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OVERVIEW OF THE IMPLEMENTATION OF OCCUPATIONAL HEALTH AND SAFETY (K3) FILING UNIT AT MITRA SEHAT SITUBONDO HOSPITAL

Anis Ansyori [1*], Malikal Bulgis [2], Maria Meilani Alda Putri [3]
[1,3] Rekam Medis dan Informasi Kesehatan,
Institut Teknologi Sains dan Kesehatan RS dr. Soepraoen
Jl. S. Supriadi No.22, Sukun, Kec. Sukun, Kota Malang, Jawa Timur 65147, Indonesia
Email: anisansyori14@gmail.com
[2] Rumah Sakit Mitra Sehat Situbondo
Curah Jeru, RT.02/RW.11, Panji, Curahjeru Timur, Curah Jeru, Kec. Panji, Kabupaten Situbondo, Jawa Timur 68323, Indonesia

Abstract

The purpose of this study is to evaluate the implementation of electronic medical records (EMR) and occupational health and safety (OHS) at the filling unit of Mitra Sehat Situbondo Hospital. The research employed a qualitative descriptive method involving interviews and observations over a period of four months. Findings indicate that despite the hospital's adoption of EMR for outpatient care since May 2024, several departments and inpatient units still utilize conventional medical records. The filling unit faces challenges such as limited space and file stacking. The health of staff is affected by inadequate use of personal protective equipment (PPE). Nonetheless, the document disposal process has been effectively conducted to maintain confidentiality. This study underscores the need for infrastructure improvements and OHS practices to enhance efficiency and safety in the storage and handling of medical records at the hospital.

Keywords: Document Destruction, Filling Unit, Occupational Health and Safety (K3), K3 Standard Operating Procedures (SOP), Mitra Sehat Situbondo Hospital

Introduction

Hospitals have an important role in people's lives, one of which is as a form of health service for the community which can provide complete individual health services in providing outpatient, inpatient and emergency services [1].

Organizing medical records in health services begins when the patient arrives at the hospital, after that patient data is recorded while receiving medical services, followed by handling medical record files which includes organizing storage to serve requests from patients or for other purposes [2]. In medical record services there are two different types of processing, namely conventional medical records and electronic medical records. Medical records are files containing notes and documents regarding patient identity, examinations, treatment and other services that have been provided to patients, both outpatients, inpatients and those receiving emergency services [3]. However, now that the world is becoming more sophisticated, electronic medical records have been created in accordance with Minister of Health Regulation No. 24 of 2024, which is a medical record that is implemented in the form of an electronic system for administering medical records [4]. Therefore, with the existence of electronic medical records, implementation in the filling unit has changed from previously conventional with file storage and is now carried out electronically, however, in terms of

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implementation, there are still many hospitals that are still not able to implement RME optimally, one of which is Mitra Hospital. Healthy Situbondo.

One of the things that supports medical record services is a storage room (filling) where medical record documents for outpatient, inpatient and emergency care are stored and organized using certain methods [5]. The filing unit is one of the most important medical record storage systems in health care institutions, because the filing unit is a place that can organize and store medical record documents, make it easier to retrieve and return files and can maintain the security and confidentiality of medical record files, hospitals can implementing the RME system in the filing unit in order to simplify the process of activities in the filing unit. The filling unit at Mitra Sehat Hospital Situbondo still hasn't had any changes even though it has run RME because from the past until now the filling unit still uses a file storage system.

Occupational safety and health (K3) in the workplace is an important aspect and needs serious attention and handling, because if this is ignored it can result in accidents for workers which results in a decrease in the quality of work carried out by workers resulting in all forms of The work carried out will experience obstacles such as the workforce required decreasing [6], however Occupational Health and Safety (K3) at the Mitra Sehat Situbondo Hospital filing unit has not been implemented. Based on this problem, it is necessary to carry out research on occupational health and safety of medical records in the filing unit so that in the future Mitra Sehat Situbondo Hospital can implement Occupational Health and Safety (K3) in the filing unit. This research aims to evaluate occupational health and safety in the filling unit of Mitra Sehat Situbondo Hospital.

Based on research conducted over four months, from the end of February to the end of June, Mitra Sehat Situbondo Hospital has implemented RME since the beginning of May 2024, RME has been implemented for outpatients, but there are several polyclinics who are still carrying out manual medical record services, namely using sheets because manual evidence is still needed, for example the results of ultrasound sheets, whereas for inpatients they are still in the transition period to RME, so the filling unit still runs conventional medical records. Mitra Sehat Situbondo Hospital runs a hybrid patient service system, in the filling room there are still manual activities, namely taking and entering files to be digitized, these files will be entered into the RME system, so that files that have been entered into the RME system will be retained. , the outpatient medical record files have not yet been fully retained because there are several files from 2018 that have not been destroyed and are still piled up with files that are still active. In the implementation of file destruction, Mitra Sehat Situbondo Hospital carried out destruction by burning them so that cannot be read so that the confidentiality of medical record files is still well maintained and safe.

