

## RINGKASAN

Rumah Sakit Umum Haji Surabaya merupakan rumah sakit milik Propinsi yang didirikan pada tahun 1993. Menyediakan pelayanan yang berupa rawat jalan, pelayanan penunjang, pelayanan gawat darurat, dan pelayanan rawat inap dengan 227 tempat tidur. Jumlah dokter spesialis yang ada juga semakin bertambah dan semakin lengkap jenisnya, sehingga jenis pelayanan yang diberikan juga semakin banyak. Untuk memenuhi tuntutan pelayanan saat ini maka Rumah Sakit Haji Surabaya berupaya meningkatkan kinerjanya untuk mencapai produktivitas yang lebih tinggi dan memperbaiki manajemennya terutama manajemen keuangan. Instalasi Bedah Sentral yang merupakan salah satu *revenue center* di Rumah Sakit Haji, awal tahun 2002 dikembangkan dari 3 kamar operasi menjadi 5 kamar operasi. Namun pemanfaatan pemanfaatan kamar operasi di Rumah Sakit Haji Surabaya dalam empat tahun berturut-turut mulai tahun 2000 sampai dengan tahun 2004 masih di bawah standar yaitu sebesar 0,87 – 1,29 operasi per kamar operasi per hari sedangkan standarnya 3 operasi per kamar operasi per hari. Faktor-faktor yang mempengaruhi rendahnya pemanfaatan kamar operasi ini adalah faktor rumah sakit, faktor lingkungan, dan faktor kastumer. Salah satu faktor rumah sakit yang mempengaruhi pemanfaatan kamar operasi ini adalah dokter spesialis yang melakukan tindakan pembedahan. Karena mereka berhak menentukan tempat melakukan tindakan pembedahan bagi pasiennya.

Penelitian ini bertujuan untuk melakukan identifikasi kepuasan dan harapan dokter spesialis terhadap rumah sakit kususnya kamar operasi dan unit yang terkait dengan kamar operasi, identifikasi komitmen dokter spesialis serta menyusun rekomendasi upaya peningkatan pemanfaatan kamar operasi.

Penelitian ini adalah penelitian yang bersifat observasional dengan menggunakan analisis diskriptif dan pendekatan *cross sectional* yang dilaksanakan dengan cara wawancara mendalam. Jumlah respondennya 18 orang yang terdiri dari Dokter Spesialis Bedah, Dokter Spesialis Kandungan, Dokter Spesialis Telinga Hidung Tenggorok, Dokter Spesialis Mata, Dokter Spesialis Kulit yang bekerja di RSU Haji Surabaya. Pengambilan data ini dilaksanakan mulai bulan Maret sampai dengan Mei 2005.

Hasil dari penelitian ini adalah: masih banyak dokter spesialis yang tidak puas terhadap besaran tarif yang dikenakan pada pasien umum maupun pavilyun; terhadap sosialisasi dan transparansi remunerasi; terhadap penjadwalan operasi baik yang terkait dengan cara penjadwalan maupun ketepatan waktu; terhadap komunikasi internal baik komunikasi antara SMF – Manajemen – IBS maupun antara Komite Medik – SMF; terhadap fasilitas terutama yang menyangkut kelengkapan dan kecanggihan alat medis, kelengkapan bahan habis pakai; terhadap kecukupan jumlah tenaga di OK; serta beberapa dokter tidak puas terhadap pelayanan di laboratorium dan Radiologi. Di samping itu terdapat 27,8% Dokter Spesialis yang tidak komit terhadap rumah sakit, dan jenis komitmen yang terbanyak diantara seluruh dokter spesialis adalah *normative commitment*.

Harapan dari para Dokter Spesialis ini adalah adanya penyesuaian tarif; sosialisasi dan transparansi terhadap remunerasi; ketepatan jadwal operasi; kenyamanan dan keamanan ruangan; sterilitas kamar operasi; kelengkapan dan kesiapan alat medis; kelengkapan dan keterawatan alat non medis; kelengkapan dan kesiapan bahan habis pakai; kelengkapan dan kesiapan linen; perbaikan etika, ketrampilan dan kecukupan jumlah tenaga; kecepatan pelayanan, akurasi, kemudahan komunikasi dan adanya penghargaan dalam pelayanan penunjang kamar operasi.

