

ABSTRAK

Latar Belakang : Tuberkulosis (TB) paru merupakan penyakit menular sebagai penyebab utama dari gangguan kesehatan, salah satu dari 10 penyebab utama kematian di seluruh dunia dan penyebab utama kematian dari satu agen infeksi. Dalam hal ini, CP merupakan bagian penting dokumen dan alat dalam mewujudkan *good clinical governance* di rumah sakit.. berdasarkan hasil studi belum dapat diimplementasikan CP TB. CP TB yang pernah disusun di RSUD Sleman yaitu CP TB dengan *single diagnose* (tanpa penyakit penyerta) namun, hingga saat penelitian dilakukan proses penyusunan CP TB ini berhenti ditengah jalan.

Tujuan : Mengetahui kendala Implementasi CP pada penyakit TB di RSUD Sleman.

Metode : Penelitian ini merupakan penelitian kualitatif dengan desain *case study* (studi kasus). Subjek penelitian adalah tim TB, dokter penyakit dalam, kepala bangsal TB. Pemilihan subjek pada penelitian ini menggunakan *snowball sampling*. Objek penelitian yaitu dokumen rancangan CP TB di RSUD Sleman. Lokasi penelitian di RSUD Sleman dan berlangsung pada bulan Juli hingga Agustus 2021. Pengumpulan data menggunakan teknik wawancara dengan instrumen pedoman wawancara.

Hasil : Hasil dari penelitian ini yaitu diketahui bahwa kendala implementasi CP TB di RSUD Sleman adalah sebagai berikut: 1) CP TB memiliki banyak variasi sehingga panduannya menjadi lebih rumit dan belum bisa disepakati ; 2) Pandemi COVID 19 yang masih berlangsung; 3) CP yang dirancang masih *single diagnose*; 4) Ketika di bangsal hasil pemeriksaan TB negatif.

Kesimpulan : Kendala implementasi CP TB ini yang menyebabkan CP TB belum bisa diimplementasikan di RSUD Sleman.

Kata Kunci: *clinical pathway, tuberkulosis, kendala*

ABSTRACT

Background: Pulmonary tuberculosis (TB) is an infectious disease as a major cause of health problems, one of the top 10 causes of death worldwide and the leading cause of death from an infectious agent. In this case, CP is an important part of documents and tools in realizing good clinical governance in hospitals. Based on the results of the study, CP TB has not been implemented. The CP TB that had been compiled at the Sleman Hospital was CP TB with a single diagnosis (without comorbidities) however, until the time the research was carried out the process of compiling CP TB was stopped in the middle of the road.

Objective: To find out the obstacles to implementing CP in TB disease in Sleman Hospital.

Methods: This research is a qualitative research with a participatory action research (PAR) design. The research subjects were the TB team, internal medicine doctor, head of the TB ward. The selection of subjects in this study used snowball sampling. The object of research is CP TB in RSUD Sleman. The research location is in RSUD Sleman from July to August 2021. Data collection uses interview techniques with interview guide instruments. **Results:** The results of this study are known that the obstacles to the implementation of CP TB in RSUD Sleman are as follows: 1) CP TB has many variations so that the guidelines become more complicated; 2) The ongoing COVID-19 pandemic; 3) CP each single diagnosis; 4) When in the ward the results of the smear lab are negative; and 5) The guidelines are complicated so that they cannot be agreed upon.

Conclusion: Based on the results of research at the RSUD Sleman, it was found that there were obstacles in the implementation of CP TB so that CP TB could not be implemented.

Keywords: clinical pathway, tuberculosis, obstacles