

# Evaluation of Inaccuracy Analysis of Returning Inpatient Medical Record Documents at “X” Hospital in Malang City

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## ABSTRACT

This study uses a qualitative method, the data collection is in the form of interview and observation techniques on medical record Assembling officers, registration officers, verification officers, distribution officers and nurses at RS "X" Malang City. Thus, the qualitative method in this study was used to find out what factors caused the inaccuracy in the time of providing and distributing medical record files to the assembling section in terms of input, process and output factors. The results showed that the causes of the delay in returning Medical Record Documents (DRM) included patients who registered in 2 polyclinics until no medical records were found, and a missfile where the medical record file was still in inpatient because the data had not been filled out completely by the doctor in charge of the patient and had not been completed and returned to the medical record installation section, so this will slow down in finding the medical record file.

**Keywords:** Return evaluation, Medical record files, hospitalization

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## INRODUCTION

Health services are currently growing and needed in the community, therefore the quality of health services must always be improved. Implementation of medical records is currently one of the quality of health services that must always be improved at every health service facility. One way to improve the quality of services in health facilities is to improve the quality of the medical record unit. The return of complete and correct Medical Record Documents (DRM) from inpatient to the Medical Record Installation must be in accordance with established hospital procedures no more than 1x24 hours after outpatient services or after inpatients are allowed to go home. Based on Bagus (2013)'s research conducted at Wangaya Hospital, Denpasar City which analyzed the factors of delay in medical record files whether there was anything to do with delays in making medical records by the Doctor in Charge of Service (DPJP); delay in returning medical record files by nurses; the absence of monitoring and supervision of the management and the medical committee; the absence of a coordination system between the Doctor in Charge of Service (DPJP), room nurse, medical record installation; there is no relationship between performance in terms of returning medical record files with the remuneration system; and unavailability of medical resume forms.

Completeness of filling in the return of medical records at Hospital "X" Malang City already has a standard. These standards are listed in the Service Operational Standards (SOP), where the SOP contains provisions governing the completeness of filling out medical records. And the return of medical record files at the Malang City "X" Hospital also has a standard. The delay in returning inpatient Medical Record Documents (DRM) can affect and cause further medical record data

processing, because the inpatient medical records will be processed and produce timely and appropriate information for improving the quality of health services in hospitals. In addition, the impact of service on patients will be long because they have to find and trace medical record files that are late in returning and it is feared that the medical record files may be lost. Meanwhile, patients really need services so that they can be treated immediately, so this will affect the patient's safety.

## **METHODS**

### Research methodology

The research method is an attempt to find, develop, and test the truth of knowledge by scientific means. Based on the approach and type of data used, this research is included in qualitative research so that it will produce descriptive data in the form of words. Qualitative research is a research method that has a foundation from the philosophy of postpositivism by using natural research objects using key instruments, in taking research samples it is carried out purposively and snowball, while for data collection using triangulation data collection, where the analysis has an inductive nature or qualitative and research results prioritize the meaning of generalization (Sugiyono, 2013).

### Data Processing Techniques

In this type of qualitative research, data processing does not have to be done after data has been collected or data processing is complete. In this case, temporary data collected, existing data can be processed and data analysis carried out simultaneously. At the time of data analysis, you can return to the field to look for additional data that is considered necessary and process it again. Suyanto and Sutinah (2006:173), said that data processing in qualitative research is done by classifying or categorizing data based on several themes according to the focus of the research.

As for this research, it has gone through a health ethics test with no SK 2470/KEPK/VIII/2021

## **RESULTS**

### Compliance of Health Officers in Responsibilities for Returning Medical Records.

When referring to government standards, medical record officers should have the appropriate qualifications as medical records. In addition, if there is a delay in providing medical record files, appropriate sanctions are given. To anticipate the occurrence of things that are not in accordance with medical record standards, it is better if the head of the medical record provides training to officers, especially for officers who do not have a medical record background. The following are the results of the researcher's interview with Kasi Yanmed.

“Here indeed, not all officers have a medical record background and there are no sanctions if there is a delay in providing medical record files. While others are in accordance with the standards set by the government, in my opinion it might be better if the officers are given training first, especially those who do not have an educational background as medical recorders.” (*Disini memang tidak semua petugas mempunyai latar belakang perekam medis dan tidak ada sanksi jika terjadi keterlambatan dalam penyediaan berkas rekam medis. Sedangkan lainnya sesuai dengan standar yang ditetapkan oleh pemerintah, kalau menurut saya mungkin ada baiknya kalau diberikan pelatihan terlebih dahulu kepada petugas terutama yang tidak mempunyai latar belakang pendidikan sebagai perekam medis*) (Interview with Kasi Yanmed)

This was continued by the Assembling Officer in the results of interviews that the researchers had conducted as follows.

