

Strengthening Medical Record Management Through Training, Monitoring, Tracer Implementation, and Standard Operating Procedures to Reduce Delays in Outpatient Medical Record Returns

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ABSTRACT

Timely return of outpatient medical records is an important component of effective health information management in primary healthcare facilities. Proper management of medical records ensures the continuity of patient care and supports administrative and reporting functions. This study aimed to analyze the factors causing delays in the return of outpatient medical records at Community Health Center (*Puskesmas*) X based on predisposing, enabling, and reinforcing factors. This study employed a qualitative research design involving nine participants, consisting of one operational coordinator of the medical record unit, one medical record officer, and seven polyclinic staff members. Data were collected through in-depth interviews, observations, documentation review, and brainstorming sessions. The data were then analyzed to identify key factors contributing to delayed medical record returns. The results revealed several contributing factors to the delay. Predisposing factors included the presence of medical record staff who did not meet the minimum educational qualification of a diploma in medical record management and limited compliance among nursing staff regarding the required return time. Enabling factors involved the suboptimal use of expedition logbooks and the absence of tracer tools in the medical record borrowing process. Reinforcing factors included the lack of standard operating procedures (SOPs) regulating the return of medical records. Several improvement strategies were identified, including proposing medical record management training, assigning monitoring responsibilities to polyclinic coordinators, developing and implementing tracer systems, applying administrative sanctions such as additional tasks or point-based accountability mechanisms, and establishing formal SOPs for medical record return procedures. In conclusion, strengthening staff capacity, monitoring mechanisms, record tracking systems, and institutional regulations is essential to improve compliance with medical record return timelines and reduce delays in outpatient medical record management.

Keywords: delay; medical records; primary healthcare center; health information management; outpatient services

INTRODUCTION

Medical records play a crucial role in supporting the improvement of healthcare service quality through accurate, timely, and systematic documentation of patient information. Proper documentation in medical records ensures continuity of care, facilitates communication among healthcare providers, and provides reliable data for administrative, legal, and reporting purposes within healthcare institutions [1]. In primary healthcare facilities such as community health centers, the management of medical records is expected to follow established standards to ensure efficiency in service delivery. However, the implementation of medical record services in Community Health Center (*Puskesmas*) X still faces several operational challenges, one of which is the delay in returning outpatient medical records to the medical record unit.

The delay in returning outpatient medical records generally occurs because polyclinic staff do not immediately return the files after borrowing them for patient examination and treatment purposes. According to existing regulations and operational standards in medical record management, outpatient medical record files must be returned to the medical record unit within 1 × 24 hours after the patient's visit is completed [2]. Timely return of medical records is essential to maintain the continuity of documentation processes, ensure availability of patient records for subsequent visits, and support other administrative procedures carried out within the medical record unit.

To gain a preliminary understanding of this issue, the researchers conducted an initial study at *Puskesmas* X to identify the magnitude of delays in returning outpatient medical records. The findings of this preliminary assessment are presented in Table 1. During the period from June to August 2022, the number of outpatient medical record files returned late tended to increase. This condition indicates that the performance target for returning medical record files, which should reach 100% within the specified timeframe, has not yet been achieved. The accumulation of delayed files suggests that the workflow related to medical record circulation between polyclinics and the medical record unit has not functioned optimally. Among the polyclinics listed, the general clinic frequently experiences a buildup of medical record files due to delays in returning them to the medical record unit.

Table 1. Delay in returning medical record documents from June–August 2022

No	Polyclinic	June		July		August	
		Outgoing files	Delayed files	Outgoing files	Delayed files	Outgoing files	Delayed files
1	General clinic	41	20	45	23	48	27
2	Elderly clinic	18	17	21	9	25	12
3	Nutrition clinic	17	5	18	7	15	6
4	Mch/family planning clinic	30	10	34	12	34	12
5	Dental clinic	27	7	29	10	30	10
6	Pediatric clinic	30	20	32	21	35	21
7	Communicable disease clinic	12	8	14	9	12	6
Total		175	87	193	91	199	94

The results of the preliminary study also revealed several operational issues that potentially contribute to the occurrence of delays. For example, some medical record officers were found to have an educational background equivalent to senior high school rather than a formal diploma in medical record management. In addition, certain procedural tools that support effective document tracking were not utilized in daily operations. One such tool is the tracer system, which is designed to mark and track the location of borrowed medical record files. The absence of tracer usage may cause difficulties for staff in identifying the whereabouts of borrowed documents and can increase the likelihood of delays in returning files to the storage unit [3].

