

PENGEMBANGAN MODEL MANAJER KASUS PROFESIONAL DAN DAMPAKNYA TERHADAP KEPUASAN DAN MUTU PELAYANAN KLINIK DI RS

**Penataan struktur dan proses pemberdayaan manajer kasus
melalui pengembangan clinical pathway untuk penderita
TBC di ruang rawat inap
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LATAR BELAKANG

- Era globalisasi
- Five C + APEC, AFTA
- *Cost effectiveness, Patient satisfaction, Quality assurance*
- *Continuity of care*
- Mutu pelayanan kesehatan prima (WHO) yaitu : kualitas teknis, efisiensi, manajemen resiko, kepuasan pasien
- *Service excellence* → *clinical excellence*
- *Blamed culture* → *safety culture*

LATAR BELAKANG

- *Temporary vs permanent disability*
- *Medical error + adverse event*
- *Evidence based practice, clinical audit dan clinical risk management*
- Kasus – kasus malpraktek
- UU kesehatan 1992, UU konsumen dan UU Praktek dokter 1994
- RS Pendidikan Utama **outcome klinik baik**
- *Customer satisfaction* *customer relation*
- TBC sebagai *global emergency*
- Upaya peningkatan mutu klinik di RS
- Evidence based medicine
- Disease management bagi penyakit yang high risk, high cost dan perawatan jangka panjang.

Lokasi dan waktu penelitian	Disain penelitian	Prosedur	Variabel kontrol	Hasil penelitian
SMF anak RSUP dr Sardjito Yogyakarta, 2002-2003	Kuasi eksperimental dengan pre dan pos tes dengan kelompok kontrol		<i>Diagnostic error of commission, antibiotic error of commission, antibiotic error</i> karena penggantian obat tanpa alasan. Kepatuhan diagnosis pada SPM	Prevalensi <i>medical error</i> 1,22, penyebabnya ketidak-sediaan obat, keter-jangkauan harga, permintaan pasi-en, kurang penge-tahuan dokter pada SPM dan ketidak-percayaan dokter pada SPM
.Rawat inap RS.St R.Elizabeth Semarang. 1997-1998	Eksperimen-tal dengan unit analisis pasien rawat inap	Survei kepuasan pasien yang didampingi dokter umum sebagai manajer kasus dan tanpa manajer kasus	Sosial ekonomi, pendidikan, diagnosa, kelas rawat, pelayanan perawat, fasilitas sarana, pelayanan administrasi, makanan dan minuman	Peran dokter umum sebagai manajer kasus meningkatkan kepuasan pasien

<p><i>Community mental health nurses in metropolitan South Australia, 2001</i></p>	<p>Penelitian kualitatif, dengan pendekatan <i>ethnographic</i></p>	<p>Observasi partisipasi</p>	<p><i>Physical survival, personal growth, community participation, recovery and mental adaptation</i></p>	<p>Pemberdayaan perawat sebagai manajer kasus dalam melaksanakan manajemen kasus, memberikan perubahan dalam paradigma pelayanan kesehatan jiwa</p>
<p><i>The eastern suburbs of Sydney, 1998</i></p>	<p><i>Randomized Control trial</i></p>	<p><i>73 patients, who reside in the eastern suburbs of Sydney were randomly allocated to either intensive or routine case management</i></p>	<p><i>Hospital services, mental health services, general health services, community services and informal carers</i></p>	<p><i>Intensive case management led to an increased rate of retention in treatment and a clinically significant improvement in functioning.</i></p>

<p><i>Rural general practitioners, Ararut Victoria Australia, 2000</i></p>	<p><i>The West Vic model</i></p>	<p><i>An experience part-time case manager was appointed to develop effective strategies to locate and case manage doctor into temporary recruiting GP</i></p>	<p><i>Potential doctors,doctor issues,doctors goal,baseline data, development of an intervention plan based,support and motivation, maintainance of case manager</i></p>	<p><i>The continuum of tht case management process with its inherent support for the clint/doctor provided enhances opportunities for the identification, assessment and placement of doctor into rural practices.</i></p>
<p><i>Carondolot Saint Mary hospital and Health center Tuscon, 2000</i></p>	<p><i>Pre post test, case control group design</i></p>	<p><i>To compare case management and conventional group design in the care of chronic schizophrenic clients</i></p>	<p><i>The impact of case management service on clients clinical status, functional level and patient satisfaction</i></p>	<p><i>Findings showed that the experimental group had better outcome in terms of their mental status and functional level whwn compared with the control group and they were generally more satisfied with the services</i></p>

