

Review Of The Medical Record Document Storage System At UPT Puskesmas Karanganyar

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Abstract. UPT Karanganyar Health Center Karanganyar Regency is a type urban non-inpatient health centers, so they only serve outpatient care and emergency. Based on the results of the survey and introduction of researchers, at UPT Karanganyar Health Center found a medical record document missfile. The Missfile was due to a lack of non-RMIK officers in the filing department careful in returning medical record documents in place, and amount the medical record staff in the filing is inadequate. This research aims to find out the medical record document storage system at UPT Puskesmas Karanganyar. This type of research uses descriptive research methods, with approach. The subjects in this study were medical record filing officers. The object of this study is a medical record document storage system in UPT Karanganyar Health Center. This research instrument uses guidelines interviews and observations. Data processing by collecting, editing, and data presentation. The result of this research is based on record numbering system medical uses UNS (Unit Numbering System) with Family Numbering, for alignment using SNF (Straight Numerical Filling) and storage using centralization with personal folders. Factor the cause of the missfile is the inaccuracy of the clerk in returning the document medical records to the filing rack, the impact of the missfile is service delays and duplication of medical records efforts made namely socialization with color coding. The author suggests that a tracer should always be used when retrieval of medical record documents, so that they are stored again medical record documents faster, and avoid missfiles. It is necessary control by medical record officers when non medical record officers put DRM back on the shelf. Conduct HR recruitment with competence and qualifications from D3 Medical Records.

Keywords : Storage system, numbering system, alignment system, misfile

INTRODUCTION

One of the health service providers that has an important role in health services is the Community Health Center (Puskesmas). Puskesmas is one of the media used to provide good health services. Based on Minister of Health Regulation No. 43 of 2019, article 1 explains that a Community Health Center is a health service facility that carries out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest level of public health in its working area. the highest in the work area.

Medical records are documents that contain patient identity data, examinations, treatment, procedures and other services that have been provided to patients (Permenkes RI No. 24 of 2022). According to Budi (2011), medical record documents contain confidential individual data, so each folder must be stored and protected properly. The conditions for DRM to be saved are if the medical record form has been filled in completely and has been assembled and aligned so that the patient's history is in chronological order.

Alignment system according to Budi (2011), a type of numerical storage or better known as an alignment system is a type of medical record document storage that follows the order of the medical record numbers. The numbering system is a system of assigning medical record numbers to patients who come to a health service installation and are then given a medical record number which works as a record and document regarding the patient's identity, examination, treatment, procedures and other services to the patient (Budi, 2011). UPT Puskesmas Karanganyar Karanganyar Regency is one of 21 health centers in Karanganyar Regency which has the task of being a technical implementation unit of the Karanganyar Regency Health Service with outpatient services and other support located on Jl. Ronggowarsito RT 03 RW 13, Bejen Village, Karanganyar District, Karanganyar Regency, Central Java Province. Karanganyar Health Center Karanganyar Regency was established in August 1978, with an operational permit from the Decree of the Head of the Karanganyar Regency Integrated Services Agency No. 530/58/BPPT/2019. UPT Puskesmas Karanganyar Karanganyar Regency is a type of urban non-inpatient health center, so it only serves outpatient and emergency care. From the results of observations, the medical record document storage system at the Karanganyar Community Health Center, Karanganyar Regency uses a centralized system with personal folders, the numbering system uses the Unit Numbering System (UNS) combined with family numbering, the alignment system uses Straight Numerical Filing (SNF).

The results of interviews at the UPT Puskesmas Karanganyar use a centralized storage system with personal folders, namely where one medical record file is used for one patient. The numbering system uses the Unit Numbering System (UNS) combined with family numbering, namely related numbering (one number for one family). The alignment system uses Straight Numerical Filing (SNF), where the alignment system uses the first number as a reference for the search number for medical record documents. At the UPT Puskesmas Karanganyar, missfiles are still often found. The missfile occurred because the wrong medical record document was entered, the missfile occurred because the filing officer was not careful in reading the RM number.

