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Research Article

Records Management in the Arrangement of Vital Archives of Medical Records at Tampan Mental Hospital, Riau Province, Indonesia

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Abstract: *This study analyzes the implementation of records management in arranging vital medical record archives at Tampan Mental Hospital, Riau Province, Indonesia, and identifies the factors that hinder its implementation. The research problem is reflected in the continued storage of 9,138 manual medical record files from 1997–2003, while records from 2004–2011 have reached their retention period but have not all undergone appraisal and disposition. The study employs a qualitative approach with a descriptive case study design. Eight informants were purposively selected based on their knowledge, experience, competence, and involvement in records management. Data were collected through in depth interviews, observation, and documentation and analyzed using the interactive model of Miles, Huberman, and Saldaña. The findings indicate that five records management stages creation, storage, maintenance, retention, and disposition have been implemented, although not optimally. Meanwhile, the preservation of vital archives has not been carried out systematically and sustainably. The main obstacles include limited storage space, inadequate facilities and infrastructure, limited human resources, and budget constraints, which affect records arrangement, maintenance, security, disposition, and retrieval. The study recommends strengthening budget allocation, improving archival facilities, enhancing staff competencies and task distribution, and implementing retention and disposition in accordance with the applicable retention schedule and regulations. Media conversion of retained manual records may also be considered to reduce the risk of physical damage and information loss.*

Keywords: Records Management, Vital Archives, Medical Records, Records Retention, Records Arrangement.

1. Introduction

The state has an obligation to ensure the fulfillment of the basic rights and needs of the community through the implementation of public services, including health services. In this context, hospitals have a strategic position as health service providers that not only provide medical services, but also produce and manage information as part of the implementation of service functions. One of these important information is medical records that have administrative, legal, medical, and managerial value. Therefore, the arrangement of medical records needs to be carried out in a structured manner to ensure the availability, availability, maintenance, and protection of information in accordance with the provisions of laws and regulations (Law of the Republic of Indonesia Number 25 of 2009; Law of the Republic of Indonesia Number 17 of 2023).

In the context of information management, documents and archives are two concepts that have different characteristics. Documents can be understood as information recorded in a media, both physical and electronic. Meanwhile, archives are recordings of activities or events produced or received by an organization in the performance of its duties and functions and stored because they have a useful value. Based on Law Number 43 of 2009 concerning Archives and Government Regulation Number 28 of 2012, archives can be in the form and be in various media in accordance with the development of information and communication technology, and classify archives into dynamic archives and static archives. Dynamic archives consist of active archives, inactive archives, and vital archives. Active

archives are archives that are still often used in organizational activities, while inactive archives have a declining level of use but still have a useful value. Vital archives are archives whose existence greatly determines the continuity of organizational operations so that they require special protection and security. Meanwhile, static archives are archives that have historical value and are permanently maintained. These differences in characteristics show that the arrangement of each type of archive must be adjusted to its function, use value, and level of importance.

The arrangement of archives is increasingly important in the context of medical records because the information contained in them is personal and sensitive. Medical records contain various patient information, including identity, examination results, diagnosis, medical procedures, and service history. Therefore, security, confidentiality, integrity, and availability of information are aspects that must be considered in its arrangement. Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records also emphasizes the management of medical record information by paying attention to aspects of security, confidentiality, integrity, and data availability (Ministry of Health of the Republic of Indonesia, 2022).

Advances in information technology have driven a shift in medical record management from a paper-based system to an Electronic Medical Record (RME). The implementation of electronic systems provides an opportunity to increase efficiency in recording, storing, searching, and utilizing patient information. However, the implementation of RME does not eliminate manual archives that have been generated before electronic systems are implemented. These archives remain part of organizational archives that require structuring through storage, maintenance, retention, depreciation, and preservation activities.

These problems are also found at the Tampan Mental Hospital of Riau Province which is a Special Technical Implementation Unit under the Riau Provincial Health Office based on the Riau Governor Regulation Number 40 of 2021. The Tampan Mental Hospital began implementing Electronic Medical Records on December 15, 2023. However, medical records produced before the implementation of RME are still stored in manual form so they still need to be arranged in accordance with Management principles.

Based on data obtained from the Archives and Medical Record Installation Unit of the Tampan Mental Hospital of Riau Province, there are 9,138 manual medical record files dating from the period 1997-2003. Details of the number of archives can be seen in the following table.

Table 1. Number of Medical Record Archive Arrangements

No.	Archive Year	Number of Files	Managing Unit
1	1997	688	Archives Unit
2	1998	877	Archives Unit
3	1999	1.026	Archives Unit
4	2000	2.192	Medical Record Installation
5	2001	1.694	Medical Record Installation
6	2002	1.003	Medical Record Installation
7	2003	1.658	Medical Record Installation
Total	**1997–2003**	**9.138**	**–**

Source: Processed Data of the Archives Unit and Home Medical Record Installation, Mental Health in Riau Province, 2026.

This number shows that the transformation process towards an electronic system still leaves a considerable volume of manual archives. In addition to archives from the 1997–2003 period, files dating from 2004–2011 have also entered the retention period, but not all of them have gone through the process of sorting and shrinkage. This condition shows that the implementation of RME needs to be followed by the arrangement of manual archives in a planned manner so that it does not cause new problems in archival storage and control.

The problem of arranging medical records archives at Tampan Psychiatric Hospital is not only related to the increasing number of documents, but also related to the limited storage space, inadequate facilities and infrastructure, the need to strengthen human resources, and the support of a maintenance budget that is still limited. If these conditions are not handled systematically, there is a risk to the security and regularity of the archives as well as difficulties in finding documents when the information is needed.

