

Hubungan Kelengkapan Pengisian Surgical Safety Checklist dengan Infeksi Luka Operasi pasca Seksio Sesaria = Surgical Safety Checklist Completion Associated with Surgical Site Infection Following Cesarean Section in Air Force Hospital dr. Esnawan Antariksa 2015-2020

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Abstrak

Seksio Sesaria merupakan prosedur rutin yang sering dilakukan di bidang obstetri. Tingginya angka seksio sesaria di RSAU dr. Esnawan Antariksa (80%) dibandingkan dengan tandar WHO (15%), dapat berdampak terhadap luaran pasien, khususnya meningkatkan peluang terjadinya infeksi dan lama rawat. Tujuan penelitian ini adalah mencari hubungan kelengkapan pengisian Surgical Safety Checklist (SSC) pada seksio sesaria terhadap Infeksi Luka Operasi (ILO) pasca seksio sesaria. Karakteristik demografis dan klinik diperoleh dari rekam medis. Pasien yang dilakukan seksio sesaria diikuti sampai 30 hari dan ditelusuri terjadinya ILO. Desain penelitian ini berupa kuantitatif kohort retrospektif, hubungan dianalisis dengan regresi logistik. Ditemukan bahwa kejadian ILO pasca SC sebesar 3,2% (31 pasien). Kelengkapan pengisian SSC mayoritas sudah lengkap (n=978). Kelengkapan pengisian SSC fase sign in, time out dan sign out yaitu 92,1%, 82,2% dan 92,4%. Tidak terdapat hubungan antara kelengkapan pengisian SSC fase sign in dan time out dengan ILO pasca seksio sesaria serta terdapat hubungan berlawanan arah yang signifikan secara statistik antara kelengkapan SSC fase sign out, dengan ILO (P=0,026). Kesimpulannya mayoritas kelengkapan pengisian SSC di RSAU dr. Esnawan Antariksa sudah lengkap, ada hubungan berlawanan arah antara kelengkapan pengisian SSC fase sign out pada seksio sesaria dengan ILO di RSAU dr. Esnawan Antariksa.

.....Caesarean section is an routine obstetrics procedure. Number of cesarean sections at RSAU dr. Esnawan Antariksa (80%) was higher than WHO standard (15%). That phenomena impact to patient outcomes, particularly increasing the probability of infection and length of stay. The purpose of This study purposes to find correlation between the completeness of the Surgical Safety Checklist (SSC) and surgical site infection (SSI) after cesarean section. Patients who underwent cesarean section were followed up for 30 days and traced SSI. This was retrospective quantitative cohort study. We found SSI prevalence was 3.2% (31 patients). The majority of SSC completion were complete (n=978). The completeness of filling in SSC phases of sign in, time out and sign out are 92.1%, 82.2% and 92.4%. There was no association between the completeness of the SSC filling in the sign-in and time-out phases with SSI following cesarean section and there was a statistically significant opposite correlation between the completeness of the SSC in the sign-out phase and SSI (P=0.026). In conclusion, although the majority of the completeness of SSC filling in RSAU dr. Esnawan Antariksa was complete, and there was opposite association between the completeness of filling out the SSC in the sign out phase, SSC recommended used as maintenance patient safety quality standar.