

## INTISARI

**Latar Belakang:** Keberhasilan pelayanan obstetri emegensi merupakan kolaborasi interprofessional antara dokter obstetri dan ginekologi, tim perinatologi, anestesi, bidan dan perawat yang bertugas di kamar bersalin, unit gawat emegensi dan ruang operasi. Systematic review membuktikan bahwa *Crew Resource Management (CRM)* metode TeamSTEPPS® 2.0 meningkatkan kinerja tim dan penelitian uji klinik acak memperbaiki DII (*Decision to Incision Inteval*) seksio sesaria (SC) emegensi. Pelatihan TeamSTEPPS® 2.0 belum pernah dilakukan di RS Pendidikan di Indonesia.

**Tujuan:** Mengetahui pengaruh pelatihan *crew resources management* metode TeamSTEPPS® 2.0 terhadap performa tim medis dan kualitas pelayanan obstetri emegensi di RSUP Dr. Sardjito dan RSUP dr. Soeradji Tirtonegoro

**Metode:** Rancangan penelitian yang digunakan adalah eksperimen kuasi dengan pendekatan *pre and post test design* yang dilengkapi dengan studi kualitatif untuk menilai secara lebih mendalam fakto-faktor yang menjadi penghalang dan pendukung implementasi TeamSTEPPS® 2.0. Luaran yang dinilai untuk penelitian kuantitatif adalah perubahan pengetahuan, sikap, kinerja tim obstetri emegensi di Instalasi Gawat Darurat (IGD), *Decision to Delivery Interval* (DDI) SC Kategori 1 dan 2 dan luaran bayi dan ibu pada SC Kategori 1 dan 2. Cara pengumpulan data kuantitatif adalah dengan penigisian kuisioner dan observasi 24 jam sedangkan pengumpulan data kualitatif dilakukan dengan *in-depth interview* (i-DI).

**Hasil:** Pelatihan TeamSTEPPS® 2.0 dinilai efektif oleh peserta pelatihan dalam mengajarkan kompetensi TeamSTEPPS®. Pengetahuan mengenai TeamSTEPPS® tidak meningkat sesudah pelatihan. Skor *Safety Attitude Questionnaire* (SAQ) untuk domain kerjasama tim, iklim keselamatan, suasana kerja, persepsi terhadap manajemen dan skor total SAQ meningkat setelah pelatihan di RSUP Dr. Sardjito tetapi tidak meningkat di RSUP dr. Soeradji Tirtonegoro. Kinerja Tim Obstetri Emegensi di IGD meningkat setelah pelatihan di semua kompetensi yang diajarkan dalam TeamSTEPPS® 2.0 di RSUP dr. Soeradji dan meningkat pada 4 dari 5 kompetensi yang diajarkan. Proporsi DDI SC Kategori 1  $\leq 30$  menit untuk SC Kategori 1 dan DDI  $\leq 75$  menit untuk SC Kategori 2 di kedua RSUP tidak terjadi perbaikan sesudah pelatihan. Luaran bayi dengan indikator skor APGAR menit ke-5  $< 7$  dan meninggal selama perawatan serta proporsi perawatan di ICU untuk ibu pada SC Kategori 1 dan 2 sesudah pelatihan di kedua RS tidak terjadi perbaikan.

**Kesimpulan:** Pelatihan TeamSTEPPS® 2.0 dinilai efektif oleh peserta pelatihan di kedua RSUP, meningkatkan sikap keselamatan yang dinilai dengan SAQ di RSUP Dr. Sardjito, dan meningkatkan kinerja tim obstetri emegensi di kedua RSUP. Pelatihan TeamSTEPPS® tidak menunjukkan pengaruh yang signifikan terhadap DDI SC Kategori 1 dan 2 serta luaran bayi dan ibu di kedua RSUP.

Kata kunci: CRM TeamSTEPPS® 2.0, pengetahuan, sikap, kinerja tim obstetri emegensi di IGD, DDI SC Kategori 1 dan 2, skor APGAR menit ke 5, bayi meninggal saat perawatan dan perawatan ICU untuk Ibu

## ABSTRACT

**Background:** Successful emergency obstetrics care depends on interprofessional collaboration between obstetricians, the perinatology team, anesthesiologists, midwives, nurses in the delivery room, emergency room and, operating theatre. Based on the systematic review, Crew Resource Management (CRM) such as TeamSTEPPS® 2.0 proved to increase team performance and a randomized clinical trial also proved that decision to incision interval in the emergency cesarean section was shorter after TeamSTEPPS® 2.0 training. TeamSTEPPS® 2.0 Training in Academic hospitals in Indonesia has never been done before.

**Objective:** To understand the influence of TeamSTEPPS® 2.0 Training on team performance and emergency obstetrics care quality in Sardjito Hospital and Soeradji Tirtonegoro Hospital

**Method:** A quasi-experimental with pre and post-test design was used. This study is supplemented with a qualitative study to understand more about team performance in the emergency room before and after training and barrier and enabling factors for the achievement of the standard decision to delivery interval in CS grade 1 and grade 2. The outcome of quantitative study being measured is knowledge improvement on TeamSTEPPS® competencies, patient safety attitude using Safety Attitude Questionnaire (SAQ), the performance of emergency obstetrics team in the emergency room, and the decision to delivery Interval (DDI) for grade 1 and grade 2 C section and fetal and maternal outcomes in grade 1 and grade 2 C section. The qualitative study was done. Data collection for the quantitative study was done with questionnaires and 24 hrs direct observation while the qualitative study was done with the in-depth interview (i-DI).

**Result:** TeamSTEPPS® 2.0 training was appraised as effective and very effective in teaching about TeamSTEPPS® competencies. The knowledge about TeamSTEPPS® was not improved after training. *Safety Attitude Questionnaire* (SAQ) scores for teamwork, safety climates, working condition, perception about management domains, and total SAQ score were improved after training in Sardjito Hospital, but the same results were not seen in Soeradji Tirtonegoro hospital. Emergency Obstetrics Team Performance was improved after training in all TeamSTEPPS® 2.0 competencies in Sardjito hospital and 4 out of 5 competencies in Soeradji Tirtonegoro hospital. The proportion of grade 1 C section with DDI within 30 minutes and grade 2 C section with DDI within 75 minutes were not improved after training in both hospitals. The fetal outcome with indicator APGAR score 5 minutes less than 5 and death during hospital care in grade 1 and grade 2 C section and maternal outcome with indicator ICU care in grade 1 and grade 2 C section were not improved either.

**Conclusion:** TeamSTEPPS® 2.0 training was appraised as effective by training participants, improved safety attitude measured by SAQ in Sardjito hospital, improved emergency obstetrics team in Sardjito hospital but didn't showed any significant influence on DDI for grade 1 and grade 2 and fetal-maternal outcome in grade 1 and grade 2 C section in both hospitals.

**Keyword:** CRM TeamSTEPPS® 2.0, knowledge, attitude, emergency obstetrics team performance in the emergency room, DDI in grade 1 and grade C section, APGAR score 5 minutes, neonatal death during hospital care, and maternal ICU care