ABSTRAK

Latar belakang: Stroke merupakan penyebab utama kematian dan kecacatan di seluruh dunia dan membutuhkan biaya perawatan di rumah sakit yang sangat besar. Penggunaan *clinical pathway* sebagai alat standarisasi proses pelayanan untuk memperbaiki luaran klinis pasien stroke non hemoragik menunjukkan hasil yang sangat bervariasi.

Tujuan: Penelitian ini bertujuan untuk mengevaluasi efektivitas implementasi *clinical pathway* dalam memperbaiki luaran klinis pasien stroke non hemoragik di Rumah Sakit Kasih Ibu Surakarta.

Metode: Desain penelitian ini adalah kohort retrospektif. Subjek penelitian adalah pasien stroke non hemoragik periode Januari – Desember 2020 yang memenuhi kriteria inklusi dan eksklusi. Kelompok yang dilihat yaitu kelompok yang patuh dan yang tidak patuh terhadap *clinical pathway* dibandingkan dalam hal indikator luaran klinis yaitu *length of stay*, angka komplikasi, angka kematian dan *cost of treatment*. Analisis menggunakan uji *Chi square* dan uji regresi non parametrik. Kepatuhan pelaksanaan *clinical pathway* dilakukan dengan cara menilai kepatuhan setiap poin asuhan yang terdapat dalam *clinical pathway* dan dikelompokkan dalam dua kategori yaitu kategori kepatuhan rendah dengan nilai rata-rata kepatuhan terhadap *clinical pathway* <85% dan kepatuhan baik dengan nilai rata-rata kepatuhan terhadap *clinical pathway* ≥85%.

Hasil: Penelitian dilakukan pada 133 pasien stroke non hemoragik akut dan serangan pertama dengan penanggung biaya BPJS Kesehatan. Deskripsi kepatuhan pelaksanaan *clinical pathway* menunjukkan sebanyak 64 pasien (48%) memiliki nilai rata-rata kepatuhan baik dan 69 pasien (52%) memiliki nilai rata-rata kepatuhan rendah. Hasil analisis kepatuhan pelaksanaan *clinical pathway* terintegrasi terhadap luaran klinis menunjukkan tidak terdapat pengaruh yang bermakna terhadap rerata *length of stay* (p=0,653), angka komplikasi (p=0,856) dan angka kematian (p=0,233) pada pasien stroke non hemoragik. Kepatuhan pelaksanaan *clinical pathway* terintegrasi mempunyai pengaruh yang bermakna terhadap rerata *cost of treatment* (p=0,005) pada pasien stroke non hemoragik.

Kesimpulan: Implementasi *clinical pathway* terintegrasi pada stroke non hemoragik di RS Kasih Ibu Surakarta dapat menurunkan *cost of treatment*. Implementasi *clinical pathway* terintegrasi tidak terbukti memperbaiki luaran klinis *length of stay*, angka komplikasi dan angka kematian.

Kata kunci: *clinical pathway*, stroke non hemoragik, luaran klinis.

ABSTRACT

Background: Stroke is a major cause of death and disability worldwide that requires a huge hospitalization cost. The use of clinical pathways as a service processes standardization tool to improve the clinical outcome of non-hemorrhagic stroke patients shows varied results.

Objective: This study aims to evaluate the effectiveness of clinical pathway implementation to improve the clinical outcome of non-hemorrhagic stroke patients at Kasih Ibu Hospital, Surakarta.

Methods: The study design was a retrospective cohort. The research subjects were non-hemorrhagic stroke patients from January to December 2020 that met the inclusion and exclusion criteria. The patients divided into two groups based on the compliance to clinical pathway, and then measured in some clinical outcome indicators: length of stay, complication rate, mortality rate and cost of treatment. Statistic analysis used was Chi square test and non-parametric regression test. The compliance to clinical pathway is defined by assessing the compliance of each standard of care in the clinical pathway, and the patients were grouped into two categories: poor compliance category - with the average compliance rate to clinical pathway <85%; and good compliance category - with the average compliance rate to clinical pathway ≥85%.

Results: The study was conducted on 133 patients with first acute non-hemorrhagic stroke with BPJS payor. The implementation of clinical pathway data showed that 64 patients (48%) was categorized as good compliance, meanwhile 69 patients (52%) as poor compliance. The statistic analysis used to asses the correlation of compliance to integrated clinical pathways and the clinical outcomes, showed that there was no significant difference on the mean length of stay ($p=0.653$), complication rate ($p=0.856$) and mortality rate ($p=0.233$) in non-hemorrhagic stroke patients. The compliance to integrated clinical pathway had a significant effect on the average cost of treatment ($p=0.005$) in non-hemorrhagic stroke patients.

Conclusion: Implementation of an integrated clinical pathway for non-hemorrhagic stroke at Kasih Ibu Hospital, Surakarta can reduce the cost of treatment. Implementation of integrated clinical pathway did not improve clinical outcomes in length of stay, complication rates and mortality rates.

Keywords: clinical pathway, non-hemorrhagic stroke, clinical outcome.