

INTISARI

Tingginya angka morbiditas, mortalitas dan biaya diperlukan strategi penatalaksanaan terapi yang tepat bagi pasien ACS. Salah satunya adalah dengan *clinical pathway*. Penelitian ini bertujuan untuk mengetahui apakah terdapat hubungan pelaksanaan *clinical pathway* terhadap *outcome* terapi dan biaya riil rawat inap pasien ACS serta untuk mengetahui apakah penambahan kejadian komplikasi berpengaruh terhadap biaya riil rawat inap.

Penelitian ini merupakan penelitian observasional analitik dengan rancangan kohort prospektif pada pasien ACS yang dirawat inap di instalasi rawat jantung terpadu (ruang ICCU, IMCC dan Anggrek) RSUP Dr Sardjito Yogyakarta periode bulan Januari-April 2015. Alat yang digunakan antara lain rekam medis, lembar penilaian *clinical pathway*, data pembayaran pasien ACS. *Outcome* terapi yang diukur adalah lama rawat inap, kejadian komplikasi serta biaya riil rawat inap. Variasi diperoleh dari tindakan dan tatalaksana terapi yang diberikan kepada pasien tidak sesuai dengan *clinical pathway* penyakit ACS pada 24 jam pertama. Analisis hubungan *outcome* terapi terhadap pelaksanaan *clinical pathway* dengan uji statistika *chi square* dan *independent t-test*. Hubungan pelaksanaan *clinical pathway* terhadap biaya riil rawat inap pasien ACS menggunakan uji *independent t-test*. Analisis biaya dilakukan dengan melihat pengaruh penambahan kejadian komplikasi terhadap biaya riil rawat inap dengan melihat persentase selisih biaya terbesar.

Subyek penelitian pada penelitian ini sebanyak 112 pasien, 58 pasien kelompok variasi (57 pasien STEMI dan 1 pasien NSTEMI) dan 54 pasien kelompok tanpa variasi (35 pasien STEMI dan 19 pasien NSTEMI). Hasil penelitian ini menunjukkan bahwa tidak terdapat hubungan antara variasi pelaksanaan *clinical pathway* ACS terhadap *outcome* terapi ($p>0,05$), tidak terdapat hubungan antara variasi pelaksanaan *clinical pathway* ACS terhadap biaya riil rawat inap pada kelas perawatan VIP dan non VIP ($p>0,05$). kejadian komplikasi meningkatkan biaya riil rawat inap pasien ACS.

Kata kunci: *Clinical pathway*, *Outcome* terapi, Biaya riil rawat inap, *Acute Coronary Syndrome*.

ABSTRACT

High rates of morbidity, mortality and costs in patients of ACS will required appropriate therapeutic management strategies in ACS patients to reduce the burden of disease. One of these strategies is to summarize procedure therapy with clinical pathways. The purpose of this study was to determine the relationship of clinical pathway implementation to the therapeutic outcome and the real cost of inpatient ACS and to determine the relationship of the effect of complications addition to the real cost of inpatients.

This study was an analytical observational study with prospective cohort design in ACS patients in the cardiac care unit integrated (ICCU, IMCC and Anggrek) RSUP Dr. Sardjito Yogyakarta from January to April 2015. The tools used include medical records, clinical pathway assessment sheet, and payment data of ACS patients. Therapeutic outcome of this study was length of stay and the incidence of complications and the real cost of hospitalization. Variations derived from the actions and management of therapy given to patients with different clinical pathways ACS disease in the first 24 hours. Data analysis includes analysis of the relationship between clinical pathways implementation to length of stay and the incidence of complications using chi-square test and independent t-test and the relationship between clinical pathways implementation to the average real cost of hospitalization ACS patients using independent test t-test. Cost analysis is done by looking at the effect of adding complication to the real cost of hospitalization by looking at the percentage difference between the biggest cost.

Research subjects of this study were 112 patients, 58 patients in the group with variation (57 patients with STEMI and 1 patient with NSTEMI) and 54 patients in the group without variation (35 patients STEMI and 19 patients NSTEMI). The results showed that the implementation of clinical pathways there is no relationship between length of stay and the incidence of complications in patients with ACS ($p > 0.05$). There is not relationship between the clinical pathway implementation to the real cost of hospitalization in non VIP class and VIP class ($p > 0.05$). The addition of the incidence of complications affect the real cost of hospitalization.

Keywords: Clinical Pathway, Therapeutic outcome, The Real Cost of hospitalization, Acute Coronary Syndrome.