Implementation of Risk Management in The Medical Records Work Unit Reviewed From National Standards for Hospital Accreditation Through a Systematic Literature Review Approach

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ABSTRACT
The hospital, there is no denying the possibility of unwanted or unexpected negative impacts in work activities, one of which is in the medical records work unit. The aim of the research is to determine the implementation of risk management in the medical records work unit in terms of the National Hospital Accreditation Standards. The research method used was a Systematic Literature Review with a search strategy using Google Scholar results criteria with the keywords "Risk management of medical records work units OR Risk management of medical records work units based on SNARS". The research results were obtained from an in-depth analysis of 6 journal articles, there was a link between the journal articles reviewed and the implementation of risk management in the medical records work unit in terms of the National Hospital Accreditation Standards where the problems found on average occurred in MIRM 12 Standards related to the determination of diagnosis code standards, procedure/action codes, symbols, abbreviations and their meanings, MIRM Standard 13 relating to the provision of medical records for each patient in hospitals, MIRM Standard 13.2 relating to hospital regulations which identify those who have the right to fill in patient medical records and determine the contents of medical records and format medical records, MIRM Standard 13.3 relates to filling in medical records by Professional Care Providers (PPA) by writing identification after the recording is made and MIRM Standard 13.4 relates to performance improvement efforts and hospitals regularly evaluating or reviewing medical records. The risk levels in the medical records work unit from these articles show that the risk categories are "Acceptable" (the intensity of risk is reduced to a minimum) to "Substantial" (requires technical improvement).

Keywords: Hospital Accreditation, Risk Management, Systematic Literature Review

INTRODUCTION
Hospitals as health service providers have a responsibility to provide quality services (Kemp et al., 2024), namely by paying attention to the provision of health services in terms of security (Sudirjo et al., 2024), health and work safety which includes identification, assessment and risk management to minimize risks and injuries (Shah et al., 2024). Risk management is a proactive and continuous process including identification, analysis, evaluation, control, communication
information, monitoring and reporting of risks (Harjoni et al., 2024), including various strategies implemented to manage risks and their potential (Zou et al., 2017). The implementation of health risk management in the workplace has the aim of minimizing losses due to accidents and illness (Zelko et al., 2024), increasing opportunities to increase production through a safe (Yu et al., 2023), healthy and comfortable working atmosphere (Gamal et al., 2022), cutting the chain of losses due to failure (Septian, 2024). The importance of risk management in hospitals is explained in the National Hospital Accreditation Standards (SNARS) Edition 1.1 contained in the Quality Improvement and Patient Safety (PMKP) standard 12 which explains that identifying risks, reducing risks or injuries is an ongoing program of useful risk management for patient safety and staff safety (Størkersen et al., 2024).

The implementation of risk management in the medical records work unit is an effort to analyze the existing system for potential errors to prevent incidents from occurring in the medical records work unit (Niv et al., 2024). Explained that in the medical records storage room, no risk identification had been carried out (Lopatina et al., 2021), but to prevent the risk that occurred, namely an injured hand, the head of medical records and the medical records coordinator monitored the development of the number of patients (Tahir et al., 2024). The implementation of risk management in the medical records work unit is carried out by all officers (Susilowati et al., 2020), to prevent further losses resulting from risks, it is necessary to carry out controls so that unwanted risks do not occur (Zhang et al., 2024). There are still problems in implementing risk management, namely that risk management has not been implemented and there are no SOPs for work safety (Al Annuri et al., 2023), risks that may occur in the medical records work unit because officers do not apply the rules that must be implemented in order to reduce risks such as officers could catch a cough if they take or returning medical record documents without wearing a mask, filing officers can cut the cover of medical record documents without wearing gloves, and so on (Reshma et al., 2024). Based on this background, researchers are interested in conducting a Systematic Literature Review study on "Application of Risk Management in the Medical Records Work Unit in terms of National Hospital Accreditation Standards" to determine the implementation of risk management for Medical Records Work Unit officers and to minimize the occurrence of work risks for medical records officers (Niv, 2024) in the hospital.

