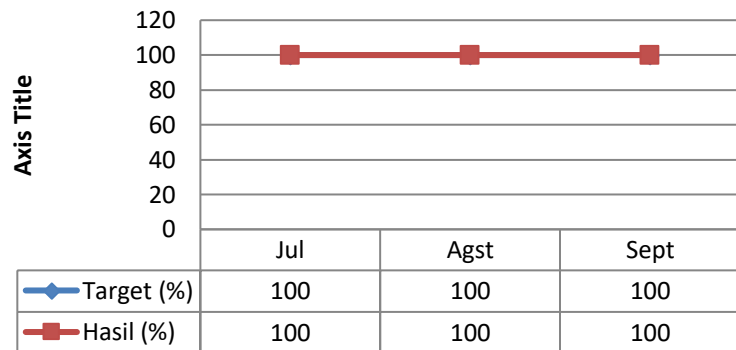
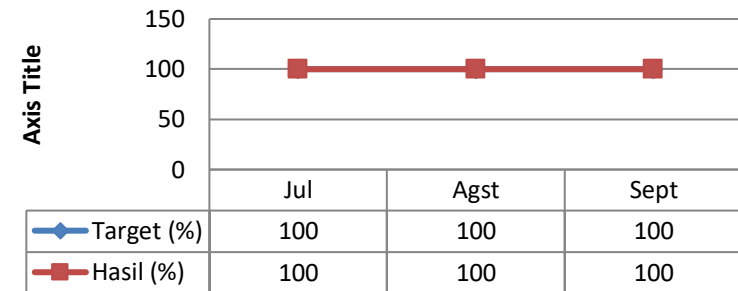


AGREGASI INDIKATOR MUTU PRIORITAS RUMAH SAKIT

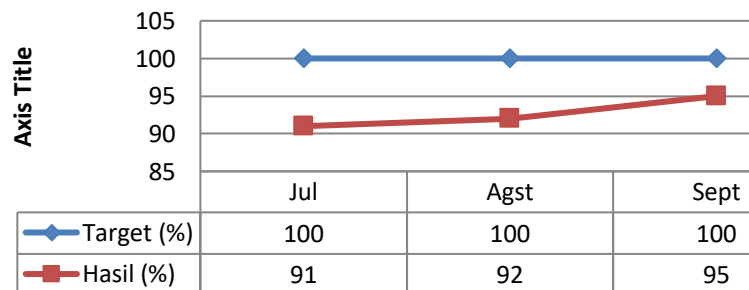
KEPATUHAN PELAKSANAAN IDENTIFIKASI PADA PASIEN RADIOTERAPI



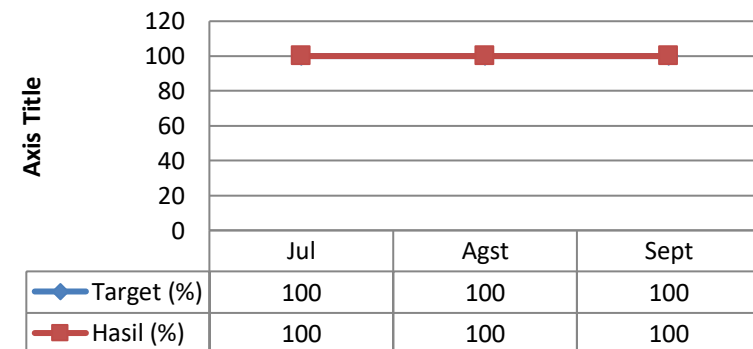
KEPATUHAN VERIFIKASI PELAPORAN INSTRUKSI DOKTER DAN DI TANDATANGANI DALAM 24...



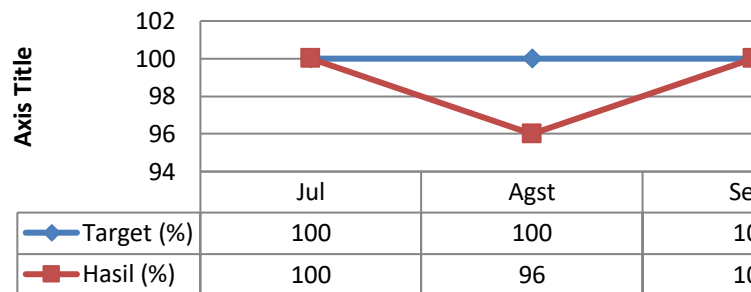
KEPATUHAN PETUGAS MELAKUKAN DOUBLE CHECK PADA PEMBERIAN OBAT HIG ALERT PADA PASIEN RADIOTERAPI



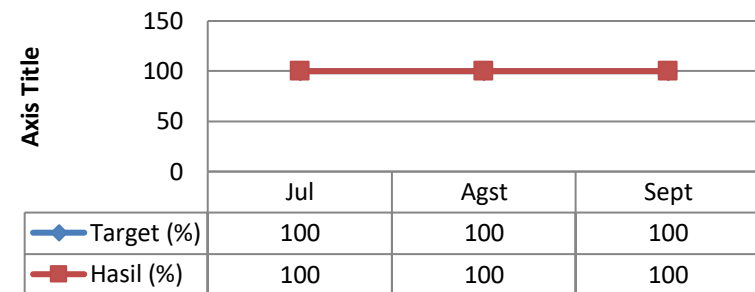
KEPATUHAN PELAKSANAAN PENANDAAN SITE MARKING PADA PASIEN RADIOTERAPI



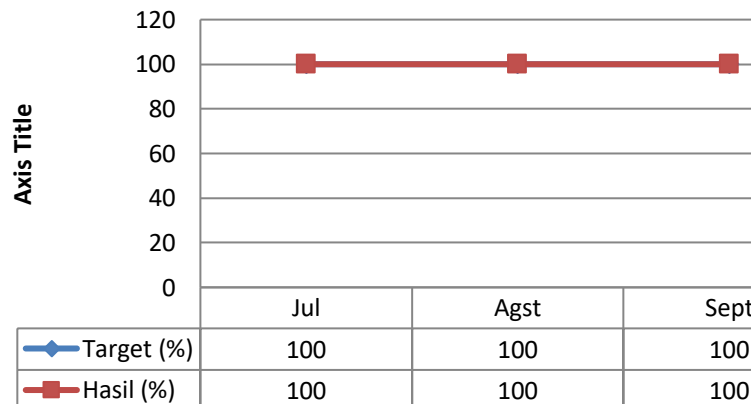
Kepatuhan Perawat Jantung dalam Melakukan Kebersihan Tangan dengan Metode Enam Langkah dan Lima Moment di Radioterapi



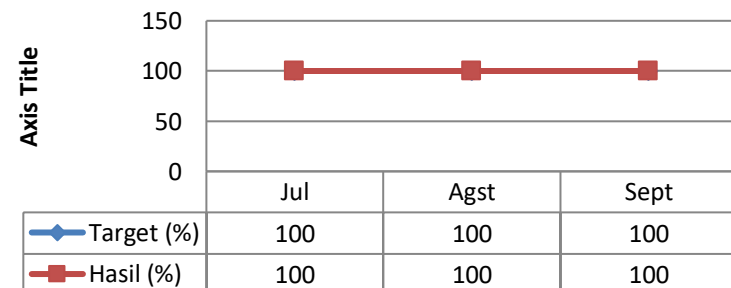
KEPATUHAN UPAYA PENCEGAHAN RESIKO JATUH MENGGUNAKAN PITA/STIKER PADA PASIEN RADIOTERAPI



