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Email: lppm@wdh.ac.id Website : lppm.wdh.ac.id

RETENSI REKAM MEDIS KOLABORATIF UNTUK MENINGKATKAN MANAJEMEN INFORMASI KESEHATAN DI PUSKESMAS DI INDONESIA

COLLABORATIVE MEDICAL RECORD RETENTION TO ENHANCE HEALTH INFORMATION MANAGEMENT AT PRIMARY HEALTH CENTERS IN INDONESIA

Gama Bagus Kuntoadi*, Sucipto, Miftah Parid Firmansyah, Timor Utama, Santi
Lestari, Rumondang Christin, Ima Rusdiana, Fresty Cahya Maulina, Hasan
Sadikin

STIKes Widya Dharma Husada Tangerang, Jl. Pajajaran No.1, Kec. Pamulang, Kota Tangerang Selatan, Banten 15417

ABSTRACT

This community service initiative documents a collaboration between STIKes Widya Dharma Husada Tangerang and UPTD. Puskesmas Rawa Buntu and UPTD. Puskesmas Ciater to conduct retention of paper-based medical records, addressing shortages in human resources and storage space. Implemented from September 29 to December 19, 2025, the intervention successfully retained 16,500 records (55%) out of a 30,000 target at Puskesmas Rawa Buntu and 3,250 records (65%) out of a 5,000 target at Puskesmas Ciater, using sorting, grouping by disease/year, and transfer to inactive racks. The unique contribution lies in accelerating retention processes in understaffed primary facilities, supporting the transition to effective health information management in compliance with Peraturan Menteri Kesehatan Republik Indonesia No. 24 Year 2022.

Keywords : *medical record retention, puskesmas, health information management, community service, HR constraints*

ABSTRAK

Pengabdian kepada Masyarakat ini mendokumentasikan kolaborasi antara STIKes Widya Dharma Husada Tangerang dengan UPTD. Puskesmas Rawa Buntu dan UPTD. Puskesmas Ciater untuk melaksanakan retensi rekam medis berbasis kertas, mengatasi keterbatasan Sumber Daya Manusia dan ruang penyimpanan. Dilaksanakan dari 29 September hingga 19 Desember 2025, intervensi ini berhasil meretensi 16.500 rekam medis (55%) dari target 30.000 di UPTD. Puskesmas Rawa Buntu dan 3.250 rekam medis (65%) dari target 5.000 di UPTD. Puskesmas Ciater, dengan metode pemilahan, pengelompokan berdasarkan penyakit/tahun, dan pemindahan ke rak inaktif. Kontribusi unik mencakup percepatan proses retensi di fasilitas primer yang kekurangan petugas Rekam Medis, mendukung transisi manajemen informasi kesehatan menuju kepatuhan kepada Peraturan Menteri Kesehatan Republik Indonesia No. 24 Tahun 2022.

Kata Kunci : *retensi rekam medis, puskesmas, manajemen informasi kesehatan, pengabdian masyarakat, keterbatasan SDM*

PENDAHULUAN

Primary health centers in Indonesia serve as frontline facilities for promotive and preventive care, yet face persistent challenges in managing paper-based medical records due to limited storage and personnel. Retention of medical records—involving sorting active to inactive files—is mandated to reduce accumulation, with records becoming inactive after two years from the last patient visit and eligible for destruction post-microfilming (Susanto *et al.*, 2018) (Attriani, 2022).

According to Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019, Community Health Centers or Pusat Kesehatan Masyarakat (Puskesmas) are health service facilities that provide primary public health and individual health services, with an emphasis on promotive and preventive efforts in their working areas (Menteri Kesehatan Republik Indonesia, 2019). Medical records are documents containing patient identity data, examinations, treatments, procedures, and other services that have been provided to patients (Menteri Kesehatan Republik Indonesia, 2022). Medical records are

files containing notes and documents about patient identity, examinations, treatments, procedures, and other services provided to patients at health care facilities (Menteri Kesehatan Republik Indonesia, 2013).

Human resource constraints, including single or absent medical record officers, exacerbate delays, as evidenced across multiple puskesmas where task-shifting leads to incomplete processes. Studies indicate that in regions like Probolinggo and Medan, puskesmas struggle with retention due to overburdened staff handling multiple roles, resulting in storage overload and non-compliance with retention schedules (Nengsih, Tasri and Naiborhu, 2025) (Rohman *et al.*, 2022).

