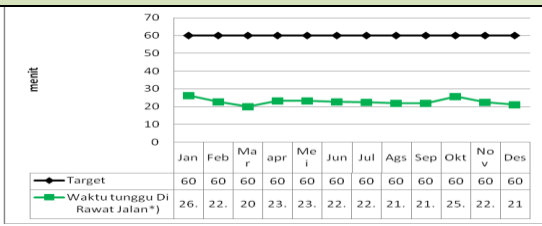
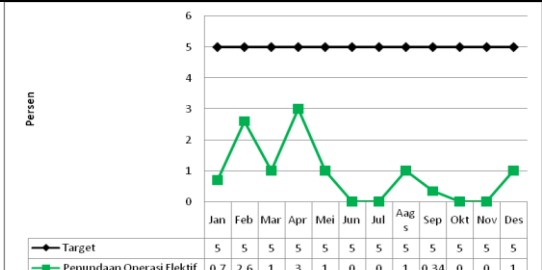
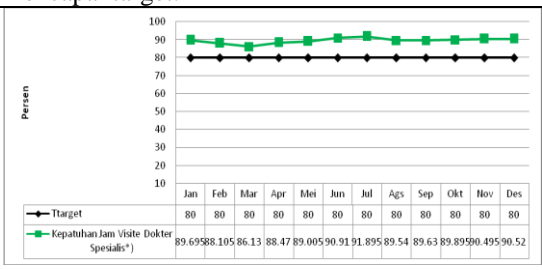


Laporan Indikator Mutu Tahun 2019

Sesuai dengan misi Rumah Sakit Umum Daerah (RSUD) Wangaya Kota Denpasar untuk dapat Menjadi Rumah Sakit Pilihan Utama, Inovatif, Unggul Dalam Pelayanan Kesehatan dan Pendidikan Berbasis Budaya Kerja, untuk itu RSUD Wangaya Kota Denpasar melakukan kegiatan peningkatan mutu dan keselamatan pasien. Kegiatan ini dilakukan di setiap unit kerja / instalasi terkait untuk mengukur kinerja pelayanan RS dan sebagai manajemen kontrol untuk mendukung pengambilan keputusan.

Laporan Indikator Mutu Pelayanan Pada tahun 2019 adalah sebagai berikut :

| INDIKATOR | | METODE PENGUKURAN | | HASIL CAPAIAN DAN ANALISA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------------------------------|---|---|---|-------|-------|-----|-----|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-------|-------|-----|-------|-------|-------|-------|-----|-----|-------|-------|-------|
| | | Numerator | Denominator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Kepatuhan identifikasi pasien | Jumlah proses yang telah dilakukan identifikasi secara benar | Jumlah proses pelayanan yang di observasi | <table border="1"> <thead> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th> </tr> </thead> <tbody> <tr> <td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td> </tr> <tr> <td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td> </tr> <tr> <td>99,98</td><td>99,98</td><td>100</td><td>99,65</td><td>99,64</td><td>99,83</td><td>99,64</td><td>100</td><td>100</td><td>99,96</td><td>99,83</td><td>99,96</td> </tr> </tbody> </table> <p>Capaian dalam persentase Target = 100% Standar = 100% Analisa : capaian pada triwulan IV sudah mencapai target. Rekomendasi : meningkatkan peran kepala ruangan dan untuk melakukan edukasi kepada PPA untuk melaksanakan identifikasi dengan benar</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 99,98 | 99,98 | 100 | 99,65 | 99,64 | 99,83 | 99,64 | 100 | 100 | 99,96 | 99,83 | 99,96 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99,98 | 99,98 | 100 | 99,65 | 99,64 | 99,83 | 99,64 | 100 | 100 | 99,96 | 99,83 | 99,96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Waktu Tanggap Pelayanan Gawat Darurat | Jumlah pasien gawat, darurat, dan gawat-darurat yang mendapatkan pelayanan kegawatdaruratan dalam waktu ≤ 5 menit. | Jumlah seluruh pasien pasien gawat, darurat, dan gawat-darurat yang mendapatkan pelayanan kegawatdaruratan di rumah sakit tersebut. | <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>Mei</th><th>Jun</th><th>Jul</th><th>Ags</th><th>Sep</th><th>Okt</th><th>Nov</th><th>Des</th> </tr> </thead> <tbody> <tr> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td> </tr> <tr> <td>1.1</td><td>1.2</td><td>1.1</td><td>1.1</td><td>1.1</td><td>1.1</td><td>1.1</td><td>1.1</td><td>1.1</td><td>1.04</td><td>1.1</td><td>1.1</td> </tr> </tbody> </table> <p>Capaian dalam Menit Target < 5 menit Standar < 5 menit Capaian rata – rata 1,10 menit pasien gawat darurat di IGD sudah mendapat penanganan Analisa : capaian pada triwulan IV sudah mencapai target.</p> | Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ags | Sep | Okt | Nov | Des | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1.1 | 1.2 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.04 | 1.1 | 1.1 | | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ags | Sep | Okt | Nov | Des | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 | 1.2 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.04 | 1.1 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| INDIKATOR | METODE PENGUKURAN | | HASIL CAPAIAN DAN ANALISA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|---|--------|-------|--------|-------|-------|--------|--------|-------|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--------|-------|-------|--------|-------|--------|-------|-------|--------|--------|-------|
