Table 1: Failure Modes with RPN Above 80, Cause(s) of Failure, and the Recommended Action

No.	Failure mode	Effects	Cause(s) of failure	RPN	Recommended action (redesign)
1	Medical record files incomplete	Pending claim	1. File incomplete 2. Diagnosis is not included in the BPJS coverage list category 3. Overlapping membership between BPJS and InHealth	280	Hospital policy evaluation regarding patients leaving outside working hours/emergency room
2	Medical record files missing	Claim uncollected	Indifference to medical record files by the room clerk	210	Use of bar codes
3	Medical resume incomplete	Pending claim	Filling out medical resumes when the patient is going home	162	1. Appointment of the chief residence to oversee the completeness of the medical record files 2. Monitoring and evaluation of the doctor in charge of the patient
4	The old medical record files enter the medical record storage shelf	1. To look for medical record files for patients returning from hospitalization needs longer time, hence the distribution of files takes a long time to reach the destination polyclinic 2. Patient complaints	1. The return of old medical record files from the room 2. Medical record officer related to the analysis is only one person 3. Assembling	162	1. Assembling process and completeness of medical record files in inpatient installations (rooms) 2. Print a grouping/financing of INA-CBGs in an inpatient (room) installation with a journal 3. The coding professional at the central medical record carries out guidance and

			4. Pharmacy completes the file 5. The officer is coding		validation of coding in the inpatient installation (room)
5	The coding officer made a mistake while coding	Pending claim	Coding professional competence	126	Update coding training
6	Excessive code writing/upcoding	1. Fraud 2. Pending claims		126	1. The coding professional at the medical record center carries out guidance and validation of coding at the inpatient installation (room) 2. Continuously improving the ability/understanding of coding professionals, as well as doctors (updating), about the use of the correct coding system through training 3. Form an Anti-Fraud Team (PMK No. 36 Th.2015 and BPJS Agreement with FKRTL in Appendix VIII)
7	Claim files to be sent to verification pile up in the medical record center	The old claim file reaches BPJS	Grouping, printing, and journal centralized in medical record installations	126	1. Print grouping/financing of INA-CBGs in the inpatient installation (room) along with the journal 2. Send the claim file directly from the inpatient installation (room) to installation verification and forward to the BPJS verifier

8	The medical record file is misplaced	1. Long search for medical records of patients returning from hospitalization, making the distribution of files longer 2. Patient complaints	1. The officer hurriedly laid the medical record files 2. Alignment racks are small and without number tags 3. Storage rack full	105	Adequate alignment racks are provided and are labeled according to the final number method (terminal digit filling)
9	Medical record files are not arranged properly and neatly according to the assembling checklist (arrangement of medical record file forms)	Slowing the service process	Assembling is not optimally done by room staff (nurses and medical record officers)	90	1. The process of assembling and analyzing the completeness of the medical record file in the inpatient installation (room) 2. Form a medical record/case mix review team
10	The medical record officer reassembles	1. Old medical record files goes into the filling rack 2. Patients in post control are treated for a long time by medical record files up to the intended clinic	1. Medical record files are not arranged neatly and correctly 2. Officers and performance achievements are not optimal	90	1. The process of assembling and analyzing the completeness of the medical record file in the inpatient installation (room) 2. Form a medical record review team/case mix hospital team
11	Tracing is still made manually (not yet bridging to central medical record storage)	1. Late searching and sending medical record files to admission 2 2. The patient is waiting to be transferred to the hospital for a long time	Application not yet available for tracer inpatient registration	81	1. Adding special HR to pick up and bring medical record files to admission 2 2. IT support to create a tracer application for inpatient registration patients (admission 2) who are bridging in the medical record storage

12	Medical record files are not found	Create a new medical record number (double)	Files are not on the shelf, there is no medical record in the service basket, and the files cannot be found on the other shelf	81	1. Use a storage rack 2. Use of bar codes 3. Hospital policy controls patients after discharge from treatment
13	Recording is still manual	It takes a long time, slowing down the distribution of medical record files	Recording is still manual	81	Use of bar codes
14	Old medical record files arrived at admission 2	Patient complaints Service delay	There was less staff to pick up the medical record file crashes	81	Adding special HR to pick up and bring medical record files to admission 2
15	Many medical record files are incomplete; there is no signature of the doctor in charge of the patient; the writing is unclear, especially the medical resume	Pending claim	Crash patients returning home via IGD	81	1. Resocialization to all PPAs to fill in the correct, accurate, and complete medical record file 2. Periodic monitoring and evaluation of the completeness of medical records/medical resumes for each KSM and feedback
16	Supporting results are not timely	Pending claim	Results of slow supporting expertise	81	Supporting data input according to the relevant unit indicators
17	Storage shelf full	Medical record file is placed on the floor	Lack of storage rack	81	Provision of rollpack for storing medical record files
18	Storage staff also provide insurance and research, pending BPJS, patients being treated again	1.Search for old medical record files 2. Patient complaints	HR limitations of file storage	80	Adding HR according to ABK

19	The storage officer looks for medical record files that are not entered at the storage rack	1.Old status search 2. Patient complaints	HR limitations	80	Adding HR according to ABK
20	The doctor wrote primary and secondary diagnoses not according to ICD-10	Pending claim	Doctors have not yet referred to ICD-10	80	Coding training update
21	The doctor has not written the procedure/the procedure written did not refer to ICD-9	Pending claim	Doctors have not yet referred to ICD-9	80	Coding training update
22	Medical record files that have remained have not been destroyed	The buildup of medical record files in the medical record storage room	Not optimal retention	80	Optimization of medical record file retention and scheduling of medical record file extermination