Furthermore, the study observed that some officers did not consistently record the borrowing and return of medical record files in the expedition logbook. In principle, every transfer of medical record files from the storage room to other service units, as well as their subsequent return, must be documented using the expedition book. This book typically contains essential information such as the medical record number, date of borrowing, purpose of use, and patient identity. Proper use of the expedition logbook is important for monitoring the circulation of medical record documents

and ensuring accountability in the borrowing process. When this procedure is not followed, officers may face difficulties in tracking how many files have been returned and which files are still outside the storage area [4].

A high rate of delayed return of medical record files can negatively affect the quality of healthcare services provided by the health facility [5]. Delays in returning medical records to the filing unit may disrupt several subsequent processes within the medical record management cycle. These include delays in assembling medical record documents, coding of diagnoses and procedures, and data processing required for routine reporting activities. Additionally, difficulties in locating medical records may arise because the documents are not stored in their designated shelves. Such situations may also result in delayed insurance claims processing and can potentially hinder the provision of services when patients return for follow-up visits or additional medical care [6–9]. Therefore, the issue of delayed return of medical records represents an urgent operational problem that requires immediate attention and effective management strategies.

Delays in returning medical record files may also be influenced by the behavior and compliance of healthcare personnel involved in the process. According to the behavioral theory proposed by Green (1980), human behavior is influenced by three main categories of factors: predisposing factors, enabling factors, and reinforcing factors [10]. Predisposing factors include characteristics that influence an individual's tendency to perform certain behaviors, such as educational background, level of knowledge regarding the procedures for returning outpatient medical record files, and understanding of the established return time limits. Enabling factors refer to the availability of supporting resources and infrastructure, including the physical environment, the distance between polyclinics and the medical record storage room, and the availability of supporting tools such as tracers. Reinforcing factors involve elements that strengthen or encourage desired behavior, such as motivation, supervision, feedback, and the existence of clear institutional regulations, including Standard Operating Procedures (SOPs) for returning medical record files.

Based on these considerations, this study aims to analyze the factors contributing to delays in returning outpatient medical record files at *Puskesmas X* by examining predisposing, enabling, and reinforcing factors that may influence the behavior of healthcare staff involved in the medical record management process.

METHODS

The research employed a qualitative study design to explore the factors contributing to delays in returning outpatient medical records. This study was conducted in the medical record unit of *Puskesmas X* from June to August 2022. The object of the study was outpatient medical record documents, while the research subjects (informants) consisted of one operational coordinator of the medical record unit, one medical record officer, and seven polyclinic staff members. The selection of informants was based on their roles and responsibilities related to the process of returning outpatient medical records in the health center. The roles of the informants involved in this process are presented in Table 2.

Table 2. Roles of informants in the return of outpatient medical records at the health center

No	Staff	Number	Role
1	Operational coordinator of the medical record	1	Monitoring the activities of medical record staff and polyclinic staff to prevent delays in returning medical records.
2	Medical record unit officer	1	Reminding polyclinic staff to return medical records in accordance with the applicable SOPs.
3	Polyclinic staff	7	Completing the medical record documentation; incomplete records may cause delays in returning medical records.

The variables examined in this study consisted of three main categories derived from behavioral theory: predisposing factors, enabling factors, and reinforcing factors. Predisposing factors included the educational level, knowledge, and attitudes of the staff involved in the medical record return process. Enabling factors referred to the availability of facilities and infrastructure as well as the physical environment supporting the management of medical records. Reinforcing factors included motivation and the existence of SOPs related to the return of medical record documents.

