it easier for police officers to find medical record files.

The results obtained after making repairs are that officers will more quickly find out where the files that have not been returned are, as well as a decrease in the incidence of *misfiles* in medical record files where in May 2024 there were 15 misfiles of medical records, then in June 2024 with a total of 1,637 patients after repairs were made, the number of incidents amounted to 6 files and no more.

At this stage, the results obtained after examining the improvement results are to continue to do what has been planned by recording if the medical record file is going to come out for certain purposes and monitoring and evaluation at the end of each month by re-controlling to ensure that all files are returned and recorded in the expedition book.

DISCUSSION

Plan Stage

This Plan stage is an improvement plan in solving the problems that occur. The improvement plan that occurs is: Planning to make a numbering sticker design on a medical record folder basket that does not yet have a medical record numbering sticker. Planning the creation of expedition book designs for outgoing and returning files Planning socialization to officers related to the use of

expedition books and the addition of medical record folder numbering stickers affixed to baskets that do not yet have numbering.

Do Stages

The *Do* stage is an implementation that has been prepared or planned in advance in making an improvement to the existing problem. The improvements that have been made are as follows: Have created and pasted a medical record file numbering sticker on a medical record folder *boxfile* that does not have a sticker before. Have made an expedition book design. This expedition book is used where medical record files come out of the storage room. For example, when patients seek treatment at polyclinics and other purposes as well as to reduce the incidence of *misfiles*. It has conducted socialization related to the addition of the use of medical record numbering stickers that will make it easier for officers to find medical record files and store medical record files. Having conducted socialization related to the use of expedition books that have been made with expedition books, officers will find it easier to know and track where the files come out.

Check Stage

The *Check* stage is to check the results of the improvements that have been made to the efforts to correct misfile events in the medical record *filing* room using the PDCA *plan, do, check, and action methods*. The results obtained after carrying out the improvement stages to reduce the number of *misfiles* in medical record files and to make it easier for police officers to find medical record files. The results obtained after making repairs are that officers will more quickly find out where the files that have not been returned are, as well as the decrease in the incidence of *misfiles* in medical record files in May 2024 there were 15 *misfiles*, then after repairs were carried out in June, the number of incidents amounted to 6 files with a total of 1,637 patients visiting.

Action Stage

At this stage, the results obtained after conducting an examination of the improvement results are doing what has been planned. recording if the medical record file is going to come out for certain purposes and monitoring and evaluation at the end of every month by re-controlling to ensure that all files are returned and recorded in the expedition book.

Based on the results of research conducted at Muhammadiyah Hospital Bandung, it was shown that the management of borrowing and returning medical records was not in accordance with the applicable SOPs, where the borrowed medical record files were not recorded in the expedition book, resulting in the unknown of which medical record files were borrowed. Currently, the borrowing of medical records is still adjusted from the registration system from the existing database, besides that there are more medical records than 1x24 hours, so that when patients come for treatment, medical records are not found in storage so sometimes officers think that the medical record file is mistakenly entered the *filing* rack. This is because officers do not use *tracers* to find out which documents are being borrowed, making it difficult for officers to search for documents that come out of the *filing* rack and making it difficult for officers to return medical record documents (Setiatin & Abdussalaam, 2021).

Medical record documents that are issued, borrowed by patients who will be treated, polyclinic nurses, polyclinic doctors, and other medical records that require patient medical record documents need to be recorded in the expedition book for borrowing patient medical records so that medical record docues can be properly controlled. According to the Indonesian Minister of Health (2008), medical records are documents that are kept confidential by good management of borrowing and returning medical records, so that a smooth and orderly process is created in the process of borrowing and returning medical records (Apriliani et al., 2020).

This theory is in line with the results of Kurniawati's (2015) research, which states that from the aspect of tools, the use of *tracers* and expedition books has *not been applied in the outpatient filing* of Dr. M. Ashari Pemalang Hospital, so that many officers have difficulty knowing the existence of medical record files that are being issued and borrowed Also strengthened by the statement of Huffman, (1994), namely if the implementation of BRM alignment is still found to be mislocated (*misfile*) and the non-discovery of lost files, it can hinder the process of retrieving and returning BRMs both stored and borrowed (Oktavia & Damayanti, 2017).

One of the factors that cause *the occurrence of misfiles* of medical record documents is facilities and infrastructure, namely *tracers* and expedition books. The use of expedition books and

tracers is because officers feel troublesome to rewrite patient data into expedition books. The expedition book serves as the handover of medical record documents, to find out which unit borrowed the medical record document and find out when the medical record document was returned. If the expedition book is not used optimally, it will be difficult to track the existence of medical record documents when *misfiles* occur (Oktavia & Damayanti, 2017).

CONCLUSION

Based on the results of the research conducted at the Wajo Health Center, researchers can draw the following conclusions:

At the *Plan stage*, the researcher plans to make a numbering sticker design on the medical record folder *boxfile* that does not have a medical record numbering sticker, plans to make an expedition book design for the outgoing and returning files and plans socialization to officers regarding the use of the expedition book and the addition of medical record folder numbering stickers attached to the *boxfile* that does not yet have numbering.

At this *stage*, the researcher has made and pasted a medical record file numbering sticker on a medical record folder basket that did not have a sticker before. Then the researcher has made an expedition book design. This expedition book is used where medical record files come out of the storage room. For example, when patients go to the polyclinic for treatment and other purposes, as well as to reduce the incidence of *misfiles* and have carried out socialization related to the addition of the use of medical record numbering stickers that will make it easier for officers to find medical record files and store medical record files. Having conducted socialization related to the use of expedition books that have been made with expedition books, officers will find it easier to know and track where the files come out.

At the *Check stage*, it is to check the results of the improvements that have been made to the efforts to correct misfile events in the medical record *filing* room using the PDCA *plan, do, check, and action methods*. The results obtained after making repairs are that officers will more quickly find out where the files that have not been returned are, as well as the decrease in the incidence of *misfiles* in medical record files in May 2024 there were 15 *misfiles*, then after repairs were carried out in June, the number of incidents amounted to 6 files with a total of 1,637 patients visiting.

At this action stage, the results obtained after examining the improvement results are doing what has been planned. It has recorded if the medical record file is going to come out for certain purposes and monitors and evaluates it at the end of every month by re-controlling to ensure that all files are returned and recorded in the expedition book.

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