

**Analisis Faktor Penyebab Ketidaktepatan Kode Diagnosis Kasus Penyakit
Dalam di Rumah Sakit Umum Penyangga Perbatasan Betun**

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ABSTRAK

Ketidaktepatan kode diagnosis kasus penyakit dalam pasien rawat inap periode triwulan 1 tahun 2024 di RSUPP Betun berjumlah 345 kasus mendapatkan hasil 305 (88,41%) yang tepat dan 40 (11,59%) yang tidak tepat. Tujuan penelitian ini adalah menganalisis faktor-faktor penyebab ketidaktepatan kode diagnosis kasus penyakit dalam di Rumah Sakit Umum Penyangga Perbatasan Betun berdasarkan teori kinerja Robbins, serta upaya perbaikan dengan *brainstorming*. Jenis penelitian kualitatif dengan teknik pengumpulan data wawancara, observasi dan dokumentasi. Subjek penelitian yaitu penanggungjawab casemix, kepala rekam medis, koder, DPJP dan verifikator internal. Hasil penelitian yang disebabkan oleh faktor motivasi pada sub variabel penghargaan yaitu belum dilakukan evaluasi audit koding dan pada sub variabel *punishmen* belum ada *punishmen*. Faktor *Opportunity* pada sub variabel alat dan material yaitu belum ada SIMRS. Faktor (kemampuan) yaitu sudah memiliki pengalaman dan pengetahuan dan pemahaman yang baik terkait tata cara kodifikasi kasus penyakit dalam dan pengetahuan tentang SPO kodifikasi diagnosis. Berdasarkan hasil penelitian dapat disimpulkan bahwa ketidaktepatan kode diagnosis kasus penyakit dalam adalah belum dilakukan evaluasi kinerja petugas, tidak adanya *punishmen* dan belum menerapkan SIMRS rawat inap. Disarankan pelaksanaan evaluasi kinerja petugas, penerapan *punishmen* dan penerapan SIMRS.

Kata kunci: kasus penyakit dalam, ketidaktepatan, kodifikasi.

***Analysis of Causative Factors Inaccuracies in Internal Medicine Case
Diagnosis Code at Betun Border Buffer General Hospital***

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ABSTRACT

Inpatient disease diagnosis code for the 1st quarter of 2024 at Betun Hospital amounted to 345 cases, 305 (88.41%) received incorrect results and 40 (11.59%) incorrect results. The purpose of this study is to analyze the factors that cause the inaccuracy of the internal medicine case diagnosis code at the Betun Border Buffer General Hospital based on Robbins' performance theory, as well as improvement efforts by brainstorming. A type of qualitative research with interview, observation and documentation data collection techniques. The subjects of the study are the person in charge of casemix, the head of medical records, the coder, the DPJP and the internal verifier. The results of the study were caused by motivational factors in the award sub-variable, namely that a coding audit evaluation had not been carried out and in the punishment sub-variable there was no punishment. The Opportunity factor in the sub-variables of tools and materials is that there is no SIMRS. The factor (ability) is that they already have experience and knowledge and a good understanding of the procedures for codifying internal medicine cases and knowledge about SPO for diagnosis codification. Based on the results of the study, it can be concluded that the inaccuracy of the diagnosis code for internal medicine cases is that the performance evaluation of the officer has not been carried out, there is no punishment and the inpatient SIMRS has not been implemented. It is recommended to carry out the evaluation of officer performance, the application of punishment and the implementation of SIMRS.

Keywords: cases of internal medicine, inaccuracy, codification