

Analisis waktu tunggu persiapan operasi kasus gawat darurat kehamilan dan atau persalinan di rumah sakit kota Pontianak Kalimantan Barat tahun 2000

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Abstrak

Angka kematian ibu (AKI) di Indonesia masih tergolong tinggi (373 per 100.000 kelahiran hidup, SKRT 1995). Setelah melalui penelusuran oleh WHO melalui Prevention of Maternal Mortality Network diketahui ada 3 keterlambatan yang terjadi. Pertama terlambat membuat keputusan di tempat tinggal pasien, kedua terlambat merujuk ketempat yang lebih mampu untuk menangani dan ketiga terlambat memberi pertolongan setelah berada di rumah sakit.

Dalam sebuah penelitian di Afrika didapati waktu tunggu penanganan kasus gawat darurat berkisar antara 2,6 jam hingga 15,5 jam. Untuk mengetahui keadaan di Pontianak dibuat sebuah penelitian mengenai waktu tunggu kasus gawat darurat kebidanan yang dirujuk atau datang sendiri ke rumah sakit. Penelitian dilangsungkan selama 8 minggu sejak 15 September hingga 15 Nopember 2000. Sampel diambil secara purposif sejumlah 35 kasus. Faktor-faktor yang diduga mempengaruhi waktu tunggu persiapan operasi kasus gawat darurat kebidanan diteliti antara lain karakteristik pasien (pendidikan pasien, kadar Hb pasien, pendidikan suami, kehadiran suami, penghasilan keluarga) karakteristik sumber daya rumah sakit (kesibukan dokter jaga, bidan, dokter operator, staf kamar operasi) karakteristik fasilitas (kesibukan kamar operasi, waktu persiapan alat operasi) karakteristik administrasi (mendapatkan ijin operasi) dan karakteristik penunjang (tersedianya darah).

Hasil penelitian memperlihatkan rerata waktu tunggu 8 jam 16 menit dengan nilai median 5 jam 45 menit. Waktu terpendek 30 menit dan terpanjang 25 jam 36 menit. Panjangnya waktu tunggu disebabkan oleh kondisi pasien. Sebagian variabel yang diteliti tidak ada hubungan bermakna kecuali kadar Hb dan waktu persiapan kamar operasi. Variabel waktu persiapan kamar operasi ternyata merupakan faktor paling dominan.

Disarankan untuk meningkatkan mutu pelayanan secara keseluruhan dan memperpendek waktu tunggu agar menempatkan bank darah didalam rumah sakit dan persiapan kamar operasi lebih baik lagi. Bagi pasien yang akan dirujuk diupayakan agar tetap berada dalam kondisi terbaiknya. Selain itu juga dianjurkan membuat dan membina jaringan kerjasama antara rumah sakit dan Puskesmas serta mencoba mendapatkan cut off point waktu tunggu melalui organisasi profesi (POGI).

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Waiting Time Analysis of Preparation Operation for Obstetric Emergency Cases in Hospitals in Pontianak in the Year 2000
The Maternal Mortality Rate in Indonesia is still high with 373 deaths per 100.000 live birth (SK.RT 1995). WHO through Prevention of Maternal Mortality Network had found that there were 3 categories of late in helping the patients. The first is "late to decide" by the family, second is "late to refer" to the hospital and the third is "late to take care the patient inside the hospital by the health personnel". Former study in Africa for waiting time was found that it need between 2,6 to 15,5 hours for a patient to wait until she got a help. This study was trying to know the waiting time for an emergency case in obstetric begins when she arrived until she got medical interventions such as cesarean section or laparotomy. The

study was carried out for about 8 weeks, from 15th of September until 15th of November 2000. The samples were taken by purposive method and a total of 35 cases were achieved during this study period. Many factors were correlated to the waiting time such as characteristics of the patients (education, hemoglobin value, education of her husband, husband present in the hospital) characteristics of personnel of the hospital (level of occupancy of the doctor in charge, the midwife, the obgyn and the staff of the operation room) characteristics of the facility of the operation room (readiness of the operation room, readiness of the equipment) characteristic of getting the letter of inform consent (time to get the agreement) characteristic of the other (readiness of the blood).

The result of this study found that the waiting time's mean was 8 hours 16 minutes. The median was 5 hours 45 minutes and the range was 30 minutes to 25 hours 36 minutes. The causes of the length of the waiting time were patients' condition. There were no significant variables except hemoglobin value and preparation of the operation room's time. With the backward method of linear regression the time for preparation of the operation room was the most dominant variable.

To improve the quality in health services and make the waiting time shorter, it is suggested to make preparation time faster, organized a blood bank inside the hospital and referred patient in her best condition. Also suggested to build and maintain good networking between hospital and health center and try to find the cut off point of waiting time through the Indonesian Society of Obstetric and Gynecologist (ISOG).