



Original Article

## Analysis of the Causes of Medical Records Document Misfiling at Makassar City Regional General Hospital

Andi Suhenda<sup>1\*</sup>, Diana Barsasella<sup>1</sup>, Ari Sukawan<sup>1</sup>, Dedi Setiadi<sup>1</sup>, Sugiharto<sup>2</sup>, Prima Soutani Akbar<sup>3</sup>

<sup>1</sup>Poltekkes Kemenkes Tasikmalaya, West Java, Indonesia

<sup>2</sup>RSUP Kariadi Semarang, Central Java, Indonesia

<sup>3</sup>Poltekkes Kemenkes Malang, East Java, Indonesia

\*Correspondence author: [andi.suhenda@dosen.poltekkestasikmalaya.ac.id](mailto:andi.suhenda@dosen.poltekkestasikmalaya.ac.id)

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### ABSTRACT

**Background:** The procedure for storing medical record documents (MRDs) involves sorting the records by their medical record numbers before returning them to the medical records department and placing them in storage. This process facilitates the retrieval of required records and streamlines storage operations, thereby preventing misfiling when the documents are needed for patient care. Delays in locating MRDs on the filing racks can result from storage or placement errors, commonly referred to as misfiling. Efficient storage of medical record documents (MRDs) requires proper sorting by medical record numbers before returning them to the filing system. This process ensures quick retrieval and minimizes errors. However, delays in locating MRDs often occur due to misfiling—typically caused by improper storage or placement. This study aims to identify factors contributing to misfiling, focusing on the storage system, alignment, numbering, and human resources. **Methods:** This study is quantitative research with a descriptive design. The analysis used is univariate analysis. The population comprises inpatient medical records returned from the care units after patient discharge during the period of January to December 2023. The sampling method employed is non-probability sampling, specifically using accidental sampling. **Results:** Among 50 inpatient MRDs stored in the filing room at Makassar City Regional General Hospital, 15 (30%) were misfiled. **Conclusion:** The factors contributing to the misfiling of medical record documents in the filing room include incompetent medical record personnel, misalignment in the filing system, the absence of tracers, and the lack of an expedition logbook. Misfiling was associated with several factors, including untrained personnel, inconsistencies in the filing alignment, absence of tracers, and the lack of a delivery logbook (previously referred to as an “expedition logbook”) used to track the movement of documents. Addressing these issues may improve filing accuracy and support patient care efficiency.



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## INTRODUCTION

Hospitals are defined as healthcare service organizations that provide comprehensive individual health services, including inpatient care, outpatient care, and emergency services. One of these services involves managing medical records (Undang-Undang No 44 tentang Rumah Sakit, 2009). Medical records are documents containing patient identification data, examinations,

treatments, procedures, and other services provided to the patient (Peraturan Menteri Kesehatan Republik Indonesia, 2022). All information within the medical record is stored in a single document, which is then kept in a dedicated storage area for Medical Record Documents (MRD), commonly referred to as the filing room. This system aims to facilitate the retrieval and re-storage of records, enabling physicians to review a patient's medical history. The filing room serves as the storage location for patient MRDs, allowing for their reuse when patients return for further treatment.

To facilitate quick retrieval, MRDs are organized according to medical record numbers before being returned to the filing system. However, errors in storage or placement—commonly known as misfiling—can lead to delays in retrieving critical patient information. These errors may be attributed to multiple factors, such as the absence of tracking tools (e.g., tracers or logbooks), improperly trained personnel, or disorganized storage systems.

The factors contributing to misfiling in the filing room at Bengkulu City Regional General Hospital include the failure to record outgoing MRDs in the expedition logbook, resulting in the inability to track their whereabouts. Another contributing factor is the incorrect placement of MRDs on filing racks, where records are stored on the wrong rack (Oktavia N., Djusmalinar., 2017). The causes of misfiling in hospitals can generally be categorized into three factors: human (Man), method (Method), and machine (Machine) (Putri W A., 2019).

Accurate and well-organized medical records are essential for supporting clinical decision-making, ensuring continuity of care, and meeting legal and administrative requirements. Despite regulations and national guidelines that mandate standardized record-keeping practices, many hospitals in Indonesia continue to face challenges related to document management—particularly misfiling, delays in retrieval, and inefficient storage systems. These issues can compromise service quality and patient safety.

