

Evaluasi Kelengkapan Rekam Medis Berdasar Standar KARS 2012 di RSU Muhammadiyah Ponorogo

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INTISARI

Latar Belakang : Kelengkapan rekam medis merupakan hal yang sangat penting dalam penyelenggaraan pelayanan kesehatan terutama guna meningkatkan mutu pelayanan dan keselamatan pasien. Dalam upaya peningkatan mutu pelayanan RSU Muhammadiyah Ponorogo sudah mengikuti akreditasi versi KARS 2012 dengan capaian paripurna pada Agustus 2016. Meskipun status akreditasi paripurna telah diraih namun upaya mempertahankan perbaikan mutu pelayanan dan keselamatan pasien harus tetap dilakukan. Penelitian ini bertujuan untuk mengetahui gambaran kelengkapan rekam medis di RSU Muhammadiyah Ponorogo.

Metode Penelitian : Penelitian ini merupakan observasional analitik, pendekatan kuantitatif dengan rancangan *cross sectional*. Populasi yang digunakan yaitu seluruh berkas rekam medis pasien di RSU Muhammadiyah Ponorogo dengan sampel rekam medis rawat inap selama bulan Juli 2016 sebanyak 30 pasien dan bulan Agustus 2016 sebanyak 30 pasien. Analisis data menggunakan analisis univariat dan bivariate dengan uji *Chi Square*.

Hasil Penelitian: Kelengkapan rekam medis di RSU Muhammadiyah Ponorogo yang tercapai sebagian antara lain PAB 7.1, AP 1.5.1, AP 1.6, PP 2.1, PAB 6, PAB 7.2, APK 3.2.1, APK 4.4 untuk sampel menjelang survei akreditasi, sedangkan pada sampel sesudah survei akreditasi, standar yang tercapai sebagian antara lain HPK 6.4, PAB 7.1, AP 1.5.1, AP 1.6, AP 2, PAB 6, PAB 7.2, PAB 7.4 dan APK 4.4. Pada sampel menjelang survei akreditasi, standar yang tidak tercapai yaitu PPK 2.1, sedangkan untuk sampel sesudah survei akreditasi, standar yang tidak tercapai antara lain PPK 2.1, MKI 19.3 dan APK 3.2.1.

Simpulan : Standar yang tercapai rekam medis lengkap (100%) menjelang survei akreditasi yaitu sebanyak 12 standar, sedangkan sesudah survei akreditasi sebanyak 8 standar. Terdapat beberapa standar yang memiliki perbedaan yang bermakna secara statistik dalam kelengkapan rekam medis antara menjelang survei akreditasi dan sesudah survei akreditasi yaitu sebanyak 1 standar mengalami kenaikan dan 4 standar mengalami penurunan.

Kata Kunci : Kelengkapan rekam medis, standar KARS 2012

*Evaluation of Medical Record Completeness Based on KARS Standard 2012 at RSU
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ABSTRACT

Background: The completeness of medical records is very important in the provision of health services, especially to improve the quality of service and patient safety. As an effort to improve the quality of service Muhammadiyah Hospital of Ponorogo has followed the KARS 2012 accreditation with a plenary achievement in August 2016. Although the status of accreditation plenary has been achieved but efforts to maintain improvements in patient care and patient safety should still be done. This study aims to determine the description of medical record completeness at Muhammadiyah Hospital of Ponorogo.

Research Method: This research is an observational analytic, quantitative approach with cross sectional design. The population used were all patient medical record files at RSUM Ponorogo with samples are in-patient medical records during July 2016 about 30 patients and in August 2016 about 30 patients. Data analysis using univariate and bivariate analysis with Chi Square test.

Research Results: The completeness of the medical record at Muhammadiyah Hospital of Ponorogo which was particularly achieved are ASC 7.1, AOP 1.5.1, AOP 1.6, COP 2.1, ASC 6, ASC 7.2, ACC 3.2.1, ACC 4.4 for samples ahead of the accreditation survey, while In the samples after the accreditation survey, the standards achieved are, among others, PFR 6.4, ASC 7.1, AOP 1.5.1, AOP 1.6, AOP 2, ASC 6, ASC 7.2, ASC 7.4 and ACC 4.4. In the sample prior to the accreditation survey, the standard that was not achieved was PFE 2.1, while for samples after the accreditation survey, the unreachable standards were PFE 2.1, MCI 19.3 and ACC 3.2.1.

Conclusions: Standards that achieved complete medical records (100%) ahead of accreditation survey are 12 standards, while after the accreditation survey are 8 standards.. There are some standards that have statistically significant differences in the completeness of the medical record between before the accreditation survey and after the accreditation survey, 1 standard increases and 4 standards decreases.

Keywords: Medical record completeness, KARS 2012 standard