This condition shows that the arrangement of vital archives of medical records is not only related to the technical aspects of archives, but also requires institutional support and coordination between related units. The division of roles and synergy between units is important in supporting the arrangement of vital archives of medical records. Prayuda et al. (2022) show that synergy between stakeholders can be built through the division of responsibilities and coordination to support the implementation of activities and sustainable action plans.

From an archival perspective, archives that have important value and must receive special protection can be positioned as vital archives. Structuring vital archives requires a system that is able to ensure the continuity of information, both in terms of authenticity and availability. Therefore, the arrangement of manual medical records archives is not enough to be understood only as a document storage activity, but needs to be seen as a process of comprehensive records management.

The concept of Records Management according to Read and Ginn (2011) places record management as a process that takes place continuously through several stages, namely creation, storage, maintenance, retention, depreciation, and preservation. This framework allows archives to be studied based on their entire life cycle, from the time records are produced to the determination of their sustainability or end of use. In medical record management, this approach can be used to understand the process of creation, storage, maintenance, determination of shelf life, shrinkage or destruction, and the preservation of archives that still have useful value. In line with that, ISO 15489-1:2016 emphasizes that records management needs to ensure authenticity, reliability, integrity, and usefulness of information. Therefore, the arrangement of vital archives of medical records is related to organizational information governance and is not solely an administrative activity.

Various national studies have revealed problems that arise in the management of medical records. Kamilia et al. (2020) show that the accumulation of medical record files is related to limited storage capacity, human resources, and the implementation of retention. Sonia et al. (2022) found problems in the availability of files, especially documents that were not found and misplacement. Meanwhile, Junianthi et al. (2022) attributed misplacement of medical records to several factors, such as training limitations, workload, and inconsistencies in the numbering system. Pohan et al. (2022) examined the management of medical records through assembling, coding, indexing, analyzing, and filing, including factors that support or hinder its implementation.

On the depreciation aspect, Susilowati et al. (2023) emphasized the importance of implementing the destruction of inactive medical records based on the applicable retention period provisions. Furthermore, Shofiarini et al. (2023) identified the implementation of depreciation and destruction of

medical records through the elements of man, money, methods, materials, and machines. Kusumawati et al. (2024) also found that the management of medical records archives, which include the creation, storage, maintenance, and destruction of supporting facilities, still faces limitations in supporting facilities. The results of the national study show that the problems of medical record management include aspects of storage capacity, placement accuracy, retention, depreciation, human resource competence, and availability of facilities.

Meanwhile, international research shows a relatively broader problem from the perspective of records management. Marutha and Ngoepe (2018) show that medical record management in public hospitals requires a records management framework that is integrated with the health service process. Marutha (2019) emphasizes the importance of a regulatory framework in medical record management to reduce the risk of loss, damage, misplacement, alteration, and use of inappropriate information. Furthermore, Masuku and Ngulube (2020) found that medical record management still faces problems related to management standards and officer competence. These findings show that the success of medical record management is influenced by the existence of standards, regulations, and the ability of human resources.

International research also pays attention to the preservation and digital transformation of medical records. Marutha (2021) shows that a preservation strategy is needed to maintain the availability and access to patients' medical records. The research also emphasizes the need to include records management activities, such as capturing, registering, arranging, storage, appraisal, and access, in the development of health information systems. Furthermore, Phiri and Rodrigues (2025) through a systematic literature review show that research on the preservation of medical records in the global health service system is still limited. Meanwhile, Ofori and Marutha (2026) identified the risks of health record management in the form of misfiling, loss of archives, limited human resources, and limited organizational resources. This shows that medical record management is not only related to technical aspects, but is also influenced by regulations, human resources, technology, resources, and organizational systems.

2. Literature Review

Public Administration in the Management of Public Organization Archives

Public administration is not only related to the implementation of policies and the provision of services to the community, but also includes how government organizations manage the resources they have to achieve public goals (Denhardt & Denhardt, 2015; Rosenbloom et al., 2015). Information and archive management is one of the parts that supports organizational effectiveness, accountability, and the sustainability of public services. From the perspective of public administration, archives are an organizational source of information that can be used as a basis for carrying out activities, decision-making, supervision, and accountability (Rosenbloom et al., 2015)

This view is in line with Denhardt and Denhardt (2015) who place public services as activities that are oriented to the public interest, democracy, and citizenship. Thus, archive management in government organizations is not solely seen as administrative work, but as part of organizational governance that supports the provision of services to the community. In the context of government hospitals, the management of medical records archives is part of the implementation of health services because the information stored in them is needed to support the organization's services, administration, proof, and accountability (Denhardt & Denhardt, 2015; Ministry of Health of the Republic of Indonesia, 2022; Read & Ginn, 2011).

Thus, the perspective of public administration provides a basis for understanding that the management of vital archives of medical records is part of the management of information resources of public organizations. This perspective is important because the object of the research is on the Tampan Mental Hospital which is a local government health service organization. This research views the arrangement of archives as part of the governance of public organizations, not solely as a technical activity of archives.

Management Theory

Management is a systematic process to direct and utilize organizational resources in order to achieve predetermined goals. Terry and Rue (2019) explain management as a management process that is directed to achieve organizational goals through the use of various available resources. In public sector organizations, management functions are not only oriented towards the efficiency of resource use, but also need to pay attention to the achievement of service objectives, accountability, and compliance with applicable regulations.

Robbins and Coulter (2018) emphasized the importance of effective and efficient organizational management to achieve the goals that have been set. Meanwhile, Mahmudi (2019) placed public sector management in the context of improving organizational performance and the quality of public services as well as the achievement of good governance.

