

Clinical pathway dan cost of treatment stroke berdasarkan diagnosis related groups di Rumah Sakit Stroke Nasional Bukittinggi tahun 2005

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Abstrak

Yayasan Stroke Indonesia memperkirakan insiden stroke di Indonesia 500.000 orang pertahun dengan 125.000 meninggal pertahun dan sisanya cacat ringan maupun berat. Pengobatan stroke merupakan perawatan jangka panjang karena membutuhkan waktu yang lama untuk sembuh. Besarnya biaya berobat semakin berat dirasakan oleh masyarakat berpenghasilan rendah.

Pada umumnya rumah sakit di Indonesia mempunyai masalah mengenai informasi biaya yang tidak jelas yang disebabkan oleh sistem pembayaran langsung per jasa pelayanan (fee for service). Biaya pelayanan kesehatan meningkat karena belum adanya harga standar berdasarkan unit cost untuk berbagai pelayanan kesehatan yang diperjual belikan. Pengendalian biaya dari bentuk fee for service ke Prospective Payment System (PPS) perlu dilakukan. Salah satu bentuk PPS adalah Diagnosis Related Groups (DRG's). DRGs adalah sistem pembayaran berkelompok penyakit tanpa melihat tindakan yang diberikan atau lamanya perawatan di rumah sakit. Tujuan penelitian ini adalah untuk melihat bagaimana clinical pathway dan cost of treatment stroke berdasarkan DRGs di Rumah Sakit Stroke Nasional Bukittinggi tahun 2005.

Penelitian ini merupakan penelitian kuantitatif deskriptif dengan rancangan crosssectional retrospektif. Penelitian dilaksanakan dari bulan Pebruari sampai April 2006 dengan menggunakan data sekunder clod rekam medik pasien rawat inap dengan diagnosa stroke tahun 2005. Unit cost dihitung dengan menggunakan Activity Based Costing. Analisa data dilakukan secara univariat untuk melihat distribusi frekuensi, nilai mean, median, modus, nilai minimum dan nilai maksimum. Pengelompokkan stroke berdasarkan AR-DRG's di Rumah Sakit Stroke Nasional Bukittinggi adalah : stroke dengan penyakit penyerta dan penyulit (B70A), stroke dengan penyakit penyerta atau penyulit (B70B), stroke murni (B70C), stroke meninggal dibawah 7 hari (B70D). Batasan hari rawat 4 Ilan dalam AR DRG tidak dapat digunakan karena pasien dengan status keluar hidup mempunyai hari rawat terendah 3 hari, sedangkan pasien dengan status keluar meninggal mempunyai hari rawat terendah 1 hari.

Berdasarkan hasil penelitian diketahui clinical pathway stroke terdiri dan 5 tahap yaitu : pendaftaran, penegakkan diagnosa, terapi, pulang dan rawat jalan. Tahap terapi terdiri dari visite dokter, pemeriksaan penunjang, konsultasi dokter, Asuhan keperawatan, tindakan, rehabilitasi medik, intake makanan rendah garam dan intake obat-obatan. Banyaknya variasi obat pada stroke berhubungan dengan adanya penyakit penyerta dan penyulit.

Cost of treatment Stroke di kelas III di Rumah Sakit Stroke Nasional Bukittinggi tahun 2005 adalah sebagai berikut : (1) Biaya rawat inap stroke dengan penyakit penyerta dan penyulit Rp. 5.181.485; dengan median hari rawat 14 hari sedangkan biaya rawat jalan Rp 803,121,- dengan median rawat jalan 3 kali dan total

biaya adalah Rp 5.984.607; (2) Biaya rawat inap stroke dengan penyakit penyerta atau penyulit Rp 4.075,179,- dengan median hari rawat 11 hari sedangkan biaya rawat jalan Rp 995.167; dengan median rawat jalan 4 kali dan total biaya Rp 5.070.347; (3) Biaya rawat inap stroke murni Rp 1.905.273 dengan median hari rawat 10 hari sedangkan biaya rawat jalan Rp 987.047,- dan total biaya Rp 1.905.273,- (4) Biaya rawat inap stroke yang meninggal dibawah 7 hari Rp 1.848.767,- dengan median hari rawat 2 hari. Bila dilihat dari cost recovery rate rumah sakit rata-rata nilainya 58%.

