



Analysis of Outpatient Admission Procedures for the Effectiveness of Medical Records Services at RSUD X

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Abstract : This study aims to analyze the procedure for receiving outpatient patients to support the effectiveness of medical record services at RSUD X. Hospitals as health service institutions are expected to provide effective and efficient services to the community of health service users. The medical record unit has an important role in documenting patient medical information, recording histories, and preparing the necessary documents, especially in the outpatient registration area. Outpatient services are the entry point for patients when they first visit the hospital. Effectiveness can be seen as a measure of the success or failure in achieving organizational goals. This study found that there is a division of outpatient registration counters on two floors with a total of 9 counters. The outpatient registration service flow remains the same despite the division of counter locations. This study suggests that RSUD X can improve the effectiveness of outpatient registration services by considering the comfort and convenience of patients in the registration process.

IndexTerms - Patient Admission, Medical Records, Service Effectiveness.

I. INTRODUCTION

A hospital is a health institution that provides comprehensive health services to individuals, including inpatient, outpatient and emergency treatment services (Ministry of Health of the Republic of Indonesia, 2020). Therefore, hospitals are expected to be able to provide effective and efficient services to the public who use health services. As a health service institution, hospitals offer various types of services including inpatient, outpatient and emergency services (Putri et al., 2021). Hospitals have more than one unit that helps provide health services to patients, one of which is the medical records unit. The medical records unit consists of inpatient registration, emergency room registration, outpatient registration, assembling, coding, health information system reporting, inactive medical record file management, and filling.

Medical records are documents that include patient identity data, examination results, treatment given, actions taken, and other services that have been provided to patients (Permenkes RI, 2022). Managing medical records in health institutions such as hospitals, clinics or health centers is very important as part of health services. Medical records are part of an organization that must be managed well to achieve the stated goals (Nurbaya et al., 2020). The medical records room must be designed comfortably and according to the needs in various areas of the hospital, such as in the outpatient registration section. Medical records will be useless if they are not managed properly. Therefore, high quality medical records are needed as evidence of quality health services. The completeness of medical records greatly influences the quality of medical records and overall health services (Zeta Andhani et al., 2021).

In the outpatient registration area, the medical records unit has an important role in documenting patient medical information. The medical records unit records the patient's medical history and prepares the documents required for health services. Outpatient services are the gateway for patients when they first visit the hospital (Yasin et al., 2022). The medical records unit room at the outpatient registration is comfortable and well organized, helping staff carry out their duties efficiently and accurately. Outpatient services at hospitals are expected to provide effective, efficient and quality services in accordance with established standards. This service must be accessible to all levels of society and able to meet consumer expectations through the provision of quality health services (Ahmad et al., 2022).

Effectiveness can be considered as a measure of an organization's success or failure in achieving its goals. If an organization succeeds in achieving its goals, it can be said that the organization is operating effectively. Effectiveness indicators reflect the extent to which a program is successful in achieving its stated goals and the extent of the impact or results produced by the program. The effectiveness of services, both medical and non-medical, has always been the main focus of attention, both from external parties to the hospital and from hospital visitors themselves (Azzaidi et al., 2021). Based on previous research, patient confusion when registering occurs because the placement of the registration service flow on information boards is less strategic. The registration service flow is placed near the exit leading to the polyclinic, so that patients who want to register do not know about the service flow that they should follow (Fuanasari et al., 2014). Based on the results of observations during Field Work Practices (PKL), outpatient registration at RSUD X is divided into two floors. Registration services are open from Monday to

Friday, except holidays. Patients start queuing from 06.30 WIB and registration is open at 07.30-12.00 for Monday-Thursday, 07.30-11.00 for Friday, and 07.30-11.00 for Saturday. There are 9 outpatient registration counters, where counters 1-4 are on the 1st floor, counters 5-6 are on the 2nd floor, and 1 counter is for the cashier. These counters serve patient registration which will be directed to the 13 existing specialist polyclinics. The flow of outpatient registration services at RSUD X remains the same.

II. RESEARCH METHODOLOGY

Qualitative analysis was used in the research, following a descriptive methodology. To evaluate an object's natural state, qualitative methods are applied. Service flow, arrival rate, and service time are among the examined objects. In addition, six informants—medical records unit officials in charge of outpatient registration—were interviewed in-depth for the research.

