

**TINJAUAN PELAKSANAAN PENGODEAN DIAGNOSIS PENYAKIT
PADA PASIEN RAWAT JALAN
DI RSUD TUGUREJO PROVINSI JAWA TENGAH**

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INTISARI

Latar Belakang: Pelaksanaan pengodean diagnosis di Instalasi Rekam Medis pada suatu institusi kesehatan memegang peranan penting dalam penyelenggaraan rekam medis di rumah sakit karena menggambarkan pengelolaan rekam medis yang bermutu. Guna menjaga kualitas mutu tersebut, maka diperlukan akreditasi khususnya pada MKI. 13 terkait pengodean.

Tujuan: Mengetahui prosedur pelaksanaan, pemenuhan pelaksanaan kode diagnosis penyakit pada pasien rawat jalan berdasarkan standar akreditasi KARS 2012, persentase dan hambatan pelaksanaan pengodean diagnosis penyakit pada pasien rawat jalan.

Metode: Jenis penelitian deskriptif kualitatif dengan rancangan *cross sectional*. Subjek penelitian ini adalah staf rekam medis berlatar belakang D3 rekam medis yang diberi wewenang oleh Kepala Instalasi Rekam Medis untuk melakukan triangulasi sumber, petugas *coding* rawat jalan, koordinator pelaporan, kepala ruang poliklinik dan perawat klinik. Teknik pengambilan data dengan cara observasi, studi dokumentasi dan wawancara.

Hasil: Pengodean dilakukan oleh petugas rekam medis dan perawat, acuan pengodean berupa kebijakan, pedoman dan standar prosedur operasional, pedoman yang digunakan oleh perawat dalam pengodean menggunakan buku bantu. Akreditasi di RSUD Tugurejo Provinsi Jawa Tengah sudah memenuhi 5 elemen penilaian MKI. 13 dan lulus akreditasi tipe B tingkat paripurna. Persentase pelaksanaan pengodeannya rawat jalan sebesar mencapai 78,6 %, terdiri dari berpenjamin JKN sebesar 75,4 % dan berpenjamin non JKN sebesar 3,2 %. Hambatan dari pelaksanaan pengodean terdiri dari lima unsur *man, method, material, machine* dan *money*.

Kesimpulan: Secara umum pelaksanaan pengodean pasien rawat jalan JKN sudah dilakukan secara optimal, namun untuk non JKN belum dilakukan secara optimal karena faktor penghambat dari unsur *man, method, material, machine* dan *money*.

Kata Kunci : Pengodean, Diagnosis penyakit, Pasien rawat jalan.

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REVIEW OF IMPLEMENTATION THE DISEASE DIAGNOSIS CODING OUTPATIENT IN REGION GENERAL HOSPITAL TUGUREJO OF CENTRAL JAVA PROVINCE

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ABSTRACT

Background: Implementation of diagnosis coding in the Installation Medical Record at a health institution plays an important role in the administration of medical records at the hospital because it describes the quality management of medical records. In order to maintain the quality of quality, it is necessary accreditation, especially at ICM. 13 related coding.

Objective: Knowing the procedures for implementation, compliance disease diagnosis code execution on an outpatient based accreditation standards KARS 2012, the percentage and the resistance coding implementation of diagnosis in outpatients.

Methods: This type of research is descriptive qualitative approach with cross sectional design. The subjects were medical records background D3 medical record which is authorized by the Chief Medical Record Installations to triangulate the source, outpatient coding officer, reporting coordinator, the head of clinic space and a clinic nurse. Data collectin techniques by observation, documentation and interview studies.

Results: The coding is done by officers and nurses medical records, coding reference in the form of policies, guidelines and standard operating procedure, guidelines used by nurses in coding using assistive book. Tugurejo Hospital Accreditation in Central Java province has fulfilled the five elements of ICM. 13 and passed the accreditation of type B-level plenary meeting. The percentage of outpatient coding implementation of reached 78.6%, consisting of JKN amounted to 75.4% and non JKN 3.2%. Barriers of implementation consists of five elements encoding man, method, material, machine and money.

Conclusion: In general the implementation of the coding of outpatient JKN already done optimally, but for non JKN is not optimal because of the inhibiting factors of the elements of man, method, material, machine and money.

Keywords: coding, disease diagnosis, outpatient

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