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Description Of Duplication Of Medical Record Numbers In Outpatient Registration At RSU Madani Medan In 2021

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Abstract− Good medical record number numbering is one of the keys to the success or goodness of medical record management of a health service, of course, if supported by a good system. Quality human resources and good procedures or work procedures as well as adequate facilities or facilities. The special purpose is to identify the policy of the medical record numbering system, identify the factors causing the duplication of medical record numbers. One patient file is accompanied by one medical record number. The purpose of medical record numbering is to distinguish one patient's medical record from another, but in Madani Hospital there are still duplications of patient medical record numbers that can cause health services to be disrupted and the patient's disease history is not well documented, this study aims to determine the number of duplicated medical record numbers at Madani Hospital. This research uses a type of descriptive research, namely research.
Keywords: Duplication of Numbering, Medical Record Files, Hospitals

1. PENDAHULUAN

Based on the Decree of the Minister of Health of the Republic of Indonesia No.30/MENKES/PER/III/2019 in article 1 on: "Hospital is a health service institution that provides plenary individual health services that provide inpatient, outpatient, and emergency services". Medical records according to Permenkes No.269 / MENKES / PER / III / 2008, are files that contain records or documents about patients, examinations, treatments, actions and other services that have been provided to patients. Record records are made accurately, completely, clearly and chronologically in order to establish diagnosis and treatment and results. Medical records are created for each patient who receives services in health facilities and sections. All record records and forms generated from them are put together.

One of the medical record implementations carried out by the medical record unit is the process of numbering medical records. The Numbering System is the main key in maintaining medical records. The numbering system in hospitals generally uses a unit numbering system where each patient only gets one medical record number used both for outpatient and inpatient, one patient file is accompanied by one medical record number. The purpose of medical record numbering is to distinguish one patient's medical record from another, but in giving this medical record number there are still problems such as duplication of patient medical record numbers which can cause health services to be disrupted and the patient's disease history is not well documented (Kartika Nurmalia, 2020).

The cause of duplication of medical records is due to common errors made in the registration process, and is caused by the absence of algorithms that can detect duplication. Duplication of numbering is generally caused by an improper identification process and is carried out manually so that it causes a patient to get more than one medical record number according to Muldiana et al, 2016, while the cause of duplication of medical record numbers can come from various sources, can occur due to negligence of officers, disorderly patient administration and the use of a manual masi system, broadly speaking the causes of duplication of medical record numbers can be divided into two namely internal factors and external factors originating from outside the patient and family (Scope). Duplication of medical record numbers causes services to be disrupted, the patient's disease history is not controlled (Dina, 2018).

The impact if there is duplication of medical record numbering in hospitals is: Service is hampered due to the length of time in searching for medical record files, the unsustainable content of patient medical records. Of the 100,000 electronic medical record files used as research samples, 413 electronic medical record data were found that indicated duplication (Muldiana et al, 2016). It is known that duplication of medical record numbering at the time of patient registration occurs every day around 1-4 patients. The factors are educational qualifications, knowledge and experience are less thorough and less knowledgeable about the medical record numbering system (Muldiana & Widjaja, 2016). Further research showed that from 710 medical record files there was a duplication of numbering as much as 1.45% and not duplicated 98.55% (Silaban, 2015). The results of the study (Ochtavira, 2016) stated that from 240 medical record files at visits from January to May, medical record numbers were obtained which were duplicated as much as 16.7% and those that were not duplicated 83.3%.

Efforts to resolve that can be done in the case of duplication of medical record numbers are to detect patient data that has duplicated numbers, combining the patient's data on the medical record number whose year of visit is the earliest. For cases of duplication one number is used for more than one patient, detect duplicate patient data, create a new medical record number for patients whose visits are more recent. Prevention efforts to reduce the number of cases of duplication of medical record numbers are currently only based on human resources to adjust their duties in accordance with fixed procedures, provide education about the importance of the function of medical cards to patients

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and maximize the work of registration officers to be more thorough in carrying out their duties (Wenny & Rokhman, 2014).

Based on an initial survey conducted at RSU Madani Medan in August 2021, the author found several problems, including frequent double numbering, namely due to negligence and lack of accuracy of medical record officers when looking for status, some where patients who forget to have been treated or not, make different patient names and addresses on the same person or when giving NIK in the system, Limited computerization, that is the reason for the duplication of medical record numbers. Based on patient notebooks with multiple medical record numbers, it can be seen that there are some patients who have multiple medical record numbers. Where other health workers find it difficult to get the last diagnosis of patients who have previously been treated or hospitalized.

2. METODOLOGI PENELITIAN

This type of research uses descriptive research methods, namely research whose results are descriptive (drawing) of research variables without providing generally accepted conclusions (generalization). The approach used is cross sectional, that is, research in which data collection is carried out data at a certain time simultaneously. The population used in this study was 1,756 outpatient medical record documents in the storage room at Madani Hospital Medan. The sample used in the study was 100 outpatient medical record documents with 1 Medical Record Head.The data collection technique used for this study is as a process that describes the data collection process carried out in quantitative research. The instruments used in this study include: informant, namely 1 head of medical records and interviews whether the provision of medical record numbers that have been determined is appropriate. Analysis of the data used.

