



OCCUPATIONAL RISK MANAGEMENT FOR THE CODING OFFICER OF THE MEDICAL RECORD INSTALLATION SECTION OF BANTEN REGIONAL PUBLIC HOSPITAL

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Abstrak

The hospital is a health service facility that is needed by all levels of society in an effort to improve the health status of both individuals and society. To meet these needs, hospitals are required to provide the best and quality services. Occupational safety and health is an important factor for creating labor productivity, especially in this globalization era. One of the important services of the hospital is the medical record installation service which serves the filing of documents regarding identity, examination, treatment, actions and services for patients and coding of disease diagnoses. This study aims to find out the working description of coding officers at Banten Hospital, analysis of work risks that occur in coding officers and their risk management. The research method used a qualitative descriptive which was conducted from March 2022-April 2022 on coding officers at the medical record installation at the Banten Regional General Hospital. The research was conducted using in-depth interview techniques with 2 coding officers regarding everything needed in the research. The results of the study showed that there were 6 risks at work for coding officers at Banten Hospital which were divided into 3, namely mild, moderate, and severe risks. The solution that can be done is to make SOPs regarding work safety for coding officers at Banten Hospital so that a fit body is created so that they can work optimally.

Kata Kunci: Occupational risk, coding officers, coding.

INTRODUCTION

Occupational safety and health (K3) is an important factor for creating labor productivity, especially in this globalization era. The current of globalization demands compliance with

international standards of occupational safety and health (K3) for goods and services produced by an industry in various sectors, such as ISO, OHSAS and SMK3 standards, including hospitals. The hospital is an institution with a lot of

uniqueness that is not found in other organizations or business entities. The challenge nationally or macro is the need for health (*health needs*) which increased quantitatively and qualitatively. Therefore, the need for Health resources (*health resources*) increased along with the need for health (*health needs*). Meanwhile, the resources for this (human resources, funds, facilities, science and technology, management, health materials, medicines, etc.) are limited. So that a large gap arises between needs and resources (Adisasmito, 2019)

According to the WHO (World Health Organization) a hospital is part of an integrated organization in the social and health fields which has the function of being a center for providing health services for prevention, healing, training centers and research for health workers. Hospitals are institutions that provide complete individual health services by providing inpatient, outpatient and emergency services to achieve public health status (Ministry of Health, 2016b).

The house as a health service facility that is absolutely needed by all levels of society in an effort to improve the health status of both individuals and the community. To meet these needs, hospitals are required to provide the best and quality services. Therefore, hospitals have an obligation to be able to improve the quality of their services, one of which is the administration of medical records (Ministry of Health, 2018).

Medical record is an examination file that contains notes and documents regarding patient identity, examination, treatment, actions and other services for patients in health care facilities. Medical records have an important role in carrying out medical services provided by hospitals and their medical staff. Medical records can be said to be the heart of the hospital so that the administration of medical records in a hospital is proof that medical records are

needed in patient care. The medical record unit has several sub-functions, including functions dealing with assembly and control (assembling, coding, and indexing) as well as functions that act as data analyzers and reports.

One of the functions of medical record services in supporting the improvement of data quality and services in hospitals is coding (Permenkes, 2008). The coding process functions as coding for disease classifications that are adjusted based on ICD-10 and ICD-9 before being included in reporting medical record data at the hospital both internally and externally. According to the Indonesian Ministry of Health, coding is the provision of code determination using letters or numbers or a combination of letters in numbers that have a data component.

The coding process begins with the results of the doctor's examination in the medical record by writing down the diagnoses and actions given to the patient. The diagnosis and action will be coded by the coder in the medical record coding section. The duties of a coder include providing codes for diagnoses and medical procedures for inpatients and outpatients according to the specified guidebook, planning SOP audit coding for disease diagnoses and medical actions, planning audit data for coding diagnoses of diseases and medical procedures, planning validation of disease diagnosis codes. and medical actions, planning a record list of code results that do not match disease diagnoses and medical actions, planning reports on the results of audits of disease diagnoses and medical actions (Permenpan RI, 2013).

