ANALISA KUANTITATIF DAN KUALITATIF KELENGKAPAN DOKUMEN REKAM MEDIS PASIEN BAYI BARU LAHIR HIDUP DI BAGIAN RAWAT INAP DI RS TELOGOREJO SEMARANG TRIWULAN 1 TAHUN 2015

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ABSTRAK

Berdasarkan Analisa kuantitatif dan kualitatif Pasien Bayi Baru Lahir hidup di RS Telogorejo. Analisa Kuantitatif di ketahui bahwa 86 % dokumen rekam medis lengkap dan 8 % dokumen rekam medis tidak lengkap. Sedangkan Analisa Kualitatif diketahui bahwa 93% dokumen rekam medis lengkap dan 7% tidak lengkap. Penyebab ketidaklengkapan disebabkan oleh kurang pemahaman tentang analisa kuantitatif dan kualitatif, dampak dari dokumen rekammedis yang tidak lengkap dapat mengakibatkan informasi medis tidak berkesinambungan dan dokumen rekam medis belum bisa di gunakan sebagai alat bukti hukum yang sah bila terjadi tindakan mall praktek. Tujuan ini penelitian ini untuk mengetahui gambaran ketidaklengkapan pengisian dokumen rekam medis rawat inap pada Pasien Bayi Baru lahir Hidup periode triwulan 1 tahun 2015 Di RS Telogorejo Semarang.

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Jenis penelitian ini menggunakan metode deskriptif dengan pengumpulan data dengan cara observasi, checklist, melakukan analisa terhadap dokumen rekam medis rawat inap pada pasien bayi baru lahir yang telah diisi. Sampel penelitian adalah 60 dokumen rekam medis rawat inap.

Penelitian dokumen rekam medis rawat inap pasien bayi baru lahir di RS Telogorejo Semarang triwulan I tahun 2015 dari sampel 60 dokumen adalah dari review identifikasi 95%, review pelaporan 87%, review pencatatan 93%, review autentifikasi 90% secara kualitatif pada setiap review menunjukkan review kelengkapan dan kekonsistenan diagnosa 98%, review kelengkapan dan kekonsistenan pencatatan diagnosa 98%, review pencatatan hal-hal yang dilakukan saat perawatan dan pengobatan 95%, review adanya informed consent 98%, review cara atau praktek pencatatan 97%, review hal-hal yang berpotensi menyebabkan tuntutan ganti rugi 98%, angka kebandelan dari 60 dokumen yang diteliti dokumen rekam medis yang lengkap 51 dokumen (85%) dan dokumen rekam medis yang tidak lengkap 9 dokumen (15 %).

Saran : Petugas assembling lebih teliti dalam pengisian ketidaklengkapan DRM dengan tidak mengerjakan pekerjaan lain, adanya penghargaan /reward yang diberikan kepada petugas assembling untuk meminimalkan ketidaklengkapan DRM, perlunya PROTAP sebagai pedoman dalam pengisian DRM.

Kata kunci : analisa kuantitatif dan analisa kualitatif, dokumen rekam medis pada pasien bayi baru lahir hidup
Pustaka : 15 (1991-2012)

Kata Kunci : Analisa Kuantitatif dan analisa kualitatif, dokumen rekam medis pada pasien bayi baru lahir hidup

QUANTITATIVE AND QUALITATIVE ANALYSIS OF COMPLETENESS OF DOCUMENT PATIENT MEDICAL RECORD ON NEWBORN IN THE HOSPITAL IN RS TELOGOREJO SEMARANG QUARTER 1 2015

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ABSTRACT

This research is based on the quantitative and qualitative analysis of the alive new born baby at Telogorejo hospital. Based on quantitative analysis it revealed that 86 % of the medical record documents are complete and 13 % of medical record documents are incomplete. While the quantitative analysis revealed that 93% of the medical record documents are complete and 7 % are incomplete. Causes of incompleteness due to the lack of understanding of the quantitave and qualitative analysis. The impact of the incomplete medical record documents can lead to a unsustainable medical record information and the documents could not be used as evidence if there is a legitimate legal malpractice actions. The objective of this research is to know the description of incomplete medical record documents of the in-patient alive new born baby at the first quarter in 2015 at Telogorejo hospital in Semarang.

This research uses descriptive method with data collection by observation, checklist, analyzing the medical records document of the hospitalized new born patients that have been filled. Samples were taken from 60 inpatient medical record documents.

The result of the research which is based on the 60 sampel of Medical records document of the new born patients at RS Telogorejo Semarang in first quarter in 2015 shows that 95% of identification review, 87%of reporting review, 93% of recording review , 90% of autenthication review are qualitatively indicates the completeness and consistency of diagnosis as much as 98 %, review the completeness and consistency of recording of diagnosis as much as 98%, review the recording of the things done while care and treatment as much as 95 %, the review the informed consent as much as 98%, review the way of practice of recording as much as 97%, review matters which could potentially lead to claims for compensation as much as 98%.While the figure of delinquency of the 60 medical record examined, it can be found out that 51 documents (85%) are complete and the incomplete document are 9 (15%).

From the result above, it is suggested that the officer at the assembling unit must be more detail when receiving medical record document in advance so that if there is an incomplete document, it can be directly returned to the room. The hospital provides reward for the assembling officer to minimalize the DRM incompleteness, and to prepare the procedure guides for filling the DRM.

Keyword : Quantitative analysis and qualitative analysis, document of the patientâ€™s medical record in newborns.