INTISARI

Latar belakang: Di dunia sekitar 8 juta perempuan mengalami *near miss maternal morbidity* dan tiap tahunnya 580.000 wanita meninggal akibat kehamilan dan persalinan. Setiap 100 wanita yang selamat mengalami kecacatan dan kelainan fisik. Di Indonesia kejadian nearmiss maternal morbidity merupakan penyumbang terbesar penyebab kematian ibu. Di Kabupaten Sangatta kejadian *nearmiss maternal morbidity* menunjukkan peringkat ke 2 dari 10 besar penyakit setiap tahunnya.

Tujuan penelitian: Mempelajari implementasi pengelolaan nearmiss maternal morbidity, pengawasan fungsi manajemen terkait nearmiss maternal morbidity, supervisi kinerja bidan, audit klinik, faktor penghambat dan pendukung pengelolaan nearmiss maternal morbidity di RS.

Metode: Rancangan studi kasus dengan pendekatan kualitatif. Seleksi sampel secara *porpuse sampling*. Pengumpulan data primer dilakukan dengan wawancara mendalam dan observasi diikuti secara prospektif, data sekunder berdasarkan data rekam medik diikuti secara retrospektif. Data kuantitatif diolah secara manual dan *sofwere* komputer, data kualitatif diolah dengan transkripsi, koding dan disajikan dalam bentuk teks secara naratif.

Hasil: Hampir 44% partus macet dikelola dengan seksio sesaria. Waktu tunggu urin tampung post seksio sesaria ± 38% > 4 jam dan hasil urin tampung (33%) < 400 cc/4jam. Waktu tunggu masuk RS dengan tindakan ± 54% dan waktu tunggu masuk RS dengan transfusi (33%) > 2 jam. Hampir 23% waktu tunggu Hb < 8 gr% dengan transfusi (23%) > 2 jam. Status pasien (31%) tidak tersedia dan (46%) rekam medik tidak lengkap. Keterbatasan fasilitas, standar, pedoman kerja dan retensi kompetensi didalam pengawasan fungsi manajemen, supervisi kinerja dan audit klinik menunjukkan pelayanan dibawah standar.

Kesimpulan: Penghematan biaya, akses layanan dan sumber daya tinggi tidak menjamin terjadinya kelalaian dan pelayanan berkualitas kecuali jika ditunjang dengan adanya sistem pengembangan manajemen kinerja (SPMK) di klinik. Diperlukan kerjasama, kepercayaan, dukungan seluruh staf, komitmen direktur dan PEMDA untuk meningkatkan kualitas kinerja klinik. Perlu penelitian lebih lanjut mengenai penerapan Pengembangan Manajemen Kinerja di klinik.

Kata kunci: *Nearmiss maternal morbidity,* Implementasi pengelolaan *nearmiss maternal morbidity*, Fungsi manajemen, Profesional, Pengembangan Manajemen Kinerja.

ABSTRACT

Background: Approximately eight million women worldwide experience near miss maternal morbidity. Each year 580,000 women die due to pregnancy and childbirth. Every 100 women who survive suffer from disabilities and physical abnormalities. In Indonesia, nearmiss maternal morbidity remains the biggest contributor for maternal mortality rate. In Sangatta regency nearmiss maternal morbidity is the second most common disease each year.
Objective: To study the implementation of nearmiss maternal morbidity management, function controls, supervise midwives performance, clinical audit, and the inhibiting and supporting risk factors in hospital nearmiss maternal morbidity management
Method: Specialized study design with qualitative approach. Sample selection uses purpose sampling. Primary data was obtained by interviews and observation. Secondary data was obtained from medical records. Quantitative data was processed with manual and computer software. Qualitative data was processed by transcription, coding, and presented in narrative text.
Results: Almost 44% of troubled deliveries were managed by sectio caseria. The waiting time needed for 24-hour urine volume measurement post sectio caseria was ± 38% > 4 hours and the result (33%) < 400 cc/4hour. Whereas the waiting time of cyto sectio caseria with intervention was ± 54%, and waiting time for hospital admission with transfusion was (33%) > 2 hours. Patient status was unavailable in 31% of patients and 46% of medical records were incomplete. Restrictions in facility, standards, work guidelines, and retention of competence in the monitoring of management function, performance supervision, and clinical audit shows that care is below standard.
Conclusion: Cost reduction, care access, and resources high availability did not guarantee that received care would be of high quality unless supported with Performance Management Development in clinical setting. Cooperation, trust, support, and commitment from director and government are needed.

Keyword: Nearmiss maternal morbidity, Implementation of nearmiss maternal morbidity management, Management function, Professional, Performance Management Development.