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Strengthening the Role of Medical Records Officers at Hospital

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ABSTRAK
Peningkatan mutu pelayanan rekam medis menuntut keterlibatan aktif petugas dalam proses identifikasi masalah dan pengambilan keputusan. Kegiatan pengabdian masyarakat ini bertujuan memberdayakan petugas rekam medis melalui pendekatan diskusi tematik partisipatif. Kegiatan dilaksanakan di Rumah Sakit X Surabaya dalam tiga tahap: persiapan, pelaksanaan, dan tindak lanjut. Identifikasi awal dilakukan melalui wawancara informal dengan kepala instalasi dan petugas, yang menunjukkan adanya isu strategis seperti ketimpangan beban kerja, kurangnya keterlibatan dalam kebijakan teknis, dan minimnya forum internal. Diskusi menjadi sarana utama dalam memfasilitasi dialog lintas unit. Hasil kegiatan meliputi tiga rekomendasi utama: pembentukan forum koordinasi reguler, pemetaan ulang beban kerja, dan pelibatan petugas dalam pertemuan lintas departemen. Kegiatan ini menunjukkan dampak positif berupa peningkatan rasa memiliki, partisipasi aktif, dan inisiatif kolektif. Temuan ini memperkuat bukti bahwa pemberdayaan berbasis pengalaman langsung, jika didukung oleh manajemen dan budaya organisasi terbuka, berpotensi menjadi program berkelanjutan dalam institusi kesehatan.

Kata kunci: rekam medis, pemberdayaan, mutu pelayanan, partisipatif, rumah sakit

ABSTRACT
Improving the quality of medical record services requires active involvement of officers in the process of identifying problems and making decisions. This community service activity aims to empower medical record officers through a participatory thematic discussion approach. The activity was carried out at Hospital X Surabaya in three stages: preparation, implementation, and follow-up. Initial identification was carried out through informal interviews with the head of the installation and officers, which showed strategic issues such as workload imbalance, lack of involvement in technical policies, and minimal internal forums. Discussions became the main means of facilitating cross-unit dialogue. The results of the activity included three main recommendations: the establishment of a regular coordination forum, remapping the workload, and involving officers in cross-departmental meetings. This activity showed a positive impact in the form of increased sense of ownership, active participation, and collective initiative. These findings strengthen the evidence that empowerment based on direct experience, if supported by open management and organizational culture, has the potential to become a sustainable program in health institutions.

Keywords: medical records, empowerment, service quality, participatory, hospital

INTRODUCTION

Quality health services cannot be separated from the existence of an accurate, safe, and integrated health information system. Medical records are one of the main pillars in the information system, functioning as a source of clinical, administrative, legal, and statistical data. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, every health service facility is required to manage medical records systematically, safely, and confidentially, both in manual and electronic form (1).

One of the crucial elements in managing medical records is the medical records officer himself. The medical records officer acts as a primary data manager who determines the completeness, validity, and integration of health information (2,3). However, in practice, the role of medical record officers is often seen as merely administrative, so that the space for participation of medical record officers in decision-making and managerial innovation is limited. This has an impact on low job satisfaction, lack of bottom-up innovation, and minimal collaborative forums that involve officers meaningfully (4).

Hospital X Surabaya is a referral hospital that has implemented an electronic medical record system for some units. Based on initial observations and informal interviews with the head of the medical record unit, this hospital has around 7 medical record officers, who are divided into various service units. The electronic information system has been

integrated with the queuing, billing, and bridging systems to BPJS, and has 85% complete medical records according to internal audit data in 2024. However, although the technology infrastructure and medical record system at Hospital X are relatively good, a number of issues were found that are still challenges. Based on the results of internal monitoring and interviews with officers, several problems that emerged include: High workload, especially in the outpatient unit and ER, due to the large number of daily patient visits (average 350 patients/day), Lack of internal communication forums to discuss challenges and innovations in medical records, and Limited involvement of officers in evaluating and improving SOPs and developing information systems.

These problems show that the challenges of managing medical records are not only in the technical and infrastructure aspects, but also in strengthening the role of human resources in it. Therefore, the focus of this service is directed at empowering medical record officers through thematic discussions, with a participatory approach, to explore their strategic role in maintaining the quality of medical records and identifying solutions from field practices that may not be covered in formal managerial policies. Thematic discussions have the advantage of building a sense of ownership of solutions, strengthening reflective capacity, and creating a safe space to convey aspirations constructively (5,6). In the context of hospital management, thematic discussions can be a micro-intervention approach that has an impact on improving internal systems based on the real experiences of staff (7).

The selection of Hospital X Surabaya as the location of the activity was based on two considerations. First, this hospital already has a fairly well-established medical record system, so that the problems that arise are more directed at the issue of developing the quality of human resources and strengthening the strategic role of officers. Second, the openness of the management and the enthusiasm of medical record officers in accepting this activity are the main supporting factors for the success of the implementation. In addition, there is support from hospital management, which opens up space for participation in profession-based community service activities.

The expected social changes from this activity are the increasing active role of medical record officers in formulating solutions to operational problems, the growth of a healthy internal dialogue culture, and the creation of a collaborative work climate that has an impact on improving the quality of health information services. In general, the purpose of this community service activity is to facilitate the empowerment process of medical record officers through participatory thematic discussion methods in order to strengthen the performance of hospital medical record installations.

Literature review supports the importance of empowering health workers as part of improving service quality. According to the World Health Organization (2020), active involvement of health workers in the decision-making process can increase work motivation and service efficiency (8). In Indonesia, a study by Hidayat (2024) showed that empowering medical record officers through training and involvement in the implementation of electronic medical record (EMR) systems contributed significantly to improving the quality of documentation and completeness of medical records in health facilities. Hidayat emphasized that the active involvement of medical record officers in the process of digitizing health information strengthens their role in the hospital management system (9).

With this background, this activity is not only a form of devotion to the professional community, but also a real contribution to efforts to improve the quality of health services in a sustainable manner.

METHOD

This community service activity is designed as an empowerment program based on thematic discussions with a participatory approach, which aims to increase the involvement of medical record officers in solving problems and strengthening the quality of medical record services. Activity planning is carried out through the stages in Figure 1

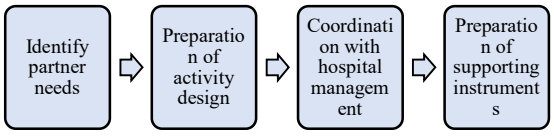

Figure 1. Stages of community service activities

This community service activity was designed as an empowerment program that carries a participatory approach through thematic discussions, with the main objective of increasing the involvement of medical record officers in problem solving and strengthening the quality of medical record services in hospitals. Activity planning has been carried out (Figure 1), starting with the process of identifying partner needs through informal initial interviews with the head of the medical record installation to explore actual issues faced in daily practice and review the condition of medical record document files (non-electronic) (Figure 2).

Figure 2. Analysis of the situation of the medical records room

Based on the results of the identification, an activity design was prepared in the form of an interactive thematic discussion which is expected to be a shared space for officers to exchange experiences, analyze problems, and formulate solutions. This process was continued with coordination with hospital management to obtain official permission as well as support for the implementation of the activity. To support the effectiveness of the implementation, the community service team also prepared various supporting instruments such as discussion guides, issue identification sheets, and joint recommendation formats that will be used during the activity.

The subjects in this activity were medical record officers working at Hospital X Surabaya. Based on data from the hospital's HR department, the number of medical record officers was 7 people, consisting of two outpatient unit officers, two inpatient unit officers, two emergency unit officers, and one coding and reporting officer. These officers have educational backgrounds of D3 to S1 Medical Records and Health Information, with a work period of between 2 and 15 years. These officers were chosen as subjects because they are the main implementers in the daily medical record management process, and have direct experience of challenges and opportunities for service improvement.

The location of the activity is in the Internal Meeting Room of X Hospital Surabaya, which is a regional referral hospital, located in the city center and serves around 350-400 patients per day. This hospital has implemented an electronic medical record system in several units and has a high commitment to service quality. The reasons for choosing X Hospital Surabaya include having a good information system infrastructure, so that activities can focus on empowering human resources, the availability of complete and diverse medical record human resources, and receiving support from hospital management, especially the medical records department and training installation.

Medical record officers are not only participants, but also play an active role as resource persons for field practice in discussions. The involvement of medical record officers includes:

1. Filling out an identification sheet of issues they experience in their daily tasks.
2. Discussing in small groups to discuss causes and alternative solutions.
3. Conveying the best practices they do.
4. Formulating joint recommendations that will be submitted to hospital management.

The implementation method used is thematic participatory discussion combined with group facilitation techniques (Figure 3). The approach strategies used are shown in Table 1.

Table 1. Activity strategies

Activity strategy	Activity
Participatory Learning and Action (PLA)	Memberikan ruang refleksi dan analisis pengalaman lapangan oleh petugas sendiri.
Appreciative Inquiry	Menggali kekuatan dan praktik positif yang sudah berjalan untuk dikembangkan lebih lanjut.
Focus Group Discussion (FGD)	Mempertemukan petugas dari berbagai

Activity strategy	Activity
	unit untuk saling bertukar pandangan dan solusi.

Table 1 explains the strategies used and will be implemented by the facilitators and participants of the activity. The facilitators in the activity are the service team from the Medical Records and Health Information study program, with the role of directing the discussion and recording the group results.

Figure 3. Initial discussion activities

Community service activities are carried out in three main stages, namely the preparation stage, implementation stage, and follow-up stage (Table 2).

Table 2. Community service activities

Activity stage	Activity
Preparation stage	1. Coordination with the hospital. 2. Initial data collection and subject mapping. 3. Preparation of discussion modules and supporting instruments.
Implementation stage	1. Issue identification session by participants (individually). 2. Group discussion based on issue themes: workload, involvement in policy, and strategic roles. 3. Presentation of group discussion results. 4. Preparation of joint recommendation formulation (main output of the activity).
Follow-up stage	1. Preparation of activity reports and recommendation results. 2. Submission of recommendations to the head of the installation and hospital management. 3. Informal monitoring of the acceptance and potential implementation of discussion results.

Table 2 shows the stages of community service activities that have been carried out. The implementation of this community service program is carried out through three main stages, namely the preparation, implementation, and follow-up stages, each of which is systematically designed to achieve the goal of empowering medical record officers in a participatory manner. The first stage is preparation, which is carried out for two weeks. At this stage, the community service team coordinates intensively with the hospital to obtain support, access, and initial understanding of the dynamics of the work of medical record officers. Furthermore, initial data collection is carried out through observation and informal communication, including mapping the subjects who will be involved in the activity. This initial information is the basis for compiling thematic discussion modules and supporting instruments such as facilitator guides, participant worksheets, and recommendation documentation formats.

The second stage is the implementation of activities, which is carried out in one day of intensive activities. This activity begins with an opening session and introduction to the objectives and flow of the activity. Then participants are given time to identify issues individually based on their respective work experiences. The issues that arise are then grouped into three main themes: workload, involvement in policy, and the strategic role of medical records officers. Furthermore, participants are divided into discussion groups based on these themes. Each group discusses the problems faced and formulates alternative solutions. The results of the discussion are then presented in a plenary forum, which is continued with a session to formulate joint recommendations as the main output of this activity.

