

## ABSTRAK

**Latar Belakang:** Sertifikasi kematian memiliki peran yang penting dari segi legal, administratif, kedokteran, dan kesehatan masyarakat sehingga hendaknya dilakukan dengan lengkap dan tepat sesuai skema *medical certification of cause of death* (MCCD). Untuk setiap kematian di Rumah Sakit Persahabatan (RSP) diterbitkan Sertifikat Medis Penyebab Kematian (SMPK) sesuai MCCD. Masih terdapat kekurangan dalam kelengkapan dan ketepatan pengisian SMPK. Sebagai upaya perbaikan, telah diterapkan SMPK dalam bentuk elektronik (e-SMPK) sejak tahun 2023. Walaupun telah dilengkapi dengan manual pembuatan, sosialisasi, dan sistem pendukung koordinasi, masih ditemukan kekuranglengkapan pengisian dan ketidaktepatan penulisan penyebab kematian dalam e-SMPK.

**Tujuan:** Mengidentifikasi intervensi yang dapat meningkatkan kelengkapan dan ketepatan e-SMPK di RSP.

**Metode:** Dilaksanakan satu siklus *action research* yang terdiri dari tahap *diagnosing, planning, taking, dan evaluating action*. Data kualitatif dikumpulkan melalui *focused group discussion* dan observasi lapangan, yang dianalisis dengan analisis tematik. Peserta terdiri dari perwakilan unit penerbit, pengguna, dan fasilitator implementasi e-SMPK. Dilakukan identifikasi hambatan dalam implementasi e-SMPK dan intervensi yang dapat diterapkan untuk mengatasinya. Dilakukan pula analisis data kuantitatif menggunakan uji *Chi-square* untuk membandingkan tingkat kelengkapan dan ketepatan pengisian e-SMPK sebelum dan setelah intervensi dengan sampel sebesar 92 e-SMPK per tahapnya. Untuk menjaga *trustworthiness* dari penelitian ini dilakukan triangulasi metode, *prolonged engagement* dari semua *stakeholder*, *member checking*, dan dokumentasi seluruh proses penelitian.

**Hasil dan pembahasan:** Sebelum dilakukan intervensi ditemukan bahwa masih ada kekurangan dalam tingkat kelengkapan dan ketepatan pengisian e-SMPK (0–98,9%). Ditemukan hambatan implementasi e-SMPK dari faktor sistem, keterampilan, sarana praktik, dan proses. Untuk mengatasinya, diterapkan intervensi berupa penyesuaian sistem, penyediaan akses panduan, pelatihan, revisi form elektronik, serta fasilitasi proses konsultasi dan verifikasi. Dengan intervensi tersebut didapatkan peningkatan kelengkapan dan ketepatan pengisian unsur-unsur e-SMPK yang sebagian besar signifikan secara statistik (20,4–100%, *p-value* <0,05, CI = 95%). Secara umum *action research* dalam penelitian ini telah terlaksana dengan cukup lancar. Intervensi yang dirancang dapat diterapkan dengan baik dengan partisipasi dan kolaborasi dari seluruh *stakeholder*.

**Kesimpulan dan saran:** Kualitas e-SMPK di RSP dapat ditingkatkan menggunakan intervensi berupa penyesuaian sistem, peningkatan keterampilan, perbaikan sarana praktik, dan fasilitasi proses. Intervensi tersebut perlu diterapkan secara berkelanjutan dan dikembangkan agar dapat semakin optimal dan memberikan manfaat yang besar dalam mendukung perencanaan kebijakan baik di rumah sakit maupun bagi kesehatan masyarakat.

**Kata Kunci:** *medical certification of cause of death*, sertifikat medis penyebab kematian elektronik, *action research*

## ABSTRACT

**Background:** Death certification has an important role from a legal, administrative, medical, and public health perspective, so it should be made according to the medical certification of cause of death (MCCD) scheme. For every death at Rumah Sakit Persahabatan (RSP), a Medical Certificate of Cause of Death (SMPK) is issued according to the MCCD. There are still deficiencies in the completeness and accuracy of filling out the SMPK. As an improvement effort, the SMPK has been implemented in electronic form (e-SMPK) since 2023. Even though it has been equipped with a user manual, educational measures, and a coordination support system, incompleteness and inaccuracies in writing the e-SMPK are still found.

**Objective:** To identify interventions that can improve the completeness and accuracy of e-SMPK in RSP.

**Method:** One action research cycle was carried out consisting of the stages of diagnosing, planning, taking, and evaluating action. Qualitative data was collected through focused group discussions and field observations, which were analyzed using thematic analysis. Participants consisted of representatives of publishing units, users and e-SMPK implementation facilitators. Barriers to the implementation of e-SMPK and interventions that could be implemented to overcome them were identified. Quantitative data analysis was also carried out using the Chi-square test to compare the level of completeness and accuracy of filling out the e-SMPK before and after the intervention with a sample of 92 e-SMPK per stage. To maintain the trustworthiness of this study, method triangulation, prolonged engagement of all stakeholders, member checking, and documentation of the entire research process were carried out.

**Results and discussion:** Before the intervention was carried out, it was found that there were still deficiencies in the level of completeness and accuracy of e-SMPKs (0–98.9%). Barriers to the implementation of e-SMPK were found from system factors, skills, practical tools, and processes. To overcome this, interventions were implemented in the form of system adjustments, providing access to guidelines, training, revising electronic forms, as well as facilitating consultation and verification processes. With this intervention, an increase in the completeness and accuracy of e-SMPK elements was obtained, most of which were statistically significant (20.4–100%,  $p$ -value  $<0.05$ , CI = 95%). In general, the action research in this study was carried out quite smoothly. The designed interventions can be implemented well with participation and collaboration from all stakeholders.

**Conclusions and suggestions:** The quality of e-SMPK in RSP can be improved using interventions in the form of system adjustments, improving skills, improving practice facilities, and process facilitation. These interventions need to be implemented sustainably and developed further, so that they can provide great benefits in supporting policy planning, both in hospitals and for public health.

**Keywords:** medical certification of cause of death, electronic medical certificate of cause of death, action research