Rekomendasi dalam penelitian ini adalah: (1) mewujudkan pelaksanaan pelayanan operasi yang lancar dan tepat waktu: melakukan pengaturan jam dinas tenaga OK, melakukan koordinasi dengan dokter spesialis dalam penjadwalan operasi, menyediakan linen tepat waktu; menyediakan Sub Depo Farmasi di lingkungan OK, menyiapkan peralatan medis

sesuai dengan protap pengesetan alat, membuat buku manual tentang penjadwalan operasi; menyusun protap agar penderita tidak datang terlambat di OK, mempercepat proses pemisahan OK *cito* dengan OK elektif; (2)meningkatkan transparansi dalam remunerasi; (3)mewujudkan komunikasi internal yang efektif dengan memanfaatkan forum yang tersedia untuk pemecahan masalah; (4)mewujudkan terpenuhinya persyaratan steril OK; (5)meningkatkan kelancaran pelayanan pemeriksaan penunjang; (6)memenuhi fasilitas di OK sesuai dengan kebutuhan dokter spesialis sesuai dengan prioritas program dan anggaran;(7)serta meningkatkan komitmen dokter spesialis dengan cara melakukan pembinaan sesuai dengan jenis komitmennya.

Agar rekomendasi bisa terwujud disarankan kepada Pimpinan RSU Haji agar: adanya komitmen yang tinggi terhadap pelayanan di OK; memberikan kesempatan terjadinya *sharing vision* antara manajemen dengan komite medik; memberikan perhatian terhadap kemajuan SDM untuk memenuhi kebutuhan sesuai dengan kualifikasi pekerjaan; memberikan advokasi pada pemilik rumah sakit tentang pelayanan yang dapat dilakukan, kendala yang dihadapi, dan upaya yang akan dilakukan untuk meningkatkan pelayanan di masa yang akan datang.

## SUMMARY

### **Operating Theatre Utilization Improvement Efforts at the Central Surgical Unit of Surabaya Hajj General Hospital (An Analysis of Satisfaction, Expectation and Commitment of Specialists towards the Hospital)**

Surabaya Hajj General Hospital (SHGH) was established in 1993 by the Provincial government. Ever since its official operation, SHGH has provided outpatient (polyclinic), supporting, emergency and 227 beds inpatient services. The number of specialists has grown and more varied specialties could be offered to the customers. Facing the ever demanding health-care service, SHGH execute constant improvement efforts enhancing its performance to obtain higher productivity. Better financial management is one of the main focus in order to acquire higher revenues. The Central Surgical Unit was and still is the revenue center of Surabaya Hajj General Hospital. Starting in 2002 with 3 operating theatres (OR=operating room), to date, SHGH has 5 functioning ORs. Nevertheless, the utilization of the operating theatres at SHGH from the year 2000 until 2004 was averaging between 0.87 – 1.29 operations/day, below the standard of 3 operations/day/theatre. Influencing OR low utilization rate were environment, hospital and customer factors. Specialists who performed surgical measures were main influential actors due to the fact that they were the persons deciding the surgery location.

The purpose of this research was to identify specialists' satisfaction and expectation towards OR and its supporting unit condition, to identify specialists' commitment and to formulate recommendation for OR utilization rate improvement.

This was an observational study with descriptive analysis conducted cross-sectionally in March until May 2005 using indepth-interviews to 18 respondents from SHGH constituted of surgeons, obstetricians, ear-nose-throat, eye doctor, and skin-and-venereal disease specialists.