San Diego state University, 2002

A randomized controlled clinical trial to assess the effect of telephonic case management on resource use

Patients were identified at hospitalization and assigned to receive 6 months of intervention or usual care based on the group to which their physician was randomized

Hospitalization, costs, and other resources achieved using standardized telephonic case management

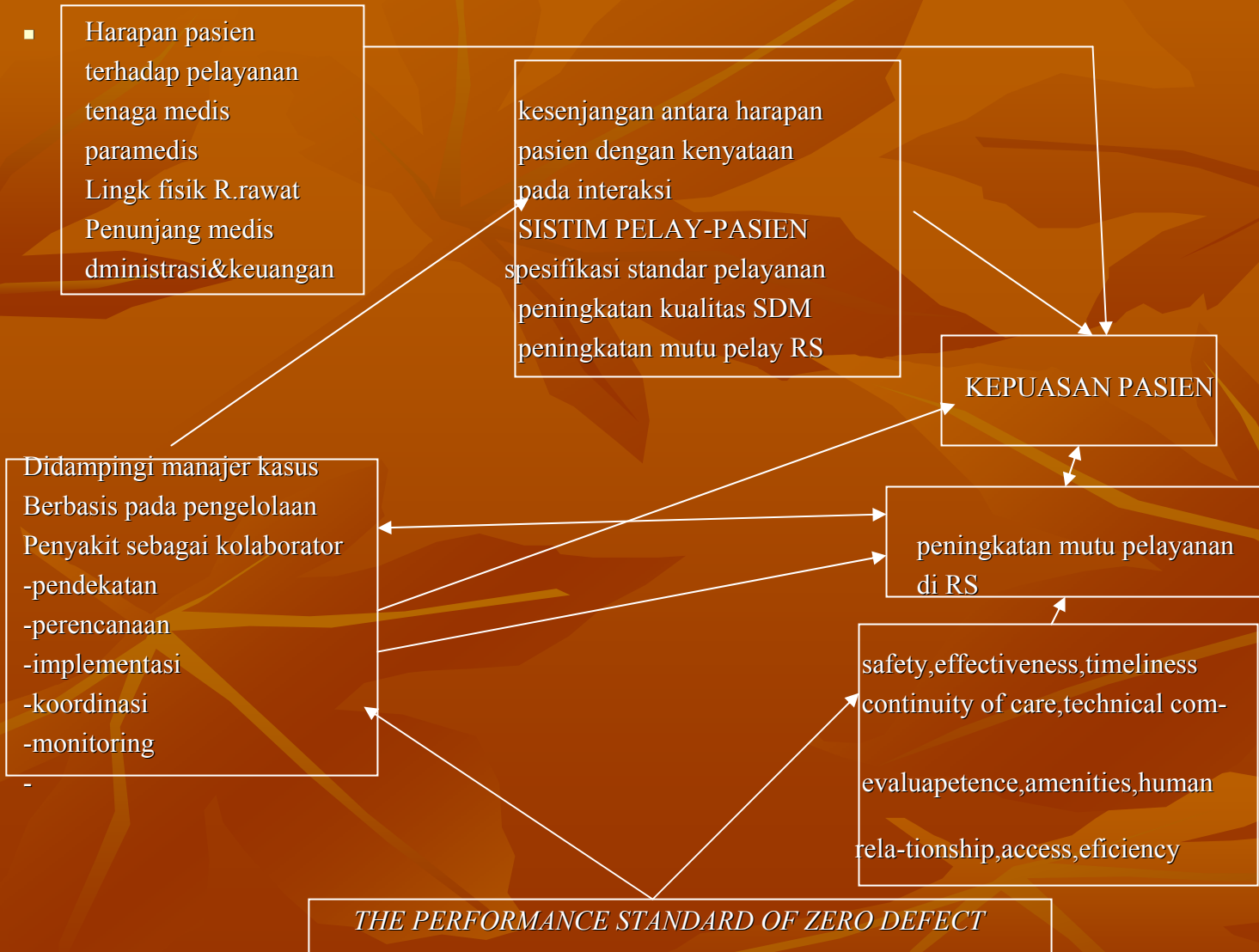
The heart failure hospitalization rate was 45,7% lower in the intervention group at 3 months and 47,8% lower at 6 months, heart failure hospital days and multiple readmission were significantly lower to the intervention group at 6 months, a cost saving was realized even after intervention costs were deducted, patient satisfaction with care was higher in the intervention group

