

Analisis Capaian Standar PPI di RS Pemerintah dan Swasta Berdasarkan Data KARS SNARS Edisi 1 Tahun 2018-2019 di Indonesia

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Abstrak

Latar Belakang: PPI adalah salah satu bab dalam SNARS Edisi 1 meliputi 9 fokus area. Saat ini belum ada analisa capaian standar PPI berdasarkan kepemilikan rumah sakit dengan data sekunder SNARS Edisi 1 di Indonesia. Metode: Cross sectional menggunakan data sekunder KARS. Sampel seluruh RS terakreditasi tahun 2018-2019 yang diuji berdasarkan variable kepemilikan. Hasil dan Pembahasan: Didapatkan 1.271 RS dengan RS pemerintah (537 RS) dan RS swasta (734 RS). Fokus Area 4 nilai tertinggi pada regulasi pelayanan sterilisasi, pengelolaan linen serta nilai terendah pada penjaminan proses sterilisasi dan desinfeksi di luar CSSD, bukti pelaksanaan monitoring kepatuhan PPI dalam pelayanan sterilisasi pihak ketiga dan pihak ketiga pengelolaan linen harus memenuhi sertifikasi mutu. Fokus Area 8 nilai tertinggi pada regulasi penempatan pasien infeksi airborne, hand hygiene dan alat pelindung diri serta nilai terendah pada bukti monitoring IPCN terhadap penempatan pasien imunitas rendah, terhadap penempatan dan proses transfer pasien airborne disease serta RS menyediakan ruang isolasi tekanan negatif. Kesimpulan: Nilai tertinggi Fokus Area 4 didapatkan pada unsur regulasi pelayanan sterilisasi dan pengelolaan linen. Nilai tertinggi Fokus Area 8 didapatkan pada unsur regulasi penempatan pasien infeksi airborne, hand hygiene, alat pelindung diri

Background: PPI is one of the chapters in SNARS Edition 1 covering 9 focus areas. Currently, there is no analysis of the achievement of PPI standards based on hospital ownership with secondary data from SNARS Edition 1 in Indonesia. Cross sectional using KARS secondary data. Samples of all accredited hospitals in 2018-2019 were tested based on ownership variables. Results and Discussion: There were 1,271 hospitals with government hospitals (537 hospitals) and private hospitals (734 hospitals). Area 4 focuses on the highest score on regulation of sterilization services, linen management and the lowest score on the guarantee of sterilization and disinfection processes outside of CSSD, evidence of PPI compliance monitoring in third party sterilization services and third party linen management must meet quality certification. Focus Area 8, the highest score on the regulation of the placement of patients with airborne infections, hand hygiene and personal protective equipment and the lowest score on the evidence of IPCN monitoring on the placement of patients with low immunity, on the placement and transfer process of airborne disease patients and hospitals providing negative pressure isolation rooms. Conclusion: The highest value of Focus Area 4 was obtained on the elements of regulation of sterilization services and linen management. The highest value of Focus Area 8 was obtained on the elements of regulation of the placement of patients with airborne infections, hand hygiene, personal protective equipment