



INTISARI

Latar belakang: Kematian dan morbiditas pada wanita hamil merupakan masalah yang besar di negara berkembang. Dewasa ini terdapat kecenderungan meningkatnya angka SC di berbagai negara. Laporan kesehatan negara-negara yang tergabung dalam *Organization for Economic Cooperation and Development* (OECD) pada tahun 2002 menunjukkan bahwa secara keseluruhan terdapat kenaikan mulai dari tahun 1970 hingga 2000. Di Amerika angka SC meningkat dari 6% (1970) menjadi 17% (1980) dan 24% (1990). Di Indonesia angka persalinan SC juga mengalami peningkatan di rumah sakit pendidikan rerata proporsi SC bervariasi antara 2.1%-11.8%, di rumah sakit pemerintah berkisar 20%-25%, dan di rumah sakit swasta mencapai 30%-80% (Harry dan Sugiharta, 2006). Pada tahun 2012 di Rumah Sakit Ibu dan Anak (RSIA) Kasih Insani terdapat total persalinan 745 pasien dengan tindakan SC 606 pasien (81%) dan partus normal 139 pasien (19%). Angka ini jauh lebih tinggi dari standard yang ditetapkan oleh *World Health Organization* (WHO), yaitu tidak melebihi 15% dari total kelahiran di rumah sakit.

Tujuan: Tujuan penelitian ini adalah : mengetahui ketepatan indikasi tindakan SC pada RSIA Kasih Insani; mengukur indikator mutu klinis proses pelayanan SC di RSIA Kasih Insani sejak dari sebelum, selama dan pasca operasi; dan untuk mengidentifikasi perbedaan penatalaksanaan tindakan SC di RSIA Kasih Insani dengan standar operasional prosedur yang ditetapkan.

Metode: Jenis penelitian yang akan dilakukan di RSIA Kasih Insani adalah studi longitudinal secara prospektif. Peneliti akan mengikuti ibu hamil sejak diputuskan untuk melahirkan dengan tindakan SC sampai dengan 30 hari pasca persalinan pada bulan April – Mei 2013. Variabel penelitian adalah sebagai berikut : variabel independen yang terdiri dari variabel input; variabel proses; dan variabel dependen sebagai variabel outcome. Analisis data dilakukan dengan uji statistik chi- square dengan program SPSS. Instrumen penelitian yang digunakan : Form ; instrumen audit; Ceklis indikasi klinis dan surgery (safe surgery checklist).

Hasil dan Pembahasan : Kesesuaian indikasi dilakukan SC mencapai 59 (90,8%) responden dengan ketepatan waktu antara diagnosa dan insisi (87,7%), namun 12,3% responden tidak tepat waktu dan variabel ketepatan waktu yang paling berpengaruh terhadap buruknya skor ApGAR menit 1 selain variabel indikasi SC, tidak terdapat outcome pasien ibu meninggal, pada outcome ditemukan 1 bayi meninggal dengan diagnosa *fetal distress* namun tidak ditemukan variabel yang signifikan terkait terjadinya bayi meninggal. Seluruh responden 100% diberikan antibiotik dan ditemukan 12,3% responden (n=65) terjadi ILO, variabel indikasi SC menjadi variabel yang paling berpengaruh terjadinya ILO. Mayoritas 7 responden terdeteksi ILO pada saat angkat jahitan faktor kebersihan perawatan luka operasi diduga menjadi faktor yang berpengaruh namun tidak terukur jelas dalam penelitian ini

Kesimpulan dan Saran : pengaturan jadwal team OK dan sertifikasi SDM menjadi hal yang penting dalam memperbaiki waktu tunggu SC pada jenis operasi elektif. Terkait dengan angka ILO di RSIA Kasih Insani yang tergolong tinggi 12,3% (spm < 15%, Kemenkes RI ,2008) perlu diadakan perubahan dalam SOP waktu pemberian antibiotik dan pemberian perhatian khusus pada masa perawatan pasien di rumah sakit dan pasca masa perawatan. dilakukan penelitian lanjutan mengenai terjadinya ILO

Kata kunci: SC; audit klinis; mutu pelayanan; RSIA Kasih Insani



ABSTRACT

Background: Mortality and morbidity in pregnant women were big problems in developing countries. These days, there was tendency of the increasing *caesarean section* births in some countries. Health reports from some countries collected in 2002's Organization for Economic Cooperation and Development (OECD) explained that holistically there were an increasing number of *caesarean section* births between 1970 to 2000. In USA, the *caesarean section* number was increased from 6% (1970) to 17% (1980) and 24% (1990). In Indonesia, *caesarean section* birth number was also increased in the education hospitals which average proportion varies between 2.1%-11.8%, 20-25% in the governmental hospital, and 30%-80% in non-governmental hospital. In 2012, Kasih Insani Maternal and Children Hospital had total 745 patients who gave births, consisted of 606 patients (81%) done *caesarean section* deliveries and 139 patients (19%) done normal deliveries. These number was far beyond the standard that World Health Organization (WHO) made, which explained that *caesarean section* number wasn't as beyond as 15% from total deliveries in a hospital.

Objective(s): to understand the indication accuracy of *caesarean section* in Kasih Insani Maternal and Children Hospital; to measure clinical quality indicator of *caesarean section* service process in Kasih Insani Maternal and Children Hospital before, between, and after the surgery; to identify the differences in managing *caesarean section* between Kasih Insani Maternal and Children Hospital and operational standard and procedure existed.

Method: This research was a longitudinal, prospective research. Researcher would follow the mother since diagnosed to do *caesarean section* until 30 days after the birth between April-May 2013. Research variables were: independent variables which consisted of input and process variable, and dependent variable as outcome variable. Data analysis was done with *chi-square*. Research instrument used were form, audit instrument, clinical indication checklist and safe surgery checklist.

Result: The suitability of *caesarean section* indication reached 90.8%. 87.7% of respondents had the good time accuracy between diagnosis and incision, meanwhile 12.3% of them didn't get their time accurate. Time accuracy variable had the most effect in the declining 1st minute APGAR score besides *caesarean section* indication variable. There was no mortality outcome in mother, but it was founded that one baby died with the diagnosis of fetal distress. Besides there weren't any significant variable findings related to the dead baby. 100% respondents was given antibiotic and it was founded that 12.3% of respondents (n=65) got operation wound infection. *Caesarean section* indication variable was the variable affected most in operation wound infection. Majority of 7 respondents were diagnosed in operation wound infection when in the stitches lifting process. The hygiene in operation wound infection care was assumed to be factor that affected most, but it didn't measure well in this research.

Conclusion and Suggestions: The scheduling of surgery team and human resource certification became the important things in developing *caesarean section* waiting time in elective surgery. Related to the high operation wound infection number in Kasih Insani Maternal and Children hospital (12.3%), the hospital needed to change the operational standard and procedure in antibiotic administration and gave extra attention in hospital's patient care and aftercare. Follow-up research was needed related to operation wound infection incident.

Keyword(s): Caesarean Section; clinical audit; service quality; Kasih Insani Maternal and Children Hospital