Data collection was carried out through several qualitative techniques, including in-depth interviews, direct observation, and documentation review. These techniques were applied to obtain comprehensive information regarding the practices and conditions influencing the return of outpatient medical records. After the data were collected, validity testing was conducted using both technique triangulation and source triangulation. Source triangulation was performed by comparing responses from different informants in order to identify consistency and differences in the information provided. Meanwhile, technique triangulation was conducted by comparing the results obtained from interviews with findings from observation and documentation. The collected data were subsequently analyzed using qualitative data analysis procedures consisting of data reduction, data display, and conclusion drawing. Through these analytical steps, the researchers were able to systematically identify and interpret the factors contributing to delays in the return of outpatient medical records at *Puskesmas X*.

RESULTS

Predisposing factors

Predisposing factors refer to conditions that facilitate the occurrence of certain behaviors among healthcare personnel that may contribute to delays in the return of outpatient medical records at *Puskesmas X*. These factors include the educational background, knowledge, and attitudes of the staff involved in the medical record management process. Education in this study refers to the highest level of formal education completed by the research informants. The results regarding the educational background of the respondents are presented in Table 3.

The findings indicate that one staff member had a senior high school educational background, one staff member held a Diploma (D-III) in Medical Records, and seven staff members had completed professional nursing education (Ners). Staff members with a professional nursing background were primarily responsible for outpatient polyclinic services. Table 3 shows that not all personnel involved in medical record management possess a formal educational background in medical records. This condition does not fully comply with the Regulation of the Minister of Health of the Republic of Indonesia No. 55 of 2013, which states that medical record officers must have a minimum qualification of a Diploma (D-III) in Medical Record and Health Information Management.

Knowledge in this study refers to the understanding of both medical record staff and polyclinic personnel regarding the procedures for borrowing and returning outpatient medical records at *Puskesmas X*. The interview results revealed that all respondents were aware that the deadline for returning outpatient medical records is within 1 × 24 hours. This finding is consistent with the regulation issued by the Ministry of Health stating that medical records must be returned within 24 hours after the patient has completed the healthcare service [11]. Regarding the respondents' knowledge of the procedures for returning medical records, the following statements were obtained:

Table 3. Educational level of staff

No	Respondent	Highest educational level
1	Respondent 1	Senior high school
2	Respondent 2	Diploma (D3) in medical records
3	Respondent 3	Professional nursing education
4	Respondent 4	Professional nursing education
5	Respondent 5	Professional nursing education
6	Respondent 6	Professional nursing education
7	Respondent 7	Professional nursing education
8	Respondent 8	Professional nursing education
9	Respondent 9	Professional nursing education

"Polyclinic staff check the completeness of the records, and if they are complete, they are returned to the medical record unit. If they are incomplete, the data are entered into Ms. Office. Medical record staff then collect the files from the polyclinic staff and deliver them to the responsible officer. Once completed, the files are stored in the filing room." (Respondent 1, Respondent 2)

Based on the interview results, Respondents 1 and 2 demonstrated adequate knowledge regarding the procedures for returning outpatient medical records. The procedure begins with a completeness check by polyclinic staff, followed by recording incomplete records in Ms. Office. Subsequently, the incomplete documentation is returned to the responsible officer for completion, and the completed files are then returned to the storage area. Patient medical records must be completed 100% by the authorized staff before the return process is carried out. In practice, the borrowing procedure may begin during outpatient registration, where the registration unit provides a list of medical record numbers requested by the polyclinics.

Attitude in this study refers to the perspectives and behavioral responses of medical record staff and outpatient polyclinic personnel toward the procedures for borrowing and returning medical record documents at *Puskesmas X*. The attitudes of the respondents are reflected in the following interview excerpts:

"Yes, we follow the rules, but sometimes some staff are not compliant, maybe because they have a lot of work or simply forget." (Respondent 5)

"We usually comply, but sometimes certain conditions cause delays." (Respondent 6)

The interview results indicate that several staff members are not consistently disciplined in adhering to the required timeframe for returning outpatient medical records, which should not exceed 24 hours after service completion. The attitudes of staff members when encountering delays in returning medical records are reflected in the following statements:

"We remind the polyclinic staff to input the data as soon as possible so that delays do not occur." (Respondent 1, Respondent 2)

These findings indicate that staff generally demonstrate appropriate attitudes when delays are identified. Personnel who comply with both written and unwritten rules are typically considered disciplined employees, and such discipline is reflected in their daily work behavior and professional responsibilities.