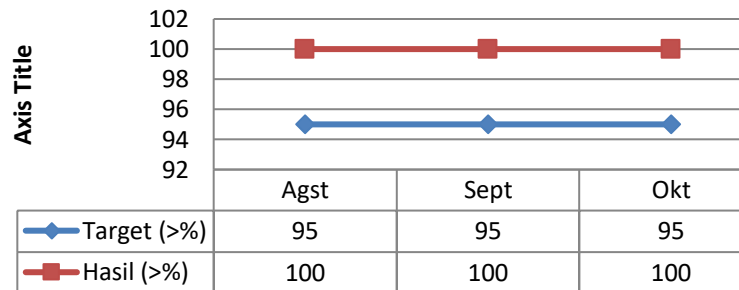
KEPATUHAN PENGGUNAAN APD DI RADIOTERAPI



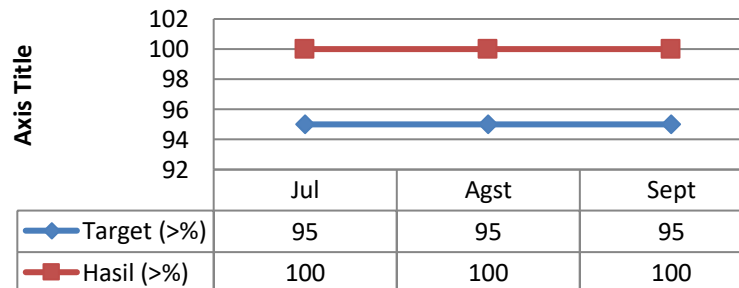
Ketepatan Proses Waktu Perencanaan Radiasi dari Selesai CT Simulator sampai ke Radiasi Pertama ≤ 10 Hari...



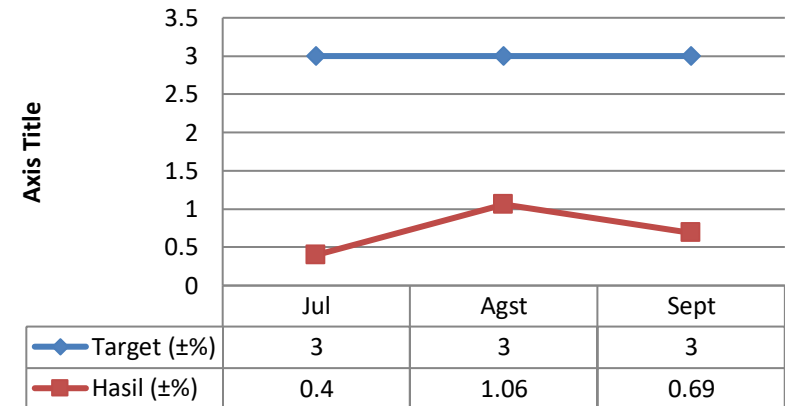
Waktu Uptime/Fungsi Normal Linear Accelerator dan CT Simulator > 95% Dari Total Jam Kerja/Tahun



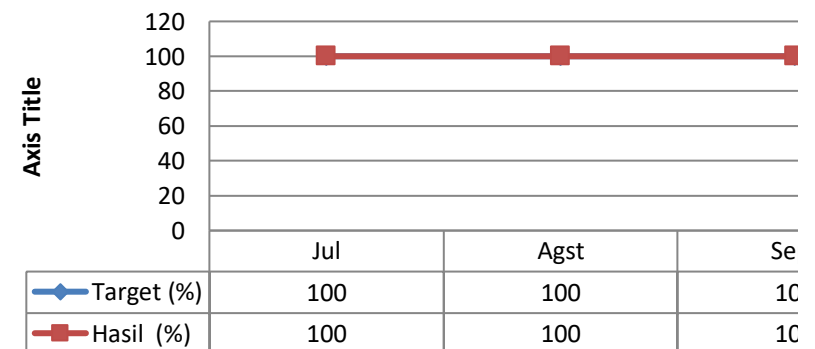
Waktu Uptime/Fungsi Normal Linear Accelerator dan CT Simulator > 95% Dari Total Jam Kerja/Tahun



Ketepatan Output Dosimetri Alat Radiasi



Pelatihan/Training Fisika Medis, Perawat Radioterapi dan Staff Radioterapi Minimal Sekali Setahun



Demikianlah Hasil Pengumpulan data Indikator ini telah di Validasi oleh komite mutu dan di setuju oleh direktur untuk di publikasi ke website dan madding Rumah Sakit .

