Analysis of Labor Requirement Provision of Medical Record File Based on WISN to Effectivity of Medical Record Distribution Service to Polyclinic

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ABSTRACT
Based on the preliminary study there are several problems related to the provision of medical record files (1) Polyclinics with different chambers of the floor. (2) Tracer that sometimes errors. (3) The distribution officer concurrently serves as the officer providing medical record documents. The purpose of this research is to know the needs of workers who provide medical record file documents based on WISN calculations to support the effectiveness of work in the distribution of medical records to Polyclinics at RSUD "45" Kuningan. The method used is descriptive qualitative and data collection techniques that are through direct observation, interviews and reference studies that have close relevance to the subject matter. The conclusion of this study, namely: (1) SPO is appropriate, (2) The effectiveness of medical record distribution services has not been effective, (3) The needs of officers as many as 9 people with a description of 3 officers providing medical records and 6 distribution officers.

Keywords: Provision, Distribution, Medical Record File, WISN, Effectiveness.

1. INTRODUCTION
Filing is one of the important components in medical records where it must be done by competent human resources in order to improve the quality of health services in patients and filing officers effectively in the process of implementation. The filing officer is responsible for the medical record documents that have been recorded, processed and then stored again in the filing section. The number of filing officers in a healthcare service, especially in hospitals should be adjusted to the number of patient visits every day in order to produce maximum service.

In addition, the existence of adequate human resources is expected in the process of implementing the services provided will produce good effectiveness and impact on patient satisfaction so as to improve the quality.

RSUD "45" Kuningan is one of the hospitals under the auspices of the Government of Kuningan Regency that has been accredited B (Paripurna) located on Jl. Jend. Sudirman No. 68 Kuningan. How to store medical record documents in the hospital is by centralization method but previously using a decentralized system that is a document outpatient medical records are separated from hospitalization.

Through the observation conducted on April 12 - 14, 2018 at RSUD "45" Kuningan it is known that out of the 30 samples studied the average provision of outpatient medical record files is \( >10 \) minutes where the minimum service standard is \( \leq 10 \) minutes, so that there is a discrepancy with service standards. This is likely because the filing personnel consists of 5 people, 3 people take medical records in the closet and 2 people are tasked with taking the file in the closet and distributing the medical record file to each polyclinic.

The number of polyclinics in rsud "45" Kuningan is 16 polyclinics. The average daily visit of patients to polyclinics is about 420 visits. The high number of patients, especially outpatients and the large number of polyclinics resulting in the workload of personnel providing medical records and distribution files at RSUD "45" Kuningan is still too much. When viewed from the discrepancy in the number of documents Medical records with the number of officers providing medical records and distribution files that exist, resulting in the distribution of documents Medical records become late in addition to the distance between the storage room Medical records with polyclinics different floors and too far then hampered also if the tracer that is in the storage room occurs error. This condition results in a high risk of fatigue, hampered and delayed to the services to be provided in each polyclinic.

Based on the background of the above problems, the problems that will be reviewed are:
1. What is the procedure of medical record distribution activities at RSUD "45" Kuningan?
2. How is the effectiveness of medical record distribution services at RSUD "45" Kuningan?
3. What is the labor needs of the officer to provide medical record documents based on WISN to support the effectiveness of work in document distribution services to Polyclinics at RSUD "45" Kuningan?
2. THEORETICAL FRAMEWORK

Medical records (Huffman, 1994) are "recordings or notations of who, what, why, when, and how services are provided to patients during the treatment period, in which they also contain knowledge about the patient and the services obtained including containing sufficient information to identify the patient, verify diagnosis and cure and store the results." (Savitri, 2011:2)

Gemala R. Hatta (2013:73), in the Health Information Management Manual in Health Care Facilities, "medical records are documents containing notations and files on patient data, examinations, healings, steps and other services in patients in health care facilities or institutions."

Regulation of the Minister of Health (PERMENKES) No. 269 of 2008 concerning medical records states "medical records are documents containing notations and documents about the patient's identity, examination, healing, treatment, other services that have been received by the patient." Patients are individuals who consult their health problems to obtain the necessary health services directly or indirectly to certain doctors or dentists and/or health personnel. Note / notation is the writing of the doctor or dentist about the steps taken on the patient in order to heal or perform services to the patient. The document is a capture of certain events of the patient's identity, healing, treatment, other services that have been obtained including containing sufficient information to identify the patient and store the results."

When medical record personnel will determine the way used in storage activities, it is good to know what way to use in the storage of files in the health agency.

Advantages and disadvantages of the storage system type are described as follows:

Advantages of direct number system storage type:
- a) Allow medical record personnel to be crammed into the same shelf, if the documents taken are documents that have just been stored on the storage shelf.
- b) Medical record personnel should look at all medical record numbers because it is often a misplaced saving.

Disadvantages of this type of storage system direct number:
- a) The process of retrieving 100 medical record documents whose numbers are sequential will be easier.
- b) Switching to the middle number system is easier.
- c) The group of 100 medical record documents with sequential numbers on the direct number system is exactly the same as the group of 100 middle number systems.
- d) In the middle number system the spread of numbers is more evenly distributed on the storage rack, when compared to with a direct number system, but still does not match the final number system.
- e) Storage personnel, can be done division of tasks in other storage parts, so that storage errors can be prevented.

| a) | b) | c) | d) | e) |
| --- | --- | --- | --- | --- |
| Advantages of central number system storage type: | | | | |
| Process of retrieving medical record documents whose numbers are sequential will be easier. | | | | |
| Switching to the middle number system is easier. | | | | |
| The group of 100 medical record documents with sequential numbers on the direct number system is exactly the same as the group of 100 middle number systems. | | | | |
| In the middle number system the spread of numbers is more evenly distributed on the storage rack, when compared to with a direct number system, but still does not match the final number system. | | | | |
| Storage personnel, can be done division of tasks in other storage parts, so that storage errors can be prevented. | | | | |

Table 1

| Example of a Central Number System |
|----------------------------------|
| Number Group First Number Group Third |
| Number Second 0 6 |
| 4 8 1 2 |
Lack of storage type of middle number system:

a) Need more education and training.
b) Gaps occur in the section, this happens if the document is moved to inactive storage.
c) The middle number system cannot be used to the maximum on numbering more than two numbers.

3) Final number system (Terminal digit filing system)

Terminal digit filing system is a system of storing medical record document numbers through the final number system. This is done through the juxtaposition of documents on the filing rack by means of medical record documents lined up based on the order of the last group’s medical record numbers. That means the last two group numbers are used as the key to keeping the medical records file.

The advantages of this type of system are:

a) The addition of the number of documents will be spread evenly to 100 groups in the storage cabinet. Medical records personnel are not crammed into one storage area.
b) Medical record personnel may be held accountable in a number of special sections, e.g. there are 6 officers each assigned: sections 00-20, sections 21-41, sections 42-62, sections 63-83, sections 84-104, and sections 105-125.
c) The task will be evenly divided because each personnel performs a job with almost the same number of documents every day per part.
d) Decommissioned documents can be retrieved from the shelf in each section, even when adding new documents in the same section.
e) The number of documents for each section is supervised and can avoid empty shelves.
f) The number of documents is controlled, thus helping to facilitate the planning of storage equipment (number of shelves).
g) Misfile errors can be avoided.

Disadvantages of final system storage type:

a) Education and training will take longer than using the direct number system.
b) The initial cost will be required to be greater because it must provide shelves first.

4) Chronological storage system

This system is a type of medical record file storage based on the sequence of events of patients coming to fasyankes (health care facilities). For example, in the fasyankes of storing medical record documents through the way of sorting dates, so that a group of dates will be formed for treating patients. This system is suitable in small scope category fasyankes, e.g. in private practice doctors, specialists, and midwives.

| Number | Group | Third |
|--------|-------|-------|
| 4      | 8     | 1     |
| 2      | 0     | 6     |

Table 2

End Number System Example

Table 3

Examples of Chronological Storage Systems

| Sequence numbers in one day | Service date | Month of service |
|-----------------------------|--------------|------------------|
| 0                           | 1            | 0                |
|                             | 1            | 0                |
|                             | 0            | 1                |

Table 3

Examples of Chronological Storage Systems

Human resources (HR) is a very important aspect and should not be separated from organizations, institutions or companies. Human resources are the most important part of strengthening the development of the organization. In principle, this human resource is a human being assigned to an organization with the functions of mobilizers, idea loaders and who plan to achieve the goals of the organization.

