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THE CORRELATION BETWEEN WRITING MEDICAL TERMINOLOGY ACCURACY WITH THE ACCURACY OF TYPHOID FEVER DIAGNOSIS CODES FOR INPATIENTS

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ABSTRACT

The accuracy of writing medical terminology can affect the accuracy of coding because if the code written by the doctor is not clear, the coder will have difficulty determining the diagnosis code and this can hamper the data processing process in the hospital. Based on the results of the initial survey, the level of accuracy in writing medical terminology was 40% and coding accuracy was 80%. This study aims to determine the relationship between the accuracy of writing medical terminology and the accuracy of typhoid fever diagnosis codes. Type of analytical research with a cross-sectional approach design. The total population is 312 documents with a sample of 175 medical record documents. Simple random sampling technique. Observation and interview data collection techniques. This research instrument is an observation guide, interview guide, checklist, and ICD-10. The results of the research on the accuracy of writing medical terminology were 78 documents (44.57%) and the inaccuracy of writing was 97 documents (54.43%). Inaccuracies are due to not being by the writing in ICD-10, namely 14 documents (14.43%), not complying with the list of abbreviations at the hospital 33 documents (34.02%), and inaccuracies due to the use of Indonesian, namely 50 documents (51.55%). The accuracy of typhoid fever case codes was 141 documents (80.57%) and code inaccuracies were 34 documents (19.43%). Inaccuracy due to incorrect assignment of the fourth character code. The results of the chi-square test showed that the p-value was 0.000<0.05, which means there is a relationship between the accuracy of writing medical terminology and the accuracy of the typhoid fever diagnosis code in inpatients at PKU Muhammadiyah Hospital, Surakarta. Suggestions for the head of medical records are to create an SOP or standing procedure regarding writing appropriate and consistent medical terminology by ICD-10 and a list of abbreviations, so that there is agreement between doctors and medical records officers.

Keywords: accuracy; diagnosis code; inpatient; medical terminology; typhoid fever

INTRODUCTION

Coding is assigning codes using letters and numbers or combinations of letters in numbers that represent data components using ICD-10 or International Statistical Classification of Disease and Related Health Problems Tenth Revision (Peraturan Menteri Kesehatan Nomor 24 Tahun 2022). The coding of this disease will be carried out by a coder. An important thing that a coder must pay attention to is the accuracy of the diagnostic code. Factors that influence coding accuracy include health workers, coder, completeness of medical record documents, policies, and infrastructure (Anggraini et al., 2017). An important thing that influences the accuracy of the code is the accuracy of writing medical terminology. Medical terminology is the science of medical terminology which is a means of communication between officers in the field of medical services. In general, medical terminology is the science of medical terminology which is a special language between medical or health professions both in written and oral form (Nuryati, 2011).

Medical terminology should be written correctly by ICD-10 or SOP for the list of medical abbreviations that apply in hospitals. Typhoid fever in Indonesia is not endemic but is often found in big cities. There is no significant difference in the incidence of typhoid cases in men and women, but the highest incidence rate is found in adolescents. Data found in hospitals shows an increase in the number of sufferers every year of around 500/100,000 population with a mortality rate of 0.6-5%. These deaths occur due to delays in treatment, treatment, and high medical costs (Riskesdas, 2007). In the results of Rahmawati and Utami's (2020) research there was 42% accuracy in medical terminology 58% inaccuracy in medical terminology and there was 56% code accuracy and 44% code inaccuracy.

The p-value is <0.05 which means Ho is rejected where there is a relationship between the accuracy of writing medical terminology and the accuracy of the diagnosis code. Based on the results of the research that has been presented, writing incorrect medical terminology can affect the accuracy of diagnosis codes for disease cases in a hospital. PKU Muhammadiyah Hospital Surakarta is a type B hospital located on Jl. Ronggowarsito 130 Surakarta. There are 3 coder, with an educational background as a medical recorder. The results of a preliminary study carried out by the author on 10 medical record documents of inpatients diagnosed with typhoid fever showed results showing 60% inaccuracy in writing terms and abbreviations, this inaccuracy was due to the writing and coding not being by ICD-10. Meanwhile, 20% of the coding is inaccurate. Based on this, researchers conducted research at the PKU Muhammadiyah Hospital in Surakarta to find out the relationship between the accuracy of writing medical terminology and the accuracy of typhoid fever diagnosis codes, which had never been studied before.