From the results of interviews with officers at the filing unit of Mitra Sehat Situbondo Hospital in implementing Occupational Health and Safety (K3) regarding the destruction of files, it was said to be good because all officers worked together in destroying the files, the files were destroyed by burning them so they could not be read. For work safety, the filling unit staff experienced difficulties due to the filling unit space being too narrow, there was still a large accumulation of files stored on the floor due to the limited availability of storage shelves.

From the results of observations regarding the health of officers from ergonomic factors, officers do not wear masks and gloves when taking and entering files, with the condition of the filing room still being quite clean because there is still dust stuck to the walls of the room, on medical record documents and on the storage shelves , paper waste scattered outside the room, as well as good lighting which affects vision.

Method

The method used in this research is a qualitative descriptive method, namely by describing, explaining, depicting situations or incidents of occupational health and safety in the storage unit of Mitra Sehat Situbondo Hospital. In collecting data, researchers carried out observation and interview guides.

Result

From the results of the researcher's interviews and the respondents' answers, currently at Mitra Sehat Sitibondo Hospital they have not yet implemented Occupational Health and Safety (K3) in the filing unit, because from the researcher's observations in the filing unit it seems like it has been implemented but in reality it is in the filing unit at Mitra Sehat Hospital Sitibondo has not implemented Occupational Health and Safety (K3) SOPs. The following are the factors contained in the Filing Unit of Mitra Sehat Situbondo Hospital, including:

1. Human Factors

Human factors (medical records officers) in the filing unit at Mitra Sehat Situbondo hospital are divided into 2 factors: characteristics and knowledge of medical records officers in the filing unit at Mitra Sehat Situbondo hospital.

a. Respondent characteristics

Respondent characteristics consisted of gender, education, work experience and age range of officers at the Mitra Sehat Situbondo hospital filing unit.

1.1 Respondent characteristics

	Gender		Education		Work Experience	Age Range	
No	L	P	S.Pd	SMK	2017-Present	26 years	31 years
Amount	2	0	1	1	2	1	1
Total	2		2		2	2	

b. Knowledge of officers at the Mitra Sehat Situbondo Hospital filing unit

1.2 officer knowledge

No	Knowledge			Percentage
	Good	Enough	Not Enough	
	2	0	0	100
Amount	2			100
Total	2			100

2. **Work environmental factors in the filing unit of Mitra Sehat Situbondo Hospital include lighting, temperature and humidity**

1.3 Temperature and humidity measurement

No	Room	Temperatur	Humidity
1.	Outpatient Filing Room	18°C	50%
2.	Inpatient Filing Room	24°C	50%

3. **Outpatient And Inpatient Filing Rooms At Mitra Sehat Hospital Situbondo**

1.1 Image of outpatient filing room

1.2 Ture of filing room and accumulation of inpatient files

Discussion

Based on table 1.1, analysis of the characteristics of respondents in the filing unit of Mitra Sehat Situbondo hospital in table 1.1, it is known that on average 2 medical records officers in the filing unit are male (100%). For the educational level of medical records officers in the SMK filing unit, 1 person (50%), S.Pd. 1 person (50%). The working period of medical records officers in the filing unit from 2017 to the present is 2 people (100%), while the age of officers in the adult category is 26 years 1 person (50%), 31 years 1 person (50%).

From the results of interviews and respondents' answers in table 1.2, it is clear that the officers in the filing unit at Mitra Sehat Situbondo Hospital have good knowledge of Occupational Health and Safety (K3) procedures in the filing unit, because the 2 officers in the filing unit have good knowledge.

The lighting in the filing unit of the Mitra Sehat Situbondo hospital cannot be measured properly due to the inadequate availability of measuring instruments. The lighting in the filing unit is adjusted to the area of each room. Based on the observation results, there are 5 lights, 1 light in the outpatient

room, 2 lights in the inpatient room and 2 lights outside the filing unit terrace. Each lamp is placed in each room with a power of 20 watts in the outpatient room, 40 watts in the inpatient room and 40 watts outside the terrace.

In table 1.3, the ideal temperature in the filing room at Mitra Sehat Situbondo Hospital is 18ºC and the ideal humidity is 24°C, this is in accordance with the theory which explains that the ideal temperature in the filing room is 18ºC-28ºC and the ideal humidity is 40%-60% [7]. Based on the measurement results above, compared with theory, it shows that the temperature and humidity in the filing room at Mitra Sehat Situbondo Hospital are ideal. The average temperature and humidity in the Mitra Sehat Situbondo hospital filing unit is 18°C and 24ºC with humidity 55%.

