

**TINJAUAN PEMAHAMAN PETUGAS TERHADAP PELAKSANAAN
RETENSI DOKUMEN REKAM MEDIS DI FILING BKPM WILAYAH
SEMARANG TAHUN 2015**

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ABSTRAK

Prosedur retensi di unit filing rekam medis BKPM wilayah Semarang menetapkan bahwa retensi dilakukan setiap 5 tahun sekali. Pada survey awal penelitian ditemukan dokumen rekam medis pasien yang berkunjung terakhir tahun 2011 juga ikut dilakukan retensi. Selain dokumen rekam medis tahun 2011 petugas juga melakukan retensi dokumen rekam medis pasien yang berkunjung terakhir tahun 2010. Unit filing rekam medis BKPM Semarang pada saat itu belum mempunyai rak penyimpanan inaktif, sehingga dokumen rekam medis dibiarkan bertumpuk-tumpuk di lantai ruang filing. Berdasarkan uraian permasalahan diatas peneliti tertarik untuk mengambil judul Tinjauan Pemahaman Petugas Terhadap Pelaksanaan Retensi Dokumen Rekam Medis di Filing BKPM wilayah Semarang tahun 2015.

Penelitian ini menggunakan jenis penelitian deskriptif yaitu menggambarkan objek yang diteliti secara langsung dengan menggunakan metode observasi dan wawancara, melalui pendekatan cross sectional dimana pendekatan ini didasarkan pada kondisi pada saat penelitian.

Hasil penelitian menunjukkan tidakadanya kebijakan mengenai pelaksanaan retensi di BKPM wilayah Semarang. BKPM wilayah Semarang sudah memiliki Standar Operasional Prosedur mengenai penyusutan dan pemusnahan dokumen rekam medis tetapi di dalam protap tersebut kurang terperinci menjelaskan mengenai langkah-langkah pelaksanaan retensi. BKPM wilayah Semarang sudah membuat jadual retensi dokumen dan petugas rekam medis telah melaksanakan retensi dokumen rekam medis inaktif. Tetapi pelaksanaannya tidak sesuai dengan jadual retensi yang sudah disusun. Ada beberapa petugas yang belum paham tentang tatacara retensi. Dibandingkan dengan teori, BKPM wilayah Semarang kurang memiliki sarana retensi. Penataan dokumen rekam medis inaktif hanya disimpan dengan cara ditumpuk, dengan menjajarkan dokumen rekam medis berdasarkan urutan nomor rekam medis.

Oleh karena itu disarankan harus ada kebijakan untuk pelaksanaan retensi agar kegiatan retensi terlaksana dengan baik. Jadi, peneliti menyarankan ditetapkan kebijakan retensi sebagaimana terlampir. Harusada Standar Operasional Prosedur mengenai pelaksanaan retensi yang, isinya lebih terperinci mengenai langkah-langkah pelaksanaan retensi. Peneliti menyarankan ditetapkan Standar Operasional Prosedur tentang retensi sebagaimana terlampir. Perlunya dilengkapi sarana untuk pelaksanaan retensi. Harus ada sosialisasi kebijakan dan Standar Operasional Prosedur retensi mengenai tatacara pelaksanaan retensi, KIUP elektronik, indeks penyakit, jadual retensi dokumen rekam medis, ruang filing inaktif, rak filing inaktif, tatacara penyimpanan dokumen rekam medis inaktif, pelaksanaan retensi melalui rapat yang rutin yang diselenggarakan setiap minggu.

Kata Kunci : retensi, pengetahuan, dokumen rekam medis

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**REVIEW KNOWLEDGE OF OFFICERS TOWARD IMPLEMENTATION
THE RETENTION OF MEDICAL RECORD IN FILING BKPM REGION
SEMARANG 2015**

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ABSTRACT

Retention procedure in filling unit medical record BKPM Semarang specifies that the retention is done every 5 years. At the beginning of the research survey discovered that the medical records of patients who last visit in 2011 also carried retention. Officers also perform document retention of medical records of patients who last visit in 2010. Filing unit BKPM Semarang at that time did not have an inactive storage racks, so that documents medical records were piled on the floor of filing. Based on the description above, researchers interested in taking the title Review Knowledge Of Officers Toward Implementation The Retention Of MedicalRecord In Filing BKPM RegionSemarang 2015.

This research used descriptive research that described the observed object directly by using the method of observation and interviews, through a cross-sectional approach in which this approach was based on conditions at the time of the study.

The results showed no policy regarding the implementation of retention in BKPM Semarang. BKPM Semarang already have Standard Operating Procedures regarding depreciation and destruction of medical records document but in the Standard Operating Procedures were not detailed enough to explain the steps to implement the retention. BKPM Semarang already made a document retention schedule and medical record personnel have conducted retention of inactive medical record document . But implementation was not in accordance with the retention schedule that has been arranged. There were officers who did not understand about the procedure of retention. Compared with the theory, BKPM Semarang lack of infrastructure retention. The arrangement inactive documents stored by aligning stacked based on medical record number.

Therefore it is suggested there should be a policy for the implementation of retention so that retention activities carried out well. So, the researcher suggest the retention policy assigned as enclosed. There should be a standard operating procedure on the implementation of retention, it explains in detail the implementation of retention. Researcher suggested to assign Standard Operating Procedures on retention as attached. Importance equipped with facilities for the implementation of retention. There should be a policy dissemination and Standard Operating Procedures retention concerning the procedures for the implementation of retention, electronics KIUP, the disease index, schedule document retention, inactive filing , inactive filing rack, procedures for document storage of medical records inactive, implementation of retention through meetings that routine held every week.

Keywords : retention, knowledge, medical record document

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