METHOD

Type of analytical research with a cross-sectional approach design. The independent variable is the accuracy of writing medical terminology and the dependent variable is the accuracy of the diagnosis code for Typhoid Fever cases. The population of medical record documents for inpatients diagnosed with typhoid fever in 2022 is 312 documents, while the sample is 175 documents. Primary data was obtained directly by observing inpatient medical record documents to determine the accuracy of writing medical terminology and the accuracy of typhoid fever diagnosis codes based on ICD-10 using a checklist and direct observation of medical record documents. Simple random sampling technique. Observation and interview data collection techniques. This research instrument is an observation guide, interview guide, checklist, and ICD-10. Preparing permits for hospitals, collecting data on writing medical terminology and code accuracy, processing data on writing medical terminology and code accuracy, and evaluating, and presenting textual data, tables, and diagrams.

RESULTS AND DISCUSSION

Accuracy of Writing Medical Terminology for Typhoid Fever Diagnosis

Determination of accuracy is seen using ICD-10, a book listing abbreviations, and there is no use of Indonesian. The accuracy of writing a diagnosis is grouped into two, namely accuracy and inaccuracy. The amount and percentage can be seen as follows:

Table 1.
Writing Medical Terminology

Number	Analysis Results	f	%
1	Accuracy	78	44,57
2	Inaccuracy	97	55,43

Table 1 Inaccuracy writing of medical terminology for typhoid fever diagnosis was 97 documents (55.43%). The results of the accuracy of writing medical terminology for diagnosing typhoid fever are as follows:

Table 2.
Accuracy in Writing Medical Terminology

Number	Diagnosis	Number of Documents
1	*Typhoid Fever*	32
2	*Paratyphoid fever C*	1
3	DT	45

Table 2 DT's highest accuracy in writing medical terminology was 45 documents.

The results of inaccurate writing of medical terminology for typhoid fever diagnosis are as follows:

Table 3.
Inaccuracies in Writing Medical Terminology

Number	Writing a Diagnosis in a Hospital	Writing a Diagnosis by ICD-10	Number of Documents
1	DT	*Typhoid fever*	21
2	TF	*Typhoid fever*	11
3	Demam *Tifoid*	*Typhoid fever*	16
4	Dyspepsi	*Typhoid fever*	1
5	*Tifoid fever*	*Typhoid fever*	1
6	Demam *typhoid*	*Typhoid fever*	28
7	*Typhoid*	*Typhoid fever*	2
8	*Tyfoid fever*	*Typhoid fever*	1
9	*Typoid fever*	*Typhoid fever*	3
10	Demam *typus*	*Typhoid fever*	1
11	DF	*Typhoid fever*	1
12	Demam *tipoid*	*Typhoid fever*	1
13	Demam typoid	*Typhoid fever*	3
14	Demam *tyfhoid*	*Typhoid fever*	1
15	*Typey fever*	*Typhoid fever*	1
16	*Tyfhoid fever*	*Typhoid fever*	1
17	*Tifoid*	*Typhoid fever*	1
18	*Typhoid fever*	*Typhoid fever*	3

Table 3 The highest inaccuracy in writing medical terminology for "Demam *typhoid"* was 28 documents.

The inaccuracy in writing medical terminology with the diagnosis of typhoid fever which was found based on observations was caused by inaccurate spelling, as follows:

Table 4.
Inaccuracies in Writing Medical Terminology

Number	Inaccuracy Category	f	%
1	Not compliant with ICD-10	14	14,43
2	Not complying with the list of abbreviations at the hospital	33	34,02
3	Use of Indonesian	50	51,55

Table 4 The highest inaccuracy in the Indonesian language use category was 50 documents (51.55%).

Accuracy of Typhoid Fever Diagnosis Codes

The accuracy of the typhoid fever diagnosis code is seen from the entry and exit summary form, discharge summary, supporting examination, and medication form. The accuracy of diagnosis codes is grouped into two, namely accurate and inaccurate. The results of the analysis of the accuracy of the typhoid fever diagnosis code are as follows:

Table 5.
Code Accuracy and Inaccuracy

Number	Analysis Results	f	%
1	Accuracy	141	80,57
2	Inaccuracy	34	19,43

Table 5 The number of accurate typhoid fever diagnosis codes was 141 documents (80.57%) and the inaccurate ones were 34 documents (19.43%).