While previous studies have examined the importance of medical record systems, there is limited research specifically investigating the operational causes of document misfiling within Indonesian hospital filing rooms. This study addresses that gap by identifying the key contributing factors and proposing practical interventions. By focusing on systemic issues such as human resource capacity, filing system design, and infrastructure limitations, this research aims to provide actionable insights for improving health information management in hospital settings.

Interviews with staff at Makassar City Regional General Hospital revealed that misfiling occurs at an estimated rate of 15% per day. This underscores the need for targeted research to understand the causes of misfiling in this specific context. While previous studies have identified contributing factors such as unrecorded MRD movement or incorrect shelving (e.g., Oktavia & Djusmalinar, 2017), the applicability of these findings to the Makassar hospital requires further validation.

## **METHODS**

This study was conducted at Makassar City Regional General Hospital (RSUD) using a quantitative research approach with a descriptive design. The study population comprised inpatient medical record documents returned to the filing unit after patient discharge between January and December 2023.

Accidental sampling is a technique based on spontaneity or chance to observe the coding procedures performed. The research was conducted from May to September 2023. The study's variable is the factors contributing to the misfiling of medical record documents in the filing room. The research focuses on identifying the causes of misfiling based on storage location, alignment system, numbering system, and human resources within the health service unit's filing department, as well as the use of the expedition logbook. Data collection methods include observing the number of patient medical record files and the expedition logbook. Data analysis was performed using univariate analysis.

The primary variable in this study is the misfiling of medical record documents. Misfiling was operationally defined as the incorrect placement of medical records—such as being out of

sequence, stored in the wrong location, or filed without following proper numeric order—resulting in retrieval delays or errors.

The study aimed to identify factors contributing to misfiling, focusing on elements such as storage location, alignment and numbering systems, human resource practices in the filing unit, and the presence or absence of supporting tools like expedition logbooks and tracers.

Data collection involved structured observation using a checklist developed in accordance with national medical record management guidelines. The checklist included indicators for evaluating filing procedures, storage methods, staff practices, and documentation systems.

Data were analyzed using univariate analysis to describe the frequency and characteristics of misfiling incidents. Since the objective was to explore prevalence and contributing factors descriptively, inferential or comparative analysis was not applied.

This study did not involve human participants, identifiable personal data, or animals. Therefore, ethical approval was not required in accordance with institutional and international research ethics guidelines.

## **RESULTS**

The results of the study indicate that among the 50 inpatient medical record documents stored in the filing room at Makassar City Regional General Hospital, 15 documents (30%) were found to be misfiled. The factors contributing to the misfiling of medical record documents in the filing room include incompetent medical record personnel who lack the required skills to perform their duties. This issue stems from their educational background, which does not align with the necessary qualifications, as well as the absence of specialized training for those serving as medical record staff. Consequently, human resource-related factors contribute to the occurrence of misfiling.

Another factor causing misfiling is the alignment system used, specifically the Terminal Digit Filing (TDF) system. According to the medical record staff, this system complicates the retrieval and re-storage of medical record documents, as it requires personnel to review all digits, often leading to errors and resulting in misfiling. Additionally, other factors identified through interviews include the absence of tracers and expedition logbooks, as well as non-standardized file folders and storage racks, all of which further contribute to the misfiling of medical record documents.

Several contributing factors were identified through observation and interviews with filing room personnel:

1. **Human Resources:** Misfiling incidents were associated with staff members lacking formal education or training in medical records management.
2. **Filing System:** The Terminal Digit Filing (TDF) system in use was reported by staff to be difficult to apply consistently, particularly during the re-shelving process, which often led to placement errors.
3. **Tracking Tools:** There was no consistent use of tracers or expedition logbooks to track the movement of medical record documents, making it difficult to monitor and recover files.
4. **Infrastructure:** The storage equipment used, such as file folders and filing racks, lacked standardization, contributing to confusion during document placement and retrieval.

These findings indicate that multiple operational factors—related to personnel, systems, tools, and physical storage—contribute to the misfiling of medical record documents in the hospital's filing room.

