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The Work Place Initiative: Health, Safety and Wellbeing Regarding COVID-19

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PROCEEDING THE 3rd SRIWIJAYA INTERNATIONAL CONFERENCE ON PUBLIC HEALTH

The Work Place Initiative: Health, Safety and Wellbeing Regarding COVID-19

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PREFACE

On behalf of the organizing committee, I am delighted to welcome you to the 3nd Sriwijaya International Conference on public Health (SICPH 2021) during 21th october 2021 at Palembang South Sumatera, Indonesia. The SICPH 2021 is international conference organized by Faculty of Public Health, Sriwijaya University (UNSRI). I would like to extend my warmest welcome to all the participant of The SICPH 2021 under the theme "*The Impact of Climate Change on Infectious Disease Transmission*".

The SICPH 2021 consists of keynote sessions from well known expert speakers in the field of public health, and academic paper sessions (oral presentations) who are coming from several region. This conference seeks to bring together academics, public health professionals, researchers, scientists, students and health stakeholders from a wide range of disciplines to present their latest research experience and further development in all areas of public health. We hoped that this conference will be usefull platform for researchers to present their finding in the areas on multidisciplinary realted to public health and health system issues.

This conference will provide opportunities to exchange ideas, knowledge, and development of the latest research among the participants. We will publish the paper as output from the SICPH 2021 in proceeding book with ISBN and selected paper will be published in Jurnal ilmu kesehatan masyarakat- SINTA 3 (a nationally-accredited journal). The SICPH 2021 is being attended by about 50 participants. I hope you enjoy the conference.

With regard to considerable conference agenda, we greatly appreciate any support and sponshorship derived from any governmental as well as private institutions for the success of the conference. Great appreciation is also handed to organizing committe of the conference for any voluntarily effort that bring to the succes of the conference.

The conference committee expresses its gratitude towards all the keynote speakers, authors, reviewers, and participanst for the great contribution to ensure the succes of this event. Finnally, I sincerely thank all the members of the organizing committee who have worked hard to prepare this conference.

Palembang, October 2021 Chair,

Anita Camelia, SKM., MKKK.

PREFACE



First of all, let us thank God, the Almighty, who has given His grace and guidance so that the 3rd Sriwijaya International Conference of Public Health (SICPH) with the theme of The Workplace Initiative: Health, Safety and Wellbeing Regarding Covid:19 can be held successfully. I welcome all of you to this seminar which has received great attention not only from university, but also other communities to submit papers to be presented in this seminar. I express my highest gratitude and appreciation the presenters.

The conference is divided in two session, the first session is speeches and the second session is round table discussion. In

the first session, the invited keynote speakers were Prof. Dr. Tan Malaka, MOH, DrPH, SpOk, HIU (A Professor from Medical Faculty Universitas Sriwijaya), Prof. Dr. Retneswari Masilamani (University Tunku Abdul Rahman, Malaysia), Prof.Dr.Joselito L. Gapaz MD, M.PH(University of the Philippines) and Prof. Dr Tjandra Yoga Aditama, MHA,DTM&H, DTCE,SpP(C).FIRS (Professor from Griffith University, Australia)

Of course, this conference activity would not have succeeded without the support of all parties involved, as well as the presence of all participants in all regions in Indonesia and internationally. I especially thank to all the organizing committees for their hard work, perseverance, and patience in preparing and organizing this conference so that it can go well, smoothly and successfully.

Finally, through this conference let us extend the network and cooperation among all stakeholders of the public health sector, especially in Indonesia and in the world in general, to build a better public health world in Indonesia

Thank you for participating in this conference.

Dean of Public Health Faculty, Universitas Sriwijaya

Dr. Misnaniarti, S.K.M, M.K.M

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ANALYSIS OF MEDICAL RECORD FOLDER DESIGN AT TOTO KBILA HOSPITAL IN 2021

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ABSTRACT

Medical Record Folder is a cover that protects all Medical Record Folder forms currently used at RSUD Toto Regional Public Hospital in Kabila, which did not meet the anatomy, physical, and content aspect. This qualitative research was aimed to analyze its design, involving 1 assembling official and 2 filing official as the informant. Based on the findings, the anatomy aspect did not meet the standards because it is only included in the first page of the content instead of the design's front cover, the physical aspect found materials that were not up to standards along with the size and shape that had already met the standards, while the content aspect found items only included in the first page of the content instead of the design's front cover. The hospital officials are expected to develop the design based on the three aspects aforementioned.