The results of the accuracy of the typhoid fever code are as follows:

Table 6.
Code Accuracy

Number	Diagnosis	Accuracy	Number of Documents
1	*Typhoid fever*	√	32
2	DT	√	45
3	TF	√	7
4	Demam *tifoid*	√	16
5	Dyspepsi	√	1
6	*Tifoid fever*	√	1
7	Demam *typhoid*	√	25
8	*Typhoid*	√	2
9	*Tyfoid fever*	√	1
10	*Typoid fever*	√	3
11	Demam *typus*	√	1
12	Demam *tipoid*	√	1
13	Demam *typoid*	√	2
14	Demam *tyfhoid*	√	1
15	*Typey fever*	√	1
16	*Tyfhoid fever*	√	1
17	*Tifoid*	√	1
Total Number			141

Table 6 The highest accuracy of the diagnosis code is DT with 45 documents.

The results of inaccuracy typhoid fever codes are as follows:

Table 7.
Code Inaccuracy

Number	Diagnosis	Inaccuracy	Information	Number of Documents
1	*Typhoid fever*	√	Inaccurate, the lab results showed a positive widal test, and paratyphi C bacteria were found	1
2	*Typhoid fever*	√	Inaccurate, the lab results showed a positive widal test, and paratyphi B bacteria were found	2
3	DT	√	Inaccurate, the lab results showed a positive widal test, and paratyphi C bacteria were found	6
4	DT	√	Inaccurate, the lab results showed a positive widal test, and paratyphi A bacteria were found	7
5	DT	√	Inaccurate, the lab results showed a positive widal test, and paratyphi B bacteria were found	8
6	Demam typoid	√	Inaccurate, the lab results showed a positive widal test, and paratyphi B bacteria were found	1
7	Demam typhoid	√	Inaccurate, the lab results showed a positive widal test, and paratyphi B bacteria were found	1
8	Demam typhoid	√	Inaccurate, the lab results showed a positive	2

Number	Diagnosis	Inaccuracy	Information	Number of Documents
			widal test, and paratyphi C bacteria were found	
9	TF	√	Inaccurate, the lab results showed a positive widal test, and paratyphi C bacteria were found	2
10	TF	√	Inaccurate, the lab results showed a positive widal test, and paratyphi B bacteria were found	1
11	TF	√	Inaccurate, the lab results showed a positive widal test, and paratyphi A bacteria were found	1
12	DF	√	Inaccurate, the lab results showed a positive widal test, and paratyphi C bacteria were found	1
13	*Paratypoid fever C*	√	Inaccurate, the lab results showed a positive widal test, and paratyphi C bacteria were found	1
			Total Number	34

Table 7 The highest typhoid fever diagnosis code inaccuracy in the DT diagnosis was 21 documents.

Correlation between Accuracy in Writing Medical Terminology and Accuracy in Typhoid Fever Diagnosis Codes

The results of calculations using SPSS can be seen as p=0.000 with an error level of 0.05 so p<0.05, which means Ho is rejected and Ha is accepted. There is a relationship between the accuracy of writing medical terminology and the accuracy of typhoid fever diagnosis codes for inpatients at PKU Muhammadiyah Hospital, Surakarta in 2022.

DISCUSSION

Accuracy of Writing Medical Terminology for Typhoid Fever Diagnosis

The results of research conducted at PKU Muhmmadiyah Hospital, Suarakarta, indicate that the accuracy of writing medical terminology is correct if you use medical terms that are by ICD-10 and a list of abbreviations that are in effect at the hospital. Inaccuracy if you use medical terms that are not by ICD-10, such as using Indonesian or abbreviations that are not applicable in hospitals. Medical terminology is the science of medical language used as a means of communication for people who play a direct or indirect role in health services. This medical terminology must be by the terms used in a disease classification system to support the accuracy of disease codes (Hatta, 2012). Based on the results of observations that have been made, it can be seen that the accuracy in writing medical terminology is 78 documents (44.57%), while the inaccuracy in writing medical terminology is 97 documents (55.43%). Inaccuracies were due to 14 documents (14.43%) not being by the writing in ICD-10, 33 documents (34.02%) not being by the list of abbreviations, and 50 documents (51.55%) being inaccuracies due to the use of Indonesian. The inaccuracy in writing the typhoid fever diagnosis at PKU Muhammadiyah Hospital Surakarta was caused by using spelling terminology that did not match the ICD-10 spelling and abbreviations, doctors also used Indonesian spelling in writing patient diagnoses.