Diketahui Oleh



dr. Alprindo Sembiring,M.Kes

Deli Tua, 4 Oktober 2022

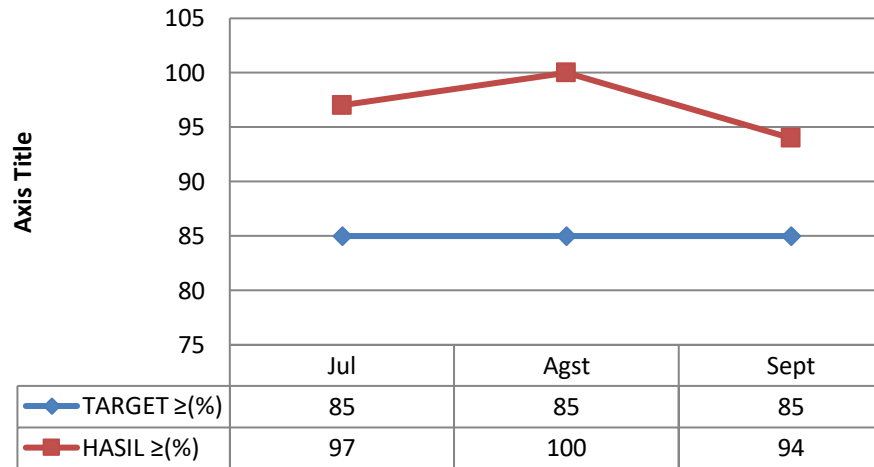
Disusun Oleh Komite Mutu



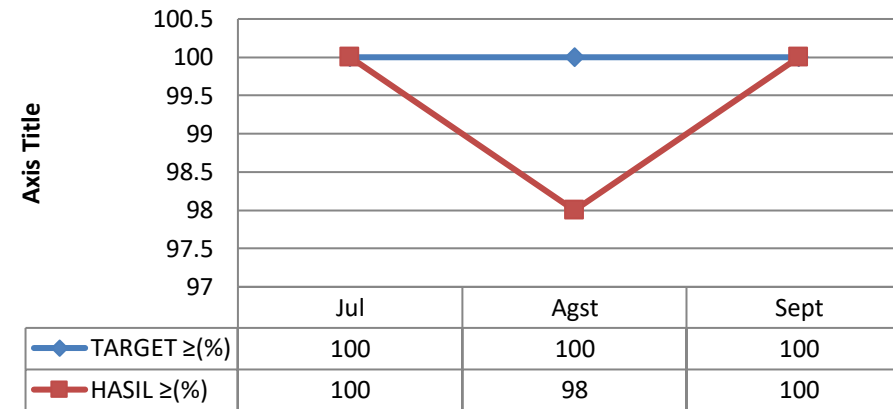
dr. Andreas Hamonangan Lumban Gaol

AGREGASI INDIKATOR NASIONAL MUTU

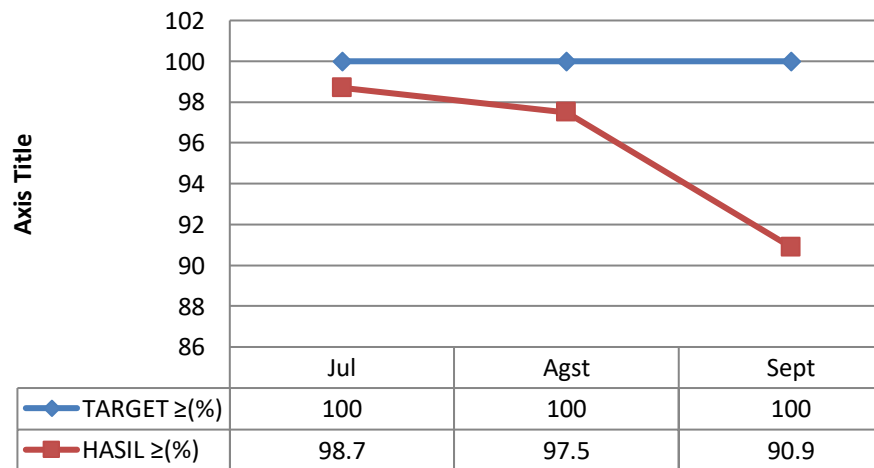
