

INTISARI

EVALUASI IMPLEMENTASI *CLINICAL PATHWAY* PADA KASUS KRISIS HIPERTENSI DI INSTALASI RAWAT INAP RS PKU MUHAMMADIYAH BANTUL

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Latar Belakang: Ketatnya persaingan antar rumah sakit menuntut rumah sakit untuk melakukan perbaikan mutu dalam pemberian pelayanan. *Clinical pathway* merupakan instrumen yang digunakan untuk meningkatkan mutu pelayanan. Hipertensi merupakan faktor risiko nomor tiga penyebab kematian di dunia dan tertinggi di Daerah Istimewa Yogyakarta. Penelitian ini bertujuan untuk mengevaluasi implementasi CP krisis hipertensi di instalasi rawat inap RS PKU Muhammadiyah Bantul.

Metode: Penelitian *mix method* dengan desain studi kasus. Data kuantitatif bersifat deskriptif dari dokumentasi CP dalam rekam medis secara *total sampling* (Januari-Juni 2016) dan *checklist ICPAT*. Data kualitatif diperoleh dari *deep interview* dan observasi dengan *purposive sampling*.

Hasil dan Pembahasan: ICPAT dimensi 1 (format CP) dan dimesi 6 (peran organisasi) konten dan mutu baik, dimensi 4 (implementasi) kurang, dan dimensi 5 (pemeliharaan) moderate. Dimensi 2 (dokumentasi) konten kurang dan mutu *moderate*, dimensi 3 (pengembangan) konten *moderate* dan mutu baik. Tingkat kepatuhan CP dimasukkan ke dalam rekam medis hanya 28,57% dan tingkat kelengkapan pengisian CP 0%. Kendalanya adalah keterbatasan waktu dan kesadaran mengisi CP, ada terapi yang tidak sesuai CP dan penerapan hasil evaluasi belum optimal.

Kesimpulan dan Saran: Kepatuhan implementasi CP krisis hipertensi masih kurang. Perlu dilakukan sosialisasi, pelatihan, evaluasi rutin dan peningkatan fasilitator terkait CP.

Kata kunci : Evaluasi, implementasi, *clinical pathway* krisis hipertensi.

ABSTRACT

THE EVALUATION OF HYPERTENSIVE CRISIS CLINICAL PATHWAY IMPLEMENTATION IN THE INPATIENT INSTALLATION RS PKU MUHAMMADIYAH BANTUL

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Background: Intense competition among hospitals require hospitals to make improvements in the service quality. Clinical pathway is instrument to improve service quality. Hypertension is third risk factor of death in the world and the leading in Yogyakarta. This study is to evaluate the implementation of hypertensive crisis CP in inpatient installation PKU Muhammadiyah Bantul hospital.

Method: This study use mix research method with case study design. Quantitative is descriptive from CP documentation in medical record with total sampling (January to June 2016, n = 35) and checklist ICPAT. Qualitative obtained from interviews and observations with purposive sampling n = 6.

Results and Discussion: The content and quality of ICPAT dimension 1 (format CP) and dimension 6 (organizational roles) were good. The content of dimension 2 (documentation) was poor and the quality was moderate. The content of dimension 3 (development) was moderate and the quality was good. The content and quality of dimension 4 (implementation) were poor. The content and quality of dimension 5 (maintenance) were moderate. The compliance CP entered into the medical record is 28.57% and completeness of CP 0%. CP implementation constraints are lack of time and consciousness filling CP,

therapies that did'tt match the CP and application of evaluation results isn'tt optimal.

Conclusion and Suggestion: *The compliance of implementation hypertensive crisis CP was poor. It necessary to be disseminated, training, regular evaluation and improvement facilitators of CP.*

Keywords: *Evaluation, implementation, hypertensive crisis clinical pathway.*