Enabling factors

In this study, enabling factors refer to conditions that allow or facilitate certain behaviors among outpatient medical record staff that may contribute to delays in returning medical record documents. These factors include facilities and infrastructure as well as the physical environment. Facilities and infrastructure in this context refer to the tools and supporting systems used in the process of borrowing and returning outpatient medical records at *Puskesmas X*. Interview results revealed that not only the expedition logbook but also a tracer system is needed to support the return process of medical record files. However, the expedition book is rarely used, and a tracer system is not yet available. This situation is illustrated in the following interview statements:

"The expedition book exists, but it is rarely used." (Respondent 1)

"There is an expedition book, but there is no tracer yet." (Respondent 2)

Based on the researcher's observations, it was confirmed that although an expedition book is available for recording the borrowing and returning transactions of medical records, its utilization is still limited. The expedition book serves as evidence of document borrowing and is intended to record important information such as the date the file leaves the storage room and its intended destination. Ideally, medical record staff should record these details in the expedition book before delivering files to the polyclinics. Therefore, the absence of a tracer system and the suboptimal use of the expedition book may contribute to delays in the return of outpatient medical records at *Puskesmas X*.

The physical environment examined in this study relates to the distance between the polyclinic units and the medical record storage room at *Puskesmas X*. The interview results regarding this distance are presented in the following statements:

"Around 40–50 meters." (Respondent 4, Respondent 5)

"Approximately 50 meters, but the route is indirect when going to the storage room." (Respondent 6, Respondent 7)

The results indicate that the distance between the polyclinic units and the medical record storage room is approximately 50 meters. However, staff must follow a circular route to reach the storage area because there is no direct access path. This observation is consistent with the researcher's field observations, which show that staff must walk along a winding route of approximately 50 meters to reach the filing room. Information is obtained regarding the location of the medical record unit, the pathway taken by staff when returning documents, and the location of the polyclinic units. According to the staff, the distance between these units is not considered problematic because it is relatively short and does not significantly hinder the process of returning medical record files. Staff members also reported that they did not experience any negative impact or operational obstacles due to the existing distance. Therefore, it can be concluded that the physical distance between the polyclinic and the storage room is not a major factor contributing to delays in returning outpatient medical records at *Puskesmas X*.

Reinforcing factors

Reinforcing factors in this study refer to conditions that encourage or strengthen the behavior of outpatient staff and medical record personnel in carrying out the return of outpatient medical record documents. In this study, reinforcing factors were categorized into two components: motivation and SOPs. Motivation refers to the encouragement or incentives that influence staff to return outpatient medical records on time at *Puskesmas X*. Interview results revealed that medical record staff often provide reminders to borrowers regarding the return deadline in accordance with the SOP, which is 1 × 24 hours. Additionally, warnings from supervisors are given when delays occur in returning medical record files. These findings are reflected in the following interview excerpts:

"Punishment is given in the form of verbal warnings." (Respondent 1)

"Only warnings from the supervisor." (Respondent 2)

Motivation is considered an important factor that encourages staff to perform their duties more effectively. In practice, motivation may take the form of rewards or punishments. Based on the interview results, the motivational mechanism implemented at *Puskesmas X* mainly involves reprimands from supervisors when staff members fail to complete documentation or return medical records within the specified timeframe. Such

punishment mechanisms are expected to guide employees toward more positive and disciplined behavior. However, the findings of this study suggest that the limited implementation of motivational strategies may contribute to delays in returning outpatient medical records at *Puskesmas X*.

SOPs in this study refer to formal guidelines governing the process of returning outpatient medical records to the filing room at *Puskesmas X*. The availability of SOPs related to the return of medical records was explored through interviews with respondents, as shown in the statements:

"There is an SOP, but it is not specifically about returning medical records." (Respondent 2)

"There is no specific SOP for returning records, but there is an SOP regarding the completeness of medical record documentation." (Respondent 1)

The interview results indicate that a specific SOP regulating the borrowing and returning of medical records is not yet available at *Puskesmas X*. Based on field observations, the researcher identified an SOP related to the completeness of medical record documentation, which regulates that medical records must be completed within ≤ 24 hours after outpatient services are finished. This SOP has been used as the primary reference for determining the timeframe related to the return of outpatient medical records. However, because it does not explicitly regulate the borrowing and returning procedures, its implementation may not fully support effective control over the circulation of medical record files. Therefore, the absence of a specific SOP governing the borrowing and returning process can be considered one of the contributing factors to delays in returning outpatient medical records at *Puskesmas X*.

