Factors Related to Completeness of Completion and Timeliness of Returning Medical Record Files in Inpatients at Tarakan Hospital

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Abstract

Medical record is a subsystem of the hospital information system as a whole which has a very important role in improving the quality and service in hospitals. This study aims to analyze the factors related to the completeness of filling and the timeliness of returning medical record files for inpatients at Tarakan Hospital. This type of research is a quantitative study using an observational study with a cross-sectional study design. Sampling used total sampling so that the sample in this study were doctors at the Inpatient Installation of Tarakan Hospital, totaling 38 respondents. The results showed that there was a relationship between individual characteristics, organizational characteristics, job characteristics and SOPs with the completeness of filling out medical record files and the timeliness of returning medical record files at Tarakan Hospital. Therefore, it is hoped that the hospital management will continue to improve monitoring and evaluation of the importance of maintaining the quality of medical records, then immediately switch to electronic medical records in order to solve problems that exist in the medical record unit, so that performance improvements and service quality in hospitals can be realized. Tarakan which has an impact on increasing patient satisfaction and loyalty.

Keywords: Completeness, Timeliness, Medical Records, Inpatient, Hospital

Introduction

The Hospital Management Information System (SIMRS) is a system that aids in the decision-making process for hospital administration in order to determine strategies to accomplish the objectives of the institution (Rahaju, 2013). As a component of the overall hospital information system, the medical record plays an extremely significant role in enhancing the overall quality and service provided by the hospital. Keeping track of a patient's medical records from the moment he or she registers, receives health care, and finally departs the hospital is called medical record organization. When medical records are organized properly in hospitals, they may aid in the development of quality and health by allowing for faster and more accurate recording, resulting in information that is more effective and efficient. Medical record file management is one of the processes in the management of activities in the medical record unit, and it is then utilized as a hospital report in the medical record department.

One of the most essential aspects of a medical record document is its accessibility when required, as well as the thoroughness with which it is filled out. The thoroughness with
which health professionals fill out medical record papers will make it simpler for other health workers to offer action or treatment to patients as a result of their efforts. Besides that, it serves as a source of data for the medical record part of data processing, which will subsequently be transformed into valuable information for management in defining strategic steps for the growth of health services (Hatta et al., 2010).

Another element that contributes to the success of quality improvement initiatives is the timely return of medical record files in line with established policies and procedures. The criterion for returning medical record files that are claimed to be on time is two times each day for twenty-four hours. The number of patient medical record papers that are fully filled out and returned to the medical record manager within 2x24 hours of the patient's return is referred to as the return of complete medical records within 2x24 hours of the patient's return. This comprehensive and timely criterion is based on the Minister of Health's Regulation Number 269 of 2008 respecting medical records, which may be found here. Because of the time it takes to return a medical record file from an inpatient room to the Medical Record Installation section, the control system will be hampered and disrupted, resulting in delayed service to patients as a result of longer file searches and interfering with the coding and indexing of medical record data, which will result in delayed service to patients. As a result, the hospital's quality of service is less effective and efficient in terms of time management and delivery.

According to the Minister of Health's Regulation 269/MENKES/PER/III/2008, the criteria for quality medical records are linked to the completeness of medical record entries; correctness; accuracy of medical records; timeliness; and compliance with legal requirements. Meanwhile, according to the minimum service standard (SPM) standards of the hospital, there are four quality goal indicators, one of which is the timeliness with which medical record papers are provided (Depkes, 2008).

Many variables influence the completeness of filling out and the speed with which medical record records are returned, including employee behavior, workplace environment, rules, incentives, and the kind of information that is required. It was discovered through research conducted by Yuniarti (2005) that the following factors are inhibiting factors in the implementation of the completeness of medical record documents: knowledge, motivation, human resources, time management, facilities, and training. Knowledge is one of the most important factors in the implementation of the completeness of medical record documents that affects the timeliness of returning medical record documents. As a result of an excessive amount of work and obligations, the most significant impediment is the lack of adequate time to complete paperwork.