Coding officers have a very important role in hospitals because they have critical competence in the field of coding diagnoses and actions. Potential hazards in hospitals, one of which is coding officers, can be caused by physical, psychosocial, ergonomics and

environmental factors that can threaten life and life for hospital employees, patients and visitors in the hospital environment (Ivana et al, 2014)

According to the World Health Organization (WHO) "Health is a complete state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In Indonesia, based on data from the Director General of Health Efforts, it is stated that of the total adult population in Indonesia of 252 million people, around 14.6 percent experience mental emotional disorders or mental health disorders in the form of anxiety and depression (Ministry of Health, 2009).

Banten Regional General Hospital (RSUD) Banten is one of the provincial level referral hospitals in Banten Province with type B hospital accreditation which functions as a teaching hospital for intern doctors and other health workers. The number of BPJS and SKTM patient visits continues to increase every month and the targets that must be achieved by coding officers every day coupled with medical record files which have a high level of difficulty for coding, coding officers must look directly at the computer every day for 6 working hours allows for work risks that occur to coding officers such as work stress, loss of concentration and the onset of illness due to work fatigue. The problems examined in this study are formulated as follows (1) what is the working description of the coding officer? (2) How is the work risk and risk management of the coding officer at Banten Hospital?

LITERATURE REVIEW

The definition according to the Big Indonesian Dictionary (KBBI) risk is an unpleasant (harmful, harmful) result of an action or action taken. According to Fahmi (2016) risk is a form of uncertainty about a situation that will

occur later (*future*) with decisions taken based on various considerations at this time. Meanwhile, according to Lokobal (2014) risk is something that leads to uncertainty over the occurrence of an event during a certain time interval where the event can cause a loss, be it a small loss that is not very significant to a big loss that affects the survival of a company.

The first stage in the risk management process is the risk identification stage (Darmawi, 2008). Risk identification is a systematic process to identify possible risks or losses. This risk identification process is perhaps the most important process, because it is from this process that all risks that exist or may occur in a project must be identified. The identification process must be carried out carefully and comprehensively, so that no risk is overlooked or not identified. After identifying risks, the next step is risk measurement by looking at the potential severity (damage) and the probability of occurrence of the risk.

Determining the probability of the occurrence of an event is very subjective and based more on reason and experience. Some risks are easy to measure, but it is very difficult to determine the probability of an extremely rare event. So, at this stage it is very important to determine the best guess so that later we can get it. The first stage in the risk management process is the risk identification stage (Darmawi, 2008). Risk identification is a systematic process to identify possible risks or losses.

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In addition to using personal protective equipment (PPE) while working, the possibility of health problems while working is from physical factors in the work environment. Based on Minister of Health Regulation No. 7 of 2019 concerning Hospital Environmental Health, the standard air-conditioned room temperature ranges from 20 – 28°C with a humidity level of 40-60% and balanced pressure. A room that has appropriate lighting and temperature is very beneficial for the health of employees and good humidity so that the room will be clean and comfortable to work in. According to research conducted by Fitria Wulandari and Dita Anggita Sari, temperatures in the workplace that are too hot will cause employees to tire quickly and tend to make many mistakes, while temperatures that are too cold are also not good because it will reduce morale.

Potential hazards for coding officers in hospitals can be caused by physical factors, psychosocial factors, ergonomic factors and environmental factors that can threaten life and life for hospital employees, patients and visitors in the hospital environment (Ivana, 2014)

METHODOLOGY

This study used descriptive qualitative method. According to Sugiyono, (2016) the qualitative descriptive method is a research method

based on the philosophy of postpositivism which is used to examine natural objects (Basrowi & Utami, 2020). Qualitative descriptive research aims to describe, describe, explain, explain and answer (Basrowi & Maunnah, 2019) in more detail the problems to be studied by studying as much as possible an individual, a group or an event (Suwarno et al., 2020). A researcher is used as a key instrument. Data collection techniques are carried out in triangulation (combined) (Marwanto et al., 2020), data analysis is inductive/qualitative in nature, and the results emphasize meaning rather than generalization (Soenyono & Basrowi, 2020). This research was conducted from March 2022-April 2022 on coding officers at the medical record installation at the Banten Regional General Hospital

