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Optimizing the Role of PMIK According to Competency Standards Related to Medical Certificates (SKM) at Bhayangkara Hospital, DIY Regional Police

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ABSTRACT

Objective: *Medical Record and Health Information Officers (PMIK) play an important role in the release of Medical Certificates (SKM). At Rumah Sakit Bhayangkara Polda DIY, the release process still faces several challenges, including manual documentation and the lack of a standard turnaround time. Aim to describe the role of Medical Record and Health Information Officers in the release of Medical Certificates at Rumah Sakit Bhayangkara Polda DIY based on the seven PMIK competencies.* ***Methods:*** *A descriptive qualitative design was employed. Data were collected through interviews, observations, and document review.* ***Results:*** *In the competency of professionalism, ethics, and legal aspects, PMIK carried out the release of Medical Certificates in accordance with standard operating procedures (SOP) by verifying documents and rejecting requests that did not meet the requirements. In the competency of self-awareness and professional development, most PMIK staff had never attended any training related to Medical Certificates. However, they consulted their supervisors when encountering difficult cases. In the competency of effective communication, PMIK communicated through face-to-face interactions, telephone calls, and WhatsApp. In the competency of health data and information management, documentation was still performed manually using a register book. In the competency of clinical classification and coding, PMIK assigned codes to Medical Certificates when required. In the competency of health statistics and epidemiology, data on the release of Medical Certificates had not been analyzed statistically. In the competency of health record and information management services, SOPs were available; however, a standard turnaround time had not yet been established.* ***Novelty:*** *PMIK played an active role in the competencies of professionalism, ethics, and legal aspects, effective communication, and clinical classification and coding. However, the implementation of competencies related to self-awareness and professional development, health data and information management, health statistics and epidemiology, and health record and information management services was not yet optimal.*

INTRODUCTION

Health service facilities are means to organize health efforts for the community, including promotive, preventive, rehabilitative, and palliative activities. Hospitals are one of the health service facilities that provide inpatient, outpatient, and emergency services as well as fully serve medical needs to individuals [1]. To support the delivery of services, a medical records unit is needed that plays a role in recording, managing data, and releasing patient medical information. The medical records unit manages medical records as documents containing information about patient identity, examinations, treatments, procedures, and other services provided to patients. Medical records function to provide legal certainty in data management as well as guarantee the security, confidentiality, integrity, and availability of patient data [2].

Medical record data can be used for various purposes, including the creation of

SKM, insurance *claims*, as well as planning and evaluating service quality [3]. All healthcare professionals are responsible for protecting patient data [4]. The release of medical information is the responsibility of the medical records subdivision, and every applicant representing the collection must attach a valid power of attorney [5].

The implementation of SKM release at Bhayangkara Hospital Polda DIY still faces several conditions that potentially affect service quality. The recording of SKM requests at Bhayangkara Hospital Polda DIY is still done manually through a register book, which risks data inaccuracies and writing errors [6]. Another condition is the absence of a standard SKM completion time, so applicants do not have certainty of service time. This has the potential to cause complaints from applicants and affect satisfaction with the services provided [7]. This condition highlights the importance of PMIK's role in supporting the effective and consistent implementation of SKM release. PMIK competency standards serve as guidelines in carrying out PMIK's duties and responsibilities professionally [8]. Therefore, this study aims to describe the role of PMIK in SKM release at Bhayangkara Hospital, DIY Regional Police, based on the 7 PMIK competencies.

RESEARCH METHOD

This research is a qualitative descriptive study aimed at describing the role of PMIK in the release of SKM based on 7 competencies, namely noble professionalism, ethics, and legality; self-awareness and self-development; effective communication; health data and information management; clinical classification, codification of diseases and health problems, as well as clinical procedures; application of health statistics, basic epidemiology, and biomedicine; as well as medical record and health information service management. The research subjects consisted of 9 people, consisting of 7 PMIK informants with a D3 RMIK education background, as well as 2 source triangulations, namely the Head of the Medical Records Room and Medical Records Staff with a Bachelor's degree in Public Health. The research objects include main and supporting documents, including Standard Operating Procedures (SOP) and other applicable internal policies. Data collection techniques used semi-structured interview guidelines and observation guidelines that have been expert-tested, along with documentation studies. Observation was conducted through direct observation of PMIK's role in the SKM release at Bhayangkara Hospital Polda DIY. Documentation study was conducted through document review related to SKM release, which was used to support the interview and observation data. Data analysis was conducted once the interview, observation, and documentation study results were obtained. The first stage is data reduction, which involves selecting, grouping, simplifying, and focusing relevant data according to the research objectives in the form of transcripts and interview matrices, observation checklists, and document checklists. Next, the data is presented in the form of descriptive narratives grouped based on each PMIK competence, making it easier for the researcher to understand the research results. The final stage is drawing conclusions by the researcher by explaining the meaning of the data presented. From this process, the

problem findings obtained were then analyzed based on relevant theories, resulting in input from the researcher that can serve as considerations for Bhayangkara Hospital Polda DIY in developing the implementation of SKM release. This research has obtained ethical approval *(Ethical Exemption)* from the Health Research Ethics Committee of Poltekkes Kemenkes Yogyakarta with Number DP.04.03/e-KEPK.1/264/2026.

