

ANALYSIS OF THE ACCURACY OF UNDERLYING CAUSE OF DEATH CODES IN ADULT DEATH CERTIFICATES FOR 2024 AT RSUD WONOSARI

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ABSTRACT

Background: Coding the underlying causes of death is the process of assigning diagnostic codes to SKSK forms based on ICD-10, taking into account cause-and-effect relationships. The accuracy of coding has a direct impact on the quality of mortality data used in disease prevention program planning. This study aims to determine the accuracy rate and factors causing coding inaccuracies, serving as a basis for hospitals to evaluate and improve the quality of death cause documentation.

Objective: To understand the flow or process of determining the underlying cause of death code on the Death Certificate Form (SKSK), to determine the percentage of accuracy of the underlying cause of death code, and to identify the 5M factors (Manpower, Money, Materials, Methods, and Machines) that influence the inaccuracy of the underlying cause of death code.

Research Method: This study used a qualitative method with a descriptive approach and a case study research design. The research sample consisted of 72 adult death certificate forms (SKSK). Data collection methods included observation, interviews, and documentation study.

Research Result: The results of the study showed that the percentage of accuracy of the cause of death codes on the Cause of Death Certificate (SKSK) forms for the period January-December 2024 at Wonosari Gunungkidul Regional General Hospital was 30 forms (42%) accurate and 42 forms (58%) inaccurate. The factors influencing inaccuracy were man, money, material, method, and machine factors.

Conclusion: Factors contributing to inaccuracies in coding the underlying cause of death include a lack of training for staff, allocation of funds that are not yet appropriate, illegible handwriting by doctors, the absence of specific standard operating procedures, a lack of monitoring and evaluation, and SKSK forms that are not integrated with SIMRS.

Key words: UCoD, Underlying Cause of Death, Accuracy, SKSK

ANALISIS KETEPATAN KODE *UNDERLYING CAUSE OF DEATH* PADA SURAT KETERANGAN SEBAB KEMATIAN DEWASA TAHUN 2024 DI RSUD WONOSARI

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ABSTRAK

Latar Belakang: Pengodean penyebab dasar kematian merupakan proses pemberian kode diagnosis pada formulir Surat Keterangan Sebab Kematian (SKSK) berdasarkan ICD-10, dengan memperhatikan hubungan sebab akibat. Ketepatan pengodean berpengaruh langsung terhadap kualitas data mortalitas yang digunakan dalam perencanaan program pencegahan penyakit. Penelitian ini bertujuan untuk mengetahui tingkat ketepatan serta faktor penyebab ketidaktepatan pengodean, sebagai dasar evaluasi bagi rumah sakit dalam meningkatkan kualitas pencatatan sebab kematian.

Tujuan: Mengetahui alur atau proses penentuan kode penyebab dasar kematian pada formulir SKSK, mengetahui persentase ketepatan kode penyebab dasar kematian dan faktor 5M yang terdiri dari *Man* (Manusia), *Money* (Keuangan), *Material* (Material), *Method* (Metode), dan *Machine* (Alat) yang mempengaruhi ketidaktepatan kode penyebab dasar kematian.

Metode: Penelitian ini menggunakan metode kualitatif dengan pendekatan deskriptif dan desain penelitian studi kasus. Sampel penelitian ini adalah formulir Surat Keterangan Sebab Kematian (SKSK) dewasa sejumlah 72 formulir. Metode pengumpulan data menggunakan observasi, wawancara dan studi dokumentasi.

Hasil: Hasil penelitian diperoleh persentase ketepatan kode sebab dasar kematian pada formulir Surat Keterangan Sebab Kematian (SKSK) periode Januari-Desember 2024 di RSUD Wonosari sebanyak 30 formulir (42%) Tepat dan 42 formulir (58%) Tidak Tepat. Faktor yang mempengaruhi ketidaktepatan adalah faktor *man*, *money*, *material*, *method*, dan *machine*.

Kesimpulan: Faktor ketidaktepatan pengodean sebab dasar kematian dipengaruhi oleh kurangnya pelatihan petugas, alokasi dana yang belum sesuai, tulisan dokter yang sulit dibaca, ketiadaan SPO khusus, belum dilakukan *money*, serta formulir SKSK yang belum terintegrasi dengan SIMRS.

Kata Kunci: UCoD, Penyebab Dasar Kematian, Ketepatan, SKSK.