INTISARI

Latar belakang: Infeksi kateter intravena perifer menjadi permasalahan di banyak Rumah Sakit. Angka rerata infeksi kateter intravena perifer pada pasien dewasa 0,2 sampai 0,9 permill. Angka kejadian infeksi kateter intravena perifer yang terjadi di RS Islam Yogyakarta PDHI sebesar 7,99 permill. Peningkatan mutu menjadi hal yang harus dilakukan dengan melibatkan staf dan pimpinan untuk menurunkan infeksi kateter intravena perifer yaitu dengan siklus PDSA.
Tujuan: Menerapkan proses peningkatan mutu terkait infeksi kateter intravena perifer dengan siklus PDSA. Mengidentifikasi hambatan dan dukungan dalam proses penerapan PDSA.
Metode: Menggunakan metode *action research* dengan siklus PDSA. Subjek penelitian yaitu Tim perbaikan phlebitis. Penelitian ini menggunakan tiga siklus PDSA yaitu resosialisasi SPO Pemasangan Kateter Intravena Perifer, resosialisasi SPO Penggantian Lokasi Tusukan Infus, dan Pelaporan kejadian infeksi kateter intravena perifer ke group whatsapp disertai feedback. Pengambilan data menggunakan data sekunder dari Komite PPI dengan membandingkan pencapaian sebelum dan sesudah siklus PDSA serta melihat dampak perubahan mutu.
Hasil dan diskusi: Pada siklus I angka kejadian phlebitis sebesar 6,72‰. Pada siklus II angka kejadian phlebitis sebesar 7,60‰. Pada siklus III angka kejadian sebesar 20,17‰ dengan adanya peningkatan monitoring phlebitis dan pelaporan kejadian sesuai dengan tujuan siklus III.
Kesimpulan dan saran: Intervensi melalui tiga siklus PDSA belum dapat menurunkan angka infeksi kateter intravena perifer. Akan tetapi terjadi peningkatan monitoring phlebitis, pendokumentasian dan pelaporan kejadiannya. Analisis dan intervensi lebih lanjut diperlukan untuk mendapatkan hasil sesuai target. Strategi PDSA dapat memberikan contoh untuk memecahkan permasalahan dan melakukan peningkatan mutu
Kata kunci: Peningkatan mutu, Infeksi kateter Intravena perifer, Teori Nolan

ABSTRACT

Background: Peripheral intravenous catheter infection is a problem in many hospitals. The average rate of peripheral intravenous catheter infection in adult patients 0.2 to 0.9 per minute. The incidence of peripheral intravenous catheter infection that occurs in PDHI Yogyakarta Islamic Hospital is 7.99 permill. Quality improvement is a thing that must be done by involving staff and leaders to reduce peripheral intravenous catheter infections, namely the PDSA cycle.
Objective: To implement a quality improvement process related to peripheral intravenous catheter infection with the PDSA cycle. Identify obstacles and support in the process of implementing PDSA.
Method: Action research method with the PDSA cycle. The research subjects were the phlebitis repair team. This study used three PDSA cycles, namely the resocialization of standard operational procedures for Peripheral Intravenous Catheter Insertion, standard operational procedures of Infusion Puncture Location Replacement procedures, and Reporting the incidence of peripheral intravenous catheter infections to the whatsapp group along with feedback. Data retrieval uses secondary data from the PPI Committee by comparing the achievements before and after the PDSA cycle and seeing the impact of quality changes.
Results and discussion: In the first cycle the incidence of phlebitis was 6.72 ‰. In the second cycle the incidence of phlebitis was 7.60 ‰. In the third cycle the incidence was 20.17 ‰ with an increase in phlebitis monitoring and reporting of events in accordance with the objectives of cycle III.
Conclusions and suggestions: Interventions through three PDSA cycles have not been able to reduce the rate of peripheral intravenous catheter infections. But there is an increase in phlebitis monitoring, documentation and reporting of events. Further analysis and intervention is needed to get the results on target. PDSA Strategy can provide examples to solve problems and improve quality
Keywords: Quality improvement, peripheral intravenous catheter infection, Nolan's theory