

**ANALISA KETIDAKLENGKAPAN DOKUMEN REKAM MEDIS RAWAT  
INAP PADA KASUS DEMAM THYPOID DI RUMAH SAKIT UMUM  
DAERAH BENDAN KOTA PEKALONGAN PERIODE TRIWULAN 1  
TAHUN 2016**

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**ABSTRAK**

Berdasarkan hasil survey awal pada saat magang dari 10 dokumen, demam thypoid termasuk dalam kategori 10 besar penyakit di RSUD Bendan Kota Pekalongan. Berdasarkan analisa kuantitatif pada review identifikasi 60%, review pelaporan 40%, review pencatatan 50%, review autentifikasi 20%. Berdasarkan analisa kualitatif review kelengkapan diagnose 40% konsisten 60% tidak konsisten, review kekonsistenan pencatatan diagnose 70% konsisten 30% tidak konsisten, review pencatatan hal-hal yang dilakukan saat perawatan dan pengobatan 100% lengkap, dan review cara / praktek pencatatan 70% baik 30% tidak baik. Tujuan penelitian ini adalah mengetahui gambaran kelengkapan pengisian dokumen pasien Rawat Inap pada kasus demam thypoid di RSUD Bendan Kota Pekalongan periode triwulan 1 tahun 2016.

Jenis penelitian ini adalah penelitian deskriptif dengan metode observasi. Populasi adalah 102 dokumen dengan sampel sebanyak 50 dokumen, diambil dari nomer rekam medis secara acak.

Dari analisa kuantitatif pada review identifikasi 18% tidak lengkap, review pelaporan 56% tidak lengkap, review pencatatan 38% tidak baik, review autentifikasi 52% tidak lengkap. Pada analisa kualitatif untuk review kelengkapan diagnosa 80% konsisten dan 20% tidak konsisten, review kekonsistensian pencatatan diagnosa 68% konsisten dan 32% tidak konsisten, review kekonsistensian pencatatan saat perawatan dan pengobatan 74% konsisten dan 26% tidak konsisten, review cara atau praktek pencatatan 72% konsisten dan 28% tidak konsisten.

Saran bagi RSUD Bendan Kota Pekalongan adalah pembuatan labelisasi untuk identitas pasien, memberikan sosialisasi tata cara pencatatan yang baik, pembuatan Standar Operasional Prosedur pencatatan yang baik, pemberian sanksi kepada tenaga medis yang tidak menjalankan prosedur, petugas assembling harus tegas dalam mengingatkan dokter dan tenaga medis lainnya untuk melengkapi dokumen rekam medis sesuai prosedur yang berlaku.

Kata Kunci : Dokumen Rawat Inap, Demam Thypoid, Analisa Kuantitatif, Analisa Kualitatif

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**ANALYSIS INCOMPLETENESS OF MEDICAL RECORD DOCUMENT  
CASE OF TYPHOID FEVER IN REGIONAL GENERAL HOSPITAL OF  
BENDAN PEKALONGAN CITY IN FIRST QUARTER YEAR 2016**

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**ABSTRACT**

Based on the initial survey results during the internship of 10 documents, typhoid fever include one of 10 major categories of disease in Bendan hospital Pekalongan. Based on the quantitative analysis, review of identification was 60%, review of reporting was 40%, review of recording was 50%, review of authentication was 20%. Based on qualitative analysis, review the completeness of diagnosis was 40% consistent , 60% was inconsistent, review the consistency of recording the diagnosis was 70% consistent, 30% was inconsistent, review the recording of the things that done during care and treatment 100% was completed, and reviews of how / practice of recording was 70% good, 30% was not good. This study determined the description of completeness of inpatient document in case of typhoid fever in Bendan hospital Pekalongan at first quarter period of 2016.

This was descriptive study with observation method. The population was 102 document with a sample of 50 documents, taken from the medical records number randomly.

Quantitative analysis on the review of the identification of 18% was not complete, review of reporting 56% was not complete, review of recording 38% was not good, review of authentication 52% was incomplete. On qualitative analysis, review the completeness of diagnosis 80% was consistent and 20% was not consistent, review consistency of recording the diagnosis 68% was consistent, and 32% was not consistent, review consistency of recording the time of treatment and the treatment of 74% was consistent and 26% was not consistent, review of how or practice of recording 72% was consistent and 28% was not consistent.

Suggestions for Bendan Hospital Pekalongan is manufacture the labeling for patient's identity, provide socialization of good recording, manufacture Standard Operating Procedure of good recording, sanctions to the medical personnel who did not perform the procedure, the officers of assembling to be firm in reminding doctors and other medical personnel to complete the document according to the procedure.

Keywords : Inpatient Medical Record, Typhoid Fever, Quantitative Analysis, Qualitative Analysis

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