

[Evaluasi Kinerja Komisi Pemberantasan Korupsi Pascarevisi Undang-Undang Nomor 19 Tahun 2019, Prediktor Pemulihan Fraksi Ejeksi Ventrikel Kiri pada Populasi Kardiomiopati Iskemik yang Menjalani Revaskularisasi Lengkap = Predictors of Left Ventricle Ejection Fraction Recovery in Ischemic Cardiomyopathy Patients Undergoing Complete Revascularization]

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Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=9999920518344&lokasi=lokal>

Abstrak

[Praktik korupsi semakin masif terjadi yang pada akhirnya berdampak pada masyarakat. Padahal telah banyak lembaga penegak hukum yang mengkampanyekan dan memberantas korupsi, salah satunya KPK. Penelitian ini bertujuan untuk mengevaluasi kinerja yang menyebabkan turunnya kepercayaan publik atas KPK dan memberikan rekomendasi langkah strategis berdasarkan teori pengukuran kinerja, keagenan, kepercayaan publik dan new public management menggunakan pendekatan kualitatif dengan strategi studi kasus. Capaian kinerja KPK secara keseluruhan sebesar 100,64%. Namun, berdasarkan analisis kualitatif, dari Sasaran Strategis (SS) yang diturunkan ke dalam beberapa Indikator Kinerja Utama (IKU), terdapat beberapa indikator yang tidak tercapai dan didominasi dari perspektif Proses Internal. Selain itu strategi yang ditetapkan oleh KPK tidak memiliki fokus yang jelas, terjadi penggemukan struktur organisasi yang pada akhirnya terlihat tumpang tindih tugas antara Dewan Pengawas dan Inspektorat, independensi KPK yang dipertanyakan, penyampaian informasi internal yang tidak sistematis, lunturnya asas keterbukaan seperti tertutupnya akses terhadap hasil kajian terkait korupsi dan peradilan etik yang dilakukan oleh Dewan Pengawas.

.....Corruption practices are increasingly massive, which in turn impact the society. Even though many law enforcement agencies have campaigned for and eradicated corruption, one of them is KPK. This study aims to evaluate the performance that causes a decrease in public trust in the KPK and provide recommendations for strategic steps based on new theories of performance measurement, agency, public trust and public management using a qualitative approach with a case study strategy. The overall performance of the KPK was 100.64%. However, based on qualitative analysis of the Strategic Targets (SS), which were translated into several Key Performance Indicators (IKU), several indicators were not achieved and dominated from an Internal Process perspective. In addition, the strategy set by KPK does not have a clear objective, overstaff in organization structure which resulted in overlapped tasks between the Supervisory Board and the Inspectorate. The independency of the Corruption Eradication Commission is also questionable nowadays along with unsystematic delivery of internal information, and faded principle of transparency, such as the results of studies related to corruption and ethical justice conducted by the Supervisory Board that are closed to the public., <p>Latar Belakang: Beban penyakit gagal jantung semakin meningkat dan sekitar 50% kasus adalah HFref. Penyakit jantung koroner merupakan penyebab utama HFref. Pada kasus ini, pemulihan fungsi ventrikel kiri merupakan tujuan utama terapi karena berhubungan dengan penurunan risiko kejadian kardiovaskular.¹ Populasi dengan pemulihan FEVK dikategorikan sebagai HFrecEF dimana populasi ini memiliki karakteristik yang berbeda.² Belum terdapat suatu studi yang melihat prediktor pemulihan FEVK sesuai kriteria

HFrecEF JACC pada populasi kardiomiopati iskemik setelah revaskularisasi lengkap.

Tujuan: Mengetahui faktor-faktor yang mempengaruhi terjadinya pemulihan FEVK pasca revaskularisasi lengkap operasi bedah pintas arteri koroner pada populasi kardiomiopati iskemik.

Metode: Sebuah penelitian kohort retrospektif dengan populasi penelitian kardiomiopati iskemik yang menjalani revaskularisasi lengkap dengan BPAK selama periode Januari 2019 sampai dengan Juli 2022 di Rumah Sakit Jantung dan Pembuluh Darah Harapan Kita.

