



IFHIMA

International Federation of
Health Information Management Associations
South East Asia Region

SEAR

INTERNATIONAL CONFERENCE PROCEEDINGS

25th PORMIKI &

3rd IFHIMA SEAR Conference

“Enforcing the Strategic Role of Health Information Managers (HIM) in Developing Better Countries”

On 18th - 21st February 2014

At Sheraton Mustika Yogyakarta Hotel, Indonesia

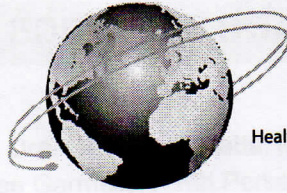
Thanks to :

Sponsored by :



Supported by :





IFHIMA

International Federation of
Health Information Management Associations
South East Asia Region

SEAR

1. Dr. D...
2. El...
3. Sitawati, A.Md.Parkes, SHAL, MHA
4. Lily Widjaya, A.Md.Parkes, SKM, MHA
5. Nuryat, A.Md., S.Pd., MPH
6. Sri Wuryanti, A.Md.Parkes, SKM

INTERNATIONAL CONFERENCE PROCEEDINGS

25th PORMIKI &
3rd IFHIMA SEAR Conference

“Enforcing the Strategic Role of Health Information Managers (HIM) in Developing Better Countries”

On 18th - 21st February 2014

At Sheraton Mustika Yogyakarta Hotel, Indonesia

Thanks to :

Sponsored by :



Supported by :





INTERNATIONAL CONFERENCE PROCEEDINGS

25th PORMIKI &

3rd IFHIMA SEAR Conference

“Enforcing the Strategic Role of Health Information Managers (HIM) in Developing Better Countries”

INTERNATIONAL CONFERENCE PROCEEDINGS

25th PORMIKI &

3rd IFHIMA SEAR Conference

“Enforcing the Strategic Role of Health Information Managers (HIM) in Developing Better Countries”

ISBN: 978.602.8658-94-2



Ministry of Health



EDITORIAL BOARD

1. Dr. Dra. Gemala R. Hatta, MRA, M.Kes
2. Elise Garmelia, A.Md.Perkes., SKM., S.Sos., M.Si
3. Siswati, A.Md.Perkes., SKM., MKM
4. Lily Widjaya, A.Md.Perkes., SKM., MM
5. Nuryati, A.Md., S.Far., MPH
6. Sis Wuryanto, A.Md.Perkes., SKM

Irena Maruyudo
Chairperson

The FORMIKI Silver Anniversary & Conference IFHIMA SEAR
2014

TABLE OF CONTENTS

Preface (Chairperson)	v
Acknowledgements from:	
President of PORMIKI	vi
Director of IFHIMA SEAR	vii
IFHIMA SEAR Conference Program	
Day 1, February 18, 2014	x
Day 2, February 19, 2014	xi
Day 3, February 20, 2014	xii
Day 4, February 21, 2014	xii
POSTER	xix
IFHIMA SEAR Meeting	xx
Book of Abstract and Full Paper :	
Panel Session	1
Oral Presentation	147
Poster Session	161
Sponsor and Exhibitors	180

INTERNATIONAL CONFERENCE PROGRAM

25th PORMIKI

3rd IFHIMA SEAR Conference

*"Enforcing the Strategic Role of
Health Information Managers (HIM)
in Developing Better Countries"*

ISBN: 978-602-8658-84-2

1ST DAY, TUESDAY 18 FEBRUARY 2014

TIME	PROGRAM			SPEAKER
08.00 – 09.00	Registration			
09.00 – 10.10	Opening <ul style="list-style-type: none"> • Welcome Dance • Report by the Chairman of PIS 2014 • Address by President of PORMIKI • Address by Regional Director of IFHIMA SEAR • Welcome Speech by Gov. of DIY Province • Welcome Speech and Official Opening by Vice Minister of The Ministry of Health Republic of Indonesia 			DIY Student Ibnu Mardiyoko Elise Garmelia Yukiko Yokobori Sri Sultan Hamengkubuwono X Prof. Dr. Ali Gufron Mukti, Ph.D.
10.10 – 10.30	Coffee Break			
1st SESSION : Universal Health Coverage				
10.30 – 11.00	The Policy on SJSN " Indonesian Universal Health Coverage"			Prof. Dr. Ali Gufron, Ph.D. – The Ministry of Health
11.00 – 11.30	Enhancement of Medical Records System to Support Universal Coverage in Developing Countries			Prof.dr. Syed Aljunid, UNU-IIGH
11.30 – 12.00	Evaluating the Quality of Coded morbidity data			Carol Lewis , USA
12.00 – 12.30	Peran Tenaga Kesehatan dalam Mendukung Keberhasilan Implementasi BPJS di Indonesia			Siswandi, BPJS
12.30 – 13.00	Discussion			
13.00 – 14.00	Lunch Main Sponsor Presentation			
14.00 – 16.15 PARALEL	A National Health Coverage	B Electronic Health Record	C Improving the HIM Quality	
14.00 - 15.20	Oral Presentation			
15.20 - 15.35	Coffee break			
15.35 – 16.15	Oral Presentation			
14.00 – 16.15	Poster session			
16.15 – 17.30	IFHIMA SEAR MEETING			Lily Widjaja
18.30 – 21.00	25yrs PORMIKI anniversary			at Kraton Ngayogyakarta Hadiningrat



