

INTISARI

Latar Belakang & Tujuan: Stroke bukan hanya menyebabkan beban dalam dunia kesehatan akan tetapi juga membebani baik dari segi ekonomi suatu negara, dan juga secara psikologis, terutama pada keluarga dengan pasien yang mengalami kecacatan total. Adanya variasi dalam pelayanan kesehatan diperkirakan membawa dampak terhadap biaya yang tidak tetap dan bahkan berlebihan. Panduan tertulis berupa *Clinical Pathway* mungkin mampu mengurangi variasi biaya ini, dengan tetap mempertahankan kualitas yang baik.

Metoda Penelitian : Penelitian ini merupakan penelitian observasional inferensial, dengan metoda Retrospektif Kohort. Data yang diambil adalah data sekunder di RS Bethesda Yogyakarta, berupa database komputer. Sampel yang diambil berjumlah 130 orang, baik pada kelompok kontrol (Perawatan tanpa CP), maupun pada kelompok observasi (Perawatan dengan CP).

Hasil : Terdapat perbedaan signifikan terhadap biaya perawatan stroke iskemik akut setelah penerapan CP ($p=0,004$), dimana rerata biaya perawatan pada kelompok dengan CP sebesar Rp 8.212.656,02, dan pada kelompok tanpa CP sebesar Rp 10.659.617,72 (setelah penyesuaian dengan tingkat inflasi dari BPSI sebesar 19,08%) dengan beda rerata sebesar Rp 2.446.961,70.

Kesimpulan : *Clinical Pathway* mampu memberikan penurunan biaya perawatan terhadap perawatan stroke iskemik akut di RS. Bethesda Yogyakarta.

Keywords: clinical pathways, stroke iskemik akut, biaya perawatan, rumah sakit

ABSTRACT

Background and Objectives: Stroke is not only causing health burden in the world but also a burden in terms of both the economy of a country, and also psychologically, especially in families with patients undergoing total disability. Direct and indirect costs of stroke care is estimated to reach more than 65 billion US dollars, so that stroke can be classified as the most expensive disease similar to chronic diseases diabetes and depressive disorders. The variation in health care is estimated to have an impact on the cost of which is not fixed and even excessive. Clinical Pathway written guidelines can be expected to reduce the variation of these costs, while maintaining good quality.

Method: The study is an observational study inferential, with retrospective cohort method and historical control. Data is taken from medical record at Bethesda Hospital in Yogyakarta, in the form of a computer database. Samples taken amounted to 130 people, both in the control group (treatment without CP), as well as in the observation group (treatment with CP).

Results: There were significant differences in the cost of treatment of acute ischemic stroke after the application of CP ($p = 0.004$), where the average cost of care in those with CP are Rp 8,212,656.02 and the group without CP are Rp 10,659,617.72 (after adjustment with an inflation rate of BPSI calculated to 19.08%) with a mean difference of Rp 2,446,961.70.

Conclusion: Clinical Pathway is able to provide cost reduction for acute ischemic stroke treatment in Bethesda Hospital Yogyakarta, Indonesia.

Keywords: clinical pathways, acute ischemic stroke, treatment cost, hospital