KEPMENKES RI Number: 81/MENKES/SK/I/2004, WISN (Work Load Indicator Staff Need) is an indicator that shows how much manpower is needed, in this study is a health facility, through workload calculation, which then the allocation of human resources is more rational and easy to apply.

The method of calculating human resources needs based on workload (WISN) is a way of determining/calculating the needs of health human resources based on the real workload performed by each category of health workers in each work unit. The advantage of WISN method is that it is easy to operate, easy to use, easy to implement technically, comprehensive and in accordance with reality.

The calculation method based on this method is:

1) Perform available work time assignments

The goal is to obtain the working time of each part of human resources who work in fasyankes/hospitals for one year.

On the basis of the data, the calculation of time assignment is then made available in the following ways:

Available Work Time = \((A-(B+C+D+E))\times F\)

Where:
A = Working day, based on law or provisions on fasyankes.
B = Leave within one year, adjusted employee rights rules (12 working days).
C = Education and training, in accordance with the applicable provisions in the Hospital.
D = National Holiday in accordance with the agreement with the Minister.
E = Absence of work due to illness, absence of work with/without giving info.
F = Working time, in accordance with the regulations applicable in fasyankes.

2) Determining the division of work as well as the class of human resources

The goal is to obtain work and class divisions that have responsibility for the implementation of individual health service activities to patients, families, and communities inside and outside the hospital.
Data required in the determination of work divisions and hr classes:

1. Hospital Organizational Structure Chart including toxic description of each division and sub-division of work.
2. Decision of the Director of the hospital regarding the establishment of structural and functional work divisions, for example: Medical division, Quality Control division, Other Fields/Sections.
3. Personnel data in each division of work is seen from education.
4. Law No. 36 Th. 2014 concerning Health Workers.
5. PERMENKES RI No. 33 year 2015 concerning human health resources.
6. Legislation related to the functional position of health human resources.
7. Professional provision standards, standard service provisions and standard operating procedures (SOP) of the hospital's work division.

3) Preparation of work load standards (SBK)

SBK is a quantity of work expenses within one year per class of human resources. SBK a basic work is prepared based on the time of completion of the task (average time) and the duration of work available and owned by each class of human resources.

Data and information for the determination of workloads of each class of human resources:

- The class of human resources working in each division of the hospital work as the results are in the second step.
- Standards of professional provision, standards of service provisions set and applicable in hospitals.
- The average time requirement of each class of human resources in completing various services.
- Data and information on service activities in each division of work.

The creation of loose standards can be done by means of observations and interviews to each class of related human resources:

- a. Activities that are not directly related to the service, for example: training, seminar activities, making activity reports, preparation of medical needs, etc.
- b. How often each activity (units of days, weeks and months).
- c. The need for average time in completing activities.

5) Determining human resources needs per-unit

The calculation of human resource needs per division of work aims to obtain the amount and type of human resources needed in the efforts to organize health activities and develop within one year. (MINISTRY OF HEALTH, 2004:40)

On determining the needs of human resources per unit work required:

- a. Data from the previous step are:
  - Work time available
  - Standard workloads and
  - Standard allowance for each HR category
- b. The number of principal activities per division of work within one year.

Formula:

\[
\text{HR Requirement} = \frac{(\text{quantity of principal activities})}{(\text{workload standard}) + \text{allowance standard}}
\]

Data requirements:

- a. Available work time.
- b. SBK.
- c. Standard allowance for each class of human resources.
- d. Number of principal activities per division of work for one year.

Effectiveness is a benchmark that describes the reach of a target. It is more output-oriented whereas input is not very attentive. If efficiency is associated with effectiveness, although there is an increase in effectiveness, efficiency does not necessarily increase anyway.

The dimensions of this effectiveness relate to the acquisition of maximum and optimal work, in the sense of achieving targets related to quality, quantity and time. While the dimensions rather than efficiency relate to the efforts to compare inputs to the realization of their use. The explanation informs that productivity is seen as a whole, meaning that the output created is the result of the acquisition of the overall inputs in the organization. Such inputs are usually referred to as production factors. The output created is obtained from inputs through the process of activities in the form of products or services. These production factors can be in the form of labor, capital, raw materials, science and technology as well as energy.