Keywords: Medical Record Folder Design

ABSTRAK

Folder rekam medis merupakan sampul yang digunakan untuk melindungi semua formulir. Folder rekam medis yang digunakan saat ini di RSUD Toto Kabila belum sesuai standar baik dari aspek anatomi, aspek fisik dan aspek isi. Penelitian ini bertujuan untuk mengananalisis desain folder rekam medis yang diguakan RSUD Toto Kabila. Jenis penelitian ini adalah kualitatif. Informan dalam penelitian ini adalah 1 orang penanggung jawab assembling dan 2 orang petugas filing. Berdasarkan hasil penelitian terkait aspek anatomi pada folder rekam medis belum sesuai dengan standar karena item-item dari aspek anatomi tidak tercantum disampul depan folder rekam medis tetapi hanya mencantumkan pada halaman pertama isi folder rekam medis, sedangkan dari aspek fisik yaitu bahan yang digunakan tidak sesuai dengan standar dan ukurannya serta bentuk dari folder rekam medis sudah sesuai standar, dan aspek isi belum sesuai standar karena item-item dari aspek isi tidak teracantum disampul depan folder rekam medis tetapi hanya mencantumkan pada halaman pertama dan kedua isi folder rekam medis. Sebaiknya pihak rumah sakit melakukan pengembangan desain folder rekam medis dengan memperhatikan 3 aspek desain folder rekam medis.

Kata Kunci: Desain Folder Rekam Medis

Introduction

Hospitals have the task of providing individual health services in full. In article 5 states that to carry out the duties of how to be interpreted in article 4, the hospital has the function of providing health treatment and recovery services in accordance with the standards of hospital services, maintenance and improvement of individual health through full and third level health services in accordance with medical needs, education and training. human resources in order to improve the ability in the provision of health services, and the implementation of research and development and filtering of health technology in the framework of improving health services with regard to the ethics of health sciences.¹³

A medical record is a file containing notes and documents about the patient's identity, examination, treatment, actions and other services that have been provided to the patient. Medical records have components consisting of medical record forms, *clip* or *fastener*, form dividers and folders. ¹⁴ All medical record forms must be stored in the medical record folder. ¹⁶

Medical records as a means of documenting health services are important records that are useful and contain information, both *personal* information. The information documented in the form is data that contains a record of the travel facts of health care facilities. After the data is documented in one form, then the form is stored and put together in a medical record folder so that it can be used for administrative purposes,, finance, research,, education, and documentation. The use of the medical record folder is to protect the medical record form from damage, distinguish between medical records from one to another and as four to store the patient service form from thepatient registering first to becoming an inactivated patient.¹

Every health care facility including hospitals, must carry out medical record service management which includes the activities of maintaining, maintaining and serving medical records either manually or electronically to present health data. In designing a medical record folder there are 3 important aspects that must exist, namely anatomical aspects (heading, introduction, intruction, body) useful filling more structured, physical aspects (material, size and shape) useful to maintain the shape and quality of the folder and aspects of content (identity of health care facilities, writing "Confidential" patient name, medical record number, and year of last visit) useful to analyze errors and writings not repeatedly.

If the medical record folder meets the aspects can help in terms of identification and when the treatment of health workers see the patient's medical record file and is not easily confused.

Based on the results of penelitian conducted by oleh another study in 2020 at the PSC Clinic in Semarang city, showed that the redesign of the medical record folder based on physical aspects using ivory material 210 grams thicker and durable. In addition, the shape is also added *tabs* at the top with the position of potrait. From the anatomical aspect added *instructions* on the front and back of the *folder* (*folder*) medical records. While the content aspect added items for the storage code.⁷

In another study in 2021 at the Onion Health Center 2 Banjar Negara obtained the result that physically the folder of the House of Onion 2 is not in accordance with the standard of 75%. Anatomical aspects are not up to standard by 75% and content is not in accordance with standards as much as 83%.

