

**TINJAUAN PELAKSANAAN PENGISIAN
FORMULIR KETERANGAN PENYEBAB KEMATIAN (FKPK)
DI RSUD KOTA YOGYAKARTA**

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INTISARI

Latar Belakang: Rumah Sakit adalah institusi pelayanan kesehatan yang menyelenggarakan pelayanan kesehatan perorangan secara paripurna yang menyediakan pelayanan rawat inap, rawat jalan, dan gawat darurat. Setiap rumah sakit wajib menyelenggarakan rekam medis untuk mendukung tertib administrasi. Di dalam rekam medis, ketepatan data mortalitas merupakan informasi kesehatan yang sangat penting, karena dapat mengukur keberhasilan pembangunan bidang kesehatan. Berdasarkan studi pendahuluan di RSUD Kota Yogyakarta diketahui sudah melaksanakan penentuan UCoD namun persentase kelengkapan pendokumentasian FKPK hanya 33% sesuai dan persentase ketepatan pemilihan UCoD sebesar 67% sesuai.

Tujuan Penelitian: Mengetahui pelaksanaan pengisian FKPK di RSUD Kota Yogyakarta.

Metode Penelitian: Jenis penelitian yang digunakan adalah *mix method* dengan rancangan eksplanatori sekuensial. Populasi dalam penelitian ini adalah seluruh berkas rekam medis pasien rawat inap yang meninggal tahun 2017. Sampel dalam penelitian ini adalah lembar FKPK. Teknik pengumpulan data menggunakan teknik wawancara dengan satu orang *coder* rawat inap, satu orang DPJP FKPK, satu orang kepala instalasi rekam medis serta observasi dan studi dokumen.

Hasil: Masih terdapat beberapa diagnosis yang tidak terdokumentasikan dalam FKPK dan masih terdapat beberapa FKPK yang tidak ada *final* UCoD-nya. Persentase kelengkapan pendokumentasian diagnosis sebesar 36,7% dan ketepatan penentuan UCoD adalah sebesar 78,3%.

Kesimpulan: Pendokumentasian diagnosis pada FKPK masih belum lengkap karena masih terdapat beberapa diagnosis yang belum terdokumentasikan dalam FKPK dan masih terdapat beberapa FKPK yang tidak diisi *final* UCoD-nya. Faktor penyebabnya karena tidak ada evaluasi, komunikasi, dan sosialisasi antara *coder* rawat inap dengan dokter DPJP.

Kata Kunci: UCoD, FKPK, kelengkapan, ketepatan

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**REVIEW OF IMPLEMENTATION OF FILLING ON INFORMATION
FORM CAUSE OF DEATH (FKPK) IN GENERAL HOSPITAL REGION OF
THE CITY OF YOGYAKARTA**

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ABSTRACT

Background: Hospital is a health service institution that carries out complete individual health services that provide inpatient, outpatient and emergency services. Every hospital is obliged to hold a medical record to support orderly administration. In the medical record, the accuracy of mortality data is very important health information, because it can measure the success of health development. Based on the preliminary study in General Hospital Region of The City of Yogyakarta is known to have carried out the determination of UCoD, but the percentage of FKPK documentation completeness is just 33% appropriate and the percentage of selection accuracy of the cause of death is 67%.

Objective: Knowing the implementation of FKPK filling in General Hospital Region of The City of Yogyakarta.

Method: The type of research used is mix method with sequential explanatory design. The population in this study were all medical records of inpatients who died in 2017. The sample in this study is FKPK sheet. Data collection techniques using interview techniques with one coder inpatient, one doctor in responsibility of FKPK, one person head of medical record installation, observation and study documentation.

Result: Evaluation in filling and determining the diagnosis of basic causes of death (UCoD) on FKPK in General Hospital Region of The City of Yogyakarta has never been implemented, so that there are still some diagnoses that are not documented in the FKPK and there are still some FKPK that have nothing the final UCoD. The percentage of complete documentation is 36,7% and the accuracy of UCoD determination is 78.3%.

Conclusion: Documentation of diagnosis on FKPK is still incomplete or inconsistent because there are still several diagnoses that have not been documented on FKPK and there are still some FKPK that are not filled with the final UCoD. The contributing factor is that there is nothing evaluation, communication and socialization between the inpatient coder and the responsibility doctor.

Keyword: UCoD, FKPK, *completeness, accuracy*

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