

INTISARI

Latar belakang: Sebagai rumahsakit pendidikan, RS Dr. Sardjito menghadapi masalah dengan meningkatnya jumlah peserta didik. Dampak yang dirasakan ialah semakin berkurangnya pasien yang dapat dipakai untuk pembelajaran, menurunnya kualitas pelayanan dan kurangnya kerja sama antar anggota tim kesehatan dari segi *outcome*. Sehingga sejak bulan September 2002 di Bangsal B2 Instalasi Kesehatan Anak RS Dr. Sardjito diterapkan uji coba sistem *professional team-based clinical education*. Koordinator tim ini dalam proses pengelolaan pasien berperan sebagai *case manager*.

Tujuan: Mengetahui dampak penerapan *case manager* dari aspek finansial dengan membandingkan *length of stay* dan biaya rawat inap sebelum dan sesudah penerapannya.

Metode: Penelitian dilakukan pada 94 kasus demam dengue dan diare dengan rancangan kuasi eksperimental tanpa kelompok kontrol, dari bulan Maret 2002-Maret 2003.

Hasil: Penerapan program *case manager* tidak mampu menurunkan *length of stay* dan biaya total rawat inap pasien karena penurunan yang terjadi tidak signifikan secara statistik ($p > 0,05$). Secara keseluruhan rata-rata total biaya perawatan demam dengue dan diare sebelum pelaksanaan sebesar Rp. 350.843,48 \pm 250.923,40. Setelah pelaksanaan *case manager*, rata-rata total biaya perawatan mengalami penurunan menjadi Rp. 330.784,81 \pm 201.433,33. Rata-rata lama perawatan demam dengue dan diare sebelum pelaksanaan sebesar 4,39 \pm 2,98 hari. Setelah pelaksanaan *case manager* rata-rata lama perawatan mengalami penurunan menjadi 3,56 \pm 1,54. Penurunan tersebut juga tidak signifikan secara statistik ($p > 0,05$).

Kesimpulan: *Length of stay* dan biaya total rawat inap pasien demam dengue dan diare di Bangsal B2 tidak mengalami penurunan.

Kata kunci : *case manager*, biaya rawat inap, *length of stay*, demam dengue, diare.

ABSTRACT

Background : As a teaching hospital, Dr. Sardjito general hospital facing problems due to the increasing number of their students. The impact is the decreasing number of patients for teaching-learning activities, the decrease of service quality and the lack of cooperation among medical team. Therefore, since September 2002 in B2 ward of department of pediatric in Dr. Sardjito general hospital, professional team-based clinical education system trial was developed. The coordinator of the team became the case manager in the management of the patients.

Objective : Knowing the effect of case manager implementation from financial aspect by comparing the length of stay and the inpatient fee before and after it's application.

Methods : The research was done to 94 dengue fever and diarrhea cases using pre-experimental planning without control group, from march 2002 to march 2003.

Results : The implementation of case manager program couldn't lessen the length of stay and total fee of in wards patient because the decline is not statistically significant ($p > 0,05$). On the whole, the average of total treatment fee for dengue fever and diarrhea before the implementation is 350.843,48 \pm 250.923,40. After the case manager implementation, the average of total treatment fee lessen to Rp. 330.784,81 \pm 201.433,33. The average of dengue fever and diarrhea treatment time before the implementation is 4,39 \pm 2,98 days. After the implementation of case manager, the average treatment time lessen to 3,56 \pm 1,54. This decline is also not statistically significant ($p > 0,05$).

Conclusion : Length of stay and total inpatient fee of dengue fever and diarrhea in B2 ward couldn't lessen.

Key words : case manager, inpatient fee, length of stay, dengue fever, diarrhea.