Every group or team needs good management to keep going and succeed. Good management comes from the feelings, ideas, choices, and actions of the people that help them achieve their goals. Even if they have good tools and money, what really makes management good is how people think and act. Management is the art and science that involves planning, organizing, leadership, working together, and checking to achieve a specific goal. (Erma, Sufian, and Rendi 2025)

Management is a systematic process to direct and utilize organizational resources in order to achieve predetermined goals. Terry and Rue (2019) explain management through four main functions, namely planning, organizing, directing, and controlling. These four functions show that achieving organizational goals requires a planned management process and coordination of various available resources.

In public sector organizations, the management function is not only oriented towards the efficiency of resource use, but must also pay attention to the achievement of service objectives, accountability, and compliance with applicable regulations. Robbins and Coulter (2018) also emphasized the importance of coordination and supervision of organizational activities so that work can be carried out effectively and efficiently. Meanwhile, Mahmudi (2019) linked public sector management with the management of organizational resources to produce effective and accountable public services.

In this study, management theory is used to examine organizational support for the arrangement of vital archives of medical records through the functions of planning, organizing, directing, and controlling. Its application includes planning needs, division of tasks, coordination, implementation, and supervision of archive management. This theory is relevant to the findings of research that show that limited storage space, facilities and infrastructure, human resources, and budget are factors that affect the optimization of the arrangement of vital archives of medical records.

Records Management

Records Management is the main theory used in this study. Records Management views archives as recorded information that must be managed systematically throughout its life cycle. Read and Ginn (2011) explained that records management includes the stages from the time records are created to the

final fate, both destroyed and preserved. In this study, the approach is formulated into six stages, namely creation, storage, maintenance, retention, shrinkage, and preservation of archives.

a. Creation

Creation is the initial stage in Records Management that occurs when records are formed as a result of organizational activities. At this stage, records need to have a clear identity and context so that they can be managed and traced at the next stage (Read & Ginn, 2011). In this study, creation refers to the process of forming a vital archive of medical records as part of health service activities

b. Storage

Storage is the stage of arranging and placing records in the right space or media to maintain the security of archives and facilitate reunion when needed. This stage includes arrangement, availability of space, facilities, security, and access to archives (Read & Ginn, 2011). In this study, the storage aspect is related to the limited space and infrastructure facilities in the management of manual vital medical records.

c. Maintenance

Maintenance is a record maintenance process that aims to maintain the physical condition and information in it so that it is maintained and can be used for the necessary period of time. This activity is carried out to minimize the risk of damage, loss, or change of information that does not have authority. In manual medical record management, maintenance includes the protection of documents, securing storage places, restricting access, and controlling the condition of archives so that information remains available and can be found when needed (Read & Ginn, 2011).

d. Retention

Retention is the process of determining the period of record retention by considering the use value and applicable regulations. Retention determination is needed to determine records that still have usefulness for the organization, records that can be depreciated, and records that need to be maintained because they have sustainable value. Thus, retention needs to be determined systematically so that archival storage can be carried out effectively and in accordance with organizational needs (Read & Ginn, 2011).

e. Disposal

Disposal is the stage of records management involving records that have reached the end of their retention period based on the results of appraisal. This process may be carried out through destruction or other disposal actions in accordance with archival regulations and must be implemented procedurally and accountably. Susilowati et al. (2023) indicate that the availability of policies and standard operating procedures (SOPs) for destruction does not fully guarantee that the disposal process is carried out in accordance with applicable regulations.

f. Preservation

Preservation is the activity of maintaining and protecting records that still have useful value so that the existence, condition, and information contained in them can be maintained for long-term use. In archive management, records that have expired do not always have to be destroyed immediately, because some records still have administrative, legal, historical, and other useful values that need to be maintained **(**Read & Ginn, 2011).

Vital Archives

Vital archives are archives that have important value for the sustainability of the organization so that they require special management and protection. The determination is based on the identification

and assessment of their functions, values, and levels of importance to the organization (Law of the Republic of Indonesia, 2009; National Archives of the Republic of Indonesia, 2015).

In this study, medical records are studied as vital archives based on their value and function for the organization, the protection of patients' rights, the need for proof, and the continuity of services. The status of vital archives is distinguished from the retention period because archives that have reached the retention period are not necessarily immediately destroyed if they still have value and importance for the organization (Law of the Republic of Indonesia, 2009; National Archives of the Republic of Indonesia, 2015).

Medical Record Concept

Medical records are documents that contain various information related to patients, including identity, examination results, diagnosis, actions, treatment, and health services received. Its existence not only functions as a record of services, but also as a source of information, a medium of communication between health workers, evaluation and research materials, and legal evidence in the implementation of health services (Ministry of Health of the Republic of Indonesia, 2022).

Considering that medical records contain sensitive health information, the arrangement needs to pay attention to the security, confidentiality, integrity, and availability of information. The arrangement is carried out regularly starting from creation, storage, maintenance, retention, to depreciation in accordance with applicable regulations (Ministry of Health of the Republic of Indonesia, 2022; International Organization for Standardization, 2016).

In this study, medical records are positioned as records that have important value in supporting the implementation of health services. Therefore, the arrangement of vital archives of medical records through the implementation of Records Management is necessary to ensure that archives are well organized, protected, easily rediscovered, and remain available according to organizational needs

3. Conceptual Framework Of Research

Thus, the arrangement of vital archives of medical records is not only oriented towards order and ease of retrieval of archives, but is also part of information governance in supporting the implementation of public health services. Departing from the problem of archival arrangement at the Tampan Psychiatric Hospital of Riau Province, this study uses the concept of Record Management Read and Ginn (2011) as the basis of analysis which includes creation, storage, maintenance, retention, depreciation, and preservation. Based on this foundation, the research framework that connects research problems with the concept of Records Management and the focus of analysis of the arrangement of vital archives of medical records is presented in Figure 1.

