

INTISARI

Latar belakang: Data kematian atau indikator mortalitas rumah sakit merupakan elemen penting dari program pemantauan keselamatan pasien rumah sakit. Pada tahun 2022, rekapitulasi kinerja rawat inap di RSA UGM menunjukkan nilai NDR 34,1%, angka ini belum mencapai standar ideal yaitu <25%.

Tujuan : Mengidentifikasi faktor yang memengaruhi angka kematian pasien dewasa ≥ 48 jam di rawat inap dan menyusun rencana program penurunan kematian rumah sakit di RSA UGM.

Metode: Penelitian ini menggunakan jenis penelitian *mix method* dengan pendekatan *sequential explanatory*. Data kuantitatif dari rekam medis pasien dewasa bulan Oktober – Desember 2022. Data kualitatif didapatkan dari diskusi kelompok terarah dengan 3 kelompok terpisah yaitu kelompok manajemen, dokter dan perawat. Analisis data kuantitatif menggunakan uji *chi-square* dan *Fisher's exact* dan regresi logistik multivariat sedangkan data kualitatif dengan analisis tematik.

Hasil : Dari penelitian ini didapatkan 388 subyek dengan 18 orang (46,4%) pasien meninggal selama perawatan ≥ 48 jam. Secara independen, jenis ruang rawat inap (OR 10,799, CI 95 % 3,990 – 29,233), skor EWS (OR 15,644, CI 95 % 5,511 – 44,412) dan jumlah komorbid (OR 8,603, CI 95 % 2,769 – 26,730) berpengaruh terhadap kejadian kematian pasien dewasa di rawat inap ($p < 0,001$). Analisis multivariat menunjukkan jenis bangsal ($p = 0,018$, aOR 4,122, CI 95 % 1,279 – 13,284) dan skor EWS ($p = 0,016$, aOR 4,531, CI 95 % 1,327 – 15,469) mempunyai pengaruh yang kuat terhadap kejadian kematian pasien dewasa di rawat inap. Hasil kualitatif menunjukkan masalah yang ditemui sehari-hari terkait meningkatnya angka kematian adalah tingginya kompleksitas pasien, fasilitas ICU yang belum memadai dan kompetensi SDM yang belum mumpuni; sedangkan untuk usulan program penurunan angka kematian di rawat inap adalah peningkatan manajemen klinis ICU, peningkatan kompetensi SDM perawat dan dokter, dan peningkatan efektivitas *early warning system*.

Kesimpulan : Skor EWS dan lokasi perawatan pasien dewasa di intensif berhubungan secara signifikan dengan kejadian kematian ≥ 48 jam setelah rawat inap, maka penting bagi pihak manajemen untuk meningkatkan kualitas pelayanan RS Akademik UGM dengan melakukan strategi penurunan angka kematian rumah sakit guna memperbaiki *net death rate* sesuai dengan standar nasional Kemenkes.

Kata kunci: angka kematian di rumah sakit, *net death rate*, *early warning system*, ICU, penurunan angka kematian

ABSTRACT

Background: Hospital mortality indicators are important element of a hospital patient safety monitoring program. In 2022, net death rate (NDR) value of RSA UGM showed 34.1‰ which not yet reached the ideal standard, namely <25‰.

Objective: Identifying factors that influence the mortality rate of adult patients ≥ 48 hours in inpatient care and developing a program plan to reduce hospital mortality at RSA UGM.

Methods: An explanatory sequential design of mixed methods research was used. The medical records of adult patients admitted to RS Akademik UGM from October 2022 to December 2022. Quantitative data analysis used chi-square and Fisher's exact tests and multivariate logistic regression. Qualitative data was obtained from focus group discussions with three separate groups, namely the managerial group, the doctor team and the nurse team., while qualitative data used thematic analysis.

Results: From this study, 388 subjects were obtained with 18 (4.64% or 46.4‰) patients died during treatment ≥ 48 hours. Independently, ward type (OR 10,799, CI 95 % 3,990 – 29,233), EWS score (OR 15,644, CI 95 % 5,511 – 44,412) and number of comorbidities (OR 8,603, CI 95 % 2,769 – 26,730) associated with with ≥ 48 hours in-hospital mortality (<0.001). Multivariate analysis showed that ward type ($p=0.018$, aOR 4,122, CI 95 % 1,279 – 13,284) and EWS score ($p=0.016$, aOR 4,531, CI 95 % 1,327 – 15,469) had a strong association with ≥ 48 hours in-hospital mortality. Qualitative results show that the problems faced daily related to the increasing death rate are the high complexity of patients, inadequate ICU facilities and inadequate human resource competency; the proposed program to reduce inpatient mortality by improving clinical management in intensive care, improving the competency and skills of doctors and nurses, and increasing the effectiveness of the early warning system.

Conclusion: The early warning system score >5 and the intensive care are significantly related to in-hospital mortality ≥ 48 hours after hospitalization so it is important for management to improve the quality of services at the RS Akademik UGM by carry out a strategy to reduce hospital mortality rates in order to decrease the net mortality rate in accordance with the Ministry of Health's national standards.

Keywords: hospital mortality, net death rate, early warning system, ICU, reducing mortality