



FACTORS AFFECTING THE CONSTRAINTS OF IMPLEMENTING THE EXTERMINATION OF IN-ACTIVE MEDICAL RECORDING DOCUMENTS IN THE ISLAMIC HOSPITAL OF IBNU SINA (YARSI) PADANG IN 2020

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Abstract: All health care facilities are required to maintain medical records, including hospitals. According to Permenkes RI No. 269/2008, medical records in hospitals must be kept for at least 5 (five) years from the date the patient was treated. Medical record documents that are of no value should be destroyed so that the room where medical records are stored becomes large. Based on the preliminary study, it was found that the Islamic Ibnu Sina Hospital (YARSI) Padang had never been destroyed. The purpose of the study was to determine the factors that influence the implementation constraints of the destruction of inactive medical record documents at the Islamic Hospital Ibnu Sina (YARSI) Padang in 2020. The research method used is qualitative research with a case study approach. This research was conducted at the Ibnu Sina Islamic Hospital (YARSI) Padang from February to September 2020. The technique of determining informants used was purposive sampling. The number of informants was six people. Data collection techniques are observation, interviews, and literature study. Data analysis used content analysis techniques. To maintain data validity, source triangulation, method triangulation, and documentation review were used. The result of this research is that the inactive medical record destruction activity has not been implemented. There are obstacles that the activity has not been implemented because of insufficient officers or personnel, training is rarely attended by officers, policies and SOPs for the destruction have existed but have not been realized, the materials needed are incomplete, and the implementation of medical record retention has not been completed.

Key words : *Destruction, Hospital, Medical Records, Retention, Storage*

I. INTRODUCTION

Hospitals according to Law Number 44 of 2009 are health facilities that provide individual health services which include promotive, preventive, curative, and rehabilitative services. The hospital is one of the public health service facilities which has a very important role in improving the public health status. Every hospital is required to maintain medical records.¹⁾

With quality medical record services, patients will feel satisfied, especially because patients are served quickly, precisely and safely by the hospital. The availability of medical record documents quickly and precisely when needed will greatly assist the quality of health services provided to patients. One of the problems that arose in the medical record storage section was due to the narrow storage space in the medical record installation resulting in a pile of files so that medical record officers took a long time to search for patient medical record documents. This problem can be overcome by destroying medical records.

According to Permenkes RI No. 269 of 2008 concerning medical records states that medical records at health service facilities such as hospitals, must be kept for at least 5 (five) years from the date the patient was last treated. The destruction of inactive or inactive medical records can be done by retaining them first. Retention is an activity of shrinking medical record documents by moving active medical record files to inactive by sorting them on storage racks according to the year of visit.

Archives that have no longer use value should be destroyed in order to provide better storage and maintenance facilities for archives that still have useful value (Paramita, 2017). Destruction must be done totally by burning, chopping or recycling so that it can no longer be recognized or its shape (Novantoro, 2012).

Based on the preliminary study, it was found that the Ibnu Sina Islamic Hospital (YARSI) in Padang had never been destroyed. This resulted in a narrow storage space in medical record installations and a pile of files, causing difficulties in the process of searching for medical record documents. In fact, the availability of files quickly and precisely when needed will greatly assist the quality of health services provided to patients.

Therefore, based on the problems that have been described, the authors are interested in conducting a research entitled factors that affect the constraints on the implementation of the destruction of inactive medical record documents at the Islamic Hospital Ibnu Sina (YARSI) Padang in 2020.

II. RESEARCH METHODOLOGY

The research method used is qualitative research with a case study approach. Qualitative research is research that wants to understand the phenomena of what the research subject likes, for example behavior, perception, motivation, action, etc., holistically, and by means of descriptions in the form of words and language, in a special context. naturally and by utilizing various natural methods (Moleong, 2014).

This research was conducted at the Ibnu Sina Islamic Hospital (YARSI) Padang. The research time was from February to October 2020. The technique of determining the information used in this study was purposive sampling using the principle of suitability of the method of determining the source of data for the interviewee / research informant who was selected with certain considerations and goals (Moleong, 2014). The informants in this study may be 6 people. The instrument or data information tool used in this study is the research itself. Furthermore, it is added using an in-depth interview guide and a checklist table that has been compiled in writing according to the problem, then used as a means to obtain information about the problem under study.

Methods of data through observation, document review, and in-depth interviews. The analysis technique was carried out using data analysis techniques proposed by Miles and Huberman (1992) which included three concurrent activities, namely: data reduction, data presentation, drawing conclusions / levers (Suwandi, 2008). Data analysis that will be used to analyze the research data is carried out by technical analysis to maintain the validity of the data used triangulation, namely (Bachtiar, 2000): source triangulation and method triangulation.

III. RESULTS

A. Input (Man, Material, and Method)

1. Man

Triangulation matrix on Man (Personnel) for the Implementation of the Medical Record Service System at the Ibnu Sina Islamic Hospital (YARSI) Padang. Based on document review, observation, and in-depth interviews can be seen in table 1 below:

Table 1 Triangulation Matrix about Man (Personnel) Medical Record Service

Topics	Document	Observation	Interview	Conclusion
Availability of human resources	a. From the workforce data of the medical records section, it was found that there were 24 medical record personnel. b. The activity report in the hospital profile book for 2019 did not find any scheduling of training activities on medical records	a. The availability of medical record personnel, both from high school graduates, D-III medical records, D-III non-medical records, and S-1 non-medical records b. No medical record training	For man (personnel) for medical record officers, there are already high school graduates, D-III Medical Records, D-III non-medical records, and S-1 non-medical records. Training activities on medical records, especially regarding the retention and destruction of medical records have never been held in the hospital or been included in	Medical record personnel are available, both from high school, D-III medical records, D-III non-medical records, and S-1 non-medical records. Training activities for medical record officers and for other personnel involved in destroying medical records have never been carried out.

events outside
the hospital

From the triangulation results above, it can be seen that the number of medical record personnel is still insufficient, in terms of the quality of the personnel it is still lacking because there are still those with high school education background, D-III and S-1 non-medical records. Medical record training activities, especially regarding the retention and destruction of medical records, have never been carried out in hospitals or outside hospitals.

2. Material

The triangulation matrix method of material from the destruction of medical records at the Ibnu Sina Islamic Hospital (YARSI) Padang based on in-depth interviews, observations, and document review can be seen in table 2 below:

Table 2 Triangulation Matrix Methods on Materials for Inactive Medical Record Destruction Activities

Topics	Document	Observation	Interview	Conclusion
Availability of material	In the medical record data report, it was found that there was an SOP for Destruction of In-Active Medical Records and Guidelines for the Implementation of Medical Records.	Material resources such as office stationery, computers, and storage room for active and inactive medical records documents have been separated, but there is still a mixture of active and inactive medical record documents. There are no scanners and chopping machines.	The availability of material is not yet supported. His condition is still incomplete. The problem is when submitting it for a long time	The availability of material is still not supported. His condition is still incomplete. For example, there are no scanners and chopping machines. The problem is when submitting additional materials, equipment and facilities is a bit long.

From the triangulation results above, it can be seen that the material in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) in Padang still does not support the smooth process of destroying inactive medical records. Although from the interview there were plans to add facilities and infrastructure, it has not yet been implemented.

3. Method

Triangulation matrix methods for the implementation of active medical record destruction activities at the Ibnu Sina Islamic Hospital (YARSI) Padang based on in-depth interviews, document review, and observation, can be seen in table 3 below:

Table 3. Triangulation Matrix on Methods for Implementation of Inactive Medical Record Destruction Activities at Ibnu Sina Islamic Hospital (Yarsi) Padang

Topics	Document	Observation	Interview	Conclusion
Method	Medical records policies and SOPs regarding the retention and destruction of inactive medical records are in place	Medical record retention activities have been carried out but have not been completed because in the field there are still active and inactive medical records in one room. The activity of destroying active medical records has not yet been carried out.	In terms of method, the activity of destroying medical records is carried out after the implementation of retention completion. However, the implementation of retention activities is still not complete due to limited manpower, time and equipment. The availability of policies and SOPs for retention and destruction of medical records already exist, but for retention activities have not been completed. Likewise, the reluctance of inactive medical record separation activities has not been implemented.	Medical records and Standard Operational Procedure regarding the retention and destruction of inactive medical records are in place. The implementation of medical record retention activities has been carried out but has not been completed. The activity of destroying active medical records has not yet been carried out.

