

Evaluasi Efektivitas Penerapan Alur Pelayanan Sectio Caesarea Emergency di Rumah Sakit Umum Mary Cileungsi Hijau Tahun 2021 = The Effectiveness Evaluation of the Implementation of Sectio Caesarea Emergency Service Flow at Mary Cileungsi Hijau Hospital in 2021

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Abstrak

Penelitian ini merupakan studi kasus di salah satu rumah sakit swasta tipe C di Kabupaten Bogor yang bertujuan untuk melakukan evaluasi efektivitas alur pelayanan sectio caesarea (SC) emergency pada tahun 2021 (masa pandemi COVID-19) dari sisi input, proses, dan outcome. Alur pelayanan sectio caesarea (SC) emergency yang ada disesuaikan dengan referensi Pemerintah dan Profesi (POGI), yakni adanya skrining COVID-19 dengan melakukan pemeriksaan swab-RDT Antigen dan rontgen thorax, serta konsultasi kepada Spesialis Paru atau Penyakit Dalam. Penelitian ini dilakukan dengan mix-method, secara kuantitatif dengan metode potong lintang dari berkas rekam medis dan dilanjutkan dengan kualitatif dari para informan kunci dan informan tambahan. Penelitian dilakukan pada 379 sampel pasien yang melakukan persalinan secara sectio caesarea (SC) emergency periode Januari-Desember 2021. Karakteristik pasien didapatkan 75,5% adalah usia 20-35 tahun dengan rata-rata 29,32 tahun; 58,8% adalah multipara dengan rata-rata paritas 1,96; dan 92,3% usia kehamilan 37-42 minggu dengan rata-rata 38,50 minggu. Diagnosis pasien didapatkan 77% kategori 2 dan 95,5% status non COVID-19. Diagnosis kategori 1 sebanyak 11,8% adalah fetal distress dan diagnosis kategori 2 sebanyak 27,7% adalah ketuban pecah dini (KPD), dengan response time kategori 1 <30 menit hanya 1,1% dan response time kategori 2 dalam 30-75 menit sebanyak 33,2%. Kemudian rata-rata waktu informed consent didapatkan 3,71 menit; waktu konsul Spesialis Paru/Penyakit Dalam didapatkan 4,06 menit; waktu konsul Spesialis Anestesi didapatkan 3,77 menit; proses transfer pasien didapatkan 6,01 menit; waktu spinal anestesi didapatkan 5,08 menit; waktu mulai operasi sampai bayi lahir didapatkan 20,37 menit, dengan rata-rata pasien per-bulan adalah 31,58 dan waktu tanggap sectio caesarea (SC) emergency selama 111,87 menit. Pada analisis bivariat didapatkan adanya korelasi yang bermakna antara rerata jumlah pasien terhadap waktu tanggap sectio caesarea (SC) emergency (p -value=0,019), dan tidak ada hubungan bermakna antara diagnosis kategori 1 dan kategori 2 (p -value=0,767) serta status COVID-19 dan Non COVID-19 (p -value=0,071) terhadap waktu tanggap sectio caesarea (SC) emergency; namun status COVID-19 terhadap waktu tanggap SC emergency memiliki hubungan bermakna dari sisi substansi. Pada kualitatif, didapatkan bahwa seluruh informan sudah mengetahui dan memahami alur pelayanan SC emergency selama pandemi ini, faktor pendukung yang ada adalah kekompakan dan kerjasama tim, dukungan manajemen rumah sakit untuk mengutamakan safety tenaga kesehatan ditunjang oleh sarana prasarana dan sumber daya manusia (SDM) yang sesuai, serta faktor penghambat yang ada adalah proses skrining/penapisan COVID-19 (hasil pemeriksaan penunjang), letak kamar operasi di lantai 2 dan tidak ada lift khusus transfer pasien, serta kekosongan alat pelindung diri (APD) dan linen operasi. Kesimpulannya, penilaian efektivitas alur pelayanan SC emergency tahun 2021 dengan pendekatan goal approach belum efektif, dilihat dari outcome yaitu rata-rata waktu tanggap SC emergency yang belum mencapai target indikator mutu (30 menit).

.....This research is a case study in a type C private hospital in Bogor Regency which aims to evaluate the

effectiveness of the emergency section caesarea (SC) service flow in 2021 (the COVID-19 pandemic) in terms of input, process, and outcome. The existing emergency section caesarea (SC) service flow is adjusted to the Government and Profession (POGI) reference, namely the presence of COVID-19 screening by carrying out an antigenic swab-RDT examination and chest X-ray, as well as consultation with Lung Specialists or Internal Medicine. This research was conducted using a mix-method, quantitatively with a cross-sectional method from medical record files and followed by qualitative research from key informants and additional informants. The study was conducted on 379 samples of patients who delivered emergency caesarean section (SC) for the period January-December 2021. Characteristics of patients obtained were 75.5%, aged 20-35 years with an average of 29.32 years; 58.8% were multiparous with a mean parity of 1.96; and 92.3% gestational age 37-42 weeks with a mean of 38.50 weeks. The patient's diagnosis obtained 77% category 2 and 95.5% non-COVID-19 status. Category 1 diagnosis of 11.8% was fetal distress and diagnosis of category 2 of 27.7% was premature rupture of membranes (PROM), with category 1 response time <30 minutes only 1.1% and category 2 response time within 30-75 minutes as much as 33.2%. Then the average time for informed consent was 3.71 minutes; the time for the Lung Specialist/Internal Medicine consul was 4.06 minutes; Anesthesia specialist consul time was 3.77 minutes; patient transfer process obtained 6.01 minutes; spinal anesthesia time was found to be 5.08 minutes; the time from the operation to the birth of the baby was 20.37 minutes, with the average patient per month was 31.58 and the emergency section caesarea (SC) response time was 111.87 minutes. In bivariate analysis, it was found that there was a significant correlation between the mean number of patients and the response time for emergency section caesarea (SC) (p -value=0.019), and there was no significant relationship between category 1 and category 2 diagnoses (p -value=0.767) and status COVID-19 and Non COVID-19 (p -value=0.071) for emergency section caesarea (SC) response time; however, the status of COVID-19 on the emergency SC response time has a significant relationship in terms of substance. In qualitative terms, it was found that all informants already knew and understood the flow of emergency SC services during this pandemic, the supporting factors were cohesiveness and teamwork, hospital management support to prioritize the safety of health workers supported by adequate infrastructure and human resources (HR). appropriate, and the existing inhibiting factors are the COVID-19 screening process (results of supporting examinations), the location of the operating room on the 2nd floor and no special elevator for patient transfers, as well as the vacancy of personal protective equipment (PPE) and operating linen. In conclusion, the assessment of the effectiveness of the SC emergency service flow in 2021 with the goal approach approach has not been effective, seen from the outcome, namely the average emergency SC response time that has not reached the target quality indicator (30 minutes).