## **DISCUSSION**

The factors contributing to the misfiling of medical record documents are related to the alignment system used. The alignment system implemented is the straight numerical filing system, where medical record staff reported difficulties in using this system. In this system, medical record numbers are organized by the digits at the beginning, middle, and end, requiring staff to pay attention to all of the digits in the medical record number. As a result, errors in file storage are common, leading to misfiling (Oktavia N., Djusmalinar., 2017). It has the similar result

with the study presenting an intervention aimed at addressing the challenges of misfiling and the existence of multiple patient folders within a healthcare facility (Teviu, E. A. A., Aikins, M., Abdulai, T. I., Sackey, S., Boni, P., Afari, E., & Wurapa, 2012). The straight numerical filing system has inherent weaknesses, as it requires staff to review all the digits during storage, increasing the likelihood of misplacement (DEPKES-RI, 2006). Research on the straight numerical filing system indicates it is a contributing factor to misfiling (Karlina D., Putri I A., 2016). Therefore, despite its simplicity, the straight numerical filing system has unavoidable drawbacks that lead to errors and, consequently, misfiling. This is consistent with the findings of Waruwu, H. M. S., Insani, T. H. N., and Andiriani, V. I. (2024), who reported that based on interviews and observations at Sewon I Public Health Center, the medical record storage system at Puskesmas X Bantul is centralized, with both inpatient and outpatient records stored in a single room. The filing system used is Straight Numerical Filing (SNF) with personal folder storage. However, the health center has planned to transition from personal medical records to a family folder system, although this has not yet been implemented. The storage of medical record files at Puskesmas X Bantul was found to be in accordance with the existing Standard Operating Procedures (SOPs).

The filing system used in the medical records unit at Cikalong Wetan Regional General Hospital is the Straight Numerical Filing (SNF) system, in which medical record files are arranged sequentially by number directly on the storage shelves. If changes to the storage system are not implemented promptly, misfiling may occur. Improper arrangement of medical record files that does not follow the numerical sequence on the shelves can lead to misplacement (misfile) of records (Gunawan, E., & Permana, G. R., 2023). The medical record filing system at Rumah Sakit Islam Banjarmasin uses a Straight Numerical Filing system, which stores records based on the initial digits or the front number of the medical record documents on storage shelves. Based on the research findings, the medical record documents are already arranged neatly and sequentially by medical record number on each storage rack. This direct numerical system is appropriate to use because it offers advantages, including making it easier for medical record staff to carry out the storage of medical records (Husin, H., 2024). This finding slightly differs from the study conducted by Prambudi, D., Arum, K. K., and Rahmansyah, I. (2023), which identified that the filing system at RSIA Bunda Arif Purwokerto complies with the Standard Operating Procedures (SOP). The hospital implements a Serial Unit Numbering System, uses the Straight Numerical Filing System, and applies a centralized storage method. Based on the results related to the *method* factor, it can be concluded that RSIA Bunda Arif Purwokerto is not considered a contributing factor to the occurrence of medical record misfiles.

In the medical records unit, there are two methods of storage: centralization and decentralization (DEPKES-RI, 2006). Misfiling caused by human resources is due to a shortage of qualified medical record staff with appropriate education and training. The existing staff often lack competence in performing medical record tasks due to limited knowledge, lack of specialized training, and a mismatch between workload and staffing levels. Additionally, staff who are no longer in their productive years also contribute to this issue. The incompetence of medical record personnel, coupled with their lack of knowledge about the required standards for medical record management, results in the absence of essential tools such as tracers and expedition logbooks, which are crucial for the optimal management of medical records. Furthermore, non-standard file folders and storage racks contribute to the misfiling of medical record documents.

This finding is consistent with the study conducted by Wati, T. G., and Nuraini, N. (2019), which revealed that two outpatient clinics showed a lack of discipline in returning medical record files. This issue was attributed to the failure to enter patient data into the register book and the limited number of personnel—only two staff members. Furthermore, one clinic did not record file borrowing in the expedition logbook when retrieving medical records. Another study found that, out of 385 outpatient medical record documents, nearly all were untraceable and not recorded in the expedition logbook (Djohar, D., Oktavia, N., & Damayanti, F. T., 2018). At Bhayangkara Hospital Semarang, there are seven registration officers who also serve as filing staff, working across morning, afternoon, and night shifts. Several of these staff members have never received formal training in medical records, and none are graduates of a Diploma III program in Medical Records. As a result, they lack adequate knowledge in medical record management and rely solely on the

hospital's internal practices for understanding medical records (Simanjuntak, E., & Sirait, L. W. O., 2018).

