

INTISARI
**PERBANDINGAN LUARAN PASIEN *LEVEL OF CARE* 3 YANG
MENGGUNAKAN VENTILATOR SEBELUM DAN SESUDAH
OPERASIONAL RUANG *HIGH CARE UNIT* DI RSUP DR. SARDJITO
YOGYAKARTA**

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Latar Belakang: Angka kematian pasien di IGD RSUP Dr.Sardjito pada tahun 2013 sebesar 0.54% menunjukkan bahwa IGD RSUP Dr Sardjito belum dapat mencapai target nasional untuk kematian yang harusnya $<0.2\%$. Penatalaksanaan pasien kritis di IGD RSUP dr Sardjito meliputi pelayanan di ruang resusitasi, kamar operasi dan IMC. Tingginya angka kematian di IGD RSUP dr Sardjito, termasuk di ruang IMC telah dievaluasi. Oleh karena itu dibentuk ruang HCU untuk perawatan pasien kritis di IGD dengan tujuan akhir menurunkan morbiditas dan mortalitas.

Tujuan: Mengetahui perbandingan luaran berupa angka kematian, nilai MSOFA keluar, LOS IMC, HCU dan rumah sakit serta *ventilator day* pada pasien LOC 3 yang menggunakan ventilator sebelum dan sesudah operasional HCU di RSUP Dr Sardjito

Metode: Penelitian ini merupakan penelitian observasional dengan desain kohort retrospektif.. Sampel diambil dari data rekam medis hingga jumlah sampel terpenuhi sebanyak 198 sampel dengan kriteria inklusi adalah pasien usia ≥ 18 tahun yang dirawat dengan penyakit kritis *level of care* (LOC) 3 yang menggunakan ventilator di ruang HCU dan IMC RSUP dr. Sardjito. Kriteria eksklusi penelitian ini yaitu pasien dengan keganasan stadium akhir, pasien dengan infeksi HIV/AIDS, pasien dengan *end stadium* penyakit kronis dan data rekam medis yang tidak lengkap

Hasil: Angka kematian pasien di HCU (40,4%) dan di IMC (73,7%) dengan $p=0,000$. Nilai MSOFA keluar di HCU 5,5 dan di IMC 7,4 dengan $p=0,001$. LOS HCU dan LOS IMC tidak menunjukkan perbedaan yang bermakna. LOS RS diperoleh di HCU sebesar (314,7) jam dan di IMC (192,6) jam dengan $p=0,000$. *Ventilator day* di HCU (5,1) hari dan di IMC (4,8) hari dan tidak menunjukkan perbedaan yang bermakna.

Simpulan: Pada penelitian ini didapatkan angka kematian di HCU sebesar 40,4% dan di IMC 73,7%. Nilai MSOFA keluar di HCU 5,5 dan di IMC 7,4. LOS di HCU 134,5 jam dan di IMC 114,2 jam dengan LOS RS di HCU 314,7 jam dan di IMC 192,6 jam. *Ventilator day* di HCU selama 5,1 hari dan di IMC selama 4,8 hari.

Kata Kunci: Instalasi Gawat Darurat, *High care unit*, *Intermediate care*, Angka kematian, MSOFA, *Lenght of stay*, *Ventilator day*

ABSTRACT
**COMPARISON OF OUTCOMES FOR 3rd LEVEL OF CARE PATIENTS
USING VENTILATOR BEFORE AND AFTER THE IMPLEMENTATION
OF HIGH CARE UNIT AT THE DR. SARDJITO GENERAL HOSPITAL,
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Background: Mortality rate in emergency department (ED) of Dr. Sardjito General Hospital was 0.54% in 2013. It was proof that Dr. Sardjito General Hospital ED couldn't achieve national target to reduce the mortality rate below 0.2%. Critical care service in Dr. Sardjito General Hospital ED include resuscitation room, emergency operating theatre and intermediate care (IMC). The high mortality rate in ED at Dr. Sardjito General Hospital had been evaluated then the high care unit was implemented for critical care management of patient in ED with the goal to decrease morbidity and mortality rate.

Goal: To compare outcome such as mortality rate, MSOFA exit score, LOS of IMC, LOS of HCU, hospital and ventilator day at patients 3rd level of care (loc) using ventilator before and after the implementation of HCU at the Dr. Sardjito General Hospital

Method: This research was an observational study using retrospective cohort analysis. Samples had been collected from medical record included 198 subjects with the inclusion criteria aged ≥ 18 years who were treated with critical illness with 3rd level of care (LOC) who used a ventilator in the HCU or IMC room of RSUP Dr. Sardjito. Exclusion criteria were patients with end-stage malignancies, patients with HIV / AIDS infections, patients with end-stage chronic disease and incomplete medical record.

Result: Mortality rate patient in HCU (40.4%) and in IMC (73.3%) with $p=0.000$. MSOFA exit score in HCU (5.5) and from IMC (7.4) with $p=0.001$. HCU and IMC length of stay (LOS) showed no statistically significant difference. Hospital LOS in HCU (314.7) hours and IMC (210.6) hours with $p=0.000$. Ventilator day in HCU (5.1) days and IMC (4.8) days and showed no statistically significant difference.

Conclusion: Mortality rate in HCU was 40.4% and in IMC was 73.7%. MSOFA exit score from HCU was 5.5 and from IMC was 7.4. LOS in HCU were 134.5 hours and in IMC were 114.2 hours and hospital LOS in HCU group 314.7 hours and in IMC group was 192.6 hours. Ventilator day in HCU group was 5.1 days and IMC group 4.8 days.

Keyword : Emergency department, High care unit, Intermediate care, Mortality rate, MSOFA, length of stay, ventilator day.