

## Variasi biaya perawatan demam berdarah dengue berdasarkan diagnosis related groups di RSUD Dokter Soedarso Pontianak th.2005

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### Abstrak

DBD merupakan penyakit menular, dapat menyerang semua orang, mengakibatkan kematian, serta sering menimbulkan wabah. DBD menunjukkan beban ekonomi signifikan pada masyarakat yang terkena. Tujuan penelitian ini diperolehnya informasi tentang biaya per DRG's berdasarkan Clinical Pathway pada penderita DBD yang dirawat inap di RSUD Dr. Soedarso Pontianak tahun 2005. Jenis penelitian kuantitatif dengan desain survei. Data dikumpulkan dari biaya-biaya yang dikeluarkan oleh penderita DBD yang dirawat inap di RSUD Dokter Soedarso bulan Januari sampai Desember 2005. Penelitian dilaksanakan bulan Februari-Juni 2006, menggunakan data sekunder dan rekam medis pasien rawat inap DBD dan unit penunjang serta data primer dari wawancara dengan dokter, perawat, kepala ruangan dan kepala rekam medis tentang penatalaksanaan DBD. Unit cost dihitung berdasarkan direct cost dengan Activity Based Costing dan indirect cost dengan simple distribution. Variabel yang mempengaruhi penetapan DRG's DBD di RSUD Dr. Soedarso Pontianak tahun 2005 antara lain: karakteristik pasien: jenis kelamin, diagnosa utama, penyakit penyerta dan penyulit, lama hari rawat dan pemanfaatan utilisasi. Clinical Pathway DBD yang dirawat inap di RSUD Dr. Soedarso Pontianak tahun 2005 terdiri dari tahapan berikut : I. Pendaftaran, II. Penegakan Diagnosa: tindakan oleh perawat, dokter, pemeriksaan penunjang, penegakan diagnosa utama, terapi dokter, pendaftaran rawat inap, III. Terapi: visite dokter, pemeriksaan penunjang, penegakan DBD berdasarkan casemix, penentuan terapi (dokter), asuhan keperawatan, penggunaan alat kesehatan habis pakai, obat-obatan dan akomodasi serta IV. Pulang. Rata-rata lama hari inap dan biaya DBD berdasarkan DRG's (T63B) di RSUD Dr. Soedarso Pontianak Tahun 2005 adalah: DBD Murni 4,01 hari, biaya Rp.565.948,- - Rp.2.471.298,-. DBD dengan penyerta 4,46 hari, biaya Rp.572.692,- - Rp.2.740.687,- DBD dengan penyulit 4,82 hari, biaya Rp.652.352,- - Rp.3.256.826,-. DBD dengan penyakit penyerta dan penyulit 5 hari, biaya Rp.662.385,- - Rp.3.467.237,-. Sampel pada DBD dengan penyakit penyerta dan penyulit hanya 2 orang (1,65%) sehingga lama hari rawat inap dan biaya kurang bervariasi. Rumah sakit dapat melakukan penerapan DRG's secara bertahap. Perlu koordinasi lintas program antara Depkes RI, Ikatan Profesi, Asuransi, YLKI dan Rumah Sakit (Private dan Public) dalam penyusunan Clinical Pathway yang baku dan penetapan biaya berdasarkan DRG's serta akhimya tercipta Indonesian DRG's. Perlu dilakukan penelitian lebih lanjut dengan diagnosa penyakit lain dan di rumah sakit lain (private maupun public) agar perhitungan unit cost IDRG's dapat digunakan sebagai alat untuk pembayaran sehingga adanya kepastian biaya yang diperlukan bagi RS, asuransi, konsumen dan pemerintah.

DHF disease is contagious disease, could attack all people and cause death, and often cause epidemic. DHF show significant economical burden in infected society. This research aim is get the information about cost per DRG's based on Clinical Pathway of DHF patient that taken care at Dr. Soedarso General Hospital Pontianak in 2005. Research is quatitative with survey design. Data gathered from costs that spend by dengue haemorrhagic fever patient that taken care in Dr. Soedarso General Hospital from January to December 2005. Research done in February - June 2006, using secondary data from DHF inpatient medical record and supportive units

and also primary data from interview with doctors, nurses, Hall Chief and Medical Record Chief toward dengue haemorrhagic fever menagery. Unit cost count based on direct cost by Activity Based Costing and indirect cost by simple distribution. Variables that affect DRG's DHF in Dr. Soedarso General Hospital Pontianak year 2005 such as: patient characteristics: sex, main diagnose, commorbidity and commortality disease (casemix), length of stay and utilization used. DHF's Clinical Pathway in Dr. Soedarso General Hospital Pontianak year 2005 consists of: I. Registration, IL Diagnose Straightening: action of nurse, doctor, supportive examiner, main diagnose straightening, doctor therapy, inpatient registration, III. Therapy: Visit Doctor, supportive examiner, DHF diagnose straightening with casemix, therapy determining (doctor), nursing education, after use health tools using, medication and accommodation and also IV. Returning Home. Inpatient length of stay mean and DHF cost based DRG's (T63B) in Dr. Soedarso General Hospital Pontianak year 2005 are: Pure DHF is 4,01 days, with inpatient cost mean between Rp. 565.948,- to Rp. 2.471.298,-. DHF with commorbidity disease is 4,46 days. Inpatient cost mean between Rp. 572.692,- to Rp. 2.740.687,-. DHF with complicated disease is 4,82 days. Inpatient cost mean between Rp.652.352,- to Rp.3.256.826,-. DHF with casemix is 5 days. Inpatient cost between Rp.662.385,- to Rp.3.467.237,-. Sample on DHF with casemix only two people (1,65%) with the result that inpatient length of stay and cost less varying. Hospital can do DRG's implementation step by step especially in inpatient cases that often handled. Need cross program coordination between Depkes RI, Profession Band, Assurance, YLKI and Hospital (Private and Public) in arranging basic Clinical Pathway and cost determining based on condition in Indonesia and finally created Indonesian DRG's. Important to do the other research with other diagnostic and other hospitals (private and public) so unit costlDRG's can be used became tools to payment system So that cost certainty needed for hospitals, assurance, consumer and government created.</p>