There are no fixed procedures (SOP) at PKU Muhammadiyah Hospital in Surakarta that regulate the writing of medical terminology, only guided by the Clinical Practice Guide (PPK). This is to the theory of Nuryati (2011) The science of medical terminology is a source of data in the processing and presentation of diagnoses and medical or surgical procedures, especially in the fields of ICD, ICOPIM, ICHI applications which require high accuracy & precision which is an authentic basis for morbidity & statistics. mortality. This is to Astuti's (2019) theory that medical terminology is a vocabulary specifically used by professionals in the healthcare sector. This medical terminology is used to aid communication because it is mainly based on Greek and Latin words, which are consistent and uniform in many different regions. This is also

relevant to research by Maryati (2016), Waskito, and Saidi (2021), Mariyati, and Sugiarsi (2013) that the inaccuracy in writing diagnoses is caused by doctors using Indonesian terms and spelling of medical terminology that is not appropriate in ICD-10. There is a guidebook on symbols and abbreviations which, although it has been disseminated to all Caregiving Professionals (PPA), in the implementation of monitoring it is still found that symbols and abbreviations are used that are not by existing guidelines.

Accuracy of Typhoid Fever Diagnosis Codes

Correct diagnosis coding will produce accurate and quality data. Accuracy in providing and writing codes is useful for providing nursing care, billing claims costs, improving service quality, comparing morbidity and mortality data, presenting the top 10 diseases, as well as other matters related to health services (Hatta, 2012). The results of research at the PKU Muhammadiyah Surakarta Hospital already have an SOP that regulates diagnosis coding. The accuracy of the typhoid fever diagnosis code resulted in 141 documents (80.57%) of accurate codes and 34 documents (19.43%) of inaccurate codes. The inaccuracy is due to the incorrect assignment of the fourth character code. According to WHO (2016), each chapter in ICD-10 is divided into blocks. Each block consists of a three-character category list. Each category is divided into four-character subcategories. Four-character subcategories are used for identification, such as different size variations in a three-character category or independent diseases in a three-character category for grouped conditions. Errors in selecting character 4 result in the code being non-specific.

Relevant to the research of Soviana and Husni (2022), Maryati et al., (2020) stated that the code was inaccurate due to an error in coding the 4th character because it was not obtained from ICD-10 but from a smart book. This happened a lot in the diagnosis "DT" with a total of 21 documents. The immunoserology laboratory results showed the presence of Paratyphi B bacteria. The diagnosis in ICD-10 is "A01.2". In the case above, the coder was inaccurate in giving the fourth character code, namely .0, whereas the information contained in the medical record document shows that the laboratory examination results sheet for the Widal test contained paratyphi B bacteria with a result of 1/320, so the fourth character that is correct for the code is .3. Another case is the diagnosis "DT, TF, DF, Paratyphoid fever C". The code determined by the coder was A01.0, while the researcher determined the code A01.3 because of the information contained in the medical record document, namely that the Widal test laboratory results contained paratyphi C bacteria with a result of 1/320, so the correct fourth character for the code was .3 . Another case also contained a diagnosis of "DT, TF", the code given by the coder was A01.0, while the researcher assigned code A01.1 because the information in the medical record document, namely the results of the laboratory examination in the Widal test, contained paratyphi A bacteria with an examination result of 1/ 320 so the correct fourth character is .1. Code inaccuracies are caused by the coder's inaccuracy in reading laboratory examination results and the coding process is carried out by rote which causes code inaccuracies in determining the typhoid fever diagnosis code.