Kepatuhan Kebersihan Tangan



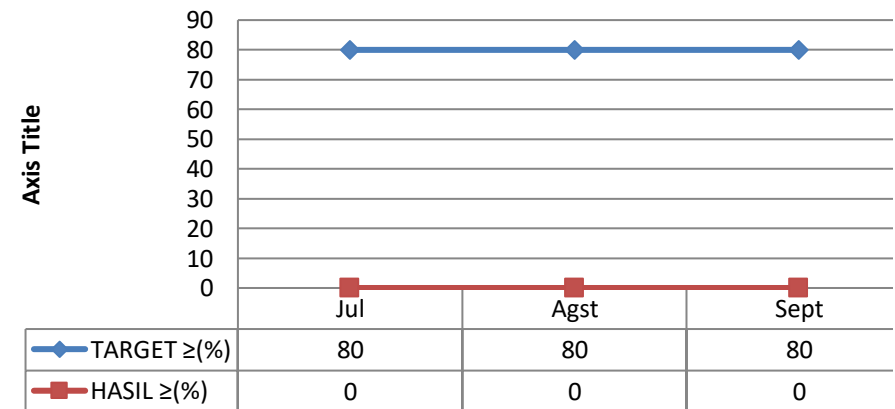
Kepatuhan Penggunaan Alat Pelindung Diri (APD)



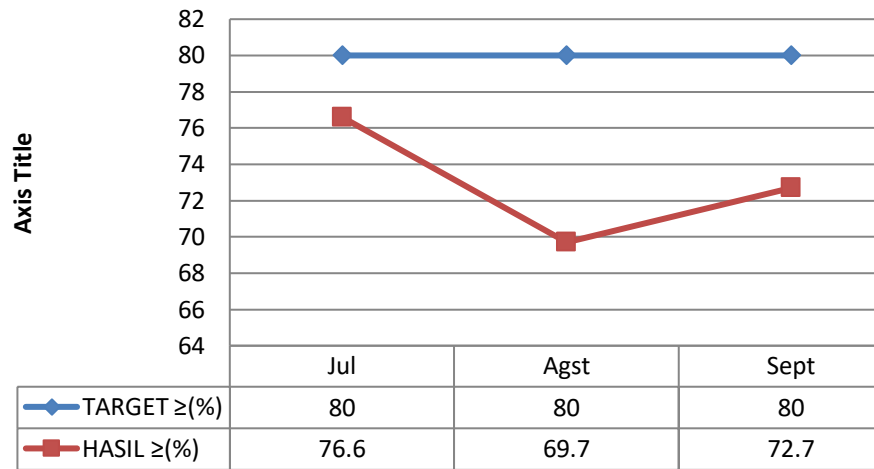
Kepatuhan Identifikasi Pasien



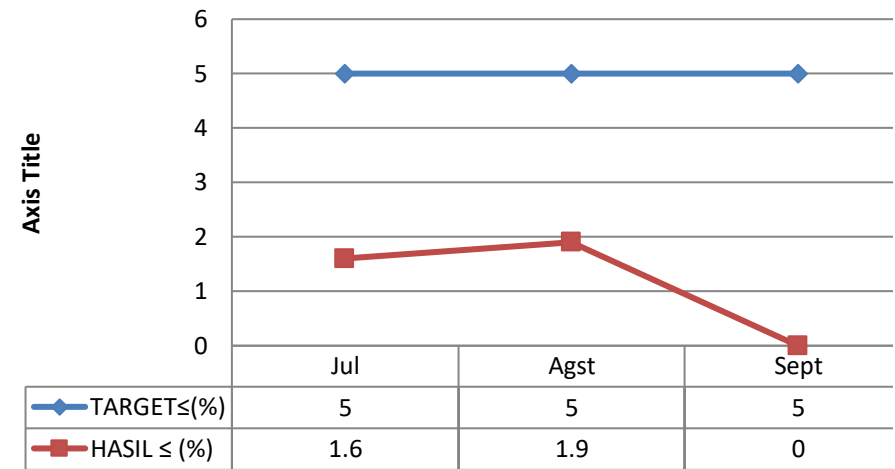
Waktu Tanggap Operasi Seksio Sesarea Emergensi