Leadership Factors also can be as a Cause of Misfiling. The occurrence of misfiling is also influenced by leadership-related factors. Observations and interview results indicate that eight respondents reported a lack of motivation from leadership. In this context, motivation refers to both forms of reinforcement—punishment and reward—provided by supervisors to encourage improved employee performance. The interviews revealed that staff had not received any form of appreciation, such as praise or incentives, nor had they experienced disciplinary measures. According to the staff, even when errors occurred, supervisors typically issued only verbal warnings or reminders without imposing any formal sanctions (Jayanti, K. D., Nurkhalim, R. F., Ardila, N. M. I., Pranoto, B., Setyawan, I., & Susilowati, I., 2022). The medical record staff at Nguter Public Health Center have previously received training on medical records; however, not all staff participated in the training, as it was attended only by the head of the medical records department (Asriati, Y., 2022).

Based on the study findings, one of the causes of misfiling at Bungi Health Center was related to human factors. The retrieval and return of medical record files in the storage area were carried out by a single medical record staff member. Observations conducted in the medical record storage room revealed that while there was a designated filing staff member, they did not have an educational background in medical records and health information, but rather in dental nursing. However, these staff members had received training related to medical records (Muzuh, M. E., Budiati, W. O. S., & Sari, S. M., 2023). Based on the results of the observation, it was found that the staff demonstrated a lack of discipline in managing medical record files, as they did not use tracers in accordance with the guidelines or the Standard Operating Procedure (SOP) for medical record storage at Kademangan Public Health Center in Bondowoso. One of the reasons for this noncompliance was that staff were accustomed to not using tracers. In addition, many staff believed that the use of tracers would slow down service activities. This situation has led to an increase in the number of misfiled medical records, as staff are unable to track whether the medical records that have been taken out have been returned or not (Syahbaniar, D., Wijayanti, R. A., Erawantini, F., & Ardianto, E. T., 2021).

Based on interview results, information obtained from informants indicated that the medical records room at Pulo Brayon Public Health Center in Medan is staffed by two medical record officers with an educational background of a Diploma III in Medical Records and two years of work experience. These officers are responsible for registration, filing, and distribution tasks. The researcher found that the health center faces a shortage of human resources, resulting in an excessive workload. This situation hinders the officers' ability to perform their duties effectively, ultimately affecting the quality of their work. Furthermore, there has been no socialization or training regarding the issue of misfiling, which has contributed to the frequent occurrence of misfiled medical records at Pulo Brayon Public Health Center (Putriana, A., & Zega, F. P., 2023). Based on interviews and observations, it was found that the medical record file storage unit at Siti Khadijah Islamic Hospital in Palembang consists of four staff members. However, only one of them holds a Diploma III (D3) in Medical Records, while the other three do not have a medical records educational background. Each staff member is assigned specific tasks, including retrieving medical record files, recording outgoing files, and re-shelving the files after use (Novianti, N., & Amallia, S., 2023). The results of the study indicate that the factors contributing to misfile incidents include non-compliance with Standard Operating Procedures (SOP), lack of knowledge, absence of tracers and dispatch books, staff qualifications that do not meet the required standards, failure to sort medical record documents (DRM) before storage, and the lack of regular audits of the storage system. Using the USG (Urgency, Seriousness, Growth) method, the top priority cause of misfiling was identified as staff non-compliance with SOPs. Proposed solutions to address this issue include SOP dissemination, performance monitoring, conducting performance evaluations, and the implementation of a reward and punishment system (Sawondari, N., 2020).

Furthermore, the hospital does not consistently use essential tools like tracers or an expedition logbook to track the movement of records. This creates gaps in accountability and makes it difficult to locate missing files. Unlike some facilities that have begun implementing

family folder systems or digital tracking, Makassar's continued reliance on manual processes, without strong controls, creates vulnerability to misfiling. Additionally, non-standardized file folders and storage racks make it harder for staff to locate or return files accurately. Without uniform labeling or shelving formats, even correctly filed documents can be difficult to find.

While similar challenges have been observed in other Indonesian hospitals and health centers, the misfiling rate at Makassar (30%) is significantly higher than in several referenced studies, which reported rates ranging from 16% to 20%. This indicates a more urgent need for intervention, particularly around staff capacity building and the implementation of simple yet effective tracking systems.