Dari hasil penelitian perlu dilakukan perubahan paradigma pembiayaan kesehatan dari tarif pertindakan menjadi tarif per episode sakit. Perlu dilakukan perhitungan biaya rawat inap berdasarkan Diagnosis Related Groups secara nasional sebagai dasar penetapan tarif rawat inap secara nasional.

Indonesian Stroke Foundation estimates that the incident of stroke in Indonesia is 500.000 people per year, of which 125.000 people die per year and the rest, get light and heavy physical disability. Stroke treatment is a long-term care, which needs long recovery. The high cost of the treatment is felt hard to bear by the lower-income people.

Generally, hospitals in Indonesia have problems with unclear cost information. This is caused by direct payment system per fee for service. The increase of health service cost is resulted in the unavailability of standard fee based on cost unit of various health service provided. Therefore, it is important to change the cost system payment from the fee for service form to the Prospective Payment System (PPS). One of the PPS form is Diagnosis Related Groups (DRG's). DRGs is per group payment system regardless the treatment provided or the length of care at hospital. The objective of this research is to see how clinical pathway and cost of treatment of stroke based on DRGs at Bukittinggi's National Stroke Hospital in 2005.

This research is a descriptive quantitative research with cross-sectional retrospective design. It was conducted from February to April 2006 using secondary data from medical record of in-patients diagnosed stroke in 2005. The cost unit was calculated using Activity Based Costing. Univariate data analysis was conducted to see the frequency distribution, mean, median, modus, minimum value and maximum value.

Stroke classified based on AR-DRG's at Bukittinggi's National Stroke Hospital are: stroke with contributing and complicating disease (B70A), stroke with contributing and complicating disease (B70B), pure stroke (B70C), and stroke causing death below 7 days (B70D). The definition of four-day treatment in AR-DRG is not used since the patients with out-alive status have the lowest treatment days of 3, while the patients with out-dead status have the lowest treatment day of 1.

Based on the study, it is known that clinical pathway comprised of five steps, namely: registering, diagnosis maintaining, therapy, going home, and out patient treatment. The therapy consists of doctor visit, supporting examination, consultation, nursery care, treatment, medical rehabilitation, low-salt food intake, and drug intake. The variety of stroke drug is related to the existence of contributing and complicating diseases.

Cost of stroke treatment in class III at Bukittinggi's National Stroke Hospital in 2005 are as follows: (1) Cost of in patient stroke with contributing and complicating diseases is Rp. 5,181,485,- with 14 treatment day median is 14 while cost of out patient service is Rp 803,121,- with the treatment day median is 3 times and

total cost is Rp 5,984,607; (2) Cost of in-patient service for stroke with contributing and complicating diseases is Rp 4,075,179,- with the median of day treatment is 11 while cost of out patient service is Rp 995,167,- with the median of out patient is 4 times and total cost is Rp 5,070,347; (3) Cost of in-patient service of pure stroke is Rp 1,905,273,- with the median of day treatment is 10 while cost of out patient service is Rp 987,047,- and total cost is Rp 1,905,273; and (4) Cost of in-patient service of patients dieing below 7 days is Rp 1,848,767,- with the median of day treatment is 2. According to the cost recovery rate, the value of the hospital is 58% on the average.

The results indicate that it is important to change the paradigm of health financing from tariff per treatment to tariff per illness episode. It is also important to calculate the cost of in-patient treatment according to Diagnosis Related Groups nationally as an establishment of the in-patient tariff nationally.</i>