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Evaluation of Medical Records Unit Management Based on the Management Functions Approach at Bhayangkara Level I Hospital, Pusdokkes Polri

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Abstract: Medical Records Unit management plays an important role in supporting healthcare service quality, particularly in the implementation of Electronic Medical Records (EMRs). This study aimed to evaluate the management of the Medical Records Unit based on the management functions of planning, organizing, actuating, and controlling (POAC) at Bhayangkara Level I Hospital, Pusdokkes Polri. A descriptive qualitative method with a case-study design was employed. Seven informants were selected through purposive sampling. Data were collected through in-depth interviews and document review and were analyzed through data reduction, data presentation, and conclusion drawing. The findings showed that the management functions had been implemented through work-program planning, task distribution, service delivery in accordance with Standard Operating Procedures (SOPs), and periodic monitoring and evaluation. The identified constraints included EMR system disruptions, delays in document completion, and increased workload. The application of management functions supports the effectiveness of Medical Records Unit management; however, continuous improvement remains necessary to enhance service quality.

Keywords: Management Functions, Electronic Medical Records, Medical Records, Hospital.

INTRODUCTION

Medical records are an essential component of healthcare services because they provide information regarding patient identity, medical history, examination results, procedures, treatment, and the basis for decision-making and service-quality evaluation. Medical-record management must therefore be conducted systematically, accurately, completely, and in accordance with applicable regulations. The importance of such management is further reinforced by Law Number 17 of 2023 concerning Health and Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records, which regulates the implementation of Electronic Medical Records (EMRs) in healthcare facilities. EMRs are expected to improve service effectiveness and access to information; however, their implementation continues to face challenges such as system disruptions, limited human resources, inter-unit coordination issues, and suboptimal evaluation.

In addition to challenges in EMR implementation, medical-record management in various healthcare facilities continues to encounter problems related to compliance with Standard Operating Procedures (SOPs), including incomplete documentation, delayed return of documents, coding errors, and misfiled records. Riyani and Raharjo (2021) found that monitoring of document completeness and supervision of staff compliance remained suboptimal. Sari et al. (2022) also reported that delays in document return were influenced by workload, inter-unit coordination, and inadequate evaluation. Meanwhile, Ayuni et al. (2024) stated that EMR implementation continues to face system disruptions, limited human-resource competence, and suboptimal procedural compliance. These findings indicate that successful medical-record management depends not only on technology but also on the effectiveness of management functions.

Evaluation of Medical Records Unit management can be conducted through the management functions of planning, organizing, actuating, and controlling (POAC). These four functions encompass program planning, distribution of duties and responsibilities, implementation of activities, and supervision and follow-up improvement. Riyani and Raharjo (2021) and Darlin et al. (2023) showed that appropriate application of management functions can support service effectiveness and the quality of medical-record management. However, many previous studies were conducted in primary healthcare facilities or focused only on particular aspects; consequently, they have not provided a comprehensive description of POAC implementation in hospital Medical Records Units that have already implemented EMRs.

Bhayangkara Level I Hospital, Pusdokkes Polri, is a type A hospital that has implemented EMRs and manages a high volume of healthcare services. Based on the preliminary study, management of the Medical Records Unit generally operated in accordance with established procedures, although several constraints remained, including increased workload, EMR system disruptions, delays in document completion, and the need to strengthen inter-unit coordination. These conditions demonstrate the need to evaluate the application of management functions in Medical Records Unit management. Therefore, this study aimed to evaluate Medical Records Unit management using a management-functions approach at Bhayangkara Level I Hospital, Pusdokkes Polri.

METHODS

This study employed a qualitative approach with a case-study design to obtain an in-depth understanding of Medical Records Unit management based on the management functions of planning, organizing, actuating, and controlling (POAC) at Bhayangkara Level I Hospital, Pusdokkes Polri. The study was conducted in June 2026 at the Medical Records Unit of Bhayangkara Level I Hospital, Pusdokkes Polri, East Jakarta. Informants were selected using purposive sampling based on the criteria of having worked for at least three years, being directly involved in medical-record management, and being willing to participate as informants. Seven informants participated, consisting of the Head of the Medical Records Installation, the Head of Operations, team leaders, and operational staff.

Data were collected through in-depth interviews and document review. Direct interviews were conducted with the seven informants using an interview guide structured around the four management functions (POAC). The interviews were intended to obtain information concerning planning, organizing, implementation, and supervision in Medical Records Unit management. Document review was also conducted by examining documents related to Medical Records Unit management, particularly the 2025 Activity Plan Analysis and Evaluation (Anev) document, as supporting evidence for the interview findings.