METHOD

This research uses a type of descriptive research, namely research conducted on a group of objects which usually aims to see a picture of phenomena (including health) that occur in a certain population (Notoatmodjo, 2018). This research describes the Medical Record Document Storage System at the Karanganyar Community Health Center UPT. The type of design used in this research is a cross sectional approach. The cross sectional approach is a study in which variables including risk factors and variables including effects are observed simultaneously at the same time (Notoatmodjo, 2012). The reason the researchers took a cross sectional approach was because direct observations were made regarding the Medical Record Document Storage System at the Karanganyar Community Health Center UPT.

Data collection techniques through observation and interviews. Data processing by means of data preparation, data editing and data presentation. Factors that occur in misfiles in UPT Puskesmas Karanganyar collected from observations will be treated descriptively to describe the factors in which misfiles in medical record documents occur in UPT Puskesmas Karanganyar.

RESULTS AND DISCUSSION

RESULTS

1. Storage System and Implementation of Medical Record Document Storage at UPT Puskesmas Karanganyar

One example of a storage system that is very influential in causing missfiles is when a health service uses a family folder storage system. Because if after use, the medical records are not immediately put into the folder, then all the medical records for the family members will be scattered and could be lost. Another possibility is that if one of the family members is sick, then only the necessary medical records are taken, the possibility of being mixed up with other patients' medical records is very likely because most of the medical records available at community health centers only consist of 1 sheet. Then, another thing that has the potential to cause a missfile is if the officer mistakenly enters a medical record into a folder that does not match the family member.

The medical record document storage system at the Karanganyar Community Health Center, Karanganyar Regency uses a centralized system with personal folders. The centralized system is a system for storing patient medical record documents in one folder or folders, including inpatient, outpatient and emergency documents which are stored in one folder, place and storage shelf. Personal folder is a medical record document storage system where one medical record document is used for one family member with the same medical record number. With the addition of the final two digits as a marker of status in one family. Each personal document folder contains a history of registration services, initial and final patient examinations.

Based on the results of interviews and observations conducted by researchers, the Karanganyar Health Center UPT has used SOPs (Standard Operating Procedures) related to the storage system, namely:

- a. The medical records officer takes medical record documents according to the medical record number and area code.
- b. The medical records officer cross-checks the prescription and medical record documents and affixes a date stamp and provides a registration serial number according to the order in SIMPUS.
- c. Medical records officers color code the DRM cover according to region.

2. Factors causing Missfile Medical Record Documents at the Karanganyar Community Health Center UPT

The number of medical records officers in the filing section at the UPT Puskesmas Karanganyar has 2 people with a D3 RMIK background. Then assisted by 2 officers with high school backgrounds. For filing itself, the UPT Puskesmas Karanganyar has 2 permanent filing officers with a D3 RMIK background. Searching for medical record documents, distribution and return of medical records is carried out by all existing officers in turns.

According to the results of interviews conducted by researchers with these respondents, non-RMIK officers in the filing section were not careful in reading or looking at the sequence of medical record numbers on the filing shelf, and the number of medical recording personnel in the filing was not sufficient, even if the patient. When it is busy, officers feel there is a shortage of manpower and this can lead to missfiles.

3. Impact of *Missfile* Medical Record Documents at UPT Puskesmas Karanganyar

Medical record documents must be stored in accordance with the medical record number that has been printed on the storage shelf in accordance with the respective area code, if the storage is not in accordance with the storage shelf it will result in misplacement or missfile. This error can result in delays in the process of retrieving medical record documents during patient service and also result in duplicate medical record numbers. Services become hampered and the history or diagnosis is interrupted and cannot be

sustained, so that if a patient undergoes routine treatment and has an allergic disease to a drug, the doctor who handles it cannot know.

Based on the results of observations and interviews at the UPT Puskesmas Karanganyar, the impact that causes misfiles of medical record documents is that the service process to patients becomes hampered and also results in duplication of medical record numbers, while in the process of medical records not being found the result is that the doctor who treats them will lose their history or previously diagnosed the patient's disease, so the doctor has to carry out a re-examination to find out the disease and the treatment that will be given to the patient, this also results in the examination process being long and ineffective.