Based on the results of a preliminary study conducted by researchers at Toto Kabila Hospital on March 16, 2021,, it was found that at Toto Kabila Hospital has had a medical record folder but has not met anatomical aspects, physical aspects, and content aspects. In the medical record folder is not listed the year of the last visit, in addition the material used is not in accordance with WHO standards that state that the medical record folder is made of *chardboard*. And there are no lines that serve as explanations and emphasis in name writing. If the medical record folder meets the aspects can help in terms of identification and when the treatment of health workers see the patient's medical record file and is not easily confused.¹¹

Method

This type of research is a qualitative research, namely research that is used to explain the real situation observed in the medical record folder design. The research informants consisted of assembling officers (1 officer) and filing officers (2 officers) at Toto Kabila Hospital. The instruments used were observation check-list sheets and interview guidelines. Processing and analyzing data by means of data reduction, data presentation and drawing conclusions.

Result

1. Anatomical aspects

Based on the results of research related to the anatomical aspects of the medical record folder used by RSUD Toto Kabila it was not up to standard because the items from the anatomical aspect were not listed on the front cover of the medical record folder but were only listed in the contents of the medical record folder.

a. Head (*Heading*)

1) Hospital name.

Based on the results obtained by the researchers that the name of the hospital was not listed on the front cover of the medical record folder of RSUD Toto Kabila but only included it on the first page of the contents of the medical record folder, this is because the medical record folder is made of plastic so that the contents of the first page are used as the cover.

2) Logo

Based on the results obtained by the researcher that the logo item was not listed on the front cover of the medical record folder of RSUD Toto Kabila but only included the logo on the first page of the content of the medical record folder because the folder used was made of plastic so that the contents of the first page were used as the cover.

3) Hospital address

Based on the results obtained by the researcher that the hospital address was not listed on the front cover of the record folder but only included it on the first page of the contents of the medical record folder because the folder was made of plastic so the contents of the first page were used as the cover.

4) Hospital phone number

Based on the results obtained by the researcher that the hospital telephone number was not listed on the front cover of the medical record folder at RSUD Toto Kabila but only included the hospital number on the first page of the contents of the medical record folder, this is because the medical record folder is made of plastic so it is difficult to include items on the front cover of the record folder, medical.

b. Introduction

Based on the results of the preliminary study (*introduction*) on the medical record folder of RSUD Toto Kabila there is no written "MEDICAL RECORD" but only include the words "OUTPATIENT MEDICAL RECORD" and "HOSPITALIZED MEDICAL RECORD" on the first page of the contents of the medical record because the folder material used is plastic.

c. Instruction

Based on the research, the instruction section of the medical record folder of RSUD Toto Kabila is not listed on the front cover of the medical record folder but only includes it in the contents of the medical record folder in the form of writing the patient's name because the medical record folder is made of plastic.

d. Body

1) Font and size

Based on the results, researchers obtained the medical record folder of RSUD Toto Kabila, namely calibri, and times new roman on the contents of the medical record folder used as a cover because the folder is made of plastic so that the contents of the first and second pages are used as covers.

2) Line

In the medical record folder at RSUD Toto Kabila there is no use of lines.

2. Physical Aspect

Based on the results of research which is conducted and related to the physical aspects of the medical record folder used by RSUD Toto Kabila that the material used is only a plastic folder and the folder size is larger than the form and a rectangular shape with a potrait position.

a. Ingredients

In the record folder of the RSUD Toto Kabila using a plastic folder.

b. Size and shape

The medical record folder of RSUD Toto Kabila has a larger size than the form and a rectangular shape with a potrait position.