DISCUSSION

The return of outpatient medical records refers to the process of transferring medical record documents from outpatient service units back to the medical record unit. Delays in this process may disrupt several subsequent activities in medical record management, including coding, assembling, indexing, and may increase the risk of misfiled records [1]. According to the Regulation of the Minister of Health of the Republic of Indonesia No. 55 of 2013 concerning the Implementation of the Medical Record Profession, medical record officers are required to have a minimum educational qualification of a Diploma (D-III) in Medical Record and Health Information Management [12]. However, the formal educational background of staff at *Puskesmas X* indicates that not all personnel involved in medical record management possess an educational background in medical records. Based on this regulation, the staffing requirements in terms of educational qualifications have not been fully fulfilled. Such discrepancies may contribute to the occurrence of delays in returning medical records. Educational level represents an important individual characteristic that distinguishes one person from another and reflects the potential capacity of each individual; therefore, educational attainment can influence individual behavior [13]. Educational level may also affect a person's attitudes and actions in the workplace [14]. Consequently, the educational background of staff can be considered one of the factors contributing to delays in returning medical records.

Staff knowledge also plays an important role in the implementation of outpatient medical record return procedures. Personnel who lack knowledge regarding the standard return time, borrowing and return procedures, and the consequences of delayed returns may contribute to an increased rate of delayed medical record returns. Knowledge is considered a factor that facilitates the development of individual behavior [15,16]. This finding is consistent with the prior statement by Notoatmodjo (2012), which explains that when individuals possess adequate knowledge, they are more likely to behave in accordance with that knowledge [17]. This perspective is supported by the study conducted by Dilla et al. (2020), which reported that higher levels of knowledge can improve the quality of an individual's work performance [1]. Therefore, it is important for staff members to understand procedures related to the management and provision of medical record documents, particularly in handling records that cannot be found in the filing shelves, in order to improve the overall quality of healthcare services. However, based on the results of this study, staff knowledge was not found to significantly influence delays in the return of outpatient medical records at *Puskesmas X*.

According to Notoatmodjo (2014), attitude refers to an individual's internal response or reaction toward a stimulus or object. Attitude is not yet an observable action but rather a predisposition that may lead to certain behavioral responses toward objects within a particular environment [10]. Staff members who comply with written or unwritten regulations demonstrate discipline in performing their duties, which is reflected in their daily behavior and work practices within the institution in order to achieve organizational goals [18]. The development of disciplined attitudes among healthcare personnel indirectly shapes their professional character and encourages them to perform their responsibilities more effectively, including the timely return of medical records [19]. Conversely, a lack of discipline in completing medical record documentation may result in delays in returning the files [20]. Therefore, improving staff attitudes and work discipline is essential to reduce the high rate of delayed medical record returns. Such improvements can be achieved through increased awareness of professional responsibilities and commitment to completing tasks accurately and on time. In this study, insufficient discipline and limited sense of responsibility among staff were identified as contributing factors to delays in returning outpatient medical records at *Puskesmas X*. Delays in returning medical record documents may also hinder several operational processes such as assembling, coding, verification of BPJS claims, and filing activities [21].

Facilities and infrastructure are considered enabling factors that facilitate the occurrence of certain behaviors [22]. In the context of medical record management, supporting facilities used in the borrowing and return process include expedition logbooks and tracers. The expedition book serves as a record of file borrowing activities and functions as evidence that a document has been taken from the storage room. Medical record staff are expected to record the date and destination of each file before delivering it to the polyclinic. When the expedition book is rarely used, staff may experience difficulties in tracking the borrowing history of medical record files, which may increase the risk of misfile and eventually lead to delays in returning medical records. Therefore, the expedition book should be used consistently so that medical record staff can monitor which documents are returned on time and which are returned late.

