

INTISARI

Latar Belakang. Keputusan untuk memasukkan pasien ke ruang ICU itu sangatlah kompleks, dipengaruhi oleh faktor pasien dan sumber daya yang ada namun, pengaruh dari ketersediaan *bed* di ICU pada pasien-pasien diluar ICU belum diketahui.

Tujuan. Untuk mengetahui hubungan antara ketersediaan *bed* ICU dengan kejadian henti jantung dan mortalitas < 48 jam pada pasien yang dikonsultasikan ke ICU RSUP DR Sardjito.

Metode. Rancangan penelitian yang digunakan adalah studi kohort prospektif di RSUP DR Sarjito yogyakarta dengan 18 *bed* ICU dan 750 *bed* bangsal dewasa. Banyaknya data yang diperoleh dari konsulan perawatan ICU, dihitung dari tanggal 24 Februari - 22 Juni 2017.

Hasil. Didapatkan hubungan yang bermakna antara ketersediaan *bed* ICU dengan kejadian henti jantung dan mortalitas < 48 jam. Terdapat risiko kejadian henti jantung 5 kali lebih besar saat *bed* ICU tidak tersedia ($p=0,002$ dan $RR=5,14$, $CI95\%= 1,77-14,98$). Didapatkan hubungan yang bermakna antara kejadian henti jantung dan mortalitas < 48 jam pada perawatan di LOC 1 dibandingkan perawatan di LOC 2. Terdapat resiko kejadian henti jantung 2,3 kali lebih besar saat dirawat di LOC 1 ($p=0,002$ dan $RR=2,31$, $CI95\%=1,74-4,54$).

Kesimpulan. Didapatkan hubungan yang bermakna antara ketersediaan *bed* ICU dengan kejadian henti jantung dan mortalitas < 48 jam.

Kata Kunci. Ketersediaan *bed* ICU, henti jantung, pasien kritis, perawatan intensif.

ABSTRACT

Backgrounds: *The decision to admit a patient to the ICU is complex. The patient condition and available resources should be considered. However, the impact of ICU bed availability on the outcomes of patients outside the ICU is still unknown. Therefore this research aims to determine the relationship between the availability of ICU bed with the cardiac arrest events and mortality.*

Aim : *This research aims to determine the relationship between the availability of ICU bed with the cardiac arrest events and 48 hours mortality rates in critically ill patients in Dr. Sardjito General Hospital.*

Methods: *This research was a prospective cohort study conducted in Dr. Sardjito General Hospital Yogyakarta. The hospital has 18 ICU beds and 750 general ward beds. Data were obtained from patients considered to admit to the ICU from February until June 2017. Demografi data and time of consultation to ICU were recorded. The ICU bed availability was also recorded.*

Results: *Statistically significant correlation was found between the availability of ICU beds with cardiac arrest events and 48 hours mortality rates. The risk of cardiac arrest events increased 5 times when the ICU beds were not available ($p=0,002$ and $RR=5,14$, $CI\ 95\%= 1,77-14,98$). Statistically significant correlation was found between cardiac arrest events and 48 hours mortality rates with treated at LOC 1 compared to LOC 2. The risk of cardiac arrest events increased 2,3 times when treated at LOC 1 ($p=0,002$ dan $RR=2,31$, $CI95\%=1,74-4,54$).*

Conclusions: *Statistically significant correlation was found between the availability of ICU beds with cardiac arrest events and 48 hours mortality rates.*

Keywords: *Availability of ICU bed, cardiac arrest, critical patients, intensive care.*