

INTISARI

Latar Belakang: Penundaan operasi elektif merupakan masalah yang signifikan di banyak rumah sakit, termasuk di RSUD Besuki. Kondisi ini dapat berdampak negatif terhadap kualitas pelayanan kesehatan dan pengalaman pasien, khususnya pada pasien dengan kaki diabetes. Penundaan tindakan operatif pada kelompok ini berisiko meningkatkan komplikasi, memperpanjang masa rawat inap, serta menambah beban biaya perawatan.

Metode: Penelitian ini menggunakan pendekatan mixed methods dengan desain Convergent Parallel, yang menggabungkan data kuantitatif dan kualitatif secara simultan. Data kuantitatif diperoleh dari 184 pasien kaki diabetes yang menjalani tindakan debridement, sedangkan data kualitatif diperoleh melalui Focus Group Discussion (FGD) untuk mengeksplorasi konteks dan persepsi penyebab penundaan.

Hasil: Analisis menunjukkan bahwa faktor administrasi/logistik memiliki pengaruh yang signifikan terhadap penundaan operasi elektif ($p = 0.000$), sementara faktor pasien ($p = 0.116$) dan faktor medis ($p = 0.260$) tidak menunjukkan pengaruh yang signifikan. Penundaan operasi tidak berpengaruh signifikan terhadap luaran klinis seperti kendali infeksi dan target metabolik ($p = 0.086$, $R^2 = 0.016$). Namun, penundaan tersebut secara signifikan meningkatkan biaya langsung perawatan ($p = 0.000$, $F = 104.070$, $R^2 = 0.364$), menunjukkan bahwa semakin lama penundaan, semakin besar biaya yang harus ditanggung.

Kesimpulan: Penundaan operasi elektif tidak berdampak signifikan terhadap luaran klinis pasien kaki diabetes, namun secara nyata meningkatkan beban biaya langsung. Temuan ini menekankan pentingnya perbaikan sistem logistik dan manajemen alur operasi elektif untuk meningkatkan efisiensi dan efektivitas pelayanan rumah sakit.

Kata kunci: Biaya langsung, dampak luaran klinis, faktor administrasi/logistik, faktor medis, faktor pasien, penundaan operasi elektif

Abstract

Background

Elective surgery delays remain a significant issue in many hospitals, including RSUD Besuki. Such delays can negatively impact the quality of healthcare services and patient experience, particularly among individuals with diabetic foot conditions. Postponement of operative interventions in this patient group carries a higher risk of complications, prolonged hospital stays, and increased treatment costs.

Methods

This study employed a mixed-methods approach using a Convergent Parallel Design, combining quantitative and qualitative data collected simultaneously. Quantitative data were obtained from 184 diabetic foot patients undergoing debridement procedures, while qualitative data were gathered through Focus Group Discussions (FGDs) to explore contextual factors and perceptions related to the causes of surgical delays.

Results

Analysis revealed that administrative/logistical factors had a statistically significant impact on elective surgery delays ($p = 0.000$), whereas patient-related factors ($p = 0.116$) and medical factors ($p = 0.260$) showed no significant influence. Delays in surgery were not significantly associated with clinical outcomes, including infection control and metabolic target achievement ($p = 0.086$, $R^2 = 0.016$). However, surgical delays were found to significantly increase direct treatment costs ($p = 0.000$, $F = 104.070$, $R^2 = 0.364$), indicating that the longer the delay, the higher the financial burden on patients.

Conclusion

Elective surgery delays do not have a significant effect on clinical outcomes among diabetic foot patients but are strongly associated with increased direct healthcare costs. These findings highlight the need for improvements in logistics and elective surgery flow management to enhance hospital service efficiency and effectiveness.