“So far, no sanctions have been imposed for delays in providing medical files because there are still many medical record files that cannot be found, which can be due to delays in the inpatient department in returning medical record files to the medical record installation section, or medical record files are still piled up in the medical record section. outpatient polyclinic.” (*Selama ini belum di berlakukan sanksi atas keterlambatan dalam penyediaan berkas medis di karenakan masih banyaknya terjadi berkas rekam medis yang tidak di*

*temukan bisa di karenakan keterlambatan bagian rawat inap dalam mengembalikan berkas rekam medis ke bagian instalasi rekam medis, ataupun berkas rekam medis masih tertumpuk di bagian poliklinik rawat jalan) (Interview with Assembling Officer)*

a. Human Resources

Human Resources in the medical records section, especially the verification section, totaled 36 employees consisting of 1 doctor, 4 medical recorders who graduated from high school, 1 D3 graduate other than the medical record major and 30 people who graduated from medical record. In the supply section there are 5 people while the number of officers in the distribution section is 3 people. This was explained by the Head of Yanmed in the interview as follows.

“The back office includes filing officers and verification officers, while the front office includes outpatient registration, emergency department and inpatient departments. Where each section is divided into 3 shifts of working hours, namely the morning shift from 07.15 to 14.00, the afternoon shift from 14.00 to 21.00 and the night shift from 21.00 to 07.15. Every day there are 10 officers on duty at the registration and filing section, the division of work for the morning shift is 4 or 5 officers including the task registration supervisor 3 or 4 people in the registration section and 1 officer in the filing section, while the afternoon shift there are 3 officers with detailed duties 2 people in registration and 1 person in filing and the night shift there are 2 people with division of tasks 1 person in registration and 1 person in filing. *(Bagian back office ini meliputi petugas filing dan petugas verifikasi sedangkan front office ini meliputi bagian pendaftaran rawat jalan, gawat darurat dan petugas rawat inap. Dimana masing masing bagian terbagi dalam 3 shift jam kerja yaitu shift pagi jam 07.15- 14.00, shift sore jam 14.00-21.00 dan shift malam mulai jam 21.00-07.15. Setiap hari ada 10 orang petugas yang jaga dibagian pendaftaran dan filing, pembagian kerjanya untuk shift pagi 4 atau 5 orang petugas termasuk supervisor pendaftaran tugas 3 atau 4 orang di bagian pendaftaran dan 1 petugas di bagian filing, sedangkan shift sore ada 3 petugas dengan rincian tugas 2 orang di pendaftaran dan 1 orang di filing dan shift malam ada 2 orang dengan pembagian tugas 1 orang di pendaftaran dan 1 orang di bagian filing)* (Interview with Kasi Yanmed)

There are 36 medical record officers including 1 doctor, 4 people with high school education, 1 person with D3 education and 30 people who are medical record graduates. Meanwhile, other officers who are D3 graduates from other majors and high school graduates are also always given coding training and basic medical record training. The following is an interview that the researcher has conducted with the Assembling Officer

“Not all officers here are D3 medical records graduates, some are high school graduates, their duties will be assigned according to their needs and competencies, like me, for example, high school graduates are not majoring in D3 medical records, because their qualifications are different from other departments.” *(Tidak semua petugas disini lulusan D3 rekam medis, bebrapa ada yang lulusan SMA, untuk tugasnya nanti di tugaskan sesuai dengan kebutuhan dan kompetensinya, kayak saya misal lulusan SMA tidak jurusan D3 rekam medis, karena kualifikasinya berbeda dengan bagian lain)* (Interview with Assembling Officer)

Training for medical recorders is coding training, training for high school graduates is basic medical record training. However, the training is not regularly scheduled by the medical record installation. Medical recorders must be able to determine disease codes and appropriate actions according to the qualifications imposed in Indonesia regarding diseases and medical actions in service and service management.

b. Facilities and infrastructure

The computers in Hospital X are used for the SIM (Management Information System) network. There are 8 computers in the patient registration section. These 8 computers are used to serve new and old patient registrations, while in the filing room there is 1 computer and 1 printer. The printer in the filing is used to print out patients who have registered at the polyclinic from the registration section.

