

Analisis Keterlambatan Waktu Pelayanan Ruang Operasi Kasus Bedah Saraf RS Pusat Otak Nasional = Analysis of Delays in Neurosurgery Operating Room Service at The National Brain Center Hospital

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Abstrak

Latar Belakang ; Pelayanan medis di instalasi bedah sentral membutuhkan biaya yang besar dan melibatkan sumber daya manusia (SDM) dari berbagai bidang ilmu meliputi SDM medis maupun SDM non medis.

Adanya keterlambatan akan mengakibatkan peningkatan biaya dan mempengaruhi keselamatan pasien.

Metode : Penelitian ini bertujuan menganalisa waktu pelayanan menggunakan metode metode kuantitatif dan kualitatif dengan desain retrospektif. Data kuantitatif didapatkan dari telaah dokumen dengan jumlah sampel 547 kasus operasi bedah saraf (358 kasus operasi kranial, 189 kasus operasi spinal), sedangkan data kualitatif didapatkan melalui wawancara mendalam dengan delapan informan penelitian. Analisis data dilakukan secara kuantitatif dengan uji Mann Whitney.

Hasil : Didapatkan adanya keterlambatan dalam pelayanan ruang operasi bedah saraf operasi kranial 54 menit dan operasi spinal 48 menit. Didapatkan perbedaan waktu klinis, waktu non klinis dan waktu keterlambatan non klinis antara operasi kranial dan spinal. Keterlambatan dalam pelayanan ruang operasi disebabkan oleh faktor SDM, sarana prasarana dan kebijakan.

Simpulan : Keterlambatan dalam pelayanan ruang operasi IBS RSPON terjadi dalam tahap proses anestesi, pemasangan monitoring saraf intraoperasi, positioning pasien, draping pasien, dan pembedahan.

Keterlambatan dalam pelayanan ruang operasi IBS RSPON disebabkan oleh faktor SDM, sarana prasarana, dan kebijakan

.....Background : Medical services at a central surgical installation require a large amount of money and involve human resources (HR) from various fields of knowledge including medical and non-medical human resources. Delays in the operating room causes increased costs and impacts patient safety.

Methods: This study aims to analyze the service time using quantitative and qualitative method with a retrospective design. Quantitative data was obtained from a document review with a sample of 547 cases of neurosurgery (358 cases of cranial surgery, 189 cases of spinal surgery), while qualitative data was obtained through in-depth interviews with eight research informants. Data analysis was carried out quantitatively with the Mann Whitney test.

Result: Delays found in the neurosurgery operating room service for cranial surgery and spinal surgery was 54 minutes and 48 minutes respectively. There were differences in clinical time, non-clinical time, and non-clinical time delay between cranial and spinal surgery. Delays in the OR were caused by human resource factors, equipment, and hospital policies.

Conclusion: Delays in RSPON IBS operating room services occur in the stages of the anesthesia process, installation of intraoperative nerve monitoring, patient positioning, patient draping, and surgery. Delays in RSPON IBS operating room services were caused by human resource factors, infrastructure, and policies