

Analisis Pemanfaatan Clinical Pathway Sectio Caesaria di Rumah Sakit dalam Jaminan Kesehatan Nasional = Analysis of Sectio Caesaria Clinical Pathway Utilization in Hospitals under National Health Insurance

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Abstrak

<p>Analisis Pemanfaatan Clinical Pathway Sectio Caesaria Di Rumah Sakit Dalam Program Jaminan Kesehatan Nasional Penelitian ini bertujuan menganalisis hubungan antara faktor sosial ekonomi dan klinis ibu melahirkan Sectio Caesaria (SC) di Rumah Sakit (RS) dengan pemanfaatan Clinical Pathway (CP), outcome klinis serta pembayaran klaim. Studi desain Cross Sectional pada unit analisis 1155 data rekam medis ibu melahirkan SC periode 1 Januari-31 Desember 2018 di 3 RS. Hasil penelitian menunjukkan pemanfaatan CP peserta Jaminan Kesehatan Nasional (JKN) yaitu sebanyak 939 Ibu melahirkan SC proporsinya sebesar 43.1% masih menunjukkan pemanfaatan yang kurang baik. Pemanfaatan CP terkait penyimpanan dokumen Clinical Pathway ibu melahirkan SC peserta JKN sebanyak 71.8% tidak tersimpan di Rekam Medis, 72.6% tidak lengkap pengisiannya dan 64.6% kondisi klinis Ibu melahirkan SC tidak sesuai dengan PPK RS. RS Pemda memiliki Proporsi tertinggi skor pemanfaatan CP yang kurang baik sebesar 76.8%, kemudian diikuti RSP (36.8%). RSNP menunjukkan proporsi skor pemanfaatan CP baik. Jenis RS ($p=0.000$), Kelas rawat ($p=0.014$) dan Rujukan ($p=0.008$), jenis SC ($p=0.005$), Usia Ibu ($p=0.053$), Paritas ($p=0.016$), Riwayat ANC ($p=0.000$), Kondisi Panggul $p=0.000$), kondisi plasenta ($p=0.001$), penyakit penyerta ($p=0.000$) dan riwayat SC ($p=0.000$) menunjukkan berhubungan secara signifikan dengan pemanfaatan CP ($p<0.05$). Pemanfaatan CP ibu melahirkan SC peserta JKN menunjukkan adanya hubungan yang signifikan dengan Outcome klinis ($p=0.002$). Outcome Klinis ibu melahirkan SC menunjukkan sebesar 67.5% bermasalah antara lain terkait LOS yang tidak sesuai Panduan Praktek Klinis (PPK) RS, Ibu memiliki komplikasi klinis paska SC atau kondisi bayi saat dilahirkan tidak normal. Pemanfaatan CP berhubungan secara signifikan dengan pembayaran klaim ($p=0.000$). Pembayaran klaim ibu melahirkan SC peserta JKN bermasalah sebesar 39.3% terkait jangka waktu pembayaran klaim dari BPJS ke pihak RS. Pembayaran klaim yang tidak bermasalah pada pemanfaatan CP yang kurang baik lebih banyak. Monitoring dan evaluasi yang komprehensif pada pemanfaatan CP, outcome klinis dan proses pembayaran klaim sebagai kendali mutu pelayanan ibu melahirkan SC dalam JKN oleh RS, Organisasi Profesi dan Pemerintah. Pemerintah harus membuat payung hukum yang bersifat operasional pada pemanfaatan CP Ibu melahirkan SC di RS dalam program JKN, sehingga kendali mutu dan kendali biaya pelayanan ibu melahirkan SC menjadi efektif dan efisien. Pedoman Nasional Pelayanan Kedokteran perlu segera diterbitkan dan disosialisasikan ke Rumah Sakit. Kata kunci: SC, Sosial-ekonomi dan Klinis, Pemanfaatan Clinical Pathway, Outcome Klinis, Klaim Pembayaran</p><hr /><p>Analysis of Sectio Caesarea Clinical Pathway Utilization in Hospital Under National Health Insurance This study aims to analyze the relationship between socioeconomic and clinical factors of women giving birth to Sectio Caesaria (SC) in Hospitals (RS) with the utilization of Clinical Pathway (CP), clinical outcomes and claim payment. Cross Sectional design study in the 1155 unit of analysis of medical records of women giving birth to SC for the period January 1 to December 31, 2018 in 3 hospitals. The results showed that the utilization of CP for mothers giving birth to SC (939) participants of

the National Health Insurance (JKN) from the 3 research study hospitals, the proportion of 43.1%, still showed poor utilization. Utilization of CP related to document keeping of mother who gave birth SC to JKN participants as much as 71.8% were not kept in the Medical Record, 72.6% were incomplete filling and 64.6% of clinical conditions of mother who gave birth to SC were not in accordance with PPK RS. Regional Government Hospital has the highest proportion of poor CP utilization scores of 76.8%, followed by RSP (36.8%). RSNP shows the proportion of good CP utilization scores. Type of hospital ($p = 0.000$), nursing class ($p = 0.014$) and type of referral ($p = 0.008$), type of SC ($p = 0.005$), maternal age ($p = 0.053$), parity ($p = 0.016$), ANC history ($p = 0.000$), Pelvic Conditions ($p = 0.000$), placental conditions ($p = 0.001$), comorbidities ($p = 0.000$) and history of SC ($p = 0.000$) showed significant correlation with CP utilization ($p < 0.05$). Utilization of CP for mothers giving birth to SC JKN participants showed a significant relationship with clinical outcome ($p = 0.002$). Clinical Outcomes of mothers giving birth to SC showed that 67.5% had problems, among others related to LOS that was not in accordance with the Clinical Practice Guidelines (PPK) of the Hospital. CP utilization was significantly related to claim payment ($p = 0.000$). Claim Payment of mothers with SC under JKN participants was 39.3% related to the period of payment of claims from BPJS to the hospital. The utilization of CP which were under score mean seems not having administration problem and paid by JKN earlier and without any problem. Comprehensive monitoring and evaluation of the utilization of CP, clinical outcomes and the process of claim as a quality control service for SC mothers in JKN by hospitals, professional organizations and the government. The government must make an operational legal policy on the utilization of CP for women giving birth to SC in hospitals under the JKN program, so that quality control and cost control of maternal care services for SC become effective and efficient. National Guidelines for Medical Services need to be immediately published and disseminated to hospitals. Keywords: SC, Socio-economic and Clinical, Clinical Pathway Utilization, Clinical Outcome, Payment Claims