Tarakan Regional Hospital is a public hospital owned by the North Kalimantan Provincial Government. It is situated on Jalan Pulau Irian, in Kampung 1 Skip village, Central Tarakan sub-district, Tarakan city, and serves the surrounding area and the surrounding region. The construction phase of the new facility has already been finished, and the hospital will soon be recognized as one of Indonesia's international-class institutions. Tarakan Hospital had a 35 percent rate of late return of medical record papers in 2018, 39.7 percent in 2019, and 43 percent in 2020 for medical record documents that were not returned on time. Concerning incomplete completion of medical record files in the past three years, 38 percent of medical record files were not completed in 2018, 40.3 percent were not completed in 2019, and 42.6 percent were not completed in 2020. This is not in line with Permenkes 269 of 2008, which stipulates a maximum duration of 2x24 hours or a minimum level of 80 percent for a minimum standard.
One of the most common problems seen while filling up medical records is that the procedure is not completed properly, and that the doctor's writing is not as precise about the diagnosis as it should be. It is likely that this scenario will have an effect on both internal and external hospitals, since the outcomes of data processing serve as the foundation for the creation of hospital internal reports and external hospital reports. This report pertains to the preparation of different choices by the leadership, particularly the assessment of the services that have been given, which is anticipated to result in more favorable reviews than before. One of the materials that can be used as a medical evaluation is the patient's medical record, because the medical record is a very important document in the hospital and can be used to evaluate the quality of services provided to patients. The medical record is one of the most important documents in the hospital and can be used to evaluate the quality of services provided to patients.

Researchers Susant (2018) discovered that incomplete medical record files, a lack of monitoring and evaluation in relation to the deadline for returning medical record files, and increasing the number of medical record forms in accordance with home quality standards are the factors that contribute to the inaccuracy of returning inpatient medical record files. When it came to filling out the medical record, the core of the issue was due to the Caregiver Professional's job description not being up to par with industry standards. According to the findings of Hong et al. (2015), incomplete medical record records are often the source of issues. Four fields of medical record information were found to be incorrect (1.48 percent), and 66 fields were found to be incomplete (24.4 percent) out of the 70 fields examined. During his study, Ngoako (2018) discovered that 15 percent of respondents said that their medical record administration was very poor. This occurred because it took more than a month for the papers to be returned (99 percent).

The researchers were interested in conducting research on "Factors related to the completeness of filling and the timeliness of returning medical record files in inpatient installations at Tarakan Hospital" after noticing problems with incomplete filling and inaccuracy of returning medical record files at Tarakan Hospital, which is located in the city of Tarakan.

**Methods**

**Research Location and Design**

This research was conducted at Tarakan Hospital in Tarakan City. The type of research conducted is quantitative research using an observational study with a Cross Sectional Study approach.

**Population and Sample**

The population of this study were all doctors who performed medical services at the Inpatient Installation of Tarakan Hospital with a total of 38 doctors and medical record files of patients who were treated at the time of the study. The sample in this study using a total sampling of 38 respondents.

**Method of Collecting Data**

The instrument used in data collection is a questionnaire, regarding the independent variables in the form of individual characteristics, organizational characteristics, job characteristics, and medical record SOPs while the dependent variable is completeness of filling and timeliness of returns.
Data analysis

Univariate analysis was conducted to obtain an overview of the research problem by describing each variable used in the study and the characteristics of the respondents. Univariate analysis consisted of descriptive analysis of respondents’ characteristics, descriptive analysis of research variables and cross-tabulation analysis between respondents’ characteristics and research variables. Bivariate analysis was carried out to see the relationship between two variables, namely between the independent variable and the dependent variable. The statistical test used was the chi square test.

Results and Discussion
Table 1. Distribution of Characteristics of Doctor Respondents at Tarakan Hospital in 2021

| Characteristic      | Research Samples |   |   |
|---------------------|------------------|---|---|
|                     | N    | %   |   |
| Age (Years)         |      |     |   |
| 20-30               |  7   | 18.4|   |
| 30-45               | 22   | 57.9|   |
| >45                 |  9   | 23.7|   |
| Sum                 | 38   | 100.0|  |
| Gender              |      |     |   |
| Man                 | 21   | 55.3|   |
| Woman               | 17   | 44.7|   |
| Sum                 | 38   | 100.0|  |
| Working Time (Years)|      |     |   |
| 3-5                 | 17   | 44.7|   |
| 6-8                 | 13   | 34.2|   |
| >8                  |  8   | 21.1|   |
| Sum                 | 38   | 100.0|  |
| Last Education      |      |     |   |
| S2                  | 38   | 100.0|  |
| Sum                 | 38   | 100.0|  |
| Staffing Status     |      |     |   |
| Civil Servant       | 28   | 73.7|   |
| Other               | 10   | 26.3|   |
| Sum                 | 38   | 100.0|  |