3. HASIL DAN PEMBAHASAN

3.1 Description of Research Results

Based on observations made at the Outpatient Registration at RSU Madani Madani in 2021, I found several problems, including negligence and lack of accuracy of medical record officers when providing limited NIK numbers in the system and computerization, frequent duplication of record numbers during patient registration, where patients were found to get double numbers. From the double medical record records, it can be summed how many patients get double numbers.

Table 1. The number of duplications of medical record numbers.

No	Medical Record Number	Initials of Patient's Name
1	xx9049	E
2	xx7980	N
3	xx8099	SL
4	xx8834	D
5	xx7821	E
6	xx5446	AN

3.2 Percentage of Duplication of Outpatient Medical Records

Based on the results of observations that have been made in the medical record file storage room stated that of the 100 medical record files sampled, there were 6 medical record numbers with duplicated numbers. The results of the observation analysis of medical record number files in the medical record file storage room are as follows:

Table 2. Tabulation of Medical Record Number Data

ObservationMedical Record File Number	Dupliation	Percentage	No Duplication	Percentage
Medical Record Number	6	6%	94	94%

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Based on the observation table of Medical Record File numbers in the storage room above, it shows that the Medical Record numbers that have duplicated as many as 6 medical record file numbers (6%) and unduplicated Medical Record numbers are 94 medical record numbers (94%) from 100 medical record file numbers.

3.3 Discussion

Based on the results of research on the observation of medical record numbers, it is stated that medical record numbers that occur are duplicated as many as 6 medical record numbers (6%) and medical record numbers that do not occur are duplicated as many as 94 record numbers (94%).

3.3.1. Impact of Duplication of Medical Record Numbers

Double numbering has an impact on the system of restoring patient medical record files, as well as errors in taking actions due to the last diagnosis or the last action listed in the last medical record file used on patients who received medical services. One patient has one medical record number, and the registration officer makes it in accordance with the standards set by the hospital, but the lack of these standards is that no patient carries a medical card and the data is not in the computer database (Ali Sabela, 2016).

Meanwhile, the journal studied by Eka et al, (2020) stated that from the results of the presurvey that had been studied, there was duplication of medical record numbers which would have an impact on the patient's medical record document return system, as well as errors in taking actions due to the last diagnosis or actions listed in medical record documents used by patients after receiving medical services, thus hampering services while at the polyclinic.

3.3.2. Due to Duplication of Medical Record Numbers

Based on the results of the interview with the head of medical records, I found several consequences if there is duplication of medical record numbering, namely:

a. Service is hampered due to the length of time in searching for medical record files
b. The discontinuity of the contents of the medical record
c. Medical record shelves will fill up quickly due to duplication of medical record numbering
d. Patients who have received a new medical record number again, if it is not known as a double number, the first medical record will participate as an inactive medical record during retention
e. Costs increase due to more map usage
f. Especially for insurance patients, they need to be asked for a copy of their ID card so that there is no misuse of the use of insurance cards.

3.3.3. Review of the Causes of Duplication of Medical Record Numbers

Duplication of document numbering of medical record numbers is seen from the results of researcher observations obtained from observation sheets and interviews by observations. Factors causing duplication of medical record numbers are caused by the lack of accuracy of outpatient registration officers in numbering medical records, a less than optimal computerized system, no training for medical record officers and a limited number of officers.

Medical record document numbering will be better and achieved if officers really pay attention to their performance, work professionally according to applicable procedures. The numbering used should use an online system, so as not to cause errors in numbering medical record files. The competency system must be maximized to maintain data accurately. Research must be conducted for medical record officers so that medical record officers are more proficient in their fields so that duplication of medical record numbers does not occur. And the number of medical record officers should be increased, so that service is better and maximum.

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By using the interview method, at RSU Madani Medan, what are the causes of duplication of medical record numbers is the lack of accuracy of medical record officers in numbering medical records. In addition to the lack of accuracy of medical record officers, duplication of medical record numbers can occur because the computerized system is still less than optimal, there are those where patients forget to have been treated or not. The way to overcome duplication of medical record numbers is that officers must really pay attention to being careful in working, working professionally according to applicable procedures, so as not to cause errors in medical record file numbers. The computerized system must be maximized to maintain data accurately. Trainings must be held for medical record officers so that medical record officers are more proficient in their fields so that duplication does not occur. And the number of medical record officers should be increased, so that service is better and better.

According to Indonesian large dictionary, the definition of duplication is a trap, looping or double state. Duplication of medical records referred to here is one medical record number used by more than one patient. Duplication of medical record numbers results in patient medical record files not becoming a single entity, so that the continuity of patient medical record data is not maintained.

The causes of duplication of medical record numbers can come from various sources, but broadly speaking, the factors causing duplication of medical record numbers can be divided into two, namely internal factors derived from patients and patients' families. Automatic assignment of identity numbers reduces the overuse or inversion of one number in two patients (Huffman, 1994). Good maintenance (Skurka, 2009) on a computer requires documented procedures to handle errors contained in numbering.

4. KESIMPULAN

There are 6 medical record numbers duplication (6%) of 100 medical record files examined at RSU Madani Medan. The numbering of medical record files will be better and achieved if officers really pay attention to their performance, work professionally according to applicable procedures. Officers should be more careful and more thorough, so as not to cause errors in numbering medical record files. The computerized system must be maximized to maintain data accurately. Training must be held for medical record officers so that medical record officers are more proficient in their fields so that they are not overwhelmed.

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