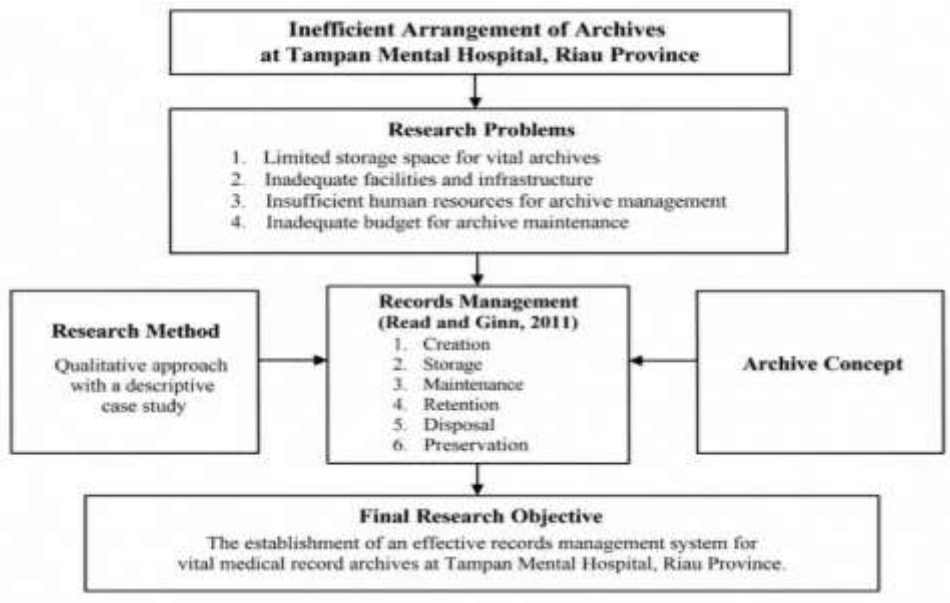

Figure 1: Research Framework

Source: Researcher's Processed Data, 2026

Based on the research framework, the research departed from the problem of structuring the vital archives of medical records at the Tampan Mental Hospital in Riau Province which was not optimal, especially related to the limitations of storage space, facilities and infrastructure, human resources, and budget support. These conditions are the basis for examining the management of vital archives of medical records in more depth.

These problems were analyzed using Read and Ginn (2011) Record Management which included six stages, namely creation, storage, maintenance, retention, depreciation, and preservation. The research uses a qualitative approach with descriptive case studies, while the concept of archives is the foundation in understanding the research object. All of these components are directed to describe the implementation and constraints of managing vital medical records and support the implementation of effective Records Management at the Tampan Mental Hospital in Riau Province.

4. RESEARCH METHOD

Research Design

This study employs a qualitative approach with a descriptive case study design to obtain an in-depth understanding of the implementation of records management in the arrangement of manual vital medical record archives at Tampan Mental Hospital, Riau Province. The qualitative approach was selected because the study focuses on describing and interpreting records management practices based on the actual conditions found in the field. The analysis focuses on six stages of records management: creation, storage, maintenance, retention, shrinkage, and preservation. In addition, the study examines the factors that hinder the implementation of records management in arranging vital medical record archives.

Study Area

The study was conducted at Tampan Mental Hospital, Riau Province, Indonesia. The location was selected because the hospital manages manual medical record archives, including archives that are categorized as vital and require proper arrangement, maintenance, protection, and preservation. The research focuses specifically on the management and arrangement of manual vital medical record archives and the implementation of records management practices within the hospital.

Population and Sample

As this study uses a qualitative approach, population and sample are not defined in a statistical sense. Informants were selected using purposive sampling based on their knowledge, experience, competence, and direct involvement in the management of vital medical record archives. A total of eight informants participated in the study. They consisted of personnel representing leadership, medical record management, the Hospital Management Information System (SIMRS), archival management, and the Riau Provincial Library and Archives Service. The selection of these informants was intended to obtain information from different parties involved in, or knowledgeable about, the management of medical record archives.

Method of collecting data

Data were collected through in-depth interviews, observations, and documentation. In-depth interviews were conducted with eight purposively selected informants to obtain information regarding the implementation of the six records management stages and the obstacles encountered in arranging vital medical record archives. Observations were conducted to examine the actual conditions and practices of archive arrangement, storage, maintenance, retention, shrinkage, and preservation. Documentation was used as supporting data, including Standard Operating Procedures (SOPs), Records Retention Schedules (Jadwal Retensi Arsip/JRA), medical record data, applicable regulations, and other relevant documents. The use of these three techniques enabled the researcher to compare information obtained from interviews with actual conditions and documentary evidence.

Data analysis

The data were analyzed using the interactive model of Miles, Huberman, and Saldaña, which consists of data condensation, data presentation, and conclusion drawing and verification. Data condensation involved selecting, focusing, simplifying, and organizing information obtained from interviews, observations, and documents according to the research focus. The condensed data were then presented descriptively and thematically based on the six stages of records management: creation, storage, maintenance, retention, shrinkage, and preservation. The final stage involved drawing and verifying conclusions by identifying patterns, relationships, and findings related to the implementation of records management and the factors that hinder the arrangement of vital medical record archives at Tampan Mental Hospital.

