

Analisis dan implementasi lean pada persiapan operasi kanker ginekologi di RSUP DR. Mohammad Hoesin Palembang = Lean analysis and implementation of gynecology cancer operative scheduling in general hospital DR. Mohammad Hoesin RSMH Palembang / Patiyus Agustiansyah

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Abstrak

ABSTRAK

Nama : Patiyus Agustiansyah/NPM 1506706023Program Studi : Kajian Administrasi Rumah SakitJudul : Analisis dan Implementasi Lean pada Persiapan OperasiKanker Ginekologi di RSUP dr. Mohammad HoesinPalembangIndonesia saat ini memiliki beban kanker ginekologi besar yaitu insidensi,morbiditas dan mortalitasnya. Salah satu penanganan kanker ginekologi adalahpembedahan yang akan membantu kesintasan pasien. Waktu tunggu penjadwalanoperasi kanker ginekologi hendaklah memperhatikan progresifitas kankersehingga waktu tunggu operasinya tidak melebihi 2 minggu. Waktu tungguoperasi menggambarkan mutu pelayanan rumah sakit.Tujuan penelitian ini adalah,untuk menganalisis waktu tunggu penjadwalan operasi kanker ginekologi diRSUP dr. Moehammad Hoesin Palembang dengan menggunakan prinsip Lean.Hasil penelitian menunjukan penegakan diagnosis selama 43.844 menit dan waktutunggu operasi selama 66.700 menit, dengan menerapkan prinsip lean makapenegakan diagnosis 10.328,5 menit dan waktu tunggu operasi 10.325 menit.Kesimpulan penelitian, pada current state terdapat 26 aktifitas; 12 aktifitas VA value added ratio / VAR waktu 0,46 ; VAR jarak 89,6 dan 14 aktifitas NVA waste pasien dan 4 waste aktifitas petugas. Aliran proses yang menghambat bottle neck terdapat di pendaftaran, di poliklinik, di pemeriksaan penunjang dandi bagian praoperatif waktu tunggu paling lama . Future State memiliki 15aktifitas VA VAR waktu 33 ; VAR jarak 95,8 dengan 8 aktifitas NVA waste aktifitas pasien dan 0 waste aktifitas petugas, dengan waktu tunggudiagnosis 10.328,5 menit sedangkan waktu tunggu penjadwalan operasi 10.325menit. Hasil perbandingan current state dengan future state didapatkanpeningkatan aktifitas value added sebanyak 7,7 dengan penurunan waktutunggu 81,3 dan penurunan jarak tempuh 0,42 . Analisis akar masalahpenyebab waktu tunggu lama penjadwalan operasi kanker ginekologi di RSMHdikarenakan kekurangan SDM registrasi, rekam medis, DPJP dan keterbatasaninfrastruktur CT scan, kamar operasi dan instrumen dan kelemahan mengelolaproses penjadwalan operasi tersebut. Saran peneliti adalah peningkatan kinerjadan penambahan SDM, membuat regulasi untuk memprioritaskan pelayananpasien kanker ginekologi, serta integrasi Sistem Informasi Manajemen RumahSakit di setiap unit pelayanan.Kata Kunci : prinsip lean, value added VA , non value added NVA , waste,waktu tunggu penegakan diagnosis, waktu tunggu operasi, kanker ginekologi

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ABSTRACT

Name Patiyus Agustiansyah NPM 1506706023Program Studi Hospital Administration StudyTitle Lean Analysis and Implementation of Gynecology CancerOperative Scheduling in General Hospital dr. MohammadHoesin RSMH PalembangIndonesia currently has gynecologic cancer burden in the incidence, morbidityand mortality. One of gynecological cancer treatment is surgery which will helpthe survival rate of

patients. The waiting time of gynecological cancer surgery scheduling should be focused to cancer progression so the waiting time should not exceed 2 weeks. The waiting time operation illustrates the quality of hospital services. The purpose of this study was to analyze the waiting time of gynecologic cancer surgery scheduling in RSMH by using the principles of Lean. The results showed that establishing diagnosis need 43,844 minutes and the waiting time operation was 66,700 minutes. By applying Lean then the diagnosis establishing 10,328.5 minutes, and operations waiting times 10,325 minutes. The study conclusion showing for 26 activities of current state with 12 VA activities VAR time 0.46 VAR range for 89.6 and 14 NVA activities with 14 patient waste activities and 4 employee waste activities. The process flow which inhibits bottle neck were lies in the stage of registration, at the outpatient clinic, at the laboratory examination and at the preoperative division the longest waiting time. The waiting time for diagnosis process were 43.844 minutes, while the waiting time scheduling of operation process were 66.700 minutes. Future State has 15 VA VAR time of 33 VAR range of 95.8 with 8 NVA activities and 8 patients waste activity and 0 employee waste activities. The waiting time for diagnosis process were 10328.5 minutes, while the waiting time for operations scheduling process were 10.325 minutes. The comparison between the current state to the future state resulted increase of the VA activity for 7.7 with a reduction in waiting time for 81.3 and mileage decrease of 0.42. Analysis of root problems revealed that the long waiting times for scheduling process of gynecologic cancer surgery in RSMH were due to lack of human resources quantity registration, medical records, doctor in charge and the lack of infrastructure CT scan, operating rooms and instruments and managerial weaknesses in managing the process of scheduling the surgery. Researchers suggest to improve the performance of existing recruitment human resources, make regulations of a priority of gynecologic cancer patients, as well as the integration of Hospital Management Information System in each unit. Keywords lean principles, values added VA, non value added NVA, waste, value added ratio, waiting time for establishing diagnosis, surgery waiting times, gynecological cancer