INDIKATOR MUTU INSTALASI BEDAH SENTRAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Judul Indikator | Standar | Area Indikator | Numerator | Denomerator | Jenis Indikator |
| 1. | Waktu Tunggu Operasi Elektif | 100% | Nasional | Jumlah pasien dengan operasi yang terencana dengan waktu ≤ 2 hari / ≤ 48 jam dalam satu bulan | Jumlah pasien yang dioperasi dalam satu bulan | Nasional, Prioritas, Unit |
| 2. | Angka kelengkapan pengisian formulir persetujuan tindakan kedokteran di ruang operasi | 100% | Klinis | Jumlah formulir persetujuan tindakan kedokteran yang telah diisi lengkap dalam satu bulan | Jumlah formulir persetujuan tindakan kedokteran dalam bulan yang sama | Prioritas |
| 3. | Pelaksanaan standar identifikasi pasien di ruang operasi dengan gelang identitas | 100% | SKP 1 | Jumlah pasien yang dilaksanakan standar identitas dengan tepat dan benar dalam satu bulan | Jumlah seluruh pasien di ruang operasi dalam satu bulan yang sama | Prioritas, Unit |
| 4. | Kelengkapan pengisian formulir transfer pasien pre operasi dalam serah terima pasien dari ruang perawatan ke ruang operasi | 100% | SKP 2 | Jumlah formulir transfer pasien pre opersai yang sudah diisi lengkap dalam satu bulan. | Jumlah formulir transfer pasien pre operasi seluruhnya dalam satu bulan yang sama. | Prioritas |
| 5. | Penerapan Keselamatan Operasi : Sign In, Time Out, Sign Out | 100% | SKP 4 | Jumlah operasi dengan tahap Sign In, Time Out, Sign Out yang dilakukan dalam satu bulan. | Jumlah operasi di kamar operasi dalam satu bulan yang sama. | Prioritas, Unit |
| 6. | Persentase pasien jatuh di ruang operasi. | 0% | SKP 6 | Jumlah pasien jatuh di ruang operasi selama satu bulan | Jumlah pasien dirawat di ruang operasi dalam bulan yang sama | Prioritas, Unit |

Waktu Tunggu Operasi Elektif

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Nama Pasien | No. RM | Diagnosa Medik | Jam, Tanggal Pasien Dinyatakan Harus Operasi | Jam, Tanggal Pasien Dioperasi | Rentang Waktu | KET |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Angka kelengkapan pengisian formulir persetujuan tindakan kedokteran

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Tanggal | Nama Pasien | No. RM | Formulir Persetujuan Tindakan Kedokteran | | Ket |
| Lengkap | Tidak Lengkap |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Pelaksanaan Standar Identifikasi Pasien Rawat Inap Dengan Gelang Identitas

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Tanggal | Nama Pasien Baru | No. RM | Warna Gelang Yang Dipakia Sesuai Dengan Pasien (ya/tidak) | Informasi Pada Gelang Identitas Terdapat Minimal 3 Identitas (ya/tidak) | KET |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Kelengkapan pengisian formulir transfer pasien pre operasi dalam serah terima pasien dari ruang perawatan ke ruang operasi

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Nama pasien | No. RM | Petugas Yang Menyerahkan | Petugas Yang Menerima | Jam penerimaan pasien | Ket |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Penerapan Keselamatan Operasi : Sign In, Time Out, Sign Out

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Tanggal | Nama Pasien | No. RM | Fase Operasi | | | Ket.  (Lengkap / Tidak Lengkap) |
| Sign  In | Time Out | Sign Out |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Persentase Pasien Jatuh Di Ruang Operasi

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Tanggal  MRS | Nama Pasien | No. RM | Tanggal / Jam Insiden Pasien Jatuh | Klafisikasi Perlukaan | Tindak Lanjut | Pelaporan Insiden (ya/tidak) | KET |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |