

Evaluation of the Implementation of Hospital Safety and Health in Occupational Safety Programs in the RSUD Sungai Dareh

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ABSTRACT

The INA-CBGs payment system has been implemented at RSUD Sungai Dareh since January 2014, but there are still losses in the form of returning claims from the hospital to BPJS, this is due to an error in disease coding. The purpose of this research is to determine how the payment of health services with the INA-CBGs system.

This qualitative descriptive research was conducted in September 2020 with 6 informants determined by the purposive sampling technique. Data collection was carried out by in-depth interviews and observations. Data analysis used a content analysis approach. The triangulation of sources and triangulation of techniques were used to test the validity of the data. The results showed that there was no clinical pathway as a minimum guideline for actions to be taken, besides that there were still errors in the coding carried out by the coder, resulting in returning the claim to the BPJS. The implementation of supervision by the RSUD Sungai Dareh management has not yet been carried out, resulting in a lack of control and the existing problems have not been resolved. The implementation of the INA-CBGs system at Sungai Dareh Hospital has not been going well, this is known from the absence of an SOP for coding implementation. Besides it would be even better if the management of Sungai Dareh Hospital provided more supervision of the implementation of this system because it would also increase the revenue of Sungai Dareh Hospital. in the coming year.

Keywords: INA-CBGs, Implementation, Hospital

1. INTRODUCTION

One of the efforts to maintain health is to obtain health services from related agencies or organizations such as hospitals, health centers, health centers, doctors' clinics and so on. In getting the desired health services, patients are willing to pay so many services. According to WHO (2010), the average person spends 5 to 10% of their income on financing health services. WHO (2010) also indicated that 100 million people could become poor as a result of financing their health services, and 150 million people faced difficulties in paying for health services. [1]. In Indonesia, health services are still consumptive without paying attention to cost effectiveness and cost efficiency. So that the cost of health services to soar [2]. In overcoming this, the Indonesian government provides a solution, namely by implementing the Health Insurance or National

Health Insurance (JKN) program. The JKN program began with the enactment of Law Number 24 of 2011 concerning Social Security Administering Bodies [3].

The hospital as an advanced level referral health facility is one of the important components for health service providers and providers in the implementation of the JKN program. The JKN program is part of public policy as a result of the good will of the Government. The success of the Government's program in JKN depends, among other things, on the extent to which this policy is implemented in hospitals [1]. The INA-CBGs system is a codification system of final diagnoses and actions/procedures that become service outputs, based on costing data and disease coding referring to the International Classification of Diseases (ICD) compiled by WHO with reference to ICD-10 for diagnosis and ICD-9-Clinical Modifications for

actions/procedures. Tariffs for INA-CBGs have 1,077 tariff groups consisting of 789 group codes/inpatient groups and 288 outpatient group codes. By using the INA-CBGs system, the calculation of service tariffs is more objective based on the actual cost. Through INA-CBG's, it is expected to improve the quality and efficiency of hospitals [4]. RSUD Sungai Dareh is a Type C Hospital belonging to the Regional Government of Dharmasraya Regency which has collaborated with BPJS since January 14, 2014 [5]. Since the start of the collaboration between this hospital and BPJS Health, the INA-CBGs system has begun to be implemented [5].

Based on patient visit data at Sungai Dareh Hospital for the last 3 years, an increase is seen every year in inpatients, namely: data on inpatient visits in 2016 as many as 7,621 patients consisting of 4,944 JKN patients, 2,662 general patients, and the remaining 16 PT patients, in 2017 it rose to 8,979 patients consisting of 6,414 JKN patients, 2,548 general patients, and the remaining 17 PT patients, in 2018 it increased to 9,620 patients consisting of 6,865 JKN patients, 2,747 general patients, and the remaining 8 PT patients [6]. Based on the results of an initial survey conducted on Tuesday, August 18, 2020 to one of the medical record staff, it is known that the INA-CBGs system carried out by the hospital began with the determination of the implementation of the INA-CBGs system. such as the incompleteness of the patient's medical record, this will cause an error in the coder officer in entering the disease code, entering the wrong code will affect everything, there can be losses for all parties, the hospital or the doctor and nurse concerned, besides that sometimes the patient or the patient's family does not understand with the registration flow for inpatients with BPJS status, this causes confusion for the patient's family. There is a delay in visiting the doctor in the treatment room. Based on the explanation above, it shows that the INA-CBGs system implemented in several hospitals has not been running effectively. Therefore, the researcher conducted a study on "Analysis of the Implementation of Health Service Payments with the Disease Diagnosis System (INA-CBGs) at the Sungai Dareh Hospital Inpatient".

2. METHODS

This research was carried out at Sungai Dareh Hospital, Dharmasraya Regency regarding the Analysis of the Implementation of Health Service Payments with the Disease Diagnosis System (INA-CBGs) at the Sungai Dareh Hospital Inpatient. The time of the study was started from August to October 2020. This type of research is descriptive qualitative with the purpose of analyzing the Implementation of Health Service Payments with the Disease Diagnosis System (INA-CBGs) at the Sungai Dareh Hospital Inpatient.

