

INTISARI

INDIKATOR KLINIS PELAYANAN ANESTESI SEBAGAI PARAMETER KUALITAS PELAYANAN ANESTESI DI KAMAR OPERASI SUATU PENELITIAN AKSI UNTUK IDENTIFIKASI DAN PERUMUSAN INDIKATOR KLINIS PELAYANAN ANESTESI

Oleh: Djayanti Sari
NIM 09/295417/SKU/00293

Latar Belakang:

Tindakan anestesi yang baik dan aman merupakan salah satu aspek penting dari pelayanan anestesi dan merupakan gambaran kualitas anestesi. Untuk itu diperlukan indikator klinis yang digunakan untuk evaluasi pelayanan anestesi di kamar operasi secara menyeluruh, baik dari tahap pra, durante sampai pascaoperasi, yang kemudian bisa dibandingkan dan diikuti sepanjang waktu.

Tujuan: Menyusun indikator klinis yang dapat digunakan untuk mengukur kualitas pelayanan anestesi di kamar operasi.

Metode: Merupakan penelitian aksi, terdiri dari 4 tahap. Tahap *diagnosing* dilakukan identifikasi dan definisi indikator klinis melalui kajian literatur sistematis. Tahap *planning action* dilakukan seleksi indikator klinis melalui modifikasi RAND *Appropriateness Method* yang terdiri atas tahap *Pra-Expert Panel*, *Expert Panel 1*, 2 dan 3. Tahap *taking action* dilakukan uji keterbacaan, uji reliabilitas antar penilai, dan uji coba dan pengambilan data di 5 rumah sakit di Yogyakarta (RSUP Dr Sardjito, RSUD Sleman, RSUD Bantul, RS PKU Muhammadiyah Yogyakarta, dan RS Panti Rapih), pada bulan November-Desember 2015. Tahap *evaluating action* dilakukan penilaian reliabilitas dan validitas indikator klinis.

Hasil: Dari 2.666 jurnal, terpilih 23 jurnal yang memenuhi kriteria inklusi dan eksklusi dan 381 jurnal pendukung. Dari *expert panel* terpilih 18 indikator klinis yang terbagi dalam 3 domain yaitu praoperatif, durante operatif, dan pascaoperatif. Uji reliabilitas antar penilai 0,859 ($p < 0,05$). Dari 1.905 data yang diperoleh dari uji coba hanya 1,63% yang tidak lengkap. Reliabilitas domain praoperatif, durante dan pascaoperatif sebesar 0,629, 0,914 dan 0,715. Validitas muka dan isi terpenuhi dari kajian literatur dan *Expert Panel*. Indikator pascaoperatif 4 dikeluarkan karena tingkat respons $< 90\%$. Dilakukan analisis faktor pada 17 butir tersisa dan analisis regresi linear dengan hasil hanya 2 indikator praoperatif, 2 durante dan 6 pascaoperatif yang dapat digunakan sebagai indikator klinis. Pada analisis validitas kriteria indikator, hanya 1 indikator praoperatif dan 2 indikator pascaoperatif yang dapat digunakan sebagai indikator klinis.

Kesimpulan: Indikator klinis yang valid dan reliabel adalah indikator pascaoperatif 5, yaitu pasien yang mendapat intervensi dokter anestesi karena mual muntah pascaoperasi, yang tidak berespon terhadap protokol *Post Anesthesia Care Unit* pada masa pemulihan

Kata Kunci: indikator klinis, kualitas, pelayanan anestesi, validitas, reliabilitas, *expert panel*.

ABSTRACT

CLINICAL INDICATORS OF ANESTHESIA CARE AS PARAMETER OF QUALITY OF ANESTHESIA CARE IN OPERATING ROOM AN ACTION RESEARCH TO IDENTIFY AND DEVELOP CLINICAL INDICATORS OF ANESTHESIA CARE

By: Djayanti Sari
NIM 09/295417/SKU/00293

Background: Good and safe anaesthetic practice is important in anaesthetic care and reflects the quality. Thus, clinical indicators are necessary to evaluate anaesthetic care as a whole, including pre, during, and also postoperative phase, and later can be compared and followed over time.

Objective: To develop clinical indicators that can be used to measure the quality of anesthesia care in operating room.

Methods: The design of this study is an action research which consisted of 4 phases. In diagnosing phase, systematic literature review was carried out to identify and define clinical indicators. In planning action phase, RAND appropriateness method was used in clinical indicators selection and consisted of Pre-Expert Panel, Expert Panel 1, 2, and 3. Taking action phase consisted of readability test, inter-rater reliability test, questionnaire trial, and data collection in 5 hospitals in Yogyakarta (RSUP Dr. Sardjito, RSUD Sleman, RSUD Bantul, RS PKU Muhammadiyah, and RS Panti Rapih) from November to December 2015. In evaluating action phase, reliability and validity of clinical indicators were assessed.

Results: There were 23 of 2.666 articles which met inclusion and exclusion criteria. Data extraction was carried out and 107 clinical indicators were obtained. From Expert Panel, 18 clinical indicators were selected which were distributed into 3 domains (pre, durante, and postoperative). Inter-rater reliability was 0,859 ($p < 0,05$). Of 1.905 data obtained from questionnaire trial, only 1,63% data were incomplete. Reliability of pre, durante, and postoperative domain were 0,629, 0,914, and 0,715 respectively. Face and content validity were obtained from literature review and Expert Panel. Item postoperative 4 was excluded because the response rate were $< 90\%$. Factor analysis and linear regression analysis were carried out for the remainder 17 items. There were 2 preoperative clinical indicators, 2 durante and 6 postoperative clinical indicators were included. In criterion validity analysis, only 2 clinical indicators that had good predictive validity.

Conclusion: The most valid and reliable clinical indicator is item postoperative 5 which stated "patients who receive an intervention by an anesthesiologist for PONV not responding to Post Anesthesia Care Unit protocols in the recovery period".

Keywords: clinical indicators, quality, anaesthetic care, validity, reliability, expert panel