 ISBN: 978-623-92207-1-6

Accuracy Code Cronic Obstructive Pulmonary Desease

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Abstract — Chronic Obstructive Pulmonary Disease is inflammation of the lungs that develops over a long period of time. This study determine the level of accuracy of the diagnosis code for Chronic Obstructive Pulmonary Disease. This research is a descriptive study, with a retrospective approach. Saturated samples were 100 cases of Chronic Obstructive Pulmonary Disease using nonprobability sampling technique. The research instruments were ICD-10, checklist, observation guide, interview guide, calculator and voice recorder. Data processing by editing, coding, data entry, tabulating, and presenting data. The analysis was carried out descriptively. The percentage of diagnosis code accuracy of Chronic Obstructive Pulmonary Disease is 60% and code inaccuracy is 40%. The code inaccuracy is 40 medical records of 100 documents. Factors that affect the accuracy of the diagnosis code are medical personnel (doctors), medical record officers as coders, and other health workers.

The author suggests that more emphasis should be placed on doctors to clarify the writing of a diagnosis and use medical terminology for disease diagnosis in order to make it easier for coding officers to provide disease codes and affect the accuracy of patient disease codes, the officers should be more careful and careful during the disease coding process. So that there are no more medical record files that are not coded so that the resulting code is accurate, and coding officers should be more careful during the process of giving the diagnosis code so that there are no more inaccurate medical record files due to incorrect coding .

Keywords—obstructive pulmonary disease, outpatient, accuracy code

I. INTRODUCTION

Coding is one part of a medical record installation pertains to the coding of the diagnosis by which the coding is performed an officer namely coder. The coder's job is to provide code for each both diagnosis and treatment have been given to patients based on the ICD-10 and ICD-9-CM. Coders are also responsible for code accuracy diagnosis and action given to patients. Diagnosis is useful for establishing and identifying a type illness or health problems suffered by the patient. Diagnosis primary care is very important in the determination of patient health care next. The implementation of the coding of the diagnosis must be in accordance with the rules ICD-10. Medical personnel, especially doctors and non-medical personnel in particular coders must communicate well with each other in order to produce disease coding precise and accurate so that it can be accounted for. Code diagnosis is the duty of a coder usually coder officer using the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10) so code produced precisely and accurately [1].

The importance of the accuracy of the diagnostic code will affect the data and report information, the accuracy of the INA-CBG's tariff that is currently used as a payment method for health care patient services National. The accuracy of the diagnostic code played an important role in the analysis health care financing, reporting of morbidity and mortality data, policy making and determine the form of service that should be planned [2].

Smoking habit is one of the public health problems. Health impacts are most obvious is related to the emergence of degenerative diseases due to smoking such as Chronic Obstructive Pulmonary Disease (COPD) [3]. WHO mentioned COPD is the third cause of death in the world. The prevalence of COPD in Indonesia is expected to continue to increase, wrong one of which is due to the large number of smokers in Indonesia. This purpose this researce is to know the level of accuracy of the diagnosis code of Chronic Obstructive Pulmonary Disease [4].

II. METHOD

This research is a descriptive study, the sample samples were 100 cases of Chronic Obstructive Pulmonary Disease using nonprobability sampling technique. The research instruments were, checklist, observation guide, interview guide

III. RESULT

A. Procedure for Codification of Chronic Obstructive Pulmonary Disease Record

The coding process at BBKPM Surakarta is regulated in SPO Koding NO. PT.MR.22-02-1 / 1 which is in the Standard Operating Procedure written coding of the disease diagnosis using the ICD-10 and action coding using ICD-9-CM, but at BBKPM Surakarta disease coding using ICD-10 books as well

electronics, where at the time of the coding process the sheets were referred to by the coder is the CPPT sheet, Home Summary or Medical resume, results of supporting examinations (laboratory results). Instrument supports used in implementing the coding are ICD and medical dictionary. As for policies and Standard Operating Procedures Data Processing for the Coding Section as follows:

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1. Data Processing Standard Operational Procedure Policy Coding Section All medical record documents from outpatient care, one day care shall be provided with a diagnostic code in accordance with the ICD-10 and code of action ICD-9-CM compliant.
2. Standard Operating Procedures for Data Processing, Coding Section

a. Officers receive medical record documents from the assembling department.
b. The officer examines the diagnosis on medical record documents and write the disease code according to the coding instructions based on ICD-10 guidelines.
c. Officers examine medical action data on medical record documents and write down action codes according to the ICD-9-CM guidelines.
d. If there is information that is unclear on the recorded document medical, coding officer is obliged to consult a doctor person in charge of the patient to obtain accurate code data.
e. Medical record documents that have been coded are submitted to the filing section.
f. If there is a diagnosis that is not yet on the ICD-10, it is made temporary code.