From the triangulation results above, it can be seen that the method in implementing the destruction of inactive medical records in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) Padang already has a policy and SOP for medical records. The policies and SOPs are complete with the implementation of the destruction activities. medical records are inactive but its implementation has not been implemented. This is because the implementation of retention has not been 100% completed. Active and inactive medical record documents are still mixed in one room even though they are separated and moved to the inactive medical record storage room.

B. Process

Triangulation matrix methods for the process of carrying out the activity of destroying inactive medical records at the Ibnu Sina Islamic Hospital (YARSI) Padang based on in-depth interviews, document review, and observation, can be seen in table 4 below:

Table 4. Triangulation Matrix on Methods for the Implementation Process of Inactive Medical Record Destruction Activities at the Ibnu Sina (Yarsi) Islamic Hospital in Padang

Topics	Document	Observation	Interview	Conclusion
Process	There are no documents such as the description form and the decree of the extermination team	Medical record retention activities have been carried out. There are 3 different places / locations in the storage room, but there is still a mixture of active and inactive medical records	In terms of the process of implementing the destruction, it begins with retention activities. In which the implementation of retention has been carried out every day at the time of carrying out the main activities of completion. Active and inactive medical records have been separated but the implementation has not been completed. Assessment of the value of use of inactive medical records, formation of a team of destruction, and review forms of inactive medical records have not been completed.	The process of extermination activities has only just carried out retention activities, and even then has not been completed. This is because they carry out retention activities after the main activities are carried out.

From the triangulation results above, it can be seen that the process of destroying inactive medical records in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) in Padang has only just carried out retention activities. This activity is also not finished yet because the implementation is only when the main activity has been completed. There are no special officers who carry out retention so this work is done when the main activities are ready to be carried out. From the document review, the list of descriptions and documents of the SK team for the destruction has not been found.

C. Output

The triangulation matrix method for the output of the inactive medical record destruction activity at the Ibnu Sina Islamic Hospital (YARSI) Padang based on in-depth interviews, document review, and observation, can be seen in table 5 below:

Table 5 Triangulation Matrix on Methods for the Output of In-Active Medical Record Destruction Activities at the Ibnu Sina (Yarsi) Islamic Hospital in Padang

Topics	Document	Observation	Interview	Conclusion
Implementation of inactive medical record destruction	There are no documents such as the description form and the decree of the extermination team	Medical record retention activities have been carried out. There are 3 different places / locations in the storage room, but there are still mixed active and active medical records	In terms of the process of implementing the destruction, it begins with retention activities. In which the implementation of retention has been carried out every day at the time of carrying out the main activities of completion. Active and inactive medical records have been separated but the implementation has not been completed. Assessment of the value of use of inactive medical records, formation of a team of destruction, and review forms of inactive medical records have not been completed.	The process of extermination activities has only just carried out retention activities, and even then has not been completed. This is because they carry out retention activities after the main activities are carried out.

From the triangulation results above, it can be seen that the output in the execution of inactive medical record destruction at the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) Padang shows that the inactive medical record destruction activity has not been implemented. As for the obstacles that the activity has not been implemented, due to insufficient personnel, limited space, no policies, incomplete facilities, training officers are rarely attended. The solution needs to be made a special team to carry out these activities, it is necessary to widen the storage space and Electronic Medical Records, the submission of facilities, officers, and training for medical record officers. Based on a document review of the medical record report, the decision letter for the formation of a medical record destruction team does not yet exist. There is no use value assessment and filling out the information form. Based on observations, the implementation of retention has been carried out, there are 3 different storage rooms / locations.

IV. Discussion

A. Input (*Man, Material, dan Method*)

1. Man

A source of energy is anything that can be used to produce goods and services. There are two types of personnel sources, namely experts and unskilled staff (Azwar,1996). Labor is a person who implements and fills and manages medical records. The medical record officer is a major aspect in circulating the medical records of a hospital. Medical record officers have big duties and responsibilities in maintaining the integrity of a medical record. Medical records officers are expected to really know the ins and outs of medical records in a broad and in-depth manner.

According to the Minister of Health Republic of Indonesia No. 55 of 2013 concerning the Implementation of Medical Record Work in article three it is explained that a medical record employee must have educational

qualifications including: diploma 3 (D3) Medical Records and Health Information with the title Associate Expert, diploma 4 (D4) Information Management Health with a bachelor's degree in Applied MIK / STr, bachelor's degree (S1) in Health Information Management with a degree in Health Information Management, and a bachelor's degree (S2) in Health Information Management with a Masters in Health Information Management.