| | Numerator | Denominator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Waktu tunggu rawat jalan | Jumlah kumulatif waktu tunggu pasien rawat jalan yang disurvei | Jumlah seluruh pasien rawat jalan yang disurvei |  <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>Mei</th><th>Jun</th><th>Jul</th><th>Ag</th><th>Sep</th><th>Okt</th><th>Nov</th><th>Des</th> </tr> </thead> <tbody> <tr> <td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td> </tr> <tr> <td>26</td><td>22</td><td>20</td><td>23</td><td>23</td><td>22</td><td>22</td><td>21</td><td>21</td><td>25</td><td>22</td><td>21</td> </tr> </tbody> </table> <p>Capaian dalam Menit Target < 60 menit Standar < 60 menit Capaian rata – rata waktu tunggu pasien di rawat jalan 22,77 menit Analisa : capaian pada triwulan IV sudah mencapai target.</p> | Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ag | Sep | Okt | Nov | Des | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 26 | 22 | 20 | 23 | 23 | 22 | 22 | 21 | 21 | 25 | 22 | 21 |
| Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ag | Sep | Okt | Nov | Des | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 22 | 20 | 23 | 23 | 22 | 22 | 21 | 21 | 25 | 22 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Penundaan operasi elektif | Jumlah pasien yang waktu jadwal operasinya berubah | Jumlah pasien operasi elektif |  <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>Mei</th><th>Jun</th><th>Jul</th><th>Ag</th><th>Sep</th><th>Okt</th><th>Nov</th><th>Des</th> </tr> </thead> <tbody> <tr> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td> </tr> <tr> <td>0.7</td><td>2.6</td><td>1</td><td>3</td><td>1</td><td>0</td><td>0</td><td>1</td><td>0.34</td><td>0</td><td>0</td><td>1</td> </tr> </tbody> </table> <p>Capaian dalam persen Target < 5 persen Standar < 5 persen Capaian rata – rata penundaan operasi elektif = 0,8% Analisa : capaian pada triwulan IV sudah mencapai target.</p> | Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ag | Sep | Okt | Nov | Des | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 0.7 | 2.6 | 1 | 3 | 1 | 0 | 0 | 1 | 0.34 | 0 | 0 | 1 |
| Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ag | Sep | Okt | Nov | Des | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.7 | 2.6 | 1 | 3 | 1 | 0 | 0 | 1 | 0.34 | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Ketepatan jam visite spesialis | Jumlah pasien yang di visite dokter spesialis sebelum jam 14:00 pada hari berjalan | Jumlah pasien yang seharusnya divisite dokter spesialis pada hari berjalan |  <table border="1"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>Mei</th><th>Jun</th><th>Jul</th><th>Ag</th><th>Sep</th><th>Okt</th><th>Nov</th><th>Des</th> </tr> </thead> <tbody> <tr> <td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td> </tr> <tr> <td>89.63</td><td>88.105</td><td>86.13</td><td>88.47</td><td>89.005</td><td>90.91</td><td>91.895</td><td>89.54</td><td>89.63</td><td>89.895</td><td>90.495</td><td>90.52</td> </tr> </tbody> </table> <p>Capaian dalam persen Target 80 persen Standar > 80 persen Capaian rata – rata Ketepatan visite dr spesialis sudah diatas target Rekomendasi ; Pertahankan dan tingkatkan ketepatan jam visited r spesialis</p> | Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ag | Sep | Okt | Nov | Des | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 89.63 | 88.105 | 86.13 | 88.47 | 89.005 | 90.91 | 91.895 | 89.54 | 89.63 | 89.895 | 90.495 | 90.52 |
| Jan | Feb | Mar | Apr | Mei | Jun | Jul | Ag | Sep | Okt | Nov | Des | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89.63 | 88.105 | 86.13 | 88.47 | 89.005 | 90.91 | 91.895 | 89.54 | 89.63 | 89.895 | 90.495 | 90.52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| INDIKATOR | | METODE PENGUKURAN | | HASIL CAPAIAN DAN ANALISA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|---|--|--|---------|-------|-------|-------|-----|------|-----|-----|-----|-----|-----|-----|--------|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|-------|-------|-------|------|-------|-------|-------|----|------|-----|
| | | Numerator | Denominator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Kepatuhan penggunaan formularium nasional | Jumlah resep yang patuh dengan formularium | Jumlah seluruh resep | <table border="1"> <tr> <td>Target</td> <td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td> </tr> <tr> <td>Penulisan Resep Sesuai Formularium</td> <td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td> </tr> </table> <p>Capaian dalam persen Target 100 persen Standar 100 persen Capaian kepatuhan terhadap formularium sudah sesuai target Rekomendasi ; Pertahankan dan tingkatkan</p> | Target | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | Penulisan Resep Sesuai Formularium | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | |
| Target | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Penulisan Resep Sesuai Formularium | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Kepatuhan cuci tangan | Total kebersihan tangan yang dilakukan | Peluang kebersihan tangan | <table border="1"> <tr> <td>target</td> <td></td><td></td><td>80</td><td></td><td></td><td>80</td><td></td><td></td><td>80</td><td></td><td></td><td>80</td> </tr> <tr> <td>hasil</td> <td></td><td></td><td>80,</td><td></td><td></td><td>78,</td><td></td><td></td><td>82,</td><td></td><td></td><td>81,</td> </tr> </table> <p>Capaian dalam persentase Target = 80% Analisa : capaian pada triwulan IV sudah mencapai target. Rekomendasi : meningkatkan peran IPCLN dalam melakukan monitoring dan edukasi kepada PPA terkait kebersihan tangan</p> | target | | | 80 | | | 80 | | | 80 | | | 80 | hasil | | | 80, | | | 78, | | | 82, | | | 81, | | | | | | | | | | |
| target | | | 80 | | | 80 | | | 80 | | | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hasil | | | 80, | | | 78, | | | 82, | | | 81, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Kepatuhan Pencegahan Cedera Pasien Jatuh | Upaya Pencegahan Risiko Akibat Pasien Jatuh | Jumlah kasus yang mendapatkan ketiga upaya pencegahan pasien jatuh | <table border="1"> <tr> <td>STANDAR</td> <td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td> </tr> <tr> <td>TARGET</td> <td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td> </tr> <tr> <td>Hasil</td> <td>60,83</td><td>62,88</td><td>70,36</td><td>80,87</td><td>80,8</td><td>79,14</td><td>98,32</td><td>98,72</td><td>94</td><td>99,8</td><td>100</td> </tr> </table> <p>Capaian dalam persentase Target = 100% Standar = 100% Analisa : capaian pada triwulan IV sudah mencapai target. Rekomendasi : meningkatkan peran kepala ruangan untuk melakukan evaluasi pelaksanaan pencegahan pasien jatuh</p> | STANDAR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | TARGET | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | Hasil | 60,83 | 62,88 | 70,36 | 80,87 | 80,8 | 79,14 | 98,32 | 98,72 | 94 | 99,8 | 100 |
| STANDAR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TARGET | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hasil | 60,83 | 62,88 | 70,36 | 80,87 | 80,8 | 79,14 | 98,32 | 98,72 | 94 | 99,8 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| INDIKATOR | | METODE PENGUKURAN | | HASIL CAPAIAN DAN ANALISA | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|------------------------------------|---|-----------------------------------|---|----------|-----|-----|-----|-----|-------------------|-------|------|-------|-------|----|----|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | Numerator | Denominator | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Kepuasan pasien dan keluarga | Jumlah kumulatif hasil penilaian kepuasan dari pasien yang disurvei | Jumlah total pasien yang disurvei | <table border="1"> <tr> <td>■ Target</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> </tr> <tr> <td>■ Kepuasan Pasien</td> <td>83.45</td> <td>84.2</td> <td>84.07</td> <td>83.89</td> </tr> </table> <p>Capaian dalam persentase Target = 80% Standar > 80% Analisa : capaian pada triwulan IV sudah mencapai target. Rekomendasi : Tetap lakukan evaluasi terhadap kepuasan pelanggan, susun tindak lanjut terhadap point yang belum sesuai dengan harapan pelanggan</p> | ■ Target | 80 | 80 | 80 | 80 | ■ Kepuasan Pasien | 83.45 | 84.2 | 84.07 | 83.89 | | | | | | | | | | | | | | |
| ■ Target | 80 | 80 | 80 | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Kepuasan Pasien | 83.45 | 84.2 | 84.07 | 83.89 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Kecepatan respon terhadap complain | Jumlah complain yang sudah ditanggapi | Jumlah seluruh complain | <table border="1"> <tr> <td>◆ Target</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> <td>80</td> </tr> <tr> <td>■ Capaian</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> </tr> </table> <p>Capaian dalam persentase Target = 80% Standar >70% Analisa : capaian pada triwulan IV sudah mencapai target. Rekomendasi : tingkatkan respon time penyelesaian complain untuk meningkatkan hasil kepuasan pelanggan</p> | ◆ Target | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | ■ Capaian | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ◆ Target | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | | | | | | | | | | | | | | | | | |
| ■ Capaian | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | |