

Analyze Of Implementation Clinical Pathway Stroke Case In Public Hospitals Royal Prima Medan

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Abstract: To control the quality and health budget, a government has implemented case-mix-based Prospective Payment System INA-CBGs package. In doing this, the hospital must implement a clinical pathway in an integrated health service plan that includes all steps taken by patients from entering the hospital to leaving the house. Data obtained from the Royal Prima Medan General Hospital at the Stroke Center Unit shows that the average length of inpatient stroke cases is longer than the average INA-CBGs package. It could be a disadvantage for the hospital. Based on the information above, it can understand, how far the clinical pathway has been implemented at the Royal Prima General Hospital Stroke Center Unit. The purpose of this paper was to determine an analysis of the clinical pathway implementation of stroke cases at Royal Prima Medan Hospital. This type of research is a qualitative analytic. The sample of this research is five informants. Methods of data collection were carried out by reviewing documents and in-depth interviews with informants. The results showed that the implementation of the clinical pathway at the Stroke Center Unit of the Royal Prima Medan Hospital had not been maximally implemented, operational policies, commitment, clinical leadership, motivation, and evaluation needed to be improved. Hospital management is advised to make a clinical pathway plan, form a clinical pathway team, to increase the motivation of hospital staff, and to socialize the program to all hospital staff.

Key words: clinical pathway, INA-CBGs, and implementation.

1. INTRODUCTION:

The health service payment system has been regulated in the Presidential Regulation on Health Insurance Article, which mentions the capitation mechanism and the Indonesia Case Base Groups (INA-CBGs) mechanism for health services. As for the control of the quality of services, the quality of health insurance has not been explicitly stipulated, although in Article 20 paragraph 1 the “product” of health insurance has been determined, namely individual health services in the form of promotive, preventive, curative and rehabilitative services including medicinal services and medical materials. wear (Hanevi, 2014). In the payment mechanism for INA-CBG's services, there are known payment rates per episode of disease cases, which are determined by code INA-CBG's. Payment for each INA-CBG code includes costs from the time the patient is admitted to the hospital until he goes home or recovers according to the clinical pathway that has been made. One tariff is paid for all service components including doctor's examinations, diagnostic support, medicines, as well as inpatient class accommodation for patients. (Hanevi, 2014). Clinical pathway (CP) is a disease management tool that is widely used in reducing unnecessary variations in services to improve clinical outcomes and also save on (financial) use of resources. The CP document provides in detail every important stage of health care, for most patients with certain clinical problems (diagnosis or procedures), as well as with the expected results (Hanevi, 2014; Eka, 2016).

Parameters related to the implementation of clinical pathways in the hospital can be seen from the Average Length Of Stay (ALOS). Based on data at the Royal Prima Medan General Hospital Stroke Center Unit, it was found that the ALOS of stroke cases in the hospital was longer than the ALOS of the INA-CBGs system. Based on this, to control the quality and cost of services, it is necessary to see the extent to which the clinical pathway of stroke cases is implemented at the Royal Prima Medan Hospital.

Royal Prima Medan General Hospital is one of type B accredited hospitals that serve public health both the general public and the BPJS, which has implemented CP. The Stroke Center Unit at RSU Royal Prima Medan has a total of 27 beds of inpatient services. In the January-August 2020 period, he treated 77 patients in the stroke center unit with the most diagnoses being an ischemic stroke. With the Clinical Pathway at the Stroke Center of Royal Prima Hospital, Medan, it is necessary to carry out further studies regarding the implementation of CP to analyze the implementation system, monitoring, and evaluation of CP as a tool for quality control of RSU services. Royal Prima Medan. The purpose of this study was to determine the analysis of the implementation of the preparation, implementation, supervision, and evaluation of the Clinical Pathway for stroke cases at Royal Prima Medan Hospital using a systems approach. The input component consists of policies, human resources, service data, facilities, and

infrastructure. The process component consists of strategy, implementation efforts, and evaluation as well as an output component, namely the implementation stage of clinical pathways.

