

ABSTRAK

Latar Belakang : Audit informasi klinis perlu dilakukan di setiap fasilitas pelayanan kesehatan, untuk mengetahui ketepatan diagnosis dan kode utama yang ditulis pada berkas rekam medis pasien. Berdasarkan studi pendahuluan, diketahui bahwa dari 10 sampel terdapat 30% belum tepat dan lengkap sesuai dengan aturan yang terdapat pada ICD 10.

Tujuan : Menganalisis ketepatan reseleksi diagnosis, kode utama, dan kelengkapan informasi penunjang, Menganalisis hubungan antara ketepatan kode utama dengan kelengkapan informasi penunjang, dan faktor-faktor penyebab ketidaktepatan diagnosis, kode utama dan kelengkapan informasi penunjang pada pasien BPJS RS Permata Cirebon

Metode : Penelitian ini menggunakan metode *mix method*. Populasi berjumlah 1475 kasus pasien rawat inap BPJS tahun 2021. Sampel yang diambil berjumlah 94 kasus diambil menggunakan Teknik *simple random sampling*.

Hasil : Ketepatan reseleksi diagnosis utama pasien rawat inap BPJS RS Permata Cirebon dari 94 kasus yaitu 79,8%. Ketepatan reseleksi kode utama dari 94 kasus yaitu sebesar 76,6%. Kelengkapan pemeriksaan penunjang dari 94 kasus yaitu sebesar 71%. *Hasil uji chi square* menunjukkan hasil *statistic p-value* sebesar 0,04, sehingga *p-value* < 0,05. Dengan demikian H_0 ditolak yang artinya ada hubungan antara kelengkapan informasi penunjang dengan ketepatan kode diagnosis utama. Adapun faktor-faktor penyebab ketidaktepatan dalam reseleksi diagnosis dan kode utama serta kelengkapan informasi penunjang yaitu *man dan method*.

Kesimpulan : Ketidaktepatan dalam reseleksi diagnosis dan kode utama serta kelengkapan informasi penunjang masih ditemukan, sehingga dapat menimbulkan kurang validnya pelaporan rumah sakit, dan mutu rumah sakit. Selain itu juga akan berdampak pada pembiayaan jaminan kesehatan.

Kata Kunci : Reseleksi, Diagnosis Utama, Kode Utama, BPJS

ABSTRACT

Background: An audit of clinical information needs to be carried out in every health care facility, to determine the accuracy of the diagnosis and the main code written in the patient's medical record file. Based on the preliminary study, it is known that of the 10 samples there are 30% that are not accurate and complete according to the rules contained in ICD 10.

Objectives: To analyze the accuracy of the selection of the diagnosis, the main code, and the completeness of supporting information, to analyze the relationship between the accuracy of the main code and the completeness of the supporting information and the factors causing the inaccuracy of the diagnosis, the main code and the completeness of the supporting information for BPJS RS Permata Cirebon patients.

Methods: This study uses the mix method. The population is 1475 cases of BPJS inpatients in 2021. The sample taken is 94 cases taken using simple random sampling technique.

Results: The accuracy of the selection of the main diagnoses of BPJS inpatients at Permata Cirebon Hospital from 94 cases was 79,8%. The accuracy of the main code selection from 94 cases is 76,6%. The completeness of the supporting examination of 94 cases was 71%. The results of the chi square test show the statistical p-value of 0,04, so that the p-value <0,05. Thus, H_0 is rejected, which means that there is a relationship between the completeness of the supporting information and the accuracy of the main diagnostic code. The factors that cause inaccuracy in the selection of the diagnosis and the main code as well as the completeness of the supporting information are man and method.

Conclusion: Inaccuracies in the selection of diagnoses and the main code as well as the completeness of supporting information are still found, so that it can lead to less valid hospital reporting, and hospital quality. In addition, it will also have an impact on the financing of health insurance.

Keywords: Selection, Main Diagnosis, Main Code, BPJS