**METHODS**

The design of this research is a Systematic Literature Review (SLR) or literature review. The article search used was Google Scholar with the keywords "Risk Management of the Medical Records Work Unit Based on SNARS OR Risk Management of the Medical Records Work Unit". The inclusion criteria table is as follows:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period</td>
<td>The maximum journal publication period is 5 years</td>
</tr>
<tr>
<td>Time</td>
<td>(2018-2023)</td>
</tr>
</tbody>
</table>
RESULTS AND DISCUSSION

The Systematic Literature Review (SLR) in this study was carried out to determine the implementation of risk management in the medical records work unit in terms of national hospital accreditation standards through a systematic literature review approach. The research results obtained from the data synthesis process are as follows:

Table 2. Research Journal Data Synthesis Results

<table>
<thead>
<tr>
<th>Researcher’s Name</th>
<th>Publication Year</th>
<th>Title</th>
<th>Publisher &amp; Indexed</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sali Setiatin, Annisa Khoifah M, Sandra Laksamana (09)</td>
<td>2023</td>
<td>The effect of completeness of filling in the Inpatient Integrated Patient Progress Record (CPPT) on the assessment</td>
<td>Jurnal INFOKES-Politeknik Piksi Ganesha (Sinta 5)</td>
<td>Based on the results of statistical tests, a correlation result of 0.919 was obtained, which means that it has a strong relationship, the value of the coefficient of</td>
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</table>
determination is 55.5%, the magnitude of the influence of the completeness of standard 13.3 medical record information management version SNARS (Y).

<table>
<thead>
<tr>
<th>Researcher's Name</th>
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<th>Title</th>
<th>Publisher &amp; Indexed</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andi Reskianty Ira Dermawan, Siswati (10)</td>
<td>2020</td>
<td>Overview of the Implementation of Open Medical Record Review and Closed Medical Record Review in accordance with SNARS at Husada Hospital</td>
<td>Prosiding 4 SENWODIPTA 2020 Esa Unggul (Sinta 4)</td>
<td>The problems found include: (1) There are still many doctors / consul doctors who do not fill in their names and signatures completely (2) There are still many nurses who do not fill in the date and time of visit as well as full names and signatures (3) the lack of discipline of Care Professionals in filling out medical records. The results of the open medical record review at Husada Hospital in November 2019 of the 65 medical records reviewed the highest element of incompleteness, namely drug reconciliation, there were 58 incomplete with a percentage of 89% and a complete 7 (11%). As for the open medical record review in July 2019, out of 646 medical records reviewed, the highest...</td>
</tr>
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</table>
1. Element of incompleteness is important records with a number of 505 incomplete with a percentage of 78% having graffiti, this violates the rules in writing medical records, where the rules for writing medical records, if there is a writing error, officers are only allowed to cross out 1 times and signed it.

| Esraida Simanjuntak, Ermas Estiyana, Septi Anastasya (11) | Review of ergonomic aspects in storage rooms based on the National Hospital Accreditation Standard (SNARS) Edition 1 at RSU Tere Margareth Medan in 2020 | Scientific Journal of Recorder and Health Information Imelda, (Sinta 4) |

1. Ergonomic aspects are divided into two conditions, namely physical and psychological conditions. Physical conditions are conditions found around the workplace which include temperature, humidity, lighting, lighting, air circulation, space for movement and storage room security. While psychological conditions are conditions that affect performance related to personal or group feelings which include feelings of privacy, sense of status and importance, shifts, compressed work weeks, and flextime.
2. In accordance with the National Hospital Accreditation Standard (SNARS) edition 1, hospitals must provide file storage space. Medical records that can protect medical record files from loss, damage, interference and unauthorized access and use. Based on the results of the study, it can be said that the storage room for medical record files at Tere Margareth Hospital has not met accreditation standards because there are still several things that happen and are related to room security which can be assessed based on ergonomic standards.

<table>
<thead>
<tr>
<th>Researcher’s Name</th>
<th>Publication Year</th>
<th>Tittle</th>
<th>Publisher &amp; Indexed</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwi Kurnianto Utomo, Iqbal Santoso, dan Widyatasya Agustika Nutrisha (12)</td>
<td>2022</td>
<td>Information Management Design Based on National Hospital Accreditation Standards (SNARS) and JointCommission International (JCI) at Maranatha Dental and Oral Hospital (RSGM)</td>
<td>JIPI (Scientific Journal of Informatics Research and Learning) (Sinta 3)</td>
<td>Based on the results of the study, it is known that the existing condition at Maranatha General Hospital is that SIMRS and other applications used have not been fully integrated, even in some data and information processing is still paper-based. The results of the gap analysis conducted in the area of information</td>
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</table>
management resulted in Design recommendations on the people aspect in the form of position adjustments, details of main tasks and functions, training and workshop planning, and communication in the form of meetings. In the process aspect, produce SOPs. On aspect Technology in the form of adding applications and updating features.