“In this registration section there are 8 computers, and in the filing section there is 1 computer unit with a tool to print out the medical record number of patients who have registered, so that the filing officer will immediately find the patient's medical record number.” (*Di bagian pendaftaran ini ada 8 unit komputer, dan dibagian filing ada 1 unit komputer dengan alat untuk printout nomor rekam medis pasien yang sudah mendaftar, sehingga petugas filing akan, segera mencarikan nomor rekam medis pasien*) (Interview with Kasi Yanmed)

Medical record files at Hospital X in Malang City are known to have 300 medical record files per day with 10 polyclinics, where if there is a delay in the search so that the provision and distribution of medical record files will also experience delays to arrive at the destination Polyclinic.

“The tracer here is yellow, easy to see, about 30cm long by 12cm wide, at the end of the tracer there is a plastic bag that serves to insert a printout of the medical record number taken/borrowed.” (*Tracer nya disini berwarna kuning, mudah di lihat, panjangnya sekitar 30cm dengan lebar 12cm, dibagian ujung tracer nya ada kantong plastik yang berfungsi untuk menyisipkan printout nomor rekam medis yang diambil/dipinjam*) (Interview with Registration Officer)

Storage of medical records at Hospital X Malang City with the final number system method (terminal digit filing system) which is a system using a number with 6 digits grouped into 3, the first number consists of 2 groups of numbers located on the far right, the second number consists of 2 the group of numbers located in the middle, and the third number consisting of 2 numbers located on the far left. Medical record carrier baskets are used to facilitate officers in distributing medical record files. In addition, other facilities and infrastructure are also needed to support the implementation of the medical record file so that it runs well.

c. Management

Management is an arrangement related to the provision and distribution of medical record files. Management related to medical records include managing medical record files in filing, managing staff work schedules, and arranging meetings between officers. The medical record files in the filing section need to be managed properly, this is to facilitate the search by the filing officer. According to the filing officer, the management of medical record files has not been carried out on a regular and scheduled basis.

“For medical record file management, we include managing medical record files in filing, managing staff work schedules, and arranging meetings between officers. Those are things that must not be missed so that the management of medical record files can be carried out properly.” (*Untuk manajemen berkas rekam medis kita meliputi pengelolaan berkas rekam medis di filing, mengatur jadwal kerja petugas, dan mengatur pertemuan antar petugas. Itu hal-hal yang tidak boleh luput agar pengelolaan berkas rekam medis dapat terlaksana dengan baik*) (Interview with Registration Officer)

As for the arrangement of the work schedule of officers at Hospital X Malang City with 3 guard shifts, namely the morning shift at 07.15-14.00, the afternoon shift at 14.00-21.00 and

the night shift from 21.00-07.15. There are 2 types of medical record officers, namely the back office and the front office. The back office includes filing and verification officers, while the front office includes outpatient registration, emergency department and inpatient care, while the night shift only serves patients from the ER.

“Here the officers are divided into 2 parts, namely the back office and front office, where the back office staff includes filing officers and verification officers while the front office includes registration officers in outpatient, emergency and inpatient settings.” (*Disini para petugasnya terbagi menjadi 2 bagian yaitu back office dan front office, dimana petugas back office meliputi petugas filing dan petugas verifikasi sedangkan front office itu meliputi petugas pendaftaran di rawat jalan, gawat darurat dan rawat inap*) (Interview with Distribution Officer)

Meetings between officers in the medical record section should have been regularly scheduled. However, at Hospital X Malang City, meetings between officers have not been regularly scheduled so that the problems experienced by the officers are not resolved, and the officers' proposals are also not conveyed and the officers lack information about the new policies/regulations that have been set by the installation of medical records or a decision from the director of the hospital.

### **Standard Operating Procedures Used in the Application of Medical Record Document Retrieval**

The medical record installation of Hospital X Malang City does not yet have a written SPO regarding the provision and distribution of medical record files, the hospital still uses Permenkes number 129/menkes/SK/II/2008 which is used as a reference in the process of providing medical record files, while the distribution process has not there is a written decision. So this makes the performance process of the respondents or other employees uncontrollable because there is no fixed reference.

“For SPO related to the provision of medical record files, we still use Permenkes number 129 of 2008 as a reference, while the time for distribution we use the reference 15 minutes, that's the result of observations made by the medical record installation.” (*Untuk SPO terkait penyediaan berkas rekam medis kita masih menjadikan permenkes nomor 129 tahun 2008 sebagai acuannya, sedangkan waktu untuk pendistribusian kita menggunakan acuan ≤15 menit, itu hasil observasi yang dilakukan pihak instalasi rekam medis*) (Interview with Unit Head)

Minister of health regulation number 129/menkes/II/2008 which is used as a reference in the process of providing medical record files, however coordination between employees is not scheduled regularly so that there is a lack of understanding between employees about their actual duties and obligations. The contents of the policy relating to the provision of medical record files are in accordance with the Minister of Health number 129 of 2008 which is 10 minutes, while for the distribution process the installation of medical record files determines 15 minutes as a reference.

