

Determinan Sintas Rawat Inap Pasien Pneumonia Di RS Dr. Cipto Mangunkusumo Pada Masa Pandemi COVID-19 = Determinants of Inpatient Survival for Pneumonia Patients at Dr.Cipto Mangunkusumo Hospital During the COVID-19 Pandemic

Hadiki Habib, author

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Abstrak

Mortalitas pasien pneumonia di rumah sakit meningkat pada saat pandemi COVID-19. Perlu diidentifikasi faktor-faktor risikonya dari determinan biologi, gaya hidup, lingkungan dan pelayanan kesehatan. Penelitian ini menggunakan desain campuran studi kuantitatif kohort retrospektif dan studi kualitatif sequential explanatory. Sampling studi kuantitatif diambil secara acak sederhana dari rekam medis Mei 2020-Desember 2021 di RS dr. Cipto Mangunkusumo, Jakarta. Studi kualitatif berupa wawancara mendalam bersama enam orang informan. Terdapat 1945 subjek pneumonia dengan insiden kematian 34,1%.

Determinan yang berhubungan dengan peningkatan risiko kematian adalah pneumonia berat (HR 1,8;IK95% 1,38-2,43), skor CCI 2 (HR 1,5;IK95% 1,16-2,08). komplikasi 2 (HR 5,9; 95%IK 2,9-11,9), intubasi (HR 1,6;IK95% 1,27-2,05) dan lama tunggu di IGD 8 jam (HR1,4;IK95% 1,12-1,63), tren kematian rawat inap meningkat seiring dengan bertambahnya usia. Risiko kematian lebih rendah pada subjek dengan infeksi utama selain paru (HR 0,4;IK95% 0,35-0,51), subjek yang mendapat perawatan intensif (HR 0,3;IK95% 0,25-0,41), terapi antikoagulan (HR 0,3;IK95% 0,27-0,44) dan terapi steroid pada pneumonia non-COVID-19 kondisi berat (0,7;IK95% 0,5-0,9). Ketangguhan rumah sakit terjaga dengan adanya kebijakan zonasi, penerapan prinsip mitigasi risiko, dan modulasi layanan. Beban finansial berkurang melalui donasi atau hibah. Kerentanan rumah sakit antara lain kerapuhan infrastruktur, kecepatan kembali ke layanan reguler lebih lambat, rasa takut tenaga kesehatan, dan triase pra-rumah sakit belum berjalan.

Determinan biologi, lingkungan dan pelayanan kesehatan berhubungan dengan sintas rawat inap pasien pneumonia pada masa pandemi COVID-19. Ketahanan rumah sakit perlu dinilai dengan melihat dampak pandemi terhadap kematian pneumonia COVID-19 maupun pneumonia non-COVID-19.

.....In-hospital mortality of pneumonia increased during the COVID-19 pandemic. It is necessary to identify risk factors from biological determinants, lifestyle, environment and health services. This research uses a mixed design of a retrospective cohort quantitative study and a sequential explanatory qualitative study. Quantitative subjects were selected using simple random sampling based on medical records May 2020-December 2021 at Dr. Cipto Mangunkusumo Hospital, Jakarta. In-depth interviews with six informants were performed. There were 1945 pneumonia subjects with a mortality incidence of 34,1%. Determinants associated with an increased mortality risk were severe pneumonia (HR 1,8; 95% CI 1,38-2,43), CCI score 2 (HR 1,5; 95% CI 1,16-2,08). complications 2 (HR 5,9; 95% CI 2,9-11,9), intubation (HR 1,6; 95% CI 1,27-2,05) and waiting time in the ER 8 hours (HR1,4 ;95% CI 1,12-1,63), the trend of inpatient mortality increases with increasing age. The risk of death was lower in subjects with primary infections other than lung (HR 0,4; 95% CI 0,35-0,51), subjects receiving intensive care (HR 0,3; 95% CI 0,25-0,41), anticoagulant therapy (HR 0,3; 95% CI 0,27-0,44) and steroid therapy in severe non-COVID-19 pneumonia (0,7; 95% CI 0,5-0,9). Hospital resilience is maintained by having zoning policies, implementing risk mitigation principles, and modulating services. Financial burden is reduced through donations or grants.

Hospital vulnerabilities include infrastructure fragility, slower return to regular services, fear of health workers, and pre-hospital triage not yet in place. Biological, environmental and health service determinants are related to the survival rate of pneumonia patients during the COVID-19 pandemic. Hospital resilience needs to be assessed by looking at the impact of the pandemic on mortality from COVID-19 pneumonia and non-COVID-19 pneumonia.