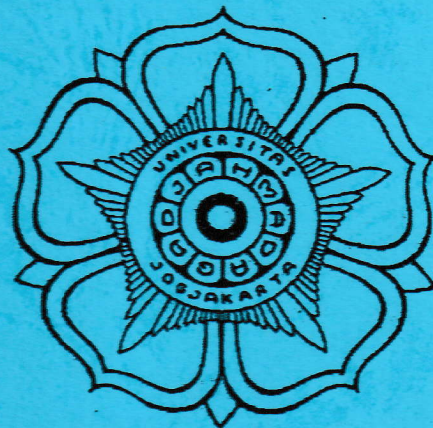


**IMPLEMENTASI *CLINICAL PATHWAY* TERHADAP  
*OUTCOME* KLINIK DAN EKONOMIK PADA PASIEN *ACUTE  
CORONARY SYNDROME* (ACS) DI RSUP DR. SARDJITO  
YOGYAKARTA**

**TESIS**

**Diajukan untuk memenuhi persyaratan  
mencapai derajat *Master of Science* (M.Sc)**

**Magister Farmasi Klinik**



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UNIVERSITAS GADJAH MADA  
YOGYAKARTA**

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# Tesis

## IMPLEMENTASI *CLINICAL PATHWAY* TERHADAP *OUTCOME* KLINIK DAN EKONOMIK PADA PASIEN *ACUTE CORONARY SYNDROME* (ACS) DI RSUP DR. SARDJITO YOGYAKARTA

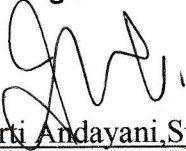
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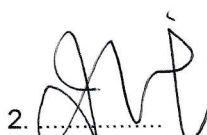
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## ABSTRACT

JKN or Social Security (National Social Security System) health sector has begun to be implemented on January 1<sup>st</sup>, 2014 includes all health care financing package rates based on INA-CBGs. This prompted the hospital to be able to optimize financial management and quality control. One of them with the manufacture of clinical pathways for several diseases. The purpose of this study was to observe the differences of economic and clinical outcomes before and after implementation of clinical pathways (CP) in acute coronary syndromes (ACS) management.

The study was conducted with a retrospective cross-sectional design in ACS patients hospitalized in the Hospital Dr. Sardjito from January 2013 - May 2014 using a clinical outcome parameters Length Of Stay (LOS), readmission rate and in-hospital mortality and economic outcomes calculated for the total cost (cost of therapy) of each of the severity of the disease. Clinical outcome data obtained from medical records of patients during care, while for the real cost of therapy was obtained from the health insurance.

The total number of subjects was 136, consisting of 68 patients in the group before the CP and 68 patients of the group after the CP. Results of statistical analysis showed the average Length of Stay (LOS) in both groups 7.44 vs 6.31 days ( $P < 0.05$ ), in-hospital mortality before CP 12 patients (17.6%) and 6 patients (9.2%) in the group after the CP ( $P > 0.05$ ), while for Readmission Rate (RR) only there was zero patient (0%) who was hospitalized again before the CP group and 1 patient (1,7%) who was hospitalized again after the CP ( $P > 0.05$ ). Median cost of the two groups (before and after clinical pathway implementation) is IDR 50.383.652 vs Rp 12.583.503 for the severity I ( $P < 0.05$ ), IDR 11.121.616 vs Rp 13.305.502 for the severity II ( $P > 0.05$ ), IDR 37.064.546 vs Rp 20.169.375 for the severity III ( $P > 0.05$ ). From the above data it can be concluded that there are differences in clinical and economic outcome before and after implementation of clinical pathways on the management of acute coronary syndromes.

**Keywords:** Acute Coronary Syndromes, clinical pathway, Dr. Sardjito Hospital, outcome, clinical outcomes, economic outcome

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