Qualitative data analysis was conducted through data reduction, data presentation, and conclusion drawing. During data reduction, interview and documentary findings were selected, focused, and grouped according to the themes of planning, organizing, actuating, and controlling. The data were then presented in narrative form to systematically describe the

research findings. Finally, conclusions were drawn by interpreting the analyzed findings to answer the research objective and obtain an overview of the effectiveness of Medical Records Unit management.

RESULTS AND DISCUSSION

Overview of the Research Setting

The study was conducted in the Medical Records Unit of Bhayangkara Level I Hospital, Pusdokkes Polri, located on Jalan Raya Bogor, Kramat Jati, East Jakarta. This type A hospital, owned by the Indonesian National Police, functions as a referral hospital and has implemented Electronic Medical Records (EMRs) to support service effectiveness and access to health information. The Medical Records Unit performs registration, document management, reporting, storage, release of medical information, and EMR management in accordance with SOPs. These activities apply the management functions of planning, organizing, actuating, and controlling. Given the high volume of services, evaluation of these management functions is required to assess management effectiveness and identify constraints in service delivery.

Informant Characteristics

This study involved seven informants selected through purposive sampling according to the study criteria: personnel working in the Medical Records Unit, having at least three years of service, being directly involved in medical-record management, and being willing to participate. The informants were selected to obtain in-depth information regarding the application of management functions in Medical Records Unit management.

The seven informants consisted of one Head of the Medical Records Installation, one Head of Operations, two Team Leaders, and three Medical Records Staff members. The diversity of positions provided different perspectives on planning, organizing, actuating, and controlling processes and enabled the data to represent the overall management conditions of the unit.

Table 1. Characteristics of Informants

Informant Code	Position
I1	Head of the Medical Records Installation
I2	Head of Operations
I3	Team Leader
I4	Team Leader
I5	Medical Records Staff
I6	Medical Records Staff
I7	Medical Records Staff

Thematic Analysis Results

1. Planning

The interview findings showed that the planning function in the Medical Records Unit had been implemented systematically through the preparation of an annual work program. Planning considered the previous year's evaluation results, workload analysis, human-resource requirements, facilities and infrastructure, service targets, and Electronic Medical Record development. Informant 1 stated, “At the beginning of each year, we prepare a work program covering operational activities, human resources, and facilities and infrastructure, and then determine human-resource needs based on workload analysis.” (Informant 1). This indicates that evaluation results and service conditions serve as the basis for determining needs and activity priorities for the subsequent period.

Planning also included budget requirements, service-quality indicators, and EMR system development. Informant 2 explained, “Planning includes human-resource needs, facilities and infrastructure, development of the Electronic Medical Record system, and operational budget requirements.” (Informant 2). This statement indicates that planning is not limited to

operational activities but also includes resource provision and service development. Accordingly, the work program can serve as a guideline for activity implementation while supporting the achievement of Medical Records Unit objectives and service quality.

The interview findings were reinforced by document review of the 2025 Activity Plan Analysis and Evaluation (Anev) report, which showed that most work programs had been implemented according to target, including service development, quality improvement, and refinement of the EMR system. Nevertheless, the increasing number of patient visits continued to affect workload, requiring adjustments to human-resource requirements and supporting facilities. Therefore, program-implementation evaluation serves as a basis for preparing subsequent plans that are better aligned with service needs and conditions.

2. Organizing

The interview findings showed that the organizing function had been implemented through task distribution based on the organizational structure, job descriptions, and staff competencies, including registration, reporting, EMR management, storage, and release of medical information. Coordination was conducted through briefings, meetings, and direct communication. The Head of the Installation explained that task distribution was regulated in the organizational guidelines and that rotation was conducted every six months. “Task distribution can be seen in the organizational guideline book because it explains the duties of the head of the installation, head of operations, team leaders, registration section, correspondence section, and others. In addition, rotation is conducted every six months so that staff are not always assigned to the same position.” (Informant 1).

The Head of Operations stated that duties were assigned according to job descriptions and competencies, while coordination was conducted through routine briefings, monthly meetings, and communication with section coordinators. “Task distribution is carried out based on each staff member's job description and competence. Coordination is conducted through routine briefings, monthly meetings, and direct communication with the person responsible for each section.” (Informant 2). Statements from team leaders and staff also indicated that coordination and rotation were routinely implemented to support smooth service delivery and improve staff capabilities.

