

GAMBARAN KOMORBIDITAS COVID 19 DAN KETEPATAN DIAGNOSA COVID 19 TERHADAP PELAPORAN KEMATIAN DI RST dr SOEDJONO MAGELANG

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INTISARI

Latar Belakang : Covid-19 menjadi pandemi global yang menyebabkan kesakitan bahkan kematian. Indonesia menduduki peringkat 10 besar kasus dunia terpapar virus dan warganya banyak yang meninggal. Magelang merupakan salah satu zona merah yang harus menjadi perhatian akan bahaya wabah Covid-19. Peran fasyankes sangatlah penting dalam meminimalisir wabah ini salah satunya melalui rekam medis yang mana sebagai sumber data pengambilan keputusan melalui pelaporan sebagai pengambilan keputusan untuk menekan angka kesakitan dan kematian akibat virus maupun komorbid.

Metode: Penelitian ini menggunakan metode *Mix Methode* dengan rancangan *Squential Explanatory* dengan menggunakan teknik pengambilan 32 *random sampling resume medis* dan sertifikat kematian pasien meninggal pada triwulan IV (Oktober-Desember) 2020.

Kesimpulan : Data Statistik Covid-19 pada TW IV RST dr Soedjono terakumulasi 611 kasus baik pasien yang terkonfirmasi positif covid, Komorbid karena covid, bahkan kematian akibat keduanya. dari Persentase kelengkapan pengisian dan keakuratan kode pasien meninggal akibat Covid sebesar 0% dikarenakan tidak diisi oleh petugas akibat belum adanya pedoman pengkodean yang lebih spesifik di dalam ICD 10. Sedangkan kelengkapan kode komorbid karena covid sudah terisi 100% tetapi keakuratan kode 80%. Persentase ketidak lengkapan pengisian dasar penyebab kematian pada formulir kematian mencapai 94% sedangkan ketepatan pengisian sesuai kaidah UCOD yang baik dan benar mencapai 4%.

Saran : Manajemen *coding* rekam medis mengisi kode diagnosis Covid-19 dengan menggunakan B34.2. kemudian melengkapi dan memonitoring keakuratan kode komorbid hingga digit ketiga. Selain itu petugas rekam medis mengecek ketersediaan formulir kematian serta mengisi sebab dasar kematian berdasarkan kaidah UCOD yang baik dan benar

Kata Kunci: Komorbid, Covid-19, Coding Covid-19, UCOD, Laporan Kematian

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OVERVIEW OF COVID-19 COMORBIDITY AND ACCURACY OF COVID-19 DIAGNOSIS AGAINST DEATH REPORTING IN RST dr SOEDJONO MAGELANG

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ABSTRACT

Background : Covid-19 is a global pandemic that causes pain and even death. Indonesia is in the top 10 of the world's cases of exposure to the virus and many of its citizens have died. Magelang is one of the red zones that must be a concern of the danger of the Covid-19 outbreak. The role of health facilities is very important in minimizing this outbreak, one of which is through medical records which are a source of data for decision-making through reporting as a decision-making to reduce morbidity and mortality due to viruses and comorbidities.

Method: This study used the Mix Method with a Sequential Explanatory design using 32 random sampling techniques of medical resumes and death certificates for patients who died in the fourth quarter (October-December) 2020.

Result : Covid-19 statistical data in fourth quarter RST Dr. Soedjono accumulated 611 cases, both patients who were confirmed positive for Covid, Comorbid due to Covid, and even death due to both. From the percentage of completeness of filling in and the accuracy of patient codes, the patient died due to Covid by 0% due to not being filled in by officers due to There is no more specific coding guideline in ICD 10. Meanwhile, the completeness of the comorbid code because Covid has been filled 100% but the accuracy of the code is 80%. The percentage of incomplete filling in the basic causes of death on the death form reached 94%, while the accuracy of filling in according to the good and correct UCOD rules was 4%.

Conclusion : Medical recording coding management fill the diagnosis code using B34.2 .Then complete and monitor the accuracy of the comorbid code up to the third digit. In addition, The medical record officer check the availability of the death form and fills in the basic cause of death based on good and correct UCOD rules .

Keyword: *Comorbidity, Covid-19, Coding Covid-19, UCOD, Death Report*

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