

Analisis implementasi clinical pathway pada kasus typhoid fever rawat inap: studi eksploratif RS PMI Bogor = Implementation analysis of typhoid fever clinical pathway for inpatient care an exploration study of RS PMI Bogor

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Abstrak

Penelitian menganalisis implementasi Clinical Pathway (CP) Typhoid fever melalui deskripsi utilisasi pelayanan serta tagihannya pada periode sebelum dan sesudah implementasi CP. Studi dilakukan di RS PMI Bogor bertujuan untuk mengeksplor siklus pembuatan CP serta utilisasi pelayanan kesehatan yang diberikan sehingga menimbulkan tagihan. Metode kualitatif digunakan untuk menjelaskan tahapan dalam pembuatan CP dan metode kuantitatif digunakan untuk mengeksplor utilisasi layanan dan tagihan yang ditimbulkan serta melihat signifikansi implementasi CP terhadap utilisasi pelayanan dan billing. Simulasi INA-CBG dilakukan akibat temuan dalam penelitian. Data berasal dari sistem informasi rumah sakit, billing dan rekam medis. Hasil penelitian menunjukkan bahwa tidak ada signifikansi/perubahan pada utilisasi pelayanan secara statistik $p\text{-value} > 0.05$ antara kelompok pada periode sebelum dan sesudah implementasi CP melalui Uji T dan Uji non parametrik Mann-Whitney U dengan tingkat kepercayaan 95%. Namun secara substansi terjadi perubahan tagihan pasca implementasi clinical pathway Typhoid fever dari Rp. 4,269,051 meningkat menjadi Rp. 5,225,384. Setelah dilakukan penyesuaian obat yang berfungsi terapeutik dan simtomatik terhadap Typhoid fever, maka total tagihan menjadi Rp. 4,771,016 dan meningkat menjadi Rp. 5,959,796. Proses pencatatan diagnosis di dalam rekam medis menjadi isu di RS PMI Bogor. Adanya potensi undercode yang mempengaruhi severity level kasus INA-CBGs (A-4-14), rumah sakit berpotensi kehilangan sebesar Rp. 485,200 hingga Rp. 1,450,400.

This research elaborated Typhoid fever Clinical Pathway (CP) implementation which were described using service utilization and the incurred billing before and after the implementation of CP. Study was conducted in PMI hospital Bogor and aimed to explore CP development cycle and the later service utilization delivered and hence, the incurred billing from each period (before and after CP implementation). Qualitative method was used to explore stages in CP development and quantitative method was used to explore the significance of CP implementation to service utilization and the billing. INA-CBGs grouping simulation was conducted due to a research finding. Data were derived from hospital information system, billing, and medical records. Study resulted in no significance of service utilization before and after CP implementation and it was predicted using T-test and Mann-Whitney U test showing $p\text{-value} > 0.05$. However, changes in billing substantially changed from IDR 4,269,000 to IDR. 5,225,384. Adjustment was done by excluding drugs other than for therapeutic and symptomatic purposes resulting in the increment of billings (e.g. IDR. 4,771,016 before and IDR. 5,959,796 after CP implementation). Simulation through INA-CBGs grouping showed that there were potential undercoding from higher severity level of Typhoid fever case (A-4-14). Hospital might subsequently lose IDR 485,200 up to IDR.1,450,400 each case reimbursed.