

ABSTRAK

ANALISIS RETENSI BERKAS REKAM MEDIS DI RSUD KANJURUHAN KABUPATEN MALANG

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Latar Belakang : Pelaksanaan dokumen rekam medis berpedoman pada standar operasional prosedur tentang penyimpanan dokumen rekam medis oleh Kementerian Kesehatan namun faktanya banyak rumah sakit yang belum melaksanakan sesuai SOP, padahal rumah sakit harus mempunyai sistem penyimpanan dokumen dengan baik, terutama rekam medis. Tujuan penelitian ini untuk mengidentifikasi apakah pelaksanaan retensi sesuai dengan Permenkes RI No. 269 Tahun 2008 dan Akreditasi SNARS di RSUD Kanjuruhan Kabupaten Malang.

Metode penelitian : Penelitian ini adalah penelitian deskriptif kualitatif. Penelitian dilakukan dengan mengamati dan mencatat prosedur yang berkaitan dengan retensi rekam medis. Metode pengumpulan data menggunakan metode wawancara mendalam, observasi dan dokumentasi. Analisa data yang dilakukan adalah reduksi data, penyajian data dan penarikan kesimpulan. uji keabsahan data pada penelitian ini adalah triangulasi data.

Hasil : Pelaksanaan resitensi berkas rekam medis di RSUD Kanjuruhan belum sesuai dengan Permenkes No 269/Menkes/PER/III/2008 tentang penyimpanan, pemusnahan dan kerahasiaan rekam medis pada RSUD Kanjuruhan rekam medis tahun 2014 baru diretensi pada tahun 2023 dan 2024, hal ini melebihi ketentuan batas umur dokumen rekam medis yang disimpan lebih dari 5 tahun. Terdapat kendala yang ditemukan dalam pelaksanaan retensi berkas rekam medis di RSUD Kanjuruhan, misalnya seperti keterbatasan ruang penyimpanan, kurangnya sumber daya manusia yang terlatih, teknologi dan prosedur yang kompleks.

Kesimpulan : Pelaksanaan resitensi berkas rekam medis belum sesuai dengan SOP, Perlunya komitmen rumah sakit dalam pelaksanaan resitensi rekam medis khususnya dalam kebijakan, peningkatan sarana dan prasarana serta sumber daya manusia.

Kata Kunci : Resitensi, Rekam Medis, RSUD Kanjuruhan, Permenkes 269

ABSTRACT

ANALYSIS OF RETENTION OF MEDICAL RECORDS IN KANJURUHAN HOSPITAL, MALANG DISTRICT

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Background: Implementation of medical records documents guides on operational standards of procedures regarding the storage of medical record documents by the Ministry of Health but the fact is that many hospitals have not implemented according to the SOP, while hospitals must have a good storage system of documents, especially medical records. The purpose of this research is to identify whether the retention is in accordance with Permenkes RI No. 269 Year 2008 and SNARS Accreditation in Kanjuruhan Hospital district Malang.

Method: This research is qualitative descriptive research. The research was conducted by observing and recording procedures related to the retention of medical records. The data collection method uses the methods of in-depth interviews, observations and documentation. Data analysis is done by reducing data, presenting data and drawing conclusions. The validity test of the data on this study is data triangulation.

Results: Implementation of the retention of medical records in RSUD Hospital has not complied with Permenkes No. 269/Menkes/PER/III/2008 on the storage, destruction and confidentiality of the medical records at hospital The medical records of 2014 were only retained in 2023 and 2024, this exceeds the provisions of the lifetime limit for medical records stored for more than 5 years. There are obstacles found in the implementation of the retention of medical records at Kanjuruhan Hospital, for example such as limited storage space, lack of trained human resources, technology and complex procedures.

Conclusion: Implementation of medical record residence files is not in accordance with the SOP, the need for hospital commitment in the execution of medical records residence in particular in the policy, improvement of facilities and supplies as well as human resources.

Keywords: Retention, Medical Records, Kanjuruhan Hospital, Permenkes 269