Source: Primary Data

Table 1 shows the frequency distribution based on the characteristics of the sample in the research location, most of whom are aged 30-45 years, as many as 22 respondents (57.9%). In terms of gender, most of the respondents were male, as many as 21 respondents (55.3%). Based on the length of work, most of the respondents have worked for 3-5 years, namely 17 respondents (44.7%). Judging from the last education, all respondents had a master’s degree, as many as 38 respondents (100.0%). Based on employment status, most of the respondents were civil servants, as many as 28 respondents (73.7%).
Table 2 describes the percentage of respondents' assessment of the research variables. The results in most of the respondents stated that they were in the category of individual characteristics of respondents with good category (71.1%), organizational characteristics of respondents in good category (63.2%), job characteristics of respondents in good category (57.9%), SOP of respondents with good category (76.3%), Punctuality of respondents with timely category (60.5%), Completeness of Filling from respondents with complete category (65.8%).

Table 3. Analysis of the Relationship between Independent Variables and Dependent Variables
The connection between the independent and dependent variables is shown in Table 3. According to the analysis's findings, there is a connection between individual characteristics and the completeness with which medical record files are filled out, with a p
value of 0.024. A connection exists between organizational features and the timeliness with which medical record files are returned, with a p value of 0.005. With a p value of 0.003, there is a connection between SOP and the completeness with which medical record files are filled out. With a p value of 0.012, there is a connection between individual characteristics and the timeliness with which medical record files are returned. There is a connection between organizational features and the timely return of medical records with a p value of 0.041; there is also a relationship between job qualities and the timeliness with which medical record files are returned at Tarakan Hospital.

Research hypothesis 1 (H1) states that individual characteristics are related to the completeness of filling out patient medical record files. A significant relationship is also shown by a significance value of 0.024 so that in this case research hypothesis 1 (H1) is accepted. Based on direct observation for one month, it was found that in 118 documents (17%) incomplete medical records (signature, DPJP name, medical resume and patient identity on the next page) and 176 documents (27%) which were not returned on time. so that it does not meet the SOP and Permenkes 269 of 2008 with a maximum time of 2x24 hours. If there is an incomplete file it will still be recorded as an incomplete file, but the medical record unit will still return it to the concerned DPJP to be completed immediately so that it does not affect the hospital's finances related to insurance claims, but greatly affects the quality because it does not match with established standards.

According to Aizzat et al (2010) that individual characteristics are biographical traits, personality, perceptions and attitudes that can affect employee performance. Every human being has individual characteristics that are different from one another. Individual characteristics affect employee performance improvement, this is in accordance with what was stated by Gibson (2010) that individual characteristics are abilities and skills, background and demographics. The classification of demographics is gender and race. Employee behavior determines results, they can result in positive long-term achievement or performance and self-growth or vice versa. Where performance is a work achieved by a person in carrying out the tasks assigned to him based on skills, initiative, experience and sincerity and time.

Individuals, particularly medical professionals, are responsible for the completion and timely return of medical record records. The contact between health care providers and receivers or patients is close and may even be constant in the health sector. As a result, every health care provider is obliged to maintain a medical record in order to ensure the quality of health services given and to track a patient's medical history. As a result, each medical service activity must maintain an exact and full medical record for each patient, and each physician and dentist must complete medical records accurately, thoroughly, and on time. Hospitals, being a kind of health treatment, are also obliged to maintain medical records.

The findings of this study corroborate those of Ervafira et al. (2012), who demonstrated that the lack of completeness in filling out medical records at RSGMP UMY was due to a single factor: time limitations, which prevented physicians from fully filling up medical record files. Each medical record sheet should have the patient's identification filled in so that it can be anticipated if there is a lost or missing medical record sheet. Demographic information is required in health services to complete the patient's identification, and the content of demographic data is permanent. When completing the medical record, it is
essential to pay close attention to the correctness of the identifying data. Individual traits, according to research hypothesis 2 (H2), are associated with the timeliness with which the patient's medical record file is returned. A significance score of 0.012 also indicates a substantial connection, indicating that study hypothesis 1 (H1) is accepted in this instance.

Each employee is unique due to a variety of variables, including their background attitudes, skills, interests, and other personal traits. This variety of behavior will have an effect on the way organizational operations are conducted. Employee performance improvement is affected by a variety of variables, one of which is the workers' unique qualities, which play a critical part in enhancing employee performance. Individuals have intrinsic values that are shaped by their surroundings; these values are subsequently applied to work settings. Thus, a company must be aware of the values of each individual who is unique in order to utilize them to evaluate prospective workers.