These findings were reinforced by the 2025 Activity Plan Anev documentation, which showed implementation of information-system development programs, quality improvement, indicator monitoring, and medical-record services according to target. However, constraints remained in the form of increased workload, differences in staff ability to use the EMR system, and the need for cross-unit coordination regarding delayed documents. Measures taken included task adjustment, strengthened coordination, rotation, and staff development.

3. Actuating

The findings showed that the actuating function in the Medical Records Unit had been implemented in accordance with SOPs, including registration, identity verification, EMR data entry, document management and analysis, reporting, and medical-record storage. Service delivery was also supported by EMR implementation across various units. The Head of the Installation explained that each section was monitored by its team leader through routine evaluation. “Management in each section is monitored by the team leader. They conduct evaluations every week, and some sections even evaluate every day, such as registration and monitoring of medical-record completeness.” (Informant 1).

Most service processes had adopted EMRs, allowing documentation, data access, and reporting to be performed electronically. The Head of Operations stated, “Currently, most services use Electronic Medical Records, so documentation, data access, and reporting are conducted electronically, although several documents still use a hybrid system.” (Informant 2). Outpatient services had fully implemented EMRs, whereas inpatient services still used a combination of electronic and physical documents for certain forms. Nevertheless, constraints remained, including network disruptions, slow or error-prone systems, delayed return of

documents, and increased workload. One staff member stated, “The constraints are mostly related to computers and the network. Sometimes the system is slow, which also delays service.” (Informant 5).

The 2025 Anev documentation showed that most service-improvement programs had been implemented, including EMR feature development, quality monitoring, reporting improvements, and routine evaluation. Thus, the actuating function had been implemented in accordance with the work program and SOPs, although follow-up actions regarding technical constraints and workload remain necessary to maintain service effectiveness.

4. Controlling

The findings showed that the controlling function in the Medical Records Unit had been implemented through daily monitoring, periodic evaluation, internal audits, and work-program evaluation reports to ensure that services complied with SOPs, quality indicators, and performance targets. The Head of the Installation explained that supervision was conducted hierarchically through reports from team leaders and the Head of Operations. “Evaluation by the Head of the Installation is based on reports from team leaders or the Head of Operations and is conducted once every month. If work has not achieved the target, a joint discussion is immediately conducted to determine a solution. At the end of the year, all prepared work programs are also evaluated.” (Informant 1).

The Head of Operations stated that supervision was carried out through daily monitoring, direct supervision, document examination, and monitoring of quality indicators. “Supervision is routinely conducted through daily monitoring, direct supervision, document examination, and monitoring of quality indicators. The evaluation results are then discussed in unit meetings to determine the necessary follow-up.” (Informant 2). A Team Leader also explained that monitoring addressed target achievement, SOP compliance, timeliness, and document quality. “Supervision is conducted through monitoring of daily activities and periodic medical-record audits. Evaluation is performed by comparing work results with the established quality indicators. If problems are identified, follow-up and corrective actions are undertaken.” (Informant 3).

These findings were reinforced by the 2025 Activity Plan Anev documentation, which showed monitoring of quality indicators, program evaluation, EMR development, and follow-up of programs that had not achieved their targets. Although the controlling function had been implemented appropriately, constraints remained, including delayed document return, EMR system disruptions, and high service volume. Measures taken included strengthening coordination, reinforcing monitoring of compliance with medical-record completion, and conducting periodic evaluations. Thus, the controlling function plays an important role in maintaining service quality and serves as a basis for improving Medical Records Unit management.

Discussion

Application of the Planning Function in Medical Records Unit Management

The findings showed that the planning function in the Medical Records Unit had been implemented through the preparation of an annual work program based on evaluation of previous programs, workload analysis, human-resource requirements, facilities and infrastructure, EMR development, and hospital service targets. Planning provides the basis for activity implementation, resource allocation, budget preparation, and service development, thereby helping to improve the effectiveness of organizational goal achievement.

These findings are consistent with George R. Terry's management-function theory, which positions planning as the process of determining objectives and the steps required to achieve them. The findings also support Darlin et al. (2023), who stated that work programs based on organizational needs can improve the effectiveness of Medical Records Unit management. Riyani and Raharjo (2021) similarly showed that planning based on human-resource needs,

facilities and infrastructure, and quality indicators contributes to improved service quality. Planning therefore constitutes an important foundation for structured and quality-oriented medical-record management.