Based on the calculation, 9 out of 55 medical records were found to be misfiled, resulting in a misfiling rate of 16.36%. The implementation of the retrieval and storage process was found to affect service time and the continuity of patients' medical record data. Several contributing factors were identified, including human resources, system inefficiencies, the presence of medical records still in the polyclinic, suboptimal use of tracers, and limitations in infrastructure and facilities (Sulistyo, A., 2021).

The misfiling of medical record documents can have significant implications for both patient care and healthcare administration. From a clinical perspective, misfiled records may delay access to critical patient information, potentially leading to delayed diagnosis, inappropriate treatment decisions, or repeated diagnostic procedures—all of which compromise patient safety and continuity of care. Administratively, misfiling increases the workload for staff who must spend additional time locating misplaced records, thereby reducing overall efficiency and productivity in the health information management unit.

These consequences highlight the importance of addressing systemic root causes. Several studies, including those by Teviu (2012), emphasize that deficiencies in staff training and non-standardized procedures contribute significantly to record mismanagement. Our findings align with these conclusions, particularly regarding the need for ongoing capacity building and the adoption of standardized practices.

To reduce redundancy and synthesize findings more clearly, the issues identified—human resource capacity, filing system limitations, and inadequate infrastructure—can be viewed as interrelated elements within a larger framework of medical record governance. Effective interventions should therefore be multi-pronged, targeting personnel development, policy reform, and structural improvements simultaneously.

The consequences of misfiling medical records extend beyond administrative inconvenience and can significantly affect patient care. Misfiled records may result in delays in accessing critical health information, especially during emergencies or follow-up treatments, which can compromise the quality and continuity of care. From an administrative standpoint, misfiling contributes to inefficiencies such as prolonged retrieval times, duplication of efforts, and increased workload for staff. These issues may also undermine hospital performance indicators and lead to diminished patient satisfaction.

The findings of this study highlight three interrelated systemic issues: human resource capacity, filing system design, and supporting infrastructure. Inadequate staff training and supervision were linked to improper handling and storage practices. This supports previous research indicating that competency and motivation of health information personnel play a crucial role in ensuring accurate documentation and file management. In addition, the use of a straight numerical filing system—while standard—was prone to error due to the requirement for full-digit verification, aligning with literature that suggests alternative systems (e.g., terminal digit) may reduce misfiling rates.

Furthermore, infrastructure-related factors, such as the lack of tracers, expedition logbooks, and standardized folders or racks, contribute to the disorder and difficulty in file tracking. These infrastructural deficiencies amplify the risk of misfiling and point to the need for procedural and technological enhancements. Synthesizing these themes reveals that misfiling is a multifactorial issue requiring both administrative reforms and capacity-building efforts.

In conclusion, misfiling at Makassar City Regional General Hospital appears to result from a combination of personnel-related shortcomings, system design flaws, and operational management gaps. Addressing these issues requires institutional commitment to staff training, improved documentation systems, and standardization of filing infrastructure.

## CONCLUSION

The study found that 30% of inpatient medical record documents at Makassar City Regional General Hospital were misfiled due to factors such as unqualified medical record personnel, challenges with the Straight Numerical Filing system, the absence of tracers and expedition logbooks, and non-standard storage infrastructure. These issues highlight critical weaknesses in the hospital's medical record management that can disrupt continuity of care and affect service quality. To address these challenges, it is essential to prioritize staff training, implement and enforce standard operating procedures (SOPs), introduce tracking tools, and standardize filing equipment. Strengthening these areas will support a more accurate, efficient, and reliable medical record system that contributes to improved healthcare delivery.

### Author's Contribution Statement:

Andi Suhenda: Conceptualization, Data Curation, Writing, Review and Editing, Project Administration, Funding Acquisition. Diana Barsasella: Methodology, Data Curation, Writing, Original Draft Preparation, Writing, Review and Editing. Ari Sukawan: Conceptualization, Data Curation, Writing, Review and Editing, Project Administration, Funding Acquisition. Dedi Setiadi: Methodology, Writing, Original Draft Preparation. Sugiharto: Methodology, Writing, Original Draft Preparation. Prima Soultani Akbar: Methodology, Writing, Original Draft Preparation.

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