The primary or central subject of attention and investigation in a study is called the focus of qualitative research. The research's emphasis provides an explanation of the dimensions that will be the primary subject of in-depth analysis and discussion (Cendani et al., 2022).

III. RESULTS AND DISCUSSION

As of right now, RSUD X is in the development stage with the goal of raising hospital standards for health care quality. More fully functional supporting facilities are required in order to accomplish this goal. RSUD's outpatient registration section. A single officer staffs each counter, providing assistance and outfitted with a table, chair, and computer. The registration waiting room can hold up to 80 people in total thanks to its 16 long seats, each of which can hold five people, and its 15-person round sofa. Some people have to wait to be seen during busy hours, as the waiting area is frequently packed.

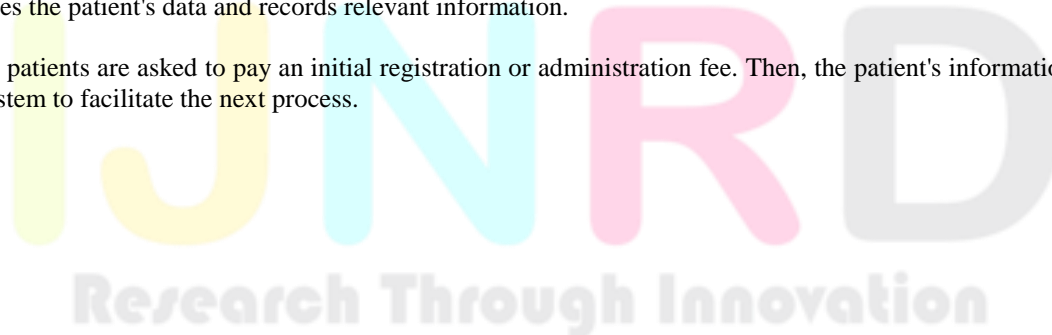
1. Service Effectiveness

- a. **Service Effectiveness Before Floor Division:** The outpatient registration counter before being divided into two floors experienced overcrowding, especially during peak hours. Patients have to wait in long queues, which can cause discomfort and dissatisfaction. Lack of adequate space and supporting facilities to manage the large number of patients. Barriers: High patient waiting time due to long queues on one floor. Potential errors in recording data due to high work pressure on registration officers.
- b. **Service Effectiveness After Floor Division:** The outpatient registration counter is now divided between floor 1 (counters 1-4) and floor 2 (counters 5-8), with a cashier counter on floor 1. Each counter is operated by one officer with a table, chairs, and computers as a means of service. Advantages: Dividing counters between two floors can reduce crowding in one place, distributing the workload more evenly. With more counters available, patient wait times will likely decrease. Reducing wait times and improving service efficiency can improve overall patient satisfaction.

2. Outpatient Registration Flow at RSUD

- a. **Jamkesmas Patients** The registration flow for Jamkesmas patients begins with taking the queue number on the manual queue number machine or those who have taken the online queue using JKN Mobile. Patients come to the special registration counter of the designated polyclinic and show their BPJS card and other identity cards. Patients fill out a registration form with personal information and BPJS number. Officers verify patient data with the BPJS system to ensure eligibility and service coverage. Patients are given a queue number and a schedule to meet the doctor according to availability.
- b. **General Patients** The general patient registration process begins by taking a queue number, either manually at the queue machine or online using the JKN Mobile application. After the queue number is called, the patient comes to the special registration counter for the designated polyclinic. At the registration counter, patients present their personal identification card and required medical history. Next, the patient fills out a registration form with personal information. The officer then verifies the patient's data and records relevant information.

After that, patients are asked to pay an initial registration or administration fee. Then, the patient's information is entered into the hospital system to facilitate the next process.