From the result of the study, it was revealed that the specialists were not satisfied with general patient and pavilion's tariff, not with socialization and remuneration system's transparency, not with surgery scheduling (scheduling method and its punctuality), not satisfied with the internal communication between Functional Medical Unit- SHGH Management and the Central Surgical Unit, as well as the communication between Medical Committee and the Functional Medical Unit, not satisfied with SHGH facilities (medical equipments' adequacy and sophistication and the adequacy of exhaustible materials), not with OR staff and neither with supporting services (laboratory and radiology services). From the commitment aspect, 27.8% of the specialists were not committed to SHGH, and the majority was affective commitment. The expectation of the specialists were tariff re-adjustment, remuneration's transparency and socialization, surgery schedule punctuality, OR comfort and safety, OR sterility, adequacy and preparedness of OR medical instrument, non-medical instrument availability and maintenance, adequacy and preparedness of exhaustible materials and linen, ethics improvements, man-power skill and sufficient supply, service accuracy and quickness, easy communication and appreciation of OR supporting service.

Recommendations for OR utilization improvement done in a short period of time, are: 1) to improve surgery to be smooth and punctual by regulating OR staff duty shift, by coordinating the specialists and their surgery schedules, by providing linen on-time; by placing Pharmacy Sub Depo at OR area, by preparing medical equipments according to OR instruments Fixed Procedure, by producing a Manual for surgery schedule, by arranging a Fixed Procedure for patients' punctuality, by speeding-up the separation of cito OR and elective OR; 2) to improve transparency in remuneration system; 3) to materialize effective internal communication by optimizing the existing forum to solve the problem; 4) to provide medical apparatus and OR sterility requirement; 5) to improve the medical support examinations; 6) to complete OR facilities according to the need of the specialists adjusting to program priorities and available budget; and 7) to improve specialists' commitment by way of supervising according to commitment type.

Suggestions to the Director of Surabaya Hajj General Hospital assuring the execution of recommendations, are: high commitment for surgery service; available opportunity to vision sharing between management and the Medical Committee; enough attention to human resource improvement complying to SHGH need and work qualification; and given advocation to hospital owner (the provincial government) for affordable services, forecoming impediments, and up-grading efforts to improve SHGH service in the future.

## ABSTRACT

### **Operating Theatre Utilization Improvement Efforts at the Central Surgical Unit of Surabaya Hajj General Hospital (An Analysis of Satisfaction, Expectation and Commitment of Specialists towards the Hospital)**

The utilization of the operating theatres (OR=operating room) at Surabaya Hajj General Hospital (SHGH) from the year 2000 until 2004 was averaging between 0.87 – 1.29 operations/day, below the standard of 3 operations/day/theatre. Influencing OR low utilization rate were environment, hospital and customer factors. Specialists who performed surgical measures were main influential actors due to the fact that they were the persons deciding the surgery location.

The purpose of this research was to identify specialists' satisfaction and expectation towards OR and its supporting unit condition, to identify specialists' commitment and to formulate recommendation for OR utilization rate improvement.

This was an observational study with descriptive analysis conducted cross-sectionally in March until May 2005 using indepth-interviews to 18 respondents from SHGH constituted of surgeons, obstetricians, ear-nose-throat, eye doctor, and skin-and-venereal disease specialists.

From the result of the study, it was revealed that many of the specialists were not satisfied with SHGH tariff, and they expected remuneration transparency and socialization. Generally, the specialists were not satisfied with operation schedule, not with internal communication, not with medical apparatus not with OR staff's, skill and attitude, and neither with lab and radiology services. From the commitment aspect, the majority was affective commitment, and 27.8% were not committed to SHGH. The expectation of the specialists were tariff re-adjustment, remuneration's transparency and socialization, surgery schedule punctuality, OR comfort and safety, OR sterility, completeness and preparedness of OR medical instrument, of exhaustible materials and of linen, non-medical instrument availability and maintenance, ethics improvements, man-power skill and sufficient supply, service accuracy and quickness, easy communication and appreciation of OR supporting service.

**Key words:** operating theatres, doctor's satisfaction, doctor's expectation, commitment