RESULTS AND DISCUSSION

Results

1. The role of PMIK in professionalism, ethics, and legal competencies in the SKM graduation

PMIK at Bhayangkara Hospital Polda DIY has implemented professionalism, ethics, and legal competencies through procedures for verifying the completeness of documents required by applicants before the SKM release is carried out, including checking the Identity Card (KTP) and Family Card (KK). If collection is done by parties other than the patient, the applicant must attach a valid power of attorney. In addition to verifying document completeness, PMIK also ensures the applicant's authority by matching identity with data found in medical records and the Hospital Management Information System (SIMRS). Applicants who do not meet the required completeness will be rejected or postponed until the documents are completed; the rejection must be accompanied by an explanation of the reasons to the applicant.

2. The role of PMIK in implementing self-awareness competence and self-development in the SKM graduation

PMIK at Bhayangkara Hospital Polda DIY has not fully implemented self-development competencies. Of the seven PMIKs, six stated they had never attended training, seminars, webinars, or workshops specifically discussing the procedures for SKM release or medical information release. However, when faced with complicated or previously handled SKM release cases, PMIK does not make decisions independently but first discusses with superiors or more experienced colleagues. When dealing with applicants who show emotional behavior, PMIK still controls themselves and provides education as well as explains the legal basis and applicable procedures.

3. The Role of PMIK in Implementing Effective Communication Competence in SKM Graduation

PMIK at Bhayangkara Hospital Polda DIY has implemented effective communication competencies conducted by PMIK with applicants and other healthcare workers. Communication regarding the requirements for SKM discharge is conducted face-to-face, via telephone, or *WhatsApp*. However, the SKM application process still requires applicants to come directly to the hospital. In its implementation, PMIK provides education to applicants who do not yet understand the requirements or service procedures using simple and easy-to-understand language. If there are related complaints, PMIK will apologize, explain the cause, and provide solutions. In addition to communicating with applicants, PMIK also coordinates with other health workers during the SKM discharge process. Coordination is carried out through medical records

officers who communicate with nurses, then nurses convey information to the patient's responsible doctor to follow up on SKM's request.

4. **The role of PMIK in implementing health data and information management competencies during the SKM release**

PMIK at Bhayangkara Hospital Polda DIY has implemented PMIK's competence in managing medical record and health information services during the SKM ischarge process. One form of applying this competence is documenting every SKM request and discharge. Documentation is done manually using a register book containing the patient's name, phone number, name of the attending doctor, collection date, and the applicant's signature. Before the data is handed over to the applicant, PMIK verifies data conformity through identity matching, SIM checking, and examination of medical record files such as diagnosis and treatment history. The documentation process is still not supported by a dedicated electronic system.

5. **The role of PMIK in applying competencies in clinical classification skills, disease codification, and other health issues, as well as clinical procedures in SKM release**

PMIK at Bhayangkara Hospital Polda DIY has applied PMIK competencies in clinical classification, disease codification, and other health issues in the SKM release process. The implementation of diagnosis codification in the SKM release process at Bhayangkara Hospital Polda DIY is not applied to all requests, but only to certain types of requests that require a diagnosis code, such as requests related to insurance *claims*. Diagnosis and action coding is carried out using ICD-10 and ICD-9-CM by officers with a D3 educational background in Medical Records and Health Information. The codification implementation is carried out by adjusting the required forms or documents requested.

6. **The role of PMIK in applying competencies in health statistics, basic epidemiology, and biomedical applications in SKM release**

PMIK at Bhayangkara Hospital Polda DIY has not optimally applied PMIK competencies in health statistics, basic epidemiology, and biomedicine in the SKM release process. Data recording of SKM requests and discharges is still done manually through a register book as an administrative archive. Although recording has been done, the data has not been processed into statistical reports and has not been utilized in health statistical analysis. This condition indicates that the implementation of PMIK competencies in the health statistics aspect is still limited to data recording and storage activities.