Dhaifullah S. Akbarsyah, Iqbal Santosa, Widyatasya A. Nutrisha (13)

The result of this study is that there are problems that exist in the management of medical records of RSGM Maranatha covering three things, namely man, machine, and process. This problem is based on non-compliance of medical record officers, non-integration of medical record management in hospital information systems, and lack of accuracy in filling out medical record sheets. This research implements Phases 1 – 5 of COBIT 2019 as a reference framework, the limitations of the standards used are SNARS MIRM (Medical
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| Effi Diananti (14) | Standardization of the Use of Symbols in Patient Medical Record Documents at Hospital X Pekanbaru City in 2022 | Journal of Hospital Management and Health Sciences (JHMHS) (Sinta 4) | The results showed that there was no guidebook for the use of symbols in medical records and there was no standard operating procedure (SPO) in the use of symbols in medical record documents at hospital X Pekanbaru city. |

Based on the table above, the results of the journal synthesis above show that the above literature (n=6) is relevant to the research objective to determine the implementation of risk management in medical records work units in terms of national standards for hospital accreditation using a systematic literature review approach.

Judging from the results of the research above which applies the systematic literature review method, what can be described in the discussion of the research entitled "Implementation of Risk Management in Medical Records Work Units in View of the National Standards for Hospital Accreditation Using a Systematic Literature Review Approach", is as follows:

**Literature 1**

The results of research from Setiatin, Khoifah and Laksamana (2023) entitled "The Effect of Completeness in Completing Inpatient Integrated Patient Progress Notes (CPPT) on Standard Assessment 13.3 Medical Record Information Management SNARS Version at Santosa Hospital Bandung Kopo" are related in terms of implementing unit risk management Medical record work is reviewed from the national standards for hospital accreditation, namely based on the National Standards for Hospital Accreditation (SNARS) edition 1 containing 16 chapters, in the sub-chapter Hospital Management Standards: Medical Information and Records Management (MIRM). The Implementation of Risk Management in the Medical Records Work Unit is Viewed from the National Hospital Accreditation Standards Using a Systematic Literature Review Approach in Literature 1 which is relevant, especially at MIRM Standard 13 (Points 4 and 5), MIRM 13.2 Standard, MIRM 13.3 Standard, PMKP 12 Standard with Risk considerations are in the "Acceptable" category where the intensity that creates risk must be reduced to a minimum.

**Literature 2**

The results of research from Reskianty, Dermawan, and Siswati (2020) entitled "Overview of the Implementation of Open Medical Record Review and Closed Medical Record Review According to SNARS at Husada Hospital" are related in terms of the implementation of risk management for medical record work units in terms of national standards for home accreditation hospital, namely based on the National Hospital Accreditation Standards (SNARS) edition 1 containing 16 chapters, in the sub-chapter Hospital Management Standards: Medical Information...
and Records Management (MIRM). Meanwhile, the implementation of risk management in the Medical Records Work Unit is viewed from the National Hospital Accreditation Standards through a Systematic Literature Review Approach in Literature 2 which is relevant, especially at points in MIRM Standard 13 (Points 4 and 5), MIRM Standard 13.2, MIRM Standard 13.3, PMKP Standard 12 considering that the risk is classified as "Acceptable" where the intensity that creates the risk must be reduced to a minimum.

**Literature 3**

The results of research from Simanjuntak, Estiyan, and Anastasya (2020) entitled "Overview of Ergonomic Aspects in Storage Rooms Based on National Hospital Accreditation Standards (SNARS) Edition 1 at RSU Tere Margareth Medan in 2020" are related in terms of implementing risk management in record work units medical matters are viewed from the national standards for hospital accreditation, namely based on the National Standards for Hospital Accreditation (SNARS) edition 1 containing 16 chapters, in the sub-chapter Hospital Management Standards: Medical Information and Records Management (MIRM). The Implementation of Risk Management in the Medical Records Work Unit is viewed from the National Hospital Accreditation Standards through a Systematic Literature Review Approach in Literature 3 which is relevant, especially at MIRM 13 Standard and PMKP 12 Standard points with consideration of risk which is classified as "Priority 3" which needs to be monitored. and monitored on an ongoing basis.