<p>Royal Brisbane Hospital, 2000</p>	<p>A survey of, and consultation with</p>	<p>Case managers over a period of 15 months was used to gather data and modify the monitoring tool for future use in the service</p>	<p>Individual psychotherapy, assessment, psychoeducation, crisis intervention, monitoring daily living skills, monitoring medication, support, activities of daily living, liaison with other care agencies</p>	<p>Professionally the clinical load monitoring scores have been used in the allocation of additional cases for case management and in the supervision by discipline seniors.</p>
<p>Department of nursing studies, Kings college London</p>	<p>Soft system methodology approach</p>	<p>Data collection, situation analysis, a root definition, the conceptual models, a comparison of the conceptual model with reality, necessary changes and implementations</p>	<p>The research method needed to fulfil three criteria to the appropriate for the investigation of the situation, to the unobstrusive and to require only a short period of data collection</p>	<p>The use of reflection in action is recommended as a way of initiating changes in an structure, processes and attitudes.</p>

MASALAH PENELITIAN

- *Care coordination, cost containment, continuity of care*
- *Lack of communication, lag of communication, communication gap, in communication*
- Model manajer kasus yang sesuai
- Rekrutmen manajer kasus
- Manajer kasus dapat meningkatkan mutu pelayanan kesehatan
- Manajer kasus menjaga mutu pelayanan
- Manajer kasus membantu tercapainya efektivitas biaya perawatan
- Manajer kasus memberi kepuasan melalui pelayanan prima

Kerangka konsep penelitian



Conceptual framework pengembangan manajer kasus

Input

- Perawat
- Unsur pelayanan terkait
- Kebijakan pimpinan

Proses

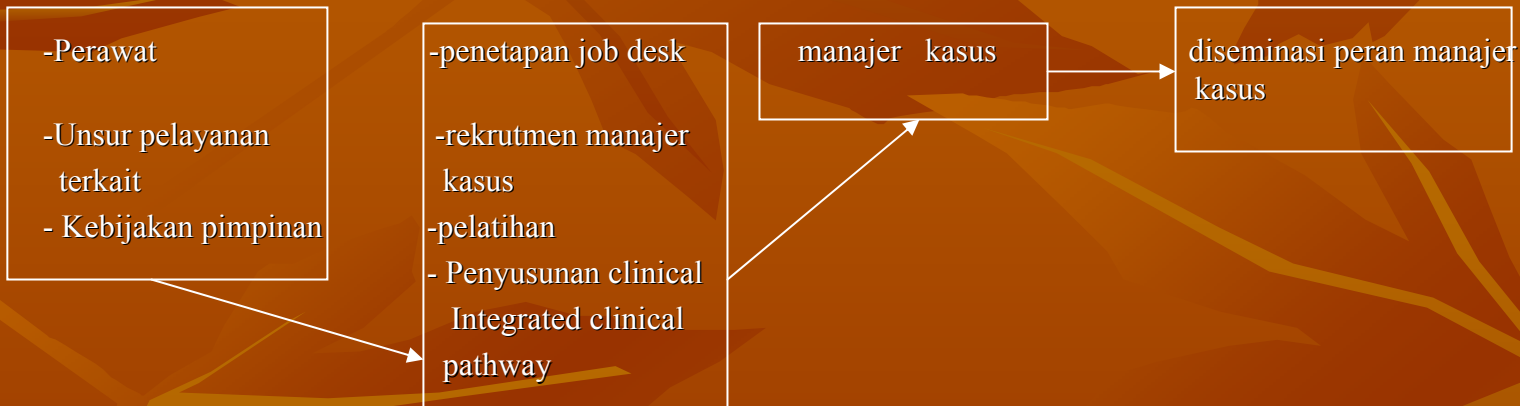
- penetapan job desk
- rekrutmen manajer kasus
- pelatihan
- Penyusunan clinical Integrated clinical pathway

