

INTISARI

Sindrom Koroner Akut (SKA) merupakan penyakit kardiovaskuler yang utama menyebabkan kematian hingga tahun 2020. Tingginya angka morbiditas dan mortalitas pasien SKA maka diperlukan strategi yang meringkas standar tatalaksana terapi yang dikenal dengan *clinical pathway*. Penelitian ini bertujuan untuk mengetahui apakah terdapat hubungan pelaksanaan *clinical pathway* berdasarkan lembar penilaian *clinical pathway* terhadap lama rawat inap dan kejadian fatal pada pasien SKA.

Penelitian ini merupakan penelitian *cross sectional* pada pasien SKA (NSTEMI/STEMI) yang dirawat di ICCU RSUP Dr. Sardjito Yogyakarta. Bahan yang digunakan adalah catatan medik pasien SKA. Alat yang digunakan adalah lembar pengumpul data dan lembar penilaian *clinical pathway* SKA. Pengambilan data secara retrospektif (Februari – Juli 2014) dan prospektif (Agustus – September 2014). Subyek penelitian berjumlah 102 pasien yang terbagi 2 kelompok (49 pasien tanpa variasi dan 53 pasien variasi) berdasarkan pada lembar penilaian *clinical pathway*. Variasi diperoleh dari ketidaksesuaian berjumlah satu/lebih dari tatalaksana terapi pada lembar penilaian *clinical pathway* dalam 24 jam pertama perawatan di ICCU. Analisa data meliputi analisa hubungan lama rawat inap terhadap pelaksanaan *clinical pathway* pada kedua kelompok menggunakan uji *chi-square* dan analisa hubungan kejadian fatal (kematian, gagal jantung, stroke, dan *reinfark*) terhadap pelaksanaan *clinical pathway* pada kedua kelompok menggunakan uji *Fisher Exact Test*.

Hasil penelitian ini menunjukkan bahwa pelaksanaan *clinical pathway* yang berdasarkan lembar penilaian *clinical pathway* tidak terdapat hubungan terhadap lama rawat inap dan angka kejadian fatal pada pasien SKA ($p>0,05$) di ICCU Dr. Sardjito Yogyakarta dikarenakan lembar penilaian *clinical pathway* SKA kurang informatif dan secara umum tatalaksana terapi dalam 24 jam pertama telah sesuai dengan *clinical pathway* pasien SKA.

Kata Kunci : *Clinical Pathway*, Lama Rawat Inap, Kejadian Fatal, Sindroma Koroner Akut

ABSTRACT

Acute Coronary Syndrome (ACS) is a cardiovascular disease that become a major cause of death until 2020. Standard strategy which summarize the treatment of therapy known as clinical pathways is required caused by the high rate of morbidity and mortality of patients with ACS. This study aimed to determine the relationship of the clinical pathways implementation based on the clinical pathway assessment sheet to the length of stay and number of fatal events in patients with acute coronary syndrome (ACS).

This study was a cross sectional study in patients with ACS (NSTEMI/STEMI) treated in ICCU Hospital Dr. Sardjito. The materials used were ACS patient medical records. The tool used is a data collection sheet and clinical pathways assessment sheet. Making retrospective (February - July 2014) and prospective (August - September 2014). The research subjects are 102 patients were divided into 2 groups (49 patients without variation and 53 patients with variations) based on clinical pathways assessment sheet. Variations obtained from the discrepancy amounted to one/more of the therapeutic management of clinical pathways assessment sheet in the first 24 hours of treatment in ICCU. Data analysis includes analysis of long hospitalization relationship to the implementation of clinical pathways in the two groups using the chi-square test and analysis of the relationship number of fatal events (death, heart failure, stroke, and reinfarction) on the implementation of clinical pathways in the two groups using Fisher's exact test.

The results of this study indicate that the implementation of clinical pathways based on clinical pathways assessment sheet there is no relationship to the length of stay and the number of fatal events in patients with ACS ($p > 0.05$) in ICCU Dr. Sardjito due ACS assessment sheet clinical pathways are less informative and general management of therapy within the first 24 hours in accordance with the patient's clinical pathways for ACS.

Keywords : Clinical Pathway, Length of Stay, Fatal of Events, Acute Coronary Syndrome