

Rancangan pedoman penyelenggaraan pelayanan Kedokteran Olahraga (Sport Medicine) di Rumah Sakit Umum Kelas B di Indonesia Tahun 2020 = Draft Guidelines of Sport Medicine Services in Class B General Hospital in Indonesia 2020

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Abstrak

Pijakan kebijakan tentang layanan kedokteran olahraga di rumah sakit di Indonesia masih bersifat umum sehingga butuh adanya pedoman. Penelitian ini bertujuan untuk menyusun rancangan pedoman penyelenggaraan pelayanan kedokteran olahraga di rumah sakit umum kelas B di Indonesia. Penelitian ini merupakan penelitian kualitatif di 4 lokasi rumah sakit, yang berlangsung pada bulan September sampai Desember 2020 dengan teknik triangulasi dan metode Delphi 2 tahap, kemudian dianalisis. Saat ini pada lokasi penelitian masih terlihat adanya variasi pelayanan, mulai dari alur, ketenagaan, prasarana, peralatan, dan proses penyelenggaraan layanan. Begitupula pada metode Delphi dimana terdapat 59 topik yang tidak berhasil mencapai konsensus sehingga perlu dianalisis dan dicari penguatan dari sumber lainnya. Adapun rekomendasi rancangannya pada kondisi yang ideal (gold standard) yaitu layanan dilakukan secara tim yang dipimpin dokter spesialis kedokteran olahraga dan anggota yang terdiri dari manajer, tenaga klinisi dan tenaga sains olahraga dengan konsep multidisiplin dan interdisiplin; prasarana dan peralatan gold standard seperti CT-Scan, DXA Scan, Echocardiography, dan CPET perlu disediakan lengkap di dalam satu area; optimalisasi alur layanan; upaya promotif diberikan kepada seluruh pasien, pelatih, dan tenaga kesehatan; MCU yang melibatkan unit kedokteran olahraga dari awal hingga akhir; dilakukannya program exercise is medicine sesuai FITT; pengawasan terhadap doping; coding diagnostik spesifik; serta pasien atlet yang perlu ditangani secara kolaboratif sejak awal sampai return to sports, sedangkan pasien non atlet, alih rawat pasien dari dokter spesialis kedokteran fisik dan rehabilitasi kepada dokter spesialis kedokteran olahraga dilakukan setelah pasien bebas cedera. Rekomendasi ini diharapkan menjadi awal dari disusunnya naskah akademik dan kemudian ditetapkan sebagai kebijakan guna mewujudkan pelayanan terintegrasi, one stops services, athlete /patient centered-care, dan paripurna.

.....The policy foundation for sports medicine services in hospitals in Indonesia is still general in nature, so guidelines are needed. This study aims to develop guidelines of sports medicine services in class B general hospitals in Indonesia. This research is a qualitative study in 4 hospital locations, which took place from September to December 2020 with triangulation techniques and the 2-stage Delphi method, then analyzed. Currently, at the research location there are still variations in services, starting from the flow, workforce, infrastructure, equipment, and service delivery processes. Likewise in the Delphi method where there were 59 topics that failed to reach a consensus so that it needed to be analyzed and sought reinforcement from other sources. The recommendations for draft guidelines in ideal conditions (gold standard), namely services are carried out in a team led by sports medicine specialists and members consisting of managers, clinicians and sports science personnel with multidisciplinary and interdisciplinary concepts; gold standard infrastructure and equipment such as CT-Scan, DXA Scan, Echocardiography, and CPET need to be fully provided in one area; optimization of service flow; promotive efforts are given to all patients, trainers, and health workers; MCU involving the sports medicine unit from start to finish; doing exercise is medicine

program according to FITT; supervision against doping; specific diagnostic coding; as well as athletic patients who need to be handled collaboratively from the start to return to sports, while non-athletic patients, transfer of patient care from a physical medicine specialist and rehabilitation to a sports medicine specialist is carried out after the patient is free of injury. This recommendation is expected to be the beginning of the preparation of an academic paper and then set as a policy to realize integrated services, one stop services, athlete/patient centered-care, and plenary.