Based on Figure 1.1 from the results of observations and interviews, the outpatient medical record room is still sufficient for storing medical record files, there are still several sub-shelves that have not been filled (empty) because the folder material is too thin and easily torn, but currently in hospitals Mitra Sehat Situbondo has implemented RME except for medical record documents for heart, eye and nerve patients and there are also requests from doctors who still need documents. From this problem, a solution was found for several polyclinics that still use documents to replace better map materials. This solution is in accordance with theory which states that if a medical record document folder is too thin and tears easily, it must be replaced with a thicker and stiffer folder material [8].

Based on Figure 1.2 from the results of observations and interviews, the inpatient medical record room is full so it cannot accommodate many medical record documents, while documents that cannot be put on the shelves are stacked outside the room. From the picture above, researchers found a buildup of active medical record documents. and in-actives which are stacked together outside the Filling room where assembling activities have not yet been carried out. The main reason for the accumulation of documents is due to the lack of medical record officers in the filing section and not maximizing assembling activities for medical record documents. The solution to prevent document accumulation is by maximizing assembling activities, sorting medical record files by number and rearranging the medical record documents into shelves. inpatient filing. Researchers found a buildup of in-active medical record files from 2018-2019 due to not yet fully implementing retention which was still piling up with active medical records. The main reason for the buildup of in-active DRM was because there was no special shelf for in-active medical record documents before they were retained. and the lack of medical records officers, this is in accordance with other studies whose research results state that based on the 5M elements man, method, material, machine, money, it is clear that the man factors are the lack of medical records officers and the absence of training regarding the destruction of medical records, the method factor is not yet there is a retention schedule, the material factor is a lack of inactive storage shelves, the machine factor is not having adequate destruction equipment, and the money factor is there is no special budget for purchasing adequate equipment [9], so that a lot of documents are piled up on the floor, the aim is to reduce Stacking in-active documents in the filling room.

The active and inactive medical record files which are still piling up will be stored in a separate warehouse at a fairly far distance from Mitra Sehat Hospital because the space in the filling is not sufficient to sort the medical record documents, then the medical record documents will be data sorted. Important data that must not be destroyed includes medical remuses, entry and exit summaries, operation sheets, baby identification, consent sheets, and death sheets. This is in accordance with the theory that the activity of separating documents that are declared active and inactive, the aim is to reduce the storage burden medical record documents [10].

From figures 1.1 and 1.2, the size of the shelves is arranged in such a way, try to ensure that the height of the shelves does not exceed the reach of the human hand so that storage officers do not need to climb or use tools (ladders) so that officers do not have difficulty finding medical record files [11]. The height of the upward reach measured from the outside of the tip of the middle finger to the bottom of the foot when standing is 202.01 cm.

From the results of the researcher's observations compared with theory, there is an open shelf condition for active BRM for outpatients and inpatients in the filing unit which is in accordance with standards because the height of the storage shelves in the filing unit at Mitra Sehat Situbondo Hospital is 200 cm high and the storage shelves are made of wood. . The average reach height obtained by medical records officers in the filing unit is 202.5 cm, so that the height of the filing shelves can be reached by filing unit officers without using tools (ladders).

Conclusion

Based on the research results, there are several conclusions that can be drawn:

1. Mitra Sehat Situbondo Hospital has implemented an Electronic Medical Record (RME) system since May 2024, but there are still conventional activities in the filing unit, making it a hybrid system.
2. Even though there is an implementation of RME for outpatient medical records, there are still some polyclinics that use physical sheets, such as ultrasound sheets for heart, eye and nerve patients.
3. The retention process for outpatient medical record files has not been fully implemented properly, with several files from 2018 still not being destroyed.
4. In the medical records of inpatients, the implementation of RME has not been fully implemented.
5. Files were destroyed by burning them to maintain confidentiality, but there was still a buildup of files which caused the filing space to be cramped.
6. Even though file destruction is carried out well in terms of K3, there are still work safety problems related to narrow spaces, piles of files on the floor, and lack of use of protection such as masks and gloves.
7. K3 in the filling unit of Mitra Sehat Situbondo Hospital has not yet been implemented, but from the researchers' observations it seems like it has been implemented, from this problem, hopefully in the future K3 can be implemented.

Thus, it can be concluded that the implementation of RME has begun but is not yet fully optimal, while efforts to maintain occupational safety and health still need to be improved, especially in relation to room conditions and protection for officers.

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