The following is the Outpatient Service Flow Diagram & Medical Record Document Flow at RSUD X:

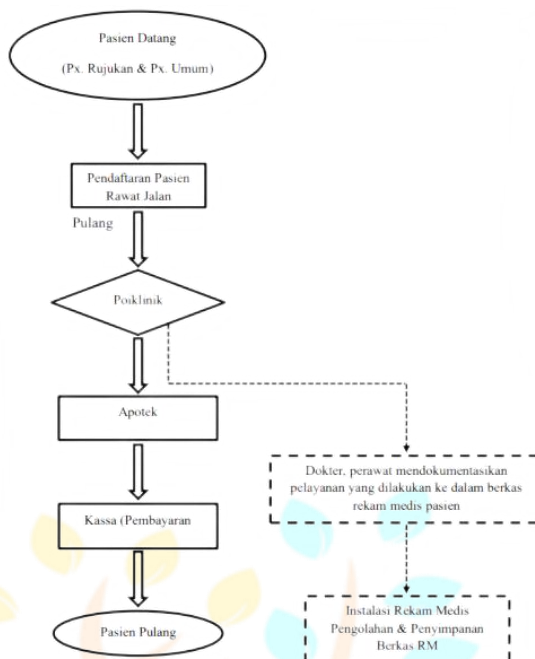


Figure 1. Outpatient service flow at RSUD X

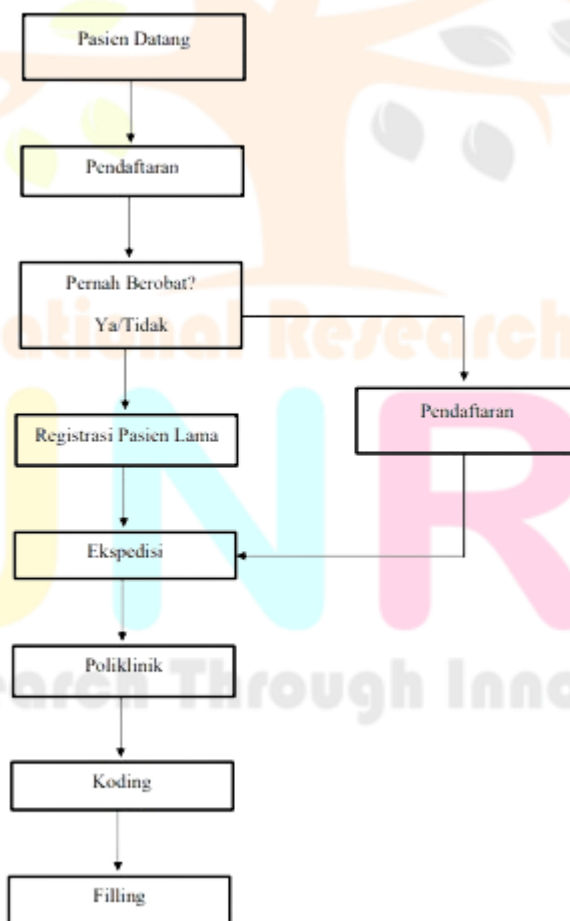


Figure 2. Outpatient Medical Record Document Flow

The following is an identification of alternative solutions for the 5 M elements made by researchers:
 Table 1. Identification of alternative solutions

5M Elements	Problem	Solution
Man	High workload of officers registration before floor allocation causes the error rate high and increased stress.	Memperbanyak jumlah petugas pendaftaran untuk mengurangi beban kerja masing-masing, dan melakukan pelatihan , pengembangan keterampilan bagi petugas
Method	The registration process is not yet complete optimal lead to waiting time which is long and increasing error rate	Optimizing the registration flow by utilizing technology, such as an online queuing system, to reduce waiting times and increase efficiency as well as implementing clear and structured standard operating procedures (SOP) to ensure every step in the registration process is carried out consistently and effectively.
Machine	Lack of facilities and infrastructure adequate, such as computers and registration equipment, can hamper service efficiency	Renew and increase the number of machines and equipment used in the registration process to support speed and accuracy of service and carry out routine maintenance and regular maintenance of machines to prevent damage
Material	Lack of material or form sufficient registration is possible slow down the service process	Ensure availability registration materials sufficient at all times so as not to hinder the service process and optimize use of digital technology to reduce dependence on physical materials.
Measurement	Lack of measurement and evaluation on service performance can makes it difficult to identify areas that need improvement.	Take measurements and regular monitoring of service performance, incl waiting time, rate errors, and patient satisfaction, to identify potential repair.