3. Content Aspect

Based on the results of research related to aspects of the contents of the medical record folder used by RSUD Toto Kabila not according to standards because the items from the content aspect are not listed on the front cover of the medical record folder but only include those items on the first and second pages of the contents of the medical record folder.

a. Hospital ID

The identity of the hospital is not listed on the front cover of the medical record folder but is only included in the contents of the medical record folder because the folder used is made of plastic so it is difficult to include it on the front cover of the folder.

b. The words "CONFIDENTIAL"

The words "CONFIDENTIAL" are not listed on the front cover of the medical record folder of RSUD Toto Kabila but are only included in the contents of the medical record folder because the medical record folder is made of plastic.

c. Patient's name

The patient's name is not listed on the front cover of the medical record folder of RSUD Toto Kabila but is only listed in the contents of the medical record folder because the medical record folder is plastic so it is difficult to include the patient's name on the front cover.

d. Medical record number

The medical record number is not listed on the front cover but is only included in the contents of the medical record folder because the folder material used is plastic so it is difficult to include it on the front cover and protects the medical record number from being damaged by water.

e. Last visit year

There is no use of the year of the last visit in the medical record folder of RSUD Toto Kabila but only using the year that is included in the contents of the medical record folder because the plastic medical record folder material is difficult to include the patient's name on the front cover.

Discussion

1. Heading

The heading on this medical record folder is addressed to the identity of the hospital, namely:³

a. Anatomical Aspect

1) Name of the hospital

The use of the name of the hospital indicates that the medical record folder belongs to the hospital that provides health services and the name of the hospital is located in the middle of the front cover of the medical record folder to be easy to read and clear. ³

Based on the results obtained by researchers that the name

of the hospital is not listed on the front cover of the medical record folder of Toto Kabila Hospital but. This is not in line with the results of research at Otanaha Hospital in 2020 that the name of the hospital is listed on the front of the cover of the medical record folder because aspects of the design of the medical record folder part of the medical record folder cover.¹²

2) Logo

The hospital logo shows the symbol of the hospital and is located in the middle of the top of the front cover of the medical record folder to make it clear. ³ Logo functions are identity, mark of ownership and prevent impersonation / piracy. ⁹

Based on the results obtained by the researchers, the logo item is not listed on the front cover of the medical record folder of Toto Kabila Hospital but only includes the logo on the first page of the contents of the medical record folder because the folder used is made of plastic so that the contents of the first page are used as a cover. This is not in line with the results of research at the Onion 2 Banjar Negara Health Center that the logo is a form of recognition or identity of health care providers listed on the front cover of the medical record folder.¹¹

3) Hospital address

The address of the hospital is located in the upper center on the front cover of the medical record folder showing the location of the hospital.³

Based on the results obtained by hospital address researcher Toto Kabila Hospital is not listed on the front cover of the record folder but only lists it on the first page of the contents of the medical record folder because the folder is made of plastic so that the contents of the first page are used as a cover. This is not in line with the results of other researchers in 2017 and in 2018 about the design of the medical record folder stating that the hospital address is listed on the front cover of the medical record folder used to provide information related to the location of the hospital.⁴⁻⁵

4) Hospital phone number

The existence of a hospital phone number is useful to provide hospital phone information that can be contacted and located in the upper middle on the front cover of the medical record folder.³

Based on the results obtained by researchers that the hospital phone number is not listed on the front cover of the medical record folder of Toto Kabila Hospital but only lists it on the first page of the contents of the medical record folder because the medical record folder is made of plastic so it is difficult to record the item on the front cover of the medical record folder. This is not in line with the results of research on the design of the medical record folder in 2017 that the use of health care phone numbers on the medical record folder is used

to provide hospital phone information that can be contacted and located in the upper middle of the front of the medical record folder.⁵

b. Introduction

The purpose of the medical record folder is described in the introduction, namely the writing "MEDICAL RECORD" which is located in the upper middle of the front of the cover of the medical record folder.³

Based on the results obtained by researchers that the medical record folder of Toto Kabila Hospital is not listed preliminary but includes the words "OUTPATIENT MEDICAL RECORD" and "INPATIENT MEDICAL RECORD" on the first page of medical record contents this is because the first and second pages are used as the cover of the medical record folder.

c. Intruction

In the medical record folder there needs to be the use of orders that are scribbling the year of the last visit and filling the patient's name in the patient's name column located at the bottom of the front of the medical record folder. The last visit year strike item aims to facilitate in the depreciation of medical record documents while patient name items aim to find out the name of the owner of the medical record document.³

