

## INTISARI

**Latar belakang:** *Site marking* sangat penting untuk mencegah kejadian salah pasien, salah sisi operasi dan salah prosedur. Kejadian *adverse event* atau komplikasi pasien yang mengalami operasi dapat dikurangi dengan menerapkan *Surgical Safety Checklist* dari WHO yang berisi *Sign In*, *Time Out*, *Sign Out*. Capaian *site marking* di RSUP Dr Sardjito bulan Juli 2014-April 2015 rata-rata 63,68% berada dibawah target 100%. *Survey* di Instalasi Bedah Sentral bulan Maret-April 2015, 27,9% tidak *Sign In*, 15,3% tidak melakukan *Time Out*, 72,6% tidak melakukan *Sign Out*. Perlu suatu intervensi untuk memperbaiki.

**Tujuan:** Untuk meningkatkan capaian *site marking* dan *Surgical Safety Checklist* melalui intervensi *redesign* yang disepakati.

**Metode:** Penelitian menggunakan metode *action research*, yang terdiri dari empat tahapan dasar yaitu *diagnosing action*, *planning action*, *taking action*, *evaluating action*. Populasi penelitian adalah total sampel yang terdiri dari 720 pasien yang dioperasi pada bulan September – November 2015 serta perawat IRNA 1 dan IBS sejumlah 54 orang, dokter DPJP 24 orang, residen 105 orang. Pelaksanaan selama 3 bulan, mulai bulan September sampai November 2015.

**Hasil:** Hasil penelitian menunjukkan bahwa Intervensi *redesign* meningkatkan persentase capaian kepatuhan *site marking* dan *SSC*. *Site Marking* meningkat dari 37,7% menjadi 73% untuk jenis operasi bilateral, multilevel 30% menjadi 40%, multistruktur 33,35% menjadi 90%. Capaian *Sign In* meningkat 86% menjadi 100%, *Time Out* 94,2% menjadi 95,8%, *Sign Out* 39,2% menjadi 92,2%. Faktor yang mempengaruhi ketidakpatuhan pelaksanaan *site marking* serta *SSC*: Pendelegasian wewenang antara DPJP dengan residen belum baik, tidak ada sanksi bagi yang tidak melakukan dan reward bagi yang tertib melakukan prosedur, pengetahuan dan pengertian dokter DPJP belum baik dan seragam dalam pelaksanaan *site marking*, kurangnya komunikasi antar tim serta kurangnya supervisi, monitoring dan evaluasi secara rutin.

**Kesimpulan:** Intervensi *redesign* yang berupa penyediaan fasilitas spidol secara rutin, penempelan brosur / stiker sebagai reminder, menempelkan stiker pengingat *site marking* di depan status rekam medik, dan mengirim hasil kepatuhan kepada KSM meningkatkan capaian kepatuhan *site marking* dan *SSC* secara bermakna.

**Kata kunci:** *Site Marking*, *Surgical safety checklist*, kepatuhan, intervensi.

## ABSTRACT

**Background:** Site marking is very important to prevent the incidence of wrong patient, wrong procedure and wrong side of the operation. The incidence of adverse events or complications of patients undergoing surgery can be reduced by applying the surgical safety checklist from the WHO which contains sign in, time out, and sign out. Performance site marking in Dr Sardjito from June 2014 to April 2015 showed an average of 63.68% and the figure was below the target at 100%. Basen on the survey in the Central Surgery Installation conducted in March-April 2015, 27.9% did not perform sign in, 15.3% did not perform time out, and 72.6% did not perform sign out. Therefore, there was a need for an intervention to improve this condition.

**Objective:** To enhance the achievement of site marking and implementation of the surgical safety checklist through an intervention of redesigning agreed.

**Research methods:** This was an action research consisting of four phases, namely diagnosing action, planning action, taking action, and evaluating action. The population of the research was the total sampling consisting of 720 patients operated from September to November 2015 and 54 nurses at IRNA 1 and IBS, 24 doctors on duty, and 105 residents. The research took place for 3 months, starting September to November 2015.

**Results:** The results of research showed that the intervention increased the percentage of compliance accomplishment in site marketing and SSC. Site marketing rose from 37.7% to 73% for bilateral operations, multilevel of 30% to 40%, and multi-structure of 33.35% to 90%. Performance the sign in increased from 86% to 100%, time out of 94.2% to occupancy of 95.8%, sign out of 39.2% to 92.2%. Factors affecting the noncompliance implementation of site marking as well as SSC were delegation of authority between the doctors on duty and the resident that had not been good, no sanctions or reward that for those who did not perform or performed the procedure, the doctors' knowledge and understanding which was not good and uniform in the implementation of site marking, the lack of communication among the team members and lack of supervision, monitoring and evaluation on a regular basis.

**Conclusion:** Redesigning in the form of provision of markers routinely, posting flyers/stickers as reminder, posting reminder stickers of site marking in front of medical record status, and sending the results of a compliance to KSM increased the percentage of compliance accomplishment in site marking and SSC significantly.

**Keywords:** site marking, surgical safety checklist, compliance, intervention.