4. Efforts Taken to Minimize Missfile Medical Record Documents at UPT Puskesmas Karanganyar

Based on observations and interviews conducted by researchers with medical records officers in the filing section at UPT Puskesmas Karanganyar, researchers know that filing officers make efforts to minimize the occurrence of missfiles. Efforts made by the filing officer were to search for medical record documents within 5 minutes, correct the location of medical record documents, communicate between officers if there was a misplacement of medical record documents, recheck incomplete medical record documents. When a missed medical record document has been searched for within 5 minutes and the document is still not found, a new medical record document is created with the same medical record number.

However, as time went by, the incidence of missfiles at the Karanganyar Community Health Center UPT increased, so to minimize the occurrence of missfiles, color coded outreach was held.

5. Numbering System at UPT Puskesmas Karanganyar

The numbering system is not the main cause of missfiles, but according to theory duplication of medical record numbers can cause missfiles or vice versa. Because with duplicate numbers, previous medical records will be lost or misplaced, resulting in data uncontinuity. The two problems in the filing section are related.

The results of observations and interviews at the UPT Puskesmas Karanganyar for the numbering system use the Unit Numbering System (UNS) where patients who visit for the first time, whether they are outpatients or emergency patients, will get one medical record number and use it forever during their next visit and combined with Family Numbering, namely family-related numbering (one number for one family). Identity at the Karanganyar Community Health Center UPT is differentiated between families.

Based on the results of observations and interviews conducted by researchers, the Karanganyar Community Health Center UPT has used SOPs (Standard Operating Procedures) related to the numbering system, namely:

- a. The medical records officer created a medical record coding system using a combination of numbers and letters for the sub-district health center.
- b. Medical record officers use coding numbers for village areas
- c. Medical record officers use medical record numbers with direct numbers and one medical record number (Family Numbering) with a personal folder using a family code
- d. The medical records officer looks for medical records according to the medical record number on the customer's card.

DISCUSSION

1. Storage System and Implementation of Medical Record Document Storage at UPT Puskesmas Karanganyar

According to Budi (2011:93), medical record documents contain confidential individual data, so each folder must be stored and protected properly. The conditions for DRM to be saved are if the medical record form has been filled in completely and has been assembled and aligned so that the patient's history is in chronological order. Based on the results of observations, it is known that the storage system implemented at the UPT Puskesmas Karanganyar is a centralized system and for storing medical record documents at the UPT Puskesmas Karanganyar using a personal folder. According to Budi (2011:94), centralized storage is a storage system that combines medical record documents for outpatient, emergency and inpatient patients into one storage folder. Personal folder is a type of medical record document storage where one medical record document is used by one patient.

Referring to this theory, the medical record document storage system and the implementation of medical record document storage at the Karanganyar Health Center UPT are in accordance with Budi's theory (2011:94). This is also supported by research by Larasati (2021), a centralized storage system or combining outpatient and inpatient documents is considered more efficient because it can make it easier for officers to search for medical record documents because the patient's medical record documents have become one unit.

2. Factors causing Missfile Medical Record Documents at the Karanganyar Community Health Center UPT

Missfile (File Arrangement and Placement Error) in the process of aligning or arranging medical record files, it is hoped that there will be no misplacement or missfile because it can be very difficult later when it comes to finding and retrieving the file in question. It is known that the number of medical records officers in the filing section at the Karanganyar Health Center UPT has 2 people with a D3 RMIK background. Then assisted by 2 officers with high school backgrounds. For filing itself, the UPT Puskesmas Karanganyar has 2 permanent filing officers with a D3 RMIK background. Searching for medical record documents, distribution and return of medical records is carried out by all existing officers in turns.

The cause of the missfile is that the non-RMIK officers in the filing section are not careful in reading or looking at the sequence of medical record numbers on the filing shelf, the number of medical recording personnel in the filing is inadequate/not enough because they also remember that the medical record officers themselves are experiencing double job and non-medical records officers, where these officers also take turns/shifts in the filing section, even if the patients are busy, the officers feel there is a shortage of manpower and this can lead to missfiles.