In addition, the absence of a tracer system at *Puskesmas X* may also contribute to delays in returning medical record documents. The availability of tracers is intended to facilitate the borrowing transaction and to mark the location of files removed from storage shelves. When tracers are used, borrowed files can be easily identified and returned to their proper locations. Tracers help staff quickly locate the correct storage position for each document, thereby reducing workload and improving efficiency. This finding is consistent with the prior study, which reported that the use of tracers and expedition books is important because both tools facilitate the identification of lost or misplaced files and support the proper return of documents to their designated shelves, thereby reducing misfile incidents and accelerating service processes [23,24]. The absence or underutilization of tracers and expedition books may result in files being misplaced or misfiled, making it difficult for staff to locate the required documents. Consequently, patient services may be delayed due to the extended time required to retrieve medical record files [25]. Effective service delivery depends on appropriate work behavior supported by adequate facilities, proper techniques, and skilled personnel [26]. This finding is also consistent with the study by Krisnawati et al. (2021), which emphasized that the optimal use of available facilities is necessary to ensure that medical record files can be tracked and returned efficiently, thereby supporting smooth healthcare service delivery [27]. Therefore, the absence of tracers and the suboptimal use of expedition books may contribute to delays in returning outpatient medical records at *Puskesmas X*.

Previous research by Erlindai (2019) reported that the distance between patient service units and the medical record department may influence delays in the return of medical records [28]. In this study, staff reported that the distance between the patient service area and the medical record unit was approximately ± 50 meters, which they considered relatively close. Because the distance between the rooms is relatively short, staff do not require special equipment to transport the files, provided that the number of files carried is not excessive. In most cases, files are simply carried by hand during the return process. The distance between rooms may influence staff behavior in returning documents, as proximity between service units and the medical record department can affect the timeliness of the return process [16]. However, in this study, the existing distance between the polyclinic units and the medical record storage room was not perceived as a barrier by staff. Therefore, it can be concluded that the physical distance between rooms was not a significant factor contributing to delays in returning outpatient medical records at *Puskesmas X*.

Motivation refers to an internal drive that encourages individuals to take action. Staff members who possess strong work motivation are more likely to return medical records on time according to established standards [1]. Motivation may take the form of rewards or punishments. In *Puskesmas X*, the existing punishment mechanism is relatively mild, consisting mainly of verbal warnings issued to staff members who fail to return medical records on time. Such warnings are perceived as insufficient to encourage stronger discipline among staff members regarding compliance with return deadlines. Therefore, more assertive forms of punishment may be necessary to improve staff performance and encourage adherence to established procedures. Punishment is intended not only to correct undesirable behavior but also to prevent employees from repeating similar violations in the future. Implementing punishment mechanisms is considered important for maintaining institutional regulations and improving the performance of employees who violate operational procedures [29]. Based on the findings of this study, limited motivational mechanisms were identified as one of the factors contributing to delays in returning outpatient medical records at *Puskesmas X*.

Standard Operating Procedures (SOPs) are written guidelines systematically developed to serve as a reference in the implementation of medical record services. *Puskesmas X* does not yet have a specific SOP governing the return of outpatient medical records; instead, the available SOP only regulates the completeness of medical record documentation. The absence of a specific SOP may influence staff behavior when performing their duties. Rachmani in Haqqi (2020) reported that the absence of SOPs is one of the factors contributing to delays in returning medical records to the storage room [30]. In the process of returning medical record files, the presence of clear SOPs can greatly assist staff in carrying out their duties according to established regulations [1]. Therefore, the lack of a specific SOP regulating the borrowing and return of medical records can be considered a contributing factor to delays in returning outpatient medical records.

It should be noted that this study identified several factors contributing to delays in the return of outpatient medical records at *Puskesmas X*. However, because this research employed a qualitative approach, the findings cannot be generalized to other health centers or healthcare facilities.

CONCLUSION

In conclusion, delays in returning outpatient medical records at *Puskesmas X* are associated with predisposing, enabling, and reinforcing factors, particularly inadequate educational background, limited work discipline, underutilization of supporting tools, absence of tracers, weak motivational mechanisms, and the lack of specific SOPs governing the return process.

Ethical consideration, competing interest and source of funding

-This study has received ethical approval from the Ethics Committee of Politeknik Negeri Jember. Ethical clearance was granted under Approval Letter Number: 1065/PL17.4/PG/2022.

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