2. LITERATURE REVIEW.

Clinical Pathway (CP) has many synonyms, including care pathways, care maps, integrated care pathways, multidisciplinary pathways of care, pathways of care, collaborative care pathways. CP is defined as an integrated concept planning summarizing every step given to patients based on medical service standards and evidence-based nursing care with measurable results, and within a certain time in the hospital (Yohana, et al., 2016). In general, in public hospitals, only under 70% of patients are treated with the Clinical Pathway. The rest of the patients are treated with the usual care procedure. Not all diseases need to be made. Clinical Pathways. Clinical Pathways are effective and efficient when implemented in health conditions whose course can be predicted, especially if they require multidisciplinary care, for example, such as Stroke, Dengue Hemorrhagic Fever, etc. (KARS, 2015).

The steps in compiling a CP Format that must be considered according to Firmanda (2006):

- Components of Clinical Pathways must cover in accordance with the definition.
- Make use of existing data in the hospital field and local conditions made by each hospital based on the Manual for Filling, Processing and Presentation of Hospital Data and a daily census for determining the title / topic of CP to be made and determining the length of days of hospitalization.
- Medical Service Standards, Standard Operating Procedures and Standard Formulary Lists that are already in place at the local hospital as a reference for action variables and drugs. If necessary, these standards can be revised.
- Use the ICD Book 10 (WHO, 2016) for code diagnosis and ICD 9 CM (WHO, 2010) for procedural actions in accordance with their respective professions / SMFs.

The components in the Clinical Pathway consist of (Maria, 2015):

- The Pathway: Visual exposure of a specific intervention that must be done at a specific time.
- Variance Sheet: A form containing the date, variance problems that occurred, interventions, outcomes, and signatures.
- Practice Guidelines: a detailed description of the steps for activities to be carried out from the pathway: "how to".

The implementation of CP is related to and related to Clinical Governance to improve and maintain the quality of service at an affordable cost according to estimates, whereas in simple terms clinical governance is a system of efforts to systematically improve service quality in an efficient and guaranteed health service provider organization (Ministry of Health, 2005). To realize this hope, there are several problems in health and medical technology, health financing patterns, geographic conditions, and changes in disease patterns from infection to non-infection, one of which is the increase in cases of stroke. Stroke treatment is classified as a long-term treatment because it takes a long time to heal, especially since the health costs are increasingly being felt by the community (Thabrany, 2015). CP is also one of the machine tools in risk assessment evaluation to detect active, latent, and near miss errors in Clinical Risk Management which is to maintain and improve the safety and security of patients (patient safety) (Ministry of Health, 2005).

3. METHOD OF RESEARCH:

This type of research uses a qualitative approach method. The sampling technique was purposive. The sample used was 5 informants including the Director, Chairman of the Medical Committee, Head of SMF Neurology, Head of Room Nurses, and Head of Pharmacy Installation.

Data were collected using in-depth interviews, making observations, and reviewing documents.

The research was conducted at the Stroke Center Unit of the Royal Prima Medan Hospital.

Data validation was done by using a data triangulation test. Qualitative data analysis by transcribing data, reducing data, displaying data, and conclusion and verification, namely making conclusions and interpreting data, finding patterns and relationships, and making general findings.

4. ANALYZE AND RESULT:

4.1. Input component:

Inputs in the implementation of clinical pathways are aspects of policy, service data, human resources and facilities, and infrastructure. From the results of in-depth interviews and document reviews at the Royal Prima Medan Hospital. It was concluded that the management strongly supports the implementation of clinical pathways. This can be seen from the socialization of clinical pathways in the hospital environment by issuing a Director's Decree regarding the formation of a case manager doctor and having included case mix and clinical pathway activities in the Hospital Strategic Plan.

