

KUALITAS KELENGKAPAN DAN KETEPATAN FORMULIR KETERANGAN PENYEBAB KEMATIAN PADA PELAPORAN DI RSU PKU MUHAMMADIYAH BANTUL

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INTISARI

Latar Belakang: Berdasarkan hasil studi pendahuluan dari 10 FKPK pada berkas rekam medis rawat inap pasien meninggal tahun 2022, terdapat 6 FKPK yang tidak terisi secara lengkap terutama pada bagian item kurun waktu dan terdapat 1 FKPK yang tidak terdapat diagnosis penyebab kematian.

Tujuan Penelitian: Mengukur persentase kelengkapan FKPK pada *item* diagnosis dan kurun waktu, mengukur keterisian *cause of death* pada FKPK, mengukur ketepatan dan kualitas *underlying cause of death*.

Metode Penelitian: Metode yang digunakan adalah deskriptif kuantitatif melalui tahapan analisis bertahap.

Hasil Penelitian: Dari 77 FKPK, tingkat kelengkapan baru mencapai 14%. Kelengkapan diagnosis mencapai 88%, sedangkan kurun waktu mencapai 14%. Kekosongan data disebabkan tidak terdokumentasikannya diagnosis utama pada resume medis. Dari 68 FKPK yang memuat diagnosis, ketepatan tertinggi terdapat pada bagian Ib (59%), diikuti Ia (26%), Ic (12%), dan II (3%).

Kesimpulan: Kelengkapan pengisian FKPK di RSU PKU Muhammadiyah Bantul masih tergolong rendah, dengan diagnosis terisi cukup tinggi namun kurun waktu rendah. Peningkatan kualitas dapat dilakukan melalui perbaikan dokumentasi, pelatihan dokter, verifikasi internal, audit rutin, dan pengembangan sistem elektronik terintegrasi.

Kata kunci: FKPK, UCoD, Kelengkapan, Ketepatan.

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**QUALITY OF COMPLETENESS AND ACCURACY OF THE MEDICAL
CERTIFICATE OF CAUSE OF DEATH IN REPORTING AT PKU
MUHAMMADIYAH BANTUL GENERAL HOSPITAL**

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ABSTRACT

Background: Based on the preliminary study of 10 cause of death certificates from inpatient medical records of deceased patients in 2022, 6 cause of death certificates were found to be incomplete, particularly in the time interval section, and one cause of death certificates lacked a cause-of-death diagnosis.

Research Objective: To measure the percentage of completeness of the cause of death certificate in the diagnosis and time interval items, assess the filling of the cause of death in the cause of death certificate, and evaluate the accuracy and quality of the cause of death certificate.

Method: The method used is descriptive quantitative with a step-by-step analysis approach.

Result: Out of 77 cause of death certificates, the overall completeness rate reached only 14%. Diagnosis completeness was 88%, while the time interval completeness was 14%. Data gaps were caused by the absence of documented primary diagnoses in the medical resume. Among the 68 cause of death certificates containing diagnoses, the highest accuracy was found in section Ib (59%), followed by Ia (26%), Ic (12%), and II (3%).

Conclusion: The completeness of filling out the cause of death form at RSU PKU Muhammadiyah Bantul is still relatively low, with a high rate of diagnosis completion but a low rate of time interval completion. Quality improvements can be achieved through better documentation, physician training, internal verification, routine audits, and the development of an integrated electronic system.

Keywords: FKPK, UCoD, Completeness, Accuracy.

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