

KETEPATAN KODE DIANGNOSIS PADA KLINIK KIA DI PUSKESMAS MAGELANG TENGAH

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INTISARI

Latar Belakang : Berdasarkan hasil studi pendahuluan yang dilakukan pada tanggal 6 April 2021 di Puskesmas Magelang Tengah, ditemukan sebanyak 100% BRM klinik KIA (kesehatan ibu dan anak) tidak tepat, ketidaktepatan tersebut meliputi kesalahan menuliskan kode ICD-10 pada BRM. Berdasarkan wawancara peneliti dengan kepala rekam medis pengodean pasien rawat jalan pada klinik KIA (Kesehatan ibu dan anak) belum tepat, Ketidaktepatan tersebut meliputi kesalahan menuliskann kode ICD 10

Tujuan : Mengetahui pengodean diagnosis di Klinik KIA secara umum pada rekam medis pasien rawat jalan di Puskesmas Magelang Tengah.

Metode : Rancangan penelitian ini menggunakan jenis observasi terhadap berkas rekam medis (BRM) dan wawancara kepada kepala rekam medis dengan metode deskriptif kualitatif,yaitu mendeskripsikan dari hasil data yang di peroleh.

Hasil : Ketidakakuratan kode diklasifikasikan menjadi 2 yaitu tidak tepatnya kode pada dokumen rekam medis sebanyak 56 dokumen dengan persentase 100% dan kurang pemberian karakter ke empat atau tidak spesifik sebanyak 41 dokumen dengan persentase 73,2%. Ketidakakuratan kode penyakit tersebut disebabkan oleh 2 faktor yaitu: faktor tenaga medis atau bidan, faktor tidak adanya tenaga rekam medis yaitu coder dan admin poli.

Kesimpulan : Harus dilakukan pembuatan kebijakan atau Standar Prosedur Operasional (SPO) terkait coding rawat jalan serta keakuratan kode rawat jalan. Juga diperlukan penambahan tenaga rekam medis dalam hal ini *Coder* yang bertugas melakukan *coding* diagnosis rawat jalan

Kata kunci : Ketepatan ,Kelengkapan ,Pengodean ,ICD-10 ,Rumah Sakit

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THE ACCURACY OF THE DIAGNOSIS CODE AT THE KIA CLINIC AT PUSKESMAS MAGELANG CENTRAL

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ABSTRACT

Background : Based on the results of a preliminary study conducted on April 6, 2021 at the Magelang Tengah Health Center, it was found that 100% of the BRM of the MCH clinic (maternal and child health) was incorrect, the inaccuracy included an error in writing the ICD-10 code on the BRM. Based on the researcher's interview with the head of the medical record, the coding of outpatients at the KIA (Maternal and Child Health) clinic was not correct, the inaccuracy includes writing errors in the ICD 10 code

Objective: To find out the coding of diagnoses at the KIA Clinic in general on the medical records of outpatients at the Magelang Tengah Health Center.

Methods: This research design uses the type of observation of the medical record file (BRM) and interviews with the head of the medical record with a qualitative descriptive method, namely describing the results of the data obtained.

Method: The design of this study uses the type of observation of the file medical records (BRM) and interviews with the head of the medical record using the method descriptive qualitative, namely describing the results of the data obtained.

Result: Code inaccuracy is classified into 2, namely inaccuracy of codes in medical record documents as many as 56 documents with a percentage of 100% and lack of giving the fourth character or not specific as many as 41 documents with a percentage of 73.2%. The inaccuracy of the disease code is caused by 2 factors, namely: medical personnel or midwives, the absence of medical record personnel, namely coders and poly admins.

Conclusion: Policy or Standard Operating Procedures (SPO) should be made regarding outpatient coding and the accuracy of outpatient codes. It is also necessary to add medical record personnel, in this case the Coder who is in charge of coding outpatient diagnosis

Keywords: accuracy, completeness, coding, ICD-10, Hospital

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