

## ABSTRAK

**Latar belakang:** Stroke memiliki angka kematian dan kecacatan yang tinggi. Stroke menjadi penyebab nomor 1 admisi pasien ke rumah sakit, dengan proporsi kematian sebanyak 20% dalam 28 hari pertama perawatan. Penggunaan *clinical pathway* dapat mengurangi variasi dalam tindakan medis untuk kondisi klinis yang sama sehingga meningkatkan kualitas pelayanan stroke. Penelitian mengenai pengembangan *clinical pathway* sesuai *Integrated Clinical Pathway Appraisal Tools* (ICPAT) di Indonesia masih sangat terbatas.

**Tujuan:** Penelitian ini bertujuan untuk mengevaluasi proses pengembangan dan penerapan *clinical pathway* kasus stroke iskemik akut di RS Anutapura Kota Palu

**Metode:** Rancangan Penelitian ini adalah *action research*. Pengumpulan data dilakukan dengan triangulasi metode melalui wawancara terstruktur, diskusi kelompok terarah, survei, observasi, dan telaah dokumen. *Integrated Clinical Pathway Appraisal Tools* (ICPAT) digunakan sebagai alat ukur. Subyek penelitian sebanyak 25 responden terdiri dari petugas kesehatan RS Anutapura dan tim *clinical pathway*, 1 responden keluarga pasien dan 30 responden pasien yang dirawat inap di bagian saraf RS Anutapura yang memenuhi kriteria eligibilitas.

**Hasil:** Pada proses pengembangan hasil evaluasi dengan ICPAT menunjukkan dimensi 1 terpenuhi persyaratan secara keseluruhan. Dimensi 1 memberikan kepastian bahwa dokumen yang dikembangkan merupakan *clinical pathway*. Pada proses penerapan *clinical pathway* dilakukan evaluasi uji coba *clinical pathway* stroke iskemik akut sejak pasien masuk RS sampai pasien diijinkan keluar RS. Indikator proses pelayanan yang dinilai adalah pemeriksaan EKG sebesar 100%, penilaian kemampuan menelan sebesar 100%, pemberian antiplatelet (aspirin 80mg atau clopidogrel 75mg) diberikan 24-48 jam sejak masuk RS sebesar 100%, pemberian anti platelet (aspirin 325mg atau clopidogrel 300mg) diberikan 24-48 jam sejak masuk RS sebesar 46,7 % dan penilaian status gizi dan diet seawal mungkin sebesar 100%. Kepatuhan pengisian *clinical pathway* dokter dan *case manager* mencapai 80%.

**Kesimpulan:** Berdasarkan evaluasi CP baru stroke iskemik akut menunjukkan kesesuaian dengan ICPAT. Sinergi seluruh manajemen RS, *clinical champion*, dokter spesialis saraf dan tim multidisiplin menjadi kunci keberhasilan pengembangan dan penerapan *clinical pathway*.

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

## ***ABSTRACT***

**Background:** Stroke has high mortality and disability rates. Stroke is the number one cause of patient admission into hospital with 20% proportion of death within the first 28 days of treatment. The usage of clinical pathway can reduce variation in medical action for similar clinical condition, thus improving the quality of stroke treatment. Study on the development of clinical pathway by Integrated Clinical Pathway Appraisal Tools (ICPAT) in Indonesia is very limited.

**Aim:** This study was aimed to evaluate development and implementation processes of clinical pathway of acute ischemic stroke cases in RS Anutapura of Palu.

**Method:** The research design was action research. Data collection was performed by triangulation method using structures interview, focused group discussion, survey, observation, and document analysis. *Integrated Clinical Pathway Appraisal Tools* (ICPAT) used as a measuring tool. The research subjects were 25 respondents from health workers of RS Anutapura and clinical pathway team, 1 respondent from patient's family, and 30 patients hospitalized in the neurological department of RS Anutapura, who met eligibility criteria.

**Result:** The development process of evaluation result using ICPAT showed dimension 1 met overall requirements. Dimension 1 gave certainty that the developed document was clinical pathway. In the implementation process of clinical pathway, an evaluation of clinical pathway trial on acute ischemic stroke since patient was admitted to hospital until patient was released from hospital. The assessed indicators of service process 100% EKG examination, 100% ability to swallow, 100% administration of antiplatelet (80 mg aspirin or 75 mg clopidogrel) 24-48 hours since admission to hospital, 46,7% administration of antiplatelet (325mg aspirin or 300 mg clopidogrel) 24-48 hours since admission to hospital and 100% nutritional status assessment and stroke diet. Compliance to fill the clinical pathway of doctors and case managers was 80%.

**Conclusion:** Based on new clinical pathway evaluation of acute ischemic stroke, there was compliance with ICPAT. The synergy of the entire hospital management, clinical champion, neurologists and multidisciplinary team was the key to successful development and implementation of clinical pathway.

**Keywords:** clinical pathway, ICPAT, stroke, action research