“Should be in this hospital no later than 2x24 hours after the patient returns home, the medical officer is obliged to return all medical record files. However, there are still many who commit violations and are late in returning the medical record file in accordance with the allotted time.” (*Seharusnya kalau di Rumah Sakit ini paling lambat 2x24 jam setelah pasien pulang, petugas medis wajib mengembalikan semua berkas rekam medis. Namun masih banyak yang melakukan pelanggaran dan terlambat mengembalikan berkas rekam medis sesuai dengan waktu yang telah ditentukan*) (Interview with Assembling Officer)

If there is a delay in returning the medical record file from the inpatient room to the Medical Record Installation section, the service system will be hampered and disrupted during control, resulting

in delayed service to patients due to longer file searches, interfering in the coding and indexing processing of medical record data interfere with the process of making internal and external hospital reports, so that the quality of service at the hospital in terms of time is less effective and efficient.

### **Timeliness in Returning Medical Record Files**

The delay of up to 2 hours 33 minutes is due to a missfile where the medical record file is still in hospital because the data has not been completed by the doctor in charge of the patient and has not been returned to the medical record installation section, so this will slow down in finding the medical record file. The time required for provision is starting from the patient registering until the tracer number appears in the medical record section and then forwarded to the filing section to get to the patient reception section. The percentage of punctuality in the provision and distribution of medical record files in February 2020, for Filling in Patient Medical Records (KLPCM) there were 96.03% of the targeted 100% achievement, these results still have not reached the predetermined target. Furthermore, for the completeness of filling in patient medical records (KLPCM) cases of chronic kidney failure, there were 95.28% of the targeted 100% achievement, these results had not yet reached the predetermined target. Meanwhile, for the accuracy of returning complete inpatient medical records 2x24 hours after the completion of the service, there were 53.8% of the targeted 100% achievement, these results had not yet reached the predetermined target. Furthermore, for the accuracy of returning complete inpatient medical records 2x24 hours after completion of service with cases of chronic kidney failure there are 37.6% of the targeted 100% achievement, these results have not yet reached the predetermined target.

“If we pay attention to the targets that we have set, the achievement for the completeness of Filling in Patient Medical Records (KLPCM) currently has not reached the predetermined target.” (*Apabila memperhatikan target yang telah kami tentukan, pencapaian untuk kelengkapan Pengisian Catatan Medis Pasien (KLPCM) saat ini masih belum mencapai target yang telah ditentukan*) (Interview with Distribution Officer)

In line with this, the following is an explanation given by the Assembling Officer in the results of interviews with researchers.

“Yes, there are many, often if you look at the achievement indicators, it should be 2x24 hours after the service is finished, here we still find delays. (*Iya banyak, sering sih kalau melihat indikator pencapaian kan seharusnya  $\leq$ 2x24 jam setelah selesai pelayanan, disini kita masih ditemukan terjadi keterlambatan.*)” (Interview with Assembling Officer)

Quarter I and Quarter II for the four indicators on average increased from Quarter I to Quarter II, but the accuracy indicator of returning complete inpatient medical records 2x24 hours after completion of service decreased from 54.5% in Quarter I to 47, 3% in Quarter II.

### **Causes of Delay in Returning Medical Record Documents (DRM) at Hospital "X" Malang City**

According to PERMENKES RI Number 269/MENKES/Per/III/2008, it is stated that medical records are files containing notes and documents regarding patient identity, examination, treatment, actions and other services that have been provided to patients or received by patients. To get a quality medical record installation performance, the process of organizing medical records must be done correctly and appropriately. Given the importance of the usefulness of medical records and the impact of delays in the return of medical record files, it will make it difficult for the assembly officer to implement.

The return of the inpatient medical record file from the ward to the Medical record Installation section at the Malang City "X" Hospital is carried out by the Pramu or ward admin then received by

the assembly officer. The following is an explanation given by the Distribution Officer in the interviews that the researchers conducted.

“Yes, that was the reason why doctors and other medical personnel did not fill out the forms. So maybe the party there took a long time to return it. Sometimes there are also some files that slip, so when you want to return the files are not found.” *Ya itu tadi penyebabnya dokter dan tenaga medis yang lain tidak mengisi formulir nya. Jadi mungkin pihak sana lama ngembaliannya. Kadang juga ada beberapa berkas yang selip, jadi saat mau pengembalian berkasnya tidak ditemukan.*” (Interview with Distribution Officer).