Output

manajer kasus

Outcome

diseminasi peran manajer kasus



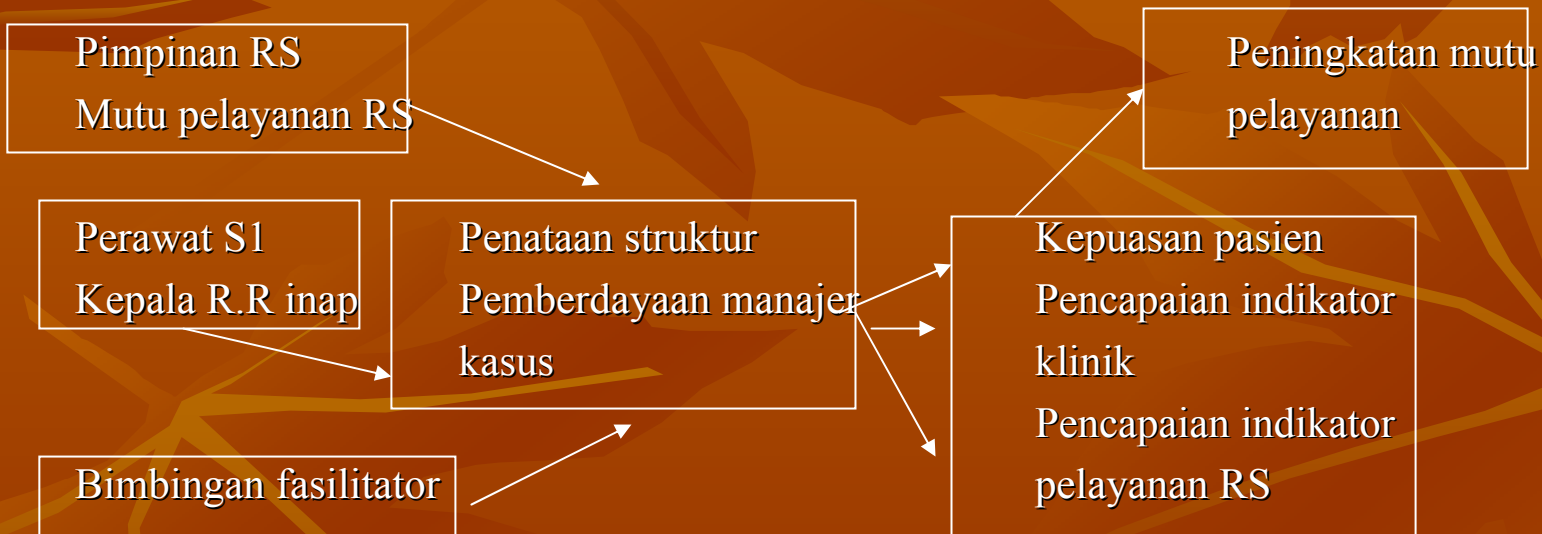
Conceptual framework dampak manajer kasus