The informant determination technique used in this study is a purpose sampling technique, namely the informants selected in this study are people who have a role in the INA-CBGs system at Sungai Dareh Hospital. Informants can be trusted and competent as sources of data and are known about the problem objectively and in depth. The informants in this study were 5 people, namely: Key informants in this study were Head of TU RSUD Sungai Dareh, Head of Sub-Division of Finance at Sungai Dareh Hospital, Staff for Finance related to the INA CBGs system, Head of Medical Record Installation, and BPJS Claim Management Staff (Coder). . Data collection techniques were carried out by means of in-depth interviews using interview guidelines that had been prepared, and observation. Processing and analyzing data in four stages, namely transcription, organizing, introduction, and analyzing research results with a content analysis approach. While the triangulation used in this study is source triangulation and technique triangulation.

3. RESULTS AND DISCUSSION

3.1. Planning on the INA-CBGs Payment System

Based on the results of interviews and observations that have been made related to the planning process for the INA-CBGs payment system, it is known that the budget planning for the implementation of the INA-CBGs system is made in accordance with the budget requirements for medical record installation activities which are made based on the request of each installation. Sources of funding for activities come from BLUD and APBD funds. In addition, clinical pathways for several diseases are

already available, but have not been used as a reference for the implementation of the INA-CBGs payment system. Based on the researcher's assumptions for planning the budget for the INA-CBGs payment implementation system, it is known that the budget planning is in accordance with the needs proposed by the medical record installation in accordance with the needs of the installation, because the INA-CBGs manager or coder is part of the medical record installation, in addition to the needs of the INA-CBGs management. Others such as computers, printers, paper and other stationery are readily available, so that they can assist in the coding of the clamping process. Clinical pathway is one way to make it easier for coders to code patient diagnoses, because in the clinical pathway there are steps to treat a disease, so that it will be a reference in coding and minimal actions taken for a disease. However, Sungai Dareh Hospital has not implemented this, because the clinical pathway is not yet available.

This is in accordance with research conducted by Syam (2017), regarding the description of the implementation of a health service payment system with a disease diagnosis system (INA-CBGs) in inpatients at the Tenriawaru Hospital, Bone Regency in 2017, namely in anticipating the losses that will be experienced in the application of the INA-CBG system. CBGs, the hospital makes a budget plan. In planning the budget, the hospital calculates and provides the necessary funds. The source of funds used for the implementation of the INA-CBGs system comes from the hospital's own income [6].

3.2. Organizing on the INA-CBGs Payment System

the results of interviews and observations regarding the organization of the INA-CBGs payment system in inpatient installations at Sungai Dareh Hospital, it is known that the number of human resources or health workers who manage INA-CBGs is 5 people with the division of tasks 2 inpatient installations, 2 outpatients and 1 person scanner. Meanwhile, BPJS employees themselves have not settled in Sungai Dareh Hospital and coordination is carried out via cellphone or directly visiting the BPJS office which is not too far from Sungai Dareh Hospital. Based on the researcher's assumption, the division of tasks in the coder is correct by dividing 2 people in charge of inpatient care, 2 outpatients and 1 scanner. So that there is a focus of employees in carrying out their duties and responsibilities. However, based on the observations that have been made, it would be better if the division of tasks

should be further divided which one is senior and junior, because for now the seniors are inpatient care, while the juniors are outpatients. This will cause delays in data entry due to incorrect coding of outpatient diagnoses. It is hoped that in the future there will be a good division of tasks so that it can reduce errors in the INA-CBGs system.

Other research that supports the results of this study, namely research conducted by Mellisa Cindy Kharisma Louhenapessy (2016) regarding Production Management Strategies for the Detak Melayu News Program in Riau Televisi. The results of Mellisa's research explained that in the organizing stage, Detak Melayu did the division of personnel and division of personnel duties, namely according to the abilities possessed by each individual. The Detak Melayu party placed reporters and cameramen at certain posts. Each team consists of one reporter and one cameraman. And each of these teams is placed in a predetermined strategic place which then covers news related to their respective positions [8].

3.3. Actuating on the INA-CBGs Payment System

According to the researcher's assumption that the implementation of the INA-CBGs system at the Sungai Dareh Hospital has not gone well, this can be seen from the absence of a case mix team, which is actually very helpful in solving problems related to the INA-CBGs system in the Sungai Dareh Hospital. The case mix team usually consists of doctors who will then help if there are problems with coding the disease, so that problems such as sentences or diagnoses that are difficult to read can be helped by the team which can then facilitate the coder's work. In addition to this, the absence of an inpatient service flow also causes some cases of patients to not be clamped because the patient's SEP does not exist. This happens because the SEP can only be printed a maximum of 3 days after the patient is admitted. If it exceeds 3 days, the SEP cannot be printed and the patient becomes a general patient. This is in line with Ode's research (2015) which states that the implementation of the INA-CBGs payment system cannot be separated from the impact on hospital finances. The results showed that it had a positive impact from the financial aspect, namely the income earned by the hospital was able to cover all operational needs and expenditures with income derived from the implementation of the INA-CBGs system, including starting from the purchase of drugs that have begun to be resolved, food for inpatients, , maintenance is already in [9].