Based on Sudra's theory (2017:3.32), several things that cause missfiles to occur are transpose errors, namely incorrectly seeing and remembering the sequential position of the numbers in the medical record number. For example, the number 10-15-05 is seen and remembered as 10-51-05, in this example the number 15 is transposed into 51. That is why the writing of medical record numbers is separated into pairs of digits with 2 digits each in order to reduce viewing errors. reading, listening and remembering. Trascript errors, namely misreading numbers, for example the number 10-15-05 is seen and read as 70-15-05, so the number 1 in 10 is read as the number 7. Several other numbers that are similar in shape (especially if the writing is not clear) are : 1 and 7 3 and 8 4 and 9 0 and 6 That is also why it is highly expected and recommended to write clearly in the medical record file, including

writing down the medical record number. This is to reduce reading errors and mistaking the written numbers.

Referring to this theory (Sudra, 2017:3.32), the main factor causing missfiles at the Karanganyar Health Center UPT is transpose errors or transcript errors, especially among officers with high school backgrounds in the filing department.

This is also supported by the Regulation of the Minister of Health of the Republic of Indonesia Number 55 of 2013 (2013:2) concerning the Implementation of Medical Recorder Work, stating that a medical recorder is a person who has passed Medical Record and Health Information education in accordance with the provisions of statutory regulations, and is also reinforced by Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/312/2020 (2020:2) concerning Professional Standards for Medical Recorders and Health Information states that professional standards for Medical Recorders and Health Information consist of competency standards and a professional code of ethics. Apart from that, another factor that causes missfiles is also supported by Pertiwi's research (2020:53) which states that one of the factors that cause missfiles of medical record documents is that the number of personnel holding medical records is inadequate so that officers also feel overwhelmed when patients are busy, this is also causing file misses.

3. Impact of *Missfile* Medical Record Documents at UPT Puskesmas Karanganyar

Medical record documents must be stored in accordance with the medical record number that has been printed on the storage shelf in accordance with the respective area code, if the storage is not in accordance with the storage shelf it will result in misplacement or missfile.

The impacts that occur due to missfiles can vary, resulting in delays in the process of retrieving medical record documents during patient service and also resulting in duplication of medical record numbers. The impact of missfiles at the Karanganyar Public Health Center UPT based on interview results is when the patient's medical record documents do not match their location. in the filing rack, the officer will look for the patient's medical record document within 5 minutes. If the medical record document is still not found, the officer will create a new folder for the patient's medical record document based on the patient's old medical record number.

This *misfile* incident will have an impact on the service process to patients becoming hampered and also result in duplicate medical record numbers, whereas in the process of medical records not being found, the result is that the treating doctor will lose the history or diagnosis of the patient's previous illness, so the doctor must carry out a re-examination to find out disease and the treatment that will be given to the patient, this also results in the examination process being long and ineffective.

Based on research by Situmorang, et al (2022:919), there are several impacts of missfiles, including:

- a. Services provided to patients are delayed due to searches for medical record files.
- b. Causing duplication of medical record numbers (Double Medrec) and the contents of medical record documents becoming discontinuous, making doctors confused. Referring to this, the impact of misfiles at the Karanganyar Community Health Center UPT is in accordance with research by Situmorang, et al (2022:919) which states that the occurrence of misfiles causes the service process to patients to be hampered and also results in duplication of medical record numbers.

This is also supported by research (Oktavia, Djusmalinar and Damayanti, 2018: 82) that missfile incidents can result in long service times and patient data becoming discontinuous.

According to Cahyaningtias (2016), patient data that is not continuous will result in less effective medical care services.

4. Efforts Taken to Minimize Missfile Medical Record Documents at UPT Puskesmas Karanganyar

Based on observations and interviews conducted by researchers with medical records officers in the filing section at UPT Puskesmas Karanganyar, researchers know that filing officers make efforts to minimize the occurrence of missfiles. Efforts made by the filing officer were to search for medical record documents within 5 minutes, correct the location of medical record documents, communicate between officers if there was a misplacement of medical record documents, recheck incomplete medical record documents. When a missed medical record document has been searched for within 5 minutes and the document is still not found, a new medical record document is created with the same medical record number.

However, as time went by, the incidence of missfiles at the Karanganyar Community Health Center UPT increased, so to minimize the occurrence of missfiles, color coded outreach was held. Prevention of misplaced/missed files according to Shofari, et al (2018:48) is by using tracers or instruction cards, and by using color codes.

