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ANALISIS PEMBATALAN OPERASI UNIT PELAYANAN BEDAH TERPADU RUMAH SAKIT DR CIPTO
MANGUNKUSUMO DALAM
MENUNJANG SISTIM JAMINAN KESEHATAN NASIONAL
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Universitas Gadjah Mada, 2017 | Diunduh dari <http://etd.repository.ugm.ac.id/>

ANALISIS PEMBATALAN OPERASI UNIT PELAYANAN BEDAH TERPADU RUMAH SAKIT DR CIPTO MANGUNKUSUMO, JAKARTA

*ANALYSIS OF SURGICAL CANCELLATION IN THE INTEGRATED SURGICAL
UNIT CIPTO MANGUNKUSUMO HOSPITAL JAKARTA*

Gatot Purwoto, Adi Utarini

ABSTRAK

Latar belakang:

RS Dr Cipto Mangunkusumo (RSCM) sebagai pusat rujukan nasional (tipe A, Fasilitas Kesehatan Tingkat III) adalah pusat pelayanan rujukan dari berbagai rumah sakit lain seluruh Indonesia, termasuk pelayanan pembedahan kasus operasi dengan kategori sulit. Kapasitas sarana operasi tidak mencukupi dibandingkan jumlah kasus yang harus ditangani. Manajemen fasilitas dan sumber daya manusia dalam pelayanan di Unit Pelayanan Bedah Terpadu belum maksimal. Adanya sistem pelayanan Jaminan Kesehatan Nasional (JKN) perlu diakomodasi dengan fasilitas dan sumber daya manusia yang ada di RSCM.

Diperlukan analisis untuk mengetahui pembatalan operasi serta faktor-faktor yang mempengaruhidri pelayanan Unit Pelayanan Bedah Terpadu RSCM sebelum dan sesudah JKN.

Tujuan:

Mengetahui jumlah angka pembatalan operasi dan faktor-faktor yang mempenahuhi pelayanan pembedahan di Unit Pelayanan Bedah Terpadu RS Dr Cipto Mangunkusumo sebelum dan sesudah pelaksanaan sistem jaminan kesehatan nasional.

Metode:

Penelitian retrospektif terhadap pelayanan kasus-kasus yang menjalani operasi berencana di Unit Pelayanan Bedah Terpadu, Rumah Sakit Cipto Mangunkusumo dari tahun 2013 sampai dengan 2016.

Kata kunci: Analisis, Pembatalan operasi, Rumah sakit Cipto Manunkusumo



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ABSTRACT

BACKGROUND:

Cipto Mangunkusumo hospital stands as national referral (type A, 3rd grade health facility) which provides highest services for other hospitals from Indonesia, including performance of high risk and complicated surgery. However, the capacity could not withstand the amount of cases.

Operating theatre (OT) services become the depiction of a significant proportion of hospital costs. The quality of both for labors and the facility management could be categorized as not maximum. To avoid further loss, the existence of national health insurance should be accommodating with the facilities from the aforementioned hospital. Analytical system should be undertaken to measure loss and gain in order to overcome services efficiency.

Based on those aforesaid backgrounds, the main purpose of this study is knowing the cancellation of surgical services before and after JKN era.

METHODS

The framework of this study evaluate 4 years of surgical cancellation from January, 2013 until, 2016 at the Cipto Mangunkusumo hospital

RESULTS

Based on surgical reports that have been collected from January, 2013 until December 2016, data retained as follows: surgical from 2013 to 2016 consecutively. The surgical cancellation rate from 2013 to 2016 are 13,4%, 8,9%, 12,7% and 9,4%

The most patients are supported by the government insurance (JKN/BPJS) 8,17%, 96,6%, 99% and 99% consecutively from 2013 to 2016.

The most reason of the surgical cancellation are non-medical factors variably from 60,8 % to 72,6% along 4 years from 2013 to 2016.

In conclusion that surgical cancelation is relatively still high and some of nonmedical factors were seemly can be as main factors that can be managed to decrease surgical cancellation at Cipto Mangunkusumo hospital.

Key words: cipto mangunkusumo hospital, surgical cancellation,