

## Kajian Kualitas Udara Di Rumah Sakit Pada Infeksi Terkait Pelayanan Kesehatan (Suatu Studi Pada Rumah Sakit X, Di Kabupaten Bogor) = Study Of Air Quality in Hospital on Health Care-Associated Infections (A Study of Hospital X, in Bogor District)

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### Abstrak

Kualitas udara, keterlibatan paramedis, sarana dan fasilitas di rumah sakit memiliki faktor risiko penyebab penularan Health Care-Associated Infections (HAIs). Aktivitas rumah sakit diharapkan tidak mencemari lingkungan dan membahayakan kesehatan. Tujuan penelitian ini untuk mengukur kualitas udara; menganalisis kualitas udara, keterlibatan paramedis, sarana dan fasilitas terhadap HAIs; mengonsepan rekomendasi untuk pencegahan HAIs. Penelitian ini menggunakan pendekatan kuantitatif dengan metode mix method yaitu gabungan kuantitatif dan kualitatif dengan uji laboratorium, observasi dan wawancara. Hasil penelitian menunjukkan bahwa kualitas udara parameter suhu, kelembaban, dan angka kuman udara tidak memenuhi baku mutu, sedangkan intensitas cahaya memenuhi baku mutu. Tingkat keterlibatan paramedis kategori baik, serta sarana dan fasilitas dinilai lengkap. Kasus HAIs di Rumah Sakit X tahun 2020 adalah 0%, sehingga kualitas udara tidak memiliki hubungan pada HAIs, keterlibatan paramedis serta sarana dan fasilitas memiliki hubungan yang positif pada HAIs. Optimalisasi program kerja pencegahan dan pengendalian infeksi perlu dilakukan.

.....Air quality, involvement of paramedics, and facilities in hospitals are risk factors for transmitting Health Care-Associated Infections (HAIs). Hospital activities are expected to protect public health and the environment. This study aimed to measure air quality, analyze air quality, involvement of paramedics, prevention facilities of HAIs, develop recommendations for the prevention of HAIs. This research uses a quantitative approach with the mixed method—a quantitative and qualitative combination of laboratory tests, observations, and interviews. The results showed that air quality did not fulfill the temperature, humidity, and airborne bacteria regulation standards. The light intensity still met the regulations standards. The level of involvement of paramedics was in a suitable category, and the facilities were considered complete. Cases of HAIs at Hospital X in 2020 were 0%, so air quality does not correlate with HAIs. The involvement of paramedics and facilities is positively correlated with HAIs. Optimization of infection prevention and control work programs needs to be improved.