The final stage is follow-up, which is carried out for one week after the activity. At this stage, the community service team prepares a complete activity report along with the formulation of recommendations that have been

produced together with the participants. The document is officially submitted to the head of the medical records installation and hospital management as a form of real contribution from this activity. In addition, informal monitoring is carried out on the acceptance of the recommendations by the hospital, including exploring the potential for their implementation in the future. With this sustainable approach, it is hoped that community service activities will not only end as ceremonial activities, but will be able to provide long-term contributions to improving the medical records service system in partner hospitals.

RESULT AND DISCUSSION

The results of initial identification conducted through informal interviews with the head of the installation and several medical record officers showed that, although Hospital X Surabaya has implemented a comprehensive electronic medical record system, there are several strategic issues faced by medical record officers, namely: lack of officer involvement in technical decision-making related to medical records and reporting, there is still a disparity in workload between units, which has an impact on job satisfaction and service efficiency, and the lack of an internal forum for sharing good practices and collective problem solving.

This finding is in line with the results of previous field research and literature research, which states that the participation of medical records personnel in quality management greatly influences the success of implementing health information systems in hospitals (10–12). In addition, Gabriella's research (2023) emphasizes the importance of discussion forums as a form of empowerment of medical records personnel in strengthening the documentation and reporting system (12).

The service activities were carried out in the form of mini workshops that were packaged in a participatory manner. In this activity, officers were given space to identify issues and root causes that they experienced in their daily work, discuss across units to share strategies and challenges, and formulate joint solutions and compile recommendations that can be submitted to the installation leadership and hospital management.

From this process, three main recommendations were produced as a collective result of the participants:

1. Establishing a monthly coordination forum across medical record units to discuss technical operational issues and service innovations.
2. Remapping the workload based on work time analysis, in order to improve efficiency and balance of roles between officers.
3. Involving medical record officers in cross-department meetings to improve their strategic position in the hospital policy-making process.

All participants (7 officers) actively and enthusiastically participated in the series of activities. They openly shared their experiences and views. The facilitator noted that many participants who had never been involved in this kind of forum before felt empowered psychologically and professionally. In group discussions, informal leaders emerged who encouraged the participation of their peers. This active involvement was key to the success of identifying issues and developing solutions. The literature supports that direct involvement of health workers in developing work systems will increase ownership and commitment to policy implementation (13,14).

Although the activity only lasted one day, there were indications of positive social change, including the building of collective awareness regarding the importance of cross-unit work that supports each other, increased officer confidence in voicing ideas and solutions, and the emergence of initiatives from participants to create a more active internal communication group (WhatsApp Group “Kolaborasi Rekam Medis RSX”).

In the future, the expected social change is the formation of a collaborative and reflective work culture in medical records management, which can strengthen the strategic position of the medical records unit in the hospital management system.

Several indicators show the potential for sustainability of this activity as follows:

1. The management (through the head of the installation) stated its commitment to follow up on the recommendations in the form of regular internal forums
2. There has been further communication between the service team and the installation for the possibility of ongoing assistance
3. This participatory discussion method can be replicated in other issues, such as patient data security, coding validity, or archiving innovation.

According to research by William (2016) and Trus (2018), an empowerment approach that is carried out repeatedly and based on direct experience has a great opportunity to become a sustainable program in health institutions, as long as it is supported by management and an organizational culture that is open to change (15,16).

CONCLUTION

Community service activities carried out at the Medical Records Installation of X Hospital, Surabaya showed that the participatory discussion approach was effective in empowering medical records officers to identify operational problems and develop joint solutions. The active involvement of participants resulted in strategic recommendations related to improving coordination, equalizing workloads, and improving the strategic position of officers in hospital policy-making. This activity succeeded in building collective awareness, a sense of belonging, and self-confidence in driving change. Recommendations generated in this activity include that hospitals are expected to follow up on the results of the discussion by forming an internal coordination forum regularly, similar activities need to be carried out periodically to maintain the continuity of empowerment and improving the quality of medical records services, and the service team can continue to provide assistance to monitor the implementation of the discussion results and encourage further innovation.

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