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# THE EFFECT OF CLINICAL PATHWAY TOWARD HOSPITAL'S QUALITY AND COST IN "RSUS" HOSPITAL BANDAR LAMPUNG

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## ABSTRACT

**Background:** One of the most appropriate policies to overcome the over budget is the quality control of cost control, the instrument is a clinical pathway, so that the hospital can perform service functions well and quality without experiencing financial loss. This research has a purpose to know how far is clinical pathway can be good as a tool of quality control of cost control at "RSUS" Hospital Bandar Lampung.

**Methods:** The research used a qualitative research involved 35 informants comprised of shareholders, Board of Directors, Medical Committee, Provision of Care Services and Coder.

**Results:** The results showed that in general, the informants agreed with the implementation of the clinical pathway because it can improve the quality of service, the certainty of procedures and can overcome the budget.

**Conclusion:** RSUS Hospital has not fully use clinical pathway as a tool of quality control of cost control, thus over budget remains with low quality of service

**Keywords:** Clinical Pathway, Quality and Cost Control

## INTRODUCTION

In Indonesia, the national health financing was conducted by the Government through a state-owned enterprise known as the Social Security Administering Body of Health (BPJS Kesehatan) [1]. The sources of funding is derived from the Government through state budget and from community through contributions. Some problem has been occurred due to the financing scheme using a package system. In this system, each type of service has been set, so the hospital must use a control mechanism to control the cost of treatment in order to avoid over-budget [19]. Many hospitals have used clinical pathways as a mechanism for quality and cost control, so over-budgeting can be avoided yet the function of profit-making as private hospital can also be achieved, without put aside the quality of services [4,6]

Clinical pathway is a collaborative guideline for treating patients that focus on diagnosis, clinical problems and stages of care [7]. Clinical pathway provides a minimum service standard and ensures that good service is still implemented on time [8]. "RSUS" Hospital as Type B hospital in Bandar Lampung city, should implement clinical pathway as quality control and cost control mechanism. Based on observation during the time as employees at "RSUS" Hospital and available data from January to November 2017, researchers found that there was an over budget in the provision of treatment services to patients, with details on 17,888 cases with 185 coding [17]. There were just 9 types of existing clinical pathways in "RSUS" Hospital and that did not implemented consistently [18].

## METHODOLOGY

This research was using qualitative research method. The qualitative approach emphasizes the depth and adequacy of information and seeks to build a theory about the unit of analysis under study. Data was obtained from interviews with 35 informants. The inclusion criteria in choosing informants was people in hospital who involve in clinical pathway. The profession of the informants were diverse, such as hospital leaders, medical committees, doctors responsible for patients (DPJP), service providers (pharmacy, nutrition, laboratory, physiotherapy, radiology, medical and nursing records), and coders. The data validation was done by triangulation method by comparing the answers of the informants with the selected informants from other hospitals ("AM" Hospital Lampung Province and Lampung "R" Hospital). Data analysis was done by collecting data from interview, then selecting specific data that able to answer research question.

## RESULTS

Respondents' opinion about the clinical pathway was diverse. Some informants did not agree with clinical pathway because it limit their space. Therapeutic guidelines will slowly change on its own, adjusting to the policies made, such as punishment which until now still effective. One of the shareholders agreed with clinical pathway because "RSUS" hospital have to change and clean. Perhaps for now the availability of funds is still sufficient to cover operational costs, but "RSUS" hospital should think about cost control for the future.

Structural management agree with clinical pathway and committed to establish a policy to implement clinical pathways as a quality control of cost control. The obstacles are the lack of capacity and support from Head of hospital that made the policy is difficult to be implemented. The other problem is hospital unit cost was not calculated based on applicable rules.

Medical committee has agreed with clinical pathway, but the initiative to create a clinical pathway must come from the Director and *Yanmed*. This was happened because the medical committee believed that things which is related to quality and cost is the responsibility of the Director and *Yanmed*. If the Director and *Yanmed* have developed clinical pathway, then medical committee would be ready to guard and supervise its implementation.

Some other informant, coder said that the hospital must immediately commit to develop and implement clinical pathway. The reason was they realized that over budget caused by over treatment performed by DPJP was very disturbing. This situation will have impact on creating more burden of the hospital to cover over budget. The coder also suggested that the unit cost calculation has to be accordance with the applicable rules.