According to the Indonesian Ministry of Health No.377 / Menkes / SK / III / 2007, a medical record employee or medical recorder must have competence. The competence of medical recorders must be able to determine disease and action codes appropriately according to the classification applied in Indonesia (ICD-10 and ICD-9-CM), carry out the task of providing high quality medical record services and health information by paying attention to legislation and applicable professional ethics, managing medical records and health information to meet the needs of medical services, administration, and health information needs as material for decision making in the health sector (Kemenkes RI, 2007).

In addition, the competencies expected from a medical recorder are to maintain the quality of medical records; use health statistics to produce information and forecasts (forecasting), manage work units related to planning, organizing, structuring and controlling the health information management work unit (MIK) of medical records in health service installations, and collaborating inter and intra-professions related to services health (Kemenkes RI, 2007).

Based on personnel data from data reports at the hospital medical record installation, the number of medical record officers at the Islamic Ibnu Sina Hospital (YARSI) Padang is 24 people. The medical record installation division consists of 19 people with an educational background of S-1 and D-III non-medical records, 5 (five) people with a background of D-III Medical Records.

Based on in-depth interviews with several informants, the number of medical record officers involved in medical record services is not sufficient as needed. The number of medical record officers is still insufficient because the number of patients is increasing. A team for in-active medical record destruction has been formed in 2017 but has not yet worked until now. This is due to a shortage of medical record personnel, in which the task before carrying out the destruction must perform medical record retention. This retention activity has not been completed until now, because doing it when it is done on an occasional basis after the main activity has been carried out.

The power of medical records at the Islamic Ibnu Sina Hospital (YARSI) in Padang is not in accordance with the 2013 Ministerial Regulation on Medical Recorders. skilled medical with a minimum educational background of D-III Medical Records, and as many as 6 (six) experts with an educational background of S-1 Medical Records. Thus the need for quality personnel in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) Padang has not been fulfilled.

From the results of the study, it can be seen that the number of medical record personnel is still insufficient, in terms of quality of personnel, it is still lacking because there are still S-1 educational backgrounds and not D-III medical records and SMA. To overcome the shortage of manpower, it is necessary to plan for additional personnel.

Considering that the increase in the number of personnel cannot be done in a short time, efforts that can be made are to increase the effectiveness of officers by providing written explanations of the main tasks and functions as well as descriptions of the duties of each officer, so that it is clear what tasks will be carried out. Furthermore, it is necessary to post / display the SOP and the flow of in-active medical record destruction in the medical record officer's work room as a guide for officers in carrying out their duties. Medical record personnel need additional officers who are responsible for retention and destruction of medical records.

Training activities on medical records have never been held at the hospital, nor from outside the hospital. The existence of training can improve the quality of human resources. In accordance with the research of Budiyantri and Damayanti (2015) regarding the assessment of training needs at the individual level of medical record officers at Undaan Hospital, Surabaya, the need for training for medical record officers is very much needed because the level of knowledge regarding medical record management and skills in doing technical and non-technical work is still included. less category. The training needs required include knowledge training on file identification systems, medical record flow, medical record writing, return systems, storage systems, duties and responsibilities of each work division, officer compliance according to SOPs, soft skills related to friendliness, effective communication, and discipline.

2. Material

The implementation of medical record activities including the destruction of medical records needs to be supported by the existence of material resources according to Simajuntak's research (2015) that material indicators consist of materials, equipment and facilities. Materials are forms and cards or the like that have been printed in accordance with the provisions that support the implementation of medical record destruction activities, for example a list of descriptions for destruction, minutes of destruction of medical records, SOPs, manuals for the implementation of medical records.

Facilities and equipment are anything that supports the ease of carrying out activities to destroy medical records. Facilities and equipment include a separate storage room for inactive medical records with active medical records, office stationery equipment, computers for data entry, scanners, and document counters.

From the triangulation of the method, it can be seen that the material in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) in Padang still does not support the smooth process of in-active medical record destruction activities. For example, storage shelves and limited medical record storage space. This is an obstacle in terms of storage, so that retention is still difficult to solve as a result, the room for storing active medical records documents is still mixed with inactive medical records even though the storage area is in three different places. Although from the interview there were plans to add facilities and infrastructure, it has not yet been implemented. In accordance with the results of Soleha's research (2014) that the obstacle in the activity of shrinking medical records is the limited facilities and infrastructure.

