

Analisa kebijakan pola pentarifan jasa pelayanan bedah di rumah sakit khusus bedah Ropanasuri

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Abstrak

Dalam rangka globalisasi perlu upaya lebih besar membenahi rumah sakit termasuk data upaya penetapan pola tarif, agar tetap survive. Rumah Sakit RPS sebagai RS dengan pelayanan bedah, belum menetapkan pola tarif pelayanan bedah merujuk pada biaya.

Penelitian ini bertujuan untuk mengidentifikasi biaya satuan tindakan bedah, serta mengidentifikasi tindakan yang mencapai break even, dan kebijakan pola tarif tindakan bedah. Penelitian ini merupakan penelitian deskriptif analisa dengan metoda evaluatif dan analisa tarif yang berlaku selama ini di kamar bedah. Data yang digunakan adalah data isian sekunder dari bagian keuangan dan wawancara, serta FGD dengan para dokter bedah.

Dari hasil penelitian diperoleh gambaran biaya satuan tindakan bedah dari 4 kelompok bedah yaitu : Digestif, Orthopaedi, Onkologi, Urologi, serta biaya satuan yang memperhitungkan utilisasi untuk 4 jenis operasi (Minor, Medium, Mayor, Khusus). Ternyata terdapat beberapa tindakan yang tidak mencapai break even, defisit, serta ada yang surplus. Atas dasar perhitungan analisa tarif didapatkan pola kebijakan tarif yang berdasarkan perhitungan unit cost.

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Design Pricing For Surgical Services at Ropanasuri Hospital

In order to prepare globalization era, all hospital mainly private hospital should arrange their management and the resources including financial. Ropanasuri hospital as one of the private hospital specialized in surgical, also should arrange their income budget in order to keep survive.

This research was maid to identification all the unit cost mainly for surgical cases, in order to find which cases deficit values and surplus value. The research method is evaluation type with analyses the all income of the hospital especially operation theatre, gaining on rating price right now. We analyze the data collecting from financial unit, including personal interview with executive hospital, and focus group discussion with the surgeon. There are about 1066 cases was done at the operating theatre during January until December 2000. To simplify all the data, we divided in to 4 big groups such as Orthopedic, Digestive, Oncology, and Urology.

The result of investigation we can conclude there were cases that come out with deficit and some others with surplus. Based on this cost analyze, especially unit cost we can offering the reasonable rate that worth for both sides, hospital and doctors.