**Literature 4**

The results of research from Utomo, Santoso, and Nutrisha (2022) entitled "Information Management Design Based on National Hospital Accreditation Standards (SNARS) and Joint Commission International (JCI) at the Maranatha Dental and Oral Hospital (RSGM)" are related in terms of implementation Risk management of the medical records work unit is reviewed from the national standards for hospital accreditation, namely based on the National Standards for Hospital Accreditation (SNARS) edition 1 containing 16 chapters, in the sub-chapter Hospital Management Standards: Medical Information and Records Management (MIRM). The implementation of risk management in medical records work units is reviewed from the national standards for hospital accreditation through a systematic literature review approach in Literature 4 which is relevant, especially at MIRM Standard 13 points (Points 4 and 5), MIRM Standard 13.2, MIRM Standard 13.3, PMKP Standard 12 with Risk considerations are classified as "substantial" which requires technical improvements.

**Literature 5**

The results of research from Akbarsyah, Santosa, and Nutrisha (2022) entitled "Assessment of Medical Record Management Standards at the Maranatha Dental and Oral Hospital (RSGM)" are related in terms of the implementation of risk management for medical record work units in terms of national hospital accreditation standards, namely where based on the National Hospital Accreditation Standards (SNARS) edition 1 contains 16 chapters, in the sub-chapter Hospital Management Standards: Medical Information and Records Management (MIRM). The implementation of risk management in the medical records work unit is reviewed from national standards for hospital accreditation through a systematic literature review approach in Literature 4 which is relevant, especially at points MIRM Standard 12, MIRM Standard 13, Standard MIRM13.1 - MIRM13.4, Standard MIRM 14, Standard MIRM 15, PMKP Standard 12 with risk considerations is classified as "Substantial" which requires technical improvements.
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Literature 6

The results of research from Danianti (2022) entitled "Standardization of the Use of Symbols in Patient Medical Record Documents at Hospital Hospital Accreditation (SNARS) edition 1 contains 16 chapters, in the sub-chapter Hospital Management Standards: Medical Information and Records Management (MIRM). The implementation of risk management in the medical records work unit is reviewed from national standards for hospital accreditation through a systematic literature review approach in Literature 4 which is relevant, especially at points in MIRM Standard 12, MIRM Standard 13, PMKP Standard 12 with consideration of risk in the "Acceptable" category. where the intensity poses a risk but can be reduced to a minimum.

CONCLUSION

In this research, there were 6 journal articles that were coherent and reviewed in more depth using a systematic literature review approach which complied with the inclusion and exclusion criteria using keywords according to the provisions. Apart from that, there is a link between the journal articles reviewed and the implementation of risk management in the medical records work unit in terms of the National Hospital Accreditation Standards, as follows: (1) The problems found on average occur in the MIRM 12 Standard related to the determination of diagnostic code standards, codes procedures/actions, symbols, abbreviations and their meanings, MIRM Standard 13 regarding the provision of medical records for each patient in hospitals, MIRM Standard 13.2 related to hospital regulations which identify those who have the right to fill in patient medical records and determine the contents of medical records and the format of medical records, MIRM Standard 13.3 is related to filling in medical records by Professional Care Providers (PPA) by writing their identity after the recording is made and MIRM Standard 13.4 is related to efforts to improve performance and hospitals regularly evaluating or reviewing medical records. (2) Journal articles also discuss and examine in more depth the levels of risk in the medical records work unit. It can be concluded that the risk categories are "Acceptable" (intensity of risk is reduced to a minimum) to "Substantial" (requires significant improvement). technical). Therefore, it is hoped that the results of this literature review can be used as a reference and basic material as a reference for further research on the implementation of risk management in medical records work units in terms of national hospital accreditation standards, as well as consideration for expanding the scope of research so that it is hoped that it can improve research quality, or continuing this research into primary or direct research.

REFERENCES

are associated with unplanned care use following hospital discharge. BMJ Open Quality, 13(1), e002501.