Based on a document review of the medical record data reports, it was found that there were SOPs for the destruction of Inactive Medical Records and Guidelines for Medical Record Implementation. Materials that are not yet available, such as destruction minutes of inactive medical records and list of descriptions for destruction. This does not exist yet because it has not carried out any extermination activities. In addition, scanners and crushing / chopping machines are not yet available. The medical record storage room has been separated, but there is still a mixture of active and inactive medical records.

Equipment that is not yet available, such as scanners and chopping machines. This causes the implementation of retention to be hampered. As a result, many inactive medical record documents have not been scanned. This causes the destruction of the inactive medical record document to be obstructed.

3. Method

Availability of Fixed Procedures (PROTAP) / Standard Operating Procedures (SOP) Medical Records. PROTAP / SOP contains work steps carried out in medical record services. The objectives are to act as a reference in carrying out tasks, avoid mistakes and confusion in doing tasks, ensure efficient implementation of work according to the correct rules, clarify lines of responsibility and serve as legal protection for both employees and health service institutions (Sabarguna, 2003).

Based on the Guidelines for the Administration and Procedure of Hospital Medical Records in Indonesia in 2006, it is stated that depreciation or known as retention is an activity to reduce medical record archives from storage racks by: moving files / files of medical records, inactive from active file racks to inactive file racks by how to sort on a file rack storage in accordance with the year of visit, filming inactive medical record files / archives in accordance with applicable regulations, destroying medical record files / archives that have been microfilmed in a certain way in accordance with applicable regulations, by scanning the medical record files / archives

From the results of the research by triangulation, it can be seen that the method in carrying out the destruction of inactive medical records in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) Padang already has a policy and SOP for medical records. In the policy and SOP, the methods for destroying inactive medical records are complete, but its implementation has not yet been implemented. This is because the implementation of retention has not been 100% completed. Active and inactive medical record documents are still mixed in one room even though they are separated and moved to the inactive medical record storage room.

B. Process

From the research results, it is known that the process of destroying inactive medical records in the medical record installation of the Islamic Hospital of Ibnu Sina (YARSI) Padang has just implemented retention activities. There are no special officers who carry out retention so this work is done every day when the main activities are ready to be carried out. Active and non-active medical records have been separated but the implementation has not been completed. Assessment of the value of use of inactive medical records, formation of a team of destruction, and review forms of inactive medical records have not been made. Based on the document review from the medical record report, the decision letter for the formation of the medical record destruction team, the use value assessment and the filling out of the review form did not exist.

This is in accordance with the results of research by Novantoro (2012) entitled analysis of factors that have not been destroyed in-active medical record documents of use value in the Filling section of the Tugurejo Regional

General Hospital Semarang in 2012 that the cause of the incomplete destruction is due to the retention process and assessment. in order to be less smooth and less controlled.

C. Output

From the research results, it can be seen that the output in the destruction of inactive medical records in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) Padang shows that the destruction of inactive medical records has not been implemented. As for the obstacles that the activity has not been implemented because of the factor of insufficient officers or personnel, training is rarely attended by officers, there is no policy, the material is incomplete. The solution needs to be made a special team to carry out these activities, it is necessary to widen the storage space, it is necessary to apply an Electronic Medical Record (EMR), the submission of facilities, officers, and training for medical record officers.

Based on a document review of the medical record report, there is no decision letter for the formation of a medical record destruction team. There is no use value assessment and filling out the information form. Based on observations, the implementation of retention has been carried out, there are 3 different places / locations for storage. These three medical record storage locations still store mixed medical records between active and inactive. This location is different because the number of patient medical records is increasing so that it is no longer possible to store in one place. Medical records that are still mixed between active and inactive have resulted in difficulties for medical record officers in searching for medical record documents for both outpatients and inpatients. Therefore, it will take a long time in the document search process, so this will reflect the quality of medical record services that are not in accordance with the Minimum Service Standards (SPM) of medical records in hospitals. Therefore it is necessary to destroy inactive medical records in order to improve the quality of medical record services in hospitals. Likewise with the results of research by Novantoro (2012) that the activity of destroying inactive medical records has not been carried out either. This is due to unscheduled retention and usability procedures.