Quality is a measure that describes how much value has been met from all conditions, specifications and
The number of samples studied was the number of outpatient medical record documents as well as retrieves medical record documents that are on the storage shelf and then distributed to each polyclinic of each destination listed on the tracer.

In the search for the patient's old medical record documents, if it is not found and has been searched for 15 minutes but still not found, then the medical record personnel will re-issue the new medical record documents. If the old document is found before the service on polyclinics, the old document is proposed and combined at that time also in the destination polyclinic. However, if the old documents are found after the patient service is completed, the documents will be combined when they return and are in the installation of medical records.

As for new patients, new medical record documents are available in each polyclinic in order to facilitate and speed up the process of outpatient services.

The description above provides an overview and can be concluded that the conditions in the field of research on the procedure of sending medical record documents (distribution) at RSUD “45” Kuningan are in accordance with the existing rules. Seen from the conformity to the existing SOP and apply.

The results of further research by researchers on the effectiveness of medical record distribution services can be seen from the bar chart below, where the field conditions are higher than the Minimum Service Standard.

![Figure 1 Comparison of Average Service Time](image)

The bar graph above can be known the average duration of provision of medical record documents is 11.63 minutes while in the standard of minimum hospital service the standard is ≤10 minutes. It can be said that in the process of providing medical records documents of outpatients that are then distributed less effectively because it exceeds the standard time that has been set is ≤10 minutes.

This is due to several aspects, including the tracer that came out of error so that in the process of providing outpatient medical record documents became hampered. Changes in the implementation of the new SIMRS, there are other obstacles in the process of searching medical records files, namely the emergence of a
double No.RM so that in the search for files was done 2 times search. If the old No.RM is not found on the storage rack means that it is in the new No.RM according to the new SIMRS and vice versa.

In addition, the location of storage space with different polyclinic floors that resulted in the mileage traveled was far enough so as to impact the speed of delivery of medical record files. This can also lead to the risk of fatigue and decreased performance of officers in distribution activities so that services to be provided in polyclinics become hampered and delayed. Another factor that can influence this is the lack of human resources for distribution officers consisting of only 2 people. Distribution officer at RSUD "45" Kuningan in addition to the task of distributing medical record files to each polyclinic, has another task that is to conduct searches as well as retrieve medical record documents from the storage cabinet.

So from some of the factors above effectiveness in the distribution of outpatient medical records to polyclinics is still not effective that has an impact on the satisfaction of services received by patients. This study provides information that the results for the provision of medical record files required 8 people human resources while the existing human resources 5 people then lack 3 human resources. The distribution section is needed 6 people while the existing human resources only as the provision of medical record files then the lack of 6 human resources. Total human resources needs are 14 people with details such as the above. This is obtained from calculation results using WISN whose formula is the result of the division between the number of activities in 1 year with the standard workload plus the standard time allowance.

It can be concluded that the needs of human resources, especially for filing officers by using WISN protection is needed as many as 9 people. With details of 3 officers providing medical records and 6 people for distribution officers.

The lack of human resources can have an impact on the effectiveness of outpatient services in hospitals because it can hinder and slow down services. In accordance with the results obtained that the existing service time is 11.63 minutes while according to the Hospital Minimum Service Standard it is ≤ 10 minutes. Regarding the need for officers to provide medical record files and distribution, from the results of the calculation of the WISN method there were 14 people, while the officers in RSUD "45" Kuningan were only 5 people so there was a shortage of 9 people with a description of 3 officers providing medical record files and 6 distribution officers.

5. CONCLUSION

Based on the results of the above research regarding the Calculation Analysis of Labor Needs for the Provision of Medical Record Files based on WISN on the Effectiveness of Medical Record Distribution Services to Polyclinics at RSUD “45” Kuningan, it can be concluded that in terms of Standard Operating Procedures, officers provide Medical Record files and distribution. in carrying out its duties in accordance with applicable standards and procedures. Regarding the effectiveness of outpatient medical record distribution services to the polyclinic it is still not effective, because the processing time obtained from the calculation using WISN is 11.63 minutes while according to the Hospital Minimum Service Standard it is ≤ 10 minutes. Regarding the need for officers to provide medical record files and distribution, from the results of the calculation of the WISN method there were 14 people, while the officers in RSUD "45" Kuningan were only 5 people so there was a shortage of 9 people with a description of 3 officers providing medical record files and 6 distribution officers.

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