Most DPJP (Physician Responsible for Patient) disagreed with the implementation of clinical pathways, arguing that the clinical pathway is a BPJS tool that limits the professionalism and authority of physicians in performing medical treatment to their patients. DPJP feels castrated because each treatment will have to be in accordance with the clinical pathway. The service providers agreed with the clinical pathway and committed to implement it. The obstacles they face were the non-intensive socialization by Yanmed, SOPs were incompatible with the true situations in the field, where the completed clinical pathway must be submitted to the quality committee of PMKP, while the PMKP itself has been dissolved. If submitted to the medical committee's quality subcommittee, it will be confusing since the medical committee in this case is passive.

The study also found that clinical pathway will also have effect on the quality of care. It may contradict with patient-centered care principle. Information about the progress of medicines and medical science can be updated on a regular basic communication between Functional Medical Units (SMF).

## **DISCUSSION**

Clinical Pathway is an instrument that is believed that can be used to control the quality and cost of the hospital, because in it regulate the operational standard and medical service procedures for each patients. Many theories say that clinical pathway is a solution to overcome the over-budget that occurs in the hospital and encourage efficiency in the use of resources and effectiveness in the implementation of health services. That can be achieved when hospitals implement clinical pathways consistently and encourage medical and hospital management committees to set up clinical pathways for all types of health services performed

From the interview, authors found that Hospital management and service providers had different point of views about the National Health Insurance (JKN), Clinical Pathway and Quality and Cost Control. Some informants think that clinical pathway is a tool that used by BPJS Health to control and intervene hospitals. Hospitals cannot freely implement their policies, especially in health financing, unit costing, and drug administration in accordance with the regulations by DPJP. This situation was happened because the hospital must refer to the INA CBG's Package. Whereas the INA CBG's package is sometimes detrimental to the hospital, because the illness suffered by the patient, the duration of treatment and the DPJP diagnosis does not match its price with the value of the set package. In addition, the INA CBG's package does not take into account unit costs for hospital employees as a result of government policies in employment, such as minimum wages, hospital obligations to pay for membership of BPJS Health and BPJS Employment, as well as other employee welfare budgets. This condition caused may problems to hospitals.

Theoretically, the implementation of clinical pathways in "RSUS" Hospitals is very helpful to manage resources efficiently which ultimately can be used as a tool for quality control and cost. The implementation of clinical pathway in "RSUS" Hospital must be supported by several factors, such as the capacity of hospital management "RSUS", the ability of hospital management, and the active role of medical service, either in conducting clinical pathway socialization or monitoring and evaluation of application clinical pathway. While the benefits of this clinical pathway are the availability of standard procedures for the treatment of a type of disease (therapy guideline), hospital management can immediately make policy adaptation in accordance with BPJS Health provision, and create a more transparent incentive mechanism to hospital stakeholders.

Clinical Pathway is already implemented in "RSUS" Hospital, but it has not been applied consistently. The biggest obstacle comes from the Patient Responsible Physician with several factors, such as: Does not synergize with JKN program, DPJP is the owner of the hospital, does not understand the importance of clinical pathway as a tool of cost control quality control. A previous research by Fitria Eka Resti Wijayanti with title "Clinical Pathway Analysis with BPJS between Public Hospital and Private Hospital in 2016" found that clinical pathway can be used as a tool to maintain and improve the quality of service and control cost. This means that "RSUS" hospitals should implement clinical pathway to control cost and quality, so over budget can be suppressed and hospital development and employee welfare can be improved.

## **CONCLUSION**

"RSUS" Hospital has not used clinical pathway to control cost and quality. Reluctance from some informants about the implementation of clinical pathway was because there was no common perception about the importance of clinical pathway in quality control of cost control. In general, most informants agreed to implement the clinical pathway at "RSUS" Hospital. To that end, it is initiative from Yanmed and medical committee to set up clinical pathway and to carry out continuous socialization. Currently, the Quality Control Team is already exists, but not yet filled with personnel who have the competence to carry out the task. Therefore it is needed to replace the team with competent personnel. Coordination with BPJS in the quality and cost control should be carried out intensively.

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