

ABSTRAK

Latar Belakang : RSKIA PKU Muhammadiyah Kotagede telah menerapkan *clinical pathway re-sectio caesarea* pada Oktober 2018. Dalam penerapannya, *clinical pathway* dengan kasus terbanyak yaitu *re-sectio caesarea*. Berdasarkan studi pendahuluan terdapat LOS pasien Re-SC yang melebihi waktu standar. Implementasi CP yang telah diterapkan perlu diukur kegunaannya dalam menurunkan rata-rata LOS dan mempengaruhi *outcome* pasien.

Tujuan : Mengidentifikasi tingkat dan hubungan kepatuhan pelaksanaan CP Re-SC terhadap *outcome* dan LOS pasien di RSKIA PKU Muhammadiyah Kotagede.

Metode : Jenis penelitian kuantitatif dengan rancangan *cross sectional* analitik. *Total sampling* dilakukan pada 69 berkas rekam medis dan formulir CP Re-SC menggunakan *checklist* studi dokumentasi dan lembar rekap dokumentasi. Analisis bivariat menggunakan uji *fisher exact*.

Hasil : Angka kepatuhan pelaksanaan CP pada bulan Oktober 2018-Januari 2020 adalah 44 patuh dan 25 belum patuh (<80%). Dari 69 pasien terdapat 64 pasien sembuh dan 5 pasien membaik. Sebanyak 52 pasien LOS ≤ 3 hari dan 17 pasien LOS >3 hari. Hasil analisis bivariat pada variabel kepatuhan CP Re-SC dan *outcome* pasien dengan uji *fisher exact* menunjukkan *p_value* (1)> $\alpha(0,05)$. Sedangkan pada variabel kepatuhan CP Re-SC dan LOS dengan uji *fisher exact* menunjukkan *p_value* ($2.2e^{-16}$)< $\alpha(0,05)$.

Kesimpulan : Angka kepatuhan pelaksanaan CP di RSKIA PKU Muhammadiyah sebesar 64%. Kepatuhan pelaksanaan CP Re-SC tidak berhubungan dengan *outcome* pasien. Namun, kepatuhan pelaksanaan CP pasien Re-SC mempengaruhi LOS pasien. Oleh karena itu, evaluasi rutin, sosialisasi, dan monitoring pelaksanaan CP perlu dilakukan untuk menjamin mutu pelayanan yang lebih baik.

Kata kunci : *Re-sectio caesarea*, kepatuhan, lama dirawat, *outcome*, *clinical pathway*.

ABSTRACT

Background : RSKIA PKU Muhammadiyah Kotagede start attempt in implementation of clinical pathway in October 2018 for re-sectio caesarea and March 2019 for dengue hemorrhage fever disease. Re-sectio caesarea is the most happened case in the implementation of clinical pathway at RSKIA PKU Muhammadiyah Kotagede. Based on the preliminary studied there was LOS of re-sectio caesarea patients exceeds the standard. The implementation of the clinical pathway that has been implemented needs to be measured in reducing the average length of stay and influencing the outcome of patients.

Objective : To identify level and relation the obedience of clinical pathway re-sectio caesarea on outcome and length of stay patients in RSKIA PKU Muhammadiyah Kotagede.

Methods : The type of research used in this studied is quantitative research with cross sectional analytic method. Total sampling has done on 69 medical record documents and clinical pathway re-sectio caesarea used checklist study documentation and documentation sheet. Bivariate analysis used fisher exact test.

Results : The number obedience of clinical pathway implementation from 2018 October – 2020 January is 44 obedient and 25 do not yet fulfil the target of obedience by 80 percent. From 69 patients, 64 were cured and 5 improved. There were 52 patients who's length of stay less than equal to 3 days and 17 patients who's length of stay more than 3 days. Bivariate analysis on the variabel of obedience of clinical pathway and outcome by fisher exact test got p_value score 1, it is higher than α (0,05). Meanwhile on the variabel of obedience of clinical pathway and length of stay by fisher exact test got p_value score $2.2e^{-16}$, it is lower than α (0,05).

Conclusion : The number obedience of clinical pathway implementation in RSKIA PKU Muhammadiyah Kotagede is 64%. There was no correlation of obedience of clinical pathway implementation with outcomes of re-sectio caesarea. But, there was a correlation of obedience of clinical pathway implementation with length of stay of re-sectio caesarea. Therefore, it is necessary to conduct regular evaluations, socialization and monitoring of clinical pathway implementation.

Keyword : Re-sectio caesarea, obedience, length of stay, outcome, clinical pathway.