



Implementation of Sanctions for Health Facilities that Have Not Implemented Electronic Medical Records (EMR)

Hari Santoso¹

¹Universitas Hang Tuah

*Corresponding Author: Hari Santoso

E-mail: harisantoso2607@gmail.com



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Abstract

Hospitals are health care institutions that provide inpatient, outpatient, and emergency services. One of the services in the hospital is medical record services. This medical record stores various records regarding the identity, examination, treatment, actions, and other services performed on the patient. Along with the development of technology, medical records are present in digital form or called Electronic Medical Records (RME). The purpose of this study is to analyze sanctions for health facilities that have not implemented Electronic Medical Records (RME). The research method used is a literature review with a qualitative approach. The results show that with the regulatory provisions and sanctions, the implementation of RME is expected to improve the overall standard of health services. In accordance with circular number HK.02.01/MENKES/1030/2023, health facilities that do not comply with the RME implementation deadline may face administrative sanctions, including recommendations for revocation of accreditation status. These sanctions also apply to health facilities that have not integrated with the SATUSEHAT Platform by March 2024 or have not submitted patient visit data as required. This regulation is not only a guide, but also an encouragement for health service delivery to become more sophisticated, efficient, and safe through the implementation of RME.

Introduction

Health services are every people right guaranteed in the 1945 Constitution, which is a constitutional mandate with the aim of advancing community welfare and increasing the highest level of health for individuals, groups or communities. In Law Number 44 of 2009 concerning Hospitals (hereinafter referred to as the Hospital Law) Article 1 paragraph (1) states that: A hospital is a health service institution that provides complete individual health services providing inpatient, outpatient and emergency services. emergency (Qomah et al., 2021). In hospital health service facilities, medical recorders have a very important role in providing information and can also carry out activities in providing information or recording documents and documenting patient medical record files (Ali et al., 2022).

The Ministry of Health states that medical records are files that contain notes and documents regarding patient identity, examinations, treatment, procedures and other services that have been provided to patients. Medical records contain very important information covering past and present conditions and contain professional records of the patient's health which must be documented to be useful for all parties (Alfiansyah et al., 2020). In principle, the contents of the medical record belong to the patient, while the medical record file (physically) belongs to the hospital or health institution. The medical record files belong to the health service facility, which must be kept for at least 5 years starting from the last date the patient sought treatment.

For this purpose, in every health service institution, a Medical Records Unit is formed which is tasked with managing and storing medical records in that institution (Nuraini, 2015).

In Law Number 29 of 2004 in Article 46 paragraph (1) it is explained that a Medical Record is a file containing notes and identity documents, examinations, treatment, and other service actions for patients. The government through the Ministry of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records which requires every health facility to maintain electronic medical records (Ulfa & Yuspin, 2023). This regulation itself legally revokes the Regulation of the Minister of Health of the Republic of Indonesia no. 269/MENKES/PER/III/2008 of 2008 concerning Medical Records which of course is no longer relevant to the development of science and technology which has developed very rapidly, especially in terms of technological developments. digital, which makes it necessary to transform the digitalization of health services, including in terms of electronically administering medical records, which must still prioritize the principles of security and confidentiality of data and information (Putri & Mulyanti, 2023).

Hospitals around the world have implemented RME as an alternative to paper-based health records. In Indonesia, the application of RME has also begun to be introduced, especially since the development of E-Health where hospitals have made RME a computerized information center (Rubiyanti, 2023). RME allows providers to track patient data over time, identify patients for preventive and screening visits, monitor patients, and improve the quality of health care. Not only that, in terms of costs, RME is more efficient because it does not incur costs for printing statuses and does not require space/place for storage (Pohan et al., 2022).

Previous research conducted by Dewi & Silva (2023) stated that the RME used by medical record officers still experiences many problems and obstacles, starting from system performance, system speed, modules and features, information accuracy, output quality, data integrity, technical obstacles, data security, ease of use of RME. So it is not easy to apply RME.

The novelty of this research is analyzing sanctions for health facilities that have not yet implemented RME. This is based on circular number HK.02.01/MENKES/1030/2023 concerning the implementation of electronic medical records in health service facilities as well as the application of administrative sanctions in the context of guidance and supervision. Thus, this research aims to analyze the application of sanctions for health facilities that have not implemented RME.

Methods

The method used in this research is a literature review with a qualitative approach. A literature review is a written summary of articles from journals, books and other documents that describe theories and information both past and present, organizing the literature into topics and documents needed for a research proposal (Siregar et al., 2023). Qualitative is research that is descriptive and tends to use in-depth analysis. Process and meaning (subject perspective) are more emphasized in qualitative research (Kaharuddin, 2021). The data used is secondary data obtained through the Google Scholar search engine. After data collection is carried out, it continues with data reduction, then presenting the data and finally drawing conclusions.

