

PENGARUH *CLINICAL PATHWAY* TERHADAP PERBAIKAN LUARAN FUNGSIONAL PASIEN STROKE ISKEMIK AKUT DI UNIT STROKE RSUP DR. SARDJITO YOGYAKARTA

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Intisari

Stroke merupakan penyebab kematian nomor 1 di Indonesia, dengan prevalensi berdasarkan diagnosis tenaga kesehatan sebesar 7 per 100 penduduk. Pelayanan stroke haruslah multidisiplin, terkoordinasi, komprehensif, dan terintegrasi. Salah satu hambatan utama dalam pelayanan stroke yang berkualitas adalah belum terorganisirnya pelayanan. Salah satu alternatif pemecahan masalah untuk pelayanan yang lebih terorganisir adalah dengan menerapkan *clinical pathway*. Indeks Barthel direkomendasikan sebagai salah satu instrumen yang sering dipakai untuk menilai keterbatasan aktivitas sehari-hari karena memiliki keunggulan reliabilitas dan validitas yang tinggi, mudah dan cukup sensitif untuk mengukur perubahan fungsional serta keberhasilan rehabilitasi.

Penelitian ini merupakan penelitian kuasi eksperimental dengan rancangan penelitian *after-before design*. *Subjek* penelitian adalah pasien stroke iskemik akut di RSUP dr. Sardjito yang memenuhi kriteria inklusi dan eksklusi. Sampel merupakan pasien dengan penerapan *clinical pathway*, sedangkan kontrol adalah pasien sebelum penerapan *clinical pathway*. Pada kedua kelompok dilakukan penilaian selisih indeks barthel saat masuk dan keluar, kemudian dilakukan analisis statistik uji bivariat dengan Mann Whitney.

Terdapat 70 pasien tanpa *clinical pathway* dan 69 pasien dengan *clinical pathway*. Karakteristik dasar menunjukkan kedua kelompok yang nilai admisi indeks barthelnya homogen. Uji bivariat menunjukkan rerata perbaikan Indeks Barthel pasien dengan *clinical pathway* $19,49 \pm 17,62$ dan pasien tanpa *clinical pathway* $18,93 \pm 16,17$ dengan $p=0,983$, sehingga perbedaan tersebut tidak bermakna secara statistik.

Kesimpulan penelitian ini adalah pasien yang dirawat dengan *clinical pathway* tidak terbukti terdapat perbaikan Indeks Barthel yang signifikan dibandingkan pasien tanpa *clinical pathway*.

Kata kunci: *clinical pathway*, indeks barthel, status fungsional, stroke iskemik

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THE INFLUENCE OF CLINICAL PATHWAY ON IMPROVEMENT OF FUNCTIONAL OUTCOME OF ACUTE ISCHAEMIC STROKE PATIENTS IN STROKE UNIT RSUP Dr. SARDJITO YOGYAKARTA

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Abstract

Stroke is the number 1 cause of death in Indonesia, with a prevalence based on diagnosis by health professionals at 7 per 100 population. Stroke services must be multidisciplinary, coordinated, comprehensive, and integrated. One of the main obstacles in the quality of stroke services is that the service has not been organized. One alternative to solving problems for more organized services is to apply clinical pathways. The Barthel index is recommended as an instrument that is often used to assess the limitations of daily activities because it has superior reliability and high validity, is easy and sensitive enough to measure functional changes and rehabilitation success.

This research is a quasi-experimental study with after-before design research design. Subjects were acute ischemic stroke patients at RSUP dr. Sardjito who met the inclusion and exclusion criteria. Samples are patients with clinical pathway implementation, while controls are patients before clinical pathway application. In both groups the difference between the Barthel index in entry and exit was assessed, then a statistical analysis of the bivariate test with Mann Whitney was carried out.

There were 70 patients without clinical pathway and 69 patients with clinical pathway. The basic characteristic shows the two groups whose barthel index admission values are homogeneous. The bivariate test showed an average improvement in the Barthel Index of patients with clinical pathway 19.49 ± 17.62 and patients without clinical pathway 18.93 ± 16.17 with $p = 0.983$, so the difference was not statistically significant.

The conclusion of this study was that patients treated with clinical pathway were not proven to have significant Barthel Index improvement compared to patients without clinical pathway.

Keywords: clinical pathway, barthel index, functional outcome, ischaemic stroke
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