

INTISARI

Pendahuluan. *Hospital acquired infections* (HAIs) merupakan kejadian tidak diharapkan tersering dalam insiden keselamatan pasien di Rumah Sakit (RS). *Handhygiene* adalah cara sederhana, efisien untuk mencegah HAIs. Penelitian ini bertujuan mengevaluasi intervensi ‘Pendekatan Integratif Terstruktur’ pada praktik kebersihan tangan petugas dan dampaknya pada luaran klinis pasien di RS di Yogyakarta.

Metode Penelitian. Penelitian menggunakan desain quasi eksperimental *pre-post analysis* dengan kelompok kontrol di ruang risiko tinggi infeksi 2 RS, yaitu RSUP Dr Sardjito Yogyakarta (RSS) dan RS Panembahan Senopati Bantul (RSPS), Juni 2014-April 2016. Seluruh petugas yang kontak tetap dengan pasien di ruang target penelitian (R.Intensif dan Kontrol) dan memenuhi kriteria inklusi eksklusif, diobservasi praktik kebersihan tangannya oleh observer terlatih, baik *handwash* atau *handrub* pada 5 ‘saat’ yang diindikasikan sesuai Pedoman WHO. Intervensi menggunakan Pendekatan Integratif Terstruktur yang dikembangkan dari Pedoman Multimodal WHO dan berdasarkan hasil penelitian kualitatif tentang pengetahuan dan psikologi perilaku, diterapkan Januari-Mei 2015. Rerata ‘hari bebas MRSA’, insidensi HAIs dan luaran klinis pasien menjadi indikator yang diukur sesuai fase penelitian.

Hasil Penelitian. Penelitian melibatkan 186 petugas dan 9658 pasien di RSS serta 71 petugas dan 9284 pasien di RSPS. Sejumlah 41.930 dan 21.115 kesempatan *handhygiene* diobservasi berturut-turut di RSS dan RSPS. Terdapat peningkatan pada evaluasi *pre-post* intervensi komponen pengetahuan, persepsi positif, ketepatan-konsistensi-sustainabilitas praktik kebersihan tangan petugas, bervariasi antara R.Intervensi dan Kontrol. Di RSS, perbedaan di antara ruang Intervensi dan Kontrol pada sebagian komponen tidak signifikan. Terdapat pemanjangan rerata ‘hari bebas MRSA’ secara signifikan *pre-post* intervensi dan di R.Intervensi dibandingkan Kontrol RSS, tidak signifikan di RSPS. Intervensi memberikan *hazard ratio* 0,231 (95%CI 0,066-0,810) terjadinya ‘hari bebas MRSA pendek’ dengan memperhitungkan waktu kejadian. Terdapat insidensi HAIs fluktuatif yang cenderung menurun pasca intervensi. Faktor risiko independen HAIs didapatkan usia, komorbiditas, intervensi invasif. HAIs berkontribusi terhadap terjadinya pemanjangan LOS, peningkatan penggunaan antibiotika dan mortalitas berturut-turut dengan OR 7,73 (95%CI 4,5-13,3); 3,18 (95%CI 2,02-5,02); 4,75 (95%CI 3,0-7,49). Faktor prediktor independen lain adalah usia lanjut, penyakit yang mendasari dan komorbiditas serta riwayat / adanya tindakan invasif.

Kesimpulan. Intervensi meningkatkan ketepatan-konsistensi-sustainabilitas praktik kebersihan tangan petugas, memperpanjang ‘hari bebas MRSA’ di ruang rawat Intensif, dan memperbaiki luaran klinis pasien karena berkontribusi mengurangi insidensi HAIs

Kata kunci : Pendekatan Integratif Terstruktur, HAIs, kebersihan tangan, ‘hari bebas MRSA’, psikologi perilaku

ABSTRACT

Introduction. Hospital acquired infections (HAIs) is the most frequent adverse event that can cause worsening of patient's clinical outcome. Hand hygiene is the simple, cost effective way to prevent HAIs. This study aimed to evaluate the 'Structured Integratif Approach' on hand hygiene compliance and its impact on clinical outcome among two hospitals in Yogyakarta.

Method. A quasi-experimental pre-post analysis with control group design was conducted in Intensive Care and some high risk wards at Sardjito hospital (RSS) and Panembahan Senopati hospital (RSPS) from Juni 2014 to April 2016. All workers who have permanent contact with the patient were observed their hand hygiene compliance by trained observers. 'MRSA free-days', HAIs incidence and its related impact were recorded through active surveillance. Intervention approach was developed based on WHO multimodal strategy and according to the qualitative study result, implemented between Januari-May 2015.

Results. There were 186 healthcare workers (HCWs) and 9658 patients at RSS and 71 HCWs and 9284 patients at RSPS who involved throughout the before and after intervention study period. There were 41.930 and 21.115 handhygiene oportunities observed at RSS and RSPS respectively. There were increase in knowledge, positive perception, handhygiene accuration-consistency-sustainability among HCWs, pre-post intervention, varies between Intervention and Control group. At RSS, the difference between the two was not significant in some components. There was improved in 'MRSA free days' *pre-post* intervention and Intervention vs Control group significantly in RSS, but it was not significant in RSPS. Intervention has a hazard ratio of 0,231 (95%CI 0,066-0,810) to the incidence by time of 'short MRSA free days'. HAIs incidence was fluctuate by the time with decreasing trend in post intervention. The HAIs independent risk factors were age, comorbidity, invasive intervention respectively. HAIs contributed to extend LOS, additional antibiotics usage and mortality with OR 7,73 (95%CI 4,5-13,3); 3,18 (95%CI 2,02-5,02); 4,75 (95%CI 3,0-7,49), respectively. The other independent predictive factors were elderly, patients' underlying diseases and comorbidities, and the history of invasive intervention or hospitalization.

Conclusion. Intervention improves HCWs handygiene accuracy-consistency-sustainability, extends the 'MRSA free days' in Intensive Care Unit, and improves patients' clinical outcome due its contribution to the decrease in HAIs.

Key words : Structured Integrative Approach, HAIs, hand hygiene, 'MRSA free days', behavioural psychology