

HALAMAN INTISARI

IMPLEMENTASI PANDUAN PRAKTIK KLINIS DALAM MENURUNKAN VARIASI PELAYANAN PADA TINDAKAN *SECTIO CAESAREA* DI PKU MUHAMMADIYAH GAMPING

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Latar Belakang: Standar Nasional Akreditasi Rumah Sakit (SNARS) tahun 2018 menyebutkan ketua kelompok Staf Medis harus menetapkan prioritas Panduan Praktik Klinis dengan tujuan standarisasi proses asuhan klinis yang harus dimonitor oleh komite medis. Panduan Praktik Klinis adalah prosedur yang dilaksanakan oleh sekelompok profesi yang mengacu pada Pedoman Nasional Pelayanan Kedokteran (PNPK) yang dibuat oleh organisasi profesi dan disahkan oleh pimpinan rumah sakit. Variasi pelayanan harus diminimalkan melalui proses yang disebut standarisasi. Menurut laporan PONEK (2014) rumah sakit PKU Muhammadiyah Yogyakarta tindakan *Sectio Secarea* sebanyak 160 kasus selama satu tahun. Tujuan Penelitian ini adalah menganalisis Panduan Praktik Klinis *Sectio Caesarea* dalam menurunkan variasi pelayanan di PKU Muhammadiyah Gamping.

Metode: Rancangan penelitian *mix method*, data kualitatif diambil dengan *Focus Grup Discussion (FGD)* dan observasi untuk mengeksplorasi implementasi Pedoman Praktik Klinis. Data kuantitatif diambil berupa deskriptif sederhana dari dokumentasi rekam medis. Subyek penelitian ini adalah disebut dengan informan yang terlibat dalam implementasi Panduan Praktik Klinis *Sectio Caesarea* yaitu dokter spesialis obsgyn. Obyek penelitian ini semua rekam medis pasien dengan riwayat tindakan *Sectio Caesarea* pada Bulan Desember 2017, Januari 2018, dan Februari 2018 di Rumah Sakit PKU Muhammadiyah Gamping.

Hasil dan Pembahasan: Implementasi Panduan Praktik Klinis *Sectio Caesarea* dalam menurunkan variasi pelayanan belum berjalan optimal. Penegakan diagnosis menggunakan USG dilakukan pada 32 pasien (67%), sedangkan 16 pasien (33%) tidak dilakukan. Pasien dengan lama rawat inap kurang dari tiga hari sebanyak tujuh pasien (15%), sedangkan pasien dengan lama rawat inap tiga hari sebanyak 29 pasien (60%), dan pasien dengan lama rawat inap lebih dari tiga hari sebanyak 7 pasien (15%).

Simpulan: Sebagian dokter spesialis obsgyn belum mengimplementasikan Panduan Praktik Klinis *Sectio Caesarea* dengan baik, sehingga masih terdapat variasi dalam pelayanan.

Kata Kunci: Panduan Praktik Klinis, *Sectio Caesarea*, Variasi Pelayanan.

ABSTRACT

IMPLEMENTATION OF CLINICAL PRACTICE GUIDELINE TO REDUCE SERVICE VARIATIONS ON *SECTIO CAESAREA* ACTION IN PKUH MUHAMMADIYAH GAMPING

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Background: the national standard of hospital accreditation (SNARS) of 2018 says the head of the Medical Staff group should establish the priority of the Clinical Practice Guidelines for the purpose of standardizing the clinical care processes that the medical committee should monitor. The Clinical Practice Guide is a procedure undertaken by a group of professions referring to the National Guidelines for Medical Services (PNPK) made by professional organizations and authorized by hospital leaders. Variations of service should be minimized through a process called standardization. According to the report PONEK (2014) hospital PKU Muhammadiyah Yogyakarta sectio data obtained secarea action as much 160 cases for one year. The purpose of this study is to analyze Clinical Practice Guidelines Sectio Caesarea in reducing the variation of services in PKU Muhammadiyah Gamping.

Methods: The design research is mix method, qualitative data taken with Focus Group Discussion (FGD) and observation to explore the implementation of Clinical Practice Guidelines. Quantitative data is taken as a simple descriptive of medical records documentation. The subjects of this study were called informants who were involved in the implementation of Clinical Practice Guidelines sectio caesarea ie spelial doctors obsgyn. The object of this study were all medical records of patients with a history of cesarean septio action in December 2017, January 2018, and February 2018 at PKU Muhammadiyah Gamping hospital.

Results and Discussion: Implementation of Clinical Practice Guidelines Sectio Caesarea in reducing the variation of service has not run optimally. Enforcement of diagnosis using ultrasound was performed in 32 patients (67%), while 16 patients (33%) were not performed. Patients with a length of stay of less than three days were seven patients (15%), while patients with three days of hospitalization were 29 patients (60%), and patients with more than three days hospitalization of 7 patients (15%) .

Conclusion: Some obstetric specialists have not implemented Clinical Practice Guidelines for Sectio Caesarea properly, so there is still variation in the service.

Keywords: Clinical Practice Guideline, *Sectio Caesarea*, Service Variation.