Hasil: Terdapat 105 subjek yang memenuhi kriteria inklusi, dengan 72 (68,5%) subjek pada kelompok **nonHFrecEF** dan 33 (31,5%) subjek pada kelompok **HFrecEF**. Pada analisis multivariat, **LVEDD** (OR 0,87; p=0,018)) merupakan prediktor independen **HFrecEF**. Penggunaan **RAAS Inhibitor** postoperatif menurunkan risiko mortalitas dalam 1 tahun secara signifikan (HR 0,036; p=0,07). **Follow up** kesintasan 1 tahun menunjukkan tidak ada perbedaan bermakna antara kelompok **HFrecEF** (95%) dan non**HFrecEF** (96%) dengan nilai p=0,999. Terdapat perbedaan kesintasan yang signifikan antara pengguna **RAAS Inhibitor** dan bukan pengguna **RAAS Inhibitor** pada populasi penelitian (p<0,0001).

Kesimpulan: Nilai **LVEDD** adalah prediktor independen pemulihan FEVK. Angka kesintasan 1 tahun pada seluruh populasi cukup baik yaitu lebih dari 90%. Penggunaan **RAAS Inhibitor** pada penelitian ini tidak menunjukkan dampak pemulihan FEVK, namun pengaruhnya pada kesintasan 1 tahun menekankan pentingnya pemberian terapi optimal gagal jantung pada populasi ini.

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<b><span lang="EN-US" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif;">Background</span></b><span lang="EN-US" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif;">
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<b><span lang="EN-US" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif;">Background</span></b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);">It is estimated that the disease burden of heart failure has increased and about 50% of cases are HFrecEF. Coronary heart disease is the main risk for heart failure. Left ventricular function recovery is the most important goals of heart failure therapy. It is associated with a reduced risk of cardiovascular events.</span><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);"><sup>1</sup></span><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);"> These population is categorized as patients with HFrecEF where they have unique characteristics.</span><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);"><sup>2</sup></span><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);"> There has not been a study looking at predictors of recovery of EF according to the JACC HFrecEF criteria in the ischemic cardiomyopathy population after complete revascularization. </o:p></o:p></span></pre>
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<b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);">Objectives</span></b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman", serif; color: rgb(32, 33, 36);">: To
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evaluate the factors that predicts the recovery of FEVK after complete revascularization by coronary artery bypass surgery in the ischemic cardiomyopathy population.

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<b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman";, serif; color: rgb(32, 33, 36);">Methods</span></b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman";, serif; color: rgb(32, 33, 36);">: This retrospective cohort study used secondary data. Basic data was obtained through medical record and registry of ischemic cardiomyopathy patients underwent complete revascularization with CABG during the period January 2019 to July 2022 at Harapan Kita Cardiovascular Hospital.</span></pre>
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<b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman";, serif; color: rgb(32, 33, 36);">Results</span></b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman";, serif; color: rgb(32, 33, 36);">: A total of 105 subjects were obtained, there were 72 (68.5%) subjects in the nonHFrecEF group and 33 (31.5%) subjects in the HFrecEF group. In multivariate analysis, LVESD (OR 0.87; p=0.018)) was an independent predictor of HFrecEF. Postoperative use of RAAS Inhibitors reduced the risk of mortality within 1 year significantly (HR 0.036; p=0.07). No significant difference in 1 year survival follow-up between the HFrecEF (95%) and non-HFrecEF (96%) groups with p = 0.999. There was a significant difference in survival between RAAS Inhibitor users and non-RAAS Inhibitor users in the entire study population (p<0.0001).</span></pre>
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<b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman";, serif; color: rgb(32, 33, 36);">Conclusion</span></b><span lang="EN" style="font-size: 12pt; line-height: 18.4px; font-family: "Times New Roman";, serif; color: rgb(32, 33, 36);">: In ischemic cardiomyopathy patients undergoing CABG, LVESD score is an independent predictor of recovery of LVEF. The 1-year survival rate in the entire population was >90%. Although the use of RAAS inhibitors in this study did not show an impact on recovery of LVEF, its effect on 1-year survival emphasizes the importance of providing optimal therapy for heart failure in this population.</span></pre>
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