ACCURACY OF DIAGNOSIS CODE FOR URINARY SYSTEM DISEASE AT KANJURUHAN REGIONAL HOSPITAL

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ABSTRACT

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Diagnosis coding is an activity of translating disease diagnosis into the language of medical terminology and then translating it into alphanumeric codes in ICD-10 volumes 1 and 3. This study aims to determine the process of implementing diagnosis coding of urinary system diseases and the accuracy of urinary system disease diagnosis codes at Kanjuruhan Hospital. This type of research is quantitative descriptive research with a retrospective approach carried out at Kanjuruhan Hospital using simple random sampling and obtained a sample of 75 DRM of urinary system diseases from a population of 303 DRM of urinary system diseases. The variable of this study is the accuracy of the diagnosis coding of urinary system diseases, using the observation method and assisted by a checklist sheet. The results of 75 medical record documents that have been observed in accordance with the 3 components of reliability accuracy are 38 DRM consistent (51%), completeness as many as 42 DRM complete (56%), and validity as many as 42 DRM appropriate (56%). Of the three components, 38 medical record documents were accurate (51%) and 37 medical record documents were inaccurate (49%). Inaccuracies in the diagosis code of urinary system diseases were caused by errors in selecting code blocks, errors in selecting the 4th category, and incomplete codes. The coding process at Kanjuruhan Hospital was done correctly and in accordance with the existing SPO. The accuracy of the coding of urinary system disease diagnoses at Kanjuruhan Hospital is in the unsatisfactory category. Coding training is needed at least 3 times a year and coders must be more thorough in reading all the information in the patient's DRM to produce complete and accurate codes.

Keywords: Accuracy, Diagnosis Codes, Urinary System