

ANALISIS FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN KEJADIAN READMISI DINI DAN READMISI LAMBAT PADA PASIEN JAMINAN KESEHATAN NASIONAL DI WILAYAH KERJA BPJS KESEHATAN KANTOR CABANG PURWOKERTO TAHUN 2024

INTISARI

Latar Belakang: Readmisi rumah sakit merupakan indikator penting dalam menilai mutu pelayanan, efektivitas tata laksana klinis, kesinambungan pelayanan, dan efisiensi pembiayaan kesehatan. Dalam Program Jaminan Kesehatan Nasional (JKN), readmisi dapat meningkatkan biaya klaim dan mencerminkan potensi inefisiensi pelayanan. Wilayah kerja BPJS Kesehatan Kantor Cabang Purwokerto memiliki kasus rawat inap berulang yang relatif tinggi sehingga diperlukan analisis determinan readmisi dini dan readmisi lambat.

Tujuan: Penelitian ini bertujuan menganalisis faktor-faktor yang berhubungan dengan kejadian readmisi dini dan readmisi lambat pada pasien JKN di wilayah kerja BPJS Kesehatan KC Purwokerto tahun 2024.

Metode: Penelitian ini merupakan penelitian kuantitatif analitik dengan desain observasional retrospektif dan pendekatan potong lintang. Data yang digunakan adalah data sekunder klaim rawat inap peserta JKN tahun 2024. Sampel diambil dengan teknik *total sampling* berdasarkan kriteria inklusi dan eksklusi. Analisis dilakukan secara univariat, bivariat menggunakan uji *Chi-square*, dan multivariat menggunakan *regresi logistik biner*.

Hasil: Usia, jenis kelamin, jumlah komorbid, tingkat keparahan, *length of stay*, cara pulang, kelas rumah sakit, dan kepemilikan rumah sakit berhubungan bermakna dengan readmisi dini dan readmisi lambat. Status ekonomi dan kelas rawat tidak berhubungan bermakna. Faktor paling dominan adalah LOS 15-24 hari, diikuti LOS 10-14 hari, usia 0-4 tahun, pulang paksa, dan tingkat keparahan berat.

Kesimpulan: Readmisi dini dan readmisi lambat pada pasien JKN terutama dipengaruhi oleh faktor klinis, demografis, dan karakteristik fasilitas pelayanan kesehatan. Pengendalian readmisi perlu difokuskan pada identifikasi pasien berisiko tinggi, penguatan *discharge planning*, rujuk balik, dan kesinambungan pelayanan pascapemulangan.

Kata Kunci: readmisi dini, readmisi lambat, JKN, *discharge planning*, pembiayaan kesehatan.

ANALYSIS OF FACTORS ASSOCIATED WITH EARLY AND LATE READMISSIONS AMONG NATIONAL HEALTH INSURANCE PATIENTS IN THE SERVICE AREA OF THE BPJS KESEHATAN PURWOKERTO BRANCH OFFICE IN 2024

ABSTRACT

Background: Hospital readmissions are a key indicator of care quality, clinical management effectiveness, continuity of care, and healthcare financing efficiency. In the National Health Insurance Program (JKN), readmissions may increase claim costs and reflect potential inefficiencies in service delivery. The BPJS Kesehatan Purwokerto Branch Office service area has a relatively high rate of repeated hospitalizations, requiring analysis of determinants of early and late readmissions.

Objective: This study aimed to analyze factors associated with early and late readmissions among JKN patients in the BPJS Kesehatan Purwokerto Branch Office service area in 2024.

Methods: This quantitative analytical study used a retrospective observational design with a cross-sectional approach. The study used secondary inpatient claim data of JKN participants in 2024. Samples were selected using total sampling based on inclusion and exclusion criteria. Data were analyzed using univariate analysis, bivariate Chi-square tests, and multivariate binary logistic regression.

Results: Age, gender, number of comorbidities, severity level, length of stay (LOS), discharge mode, hospital class, and hospital ownership were significantly associated with early and late readmissions. Economic status and care class were not significantly associated. The dominant factors were LOS of 15–24 days, LOS of 10–14 days, age 0–4 years, forced discharge, and severe severity.

Conclusion: Early and late readmissions among JKN patients are primarily influenced by clinical, demographic, and healthcare facility characteristics. Readmission control should focus on identifying high-risk patients, strengthening discharge planning, facilitating readmissions, and ensuring continuity of post-discharge care.

Keywords: early readmission, late readmission, JKN, discharge planning, health financing.