The results of research by Rahmawati et al., (2022) show that the factors that cause inaccurate typhoid fever diagnosis codes are the difficulty of officers in reading the diagnosis, the discrepancy between the results of the Widal examination and writing the diagnosis in the entry and exit summaries. Apart from that, the coder officer was not careful in paying attention to the medical information, where the officer immediately gave the code according to the diagnosis written on RM 1, for example on RM 1 the diagnosis of typhoid fever was written, then the coder officer immediately gave the code A01.0 because the officer had memorized it, without looking at the results of the examination. There are positive results in the diagnosis of typhoid

fever. This is to Mathar's (2018) theory that establishing a diagnosis requires supporting examinations such as laboratory results, urine tests, ultrasound, x-rays, or other supporting examinations deemed necessary by a doctor. This is also relevant to research by Simorangkir et al., (2022), coder also only see the diagnosis written by the doctor on the Entry and Exit Summary sheet without looking at the results of medical supporting examinations. Coder tend to use memorization when coding and coders tend to use rote memorization because many diagnoses are the same and because many files that have to be coded. Apart from errors in the fourth character which influences code inaccuracy, namely incomplete writing in the medical record document form is a factor that becomes an obstacle for the coder in determining the diagnosis. This is by the theory of Anggraini et al., (2017) that incompleteness in filling out medical records will greatly affect the quality of medical records, which reflects the quality of service in the hospital. Strengthened by research by Rahmawati and Atlantic (2020), Utami and Rosmalina (2019), Rosita and Wiqoyah (2018), Rahmawati et al., (2016), and Utami (2015), the causes of code inaccuracies are errors in determining the code and incomplete medical information that was not written by the responsible doctor. and health workers. The diagnosis written by the doctor is illegible, making it difficult for coders to provide diagnosis codes. Having difficulty reading the diagnosis, the coder asked the doctor about the diagnosis written, to ensure that the diagnosis written by the doctor matched the code given by the coder.

Correlation between Accuracy in Writing Medical Terminology and Accuracy in Typhoid Fever Diagnosis Codes

The calculation results using the chi-square statistical test are p=0.000 with an error level of 0.05 so that p<0.05, Ho is rejected and Ha is accepted, meaning that there is a relationship between writing accuracy and the accuracy of the typhoid fever diagnosis code for inpatients at PKU Muhammadiyah Hospital, Surakarta. The accuracy of writing medical terminology can affect the accuracy of inpatient diagnosis codes by coders. This is by the theory of Anggraini et al., (2017) that the factors that influence the accuracy of diagnosis codes are medical personnel, coder, and completeness of filing in medical information. Medical personnel have a very important role in the accuracy and completeness of diagnosis. A diagnosis written by the medical terminology in ICD-10 will make coding easier in coding.

This is also relevant to the research of Rahmawati and Utami (2020) and the relationship between the accuracy of writing medical terminology and the accuracy of codes. The results of research by Agustine and Pratiwi (2017) show a relationship between the accuracy of medical terminology and the accuracy of outpatient diagnosis codes. The chance of inaccurate medical terminology causing inaccuracies in outpatient diagnosis codes is 1.7 times greater than that of precise medical terminology. The results of Pratama's research (2020), there is a relationship between the accuracy of medical terminology and the accuracy of outpatient diagnosis codes. Research by Heltiani et al., (2022) shows a relationship between the accuracy of writing medical terminology and the accuracy of coding inpatient cases with an OR value of 1.02. Research by Suryandari et al., (2023) significantly the effect of accuracy in writing diseases diagnoses to the accuracy of diagnoses code for inpatient. The accuracy in writing diseases diagnoses by doctor that refer to medical terminology of ICD-10 will producted an accurate diagnoses codes.

CONCLUSION

The accuracy of writing typhoid fever medical terminology at PKU Muhammadiyah Hospital Surakarta contained medical record documents with correct writing, namely 78 documents (44.57%). Inaccuracy in writing medical terminology for typhoid fever was 97 documents (55.43%). Inaccuracies are due to not being by the writing in ICD-10, namely 14 documents (14.43%), not complying with the list of abbreviations, 33 documents (34.02%), and

inaccuracies due to the use of Indonesian, namely 50 documents (51.55%). The accuracy of typhoid fever diagnosis code contained accurate medical record documents, namely 141 documents (80.57%). Inaccurate typhoid fever diagnosis codes were 24 documents (19.43%). The inaccuracy is due to an error in assigning the fourth character code. The results of calculations using SPSS obtained a value of p=0.000 so p<0.05, that Ho was rejected and Ha was accepted, which means there is a relationship between the accuracy of writing medical terminology and the accuracy of the typhoid fever diagnosis code in 2022.

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