

# Analisis variasi biaya apendiktomi pasien Jaminan Kesehatan Nasional sebelum dan sesudah implementasi clinical pathway di RSI Ibnu Sina Pekanbaru = Cost variance analysis of appendectomy in the Indonesian National Health Insurance (JKN) patients before and after clinical pathway implementation at Ibnu Sina Islamic Hospital Pekanbaru

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## Abstrak

Clinical Pathway (CP) Apendisitis Akut (AA) memberikan gambaran secara rinci tahap-tahap pelayanan yang akan diberikan kepada pasien. Implementasi CP AA di RSI Ibnu Sina Pekanbaru diharapkan dapat mengendalikan variasi proses perawatan dalam upaya meningkatkan kendali mutu dan kendali biaya. Tujuan penelitian ini adalah untuk melihat peran implementasi CP AA dalam meningkatkan efisiensi biaya apendiktomi pasien JKN di RSI Ibnu Sina Pekanbaru. Desain penelitian ini adalah cross sectional menggunakan pendekatan kuantitatif dengan menghitung tagihan biaya pasien yang menjalani apendektomi sebelum dan sesudah implementasi CP AA dan diolah dengan uji statistik. Pendekatan kualitatif melalui wawancara mendalam dengan informan yang terkait dalam implementasi CP AA. Hasil penelitian terjadi pemendekan Length of Stay (LOS) secara bermakna ( $P < 0.001$ ) pada kelompok pasien sesudah implementasi CP dibandingkan sebelumnya. Terjadi penurunan rata-rata total biaya apendiktomi sebelum dan sesudah implementasi CP (Rp. 5.214.188.02 vs Rp. 4.436.438.37) yang bermakna ( $P < 0.001$ ) dengan persentase selisih 17,5%. Penurunan varian pelayanan berupa utilisasi alat kesehatan (Alkes), obat dan pemeriksaan laboratorium mempengaruhi peningkatan efisiensi biaya apendiktomi. Adanya varian dalam implementasi CP AA menjadi masukan untuk mencapai implementasi CP yang ideal. Varian berupa pengurangan pelayanan yang seharusnya diberikan kepada pasien harus ditindaklanjuti dengan melakukan penilaian outcome pasien seperti tingkat kejadian readmission dan kondisi pasien ketika melakukan kontrol setelah pulang dari Rumah Sakit (RS).

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Clinical pathway for acute appendicitis provides a detailed description of the steps of healthcare to be given to patients. Implementation of clinical pathway for acute appendicitis at Ibnu Sina Islamic Hospital Pekanbaru is expected to be able to control variations in the treatment process in an effort to improve quality and cost control. The purpose of this study aimed to see the role of implementation of clinical pathway for acute appendicitis in improving appendectomy cost efficiency in The Indonesian National Health Insurance patients at Ibnu Sina Islamic Hospital Pekanbaru. The study design was cross sectional with a quantitative approach through calculating the cost bills of patients who underwent appendectomy before and after the implementation of clinical pathway and processed with statistical tests. Qualitative approach through indepth interviews with informants who were involved in the implementation of CP. The results of the study showed shortening length of stay statistically significant as ( $P < 0.001$ ) in the patient group after the implementation of the clinical pathway compared to before. There was a decrease in average total costs of appendectomy before and after the implementation of clinical pathways (IDR.5.214.188.02 vs IDR.4.436.438.37) statistically significant as ( $P < 0.001$ ) with a percentage difference of 17.5%. Decreasing service variants in the form of the utilization of medical equipment, drug, and laboratory test affected the

increase in appendectomy cost efficiency. The existence of variants in the implementation of CP can be used as input to achieve the ideal CP. Variants in the form of reducing services that should be given to patients must be followed up by evaluating patient outcomes such as readmission rates and the patient's condition when controlling after returning from the hospital.