However, in its implementation there is no supporting hospital operational policy, so the implementation of the clinical pathway has not been implemented properly. Based on this government policy, hospitals that serve patients must adjust the pattern of health financing from fee-for-service to the Prospective Payment System. One of the related elements is that the hospital must make a patient care plan before the patient is treated which is an integration of various medical, nursing, pharmaceutical, and supporting standards (clinical pathways). The application of this clinical pathway requires hospital support in the form of policies. As emphasized in the theory that the key to the successful application of clinical pathways is the existence of organizational support in the form of policies (Currey and Harvey, 2015). According to the researchers' assumptions, the initial and fundamental steps that must be implemented are policies that have been taken by management that need to be socialized again and emphasized again in the form of operational policies, namely policies consisting of activities that move the organization in fulfilling its objectives. The policy in this case is in the form of fixed procedures related to the implementation of this clinical pathway. A regular procedure is a series of work procedures or procedures that are interrelated with one another, which shows the way, sequence, stages of work and with certainty. The required protocol is in the form of a director's decision regulating the application of clinical pathways. According to the assumptions of researchers for the application of clinical pathways, it is necessary to approach human resource management with the formation of a case-mix team at the Royal Prima Medan Hospital which also handles clinical pathway problems. The team consists of (head of the SMF) neurology specialist, general practitioner, head nurse, head of the pharmacy, and head of support units (nutrition, labor, x-ray, and physiotherapy) who are in charge of analyzing the services provided. According to the Center of Casemix Dep. Kes (2015) states that the integration of clinical pathways can be a standard operating procedure that summarizes various medical professions, including medical service standards for each group of Medical Staff / Functional Medical Staff (SMF), the nursing profession with nursing care and the pharmaceutical profession with daily dose units. and stop ordering and supporting parts.

4.2. Process Components:

Evaluation is a process component where it is an important part of the management process because, with the evaluation, feedback will be obtained on the implementation of planned activities. Without evaluation, it is difficult to know the extent to which the planned goals have been achieved or not. (Pearson, et al, 2017).

How is the clinical pathway evaluated at the Stroke Center at Royal Prima Medan Hospital? Based on the results of in-depth interviews with several informants regarding the evaluation of efforts to implement clinical pathways at the Royal Prima Medan Hospital, this evaluation has never been carried out. Since the issuance of the policy on the application of clinical pathways by management, progress has never been seen, let alone evaluated. According to Darmadjaja (2019) evaluations are carried out on the policy of implementing clinical pathways in a hospital for efficiency and effectiveness. According to the researchers' assumptions, efforts to evaluate the implementation of clinical pathways at the Royal Prima Medan Hospital are only at the readiness evaluation stage, so what needs to be done is to identify and evaluate hospital support as implementation guidelines, monitoring progress, and evaluating the management process in implementing clinical pathways. Evaluation needs to be done continuously until a clinical pathway can be applied. The Royal Prima Medan Hospital must appoint staff who care for this pathway in the form of a team as evaluators. This is in line with the research of Cheah (2000), a case manager is assigned to act as a facilitator and evaluator in implementing the pathway.

5. CONCLUSION:

A Stroke Center Unit of the Royal Prima Medan General Hospital has socialized the clinical pathway and incorporated it into a strategic plan and issued a Decree on the Formation of Doctor Caser Manager. In its implementation, it has not been supported by operational policies in the form of fixed procedures for implementing clinical pathways. Human Resources at the Stroke Center Unit of Royal Prima Hospital have been given training in the preparation and application of clinical pathways both inside and outside the hospital. No hospital clinical pathway team has yet been formed which consists of multidisciplinary science as the integrated management of human resources for the implementation of clinical pathways. The implementation of the clinical pathway at the Unite Stroke Center at the Royal Prima Medan Hospital is only at the introduction stage and in general, the Stroke Center Unit at the Royal Prima Medan Hospital is ready to go to the use stage (implementation).

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