7. **The role of PMIK in implementing competency management in medical records and health information services during SKM release**

PMIK at Bhayangkara Hospital Polda DIY has implemented the SKM discharge service flow, which includes receiving applications, checking completeness of requirements, searching for medical record files, filling out application forms, coordinating with nurses and doctors, documentation in the register book, and reconnecting with applicants after the SKM is completed. All service flows refer to the SOP applicable at the hospital and other regulations. Although there are SOPs regulating

SKM discharge, the hospital has not set a standard SKM completion time, and the completion time still depends on the availability of the patient's responsible doctor.

Discussion

1. The role of PMIK in implementing professionalism, ethics, and legal competencies in SKM release

PMIK at Bhayangkara Hospital Polda DIY has implemented professionalism, ethics, and legal competencies through identity verification, applicant authority, and document completeness before the SKM release is carried out. Applications that do not meet the requirements will be postponed or rejected.

The implementation carried out in line with PMIK's role in this competence is to maintain the confidentiality of patient information as part of the patient's rights protected by law [8] and in line with the confidentiality principle which states that medical record files must be protected from access by incompetent parties [9]. The procedures applied are also in line with regulations that require the release of medical information to parties other than the patient with written consent [2], and requests for medical results represented by representatives must be accompanied by a valid power of attorney to show a family relationship with the patient [10]. A system for verifying completeness of requirements is absolutely applied, and if the requirements are not met, medical information will be withheld [11].

Although PMIK at Bhayangkara Hospital Polda DIY has carried out professionalism, ethics, and legal competencies well, as an effort to improve, regular socialization regarding maintaining patient information confidentiality during SKM discharge needs to be carried out as a form of strengthening PMIK's understanding of ethics and applicable regulations in maintaining patient information confidentiality.

Regular socialization regarding medical record confidentiality aligns with the view that such activities need to be conducted for all medical record officers to improve their competence and skills in maintaining patient information confidentiality [12].

2. The role of PMIK in implementing self-awareness competence and self-development in the SKM graduation

PMIK at Bhayangkara Hospital Polda DIY has implemented self-awareness by not making decisions independently when facing complicated SKM release cases, but rather discussing first with colleagues or superiors, and remaining patient and compliant with procedures when facing pressure from applicants. However, in terms of self-development, most PMIK have never attended training, seminars, webinars, or *workshops* specifically discussing SKM release procedures.

The attitude of not making unilateral decisions in facing complex cases aligns with the view that self-awareness includes the ability to be careful and meticulous and carry out tasks according to standards even under full pressure conditions [13]. Decree of the Minister of Health of the Republic of Indonesia No. 312 of 2020 stipulates that the indicators of PMIK's self-awareness and self-development competence include participation in education and continuous training to adapt to scientific developments

[8]. However, the condition at Bhayangkara Hospital Polda DIY does not fully meet the indicators. In fact, training has been proven to significantly increase the knowledge of medical record officers [14], and the demands of the *society* 5.0 era require PMIK to continuously develop and utilize technology in healthcare services [15].

As an effort to improve, hospitals need to facilitate relevant training for PMIK, both in the form of internal and external training. This aligns with findings that improving the competence and performance of medical record officers can be done through training, socialization, dissemination, and case discussions [16], and is also in line with the view that improving competence affects more optimal performance [17].

3. The Role of PMIK in Implementing Effective Communication Competence in SKM Graduation

PMIK applies effective communication competence through the use of various communication channels, namely face-to-face, *WhatsApp*, and telephone, to provide information related to SKM release. In addition, PMIK also handles complaints by listening to complaints, providing explanations, offering solutions, and coordinating with other health workers.

The implementation of various communication channels aligns with findings that effective communication by staff is related to user satisfaction levels, indicating that ease of communication access is an important factor in shaping applicants' positive perceptions of services [18]. The education provided by PMIK to applicants reflects the implementation of effective communication competence as regulated in the Indonesian Ministry of Health Decree No. 312 of 2020 regarding PMIK's ability to convey information to those in need [8]. The handling of complaints conducted by PMIK at Bhayangkara Hospital, DIY Regional Police, aligns with research showing that the ability to identify problems and determine solutions is important in managing the medical records unit [19]. Communication between medical record staff and other health workers is an important element in supporting the smooth delivery of medical record services [20]. Coordination between PMIK and nurses and doctors in the SKM release process reflects the application of *Interprofessional Collaboration* (IPC); the application of IPC supports the creation of quality healthcare services through cooperation among other healthcare workers from various professional backgrounds in providing the best service to patients [21].

