

INTISARI

Latar belakang: Angka kematian pasien ICU merupakan salah satu indikator mutu pelayanan di rumah sakit. Angka kematian ICU di RSUD Dr. Soedirman Kebumen dalam lima tahun terakhir lebih dari 40 %. Nilai ini lebih tinggi jika dibandingkan dengan kematian pasien ICU di Indonesia sebesar 27,6 %.

Tujuan : Mengidentifikasi faktor yang berpengaruh terhadap mortalitas pasien ICU dan menyusun rekomendasi program penurunan mortalitas ICU di RSUD Dr. Soedirman Kebumen.

Metode: Penelitian ini menggunakan jenis penelitian *mix method* dengan pendekatan *sequential explanatory*. Data kuantitatif berasal dari rekam medis pasien ICU periode Juli 2024 sampai Desember 2024. Data kualitatif berasal dari wawancara mendalam dari kelompok manajemen serta diskusi kelompok terarah berasal dari dua kelompok terpisah yaitu kelompok dokter dan perawat. Data kuantitatif dianalisis dengan menggunakan uji *chi-square* dan *fisher's exact* serta regresi logistik multivariat. Data kualitatif menggunakan analisis tematik.

Hasil : Berdasarkan penelitian ini didapatkan 278 subjek dengan 126 pasien (45,3%) yang meninggal di ICU. Faktor yang teridentifikasi sebagai faktor risiko yang berpengaruh terhadap mortalitas pasien ICU di RSUD Dr. Soedirman Kebumen adalah usia (p-value = 0.001), tipe diagnosis (p-value = 0.008), nilai *Glasgow Coma Scale* / GCS (p-value <0.001), penggunaan ventilasi mekanik (p-value <0.001) dan lama perawatan (p-value = 0.004). Penggunaan ventilasi mekanik merupakan variabel yang memiliki pengaruh paling signifikan terhadap mortalitas pasien ICU (p = 0.001, OR 43.73, CI 95 % 15.84-120.72). Hasil kualitatif menunjukkan usulan program penurunan mortalitas pasien ICU diantaranya sosialisasi ulang kriteria masuk ICU, pengaktifan *paliatif care*, peningkatan kompetensi Sumber Daya Manusia (SDM), kolaborasi *multidisciplinary team*, evaluasi berkala implementasi *Early Warning System* (EWS), evaluasi pelaksanaan pemeriksaan kultur dan inisiasi pendirian *High Care Unit* (HCU).

Kesimpulan : Usia, tipe diagnosis, nilai *Glasgow Coma Scale* (GCS), penggunaan ventilasi mekanik dan lama perawatan merupakan faktor yang berpengaruh terhadap mortalitas pasien ICU di RSUD Dr. Soedirman Kebumen. Berdasarkan penyebab tingginya angka kematian pasien ICU tersebut maka penting bagi pihak manajemen untuk meningkatkan kualitas pelayanan dengan melaksanakan strategi penurunan angka kematian pasien ICU di RSUD Dr. Soedirman Kebumen.

Kata kunci : *Intensive Care Unit*, ICU, kematian ICU, penentu kematian ICU, penurunan angka kematian

ABSTRACT

Background: The ICU patient mortality rate is an indicator of hospital service quality. The ICU mortality rate at Dr. Soedirman Kebumen Regional General Hospital over the last five years has been over 40%. This rate is higher compared to the national ICU patient mortality rate in Indonesia, which is 27.6%.

Objective: To identify factors influencing ICU patient mortality and to develop recommendations for an ICU mortality reduction program at Dr. Soedirman Kebumen Regional General Hospital.

Methods: This study employed a mixed-methods research design with a sequential explanatory approach. Quantitative data were obtained from the medical records of ICU patients from July 2024 to December 2024. Qualitative data were gathered through in-depth interviews with the management group and Focus Group Discussions (FGD) with two separate groups: doctors and nurses. Quantitative data were analyzed using chi-square and fisher's exact tests, as well as multivariate logistic regression. Qualitative data were analyzed using thematic analysis.

Results: The study included 278 subjects, of whom 126 (45.3%) died in the ICU. Factors identified as significantly influencing ICU patient mortality at Dr. Soedirman Kebumen Regional General Hospital were age (p-value = 0.001), type of diagnosis (p-value = 0.008), Glasgow Coma Scale (GCS) score (p-value <0.001), use of mechanical ventilation (p-value <0.001), and length of stay (p-value = 0.004). The use of mechanical ventilation was the variable with the most significant influence on ICU patient mortality (p = 0.001, OR 43.73, 95% CI 15.84-120.72). Qualitative results suggested several programs to reduce ICU patient mortality, including: re-socialization of ICU admission criteria, activation of palliative care, improvement of human resources competency, multidisciplinary team collaboration, periodic evaluation of Early Warning System (EWS) implementation, evaluation of culture examination procedures, and initiation of High Care Unit (HCU) establishment.

Conclusion: Age, type of diagnosis, Glasgow Coma Scale (GCS) score, use of mechanical ventilation, and length of stay are factors influencing ICU patient mortality at Dr. Soedirman Kebumen Regional General Hospital. Given these factors contributing to the high ICU mortality rate, it is crucial for the hospital management to enhance service quality by implementing strategies to reduce ICU patient mortality at Dr. Soedirman Kebumen Regional General Hospital.

Keywords: Intensive Care Unit, ICU, ICU mortality, determinants of ICU mortality, mortality reduction