Various considerations such as time, effort and cost underlie a fixed or single research form, meaning that data collection has been directed according to the objectives and guidelines for interviews in which the aspects to be asked are limited in advance. This form of research will be able to capture a variety of qualitative information about the description of the work risks of coding officers at the Banten Regional General Hospital. The research was conducted using in-depth interview techniques with 2 coding officers regarding everything needed in the research. The interview aims to dig up information in the form of supporting data and to test the validity of the data the researcher will use the triangulation method (*check and recheck*).

RESULTS AND DISCUSSION

Working description of the coding officer at Banten Hospital

Banten Regional General Hospital is one of the Banten Provincial Government agencies responsible for the health sector, especially in terms of referral or follow-up health services.

RSUD Banten is required to always improve the quality and quality of service in every line, so that each implementation program is directed at efforts to achieve goals as outlined in the VISION and MISSION of Banten Hospital. If a patient comes to the hospital, the first thing encountered is the registration section, where the registration section enters the medical record installation. There are other sections in the medical record installation, including the registration section (TPPRI/TPPRJ), coding and *filling*. The description of these sections includes TPPRI or the Patient Registration Place for Inpatient Patients where officers carry out the initial patient data collection for patients who wish to be hospitalized and TPPRJ or the Patient Registration Place for Outpatient Patients is the initial patient data collection for patients who register at the polyclinic. *Partfilling* is written documentation of the patient's medical record and registration data and finally, the coding section is tasked with providing codes related to diagnoses and actions that have been carried out during treatment, either outpatient or inpatient.

There are 2 coding officers at Banten Hospital, 1 person is assigned to code outpatients and 1 person is assigned to code inpatients. RSUD Banten opens services for BPJS and SKTM patients (Certificate of Disadvantage). Based on the data obtained by the researchers from interviews, the number of files that need to be coded in March and April is as follows:

Table 1: BPJS and SKTM Claims at Banten Hospital

Guarantor	Service	March 2022	April 2022
SKTM	Outpatient	1,723	1,440
	Inpatient	497	593
BPJS	Outpatient	1,400	1,350
	Inpatient	234	341

Working hours for coding officers are Monday - Saturday from 07.00 - 14.00 with 1 hour break during ISHOMA. With only 2 coder officers and the daily target continues to increase coupled with medical record files which have a high level of difficulty for coding, coding officers have to look directly at the computer every day for 6 working hours causing work risks to coding officers.

The flow of doing the coding starts from the medical record which has been returned to the installation after recording by the doctor in charge of the patient (DPJP) on the disease resume. If the contents of the medical record are complete, the coding section can start its work. Each of the diagnoses and actions listed must comply with the ICD-10 and ICD-9 coding rules due to claims. If there is a resume that is not filled in, it is returned to the room or DPJP to be completed, if there are incomplete files, you need to ask again for the required department, for example to radiology, laboratory or to the ICU. If the file has been coded correctly, the officer can continue coding and provide the coding results to the hospital verifier to check whether or not they comply with the coding rules and claim requirements. If something is missing, the verifier has the right to ask for help from the relevant department to complete it.

The average target achievement of files that must be coded by each coding officer in the inpatient coding section is 15-20 files per day and outpatient 50-60 files per day with different levels of case difficulty, and also if there is a doctor's writing that is lacking clearly making it difficult for officers to do coding and make it take longer to complete the files being examined. If the average daily target is not reached, the coding officer is forced to return home late to complete the rest.

Job risk analysis and risk management for coding officers at Banten Hospital

Excessive workload on coding officers allows a person to experience work risks such as stress, loss of concentration and the emergence of various work-related illnesses. Coding officers who do monotonous work every day allow for work-related risks to arise. The physical work environment is in the form of temperatures that are too hot, too cold, too crowded, lack of light and the like. A room that is too hot causes discomfort for someone in carrying out their work, as well as a room that is too cold. Heat is not only in terms of air temperature but also circulation or air flow.

