

Studi faktor-faktor yang berhubungan dengan waktu tunggu UGD di rumah sakit Bhakti Yudha, tahun 2000 = Study of factors that is related to the emergency unit waiting time at Bhakti Yudha Hospital in year 2000

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Abstrak

Salah satu aspek mutu di rumah sakit yang sering mendatangkan keluhan pasien adalah waktu tunggu. UGD (Unit Gawat Darurat) RS Bhakti Yudha yang mempunyai peranan penting bagi rumah sakit tersebut, dikeluhkan mempunyai waktu tunggu yang lama. Ada 6,1 % pasien yang pulang karena merasa terlalu lama menunggu.

Penelitian ini bertujuan untuk memperoleh gambaran waktu tunggu pasien UGD, serta faktor - faktor apa yang ada hubungannya dengan lama waktu tunggu di UGD tersebut. Penelitian ini merupakan survei dengan desain cross sectional, bersifat deskriptif analitik, dimana melalui studi ini didapatkan gambaran hubungan antara variabel terikat dengan variabel bebas. Penelitian dilakukan selama seminggu dengan jumlah pasien sebanyak 339 orang, dimana ada 7 pasien (2,1 %) yang pulang sebelum ditangani.

Dari hasilnya diketahui bahwa rata-rata waktu tunggu di UGD adalah 12,23 menit, waktu terpendek 4 menit, terpanjang 131 menit Ada 22 % pasien yang mempunyai waktu tunggu lebih dari 15 menit. Rata-rata waktu tunggu pasien gawat darurat 5,23 menit, yang bukan gawat darurat 18,27 menit, Rata-rata waktu tunggu pasien yang langsung masuk ke UGD (tidak melalui loket pendaftaran) 4,97 menit, yang melalui loket 18,27 menit.

Dari 9 variabel yang diteliti ada 4 variabel yang mempunyai hubungan yang bermakna dengan waktu tunggu yaitu cara masuk pasien, waktu kedatangan pasien, jenis kunjungan (lama/barunya pasien), status kegawatan pasien. Yang tidak bermakna adalah keterlambatan dokter, status kepegawaian dokter, pola penugasan dokter, keterampilan dokter serta jumlah pasien.

Kesimpulan, pasien yang pulang lebih kecil dari yang diperkirakan, waktu tunggu UGD relatif pendek, karakteristik dokter tidak berperan dalam waktu tunggu, karakteristik pasien berperan dalam waktu tunggu, waktu tunggu yang pendek saja tidak cukup untuk memuaskan pasien. Saran yang diberikan adalah, menambah loket pendaftaran pada pagi hari, mengoptimalkan waktu pencarian status lama, dan bila mungkin perlu membuat ruang tunggu UGD yang lebih memadai.

.....Study of Factors that is Related to the Emergency Unit Waiting Time at Bhakti Yudha Hospital, in Year 2000 One aspect of the quality of service for a hospital and often makes the patients to complain is about the waiting time case. The services in the Emergency Unit of Bhakti Yudha Hospital have been regarded as the most important part in the Hospital itself, but, however its long waiting time has also been complained by the patients. There are 6,1 % of patients left the hospital without getting the treatment because they cannot stand to wait in the line too long.

The goal of this study is to get a picture regarding the matter that previously described and to also find out factors that is related to delay of services at waiting room in emergency ward. This study is a survey with cross sectional, characterized by analytical description, where the study can be use to derive the relationship between dependent variables and independent variables.

The study carried out for a week with 339 numbers of patients, whereas 7 patients (2,1 %) went home without being taken care of. The result of this study showed that the average waiting time at the emergency room is 12, 23 minutes, with shortest time is 0 minutes and the longest time 131 minutes. About 22 % of patients spent more than 15 minutes before getting their turn. The average waiting time for emergency patients is 5, 23 minutes, while the average waiting time for non emergency patients is 18, 27 minutes. The average waiting time for patients that directly went straight to the ER unit without going through the admission counter is 4,7 minutes, while those who went through the admission counter is 18, 27 minutes. From 9 variables that is examined in this study, there are 4 variables have significant relationship to patient's waiting time at the emergency ward such as, method of admittance, time of arrival during the day, type of patient and patient's condition. Variables that insignificant are, tardiness of doctors, type of employment of doctors , position of doctors in the managerial, level of proficiency of doctors and number of patients. As a conclusion, the number of patient that went home is lower than what was originally predicted, waiting time at emergency ward is relatively short , the characteristic of doctors is irrelevant to the problem, the characteristic of patients is significant to the problem, and short waiting in itself is not enough to please the patient. The advice that is given to improve the service is to add more admission counters in the morning shift, to decrease the time needed on searching for patients' records and if possible to built better waiting room for the ER unit.