B. The accuracy of the diagnosis code for chronic obstructive pulmonary disease (COPD)

Percentage of accuracy and inaccuracy of the diagnosis code for Lung Disease Chronic Obstructive (COPD) on inpatient medical record documents

Table 1. Percentage of accuracy and inaccuracy

Result	Amount	Percentage
Accuracy	60	60%
inaccuracy	40	40%

As seen in Table 1, the result of accuracy code diagnosis is 60% accurate and 40 % Inaccurate.

The factors that led to the diagnosis were not coded based on the results of interviews with coder officers at BBKPM Surakarta because relating to the flow of inpatient medical record files, files assembled. Then if the medical resume has not been filled out it is submitted to the committee medical to be filled out by the DPJP. If the patient is already in control so the file medical records from the medical committee are used directly for outpatient services Street. After completing patient care, the files are entered into assembling, the officer inaccurate assembling or not seeing the entire finished medical record seen only as outpatient.

C. Factors affecting the accuracy of the diagnosis code of Disease

Medical personnel, especially doctors, are the determinants of the diagnosis have the right and responsibility in determining the diagnosis. If in the coding process something is unclear and difficult to read, therefore the coder must contact the doctor concerned for ask for confirmation of this. This is in accordance with the Ministry of Health RI stated that the factors that affect the accuracy of the code diagnosis is a doctor, medical record staff as coder and other health workers [7]. Mentioned in the MOHRI that factors which affects the accuracy of the code from the doctor due to difficult to read doctor's writings, unspecified diagnosis, use abbreviations and new terms [8]. The implementation of the coding process at BBKPM Surakarta is still there doctor's writings that are difficult to read and medical terminology that is not standard.

This is not in accordance with Permenkes RI No. 76 because still found a diagnosis that is difficult to read so that the diagnosis is not informative. The diagnoses are written according to the terminology medical service that is on ICD-10 will make it easier for coder officers in do codefication [9] Research by Jerremi explains in this requires a clear and legible diagnosis from the doctor responsible with some additional information, namely regarding What, Why, Who, Where, When (5W), How (1H) to produce accurate coding [10]

2. Medical Record Personnel as Code Giver (Coder)

Coder is responsible for the accuracy of the code of the diagnosis has been set by the doctor. To become a coder at BBKPM Surakarta has educational qualifications, namely having a background Minimum education DIII Medical Record because of educational background will affect the diagnostic code generated by the coder. There are 2 Coder officers at BBKPM Surakarta with DIII Medical Record education. Relevant to the research of Iezzoni states that where is the competence in conducting codification illness is only owned by the Medical and Information Recording Profession Health [11]. This is in accordance with the Republic of Indonesia Minister of Health Regulation No.55 of 2013 concerning the Implementation of Medical Recorder Work that the medical recorder is a person who has passed Record education Medical and Health Information in accordance with the provisions of laws and regulations. Medical Recorders to be able to do their job must have a Medical Recorder STR. In the implementation of coding diagnosis at BBKPM Surakarta, coding officers guided on the Standard Operating Procedures that apply in the hospital [12].

The coding of the diagnosis at BBKPM Surakarta still has a diagnosis non-coded The factors that led to the diagnosis were not coded is based on the results of interviews with coder officers at BBKPM Surakarta because it is related to the flow of hospitalized medical record files inpatient, assembled files. If the medical resume has not been filled in, turn it over to medical committee to be filled by the DPJP. If the patient is already in control so The medical record file from the medical committee is directly used for outpatient services. After completing patient service, the file goes to assembling, the assembling officer is not thorough or does not see the entire medical record so that only seen outpatient care. This is relevant to the research Michenzi to explain if the coding of the diagnosis is inaccurate then it is in the making reports of morbidity, mortality and calculating various statistical figures hospital will be wrong or inaccurate [14].

Completeness of filling out medical records at BBKPM Surakarta needs both outpatient and inpatient installations cooperation with medical personnel or other health workers, namely personnel nurses and laboratory staff in order to obtain complete information to be able to generate

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accurate code. the results of supporting examinations are complete Medical influences the accuracy of giving the diagnostic code because it can used as supporting information if the diagnosis is determined less clear or incomplete by medical personnel [15].

IV. CONCLUSION

The accuracy of the diagnosis code for Chronic Obstructive Pulmonary Disease (COPD) in BBKPM Surakarta hospital, the number and percentage of accuracy 60% and inacurate 40%

Factors affecting the accuracy of the diagnosis code of Disease Chronic Obstructive Pulmonary (COPD):

a. doctors who provide diagnosis to patients where the writing on the medical record form is still there Doctor's writing is not clear and difficult to read, there is an abbreviation new, and a diagnosis that doesn't fit the ICD terminology.

b. Doctor to clarify writing a diagnosis and using medical terminology for diagnosis disease in order to make it easier for coding officers to provide codes disease because it affects the accuracy of the patient's disease code

c. the assembling officer be more careful and thorough again at the time the process of reviewing the completeness of the patient's medical record documents so that they do not exist another medical record file that was not coded by the coder officer so that the generated code can be mine

ACKNOWLEDGMENT

the author would like to thank the Chancellor of Duta Bangsa University and its staff.

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