

Analisis kelengkapan dan ketepatan pengembalian berkas rekam medis pasien rawat inap di RSUD Tarakan, Jakarta periode Bulan Oktober th.2002

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Abstrak

<div style="text-align: justify;">Saat ini rumah sakit dan tenaga kesehatan rawan akan tuntutan-tuntutan yaitu tuntutan mutu pelayanan, tuntutan kesejahteraan karyawan, tuntutan hukum dari pasien dan banyak pesaing dalam bidang perumaha-sakitan. Atas dasar itu diperlukan upaya perbaikan mutu dan menjaga mutu. Penelitian Departemen Kesehatan tahun 1989 di rumah sakit kelas B, C, D pada enam provinsi rekam medis belum dapat digunakan sebagai alat ukur mutu pelayanan kesehatan dimana - pengisian rekam medis tak lengkap dan data-datanya disangsikan. Kejadian serupa terjadi di RSUD Tarakan Jakarta, dimana dari penelitian bulan Juni 2002 dan wawancara pra-penelitian dengan kepala sub bagian rekam medis RSUD Tarakan Jakarta pada bulan Desember 2002, pengisian rekam medis tak lengkap dan pengembalian 100% terlambat. Untuk itu diperlukan penelitian kelengkapan dan ketepatan waktu pengembalian rekam medis rawat inap serta faktor-faktor apa yang berpengaruh terhadap kelengkapan dan ketepatan waktu pengembalian. Penelitian ini menggunakan metoda deskriptif kualitatif dan kuantitatif. Hasil penelitian pada rekam medis rawat inap bulan Oktober 2002 didapat rekam medis, yang lengkap hanya 4,7% dan tak lengkap 95,3% sedangkan tepat waktu pengembalian 18% dan tak tepat waktu 82%. Faktor-faktor yang berpengaruh terhadap kelengkapan adalah lingkungan kerja kurang menyenangkan, kompensasi belum memadai, ketidakdisiplinan waktu kerja, monitoring (supervisi) tak berjalan, belum ada penghargaan yang memadai, peran dan fungsi panitia rekam medis tak berjalan, urgensi terhadap rekam medis masih rendah, sosialisasi buku pedoman pengelolaan rekam medis sangat kurang sedangkan faktor-faktor yang berpengaruh terhadap ketepatan pengembalian adalah resume medis belum diisi, pengetahuan dan pemahaman petugas administrasi ruang perawatan sangat kurang dan fungsi monitoring (supervise) tak berjalan. Atas dasar temuan itu disarankan peningkatan kualitas sumber daya manusia dan pemberdayaan staff sub bagian rekam medis, peningkatan fungsi dan peran panitia rekam medis, peningkatan kompensasi, peningkatan disiplin waktu kerja, peningkatan sosialisasi buku pedoman pengelolaan rekam medis, peningkatan prasarana fisik dan sarana, dilaksanakan sistem pemberian penghargaan dan teguran terhadap petugas yang telah melaksanakan pengelolaan dengan baik dan tidak baik serta untuk masa akan datang digunakan sistem komputerisasi rekam medis dimana bila salah satu petugas tidak mengisi rekam medis maka secara otomatis jasa produksi tak keluar.</div><hr /><div style="text-align: justify;">

Recently, the hospital and health personnel are troubled by claims that are the claim of service quality, the claim of employee's welfare, criminal procedure by the patient and other competitors in hospitalization aspects. Base on those facts, so some effort of improving and maintaining the quality is needed. The study by Department of Health on 1989 in the hospitals class B, C, D, in six provinces reveals that the medical record is can not be used yet as a measurement device to the quality of health services because the filling up of medical record is still incomplete and the data are doubted. Similar things happen in RSUD Tarakan Jakarta; where from the study in June 2002 and the pre-study interview with the chief of medical record sub department in RSUD Tarakan Jakarta in the month of December 2002, the filling up of medical record was incomplete and

the returns was 100% delayed. Thus, there is a need to study about the completeness and accuracy of the medical record return in the hospitalized patient and those factors, which affect the completeness, and accuracy in returning time. This study was using the qualitative and quantitative descriptive method. The study result about the medical record of hospitalized patient in October 2002 revealing only 4,7% of complete medical record and the incomplete of 95,3%, where as the medical record with on time returning of 18% and not on time of 82%. The factors that affect completeness are inconvenient of working environment, insufficient compensation, indiscipline of working hours, stuck monitoring (supervision), insufficient reward, interference in the role and function of medical record committee, low urgency of medical record, the lack of medical record management guiding books socialization. Whereas the factors that affect returns are no filling up of resume of medical record, knowledge and understanding of the health care room administrative officer and the stuck in monitoring (supervision) function. Based on those findings, it is suggested to improve the quality of human resources and make the staff of the medical record sub department to be efficient, enhance the function and role of the medical record committee, improve compensation, improve the discipline of working hours, enhance the socialization of the guiding book of medical record management, improve the physical utility and pre-utility, do the reward and punishment system for the officer who had done good and bad management respectively, and for the future, it will be used computerization system, where if there is an officer who does not fill up the medical record, then automatically there will be no production services.</div>