National regulations, such as Peraturan Menteri Kesehatan Republik Indonesia (Permenkes RI) No. 24 Tahun 2022, require facilities to transition to electronic medical records by 2023 (Menteri Kesehatan Republik Indonesia, 2022), amplifying the urgency for efficient paper record management. Collaborative models between educational institutions and health facilities have emerged as viable solutions, providing temporary staffing



Image 2. Closing Ceremony at Puskesmas Ciater



Image 3. Opening Ceremony at Puskesmas Ciater



Image 4. Retention Activity

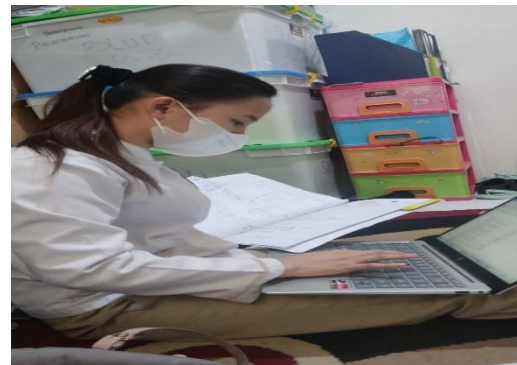


Image 5. Medical Record Report Activity

Table 1. Event Result Table

Location	Target	Retaine	Achievement (%)	Remaining	Remaining (%)
PKM Rawa Buntu	30,000	16,500	55	13,500	45
PKM Ciater	5,000	3,250	65	1,750	35

At UPTD. Puskesmas Rawa Buntu, which had one record officer and three storage racks, 16,500 records (55%) were retained, alleviating rack overload. UPTD. Puskesmas Ciater, lacking any dedicated officer and with one roll-o-pack rack, achieved 3,250 records (65%) processed. Initial assessments confirmed storage constraints: Puskesmas Rawa Buntu's space was nearing capacity for its patient volume, while Puskesmas Ciater's single rack was insufficient for 18,280 accumulated files.

Post-intervention, inactive racks gained capacity equivalent to the processed volumes, supporting ongoing active record storage. Stakeholder feedback highlighted reduced daily administrative burdens, enabling focus on patient services.

This initiative addresses systemic issues in Indonesian puskesmas, where manual retention lags due to human resource shortages—echoed in reports from Maron Puskesmas and other facilities. The 55-65% achievement rate, despite time limitations, outperforms standalone efforts in similar understaffed sites, where delays exceed years (Susanto *et al.*, 2018).

University collaborations exemplify sustainable capacity building, as seen in Muhammadiyah university partnerships for digital transitions. Partial completion underscores the need for phased interventions: remaining 13,500 (Rawa Buntu) and 1,750 (Ciater) records require follow-up to meet Permenkes timelines (Humas Universitas Siber Muhammadiyah, 2025).

Unique contributions include empirical data on collaborative

retention efficacy in Serpong, informing scalable models for Tangerang Selatan's 14 puskesmas facing identical constraints. Future efforts should integrate digitization training, aligning with national electronic health record mandates.

Limitations involve the intervention's three-month duration, precluding full target attainment, and reliance on volunteer teams. Strengths lie in cost-effective execution (total budget Rp7,200,000) and direct applicability to primary care settings.

KESIMPULAN DAN SARAN

Conclusions

The conclusions of the PKM activities at the UPTD. Rawa Buntu Community Health Center and UPTD. Ciater Community Health Center are The number of Medical Records and Health Information Officers (PMIK) at the UPTD. Rawa Buntu Community Health Center responsible for managing medical records is 1 officer. Meanwhile, the UPTD. Ciater Community Health Center does not yet have a PMIK. The target number of medical records to be retained at the Rawa Buntu Community Health Center is 30,000 medical

records. The PKM activity achieved 16,500 (55%) medical records, leaving 13,500 (45%) medical records. The target number of medical records to be retained at the Ciater Community Health Center is 5,000 medical records. The PKM activity has achieved 3,250 (65%) medical records, leaving 1,750 (35%) medical records remaining.

Recommendations

Recommendations for PKM partners and STIKes Widya Dharma Husada Tangerang are as follows there is a need for follow-up Community Service (PKM) activities related to assistance with the retention process, considering that there are still paper-based medical records that have not been retained. There is a need for a cooperation program (Memorandum of Understanding) between STIKes Widya Dharma Husada Tangerang and PKM partners regarding assistance from non-health personnel in supporting retention activities and data migration.

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