Arrival Price

One counter could serve 128 patients a day on average prior to the floors being divided. Approximately sixty patients are served daily by each counter following distribution. Thirty minutes is the average wait time for floor allocation following registration. There is a 15-minute waiting period following floor assignment. There are frequently busy times and days at every counter. These times are typically between 06.30 to 08.00 when the counter door first opens and while taking the queue number manually. On busy days, this happens on Mondays.

Service Duration and Levels

The outpatient registration counter at RSUD X is open for business from Monday through Friday during the following hours:

Wednesday through Friday: 07.30–12.00 WIB

Friday, from 7:30 to 11:00 WIB

The standard of RSUD's registration service The average service time was determined by measuring how long the counter personnel spent serving each patient for an hour over the course of a week of observation (Monday through Friday).

Analysis of Service Performance

1. The hourly average of patients served

The following is a comparison of the average patients served per hour before and after floor division:

	Before Distribution Floor	After Distribution Floor
Patients per Day	128	60
Operational hour	Monday-Thursday (4.5 hours) Friday (3.5 hours)	Monday-Thursday (4.5 hours) Friday (3.5 hours)
Average Patient per hour	28	13

2. Officer Efficiency

Before Floor Distribution, officers were faced with a high workload with long queues, which often caused stress and errors in record keeping.

After Floor Split, dividing the counters between the two floors has helped distribute the workload more evenly, reducing stress, and allowing officers to work more efficiently and accurately..

3. Error Rate

Before Floor Division, the error rate in entering data into the system and registration tended to be high due to heavy work pressure.

After Floor Split, with a more distributed workload, the error rate in entering data into the system decreased, increasing the accuracy and reliability of patient data.

4. Officer Satisfaction

Before the floor division, staff faced a very high workload with an average of 128 patients per day, which caused fatigue and stress. After dividing the floors, the workload is distributed more evenly with each officer serving an average of 60 patients per day. This reduction helps reduce stress and fatigue levels, so officers can work more efficiently and focused.

By reducing the number of patients per counter, staff working conditions become more comfortable and organized. They have more time to enter patient data into the system accurately, which also reduces the chance of errors. This creates a more positive and conducive work environment for officers.

Dividing the counters between two floors not only helps in distributing the workload but also provides more space and facilities for officers. Each counter is equipped with adequate tables, chairs and computers, allowing officers to work more comfortably and efficiently.

5. Patient Satisfaction

. Conduct surveys of patients to measure their level of satisfaction with the services provided after the changes. The results show increased patient satisfaction due to shorter waiting times and more efficient service

Feedback from patients indicates a more positive experience at registration counters and waiting rooms. Many patients appreciate the reduced wait time and added comfort in the waiting room.

Efforts Made by RSUD X to Improve the Effectiveness of Outpatient Services and Medical Records

Boost the outpatient registration room's comfort level. In addition to facilitating better coordination and communication between units related to good collaboration between the medical records unit, registration, and other units—all of which are crucial to ensuring the continuity and efficacy of services—a comfortable and well-organized room can help staff members of the medical records unit perform their duties accurately and efficiently. RSUD X optimizes the use of information technology, conducts reviews, and improves cooperation amongst these units. The accuracy and efficiency of managing medical records can be enhanced by the installation of an integrated information system. A more dependable and user-friendly information system is reviewed and developed by RSUD X. Boost the personnel of the medical records unit's proficiency and abilities. Staff members can enhance the efficacy of services by receiving ongoing training and development, which will help them handle medical records more correctly.

IV. CONCLUSION

The outpatient registration process at this hospital has gone quite well, but there are still a few things that may be done to support the efficacy of medical record services, according to the analysis of the outpatient admittance method at Hospital X. The results indicate that patients may become confused by the registration service flow's partition into two floors, necessitating the placement of more strategic flow information. However, Keeping the registration area neat and comfortable is another crucial component in assisting medical record personnel in performing their jobs accurately and efficiently. Therefore, in order to increase the efficiency of medical record services and the general caliber of hospital healthcare, efforts must be made to optimize and improve outpatient admission procedures, such as the flow of registration information and the addition of counters and staff to prevent line accumulation.

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