## **DISCUSSION**

Supporting competencies of medical recorders and health information include management of medical record work units, and professional partnerships so that a medical recorder and health information must master 7 basic and supporting competencies so that medical record files can be returned on time.

### **Compliance of Health Officers in Responsibilities for Returning Medical Records**

Medical recorder competence and health information are knowledge, skills, and behaviors that must be possessed by a medical recorder and health information professional in carrying out responsibilities in various health service settings. The basic competence is an absolute competence that must be possessed by the medical recorder profession, while the supporting competence is the ability that must be possessed as the development of basic knowledge and skills to support the task.

- a. Human resources
- b. Facilities and infrastructure
- c. Management

### **Standard Operating Procedures Used in the Application of Medical Record Document Retrieval**

Policies related to the distribution of medical records include the policy of filling out medical record files, returning medical record files and borrowing medical record files. The medical record file is a historical documentation, the patient's illness that must be made and filled in completely, both social data and medical data, the policy includes:

- a. Hospital X Malang City as a health service facility that provides outpatient/inpatient services is required to make medical records
- b. Medical records are filled in by certain health practitioners appointed by the hospital which are bound by the provisions of the applicable law in each profession
- c. Health practitioners who can access and fill out the patient's clinical medical record file are the doctor/dentist in charge of the patient, nurse, midwife, pharmacist, nutritionist and dietitian, physiotherapist, occupational therapist, speech therapist, medical technician
- d. The doctor who fills out the medical record is the doctor in charge of the patient, the doctor who treats the case for joint care

### **Timeliness in Returning Medical Record Files**

The time required for distribution starts from the medical record file that has been found and is distributed to the intended polyclinic. Based on the percentage of punctuality in the provision and distribution of medical record files in May 2020, for Filling in Patient Medical Records (KLPCM) there were 98.15% achievements from 100% targeted, these results have not yet reached the predetermined targets and recommendations need to be given such as increasing the number of pharmacists. Furthermore, for the completeness of filling in patient medical records (KLPCM) cases of chronic kidney failure there are 96.21% of the targeted 100% achievement, these results have not yet reached the predetermined target and it is necessary to give recommendations such as increasing the number of pharmacists. Meanwhile, for the accuracy of returning complete inpatient medical records 2x24 hours

after completion of service, there are 42% of the targeted 100% achievement, these results have not yet reached the predetermined target and recommendations need to be given by tracing files that have not returned to each room on the day Wednesday, collect data on reports of medical record documents that have returned to assembling, are still in the room or are in the Medical Committee room, report the data obtained to the Head. SPI. Furthermore, for the accuracy of returning complete inpatient medical records 2x24 hours after completion of service with cases of chronic kidney failure, there are 72% of achievements from 100% targeted, these results have not yet reached the predetermined target and recommendations need to be given by tracing files that have not been returned. going to each room on Wednesday, collecting data on medical record document reports that have been returned to assembling, still in the room or in the Medical Committee room, reporting the data obtained to the Head. SPI.

### **Causes of Delay in Returning Medical Record Documents at Hospital "X" Malang City**

The cause of the inaccuracy of returning inpatient medical record files at the Yogyakarta City Hospital is from human resources. As the theory put forward by Imamoto et al (2008) is that humans are the main element, humans cannot be equated with objects, they have roles, thoughts, hopes, and ideas. His psychic reactions to his surroundings can have far and deep effects and are difficult to measure carefully. This is the same as the situation in the Malang City "X" Hospital which experienced delays in returning medical record files. The delay in returning the inpatient medical record file occurs due to waiting for a doctor or other medical officer to fill out or complete the lack of filling in the form in the medical record file.

### **CONCLUSION**

Based on the results and discussions that have been presented in the previous chapter, the conclusions of this study are as follows:

1. Inpatient staff/ward attendants are required to return all medical record files after the patient returns home from treatment no later than 2x24 hours after the patient returns
2. Medical Record Document return flow (DRM), namely medical record returns, officers make corrections and storages, sort medical records, store them on storage racks, and tracers are taken or removed on storage racks and listed
3. The highest achievement time for providing and distributing medical record files is 99.30% on the completeness of filling in patient medical records (KLPCM) in the second quarter of June 2020
4. The causes of delays in returning Medical Record Documents (DRM) include patients registering in 2 polyclinics until no medical records are found, and a missfile where the medical record file is still in hospital because the data has not been completed by the doctor in charge of the patient and has not been returned to the hospital. medical record installation

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