According to Siagian (2002), the inability of employees to adapt to work and the organization can lead to dysfunctional behavior, such as frequent mistakes, low morale, being ignorant, and being absent without explanation. Various things that can affect employee performance can come from within (individuals) and from outside (jobs and organizations). Influences that come from individuals such as family problems and unfulfilled ambitions. Meanwhile, from work such as too heavy a task load, time pressure, poor supervision, a work climate that creates insecurity, lack of information from feedback about one's performance, imbalance between authority and responsibility, unclear employee roles in the organization, frustration that caused by the intervention of other parties that are too frequent so that a person feels disturbed in his concentration, conflicts between employees and other parties inside and outside the work group, differences in the value system adopted by employees, and which are embraced by the organization and changes that occur which in general can cause feelings of anxiety. uncertainty (Siagian, 2002).

Research hypothesis 3 (H3) states that organizational characteristics are related to the completeness of filling out patient medical record files. A significant relationship is also indicated by a significance value of 0.005 so that in this case research hypothesis 3 (H3) is accepted. Filling of medical record documents in hospitals is carried out by doctors, nurses/midwives and medical record personnel. However, in recording medical record documents, incompleteness is often found in filling out medical record documents, resulting in inaccurate information. For example, the incomplete document filling by the medical record officer on the patient's identity and on the entry and exit form (RM.01) the main diagnosis was not filled in by the doctor so that the officer had difficulty coding, where the completeness of the contents of the medical record document such as the completeness of writing a disease diagnosis for coding which later played a very important role. in the hospital financing system.

The organization's success in sustaining its existence and achieving success is determined by the company's performance and the performance of its employees. In order to achieve the expected performance, an organization's characteristics also play a significant role in influencing employee performance. Each individual and organization must demonstrate a high level of dedication, as well as positive relationships between workers and superiors. According to Arisa et al. (2015), an organizational feature is a location where all integrated components work together to produce a work environment for each person that exists, which includes policies, culture, and work culture. Organizational qualities, according to Farina et al. (2004), may be quantified via cultural policies (organizational policies) and a harmonious work environment.
According to research hypothesis 4 (H4), organizational factors are associated with the timeliness with which the patient's medical record file is returned. According to the statistical study performed, organizational factors are associated with the completeness with which medical record files for Tarakan Hospital patients are filled up. A significance score of 0.041 also indicates a substantial connection, indicating that study hypothesis 4 (H4) is accepted in this instance. One of the factors contributing to decreasing performance is the organization's features. Organizational features are elements in the work environment that contribute to job performance (Gibson, 1996). Each company must establish a position, organize and distribute duties to each person, establish a department, and establish connections (Hasibuan, 2007).

Certain organizational features may be represented in behavior norms, conformity pressure, and informal leadership. Different organizational features are reflected in each organization's policies and cultures, and leaders must examine the connection between these variables and their impact on individual employee behavior in order to promote optimum performance. Thus, motivating human resources within a company is more about preserving corporate culture in order to foster improved job performance. According to research hypothesis 5 (H5), employment characteristics are associated with the completeness with which patient medical record files are filled out. A significance score of 0.000 also indicates a substantial connection, indicating that study hypothesis 5 (H5) is adopted in this instance.

Additionally, job features may have an effect on employee performance. To accomplish a task, an employee's abilities are defined by the actions performed, and each activity requires a unique set of talents. Different work features need the development of distinct skills, task identities, and levels of autonomy. Due to the differences in the intrinsic features of the work, the appropriate person must be selected in line with the current job requirements. If each employee is already aware of the kind of task he is assigned and the proper method to do it, this may have an effect on his performance. Job characteristics include the task's nature, the variety of jobs, the level of responsibility delegated to workers, and their feedback. Gibson (1996) defined six work qualities in Moses et al. (2014:5): variety, autonomy, needed contact, choice of interaction, required knowledge and abilities, and responsibility.

Dayat's research (2018) According to the results of multiple linear regression tests (table 5.24), the count value for the partial influence of organizational characteristics on employee performance is 2.434, while the table value with a 95 percent confidence level ( = 0.05) is 2.021, indicating that the count value is greater than the table value, or 2.434>2.021 with a sig.t value of 0. The effect's size (Beta value) is 0.433 or 43.3 percent. According to research hypothesis 6, (H6), employment qualities are associated with the timeliness with which the patient's medical record file is returned. A significance value of 0.005 also indicates a substantial connection, indicating that study hypothesis 6 (H6) is adopted in this instance.

