

Faktor-faktor yang mempengaruhi readmisi rawat inap pasien JKN di rumah sakit wilayah Badan Penyelenggara Jaminan Sosial Kesehatan Sukabumi tahun 2015 = Factors affecting of Inpatient readmission of JKN (National Health Security) Patients at Hospital of Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Sukabumi Branch Office 2015

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Abstrak

Sistem pembayaran INA-CBG dalam JKN diduga meningkatkan kejadian readmisi, didefinisikan sebagai kasus rawat-inap kembali pasien dalam waktu kurang 30 hari dengan kondisi Sama (diteliti dalam 4 model readmisi yaitu CMG/Adjacent-DRG/Severity-Level/Diagnosis-Primer Sama), cara pulang rawatan sebelumnya sembuh, pada rumah sakit yang Sama. Hanya satu kasus readmisi dihitung dalam 30 hari dari tanggal pemulangan pasien pada rawatan pertama per-periode-kasus-readmisi. Desain penelitian potong-lintang dengan data sekunder klaim rawat-inap Rumah Sakit wilayah BPJS-Kesehatan Cabang Sukabumi terverifikasi, data tahun 2015.

Kejadian readmisi didapatkan pada 11 dari 13 Rumah Sakit untuk keempat model readmisi diteliti, terbanyak pada Readmisi-CMG-Sama, dan paling sedikit pada Readmisi-Severity-Sevel-Sama. Variabel independen adalah kepemilikan RS, Kelas/Tipe RS, diagnosis klinis (CMG, jenis-rawat-inap, Severity-Level, Diagnosis-Primer), selisih biaya, dan LOS (Length of Stay). Analisis multivariat menunjukkan variabel diagnosis-primer (kategori-kronis) dan severit-level (kategori-akut) paling berpengaruh. Selisih biaya negatif dan LOS yang lebih rendah tidak terbukti memiliki risiko readmisi lebih tinggi.

Diagnosis Congestive Heart Failure dan Typhoid Fever memiliki kekerapan readmisi tinggi sekaligus diagnosis dengan selisih biaya positif tertinggi. Diagnosis Chemoterapy Session for Neoplasm, Aplastic Anaemia (unspecified), dan End-stage Renal Disease perlu mendapat perhatian karena kekerapan readmisi tinggi dan selisih biaya minus tertinggi. Risiko biaya total lebih 2 kali dari biaya kasus original (initial-admission).

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The INA-CBG payment system in JKN is suspected to increase the incidence of readmission, defined as a case of patient re-hospitalization in less-than-30-days under the same conditions (studied in 4 readmission models of same- CMG/Adjacent-DRG/Severity-Level/Diagnosis-Primer), previous case recovered, at the same hospital. Only one case of readmission was calculated within-30-days from the date of discharge in the initial-admission per- readmission-case-periode. This is a cross-sectional study design with secondary data of verified-inpatient-claims of the Hospital of BPJS-Kesehatan-Sukabumi- Branch in 2015.

The incidence of readmission was found in 11 of the 13 Hospitals of all four models, mostly in the same-CMG-readmission, and at least at the same-severity- level-readmission. The independent variables are hospital-ownership, hospital- types, clinical-diagnosis (CMG, inpatient-type, Severity-Level, Primary-

Diagnosis), cost-difference, and LOS (Length of Stay). Multivariate analysis shows the primary diagnosis-type (chronic-category) and severity-level (acute- category) most influential. A lower-negative-cost and lower-LOS are not shown to have a higher risk of readmission.

Diagnosis Congestive-Heart-Failure and Typhoid-Fever have high readmission frequency as well as diagnosis with the highest positive-cost-difference. Diagnosis of Chemotherapy Session for Neoplasm, Aplastic Anaemia (unspecified), and End-stage Renal Disease need attention because of high read-list-frequency and highest-minus-cost-difference. The total cost risk is more than 2 times the original-admissions cost.