Based on the results obtained by researchers that the medical record folder of Toto Kabila Hospital is not listed on the front cover of the medical record folder but only includes it in the contents of the medical record folder in the form of writing the patient's name because the medical record folder is made of plastic. This is not in line with the results of the study at The Onion Health Center 2 Banjar Negara, namely the order listed on the front cover of the medical record folder that is the year of the last visit with the command "strike the year of the last visit" and fill in the patient name of the provided column.¹¹

d. Body

The medical record folder body consists of: ³

1) Type Style

The typestyle used in the medical record folder is Arialblack and times new roman with 2 types of font sizes, namely 14 and 18, the name of the institution has been printed using bold because it needs emphasis.¹⁰

Based on the results obtained by medical record folder researchers Toto Kabila Hospital namely calibri, and times new roman on the contents of the medical record folder used as a cover because the folder is made of plastic so that the contents of the first and second pages are used as a cover. This is not in line with the results of the study at the PSC Clinic of Semarang City using typefaces on the medical record folder consisting of 2 types of arial and times new roman.⁷

2) Line

The line in the medical record folder(folder)is a direct horizontal line without using a dotted line so that it is clearer and emphasis on each item is greater i.e. the line on the item's name and the year of the last visit. Lines in folders that serve as firm borders to assist in filling and separating between one item to another. ³

Based on the results obtained by researchers that the medical record folder of Toto Kabila Hospital has no use of lines on the medical record folder and less need for lines.

2. Physical Aspects

The design of the medical record folder in its manufacture should pay attention to the physical aspects including:¹⁰

a. Materials

The material used to create medical recordfolders is a thick material and not easily torn like chardboard.. 14

Based on the results obtained by the penelti that the material used by the medical record folder of Toto Kabila Hospital is a plastic material because it is not easily torn, wet and practical in its use.

b. Size and shape

The size of the medical record folder is made according to the size of the form because if the medical record folder is made with a smaller size than the form then the form in it will be visible from the outside besides that the form will fold, the shape of the four-rectangular medical record folder with the position of the potrait or standing medical record folder.³

The results of observations the size of the medical record folder of Toto Kabila Hospital is slightly larger than the form and is four square in shape with a potrait position. Medical record folders are made according to the size of the form to protect the form in the medical record folder with a rectangular shape and potrait position..

3. Content Aspects

Completeness of medical record folder design items, namely:

a. Identity of health care facilities

The existence of the identity of health care facilities on the medical record folder aims to find out that the medical record documents belong to the hospital.³

Based on the results obtained by the hospital identity researcher on the medical record folder of Toto Kabila Hospital is not listed on the front cover of the medical record folder but only included in the contents of the medical record folder because the folder used is made of plastic so it is difficult to list the front cover of the folder. This is not in line with the results of another researcher's 2017 study stating the identity of the hospital needs to be included on the front cover of the medical record folder which includes: hospital name, logo, address, and hospital phone number.⁵

b. "CONFIDENTIAL"

On the medical record folder, the need for "CONFIDENTIAL" writing items aims to protect that medical records documents are very confidential and must be stored properly. ³

Based on the results obtained by researchers, the item written "CONFIDENTIAL" is not listed on the front cover of the medical record folder of Toto Kabila Hospital but only included in the contents of the medical record folder because the medical record folder is made of plastic. This is not in line with the results of research at Panti Nugroho Sleman Yogyakarta Hospital, which is a secret writing item listed on the front cover of the medical record folder to make it easier to read and the secret nature of medical records is maintained.⁵

c. Patient's name

The existence of the patient's name item indicates the ownership of the contents of the medical record document (folder). The patient's name is listed on the front cover of the medical record folder as a place to write the patient's name. ³

Based on the results obtained by the patient's name researchers are not listed on the front cover of the medical record folder of Toto Kabila Hospital but only listed in the contents of the medical record folder because the material of the plastic medical record folder makes it difficult to list the patient's name on the front cover.

d. Medical record number

The use of medical record number items on the medical record folder shows the number when the patient registers and is used for good and the medical record number item is listed on the front cover of the medical record folder.³