Prevention of misplaced/missfiles based on research by Hapsari (2019:23) includes:

- a. color code
- b. Using outguides (Tracer).
- c. Use of SPO and implementation of policies
- d. Changing the paper-based medical record system to electronic-based medical records.
- e. Carrying out cross checks in all places based on document flow to ensure the existence of medical record documents
- f. Recruit human resources with competencies and qualifications from D3 Medical Records, and provide training as needed.
- g. Use of expedition books for borrowing medical record documents.
- h. Use of medical record applications

Referring to this, the efforts that have been made by the Karanganyar Health Center UPT to minimize the occurrence of missfiles are in accordance with the theory of Shofari, et al (2018:48), namely by using color codes, and assigning color codes to medical record numbers is also in accordance with this theory.

Not only that, the efforts made by UPT Puskesmas Karanganyar to minimize the occurrence of missfiles are also supported by research by Hapsari (2019:23), including the use of color codes for DRM folders made by having a "tongue" which is used to write medical record numbers and attach color codes. When the folder is stored, the "tongue" is protruded out to make it easier for officers in the filing section to see the medical record number, officers carry out cross checks in all places based on document flow to ensure the existence of medical record documents and the use of expedition books for borrowing medical record documents. The efforts that have been made by officers have been quite influential and have helped reduce the rate of *missfile* incidents.

5. Numbering System at UPT Puskesmas Karanganyar

According to Budi (2011:60), the numbering system in medical record services is the procedure for writing numbers given to patients who come for treatment as part of the patient's personal identity. The results of observations and interviews at the UPT Puskesmas Karanganyar for the numbering system use the Unit Numbering System (UNS) where patients who visit for the first time, whether they are outpatients or emergency patients, will get one medical record number and use it forever during their next visit and combined with

Family Numbering, namely family-related numbering (one number for one family). Identity at the Karanganyar Community Health Center UPT is differentiated between families.

Based on Budi's theory (2011:60), numbering is given using the Unit Numbering System (UNS), that is, every patient who visits a health service facility will get one medical record number (medical record document) when the patient first arrives and is registered as a patient at the health service facility. This medical record number can be used for all health services at the relevant health service facility, without distinguishing between outpatient, emergency, inpatient or medical support services. The numbering system usually implemented in community health centers is according to Budi (2011:71) Family Numbering is numbering related to the family (one number for one family) which is usually implemented in community health centers. Consists of an additional pair of digits assigned to each family.

Referring to the theory above, the numbering system implemented at the Karanganyar Health Center UPT is in accordance with Budi's theory (2011:60), namely using a numbering system by assigning numbers using the Unit Numbering System (UNS) and combined with family numbering. Apart from that, the use of the numbering system at the Karanganyar Health Center UPT is in accordance with the existing SOP.

This is supported by research by Nurbaya, et al (2020:15) on the Unit Numbering System (UNS) numbering system, the numbers used will not increase quickly, minimizing the loss of a lot of data when a misfile occurs, besides that it is also useful in medical record document data so that continuously, also save existing resources. Apart from that, the implementation of family numbering in Community Health Centers is also supported by research by Ramadhan, et al (2021:1393) that the implementation of the Family Numbering System is to facilitate the storage system, save on the storage and numbering system to prevent it being confused with other Medical Record files.

CONCLUSION

The factors causing misfiles of medical record documents are based on the alignment system at the Karanganyar Health Center UPT using the Straight Numerical Filing System (SNF) alignment system, namely using the first number as the leading number. In implementing the alignment, officers experienced misfiles of medical record documents due to transpose errors or transcript errors, especially for officers with high school backgrounds in the filing section.

Implementation of the Medical Record Document Storage System at the Karanganyar Community Health Center UPT. The storage system currently implemented is a centralized storage system and is for implementing the medical record document storage system at the Karanganyar Public Health Center UPT.

The storage system currently implemented is a centralized storage system and is used to store medical record documents at the Karanganyar Public Health Center UPT using a personal folder. The application of this storage system is storage by combining medical record documents for outpatient, emergency and inpatient patients into one storage folder. Personal folder is a type of medical record document storage where one medical record document is used by one patient. Efforts to minimize the occurrence of misfiles that occur at the UPT Puskesmas Karanganyar include using color codes, cross checking all medical record document flows, and using expedition books.

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