2ND DAY, WEDNESDAY 19 FEBRUARY 2014

TIME	PROGRAM			SPEAKER
1st SESSION: The Application of Tech. & the Electronic Health Record				
08.00 – 08.25	Medical Record and The Indonesian Economic Development Realistic Steps toward the social and cultural advancement of the Indonesians			Mr. Shahjahan WHO Indonesia
08.25 – 08.50	Indonesia Strategic for Health Information system			Drg. Oscar Primadi, MPH – Center of Data & Health Information, MOH
08.50 – 09.15	The health record system is an important part to support the e-Health / SIKNAS implementation in Indonesia			Prof. Zainal A. Hasibuan, Ph.D
09.15 – 09.40	Pengembangan EHR di Indonesia terkait dengan SIMRS			Didik Partono Rudiarto
09.40 – 10.00	Discussion			
10.00 – 10.20	Coffee break			
2nd SESSION : Education & Communication –Health record/ Information Management				
10.20 – 10.45	Educating HIM Managers for the present & the future			Phyllis Watson,. RHIA, Australia
10.45 – 11.10	Pengembangan Pendidikan Tenaga Kesehatan (Perekam Medis) berkaitan dengan UK-STR			Prof.dr. Budi Sampurno, SpF (K). SH Ketua MTKI
11.10 – 11.35	Past Present and Future of HIM Profession in SEAR			Yukiko Yokobori, Japan Director IFHIMA SEAR
11.35 – 12.10	Contribution of Medical Record and Health Information Profession for EHR Program in Indonesia			Anis Fuad, dr, DEA
12.10 – 12.30	Discussion			
12.30 – 14.00	Lunch			
14.00 – 16.00 PARALEL	A	B	C	
	National Health Coverage	Electronic Health Record	Improving the HIM Quality	
14.00 – 16.00	Oral Presentation and Poster Session			
16.00 – 16.30	Coffee break			
16.30 – 19.00	Closing Ceremony and Silver PORMIKI's anniversary			
19.00 – 20.00	IFHIMA SEAR Meeting			Lily Widjaja

3RD DAY, THURSDAY 20 FEBRUARY 2014

TIME	WORKSHOP Educator and Coding community meeting	STUDENT CORNER
08.00 – 09.00	Registration	
09.00 – 16.00	Lily Kresno, Gemala	Carol, Philis, Yukiko (Elise Garmelia, Dwi Margawati, Harvey, Dina)
		09.00 – 13.00

4th DAY, FRIDAY, 21 FEBRUARY 2014

08.00 – 16.00	Hospital Tour : - RSUP Sardjito and RS. Bethesda
---------------	--



[ADDENDUM]

INTERNATIONAL CONFERENCE PROCEEDINGS
25TH PORMIKI & 3RD IFHIMA SEAR CONFERENCE

On 24-27 March 2014 At Sheraton Mustika Yogyakarta Hotel, Indonesia
ISBN: 978.602.8658-94-2

