

INTISARI

Latar belakang: Era Jaminan Kesehatan Nasional menuntut rumah sakit untuk memiliki kualitas yang merata dalam menjaga mutu layanan, terlebih bagi rumah sakit pendidikan yang menjalankan fungsi pelayanan, pendidikan, dan penelitian. Implementasi *academic health system* (AHS) antara rumah sakit pendidikan dan fakultas kedokteran dirancang untuk menjawab tuntutan tersebut. AHS rumah sakit pendidikan Fakultas Kedokteran UGM telah dijalankan sejak tahun 2014, namun hingga kini masih banyak ditemukan kendala, terutama terkait belum efektifnya komunikasi akademik antar rumah sakit pendidikan yang menyebabkan adanya perbedaan terminologi, konten pengajaran, dan prosedur penanganan penyakit antar rumah sakit pendidikan anggota AHS Fakultas Kedokteran UGM. Fakultas Kedokteran UGM telah mengakomodir pemanfaatan sarana telekonferensi dalam mempermudah proses komunikasi akademik antar rumah sakit pendidikan dan analisis diperlukan untuk menggambarkan kesiapan departemen dan rumah sakit pendidikan, proses kegiatan telekonferensi akademik, serta peluang dan kendala yang dihadapi.

Tujuan: Menganalisis uji coba pemanfaatan sarana telekonferensi dalam mendukung kegiatan akademik rumah sakit pendidikan yang tergabung dalam *academic health system* Fakultas Kedokteran UGM.

Metode: Penelitian ini merupakan studi kasus eksploratori multi-kasus dengan rumah sakit anggota AHS Fakultas Kedokteran UGM sebagai unit analisis. Penelitian dilaksanakan di tujuh departemen dan lima rumah sakit pendidikan anggota AHS Fakultas Kedokteran UGM selama Bulan November-Desember 2016. Variabel yang diukur adalah infrastruktur, konten, sumber daya manusia (SDM), aktivitas, dan kompensasi. Instrumen yang digunakan berupa *checklist* dan pedoman wawancara.

Hasil: Hanya dua dari tujuh departemen yang sepenuhnya memenuhi persyaratan kesiapan penggunaan sarana telekonferensi, sementara tidak ada rumah sakit pendidikan jejaring yang memenuhi kesiapan penggunaan sarana telekonferensi. Masih ditemukan beberapa peralatan audiovisual yang tergolong sederhana serta jaringan internet yang masih belum stabil. Hanya empat dari tujuh departemen di empat rumah sakit yang menjalankan proses kegiatan akademik menggunakan telekonferensi. Persepsi positif yang muncul terkait dengan penyelenggaraan telekonferensi akademik didasarkan karena dapat meningkatkan kualitas kegiatan akademik, membantu pembahasan kasus-kasus komprehensif, memantau bagaimana situasi residen dan koasistensi di rumah sakit jejaring, serta meratakan kualitas akademik yang berlangsung di rumah sakit pendidikan jejaring. Beberapa kendala yang ditemukan berupa ketidaksiapan infrastuktur, belum tersedianya SDM *full-*

timer, belum adanya mekanisme pembayaran bagi panelis, dan belum adanya komitmen untuk memanfaatkan sarana telekonferensi di kegiatan akademik yang dipengaruhi oleh faktor kepemimpinan, dukungan SDM, kompetisi dengan kegiatan lain di rumah sakit, serta kemampuan untuk mengembangkan konten dan aktivitas.

Kesimpulan: Tidak semua departemen dan rumah sakit pendidikan memenuhi persyaratan kesiapan penggunaan sarana telekonferensi dalam kegiatan akademik. Tidak semua rumah sakit pendidikan jejaring mengikuti proses kegiatan telekonferensi akademik yang diselenggarakan oleh departemen. Departemen dan rumah sakit pendidikan memandang positif terkait penyelenggaraan kegiatan telekonferensi akademik, namun masih ditemukan beberapa kendala yang dapat menghambat penyelenggaraan telekonferensi akademik di rumah sakit pendidikan anggota AHS Fakultas Kedokteran UGM.

Kata kunci: Rumah Sakit Pendidikan, *Academic Health System*, Telekonferensi

ABSTRACT

Background: National Health Insurance era demands hospital to have equal quality distribution in maintaining service quality, moreover for academic hospital which must facilitate service, education, and research functions in its performance. The implementation of academic health system (AHS) between academic hospital and medical faculty was built to answer that demand. Academic hospital AHS in Faculty of Medicine Universitas Gadjah Mada has been established since 2014, however there were still constraints found in the field. The most constraint found was the ineffective academic communication between academic hospitals which can cause terminology difference, academic content difference, and disease management procedure difference between academic hospitals member of AHS Faculty of Medicine Universitas Gadjah Mada. Faculty of Medicine Universitas Gadjah Mada has accommodated teleconference media in easing academic communication process between academic hospital. Analysis was needed to describe the readiness of departments and academic hospitals, academic teleconferencing process, also chances and constraints the departments and academic hospitals faced.

Objective: To analyze the utilization testing of teleconference system in supporting academic activities in AHS Faculty of Medicine Universitas Gadjah Mada.

Method: This research was a multi-case exploratory case study research, with hospitals member of Medical Faculty AHS as analysis unit. Research was held in seven departments and five hospitals between November-December 2016. Variables measured were infrastructure, content, human resource, activity, and compensation. Instruments used were in form of checklist and interview guidelines.

Result: There were only two departments that completely fulfilled requirements for building good teleconference activity, meanwhile there weren't any affiliated hospitals that completely fulfilled them. Non-ideal audiovisual tools and unstable network connections were still found in some departements and academic hospitals. There were only four departments in four hospitals which implemented academic activities using teleconference. Positive perceptions from respondents related to academic teleconference implementation were related for enhancing academic quality, helping comprehensive case discussion, observing resident and clinical rotation student in affiliated academic hospitals, and disseminating academic quality between affiliated academic hospitals. Some constraints found were lack of infrastructure readiness, lack of full-timer human resource, absence of payment mechanism for panelist, and no commitment related to the utilization of teleconference system for academic activities, which is affected by leadership, staff

support, competition with other activities in hospital, content and activity generating factors.

Conclusion: Not all departments and academic hospitals fulfilled requirements for building good teleconference activity. Not all affiliated academic hospitals joined academic teleconference process which were held by departments. Departments and hospitals believed that the implementation of academic teleconference was beneficial, but some constraints were still found that could hamper the implementation of academic teleconference in academic hospitals member of AHS Faculty of Medicine UGM.

Keyword(s): Academic Hospital, Academic Health System, Teleconference