

INTISARI

Latar Belakang: Koordinasi asuhan pasien masih bermasalah di RS UGM khususnya dalam perencanaan perawatan dan proses transisi. RS UGM menerapkan *case management system* untuk memperbaiki koordinasi asuhan kasus kompleks salah satunya stroke. Evaluasi dilakukan terhadap sistem baru tersebut.

Tujuan: Mengevaluasi *fidelity case management* pasien stroke rawat inap dan mengidentifikasi faktor-faktor implementasinya

Metode: Penelitian implementasi, desain *concurrent mixed method*, dilaksanakan November 2016 – Januari 2017 di RS UGM. Pengambilan data dengan wawancara mendalam terhadap *case manager*, diskusi kelompok terarah paramedis, dan observasi proses koordinasi. *Fidelity* yang dinilai meliputi kepatuhan terhadap cakupan dan konten. Evaluasi luaran dibatasi pada lama hari rawat dan angka kematian.

Hasil dan Pembahasan: Kepatuhan konten alur *case management* masih rendah yaitu sebesar 2%. Alur skrining dan *follow up post discharge* belum sesuai karena kepatuhan dan pemahaman pelaksana serta belum lengkapnya petunjuk teknis. Ketidaksesuaian skrining mempengaruhi rendahnya cakupan kasus yaitu 19%. Faktor pendukung implementasi adalah ketersediaan panduan, pelatihan, dukungan pimpinan, dan respon tim. Kendala implementasi adalah kurangnya petunjuk teknis, kendala waktu koordinasi, dan kendala sosial edukasi pasien. Evaluasi luaran menunjukkan angka kematian menurun, rerata lama hari rawat memanjang. Responden merasakan manfaat *case management* dalam memperbaiki koordinasi tim.

Kesimpulan dan Saran: *Fidelity* implementasi *case management system* di RS UGM rendah dalam hal kepatuhan konten dan cakupan kasus. Rerata lama hari rawat memanjang, tetapi rentang hari rawat memendek. Angka kematian kasus yang dikelola dengan *case management system* lebih kecil. Respon partisipan adalah faktor pendukung implementasi tetapi strategi fasilitasi belum dilakukan dengan optimal sehingga mempengaruhi *fidelity* yang rendah. Strategi fasilitasi perlu ditingkatkan dengan kebijakan dan petunjuk teknis yang komprehensif terutama pada alur skrining dan *follow up post discharge*, pelatihan *case manager*, sosialisasi, dan monitoring evaluasi berkelanjutan

Kata kunci: *fidelity*, stroke, *case management system*

ABSTRACT

Background: Care coordination is still problematic in UGM Hospital especially in care planning and transition process. UGM Hospital implementing case management systems to improve care coordination for complex cases include stroke patient. An evaluation of the system is required

Objective: To evaluate the fidelity case management of stroke patients hospitalized and identify the implementation related factors

Methods: The study implementation, concurrent design mixed method, carried out in November 2016 - January 2017 in UGM Hospital. Retrieving data used are in-depth interview, focus group discussions, and observation of the coordination process. Fidelity assessed include adherence to the scope and content. Evaluation of outcomes is limited to the average length of stay and mortality rate.

Results and Discussion: Adherence to the content of case management is only 2%. The screening and post discharge follow up steps have not been fulfilled because of the implementer's adherence and competence and the lack of technical guidelines. The discrepancy of screening affects the low coverage of cases i.e. 19%. The supporting factors of implementation are participant responsiveness, and the barriers of implementation include low facilitation strategies such as lack of technical manuals and training. Outcomes evaluation showed declining mortality, increased average length of stay. Respondents gain the benefit of case management in improving care coordination among providers.

Conclusions and Recommendations: The low fidelity of case management system at UGM Hospital indicated by low adherence of content and coverage. The average length of stay is lengthened, but the day range is shortened. Stroke case mortality rate with case management is smaller. Good participant's responsiveness as a moderator factor of fidelity but incomplete facilitation strategy can be an explanation for the low fidelity. Technical guidance, training, socialization, and continuous monitoring and evaluation are required.

Keywords: fidelity, stroke, case management system