Results and Discussion

Health facilities are a tool and/or place used to provide health service efforts, whether promotive, preventive, curative or rehabilitative, carried out by the central government, regional government and/or the community (Sofia et al., 2022). The hospital is part of the entire health service system which aims to provide health services, these services are through patient healing efforts. To support health services, these are combined in health data called Medical

Records (Ford et al., 2020). The general benefits of medical records according to Kholili (2011) are as follows.

Patient Treatment

Medical records are useful as a basis and guide for planning and analyzing illnesses as well as planning treatment, care and medical actions that should be given to patients.

Improving Service Quality

Making implementation clear and complete will improve the quality of services to protect medical personnel and to achieve optimal public health.

Education and Research

Medical records contain information on the development of disease, medical services, treatment and medical procedures, which are useful as information material for the development of teaching and research in the field of medical and dental professions.

Financing

Medical record files can be used as guidance and material for determining financing for health services at health facilities. These notes can be used as proof of payment to patients.

Health Statistics

Medical records can be used as material for health statistics, especially to study developments in public health and to determine the number of sufferers of certain diseases.

Proving Legal, Disciplinary and Ethical Issues

Medical records are the main written evidence, so they are useful in resolving legal, disciplinary and ethical problems.

Medical Records in Minister of Health Regulation No. 24 of 2022 Medical Records are documents that contain patient identity data, examinations, treatment, procedures and other services that have been provided to patients. And Electronic Medical Records are Medical Records created using an electronic system intended for the maintenance of Medical Records. Every Health Service Facility is required to maintain Electronic Medical Records (Silvia Eka, 2023). The ease of accessing and editing electronic medical records is an advancement in health services, this is commensurate with increasingly rapid developments in all fields, including services. Besides that, quite large expenditures will be required for computerization in every service, even practical doctor and nursing departments must be present. As well as training that must be carried out on health workers related to services. Manual medical records require a storage room in addition to the room for processing medical records, while electronic medical records do not require this, only enough for data processing and several computer units according to their needs (Kusumah, 2022).

The use of electronic medical record systems must of course be enhanced by providing security and data protection including confidentiality, integrity and availability as in article 29 of the Republic of Indonesia Minister of Health Regulation No. 24 of 2022 concerning Medical Records. This is because electronic medical records contain confidential information, so their use must be with the patient's permission. However, there are exceptions, one of which is for research or education. 3 Its use must be accompanied by the system's ability to guarantee the security of existing data and information (Mulyani et al., 2023). Information security principles, especially in the health sector, include six aspects, namely privacy, integrity, authentication, availability, access control and non-repudiation. The following is the explanation according to Kesuma (2023): (1) Privacy or confidentiality, when recording

medical records, security must be maintained. Data security must be maintained and stored in a safe place in accordance with standards; (2) Integrity, all patient entrances to the hospital must be accommodated with one medical record number in accordance with the barcode system so that from whatever door the patient enters will use one number and can be served in all installations; (3) Authentication, for the authentication process you must use a PIN, meaning that every doctor who enters electronic medical record data must have a PIN for access to the medical record system; (5) Availability, data availability must be accessible whenever needed; (6) Access control, users of electronic medical records must be clear starting from users, supervisors and management, both those who carry out data entry, updating and printing medical record documents; (6) Non-reputation, there is no objection regarding data changes.

A good Electronic Medical Record (RME) must meet the following criteria (Djunaedi et al., 2023): (a) Integrating data from various sources (Integrated Data From Multiple Sources); (b) Collect data at the point of service (Capture Data At The Point Of Care); (c) Supporting service providers in decision making (Support Caregiver Decision Making).

Progress in the medical field is directly proportional to the sophistication of tools that support the expertise of medical personnel aimed at patient safety and comfort. The more diseases diagnosed by a doctor, the more that need to be recorded in the patient's medical record. In accordance with the provisions above, the results of the patient's examination must be recorded in a special document with the hope of being a guide for the doctor to identify the disease, to carry out a therapy or medical action using a good, clear, informative and detailed recording method. The use of computer technology to implement information systems is very necessary (Nugroho, 2020). However, the development of RME implementation is still hampered by the ability of Human Resources (HR) in creating information technology, high investment and management support. In its implementation, the use of this technology requires the readiness of health workers including doctors, medical records officers and patients when dealing with this information system technology. Not all human resources as users are ready to change the manual medical record system to electronic medical records. In terms of facilities and infrastructure, it is known that there are tools available, but there are tools that hinder work on medical records, namely problems with the internet network which is sometimes slow (Sari, 2023).

