

# Implementation Review of Retention and Destruction of Medical Record Files at Praya Regional Hospital in 2024

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## ABSTRACT

Medical record retention is a critical aspect of health information management, ensuring both the availability of active records and the systematic disposal of inactive files. This study examines the implementation of retention and destruction processes for medical records at Praya Regional Hospital in 2024. Using descriptive methods through observation and interviews with medical record officers, the research identified several challenges, including inadequate storage facilities, partial non-compliance with Standard Operating Procedures (SOP), and reliance on shredding due to malfunctioning incinerators. The findings revealed that only 42% of the targeted records were successfully retained, primarily due to duplicate files, manual systems, and lack of digital infrastructure. The study underscores the need for improved facilities, stricter adherence to SOPs, and integration of digital systems to enhance efficiency. These results highlight the importance of strengthening medical record management to support hospital operations, legal compliance, and patient care quality.

**Keywords:** Retention, Destruction, Medical Records, RSUD Praya, Information Management.

## 1. BACKGROUND

The hospital is a vital healthcare institution tasked with delivering comprehensive medical services, including inpatient, outpatient, and emergency care, as outlined in the Minister of Health Regulation No. 3 of 2020 [1]. Effective hospital management requires systematic organization of medical records, which serve as both clinical and legal documents. According to the Ministry of Health Regulation No. 24 of 2022, medical records document patient identity, examinations, treatments, and services provided, and may exist in written or electronic form [2].

Medical records are essential not only for patient care but also for administration, education, research, and legal purposes. Both Law No. 29 of 2004 on Medical Practice and Ministerial

Regulation No. 269 of 2008 emphasize that medical records are the property of healthcare facilities, while their contents belong to patients, reinforcing their confidentiality and legal importance [3]. As the number of patient visits increases, record volumes also grow, necessitating strategies such as retention and destruction to prevent overcrowding in storage areas.

Retention refers to the process of separating active from inactive files, preserving those with lasting value, and eventually destroying files with no further utility. According to the Directorate General of Medical Services (1995), medical records exceeding the required retention period must be systematically destroyed to maintain efficiency [4]. Prior studies, such as Gunawan et al. (2021), highlight that inadequate storage

facilities often lead to disorganized archives, complicating retrieval and emphasizing the urgency of structured retention [5].

At Praya Regional Hospital, field observations indicated that inactive records were not properly stored due to limited space. By 2024, approximately 1,097,000 inactive records had accumulated, creating an urgent need for retention and destruction practices. This study was therefore conducted to evaluate how these processes were implemented, identify challenges, and provide recommendations for improvement.

**2. RESEARCH METHODS**

This study employed a descriptive research design, aiming to provide a factual overview of retention and destruction practices at RSUD Praya. The research was conducted between March and April 2025 in the hospital’s medical records unit. Participants included the Head of the Medical Records Unit and staff directly involved in retention and destruction activities.

**3. RESULTS AND DISCUSSION**

The implementation of retention and destruction at RSUD Praya in 2024 marked the hospital’s first systematic attempt at reducing archive overload. Table 1 shows the results of daily retention activities.

Table 1. Retention Performance at RSUD Praya (August 2024)

Date	Target Files	Retained Files	%
06/08/2024	200	101	50.5%
07/08/2024	200	60	30.0%
08/08/2024	200	84	42.0%
09/08/2024	200	90	45.0%
10/08/2024	200	37	18.5%
11/08/2024	200	85	42.50%
12/08/2024	200	101	50.50%

13/08/2024	200	91	45.50%
14/08/2024	200	87	43.50%
15/08/2024	200	78	39%
16/08/2024	200	92	46%
19/08/2024	200	132	66%
20/08/2024	200	59	29.50%
<b>2600</b>		<b>1097</b>	<b>42%</b>

The data show that out of 2,600 targeted files, only 1,097 (42%) were successfully retained. The main factors hindering performance included duplicate or problematic files, manual classification systems, inadequate storage facilities, and insufficient time for processing.

**Challenges Identified**

1. Non-compliance with SOPs: Retention was conducted after three years instead of five, contrary to national standards, due to limited space.
2. Infrastructure Limitations: Storage racks were insufficient, and the incinerator used for destruction was damaged, forcing reliance on shredding.
3. Manual Systems: Lack of digital archiving tools prolonged processes and increased error risks.
4. Overload in Storage: Delays in routine retention led to overcrowding of files, further complicating management.

**Discussion**

The findings corroborate previous studies indicating that incomplete adherence to SOPs and infrastructural deficiencies undermine medical record management efficiency [5], [6]. The reliance on manual methods reflects the broader challenge of digital transformation in health information systems in Indonesia. Comparatively, Azmi (2018) also reported shortened retention periods in facilities with limited space, emphasizing that local conditions often force deviations from national standards [7]. To improve efficiency, hospitals should adopt digital medical

record systems, expand physical storage facilities, and ensure functional destruction equipment. Consistent adherence to SOPs and periodic audits are also necessary to maintain compliance and legal integrity.

#### 4. CONCLUSION

The study concluded that the implementation of retention and destruction at RSUD Praya in 2024 was partially effective, achieving only 42% of the intended target. Major challenges included inadequate infrastructure, manual processing, and deviations from SOPs. These limitations not only hindered efficiency but also posed risks to legal compliance and service quality. Improvements in facilities, integration of digital archiving, and stricter enforcement of policies are essential to enhance the effectiveness of medical record management.

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