Although planning had been implemented appropriately, increasing patient visits and developments in information technology require continuous adjustment of planning. Work-program evaluation should be conducted consistently so that subsequent plans can be adapted to changing service needs and organizational conditions.

Application of the Organizing Function in Medical Records Unit Management

The findings showed that the organizing function had been implemented through task distribution based on the organizational structure, job descriptions, and staff competencies. Coordination was conducted through briefings, evaluation meetings, and direct communication to ensure integrated service activities. Periodic work rotation was also implemented to improve staff competence across different areas of medical-record services. Organizing therefore focuses not only on task distribution but also on human-resource capacity development to maintain optimal service delivery.

These findings are consistent with George R. Terry's theory, which describes organizing as the process of grouping activities, dividing work, assigning authority and responsibility, and coordinating resources to achieve organizational objectives. The findings also align with Darlin et al. (2023), who stated that task distribution based on competence can improve the efficiency of medical-record services. Yuliani et al. (2022) similarly showed that effective coordination among personnel supports smooth service delivery and minimizes errors in medical-record document management.

Although organizing had been implemented appropriately, challenges remained in the form of increased workload resulting from high patient volumes and differences in staff ability to operate the EMR system. Competency improvement through training and strengthened inter-unit coordination are therefore required to support more optimal task implementation.

Application of the Actuating Function in Medical Records Unit Management

The findings showed that the actuating function had been implemented in accordance with SOPs through registration, document management, reporting, and EMR implementation. Implementation was supported by routine monitoring by team leaders and the Head of the Installation, allowing identified problems to be followed up promptly. EMR implementation had a positive effect on data-management effectiveness by accelerating documentation, data retrieval, and report preparation. Nevertheless, network disruptions, delayed document return, and increased workload at certain times were still identified.

These findings are consistent with George R. Terry's theory, which describes actuating as the process of mobilizing organizational members to work effectively through leadership, motivation, communication, and coordination. In this study, actuating was reflected in supervision, coordination, and guidance provided by leaders to staff so that services could operate according to target. The findings align with Darlin et al. (2023), who stated that successful EMR implementation is influenced by human-resource management and leadership support. Sari et al. (2022) also showed that information technology can improve service efficiency despite the persistence of technical constraints.

Thus, service implementation in the Medical Records Unit had generally operated well but still requires strengthened technological infrastructure, improved staff competence, and continuous development of the EMR system to support service effectiveness.

Application of the Controlling Function in Medical Records Unit Management

The findings showed that the controlling function had been implemented through daily monitoring, periodic evaluation, internal audits, and hierarchical work-program evaluation reports from team leaders and the Head of Operations to the Head of the Installation. Monitoring results were used as the basis for follow-up actions regarding identified constraints. Routine supervision reflects the organization's commitment to maintaining service quality, identifying deviations from standards, evaluating quality indicators, and formulating continuous improvement measures.

These findings are consistent with George R. Terry's theory, which describes controlling as the process of measuring work implementation, comparing it with established standards, and taking corrective action when deviations are identified. The supervision mechanism in the Medical Records Unit reflects this function because monitoring is conducted routinely and followed by evaluation and corrective action. The findings align with Riyani and Raharjo (2021), who stated that periodic monitoring and evaluation are important for maintaining the quality of medical-record services. Darlin et al. (2023) also showed that internal audits and evaluation of quality indicators can improve SOP compliance and service quality.

Although the controlling function had been implemented appropriately, constraints remained in the form of delayed document return, EMR system disruptions, and high service workload. Strengthened cross-unit coordination, increased information-system capacity, and continuous evaluation are therefore required to optimize the controlling function.

CONCLUSIONS AND RECOMMENDATIONS

Based on the findings, management of the Medical Records Unit at Bhayangkara Level I Hospital, Pusdokkes Polri, based on the management functions of planning, organizing, actuating, and controlling, has generally been implemented well. Planning is conducted through work programs based on evaluation and organizational needs; organizing is implemented through task distribution and coordination; actuating is carried out in accordance with SOPs with the support of EMRs; and controlling is performed through monitoring, supervision, audits, and periodic evaluation. Nevertheless, several constraints remain, including system and network disruptions, document delays, increased workload, and the need to improve human-resource competence. Strengthening human resources, information-technology infrastructure, and continuous EMR implementation is therefore required to improve the effectiveness and quality of medical-record services.

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