5. Results and Discussion

Based on the results of interviews with informants, the implementation of Record Management in structuring vital archives of medical records at the Tampan Mental Hospital of Riau Province is understood as a series of archival arrangement activities that include creation, storage, maintenance, retention, shrinkage, and preservation. The arrangement of medical records has been going on since the archives were created through the patient service process. In the period before the implementation of Electronic Medical Records (RME), recording was carried out manually, while after RME was implemented on December 15, 2023, most of the recording has switched to an electronic system. However, the existence of manual medical record archives that have been produced previously still requires continuous arrangement. The implementation of the arrangement involves the Medical Record Installation, archival units, as well as leadership elements and related units in accordance with their duties and authority.

The results of the interviews show that Records Management has an important position in the arrangement of vital archives of medical records because the information contained in them is related

to health services, administration, and legal aspects. Archival arrangement is needed to maintain the security, confidentiality, integrity, and availability of information and support the ease of the process of retrieving archives. Although various structuring activities have been carried out, the implementation of Records Management has not been fully optimal at all stages. This can be seen from the existence of a large number of manual medical record archives and archives that have entered the retention period but have not gone through the selection and shrinkage process completely. Thus, the implementation of each stage of Records Management still needs to be strengthened so that archive arrangement can be carried out in a more structured manner.

In addition to these conditions, the interview revealed several obstacles that affect the implementation of archive arrangement, including limited storage space, inadequate facilities and infrastructure, the need to strengthen human resources in archival arrangements, and maintenance budget support that is not optimal. These various obstacles have an impact on the implementation of maintenance, shrinkage, and archive preservation. Overall, the results of the interview show that Records Management has been implemented in the arrangement of vital archives of medical records, but its implementation still requires strengthening in terms of facilities, human resources, budget, and the implementation of each stage so that archive arrangement can take place systematically and sustainably.

In general, the implementation of Records Management at the Tampan Mental Hospital in Riau Province has taken place, but not all stages of the record life cycle have been carried out optimally. Five stages have been implemented, including creation, storage, maintenance, retention, and depreciation, while the preservation of vital archives of medical records has not been carried out specifically and sustainably. This condition is influenced by the high number of archives and the limitations of storage space, facilities and infrastructure, human resources, and budget. There are 9,138 manual archive files for the period 1997-2003, while the archives for the period 2004-2011 have entered the retention period, but have not been fully followed up through the selection and shrinkage process.

a. Implementation of Records Management in the Arrangement of Vital Archives of Medical Records at Tampan Mental Hospital, Riau Province

Based on the results of the research, the application of records management in the arrangement of vital archives of medical records consists of six stages with different implementation conditions. The relationship and implementation of each of these stages is presented in the cycle of Records Management in the arrangement of vital archives of medical records at the Tampan Mental Hospital of Riau Province.

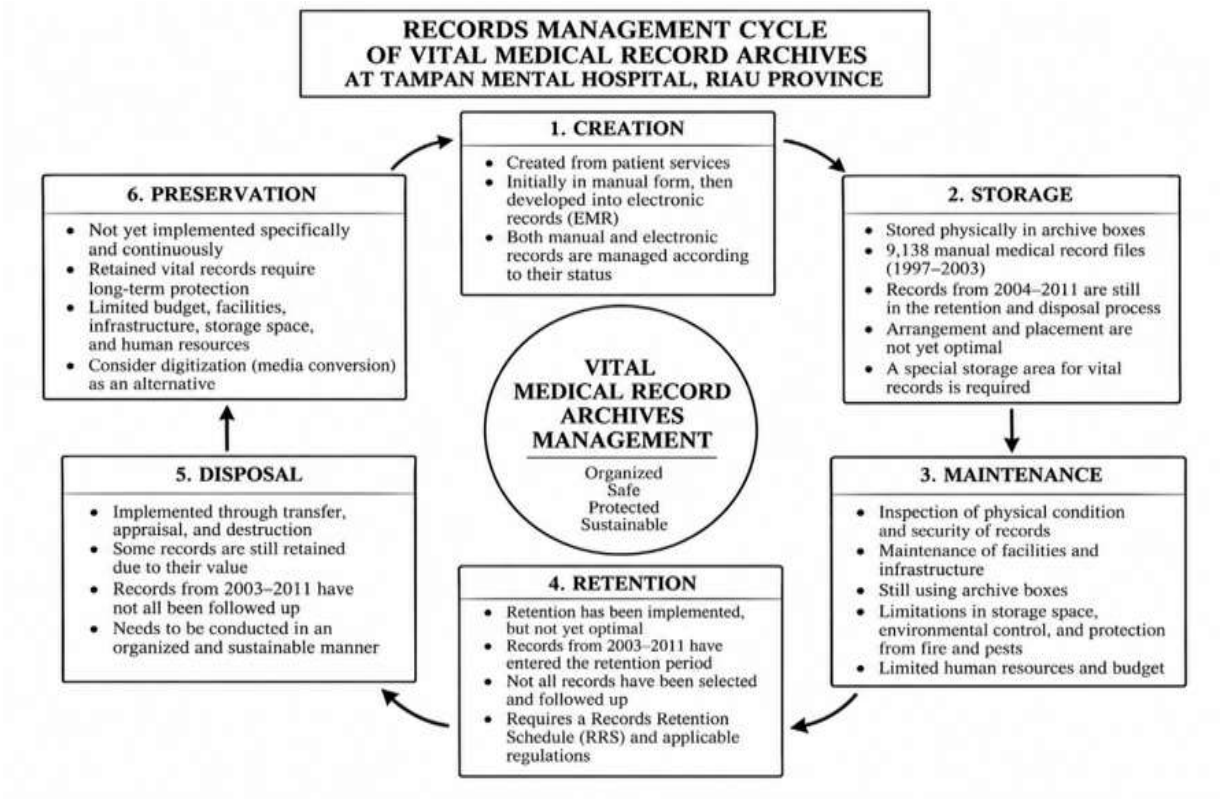

Figure 2 : Records Management Cycle
Source : Researcher's Processed Data, 2026

Based on the Records Management cycle, the management of vital archives of medical records at the Tampan Mental Hospital of Riau Province has included five stages, namely creation, storage, maintenance, retention, and depreciation. The stage of preservation of vital archives of medical records has not been implemented specifically and sustainably. These conditions show that the implementation of Records Management still needs to be strengthened in several aspects. Furthermore, each stage is analyzed based on Records Management indicators to describe the implementation, conditions, and obstacles in the management of vital archives of medical records.

