Penerapan epidemiologi dalam kajian ketidaktepatan admisi rawat inap di RSCM: pendekatan epidemiologi mutu dalam pengembangan model diagnostik ketidaktepatan admisi

Zailani, Meliana

Abstrak

ABSTRAK   BOR yang rendah, biaya satuan rawat inap yang makin meningkat serta rasio tempat tidur per penduduk yang masih rendah, merupakan hal yang mendasari perlunya perbaikan mutu admisi rumah sakit. Penelitian potong lintang digunakan untuk mengetahui besaran masalah ketidaktepatan admisi. Sebagai instrumen pengukuran ketepatan admisi digunakan Protokol Evaluasi Ketepatan Admisi yang mengacu pada Evaluation Appropriateness Protocol for Appropriateness Admission. Rancangan penelitian kasus kontrol dipilih unluk melihat faktor penyebab dan peranannya.   Tujuan   Mengetahui besaran masalah ketidaktepatan admisi dan faktor penyebabnya, serta mengembangkan model diagnostik prakiraan ketidaktepatan admisi.   Metodologi dan Cara Penelitian   Penelitian dilakukan di ruang rawat inap bagian Ilmu Penyakit Dalam dan Bedah RSCM bulan Nopember 2000 sampai dengan Mei 2001.Uji validasi dan reliabilitas dilakukan pada tahap persiapan. Besar sampel penelitian potong lintang 323. Besar sampel penelitian kasus kontrol dengan sampel 570, 190 kasus dan 380 kontrol. Sampel diambil secara acak dari populasi penelitian yang terpilih.   Hasil penelitian   Uji validasi menghasilkan sensitivitas 87,5%,spesifisitas 66,6%, LR 2,65   Rasio ketidaktepatan admisi di RSCM 31, 6%   Variabel yang berperan terhadap ketidaktepatan admisi, variabel Rujukan (OR 7,564; CI95% 3,781; 15, 131) dari Faktor rujukan, variabel Jaminan pihak ketiga dari Faktor Jaminan Pihak ketiga (OR 4,089; CI95%2, 193-7, 625); variabel perencanaan pemeriksaan atau tindakan medis (OR 3,26; CI 95% 1,194; 8,897)dan variabel pelaksanaan asuhan keperawatan (OR 2,309; CI95% 1,481-3,599) dari faktor Pelayanan Provider; variabel Waktu admisi dari Faktor sikap pasien.(ORO, 115,CI 95% 0,072;0,814)Variabel Kelengkapan pemeriksaan medis (or 1,475 95%Cl 0,949; 2,291) dari Ketersediaan Geografis(OR 3,405; 95%CI 0,895; 12,949) meskipun perannya secara statistik tidak bermakna, tetap diikutkan dalam permodelan dengan pertimbangan dibutuhkan secara teori dan kenyataan.   Permodelan logistik regresi yang dihasillkan dikembangkan dengan pembobotan dan skoring faktor, untuk memperoleh model diagnostik yang lebih mudah dalam penentuan probabilitas ketidaktepatan admisi.   Ketidaktepatan admisi dipengaruhi oleh faktor rujukan, faktor pelayanan provider, faktor pola pembiayaan dan faktor sikap pasien.   <hr

/>ABSTRACT   The low rate of HOR and the increasing of inpatient unit cost and the tow rate of heal/population become the basic reasons for improving the quality of hospital admission. Admission research has to he performed for quality improvement. By means epidemiological approach a cross-sectional design was used to determine inappropriate admission and case-control study to reveal risk factor and its consequences.   The Aim of Study   The general aim of this study is to obtain information on the rate of inappropriate admission problem in RSCM and the influencing factors and to search out o model tier predicting diagnostics of inappropriate admission   Method   Population taken for research was the inpatients in inpatient installation A and B of RSCM from December 2001 to May 2002. Research performed in two stages i.e.   Preliminary study was taken to ensure the validation and reliability instrumentation research stages, which consist of two sub stages i.e.:   Cross-sectional study in search of the proportion of admission inappropriateness according to the Appropriateness Admission Evaluation Protocol, and   Case-control study to test the hypotheses   Samples for arts, sectional study were 323 patients and 570 were taken as samples to ease control study. where 190 patient were for case study and 3817 were taken as control.   Result and Discussion   Sensitivity and specificity were ST.5 and 66.6 percents   Kappa coefficient was 0,56 - 0.74 percents so that it was concluded that there was a good agreement.   Cross-sectional study indicated that inappropriate admission (proportion) was 31.6 percents.   Multivariate analysis results revealed that a model designed from independent and dependent variables can he constructed with inferences such as: Referral Factors: Patients without referral has a risk of 7.6 higher than patients with referral   Provider Factors: Imperfect medical examination planning or medical procedure scheduling has o risk of admission inappropriateness 3.3 higher than proper medical arrangement Patient's Perception Factors: Patients admitted with perception of emergency have a risk of admission inappropriateness -115 lower than patient with out emergency admission   Payment Scheme Factors: Patient covered by the insurance company has o risk of admission inappropriateness of 4.1 higher than patients paying with other payment scheme.   <div style="margin-bottom:

6px;"> Inappropriate admission s influenced by several factor, service provider's factor, payment scheme factor and patient's perception factor.