

INTISARI

Latar belakang: Tim pelayanan kesehatan merupakan sekelompok profesional yang mempunyai aturan yang jelas, tujuan umum dan keahlian berbeda. Beberapa bentuk koordinasi tim adalah proses komunikasi, informasi dan adanya saling ketergantungan antar tim. Adanya kegagalan dari proses tersebut berakibat pada keterlambatan operasi. Komunikasi antara ahli bedah dan anestesi dibutuhkan untuk terlaksananya indikator utama kinerja direktur yaitu *response time II* (persetujuan oleh dokter bedah, anestesi sampai dengan tindakan operasi) yaitu ≤ 120 menit. Keterlambatan operasi akan meningkatkan morbiditas dan mortalitas pasien.

Tujuan: Mengetahui hubungan koordinasi tim medis terhadap keterlambatan pelaksanaan operasi emergency di kamar operasi IGD RSUP Dr. Sardjito.

Metode: Merupakan jenis penelitian kuantitatif dengan metode *cross sectional* ~~retrospektif~~. Penelitian kuantitatif ini menggunakan data sekunder yang berasal dari buku registrasi pasien IGD dan catatan keperawatan operasi bedah gawat darurat di kamar operasi IGD RSUP Dr. Sardjito. Keterlambatan operasi dilihat dari waktu *response time II*. Variabel independent meliputi koordinasi tim (*Response time* anestesi), hari dan jam kerja (shift) pelaksanaan operasi (pagi, siang, malam), asal Staf Medis Fungsional (SMF), jenis anestesi, kategori operasi, asal pasien. Data diambil pada bulan Mei 2016 sebanyak 143 kasus.

Hasil: Dari 143 kasus operasi gawat darurat ditemukan 90 (63 %) keterlambatan atau waktu tunggu operasi melebihi 120 menit. *Response time II* rata – rata membutuhkan waktu 211 menit. Dari 90 kasus operasi yang terlambat 83 (92,22%) disertai dengan keterlambatan *response time* anestesi. Sedangkan pada 53 kasus yang tidak terlambat operasi 50 (94,34%) kasus *response time* anestesi ≥ 30 menit. Secara statistik keterlambatan anestesi ini tidak bermakna ($p = 0,632$).

Kesimpulan: Data tersebut memperlihatkan pencapaian pihak manajemen yang tidak sesuai dengan indikator utama kinerja direktur. Waktu yang begitu panjang antara persetujuan tindakan bedah dengan *response time* anestesi memperlihatkan koordinasi kedua spesialis yang kurang baik. Akan tetapi keterlambatan *response time* anestesi tidak berpengaruh secara signifikan terhadap keterlambatan *response time II*.

Kata kunci: koordinasi tim, operasi gawat darurat, keterlambatan

ABSTRACT

Background: Medical teamwork is a term refers a health care professionals group that has specific rules, common goals, and different expertise. Medical teamwork is expected to reach its goal through an effective and efficient coordination, which include of communication and information process, as well as interdependence between teams. Failure within its process will cause the operation delay. The role of surgeon and anesthesiologist are important to achieve effective and efficient team coordination, which measured as director key performance of response time II (indicating patient's waiting time for operation shall no longer than 120 minutes, after the surgeon making operation decision).

Objective: The study aimed to explore the relationship of medical team coordination in emergency operation delay in emergency department of sardjito hospital.

Method: A cross sectional quantitative research was conducted by retrieving data of surgeon and anesthesiologist response time, diagnoses, and operation characteristics from the operation theatre records, nurse records and medical records during May 2016. Delay operation was measured with response time II. Independent variables investigated are include of coordination team (Response time anesthesia), days and shift the implementation of the operation (morning, afternoon, evening), the origin of Medical Staff Functional (SMF), the type of anesthesia, operating categories, the origin of the patient. Data of characteristics presented as percentage (nominal) or mean (continuous). Logistic regression was performed to investigate each variable role in team coordination.

Result: There were 90 delayed operations (63%) out of 143 cases of operation in emergency department in emergency department during May 2016. Response team II mean was 211 minutes. Among delayed operations, 83 cases (92.22%) were found with prolong anesthesiologist response time. While in the 53 cases that were not delayed operation of 50 (94.34%) cases of anesthesia 30 minutes response time. Statistically anesthesia delays were not significant ($p = 0.632$).

Conclusion: The data show the achievement of management that is not in accordance with director key performance indicators. Long time between the approval of the response time of surgery with anesthesia shows a second coordination specialist unfavorable. Delay in the response time of anesthesia did not significantly affect the response time II.

Key word : Teamwork, emergency operation, delay