1) Archive Creation Indicators

The results of the study show that the creation of medical record archives at the Tampan Mental Hospital in Riau Province has undergone a transition from a manual system to an electronic system in line with the implementation of Electronic Medical Records (RME). Before the RME was implemented, recording and documentation of patient service information was carried out in the form of physical documents. After the implementation of RME, the creation of new medical records was mostly carried out through electronic systems. These changes show a transformation of the record creation mechanism from physical media to electronic media in supporting the implementation of health services.

Based on the results of the interview, the Head of the Medical Records Installation explained that manual archives that have gone through the selection process have been made a list of inactive archives to be moved in accordance with archival standards. Meanwhile, manual archives that have not gone through the selection process have not been recorded, so the available records only cover the period 1997–2001. On the other hand, the Head of the SIMRS Installation explained that the vital archives of electronic medical records created since the implementation

of RME in 2023 are still active archives. The recording and management of electronic archives is carried out through the SIMRS application because they are still used to support health services.

The findings show that record creation has transformed from manual to electronic systems, but the management of both types of archives is still at different stages. Some manual archives have gone through selection and recording as inactive archives, while manual archives that have not been selected still require identification and recording. Meanwhile, electronic archives since 2023 are still in active status and managed through SIMRS. Thus, the current arrangement is mainly directed at manual vital archives that are still maintained, while electronic archives are still managed and controlled as long as they are in an active state. This condition shows that the creation in Records Management is not only related to the formation of new archives, but also related to the continuity of the management of archives that have been created so that they remain identified and controlled in accordance with the record life cycle.

2) Archive Storage Indicator

The results of the study show that the vital archives of medical records at the Tampan Mental Hospital of Riau Province are still physically stored using archive storage boxes. A total of 9,138 manual medical record files for the period 1997-2003, while archives for the period 2004-2011 are still in the process of retention and shrinkage. This condition shows that archive storage still requires management that is adjusted to the status and value of the archives that are still maintained.

Based on the results of interviews with the Head of the Medical Records Installation and Archivists, it is known that some of the archives that are still preserved, especially the period 1997-1999, have been placed in the Archives Unit, while the archives for the period 2000-2001 are still stored in the Medical Records Installation. The results of the interviews also show that there is a difference in understanding the placement of vital archives. The Archives Unit views that its function is mainly to handle inactive archives which can then be destroyed, handed over, or transferred to the archival institution, while vital archives based on the provisions remain in the Processing Unit, namely the Medical Records Installation. This condition shows the need for clarity regarding the placement, authority, and responsibility of the management of vital archives so that their implementation does not cause overlap.

Based on the researcher's analysis, the storage stage has been carried out, but it has not reached optimal conditions. Vital archives of medical records that are still maintained need to be placed in a special room or storage place that is separate from active archives and inactive archives. These arrangements are needed to improve security, order, protection, and ease of retrieval of archives, as well as clarify the status and responsibility of their control in supporting the continuity of organizational services.

3) Archive Maintenance Indicators

The results of the study show that the maintenance of vital archives of medical records at the Tampan Mental Hospital of Riau Province has been carried out through an examination of the physical condition of the archives, securing the storage location, and efforts to protect against factors that have the potential to cause damage. Archives that have entered the retention period still require maintenance because some of the archives are still maintained and still have value for the organization. These conditions show that maintenance is an important part in maintaining the continuity and maintenance of vital archives of medical records.

Based on the results of the interview with the Head of the Medical Records Installation, it is known that the vital archives of medical records for the period 2002-2011 that have entered the retention period are still stored using archive storage boxes. The archives have previously gone through a selection process based on the categories of mental and non-life medical records to facilitate the implementation of archive retention and control. The results of the interviews also show that the implementation of maintenance still faces limitations in facilities, such as special storage spaces, shelves or archive cabinets, suitable storage containers, as well as supporting facilities for regulating temperature, humidity, lighting, ventilation, and protection against fire and pests. In addition, limited human resources and budget are also obstacles in supporting the implementation of archive maintenance.

Based on the researcher's analysis, the maintenance stage has been implemented, but it has not been optimally supported by the necessary facilities and resources. These conditions show that the maintenance of vital archives does not only depend on inspection and security activities, but also requires a storage environment that is able to protect the physical condition of archives from various damage factors. Therefore, it is necessary to strengthen facilities and infrastructure, improve human resource competence, and provide budget support so that the maintenance of vital archives of medical records can be carried out effectively and sustainably.

4) Archive Retention Indicators

The results of the study show that the implementation of the retention of vital archives of medical records at the Tampan Mental Hospital of Riau Province has been carried out, but has not taken place optimally. The archives of medical records for the period 2003-2011 have entered the retention period, but have not been fully followed up through the selection and shrinkage process. These conditions show that the implementation of retention still requires strengthening in determining the status of archives and follow-up on archives that have reached the limit of their shelf life.

