ABSTRAK

Clinical pathway (CP) sebagai rancangan penatalaksanaan multi disiplin dapat digunakan dalam upaya meningkatkan kualitas dan efisiensi pelayanan kesehatan kepada setiap individu sesuai amanat Undang Undang (PMK RI No 76, 2016). Penelitian ini bertujuan untuk mengetahui hubungan pelaksanaan *clinical pathway* terhadap *clinical outcomes* dan total biaya riil rawat pada pasien *Sectio Caesaria* berdasarkan lembar penilaian CP.

Penelitian ini adalah penelitian observasional analitik dengan desain *cross sectional* menggunakan metode retrospektif untuk pengambilan data. Data penelitian ini adalah seluruh pasien BPJS SC periode 1 Januari - 30 Juni 2020. Pengamatan dilakukan pada form CP dan dokumen rekam medik serta rincian biaya perawatan dari data klaim BPJS. Analisis deskriptif kepatuhan pelaksanaan CP dilakukan dengan menilai kepatuhan setiap poin asuhan dalam CP SC yang terdiri dari 15 poin asuhan dan kemudian dikelompokkan menjadi dua kategori yaitu kategori kepatuhan rendah dengan nilai rata-rata kepatuhan terhadap CP <85% dan kepatuhan baik ≥85%. Analisa hubungan kepatuhan pelaksanaan CP terhadap *clinical outcomes* dilakukan uji *Chi square*, analisis kepatuhan pelaksanaan CP terhadap total biaya dilakukan menggunakan uji *regresi non parametric*.

Deskripsi kepatuhan pelaksanaan CP sebanyak 145 pasien (63%) memiliki kepatuhan baik (≥85%) dan 85 pasien (37%) kepatuhan rendah (<85%). *Clinical outcomes* dari 230 pasien SC LOS sesuai CP (≤3hari) sebanyak 95 pasien, 224 pasien dengan skala nyeri sedang - berat serta tidak didapati pasien yang mengalami ILO. Hasil analisis statistik menunjukkan tidak adanya hubungan kepatuhan pelaksanaan CP terhadap *clinical outcomes* ($p > 0,05$) dan tidak ada perbedaan total biaya riil terhadap kepatuhan p 0,860 ($p > 0,05$) dan r 0,012. Serta menunjukan ada hubungan atau perbedaan total biaya riil terhadap variable perancu ($p < 0,05$) usia (p 0,015) dan kelas perawatan (p 0,000).

Kata kunci: *Clinical pathway*, *Sectio Caesaria*, *clinical outcomes*, biaya riil

ABSTRACT

Clinical Pathway (CP) as a multi-disciplinary management plan can be used to improve the quality and efficiency of health services for everyone according to the mandate of the Law. This study aims to determine the relationship between the implementation of the Clinical Pathway on clinical outcomes and the total e real costs of hospitalization for *sectio caesaria* (SC) patients based on the CP assessment form.

This research is an analytic observational study with a cross-sectional design using a retrospective method for data collection. The data for this study are BPJS (Social Security Administrator) patients who delivered *sectio caesaria* for the period 1 January - 30 June 2020. Observations were made on CP forms and medical record documents as well as details of treatment costs from BPJS claim data. Descriptive analysis of compliance with CP implementation was carried out by assessing compliance from 15 care points and then grouping them into two categories, namely low compliance category with an average value of compliance CP <85% and good compliance with an average value of compliance CP ≥85%. Analysis of the relationship between compliance with CP implementation and clinical outcomes was carried out by the Chi square test, analysis of CP implementation compliance with costs was carried out using a non-parametric regression test.

Description of adherence to CP implementation as many as 145 patients (63%) had good adherence (≥85%) and 85 patients (37%) had low adherence (<85%). The clinical outcomes of 230 SC patients, found that 95 patients had a Length Of Stay (LOS) which corresponded to CP (≤3 days), 224 patients had moderate to severe pain scale and none of the patients had Surgical Wound Infections (ILO).

The results of the statistical analysis showed that there was no relationship between compliance with CP implementation and clinical outcomes (p > 0.05) and differences in adherence to the real total cost p 0,860 and r 0.012. Other analysis results show that there is a relationship or difference between the confounding variables age (p 0.015) and treatment class (p 0.000) to the real total costs (p <0.05).