It is hoped that RSUD Sungai Dareh will immediately form a case mix team to reduce errors or problems that occur in the INA-CBGs process or system. In addition, hospitals must pay more attention to what needs to be posted on the walls of the treatment room so that patients or their families can understand what they have to do, and hospitals can also provide understanding to room nurses to always remind patients/patients' families regarding the grace period for printing. The patient's SEP.

3.4. Controlling on the INA-CBGs Payment System

Based on the results of research that has been carried out, it is known that the process of monitoring the INA-CBGs payment system has not gone well, it is known that supervision will only be carried out when there are reports and problems, as well as the software there is no regular check. According to Azwar (2010), supervision is an activity to ensure that the program runs according to existing plans and SOPs, so that the desired goals can be achieved. In addition, based on PMK Number 27 of 2014 it is said that hospital hospitals need to review post-claims, periodic post-claim reviews are very important in determining policies related to cost and quality control in the services to be provided. Ideally, this review activity involves all units in the hospital, both management, professional staff, as well as supporting and supporting units and is carried out with data that has been analyzed by the hospital Casemix team [10].

According to the researcher's assumption, because there is no post-clinical review activity in the implementation of the INA-CBGs system, the same error will be repeated every time, so it needs to be done to avoid deviations or errors in inputting patient medical records. If an error occurs, the person responsible for this supervision will immediately take action to resolve the error. However, the Sungai Dareh Hospital has not carried out regular monitoring so that this is what still causes many errors that occur when entering the diagnostic code. If the supervision has been carried out, a solution will be obtained from the problems faced in the INA-CBGs system.

3.5. Evaluation on the INA-CBGs Payment System

Based on the results of the research conducted, it is known that the evaluation process on the INA-CBGs payment system at Sungai Dareh Hospital is carried out from the coder's report if there are problems and those involved in the evaluation

include the director, Ka.TU, and the relevant PPTK. Based on the results of the research conducted, it is known that the evaluation process on the INA-CBGs payment system at Sungai Dareh Hospital is carried out from the coder's report if there are problems and those involved in the evaluation include the director, Ka.TU, and the relevant PPTK. Based on Ode's research (2015) Based on the results of the interview, information was obtained that, (1) The evaluation method used by the medical record unit was to use inpatient and outpatient medical record agendas by looking at delays, incompleteness, including unreadable writing. (2) The hospital's financial evaluation, usually carried out monthly, every 3 months, per semester or per 1 year. (3) Evaluation of the implementation of the INA-CBGs system is an external evaluation with BPJS and an internal evaluation with all staff in the hospital hall [9].

According to the researcher's assumption, the evaluation method used by the hospital to assess the implementation of the INA-CBGs system, namely in the medical record unit, the evaluation system is carried out every 3 months or at least every 6 months and carried out by certain parties who have been given responsibility responsible for carrying out the evaluation activities. The results of the evaluation carried out will later show that how the implementation of the hospital's INA-CBGs system has improved or vice versa. So that the implementation of the INA-CBGs system at Sungai Dareh Hospital has a good impact on the hospital itself, namely by increasing hospital services and income.

4. CONCLUSION

The payment system planning process at INA-CBGs at Sungai Dareh Hospital still needs to create a clinical pathway as a guide for coders in entering patient data. In addition, it is necessary to hold a casemix team as an implementation supervisor. The process of organizing the INA-CBGs manager at Sungai Dareh Hospital is to divide the coder officers into several parts where the coder officer consists of 5 people who are divided into 2 people in charge of inpatient installations, 2 outpatient installations and 1 scanner. The process of implementing the INA-CBGs payment system begins with determining the INA-CBGs tariff at Sungai Dareh Hospital which is carried out according to the code in the application entered by the coder officer as the implementation of the INA-CBGs payment system, so errors that occur in coding the disease are entered into the application. will result in the return of the clamps from the

hospital to BPJS Kesehatan. In addition, obstacles that often occur in the INA-CBGs implementation system at Sungai Dareh Hospital include entering the diagnosis code, incomplete patient status contents, difficulty reading status, and delays in returning status. Sungai Dareh Hospital, there is no regular monitoring of the INA-CBGs payment system. The evaluation process on the INA-CBGs payment system at Sungai Dareh Hospital has not been carried out in a structured or periodic manner, the evaluation is only carried out if there are complaints from officers.

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