

Strategi RSUD Tenriawaru Kabupaten Bone menuju implementasi sistem pembayaran prospektif pada pasien persalinan program Jamkesda tahun 2013 = Strategies of General Hospital of Tenriawaru Bone Regency in Implementation of prospective payment system for delivery care patients in Jamkesda program year 2013

Nurhidayat B, author

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Abstrak

[ABSTRAK

Sumber penerimaan terbesarrumah sakit adalah pasien rawat inap persalinan Jamkesda. Integrasi Jamkesda denganBPJS Kesehatan, akan merubah sistem pembayaran dari retrospektif menjadi prospektif. Penelitian ini bertujuan menggambarkan potensi selisih penerimaan rumah sakit berdasarkan tarif Perda dan INA-CBGs sertastrategimenghadapi potensi selisih tersebut. Penelitian ini merupakan gabungan kuantitatif dan kualitatif, menggunakan 660 tagihan dan rekam medis pasien persalinan Jamkesda Tahun 2013. Komponen biaya terbanyak adalah jasa medis, BHP, jasa sarana, obat dan jasa pelayanan. Selisih terbesarpadapersalinan dengan sectio secaria dengan rata-rata Rp.3.373.669/pasien. Diperlukanstrategi melalui pengelolaan dokter, perawat dan tenaga farmasi, pengawasan, SIM-RS, rekam medis dan billing, perhitungan biaya serta identifikasi pelayanan dan pasar.

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ABSTRACT

The main sourceof hospital incomederives from inpatientsdelivery care of Jamkesda.JamkesdaintegrationintoBPJShealth, willchange it?s paymentsystemto providers fromretrospectiveintoprospective. This studyaims to describethe potentialdifference ofhospitaltariffbasedon Perda andINA-CBGs. In additionhospital strategies to coping withpotentialdifference of hospital income is also observed. This studycombines quantitativeandqualitative, using660claimsandmedical records of inpatients delivery care of Jamkesda year 2013. The largest costs component of delivery care aremedicalfee, consumables, accommodation, medicationsandnursingfee. The results showedthat the largestdifferencefound insearian delivery patientswithaverageRp.3.373.669/patient. It takesstrategy throughmedical staff, nursing and pharmacy staff management, supervision, hospital management information system, medical records and billing, costing, services and market identification.;The main sourceof hospital incomederives from inpatientsdelivery care of Jamkesda.JamkesdaintegrationintoBPJShealth, willchange it?s paymentsystemto providers fromretrospectiveintoprospective. This studyaims to describethe potentialdifference ofhospitaltariffbasedon Perda andINA-CBGs. In

addition hospital strategies to coping with potential difference of hospital income is also observed. This study combines quantitative and qualitative, using 660 claims and medical records of inpatients delivery care of Jamkesda year 2013. The largest costs component of delivery care are medical fee, consumables, accommodation, medications and nursing fee. The results showed that the largest difference found in secular delivery patients with average Rp.3.373.669/patient. It takes strategy through medical staff, nursing and pharmacy staff management, supervision, hospital management information system, medical records and billing, costing, services and market identification., The main source of hospital income derives from inpatients delivery care of Jamkesda. Jamkesda integration into BPJS health, will change its payment system to providers from retrospective to prospective. This study aims to describe the potential difference of hospital tariff based on Perda and INA-CBGs. In addition hospital strategies to coping with potential difference of hospital income is also observed. This study combines quantitative and qualitative, using 660 claims and medical records of inpatients delivery care of Jamkesda year 2013. The largest costs component of delivery care are medical fee, consumables, accommodation, medications and nursing fee. The results showed that the largest difference found in secular delivery patients with average Rp.3.373.669/patient. It takes strategy through medical staff, nursing and pharmacy staff management, supervision, hospital management information system, medical records and billing, costing, services and market identification.]