ANALISIS KETEPATAN *CODING* DIAGNOSIS PADA KASUS *EXTERNAL CAUSE* DI RSUD NYI AGENG SERANG

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INTISARI

Latar Belakang : Rekam medis yang akurat dan lengkap merupakan komponen penting dalam pelayanan kesehatan, termasuk untuk kepentingan klaim BPJS. Pengkodean diagnosis external cause memegang peran penting dalam menggambarkan penyebab cedera atau kejadian yang dialami pasien.
Tujuan Penelitian : Penelitian ini bertujuan untuk menganalisis ketepatan coding diagnosis pada kasus external cause di RSUD Nyi Ageng Serang berdasarkan enam elemen: *reliability, completeness, timeliness, accuracy, relevancy*, dan *legibility*.
Metode Penelitian : Penelitian ini menggunakan metode deskriptif kuantitatif dengan pendekatan evaluatif. Sampel yang digunakan adalah 11 berkas rekam medis pasien di Instalasi Gawat Darurat yang mengandung kode external cause. Data dikumpulkan melalui telaah dokumen dan dianalisis menggunakan pedoman ICD-10.
Hasil Penelitian : Hasil evaluasi menunjukkan bahwa tingkat reliability sebesar 0%, completeness 54,55%, accuracy 9,09%, relevancy 90,91%, dan legibility 54,55%. Aspek timeliness tidak dapat dinilai karena tidak tersedia data waktu pengkodean dalam SIMRS.
Kesimpulan : Secara keseluruhan, tingkat ketepatan pengkodean diagnosis external cause di RSUD Nyi Ageng Serang masih tergolong rendah, dengan rata-rata hanya sebesar 41,82%. Diperlukan pelatihan berkala bagi coder, perbaikan sistem pencatatan waktu dalam SIMRS, serta peningkatan keterlibatan tenaga medis dalam dokumentasi klinis

Kata Kunci: *Rekam Medis, External Cause, Coding Diagnosis, ICD-10, Ketepatan Pengkodean*

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MEDICAL RECORD FILE SHRINKING AND DESTRUCTION CASE STUDY: IN NYI ANGEN SERANG REGIONAL HOSPITAL

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ABSTRACT

Background: Accurate and complete medical records are essential components of healthcare services, particularly for BPJS claim purposes. The coding of external cause diagnoses plays a critical role in describing the cause of injury or incident experienced by the patient.
Objectives: This study aims to analyze the accuracy of diagnosis coding for external cause cases at RSUD Nyi Ageng Serang based on six elements: reliability, completeness, timeliness, accuracy, relevancy, and legibility.
Methods: This research used a quantitative descriptive method with an evaluative approach. The sample consisted of 11 patient medical record files from the Emergency Department containing external cause codes. Data were collected through document review and analyzed using ICD-10 guidelines.
Results The evaluation results showed reliability at 0%, completeness at 54.55%, accuracy at 9.09%, relevancy at 90.91%, and legibility at 54.55%. The timeliness aspect could not be assessed due to the absence of timestamp data in the hospital information system (SIMRS)..
Conclusion: Overall, the accuracy level of external cause diagnosis coding at RSUD Nyi Ageng Serang is still low, with an average of only 41.82%. Ongoing coder training, improvement in time documentation systems, and increased involvement of medical staff in clinical documentation are necessary

Keywords: Medical Records, External Cause, Diagnosis Coding, ICD-10, Coding Accuracy.

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