LENGTH OF STAY (LOS), COMPLICATIONS AND COMORBIDITY IN PATIENTS WITH DIABETES MELLITUS IN RSUD BANYUMAS

Irma Puspitasari¹⁾, Kriswiharsi Kun S.²⁾

¹⁾ Alumni Fakultas Kesehatan Universitas Dian Nuswantoro

²⁾ Staf Pengajar Fakultas Kesehatan Universitas Dian Nuswantoro

Jl. Nakula I No. 5 – 11 Semarang

e-mail : harsi_kriswi@yahoo.co.id

Background

Diabetes Mellitus is one of the most common chronic conditions with multiple complications. The total direct medical costs incurred by people with diabetes are estimated to be \$44.1 billion, with 60% of the spending on inpatient care for treatment of diabetes complications and general medical conditions. People with diabetes are more likely to be hospitalized and incur nearly twofold higher total inpatient costs percapita than people without diabetes.(1) Comorbidity, defined as the occurrence of one or more chronic conditions in the same person with an index-disease, occurs frequently among patients with diabetes.(2) Complications and comorbidities will increase the likelihood of the patient's length of stay. In Jamkesmas patients, the estimated length of stay has been determined by severity level according to the LOS standard of INA-CBG's. If the hospital provides services exceed LOS standards, there will be inefficiency costs. Costs incurred by hospitals is greater than the payment of claims by INA CBG's.

Objectives

This study aimed to describe length of stay (LOS), complications and comorbid disease in case of diabetes mellitus Jamkesmas patients who are hospitalized in RSUD Banyumas, Indonesia

Methods

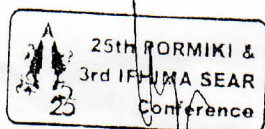
The method used is a cross sectional. Data was collected by observation of Diabetes Mellitus index data with 126 respondents, using checklist. Respondents were medical record of Jamkesmas patient that diagnosed Diabetes Mellitus (E10 – E11). The variables were age, sex, disease complications, comorbidities, AvLOS INA CBG's and length of stay (LOS). The analysis was performed descriptively.

Results

Variables	Category	%
Age	Non elderly (age 11-64 years)	85,8
	Elderly (age ≥ 65 years)	14,2
Sex	Male	30,7

*The PORMIKI Silver Anniversary & 3rd Conference
Of IFHIMA SEAR 2014*

*Organizing Committee,
Best Regards*



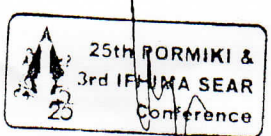
Ibnu Mardiyoko, MM.

[ADDENDUM]
INTERNATIONAL CONFERENCE PROCEEDINGS
25TH PORMIKI & 3RD IFHIMA SEAR CONFERENCE
 On 24-27 March 2014 At Sheraton Mustika Yogyakarta Hotel, Indonesia
 ISBN: 978.602.8658-94-2

LOS	Female	69.3
	Incompatible with INA-CBGs	32.5
Severity level	Compatible with INA-CBGs	67.5
	I	73.0
	II	23.0
	III	4.0
Disease complications	Presence	69.0
	Absence	31.0
Type of disease complications	Peripheral circulatory	43.7
	Renal complications	23.0
	Coma	11.5
	Ketoacidosis	4.6
	Neurological complications	8.0
	Multiple complications	5.6
	Ophthalmic complications	2.3
	Unspecified complications	1.2
Comorbidity disease	Presence	65.9
	Absence	34.1
Number of comorbidity disease	1 disease	50.6
	>1 disease	49.4
The most common comorbidity disease	Essential (primary) hypertension	
	Dyspepsia	
	Anaemia, unspecified	
	Congestive heart failure	
	Urinary tract infection, site not specified	
	Chronic ischaemic heart disease	
	Cystitis	

Variables	Category	Incompatible with INA-CBGs	Compatible with INA-CBGs
Severity level	I	35.9	64.1
	II	27.6	72.4
	III	20.0	80.0
Disease complications	Presence	35.6	64.4
	Absence	25.6	74.4
Comorbidity disease	Presence (1 disease)	13.2	37.4
	Presence (> 1 disease)	13.3	36.1
	Absence	44.2	55.8

The PORMIKI Silver Anniversary & 3rd Conference
Of IFHIMA SEAR 2014
 Organizing Committee,
 Best Regards



Ibnu Mardiyoko, MM.
 Chairperson



[ADDENDUM]

**INTERNATIONAL CONFERENCE PROCEEDINGS
25TH PORMIKI & 3RD IFHIMA SEAR CONFERENCE**

On 24-27 March 2014 At Sheraton Mustika Yogyakarta Hotel, Indonesia

ISBN: 978.602.8658-94-2

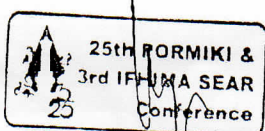
Recomendation

1. The physician should transcribe an accurate diagnose and perform authentication of the patient's medical record sheet to ensure that the diagnosis code is accurate therefore guarantee the claim payment appropriate with the hospital the costs incurred.
2. The development of clinical pathways that provide a minimum service standards and ensure an appropriate services and timely execution is needed.

