

Length of Stay Pasien di Instalasi Gawat Darurat ke Rawat Inap sebagai Indikator Mutu Pelayanan Kesehatan di Rumah Sakit Universitas Indonesia Tahun 2024: Analisis Lean Management

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Abstrak

Pelayanan di Instalasi Gawat Darurat (IGD) memegang peran penting dalam menentukan kualitas pelayanan dan keselamatan pasien di rumah sakit. Indikator kinerja IGD, seperti Length of Stay (LOS), yang mengukur lama pasien di IGD dari kedatangan hingga pemulangan atau pemindahan, dapat memengaruhi tingkat kepadatan di IGD. Penelitian ini bertujuan untuk mengidentifikasi alur pelayanan, hambatan, dan akar penyebab masalah terkait LOS di IGD. Pengumpulan data dilakukan pada bulan April-Mei 2024 dengan pendekatan kualitatif studi kasus, berupa observasi pada 30 pasien, wawancara, dan telaah dokumen. Analisis data menggunakan flowchart untuk mengidentifikasi alur pelayanan, Value Stream Mapping untuk mengenali kegiatan bernilai dan menemukan waste, serta The Five Whys untuk menganalisis akar penyebab hambatan. Metode Lean Thinking digunakan untuk menghasilkan alur dan Model BAS (Baseline, Assess, Suggest Solution) dari Model BASICS. Hasil penelitian menunjukkan bahwa alur pelayanan pasien IGD melibatkan lima tahapan; dengan 65,5% waktu pelayanan adalah kegiatan non-value added, 23,4% kegiatan necessary but non-value added, dan 11,1% kegiatan value added, dengan total Lead Time 7 jam 55 menit 29 detik. Dari sisi pasien, waste yang terjadi meliputi waste of waiting (94,9%) dan transportation (5,1%). Bottleneck terjadi pada aktivitas menunggu terdaftar di rawat inap (25,2%), menunggu advis DPJP (22,9%), menunggu hasil pemeriksaan penunjang (22,3%), dan menunggu kesiapan rawat inap (18,2%), dengan total 88,6%. Perbaikan LOS di IGD dapat menggunakan lean tools seperti standardized work, visual management, heijunka, kaizen, dan just in time agar waste dapat dikurangi.

Emergency Department (ED) services play a crucial role in determining the quality of care and patient safety in hospitals. Performance indicators in the ED, such as Length of Stay (LOS) which measures the duration from a patient's arrival to their discharge or transfer can significantly impact the congestion levels in the ED. This study aims to identify the service flow, obstacles, and root causes of issues related to LOS in the ED. Data collection was conducted from April to May 2024 using a qualitative case study approach, including observations of 30 patients, interviews, and document reviews. Data analysis involved using flowcharts to identify the service flow, Value Stream Mapping to recognize value-added activities and identify waste, and The Five Whys to analyze the root causes of obstacles. Lean Thinking methodology was applied to develop a service flow and the BAS (Baseline, Assess, Suggest Solution) model from the BASICS model. The study results show that the patient service flow in the ED involves five stages, with 65.5% of service time consisting of non-value-added activities, 23.4% of necessary but non-value-added activities, and 11.1% of value-added activities, resulting in a total lead time of 7 hours, 55 minutes, and 29 seconds. From the patient's perspective, the waste observed includes waiting (94.9%) and transportation (5.1%). Bottlenecks were identified in activities such as waiting to be registered for inpatient care (25.2%), waiting for specialist advice (22.9%), waiting for the results of supporting examinations (22.3%), and waiting for inpatient readiness (18.2%), totaling 88.6%. Improving LOS in the ED can utilize

lean tools such as standardized work, visual management, heijunka, kaizen, and just-in-time to reduce waste.