

Latar belakang: Skizofrenia merupakan gangguan jiwa terbanyak baik di Dunia maupun di Indonesia. Prevalensi skizofrenia di NTB sebesar 2.1% lebih tinggi dari standar nasional. Pasien skizofrenia memiliki lama hari rawat yang lebih panjang, biaya perawatan yang tinggi, variasi pelayanan yang tinggi, dan membutuhkan perawatan multidisiplin, untuk itu dibutuhkan alat kendali mutu kendali biaya yaitu *clinical pathway*. Hasil penelitian di beberapa negara menunjukkan bahwa dengan implementasi *clinical pathway* terbukti mengurangi variasi, pelayanan yang efektif dan efisien, meningkatkan *outcome* pasien, dan menurunkan *length of stay*.

Tujuan: Penelitian ini bertujuan untuk menyusun upaya persiapan implementasi *clinical pathway* skizofrenia baru di RSJ Mutiara Sukma NTB.

Metode: Penelitian ini menggunakan desain penelitian *Action Research*, yang terdiri dari empat tahap kegiatan yaitu tahap *diagnosing action*, *planning action*, *taking action* dan *evaluating action*, dalam prosesnya terjadi partisipasi aktif dari tim multidisiplin yang terlibat dalam implementasi *clinical pathway* skizofrenia baru di RSJ Mutiara Sukma NTB. Teknik pengambilan sampel dengan cara *purposive sampling*. Pengumpulan data dilakukan dengan cara wawancara terstruktur, dan Diskusi Kelompok Terarah (DKT).

Hasil dan Pembahasan: Hasil penilaian kesesuaian formulir *clinical pathway* skizofrenia baru memenuhi semua komponen dimensi 1 ICPAT, sehingga dokumen tersebut benar merupakan *clinical pathway* skizofrenia baru. Hasil wawancara dan DKT didapatkan partisipasi aktif dari tim penyusun *clinical pathway* dan dukungan serta komitmen manajemen dalam persiapan implementasi *clinical pathway* skizofrenia baru di RSJ Mutiara Sukma NTB.

Kesimpulan: Langkah-langkah penyusunan dokumen *clinical pathway* skizofrenia baru telah memenuhi persyaratan berdasarkan ICPAT. Adanya alokasi sumber dana untuk pelatihan implementasi *clinical pathway*. Tidak adanya risiko penolakan terhadap implementasi *clinical pathway*. *Clinical pathway* skizofrenia baru disepakati akan disimpan dalam rekam medis. Sistem pemberian umpan balik variasi dilakukan kepada tim penyusun *clinical pathway* baru dan telah dilaksanakan program pelatihan penggunaan *clinical pathway* skizofrenia baru bagi staf di RSJ Mutiara Sukma NTB.

Kata kunci: *clinical pathway*, skizofrenia, ICPAT, *action research*

Background: Schizophrenia is a mental disorder most well in the world as well as in Indonesia. The prevalence of schizophrenia in NTB 2.1% higher than the national standard. Patients with schizophrenia have a length of stay that longer, high costs of care, the high variation service, and require multidisciplinary of care, for it takes a quality and costs control tool that clinical pathways. Results of research in several countries shows that with the implementation of clinical pathways proven to reduce variation, improve effective and efficient of services, improve patient outcomes and reduce the length of stay.

Objective: This study aim to formulate the preparation of the implementation of the new schizophrenia's clinical pathway in Mutiara Sukma Mental Hospital NTB.

Method: This is an Action Research study, which consists of four phases of activity: diagnosing action, planning action, taking action and evaluating action phases, in these processes to the active participation of the multidisciplinary team involved the implementation of the new schizophrenia's clinical pathways in Mutiara Sukma Mental Hospital NTB. The sampling technique by purposive sampling. The data collection was gathered from in-depth interviews and focus group discussion (FGD).

Results and Discussion: The results of conformity assessment form new schizophrenia clinical pathways have fulfilled all component from one dimension of ICPAT, so it is really a document of a new schizophrenia clinical pathways. From Interviews and FGD obtained that the active participation of the drafting team of clinical pathways and the commitment of management in preparation for implementation of new schizophrenia clinical pathways in Mutiara Sukma Mental Hospital NTB.

Conclusion: All steps in document preparation of new schizophrenia clinical pathways have met conditions according to the ICPAT's requirements. The financial resources is allocation to training of clinical pathways implementation. There is no risk of rejection of the clinical pathways implementation. The new schizophrenia agreed clinical pathway will be stored in the medical records. The feedback for variations is made by the drafting team of clinical pathways and the training of using the new schizophrenia clinical pathways for staff has been implemented at the Mutiara Sukma Mental Hospital NTB.

Keywords: clinical pathway, ICPAT, schizophrenia, action research