CONCLUSION

Based on the research results it can be concluded as follows:

- a. The number of medical record officers involved in medical record services is not sufficient as needed. The workforce of medical records at the Ibnu Sina Islamic Hospital (YARSI) in Padang is not in accordance with the 2013 Ministerial Regulation on Medical Recorders.
- b. The existing material still does not support the smooth process of destroying inactive medical records. Materials that are not yet available, such as the annulment of inactive medical records, a list of descriptions for destruction, scanners and shredder / chopper machines. The medical record storage room has been separated, but there is still a mixture of active and inactive medical records.
- c. The method in implementing the destruction of inactive medical records in the medical record installation of the Ibnu Sina Islamic Hospital (YARSI) Padang already has a policy and SOP for medical records. In the policy and SOP, the methods for destroying inactive medical records are complete, but its implementation has not yet been implemented.
- d. The process of destroying inactive medical records is only at the stage of retention activities but the activities have not been completed because this work is carried out every day when the time the main activities are ready to be carried out. Assessment of the value of use of inactive medical records, formation of a team of destruction, and review forms of inactive medical records have not been made.
- e. The output of the inactive medical record destruction activity has not been implemented. As for the obstacles that the activity has not been implemented because of the factor of insufficient officers or personnel, training is rarely attended by officers, there is no policy, the material is incomplete.

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REFERENCES

- Bachtiar, A, Achmad, K, and Hartriyanti, Y. (2000). *Health Research Methodology*. Jakarta: University of Indonesia. Page 175-182
- Budiyantri, H and Damayanti, NA. (2015). Training Needs Assessment at the Individual Medical Record Officer Level. *Indonesian Journal of Health Administration* Vol. 3 No.1, pp. 70-79. [On line]. Accessed from: [Http // media.neliti.com](http://media.neliti.com). March 13, 2019.
- People's Representative Council. (2009). Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals. Jakarta.
- Azwar, A. (1996). *Introduction to Health Administration*. Jakarta: Earth Literacy. Binarupa Script. Page 7
- Huffman, EK. (1994). *Health Information Management*. Tenth Edition. Physicians Record Company. Berwyn: Illinois. Page 191-192
- Minister of Health RI. (2007). Decree of the Minister of Health of the Republic of Indonesia No. 337 of 2007 concerning Professional Standards for Medical Recorders and Health Information. Jakarta: Health Human Resources Development and Empowerment Agency.
- Minister of Health RI. (2008). Regulation of the Minister of Health of the Republic of Indonesia No. 269 of 2008 concerning Medical Records. Jakarta.
- Minister of Health RI. (2013). Regulation of the Minister of Health of the Republic of Indonesia Number 55 of 2013 concerning the Implementation of Medical Recorder Work. Jakarta. Directorate General of Medical Services.
- Moleong, LJ. (2014). *Qualitative Research Methods*. Bandung: PT Remaja Rosdakarya.
- Novantoro, AB. (2012). Analysis of the Factors that have not yet been destroyed by the Inactive Medical Record Documents of Use Value in the Filing Section of the Tugurejo Regional General Hospital, Semarang. Semarang: Scientific Writing published by Dian Nuswantoro University. [on line]. Accessed at: <http://eprints.dinus.ac.id/7684/>
- Nuraini, YA and Yuli Rohmiyati. (2019). Analysis of Depreciation of Medical Record Archives in Order to Rescue Archives at Sultan Agung Islamic Hospital Semarang. *Journal of Library Science*, 6 (3), 641-650. [on line]. Accessed at: <https://ejournal3.undip.ac.id/index.php/jip/article/download/23196/21227>.
- Paramita, DA. (2017). Factors Causing the Incomplete Destruction of Medical Records at Wonosari Health Center 2. Theses Electronic Journal Gajah Mada University. [on line]. Accessed at: http://etd.repository.ugm.ac.id/home/detail_pencarian/111533
- Sabarguna, B. (2003). *Hospital Organization and Management*. Yogyakarta: DIY Central Java Islamic Hospital Consortium.
- Simajuntak, M. (2016). Review of Factors Affecting the Waiting Time for Medical Record Services in Outpatient Registration at RSUD. Dr. R. M. Djoelham Binjai 2015. *Scientific Journal of Recording and Health Information Imelda* Vol.1 No 1, pp. 22-29. [On line]. Accessed from: [Http://kampusimelda.ac.id](http://kampusimelda.ac.id).
- Suwandi, B. (2008). *Understanding Qualitative Research*. Jakarta: Rineka Cipta.