Evaluasi Kinerja Dokter Spesialis Melalui Penerapan OPPE (Ongoing Professional Practice Evaluation) dengan indikator mutu pelayanan rawat inap sebagai bagian penilaian di KSM Bedah RSU Bunda Margonda tahun 2025

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Abstrak

Pengendalian mutu pelayanan medis merupakan bagian penting dalam tata kelola klinis rumah sakit karena berkaitan langsung dengan keselamatan pasien, efektivitas layanan, dan akuntabilitas profesional tenaga medis. RSU Bunda Margonda telah menerapkan sistem indikator mutu pelayanan medis rawat inap serta evaluasi kinerja dokter spesialis melalui mekanisme Ongoing Professional Practice Evaluation (OPPE). Meskipun keduanya telah berjalan sebagai bagian dari sistem tata kelola klinis, hubungan antara capaian indikator mutu pelayanan medis dengan hasil penilaian OPPE pada Kelompok Staf Medis (KSM) Bedah belum pernah dianalisis secara sistematis dan komprehensif. Penelitian ini bertujuan untuk menganalisis pengaruh capaian indikator mutu pelayanan medis rawat inap terhadap hasil penilaian OPPE dokter spesialis KSM Bedah di RSU Bunda Margonda tahun 2025. Penelitian menggunakan pendekatan mixed methods dengan desain sequential explanatory, di mana analisis kuantitatif terhadap 16 dokter spesialis dari 8 sub-spesialisasi bedah dilakukan terlebih dahulu, kemudian diperdalam melalui wawancara mendalam dengan informan kunci yang meliputi Kepala Bidang Medis dan Ketua Komite Mutu. Instrumen OPPE yang digunakan mencakup tiga dimensi utama, yaitu dimensi Perilaku (bobot 30%), Pengembangan Profesional (bobot 30%), dan Kinerja Klinis (bobot 40%). Hasil penelitian menunjukkan bahwa terdapat hubungan yang nyata dan bermakna antara capaian indikator mutu pelayanan medis rawat inap dengan hasil penilaian OPPE dokter spesialis KSM Bedah. Rata-rata total skor OPPE KSM Bedah mencapai 4,086 dengan predikat B-Very Good, di mana 6 dokter (37,5%) meraih predikat A-Excellent, 8 dokter (50,0%) meraih predikat B-Very Good, dan 2 dokter (12,5%) berada pada predikat C-Good. Sub-spesialisasi Bedah THT-KL mencatat rata-rata skor tertinggi (4,326), sedangkan Bedah Umum mencatat rata-rata terendah (3,647) dengan variasi terlebar. Dimensi Kinerja Klinis mencapai capaian proporsional tertinggi (93,3% dari skor maksimum), sementara Dimensi Perilaku menjadi sumber variabilitas tertinggi antar dokter. Indikator outcome klinis, khususnya angka IDO/ILO (Infeksi Daerah Operasi/Infeksi Luka Operasi) dan angka re-operasi, ditemukan sebagai indikator yang paling dominan berkontribusi terhadap skor OPPE. Kesimpulan penelitian ini menunjukkan bahwa indikator mutu pelayanan medis rawat inap, terutama kepatuhan visite DPJP, kelengkapan rekam medis, kepatuhan PPK/Clinical Pathway, kepatuhan Surgical Safety Checklist (SSC) dan IPSG, angka IDO/ILO, serta angka re-operasi, memiliki keterkaitan yang signifikan dengan hasil penilaian OPPE. Sistem OPPE RSU Bunda Margonda telah memiliki fondasi yang selaras dengan prinsip evidence-based clinical governance, namun masih terdapat lima kesenjangan dibandingkan standar internasional yang perlu diperkuat, meliputi mekanisme peer review formal, integrasi data indikator mutu secara otomatis, representasi keenam domain kompetensi ACGME, data volume kasus operatif per dokter, serta standarisasi mekanisme umpan balik kepada dokter. Penguatan sistem OPPE melalui pengembangan SIMRS, umpan balik berkelanjutan, dan peer review terstruktur direkomendasikan untuk mendukung tata kelola klinis berbasis data yang lebih kuat di RSU Bunda Margonda. <hr

/> Quality control of medical services is a fundamental component of clinical governance in hospitals, as it directly influences patient safety, service effectiveness, and professional accountability of healthcare providers. RSU Bunda Margonda has implemented inpatient medical service quality indicators alongside a physician performance evaluation system through the Ongoing Professional Practice Evaluation (OPPE). Despite both systems being operational as part of clinical governance, the relationship between quality indicator achievements and OPPE assessment outcomes within the Surgical Medical Staff Group had not been systematically or comprehensively analyzed. This study aims to analyze the influence of inpatient medical service quality indicators on OPPE assessment results among specialist doctors in the Surgical Medical Staff Group at RSU Bunda Margonda in 2025. The study employed a mixed methods approach with a sequential explanatory design, where quantitative analysis of 16 specialist doctors from 8 surgical sub-specializations was conducted first, followed by in-depth interviews with key informants including the Head of Medical Services and the Quality Committee Chair. The OPPE instrument comprised three main dimensions: Behavior (weight 30%), Professional Development (weight 30%), and Clinical Performance (weight 40%). The findings confirm a significant and meaningful relationship between inpatient medical service quality indicator achievements and OPPE assessment results among Surgical Medical Staff doctors. The average total OPPE score for the Surgical Medical Staff Group reached 4.086 (B-Very Good), with 6 doctors (37.5%) achieving A-Excellent, 8 doctors (50.0%) achieving B-Very Good, and 2 doctors (12.5%) rated C-Good. The ENT-Head and Neck Surgery subspecialty recorded the highest average score (4.326), while General Surgery recorded the lowest average (3.647) with the widest variation. The Clinical Performance dimension achieved the highest proportional score (93.3% of maximum), while the Behavior dimension contributed the greatest variability among individual physicians. Clinical outcome indicators, particularly the surgical site infection (SSI/IDO-ILO) rate and re-operation rate, were identified as the most dominant contributors to OPPE scores. In conclusion, inpatient medical service quality indicators particularly specialist physician visit compliance, medical record completeness, clinical pathway adherence, Surgical Safety Checklist (SSC) and IPSG compliance, surgical site infection rate, and re-operation rate demonstrated significant associations with OPPE assessment outcomes. The OPPE system at RSU Bunda Margonda has a foundation aligned with evidence-based clinical governance principles; however, five gaps remain compared to international standards: the absence of a formal peer review mechanism, manual integration of quality indicator data, incomplete representation of all six ACGME competency domains, unavailability of per-physician operative case volume data, and non-standardized physician feedback mechanisms. Strengthening the OPPE system through enhanced hospital information system (SIMRS) development, continuous feedback cycles, and structured peer review is recommended to support more robust data-driven clinical governance at RSU Bunda Margonda.