

EVALUASI PENGELOLAAN FILING REKAM MEDIS RAWAT JALAN UNTUK PENCEGAHAN MISSFILE DI RSUD MAJENANG KABUPATEN CILACAP TAHUN 2016.

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ABSTRAK

Berdasarkan hasil observasi di RSUD Majenang Kabupaten Cilacap terhadap pengelolaan filing 1207 dokumen rekam medis rawat jalan pada 10 sub rak secara acak, terdapat 91 dokumen rekam medis yang mengalami missfile dan 2 dokumen rekam medis yang hilang. Sering terjadi DRM yang tidak ditemukan, maka untuk mempercepat pelayanan, petugas membuat DRM baru. Tujuan penelitian ini adalah menganalisis pengelolaan filing rekam medis rawat jalan untuk pencegahan missfile di RSUD Majenang Kabupaten Cilacap.

Jenis penelitian ini adalah deskriptif dengan pendekatan cross sectional. Metode penelitian adalah observasi dan wawancara. Subjek ialah 1 orang petugas filing, objek adalah proses pengelolaan filing rekam medis rawat jalan. Instrumen penelitian menggunakan pedoman observasi dan pedoman wawancara. Metode pengolahan data menggunakan penyajian data, editing dan tabulating. Data dianalisis secara deskriptif.

Berdasarkan hasil penelitian di filing rekam medis rawat jalan RSUD Majenang Kabupaten Cilacap terdapat 1 petugas filing rawat jalan yang melaksanakan pengelolaan filing dengan berpedoman pada kebijakan sistem penomoran, sistem penjajaran, sistem penyimpanan, pengelolaan dokumen rekam medis dan prosedur tetap tentang sistem penomoran dan sistem penyimpanan. Sistem penjajaran yang ditetapkan yaitu TDF (Terminal Digit Filing) namun pelaksanaannya SNF (Straight Numerical Filing). Bahan dokumen rekam medis adalah kertas buffalo, bahan rak file dari kayu dan bahan map folder adalah kertas soft cover. Di filing rawat jalan RSUD Majenang tidak menggunakan tracer, buku ekspedisi dan bon pinjam. Dalam pengambilan dokumen rekam medis tidak hanya diambil oleh petugas filing saja, tetapi juga perawat.

Saran bagi RSUD Majenang Kabupaten Cilacap adalah meningkatkan ketelitian petugas dalam melacak dokumen rekam medis, mensosialisasikan isi kebijakan dan prosedur tetap ke seluruh petugas rekam medis, pelaksanaan sistem penjajaran TDF sesuai dengan kebijakan dan dilakukan pelatihan maupun merevisi kebijakan agar sesuai dengan pelaksanaannya yaitu SNF, membuat buku ekspedisi, tracer dan bon pinjam serta membuat larangan yang isinya selain petugas filing rawat jalan tidak diperbolehkan mengambil dokumen rekam medis.

Kata Kunci : Filing, Dokumen Rekam Medis, Sistem Penjajaran

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**EVALUATION THE MANAGEMENT OF OUTPATIENT MEDICAL
RECORD FILING TO PREVENTION MISSFILE IN REGIONAL PUBLIC
HOSPITAL MAJENANG DISTRICT CILACAP IN 2016**

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ABSTRACT

Based on observations in Regional Public Hospital Majenang Distric Cilacap towards management of 1207 outpatient medical records filing in 10 sub rack randomly, there were 91 medical record documents that missfile and 2 medical record documents were missing. It often happened that the medical record documents can not be found, then to speed up service, the officer made a new medical record documents. The purpose of this study analyzed the management of outpatient medical record filing to prevention misfile in Regional Public Hospital Majenang Distric Cilacap.

This type of research was descriptive with cross sectional approach. Research methods were observation and interviews. Subject was 1 person filing officer, the object was the process of managing the outpatient medical record filing. The research instrument were the observation and interview guides. Data processing method using data presentation, editing and tabulating. Data were analyzed descriptively.

Based on research results of outpatient medical records filing in Regional Public Hospital Majenang Distric Cilacap, there was 1 outpatient filing officer that manage the filing by referring to the policy of numbering system, alignment system, filing system, management of medical record documents and procedures about the numbering system and filing system. The alignment system was TDF (Terminal Digit Filing) but its implementation was SNF (Straight Numerical Filing). Material of medical record documents was buffalo paper, file shelf materials from timber and paper folders was soft cover. Outpatient filing of Regional Public Hospital Majenang Distric Cilacap did not use tracer, book expedition and borrow bill. Document retrieval did not take only by officer but also the nurse.

Suggestions for Regional Public Hospital Majenang Distric Cilacap to improve the accuracy of officer to track medical record documents, disseminating the contents of the policy and procedures to all officers of medical record, the implementation of TDF alignment system in accordance with the policies and conducted training and revise policies to fit its implementation ie SNF, making books expedition , tracer and borrowed bill and make a warning sign that its contents other than outpatient filing officer not allowed to take medical record documents.

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