

# Pengembangan Governansi Klinis Pelayanan Kronis Terintegrasi Pasien Diabetes Melitus Tipe 2 Dengan Komplikasi Di Rumah Sakit Ngoerah, Bali

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## Abstrak

<div style="text-align: justify;">Diabetes melitus tipe 2 (DMT2) dengan komplikasi merupakan salah satu tantangan utama pelayanan kesehatan di rumah sakit rujukan tersier karena bersifat kronis, kompleks, dan membutuhkan pelayanan berkesinambungan lintas disiplin. Rumah Sakit Prof. dr. I G.N.G. Ngoerah, Bali (RS Ngoerah) sebagai rumah sakit rujukan nasional menghadapi tuntutan untuk tidak hanya menyediakan layanan klinis lanjutan, tetapi juga memastikan mutu, efisiensi, dan kesinambungan pelayanan melalui tata kelola yang kuat dan terintegrasi. Penelitian ini bertujuan mengembangkan governansi klinis pelayanan kronis terintegrasi bagi pasien DMT2 dengan komplikasi di Poliklinik RS Ngoerah, agar pelayanan berkesinambungan dan berkualitas. Penelitian menggunakan pendekatan mixed methods dengan kerangka analisis Teori Donabedian (struktur/input&ndash;proses&ndash;outcome/output) serta prinsip governansi klinis dan pelayanan penyakit kronis. Data diperoleh melalui analisis dokumen, survei, dan wawancara mendalam dengan berbagai pemangku kepentingan layanan. Hasil penelitian menunjukkan bahwa secara struktural RS Ngoerah telah memiliki sumber daya manusia, fasilitas, dan layanan subspecialistik yang memadai. Namun, keunggulan struktur tersebut belum sepenuhnya diikuti oleh proses pelayanan yang terintegrasi dan berkesinambungan. Pelayanan pasien DMT2 dengan komplikasi masih didominasi pendekatan episodik, terfragmentasi antar unit, serta belum didukung oleh alur pelayanan kronis terintegrasi, sistem rujuk balik yang efektif, dan pemanfaatan data klinis longitudinal secara optimal. Ketidakselarasan antara struktur/input, proses, dan outcome/output ini berdampak pada belum optimalnya efektivitas layanan, efisiensi biaya, dan pengalaman pasien. Analisis tata kelola menunjukkan bahwa interaksi unsur man, machine, dan method belum berjalan secara sinergis. Kompetensi tenaga kesehatan yang tinggi belum sepenuhnya didukung oleh sistem informasi terintegrasi dan metode pelayanan kronis yang baku. Dari perspektif availability, affordability, dan accessibility, layanan komprehensif tersedia secara klinis, namun masih terdapat hambatan dalam akses berkelanjutan dan kesesuaian pembiayaan dengan kebutuhan pelayanan kronis jangka panjang. Berdasarkan temuan tersebut, penelitian ini merekomendasikan pengembangan model governansi klinis pelayanan kronis terintegrasi yang menekankan integrasi struktur/input&ndash;proses&ndash;outcome/output, penguatan kepemimpinan klinis, standarisasi alur pelayanan kronis lintas unit, pemanfaatan sistem informasi klinis terintegrasi, serta mekanisme evaluasi berbasis outcome klinis dan pengalaman pasien dalam bentuk unit pelayanan diabetes terpadu (diabetes integrated care unit). Model ini diharapkan mampu meningkatkan efektivitas, efisiensi, dan kesinambungan pelayanan pasien DMT2 dengan komplikasi di RS Ngoerah Bali, sekaligus menjadi rujukan penguatan tata kelola pelayanan penyakit kronis di rumah sakit rujukan lainnya.</div><hr /><div style="text-align: justify;">Type 2 diabetes mellitus (T2DM) with complications represents one of the major challenges in healthcare delivery at tertiary referral hospitals due to its chronic nature, clinical complexity, and the need for continuous, multidisciplinary care. Prof. dr. I G.N.G. Ngoerah Hospital, Bali (Ngoerah Hospital), as a national referral hospital, is therefore required not only to provide advanced clinical services but also to

ensure the quality, efficiency, and continuity of care through a robust and integrated governance framework. This study aimed to develop an integrated chronic care governance model for patients with T2DM and complications attending the outpatient clinics of Ngoerah Hospital, Bali, in order to support high-quality and continuous care delivery. A mixed-methods approach was employed, guided by the Donabedian framework (structure/input&ndash;process&ndash;outcome/output) and informed by principles of clinical governance and chronic disease management. Data were collected through document review, surveys, and in-depth interviews with key healthcare stakeholders. The findings indicate that, from a structural perspective, Ngoerah Hospital has adequate human resources, facilities, and subspecialty services to support comprehensive diabetes care. However, these structural strengths have not been fully translated into integrated and continuous care processes. Care for patients with T2DM and complications remains predominantly episodic, fragmented across service units, and insufficiently supported by integrated chronic care pathways, effective referral-back mechanisms, and optimal use of longitudinal clinical data. This misalignment between structure/input, process, and outcomes/output has contributed to suboptimal service effectiveness, cost efficiency, and patient experience. Governance analysis further reveals that the interaction among the elements of manpower, machinery, and methods has not yet functioned synergistically. While healthcare professionals demonstrate a high level of clinical competence, this capacity is not adequately supported by integrated health information systems and standardized chronic care methods. From the perspectives of availability, affordability, and accessibility, comprehensive services are clinically available; however, barriers persist in ensuring sustained access and alignment between financing mechanisms and the long-term needs of chronic care. Based on these findings, this study recommends the development of an integrated chronic care governance model that emphasizes alignment across structure, process, and outcomes; strengthens clinical leadership; standardizes multidisciplinary chronic care pathways; optimizes the use of integrated clinical information systems; and implements evaluation mechanisms based on clinical outcomes and patient experience, as in diabetes integrated care unit. Such a model is expected to enhance the effectiveness, efficiency, and continuity of care for patients with T2DM and complications at Ngoerah Hospital, while also serving as a reference for strengthening chronic disease care governance in other tertiary referral hospitals.</div>