Based on the results obtained by researchers, medical record number items are not listed on the front cover but only included in the contents of the medical record folder because the folder material used by plastic makes it difficult to list it on the front cover and protect the medical record number damaged due to water.

e. Year of last visit

The existence of the last visit year on the medical record folder helps at the time of retention of medical record documents and is listed on the front cover of the medical record folder. There is a final visit year on the medical record folder because the last visit year is still done manually and assists the officer in retention.³

Based on the results obtained by researchers, there is no use of the last visit year on the medical record folder of Toto Kabila Hospital but only uses the year listed the contents of the medical record folder because plastic medical record folder material is difficult to include the patient's name on the front cover.

Conclusion

- The design of the medical record folder at the Toto Kabila Hospital based on the anatomical aspect
 was not up to standard because the existing items were not listed on the front cover of the medical
 record folder at the Toto Kabila Hospital but only listed them on the first and second pages of the
 contents of the medical record folder.
- 2. The design of the medical record folder at the Toto Kabila Hospital is based on physical aspects, namely the materials used are not up to standard and the size of the folder is slightly larger than the form and the shape of the rectangular folder.
- 3. The design of the medical record folder at the Toto Kabila Hospital based on the content aspect is not up to standard because the content aspect items are not listed on the front cover of the medical record folder but only include them on the first and second pages of the contents of the medical record folder.

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Conflict of Interest

The author has no conflict of interest with other parties.

Reference

- 1. Herman, Joni & Afriyani, Yessi. Redesain Map Rekam Medis Dan SPO Pengisiannya Di Puskesmas Tempunak. Jurnal Perekam Medis Dan Informasi Kesehatan. 2019; 2:14-1
- Husni, Rijal AM. Pengembangan Desain Map Berkas Rekam Medis Di Unit Rekam Medis RSUD Dr. H. Slamet Martodirdjon Kabupaten Pamekasan. Bangkalan: STIKES Ngudia Husada Madura. 2020. :48-44
- 3. Nissa, K., Lestar, T., Mulyono, S. Pengembangan Desain Map Rekam Medis (Folder) dengan Kode Warna Di RSUD Pandan Arang Boyolali. 2014; 13: 168-6
- 4. Nurrizki, P. Medical Record Folder Redesign at Majeong Cilacap Regional General Hospital. KTI. Yogyakarta: Universitas Jendral Achmad Yani. 2018.
- 5. Nurhidayah. Redesain Map Rekam Medis di RS Panti Nugroho Sleman Yogyakarta. KTI. Yogyakarta: Sekolah Tinggi Ilmu Kesehatan Jendral Achmad Yani. 2017.
- 6. Permenkes RI Nomor 269/Menkes/PER/III/2008 Tentang Rekam Medis, Jakarta : Departemen Kesehatan RI, 2008.
- 7. Prabowo, Hadi DM. Analisis Kebutuhan Dan Perancangan Ulang Map Rekam Medis Di Klinik PSC Kota Semarang. Semarang: Politehnik Kesehatan Semarang. 2020.
- 8. Republik Indonesia. Undang-Undang Republik Indonesia Nomor 55 Tahun 2013 tentang Penyelenggaraan Pekerja Rekam Medis. 2013.
- 9. Rustan, Surianto. Mendesain Logo. Jakarta: PT Gramedia Pustaka Utama. 2009. 1-71

- 10. Sudra, RanoI. Materi Pokok Rekam Medis. Universitas Terbuka: Tanggerang. 2013.1-95.
- 11. Suwardi. Tinjauan Desain Map Rekam Medis Di Puskesmas Bawang 2 Banjar Negara. KTI. Malang: Poli Tehnik Kesehatan Malang. 2021.
- 12. Tou, N. Pengembangan Desain Map Rekam Medis Di RSUD Otanaha Kota Gorontalo. KTI. Gorontalo: Stikes Bakti Nusantara Gorontalo. 2020.
- 13. Undang-undang No 44 Tahun 2009 Tentang Rumah Sakit. Republik Indonesia.
- 14. WHO.World Health Statistics 2006. Geneva: WHO Press. 2006.



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