INTISARI

Latar belakang: Transfusi trombosit merupakan prosedur penyelamatan nyawa yang dilakukan untuk mencegah perdarahan atau menghentikan perdarahan yang sedang berlangsung pada pasien dengan trombositopenia atau gangguan fungsi trombosit. *Thrombocyte concentrate* (TC) merupakan produk darah kedua yang terbanyak diminta di unit pelayanan transfusi darah (UPTD) RSUP Dr. Sardjito. Pemantauan dan peningkatan kualitas *turnaround time* (TAT) penyediaan TC sangat dianjurkan dan bermanfaat untuk meningkatkan kinerja layanan di bidang transfusi. Berdasarkan hasil komunikasi dengan para dokter residen penyakit dalam dan perawat di Instalasi Rawat Inap 1 RSUP Dr. Sardjito, didapatkan bahwa masih sering ditemui adanya waktu penyediaan TC yang lebih lambat daripada seharusnya.

Tujuan: Mengevaluasi kesesuaian TAT penyediaan TC di UPTD RSUP Dr. Sardjito dengan Standar Prosedur Operasional RSUP Dr. Sardjito serta menganalisis faktor yang berperan dalam pemanjangan TAT dan memberikan solusi permasalahan.

Metode: Penelitian ini merupakan penelitian deskriptif analitik menggunakan desain kualitatif dengan menghitung waktu sejak penerimaan permintaan TC di UPTD (stok darah) atau sejak pengambilan darah dari donor pengganti sampai saat TC siap diambil di UPTD serta melakukan analisis keterlambatan penyediaan TC di UPTD dengan diagram Ishikawa (*fish bone analysis*). Subjek adalah pasien dengan permintaan unit TC di UPTD RSUP Dr. Sardjito yang memenuhi kriteria inklusi dan ekslusi. Sampel dikumpulkan dengan mengambil data dari Simetris berupa permintaan dan penyediaan unit TC di UPTD RSUP Dr. Sardjito selama periode bulan Februari − Mei 2021. Dilakukan observasi dan wawancara mendalam (*in depth interview*) terhadap 10 petugas teknis transfusi darah di UPTD RSUP Dr. Sardjito untuk mengetahui faktor yang mempengaruhi TAT.

Hasil: Didapatkan 2504 lembar permintaan TC di UPTD RSUP Dr. Sardjito yang memenuhi kriteria inklusi dan eksklusi. Besar sampel minimal sebanyak 200 sampel untuk tiap kelompok sesuai SPO RSUP Dr. Sardjito. Terdapat 3 sampel dari IGD yang memenuhi TAT penyediaan TC sesuai SPO yaitu 30 menit sejak SPKD diterima di UPTD pada kondisi *cito.* Didapatkan 26 sampel dari ruang rawat yang memenuhi TAT penyediaan TC sesuai SPO jika stok tersedia yaitu 2 jam sejak penerimaan SPKD di UPTD. Didapatkan 54 sampel dari ruang rawat yang memenuhi TAT penyediaan TC sesuai SPO jika darah masih harus diambil dari donor yaitu 4 jam sejak proses donor dimulai. Analisis masalah penyebab pemanjangan TAT dilakukan menggunakan *fish bone analysis* dengan pendekatan *man, method, material, machine, measurement,* dan *milleu*. Beberapa masalah di antaranya kekurangan tenaga teknis transfusi darah, sistem komunikasi yang belum terintegrasi antara UPTD dan ruang rawat, pengisian SPKD yang tidak lengkap dan tidak teliti, belum optimalnya penerapan sistem *work order*, telepon, komputer, dan sistem jaringan Simetris yang bermasalah, sampel bermasalah, serta produk darah yang bermasalah.

Simpulan: Pada penelitian ini didapatkan bahwa TAT penyediaan TC di UPTD RSUP Dr. Sardjito sebagian besar mengalami pemanjangan jika dibandingkan dengan Standar Prosedur Operasional. Diperlukan implementasi pemecahan masalah untuk meminimalisir pemanjangan TAT.

Kata kunci: *Turn around time*, Bank darah, Transfusi, *Thrombocyte Concentrate*

ABSTRACT

Background: Platelet transfusion is a life-saving procedure performed to prevent bleeding or stop ongoing bleeding in patients with thrombocytopenia or impaired platelet function. Thrombocyte concentrate (TC) is the second most requested blood product in the blood transfusion service unit (UPTD) RSUP Dr. Sardjito. Monitoring and improving the quality of the turnaround time (TAT) of TC provision is highly recommended and useful for improving service performance in the field of transfusion. Based on the results of communication with the resident internal medicine doctors and nurses at the Inpatient Unit 1 RSUP Dr. Sardjito, it was found that there are often times when the provision of TC is slower than it should be.

Objective: Evaluating the suitability of the TAT for the provision of TC in UPTD Dr. RSUP. Sardjito with Standard Operating Procedures of RSUP Dr. Sardjito and analyze the factors that play a role in the lengthening of the TAT and provide solutions to problems.

Methods: This research is an analytical descriptive study using a qualitative design by calculating the time since receiving a request for TC at the UPTD (blood stock) or from taking blood from substitute donor until the time when the TC is ready to be taken at the UPTD and analyzing the delay in providing TC at the UPTD with the Ishikawa diagram (fishbone analysis). The subject is a patient with a request for a TC unit at the UPTD RSUP Dr. Sardjito who met the inclusion and exclusion criteria. Samples were collected by taking data from Simetris in the form of demand and supply of TC units at UPTD RSUP Dr. Sardjito during the period from February to May 2021. Observations and in-depth interviews were conducted with 10 blood transfusion technical officers at the UPTD Dr. RSUP. Sardjito to determine the factors that affect the TAT.

Result: 2504 TC request sheets were obtained at the UPTD Dr. RSUP. Sardjito who met the inclusion and exclusion criteria. The minimum sample size is 200 samples for each group according to the SPO Dr. RSUP. Sardjito. There is 3 samples from the ER that meets the TAT for the provision of TC according to the SPO, which is 30 minutes from the time the SPKD is received at the UPTD in cito conditions. There were 26 samples from the treatment room that met the TAT for the provision of TC according to the SPO if the stock was available, which is 2 hours from the receipt of the SPKD at the UPTD. There were 54 samples from the ward that met the TAT for the provision of TC according to the SPO if blood still had to be drawn from the donor, which was 4 hours from the start of the donor process. Analysis of the problem causing the lengthening of the TAT was carried out using fish bone analysis with the man, method, material, machine, measurement, and milleu approaches. Some of the problems include the lack of technical personnel for blood transfusions, the communication system that is not yet integrated between the UPTD and the inpatient room, incomplete and inaccurate filling of the SPKD, not yet optimal implementation of the work order system, telephone, computer, and Simetris network system problems, problematic samples. , as well as problematic blood products.

Conclusion: This study found that the TAT of providing TC in UPTD Dr. RSUP. Sardjito mostly experienced lengthening when compared to Standard Operating Procedures. Problem solving implementation is needed to minimize TAT prolongation.

Keywords: Turn around time, Blood bank, Transfusion, Thrombocyte Concentrate