As an anticipatory improvement effort, PMIK at Bhayangkara Hospital Polda DIY is advised to equip themselves with sign language skills, as not all SKM applicants have verbal communication skills. Although no obstacles have been found in serving SKM applicants with special needs, sign language training should be considered as part of developing effective communication competence so that SKM release services can be provided to all applicants.

This training aligns with the view that sign language skills need to be understood and mastered by healthcare workers in order to communicate effectively with hearing-impaired patients, thereby providing excellent healthcare services [22].

4. The role of PMIK in implementing health data and information management competencies during the SKM release

The use of register books shows that documentation of SKM release is still done manually and is not supported by electronic systems. The condition at Bhayangkara Hospital of the DIY Regional Police is not yet fully in accordance with regulations requiring all health service facilities to maintain electronic medical records [2]. Manual recording is vulnerable to writing errors and data inaccuracies [6]. In addition, it can cause delays in recapitulation which impacts reporting [23] and potentially leads to delays in data search, writing errors, and even risks of document loss [24].

Manual recording in managing SKM release data carries risks that can hinder service; therefore, the development of a digitized recording system needs to be carried out in SKM data management to reduce errors, prevent document loss, and speed up the service process.

The implementation of management information systems in health services can provide several benefits, including reducing errors in data recording, speeding up service processes, and improving access to health information [25].

5. The role of PMIK in applying competencies in clinical classification skills, disease codification, and other health issues, as well as clinical procedures in SKM release

PMIK selectively applies codification using ICD-10 and ICD-9-CM, meaning only for SKM requests that require a diagnosis code according to the form requirements. The implementation of codification adjusted to the needs of the guarantor form aligns with the provisions stating that the accuracy of the diagnosis code affects the amount of costs paid by the guarantor [26], as well as the requirement that coding officers must have at least a D3 Medical Records education background and pay attention to accuracy in coding [27], and this has been applied by all PMIK at Bhayangkara Hospital Polda DIY. Accuracy is important because errors in providing codes can impact losses in the insurance claim process [28].

The implementation of codification carried out according to needs while still paying attention to accuracy shows that clinical classification and codification competencies have been well applied. This condition is supported by the educational background of all PMIKs who are D3 RMIK graduates.

6. The role of PMIK in applying competencies in health statistics, basic epidemiology, and biomedical applications in SKM release

The records made are still manual archives in the register book that function as historical records and have not been utilized as data sources for analysis or statistical report preparation.

This condition is not yet in line with regulations stating that PMIK must be able to process and present health data into meaningful information for decision-making [8]. The medical records unit should play a role in providing service data processed into hospital statistical information [29].

Therefore, the medical records unit needs to process data recorded in the register book into statistical reports, so that SKM discharge data can be used as a basis for service

decision-making and to avoid data inaccuracies. This effort aligns with the statement that informatively compiled statistical reports can be utilized by hospital management as a basis for decision-making and describe the success level of hospital service delivery [30].

7. The role of PMIK in implementing competency management in medical records and health information services during SKM release

The implementation of the service flow according to the SOP shows that the SKM release procedure has been applied. However, the standard completion time has not yet been established. The availability of SOPs as a reference in the service flow aligns with regulations stating that hospitals need to prepare and maintain SOPs as guidelines in carrying out activities and provide consistent and uniform work references [31], while the SOP also functions as a control tool for the services provided, both administrative and clinical services [32]. However, the lack of implementation of the time standard for completion time shows that the SOP for information release does not fully cover important elements such as determining the time and costs needed in the information release process [32].

As an effort to improve quality, hospitals need to establish standard completion times for SKM within the existing SOP [31]. This determination aligns with the SOP's function as a guideline that provides consistent and uniform work references, as well as complements important elements in the SOP, namely the determination of time and required costs [32].

CONCLUSION

Fundamental Finding : PMIK at Bhayangkara Hospital Polda DIY has demonstrated strong ethical and legal professionalism through strict document verification, effective communication through various channels and interprofessional coordination, and clinical classification competence through diagnosis codification for insurance claims. However, several competencies remain underdeveloped, particularly self-awareness and self-development, data management, health statistics, and RMIK service management. **Implication :** The findings highlight the importance of strengthening PMIK competencies through continuous professional development, digital health information management, statistical data utilization, and standardized service procedures to improve the quality and efficiency of medical record services. **Limitation :** The implementation of PMIK competencies remains constrained by uneven access to SKM training, manual rather than electronic data recording, the absence of analytical processing of SKM discharge data, and the lack of established standard completion times for RMIK services. **Future Research :** Future research could evaluate the effectiveness of competency development programs, electronic recording system implementation, SKM discharge data analysis, and standardized service completion times in improving PMIK performance and the quality of medical record management.

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