Based on the results of research related to the work environment, the medical record installation room is not comfortable for employees, lack of air circulation, inadequate air conditioning, piles of files everywhere and poor spatial planning make the environment uncomfortable for working. The condition of the room with a lack of air circulation causes the room temperature to increase and the oxygen in the room to decrease, with such conditions causing the air in the room to become hot so that the level of employee concentration decreases and can cause work stress. They said that working in the medical records room was inconvenient because of the lack of air circulation and the untidy arrangement of medical records on shelves which made it difficult to find medical records if needed. The condition of the room with a lack of air circulation causes reduced air entering the room. The number of shelves that are dusty causes employees to experience shortness of breath and experience sinusitis. Hot conditions due to lack of incoming air cause employees to feel hot while working so that employees easily experience work fatigue.

Based on the results of interviews conducted with coding officers, there are several occupational risks which are grouped into three levels of risk, namely low, medium and severe levels. The risk obtained is based on complaints felt by outpatient and inpatient coding officers during work. After the risk is known, an impact assessment of the risk will be carried out. Assessment of the results of interviews with coding officers is illustrated in the following table.

Table 2: Occupational Risk for Coding Officers at Banten Hospital

NO	RISK	ASSESSMENT (LEVEL)		
		Light	Currently	Heavy
1	Coding inaccuracy	√		
2	Head feels dizzy or migraine		√	
3	Sore or sore neck, back, shoulders, legs and trigger finger		√	
4	Eyestrain		√	
5	Minus eye increases / eye becomes minus			√
6	Disruption of concentration	√		
7	Psychological pressure		√	

Table 2 above identifies the risks for inpatient and outpatient coding officers that can occur such as the risk of getting a low category, namely the occurrence of inaccurate coding and impaired concentration. Coding inaccuracies can occur due to difficulties in reading the diagnoses and actions written by the doctor in charge of the patient (DPJP) on the medical resume sheet, incomplete filling of the resume, fatigue occurs in the officers so they can lose concentration. Mild risks can be

resolved by mutually coordinating between coding officers and the hospital's internal verifier, and asking the doctor in charge of the patient (DPJP) to write his resume so it's easy to read. Disruption of concentration can occur if the coding officer is tired at work, it is recommended that the officer give a break every 30 minutes to stretch or take a short break.

The risk of getting a moderate category is due to those who are tired of staring at a computer screen for too long causing symptoms that make conditions uncomfortable such as headaches or migraines due to eye strain, sore or sore neck, back, shoulders, legs due to sitting too long and trigger finger because too long in writing with the same position. Psychological pressure can be caused because there are job demands in the form of deadlines for submitting reports and claiming every month which makes the coding officer have to immediately complete their duties because there are still many processes after the diagnosis is coded, namely, scanning (*scan*), verify files, input claims to submit claims. Symptoms that arise in the moderate category can be minimized by administering anti-radiation to the computer or using special anti-radiation glasses. The same is the case with moderate risk, officers are advised to take a short break to stretch their bodies so that stiffness does not occur and for deadline tasks each month officers are advised to have a target per day and ensure that no files are left behind so that there are no delays in the claim submission process.

The third is a risk with a heavy category, namely resulting in permanent disturbances in the body such as increased minus eye or minus eye for sitting too long and staring at a computer screen with high radiation without protective equipment. High risk requires good handling so that this risk does not happen again to officers when doing

their work. This risk can be prevented by reducing the duration of intensity in staring at a computer screen and when working with anti-radiation.

CONCLUSION

Risk identification is a process that is systematically and continuously carried out to identify possible risks arising from work. Based on the results of research that has been done, work risk is divided into 3 levels, namely low, moderate and severe risk. Low risk, namely coding inaccuracies and distraction. Moderate risk ie headache or migraine due to eye strain, sore or sore neck, back, shoulders, legs due to sitting too long and trigger finger. For the last category, namely severe risk eye minus increases or the eye becomes minus. So that no more risks occur at work it is advisable to make an SOP on Occupational Health and Safety for coding officers at Banten Hospital because officers who have fit bodies will make officers more concentrated at work.

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