Article 45 of the Minister of Health Regulation (PMK) No. 24 of 2022 states that "All Health Service Facilities must maintain Electronic Medical Records in accordance with the provisions of this Ministerial Regulation no later than 31 December 2023". The Health Service Facilities referred to are detailed in article 3, namely: independent practice places for doctors, dentists and/or other Health Personnel, health centers, clinics, hospitals, pharmacies, health laboratories, centers and other Health Service Facilities determined by the Minister. (Ortblad et al., 2020).

The absence of a medical record or electronic medical record will result in the imposition of administrative sanctions, failure to provide medical record facilities may result in criminal sanctions, and incompleteness in making medical records may result in civil sanctions. Meanwhile, opening medical records or electronic medical records in violation of the law has criminal, civil and administrative legal consequences (Sudjana, 2017). The legal consequences if a doctor does not make medical records include criminal, civil and administrative law. Criminal law is regulated in Article 79 letter b of Law Number 29 of 2004 concerning Medical Practice, if a doctor is proven guilty of not making medical records, then he will be subject to a criminal penalty with a maximum imprisonment of 1 (one) year or a maximum fine of Rp. 50,000,000 .00 (fifty million rupiah). Civil law, if a doctor is proven not to have kept medical records and caused harm to the patient, the doctor can be sued for compensation. Furthermore,

for administrative law, if there is a violation of policies or provisions of administrative law, it can result in administrative legal sanctions which can be in the form of revocation of business permits or revocation of legal entity status for hospitals, while for doctors or other health workers it can be in the form of verbal or written warnings, revocation of permits. practice. Considering the importance of medical records in medical services, it is best for every hospital to hold outreach to hospital employees so that all employees know how important it is to keep complete medical records (Chintia & Kusumaningrum, 2020).

Based on circular number HK.02.01/MENKES/1030/2023 concerning the implementation of electronic medical records in health service facilities and the application of administrative sanctions in the context of guidance and supervision, the Ministry of Health requires all health service facilities to use electronic medical records that are integrated with SATUSEHAT no later than 31 December 2023, in accordance with the provisions regulated in Law Number 24 of 2022. The Minister of Health issued circular NUMBER HK.02.01/MENKES/1030/2023 which confirms the administration of administrative sanctions to health facilities that do not implement electronic medical records. These sanctions can include written warnings and even revocation of permits.

For health facilities that have adopted electronic medical records but have not integrated with the SATUSEHAT Platform by March 31 2024, they will be given a recommendation to adjust their accreditation status. Similar steps also apply to facilities that have been connected to the SATUSEHAT Platform, but less than 50% of the patient visit data sent until July 31 2024, and less than 100% until December 31 2024 (Basyarudin, 2022).

For health facilities that have not implemented out-of-building service records in accordance with regulated provisions, administrative sanctions in the form of recommendations for revocation of accreditation status will be enforced until 31 December 2023. Meanwhile for health facilities that have not implemented electronic medical records at all in accordance with statutory regulations until 31 July 2024, will be subject to a recommendation to revoke accreditation status as the most extreme step. Furthermore, apart from administrative sanctions, the Minister of Health through the Director General of Health Services has the right to request the imposition of heavier sanctions in the form of revocation of business permits from authorized institutions in accordance with statutory regulations. Thus, this Circular is not only a regulation, but also an encouragement to create more sophisticated, efficient and safe health services through the use of electronic medical records.

Conclusion

Health facilities, including hospitals, have an important role in providing health services by using medical records as the main instrument. Medical records are not only the basis for patient treatment, but also contribute to improving the quality of services, education and research in the fields of health, financing, health statistics, as well as solving legal, disciplinary and ethical problems. In the technological era, the implementation of Electronic Medical Records (RME) is required by health regulations, such as Minister of Health Regulation No. 24 of 2022. Even though RME provides progress in accessing and managing health data, it is necessary to pay attention to information security aspects such as confidentiality, integrity and availability. While the goal of implementing RME is to increase the efficiency and safety of health services, challenges include Human Resource readiness, investment, management support, and data security. The implementation of RME in Health Service Facilities must meet information security principles and certain criteria. With the existence of regulatory provisions and sanctions, the implementation of RME is expected to improve overall health service standards.

In accordance with circular number HK.02.01/MENKES/1030/2023. Health facilities that have not implemented RME by the specified deadline, namely 31 December 2023, may be subject to administrative sanctions in the form of recommendations for revocation of accreditation status. This sanction also applies to health facilities that have adopted RME but have not integrated with the SATUSEHAT Platform until March 31 2024, or if the patient visit data sent is less than a certain percentage by the specified dates. In addition to administrative sanctions, the Minister of Health has the authority to request the application of more severe sanctions, such as revocation of business permits, from authorized institutions in accordance with statutory regulations. Thus, this regulation is not only a guide but also an encouragement to realize more sophisticated, efficient and safe health services through the implementation of RME.

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