Based on the results of an interview with the Head of the Medical Records Installation, the implementation of manual medical record archive retention still refers to the Circular Letter of the Director General of Medical Services Number HK.00.06.1.5.01160 of 1995, because the Minister of Health Regulation Number 24 of 2022 concerning Medical Records has not specifically regulated manual medical record retention. In practice, archives are grouped based on the categories of mental and non-mental medical records to facilitate the retention and shrinkage process, considering that the two categories have different retention periods. Mental medical records have an active retention period of 10 years and inactivity for 5 years, while non-mental medical records have an active retention period of 5 years and inactive for 3 years. The results of the interviews also show that the Archive Retention Schedule (JRA) established through the Riau Governor's Regulation is not yet available as a special guideline in determining the storage period of manual medical record archives.

Based on the researcher's analysis, the implementation of retention has been underway, but it has not been supported by guidelines that specifically regulate the retention period of manual medical record archives. The absence of JRA causes the process of determining the retention period, selection, and follow-up of archives that have entered the retention period does not have a uniform reference. Therefore, the implementation of retention and depreciation needs to be strengthened through the use of JRA and applicable provisions, while still considering the value

and importance of archives for the organization, so that the management of vital archives of medical records can be carried out effectively and sustainably.

5) Archive Disposal Indicator

The research findings indicate that the disposal of vital medical record archives at Tampan Mental Hospital, Riau Province, has been implemented for records from the 1997–2001 period, although the process has not yet been fully completed. Records from 1997–1999 have been destroyed, while some records have been retained because they possess continuing value. Meanwhile, records from 2000–2001 have been transferred from Archives Unit II to the Riau Provincial Library and Archives Office for further processing in the destruction process. Records from 2003–2011, however, remain stored in the Medical Records Installation and have not all been transferred to Archives Unit II.

Based on interviews with the Head of the Medical Records Installation, the Associate Archivist of the Riau Provincial Library and Archives Office, and the Archivist of the Archives Unit, the disposal process is carried out in accordance with applicable archival regulations and the established SOP for medical record disposal. The process begins with the transfer of records from the Processing Unit, namely the Medical Records Installation, to Archives Unit II, accompanied by a list of inactive records and a transfer report signed by the Head of the Archives Unit, namely the Head of General Affairs, and the Head of the Processing Unit, namely the Head of Medical Services. Subsequently, the records held in Archives Unit II undergo appraisal involving Associate Expert Archivists and Senior Expert Archivists from the Riau Provincial Library and Archives Office. The appraisal results serve as the basis for determining the subsequent action for the records. Records that, based on the appraisal results, have a retention period of at least 20 years are subsequently transferred to the Archival Institution for destruction in accordance with applicable regulations.

Based on the researcher's analysis, archive disposal has been implemented through the stages of transfer, appraisal, and destruction, involving the Processing Unit, Archives Unit, and Archival Institution. This mechanism demonstrates a division of functions in archive management, beginning with the transfer of inactive records and continuing with the determination of subsequent actions based on appraisal results. However, some records have not yet received further action, while others continue to be retained because they possess continuing value. Therefore, disposal needs to be implemented in a directed and sustainable manner by considering the value of the records, retention periods, appraisal results, and the medical record disposal SOP, so that the control of archive volume and the arrangement of vital archives can be carried out in an orderly and effective manner.

6) Archive Preservation Indicators

The results of the study show that the preservation of vital archives of medical records at the Tampan Mental Hospital of Riau Province has not been carried out specifically and sustainably. The research data recorded a total of 9,138 manual medical records for the period 1997-2003, some of which are still maintained because they have useful value for the organization. Meanwhile, the archives for the period 2004-2011 are still in the process of retention and depreciation. The archives that are still maintained have not received special preservation measures to maintain the physical condition, security, and sustainability of their information.

Based on the results of interviews with the Head of the Medical Records Installation and the Head of the Medical Services Division, the vital archives of medical records that are still

maintained require special handling because they have value and importance for the organization and support the continuity of services. However, from an archival perspective, the archives of medical records that are maintained are not categorized as static archives because they do not have historical value. Nevertheless, these archives still need to be managed and protected based on their use value and importance to the organization. The implementation of preservation also still faces limitations in budget, facilities and infrastructure, storage space, and human resources.

Based on the researcher's analysis, the preservation stage has not been carried out optimally because the vital archives that are still maintained have not received special and sustainable preservation treatment. Therefore, budget support, adequate storage and protection facilities, and improved human resource competence are needed so that the physical condition, security, and existence of information in the vital archives of medical records can be maintained effectively and sustainably.

b. Factors that Hinder the Implementation of Records Management in Archival Arrangement

The second purpose of the study is to analyze the factors that hinder the implementation of Records Management in the arrangement of vital archives of medical records at the Tampan Mental Hospital, Riau Province. Based on the results of interviews and empirical conditions in the research, there are several main factors that are obstacles.

1) Limitations of Archive Storage Space

The results of the study identified that the limitation of storage space is one of the obstacles in the management of vital archives of medical records at the Tampan Mental Hospital of Riau Province. This condition is related to the large number of manual archives, namely 9,138 files for the period 1997–2003, while the archives for the period 2004–2011 are still in the retention and shrinkage stage. The high volume of archives increases the need for storage space, while the available capacity is not fully adequate. As a result, the placement and arrangement of archives has not been optimally carried out in accordance with their status and management needs.

The results of the interviews show that the archives that are still being maintained are not entirely in one storage location. Some of the archives are placed in the Archives Unit, while others are still stored in the Medical Records Installation. This condition shows that the problem of limited space is not only related to storage capacity, but also to the location and control of vital archives. Therefore, a clearer placement arrangement is needed so that the existence and management of archives that still have value can be controlled properly.