Work may be linked with pleasure or self-interest, or it can be seen as a commodity that can be utilized by others or even traded on the labor market (Ndraha, 2002). Boredom is a result of repetitive and boring labor, which is why an increasing number of occupations are being taken over by computers and robots. Additionally, not every labor can be reduced, routinized, or simply repeated, such as maintenance or service tasks that must be tailored to the object's state. The more a work is dependent on difficult to detect and quantify mental and intellectual processes, the more difficult it is to simplify (Ndraha, 2002). According to research hypothesis 7 (H7), the SOP is linked to the thoroughness with which the patient's
medical record file is filled out. A significance score of 0.003 also indicates a substantial connection, indicating that study hypothesis 7 (H7) is adopted in this instance.

The completeness with which medical records are filled out is one indication of the quality of hospital services, and therefore medical records must be implemented in line with relevant criteria. As stated by Lembcke (1967) in Hatta (2014) at the Indonesian Professional Association of Medical Recorders and Health Information (PORMIKI) I seminar, when evaluating the quality of a hospital, the standards, norms, and criteria to be measured must first be established, and a person cannot be said to have performed the service with a poor or good quality before the standards, norms, and criteria for m have been established. Due to the lack of SOPs, the issue of inadequate inpatient medical records continues to arise often. According to the Self-Assessment in the handbook for medical record administration, the accrediting work program for hospitals or health centers mandates that the SOP (Standard Operating Procedure) be implemented via a written stipulation by the hospital director or puskesmas head. According to study findings (Alif, 2018), the effect of incomplete medical record document completion is that the burden of medical record officers in data processing rises, and missing data affects information delivery and reporting delays.

According to research hypothesis 8 (H8), the SOP is linked to the timeliness with which the patient's medical record file is returned. A significance score of 0.016 also indicates a substantial connection, indicating that study hypothesis 8 (H8) is adopted in this instance. The medical record file return system is critical in ensuring the continued availability of medical record file services, particularly medical record processing. When medical record files are not returned on time, it creates a hardship for officers to process the data included in the medical record file. (2013) (Hatta). According to Kepmenkes No.129 of 2008 Minimum Service Standards (SPM) for Hospitals, medical record files for inpatients must be returned within 2x24 hours after the patient's discharge. If there is a delay in returning the medical record file from the inpatient room to the medical record unit, the service system will be harmed and disturbed, resulting in prolonged wait times for patients seeking services.

According to Silvia (2016), the reason for the delay in delivering medical records is that the time limit established by the SPO for Returning Medical Record Documents at the Dr. Mental Hospital has expired. Lawang Radjiman Wediodiningrat (RSJRW). Submission of BPJS fund claims for Dr. Mental Hospital inpatients. Radjiman Wediodiningrat Lawang's connection to the BPJS verifier is still often delayed. Returning medical records on time is critical, since JKN claims have a monthly deadline (4). According to the preliminary study's findings, many issues are presently confronting RSJRW. The issue with meeting Quality Treatment Standards (SPM) is the 24-hour delay in sending medical record papers after service, particularly in inpatient care.

There are still hospitals that lack medical record guidelines, standard operating procedures, and policies, as well as inadequate socialization of medical record SOPs, a lack of monitoring and assessment, medical record flows that do not meet requirements, and a lack of a reward and punishment system. This leads in the lack of a reference point for relevant officers while filling up medical records, resulting in discrepancies in views of medical record completeness. Policies, guidelines/guidelines, and procedures are a collection of papers that serve as a reference for completing tasks. This is consistent with Rohman's research, which indicates that the existence of a medical record management policy that promotes diagnosis completion and accuracy of the diagnosis code has a significant impact on the process of diagnosis completion and accuracy of the diagnosis code between the head of the medical record, physicians, and coding officers (Rohman et al., 2011).
Conclusion

The results showed that there was a relationship between individual characteristics, organizational characteristics, job characteristics and SOPs with the completeness of filling out medical record files and the timeliness of returning medical record files at Tarakan Hospital. Therefore, it is hoped that the hospital management will continue to improve monitoring and evaluation of the importance of maintaining the quality of medical records, then immediately switch to electronic medical records in order to solve problems that exist in the medical record unit, so that performance improvements and service quality in hospitals can be realized. Tarakan which has an impact on increasing patient satisfaction and loyalty.

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