Analisis mutu pelayanan intensive care unit (ICU melalui audit kematian di RSUD kota Bekasi tahujn 2009

Prastiwi, Ellya Niken

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Abstrak

Sebagai penyedia layanan publik, RSUD lebih berorientasi kepada efisiensi dan produktifitas dibadingkan profit, salah satu ukuran keberhasilan adalah mutu layanan yang memenuhi standar pelayanan minimum (SPM). Pendekatan komprehensif tentang mutu layanan mencakup struktur input, proses, dan output. Komponen struktur input meliputi sumber daya manusia, standar prosedur operasional dan peralatan, struktur proses meliputi pelayanan medis dan pelayanan paramedis, struktur output merupakan perubahan kondisi dan status kesehatan pasien setelah mendapatkan akses fasilitas yang ada di dalam input dan proses.
Untuk Rumah Sakit, salah satu indikator penting kualitas layanan adalah net death rate (NDR). Salah satu unit pelayanan sentral pada rumah sakit sebagai penyedia layanan kesehatan adalah unit intensive care unit (ICU). Selama periode 2007-2009, tingkat kematian pasien di ICU RSUD Bekasi berada di atas standar pelayanan minimum (SPM) Departemen Kesehatan, dan belum pernah dilakukan penelitian terhadap kesenjangan tersebut.<div> Penelitian lain yang relevan menunjukkan adanya hubungan antara mutu layanan dan pelaksanaan layanan, sumber daya manusia, standard operating procedures (SOP), dan peralatan penunjang medis. Penelitian lainnya menunjukkan kinerja yang rendah pada aspek manajemen, SDM, pelaksanaan pekerjaan, dan pengembangan.</div><div> </div>Penelitian ini menggambarkan distribusi kematian, dan hubungan struktur input dan proses terhadap sruktur output kematian pasien di atas 48 jam di ICU RSUD Bekasi. Desain penelitian yang digunakan adalah deskripsi analitis kualitatif dengan metode pengukuran retrospektif berupa audit kematian pasien ICU di atas 48 jam tahun 2009. Data primer yang digunakan adalah dari wawancara dan data sekunder dari dokumen rekam medik.<div> </div>Hasil penelitian menunjukkan proporsi terbanyak kematian pasien di atas 48 jam adalah sebagai berikut:<div> </div>- Menurut cara bayar adalah pasien umum<div> </div>- Menurut asal masuk adalah pasien dari Instalasi Gawat Darurat (IGD)<div> </div>- Menurut lama perawatan pasien adalah 5-7 hari<div> </div>- Menurut resume audit adalah kasus terminal dan kasus infeksi nosokomial<div> </div>- Menurut keahlian dokter adalah dokter dengan keahlian saraf<div> </div>Berdasarkan hubungan struktur input, proses, dan struktur output, hasil penelitian mendukung kesimpulan bahwa output mutu layanan ICU yang rendah, yang diindikasikan dengan tingkat kematian di atas standar berlaku, sangat dipengaruhi oleh sumber daya manusia yang kurang memadai secara mutu dan jumlah, SOP yang tidak lengkap, peralatan medis yang kurang lengkap, dan proses penatalaksanaan medis serta paramedis yang kurang memadai.<div> <hr /></div>As a public service provider, RSUD must be more efficiency and productivity oriented rather than profit. One of result measurements is service quality compliance to minimum service standard. Comprehensive approach on service quality covers input structure, process, and output. Component of input structure comprises human resource, standard operating procedures, and equipment. Process structure

comprises medical and paramedical services. Output structure is change in patient?s health condition and status after accessing facilities in input and process.

Service quality measurement is performed by comparing performance indicators to health service standard which is stipulated previously. Health service standard is a standard, indicator, or limit which enables measurement on service quality by group of input structure, process, and output. Service quality measurement can be performed using prospective measurement (before servicing), concurrent measurement (while servicing), and retrospective measurement (after servicing).

For hospital, one of important health service indicators are net death rate (NDR). As health service provider, one of hospital?s central service units is intensive care unit (ICU). As of 2007-2009 period, death rate at RSUD Bekasi ICU was above minimum service standard stipulated by ministry of health, and no research regarding to the gap has ever been conducted previously.

Another relevant research showed considerable correlation between quality service and service process, human resource, standard operating procedures (SOP), as well as medical support equipment. The other one showed low performance on management, human resource, process, and development aspects.

This research depicts death distribution of ICU patient, and relation of input structure and process to over 48 hours death ICU patient output structure at RSUD Bekasi. Research design applied here is qualitative analytical description using retrospective measurement method in form of over 48 hours ICU patient death audit in 2009. Primary data used in this research is sourced from interview, and secondary data comes from medical records.

Research result shows that the largest proportion of over 48 hours death ICU patient grouped by term of payment, patient origin, nursing period, audit resume, and doctor specialty are as follows:

- By term of payment is common patients

- By patient origin is emergency unit originated patients

- By nursing period is 5-7 nursing days patients

- By audit resume is terminal case and nosokomial infection patients

- By doctor specialty is neurolog related patients

Based on relation of input structure and process to output structure, the result supports conclusion that low quality ICU service, which was indicated by higher death rate above the prevailing standard, is considerably determined by inadequacy of both human resource quality and quantity, insufficiency of standard operating procedures and medical support equipment, as well as lack of medical and paramedical process.