

Analisis pelayanan Pre Operatif Anestesi dengan pendekatan Swiss Cheese model di Rumah Sakit Myria Palembang = Analysis of Preoperative Anesthesia with the Swiss Cheese model approach at Myria Hospital Palembang

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Abstrak

Pelayanan pre operatif anestesi merupakan tahap pertama dari seluruh tindakan anestesi. Dikatakan bahwa 40% risiko kematian atau komplikasi akibat tindakan anestesi yang berkaitan dengan masalah gangguan jalan nafas dapat dicegah dengan pengkajian pre operatif anestesi. Namun hingga saat ini pelaksanaan pre operatif anestesi yang tidak pernah mencapai 100% menjadi masalah yang dihadapi hampir semua rumah sakit tidak terkecuali Rumah Sakit Myria Palembang. Sebuah kerangka berpikir keselamatan pasien “swiss cheese model” yang lebih mengutamakan pendekatan sistem digunakan untuk analisis pre operatif anestesi. Identifikasi celah dalam setiap proses pelayanan pre operatif anestesi digunakan sebagai dasar untuk melakukan perbaikan. Penelitian ini bertujuan untuk melakukan analisis pelayanan pre operatif anestesi dengan pendekatan mixed method. Analisis deskriptif dilakukan dengan menggunakan kuesioner yang dibagikan kepada 106 responden. Data kualitatif didapatkan melalui wawancara mendalam, fokus group discussion, telaah literatur dan dokumen terkait untuk mendapatkan analisis yang lebih komprehensif terhadap pengaruh organisasi, supervisi, teknologi, prekondisi dan perilaku individu pada pre operatif anestesi. Hasil analisis deskriptif didapatkan capaian pre operatif anestesi sebesar 61.3%; keseluruhan pre operatif anestesi dilakukan di hari yang sama dengan hari operasi; terdapat ketidaksesuaian regulasi yang ditetapkan manajemen rumah sakit; lemahnya supervisi pelaksanaan pre operatif anestesi; kurangnya pemanfaatan teknologi; sikap pasif pasien terhadap pelaksanaan pre operatif anestesi tergambar dari tanggapan responden terhadap variabel prekondisi termasuk dalam kategori rendah; operasi tetap berjalan meskipun tidak dilakukan pre operatif anestesi; budaya keselamatan pasien yang rendah pada perawat dan penata anestesi; proses admisi dan pelaporan pasien yang terlalu malam; perilaku individu tidak aman dokter spesialis anestesi dengan tidak melakukan pre operatif anestesi. Strategi rumah sakit sebagai pemecahan masalah rendahnya pelaksanaan pre operatif anestesi antara lain perbaikan regulasi; peningkatan supervisi; optimalisasi pemanfaatan sistem informasi rumah sakit; memperbaiki proses admisi pasien dan pelaporan pasien; meningkatkan kerja sama dengan operator bedah untuk kemudahan pelaksanaan pre operatif anestesi serta meningkatkan komitmen dokter spesialis anestesi untuk melakukan pre operatif anestesi.

.....Preoperative anesthesia is the first stage of any anesthetic procedure. It is said that the 40% risk of death or complications from anesthesia related to airway obstruction can be prevented by recovering from preoperative anesthesia. However, until now the implementation of preoperative anesthesia which has never reached 100% is a problem faced by almost all hospitals, Myria Palembang Hospital is no exception. A “Swiss cheese model” patient safety framework supporting the systems approach was used to analyze preoperative anesthesia. Identification of gaps in each process of preoperative anesthesia services is used as a basis for making improvements. This study aims to analyze preoperative anesthesia services using a mixed methods approach. Statistical tests were carried out using a questionnaire which was distributed to 106 respondents. Qualitative data were obtained through in-depth interviews, focus group discussions, literature

review and related documents to obtain a more comprehensive analysis of the influence of organization, supervision, technology, conditions and individual behavior on preoperative anesthesia. The results showed that the preoperative anesthetic performance was 61.3%; Overall preoperative anesthesia was carried out on the same day as the day of surgery; there is a non-compliance with the regulations set by the hospital management; weak supervision of the implementation of preoperative anesthesia; lack of utilization of technology; the patient's passive attitude towards the implementation of preoperative anesthesia is reflected in the respondents' responses to the precondition variables included in the low category; the operation continues even though preoperative anesthesia is not performed; low patient safety culture among nurses and anesthesiologists; late admission process and patient reporting; Unsafe individual behavior of anesthesiologists by not performing preoperative anesthesia. The hospital's strategy as a solution to the problem of low implementation of preoperative anesthesia includes regulatory improvements; increased supervision; optimizing the utilization of hospital information systems; improve admission and patient reporting processes; increase cooperation with surgical operators to facilitate the implementation of preoperative anesthesia and increase the commitment of anesthesiologists to perform preoperative anesthesia.