Based on the researcher's analysis, the limitation of storage space can affect the order, security, maintenance, and ease of retrieval of archives. This condition is becoming increasingly important because there are still vital archives that must be maintained and managed. Therefore, vital archives that are still maintained need to be placed in a special room separate from active and inactive archives, with a capacity adjusted to the number of archives managed. The management of this space needs to be supported by the implementation of retention and depreciation in accordance with applicable regulations so that the use of storage space can be controlled effectively and sustainably.

2) Limitations of Facilities and Infrastructure in Archival Storage

The results of the study show that the limitation of facilities and infrastructure is one of the obstacles in the management of vital archives of medical records at the Tampan Mental Hospital of Riau Province. This is related to the fact that there are still 9,138 manual archive files for the

period 1997-2003, while the archives for the period 2004-2011 are still in the retention and shrinkage stage. The large volume of archives requires the support of adequate storage facilities so that the management and protection of archives can be carried out optimally.

The results of the interview with the Head of the Medical Records Installation show that the available storage facilities have not fully met the needs of archive management. Archives are still placed in archive storage boxes, while the availability of storage space, archive shelves or cabinets, and suitable storage containers is still limited. These limitations also include maintenance support facilities, such as temperature and humidity control, lighting, ventilation, and protection against fire and pest risks.

Based on the researcher's analysis, the limitations of facilities and infrastructure affect the effectiveness of storage, maintenance, security, and retrieval of vital medical record archives. This condition shows that the support of available facilities is not fully proportional to the volume and needs of archive management that are still maintained. Therefore, it is necessary to improve archival facilities and infrastructure, especially storage rooms, shelves or filing cabinets, as well as appropriate protection and maintenance facilities, so that the management of vital archives of medical records can be carried out effectively and sustainably.

3) Human Resources in Archival Arrangement

The results of the study show that the limitation of human resources (HR) is one of the obstacles in the management of vital archives of medical records at the Tampan Mental Hospital of Riau Province. This condition is related to the existence of 9,138 manual archive files for the period 1997-2003, while the archives for the period 2004-2011 are still in the retention and shrinkage stage. The large number of archives requires adequate human resource support, both in number and ability to carry out various archive management activities.

Based on the results of interviews with the Head of Medical Services, Head of Medical Records Installation, Head of General Section, and Archivist, it is known that archive arrangement still faces limitations in human resources, especially personnel who have archival competence. These limitations can affect the implementation of arrangement, selection, assessment, retention, depreciation, maintenance, and retrieval of archives. Thus, it is necessary to strengthen the capacity of human resources and clarify the implementation of tasks so that the archival function in each unit can run according to its responsibilities.

Based on the researcher's analysis, the limitations of human resources in archival arrangement do not always have to be overcome through the addition of personnel who specifically have an archival background. Each processing unit can designate an archive manager who is responsible for carrying out the archival function according to the division of tasks that have been determined. If the archive manager in each unit carries out these tasks and responsibilities consistently, archival structuring and control activities can be carried out more optimally. Therefore, strengthening human resources needs to be directed at increasing competence, clarity of task division, and optimizing the role of archive managers in each processing unit, so that the management of vital archives of medical records can take place effectively and sustainably.

4) **Budget Limitations in Archival Arrangement**

The results of the study show that budget limitations are one of the obstacles in the management of vital archives of medical records at the Tampan Mental Hospital of Riau Province. Based on research data, there are 9,138 manual medical record files for the period 1997-2003, while the archives for the period 2004-2011 are still in the retention and depreciation stage. This

condition shows that the management of archives that are still maintained requires financial support to ensure the implementation of their storage, maintenance, protection, and preservation.

Based on the results of interviews with the Deputy Director of Medical and Nursing, the Head of Medical Services, and the Head of the General Section, it is known that the maintenance of vital archives of manual medical records that are still maintained or preserved requires a special budget allocation. However, budget support for these needs is not fully adequate. The limited financing has implications for the fulfillment of facilities and infrastructure, the maintenance of storage space, and efforts to protect vital archives that still have value and importance for the organization.

Based on the researcher's analysis, budget limitations have implications for the implementation of Records Management, especially in the aspects of storage, maintenance, and preservation of vital archives of medical records. If there is no special budget for the physical maintenance of manual archives that are still maintained, media transfer can be considered as one of the policy alternatives to reduce the risk of damage and loss of information. The implementation of media transfer needs to be supported by competent personnel and digital storage devices with adequate capacity, such as external hard disks, to store archives that have been transferred. Thus, media transfer can reduce dependence on the physical maintenance of manual archives, but still requires the security, management, and maintenance of digital storage media so that the continuity of archival information is guaranteed.

6. Conclusion

Based on the findings of the research, the application of Records Management in the arrangement of vital archives of medical records at the Tampan Mental Hospital of Riau Province has taken place in five stages, including creation, storage, maintenance, retention, and depreciation. The stages of preservation of vital archives that are still maintained have not been carried out specifically and sustainably. This condition can be seen from the existence of 9,138 manual medical record files for the period 1997-2003, as well as archives for the period 2004-2011 which are still in the process of retention and shrinkage. The implementation of Records Management that is not optimal is also influenced by the limitations of storage space, facilities and infrastructure, human resources, and budget support in the management of vital medical record archives.

Based on these conditions, research recommendations are directed at strengthening the management of vital archives, especially in the aspect of preservation. These efforts can be carried out through the fulfillment of appropriate storage facilities, increasing competence and optimizing the role of archive managers in each processing unit, and strengthening budget support. The implementation of retention and depreciation also needs to refer to the Archive Retention Schedule (JRA) and applicable provisions. For manual archives that are still maintained because they have important value, media transfer can be an alternative to reduce the risk of damage and loss of information, with the support of competent personnel and digital storage media that has adequate capacity. Through this strengthening, the management of vital archives of medical records is expected to be carried out effectively and sustainably.

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