■ Input

Proses

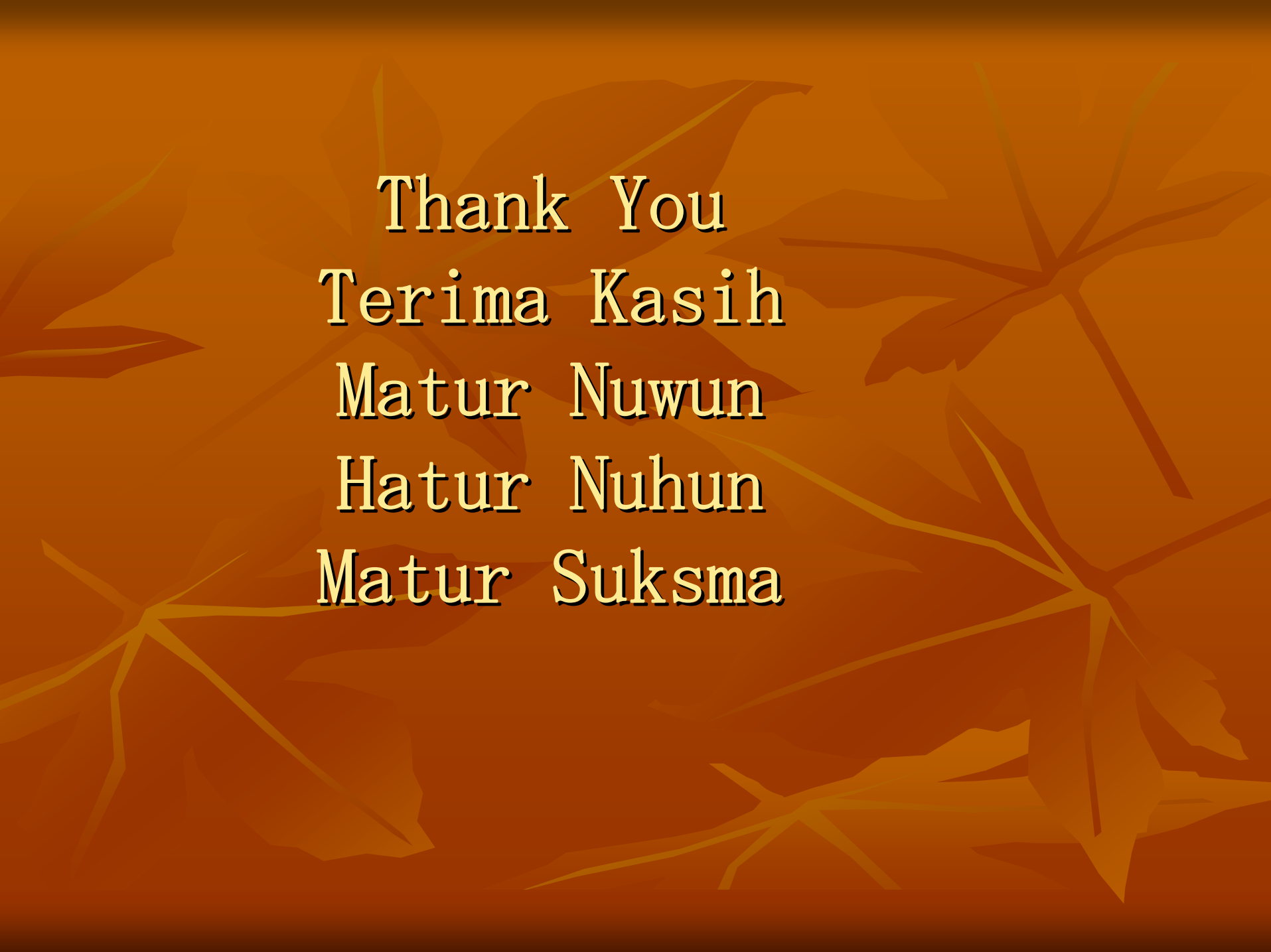
Output

Outcome



Penutup

- **Manajer kasus mempunyai sasaran terarah atau sebagai penyedia fasilitas perawatan bagi pasien.**
- **Manajemen kasus adalah proses kolaboratif dimana pengkajian, perencanaan, implementasi dan koordinasi, monitoring serta evaluasi dari pelayanan sesuai dengan kebutuhan individu yang dilakukan dengan melakukan komunikasi serta penyediaan sumber-sumber untuk meningkatkan kualitas dan hasil pembiayaan yang efektif.**
- **Seorang perawat manajer kasus menggunakan alat ‘clinical pathway, atau peta pelayanan (‘care map’) atau rencana pelayanan multidisiplin yang terstandard lainnya untuk merencanakan, mengkoordinasi dan mengevaluasi pelayanan keperawatan untuk sekelompok klien dengan resiko tinggi**
- **Clinical care pathway adalah suatu garis besar (outlines) dari intervensi yang optimal, berkesinambungan dan disesuaikan dengan waktu menggunakan sumber-sumber secara efisien, untuk mencapai kualitas pelayanan yang tinggi dengan mengurangi praktek-praktek yang bervariasi Macro et-al (1998)**
- **Dikembangkan secara multi disiplin**
- **“Secara proaktif menggambarkan kejadian-kejadian setiap hari selama perawatan**
- **” Selama proses penyakit terdapat kunci-kunci perubahan yang terjadi setiap hari sehingga melihat perubahan pasien dan sekaligus tindakan-tindakan yg diberikan sampai pasien pulang**
- **”Terdapat waktu yang digunakan untuk intervensi pada ‘pathways’**



Thank You
Terima Kasih
Matur Nuwun
Hatur Nuhun
Matur Suksma