

## EVALUASI IMPLEMENTASI *CLINICAL PATHWAY* *APPENDICITIS* ELEKTIF DI RS BETHESDA YOGYAKARTA

Caecilia Lelia Rahmawati<sup>1</sup>, Rizaldi Taslim Pinzon<sup>2</sup>, Trisasi Lestari<sup>2</sup>

### ABSTRAK

**Latar belakang:** Rumah sakit memiliki komitmen untuk memberikan pelayanan kesehatan yang mengutamakan mutu dan keselamatan pasien. Salah satu upayanya adalah dengan menjalankan *clinical pathway*. Sebagai sebuah instrumen yang menstandarisasikan proses dan *outcome* pelayanan, *clinical pathway* selayaknya mampu menjadi solusi perbaikan manajemen kualitas berkelanjutan. Hingga kini bukti mengenai efektivitas *clinical pathway* masih diperdebatkan.

**Tujuan:** Untuk mengetahui hasil luaran *length of stay*, infeksi luka operasi dan penurunan biaya perawatan dalam implementasi *clinical pathway appendicitis acuta* tanpa komplikasi di RS Bethesda Yogyakarta

**Metode:** Jenis penelitian yang digunakan adalah penelitian analitik observasional dengan desain penelitian *cohort retrospective*, dimana peneliti mengambil dua kelompok subyek yang berbeda dalam populasi yang sama. Kelompok kasus adalah kelompok pasien yang menjalani perawatan dengan *clinical pathway*, setelah pemberlakuan *clinical pathway*, sedangkan kelompok kontrol adalah kelompok pasien yang diidentifikasi sebelum pemberlakuan *clinical pathway*. Peneliti menilai dampak penerapan *clinical pathway* terhadap *outcome length of stay*, infeksi luka operasi saat pemulangan (*surgery site infection discharge*) dan biaya perawatan

**Hasil:** Berdasarkan karakteristik subyek, jumlah wanita (59,3%) lebih banyak daripada pria (40,7%), subyek usia 18-30 (62,7%) merupakan yang terbanyak. Pemberian terapi antibiotika Ceftriaxone dan Non Ceftriaxone, berbeda sebelum dan pasca *clinical pathway* ( $p>0,05$ ). Terdapat penurunan yang bermakna ( $p<0,05$ ) pada variasi pemberian antibiotika ganda (kombinasi Metronidazole) pasca *clinical pathway*. Tidak terdapat perbedaan yang bermakna pada rerata lama rawat inap (*length of stay*), kejadian infeksi luka operasi saat pemulangan pasien (*surgery site infection*) ( $p>0,05$ ); terdapat perbedaan yang bermakna biaya rawat inap sebelum dan pasca pemberlakuan *clinical pathway* ( $p<0,05$ ).

**Kesimpulan:** Pemberlakuan *clinical pathway* tidak terbukti memperbaiki luaran klinis dalam hal penurunan lama rawat inap, infeksi luka operasi saat pemulangan (*surgery site infection discharge*) dan biaya rawat inap. *Clinical pathway* terbukti memperbaiki proses pelayanan dalam hal pemberian terapi antibiotika.

**Kata kunci:** *clinical pathway, outcome, length of stay, surgery site infection*

<sup>1</sup> Magister Manajemen Rumah Sakit Fakultas Kedokteran Universitas Gadjah Mada Yogyakarta

<sup>2</sup> Program Studi Ilmu Kesehatan Masyarakat Fakultas Kedokteran Universitas Gadjah Mada Yogyakarta

## EVALUATION OF IMPLEMENTATION OF CLINICAL PATHWAY FOR ELECTIVE APPENDICITIS AT BETHESDA HOSPITAL YOGYAKARTA

*Caecilia Lelia Rahmawati<sup>1</sup>, Rizaldi Taslim Pinzon<sup>2</sup>, Trisasi Lestari<sup>2</sup>*

### ABSTRACT

**Background:** A hospital is committed to providing qualified health care and prioritizing the safety of their patients. One of the efforts is to run clinical pathway. As an instrument that standardizes the process and the service outcome, clinical pathway is supposed to become the solution to continuous improvement of quality management. Until today, evidence regarding the effectiveness of clinical pathway is still disputable.

**Objective:** To determine the outcome of length of stay, surgical site infection and decrease in cost of hospital care in the application of clinical pathway in appendicitis acut without complication at RS Bethesda Yogyakarta

**Method:** This study is an observational analytic with cohort retrospective study design, in which the researcher took two groups of different subjects from the same population. The case group was the group of patients treated by clinical pathway after the implementation of clinical pathway, while the control group was the group of patients identified before the implementation of clinical pathway. The researcher assessed the impact of the application of clinical pathway on the outcome of length of stay, surgical site infection and cost of hospital care.

**Result:** Based on the characteristics of the subject, the number of women was (59.3%) more than the number of men (40.7%), the subjects aged 18-30 (62.7%) were the highest. Regarding Ceftriaxone and Non Ceftriaxone antibiotic, there was no difference found both before and after the clinical pathway ( $p > 0.05$ ). There was a significant reduction ( $p < 0.05$ ) on the variety of double antibiotics (combination Metronidazole) after applying the clinical pathway. There was no significant difference in the average of the length of stay (length of stay), site infection occurrence when the patients were discharged (surgery site infection). Nevertheless, there was a difference in the cost of hospital care before and after the application of clinical pathway ( $p < 0.05$ ).

**Conclusion:** The implementation of clinical pathway did not improve the clinical outcome of length of stay (LOS) and surgery site infection discharge (SSI), and cost of hospital care. Clinical pathway improved the process of care of antibiotic therapy.

**Keywords:** *clinical pathway, outcome, length of stay, surgery site infection discharge*