References

1. American Diabetes Association: Economic consequences of diabetes mellitus in the U.S. in 1997. *Diabetes Care* 21: 296-309, 1998
2. Beckman JA, Creager MA, Libby P: Diabetes and atherosclerosis: epidemiology, pathophysiology, and management. *JAMA* 2002, 287:2570-2581.

*The PORMIKI Silver Anniversary & 3rd Conference
Of IFHIMA SEAR 2014
Organizing Committee,
Best Regards*



Ibnu Mardiyoko, MM.
Chairperson

LENGTH OF STAY (LOS), COMPLICATIONS AND COMORBIDITY IN PATIENTS WITH DIABETES MELLITUS IN RSUD BANYUMAS



Irma Puspitasari⁽¹⁾, Kriswiharsi Kun S⁽²⁾

(1) Alumni Public Health Faculty of Health, (2) Staff Education Faculty of Health UDINUS

Background

Diabetes Mellitus is one of the most common chronic conditions with multiple complications. The total direct medical costs incurred by people with diabetes are estimated to be \$44.1 billion, with 60% of the spending on inpatient care for treatment of diabetes complications and general medical conditions. People with diabetes are more likely to be hospitalized and incur nearly twofold higher total inpatient costs percapita than people without diabetes.(1) Comorbidity, defined as the occurrence of one or more chronic conditions in the same person with an index-disease, occurs frequently among patients with diabetes.(2) Complications and comorbidities will increase the likelihood of the patient's length of stay. In Jamkesmas patients, the estimated length of stay has been determined by severity level according to the LOS standard of INA-CBG's. If the hospital provides services exceed LOS standards, there will be inefficiency costs. Costs incurred by hospitals is greater than the payment of claims by INACBG's



Objectives

This study aimed to describe length of stay (LOS), complications and comorbid disease in case of diabetes mellitus Jamkesmas patients who are hospitalized in RSUD Banyumas, Indonesia

Methods

The method used is a cross sectional. Data was collected by observation of Diabetes Mellitus index data with 126 respondents, using checklist. Respondents were medical record of Jamkesmas patient that diagnosed Diabetes Mellitus (E10 – E11). The variables were age, sex, disease complications, comorbidities, AvLOS INA CBG's and length of stay (LOS). The analysis was performed descriptively

Recomendation

- 1.The physician should transcribe an accurate diagnose and perform authentication of the patient's medical record sheet to ensure that the diagnosis code is accurate therefore guarantee the claim payment appropriate with the hospital the costs incurred.
2. The development of clinical pathways that provide a minimum service standards and ensure an appropriate services and timely execution is needed

References

- 1.American Diabetes Association: Economic consequences of diabetes mellitus in the U.S. in 1997. Diabetes Care 21: 296–309, 1998
- 2.Beckman JA, Creager MA, Libby P: Diabetes and atherosclerosis: epidemiology, pathophysiology, and management. JAMA 2002, 287:2570-2581

Result

Variables	Category	%
Age	Non elderly (age 11-64 years)	85.8
	Elderly (age = 65 years)	14.2
Sex	Male	30.7
	Female	69.3
LOS	Incompatible with INA-CBGs	32.5
	Compatible with INA-CBGs	67.5
Severity level	I	73.0
	II	23.0
	III	4.0
Disease complications	Presence	69.0
	Absence	31.0
Type of disease complications	Peripheral circulatory	43.7
	Renal complications	23.0
	Coma	11.5
	Ketoacidosis	4.6
	Neurological complications	8.0
	Multiple complications	5.6
	Ophthalmic complications	2.3
Comorbidity disease	Presence	65.9
	Absence	34.1
Number of comorbidity disease	1 disease	50.6
	>1 disease	49.4
The most common comorbidity disease	Essential (primary) hypertension	
	Dyspepsia	
	Anaemia, unspecified	
	Congestive heart failure	
	Urinary tract infection, site not specified	
	Chronic ischaemic heart disease	
	Cystitis	

Variables	Category	Incompatible with INA-CBGs	Compatible with INA-CBGs
Severity level	I	35.9	64.1
	II	27.6	72.4
	III	20.0	80.0
Disease complications	Presence	35.6	64.4
	Absence	25.6	74.4
Comorbidity disease	Presence (1 disease)	13.2	37.4
	Presence (> 1 disease)	13.3	36.1
	Absence	44.2	55.8



Correspondence

Kriswiharsi Kun Saptorini, Amd.PK, SKM, MKes(Epid)
Staff Education Faculty of Health UDINUS
Email : kriswiharsi@gmail.com
Phone : 08156505799