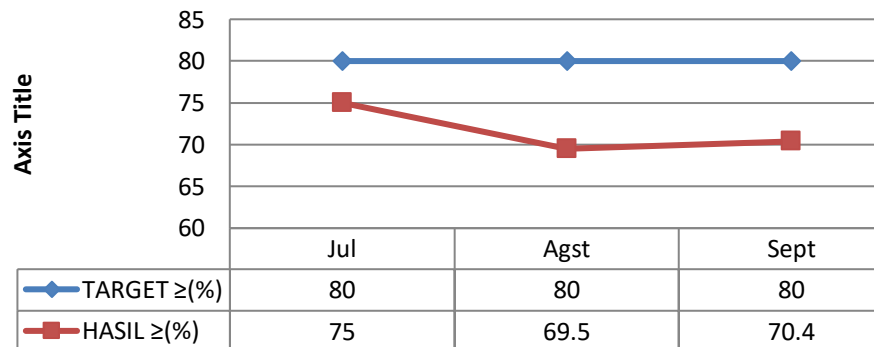
Waktu Tunggu Rawat Jalan



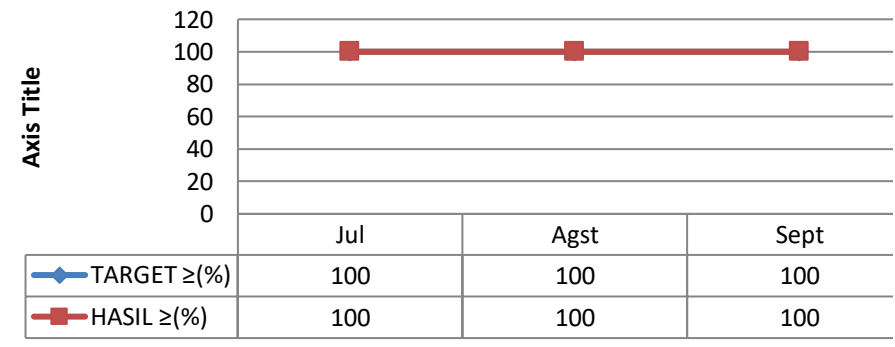
Penundaan Operasi Elektif



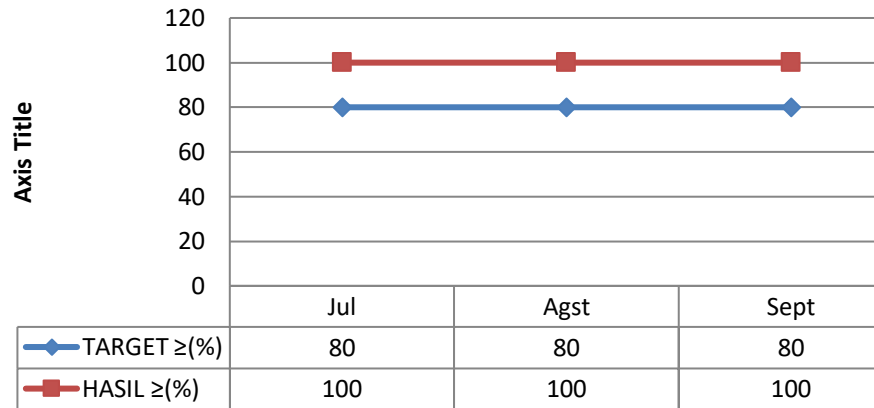
Kepatuhan Waktu Visite Dokter



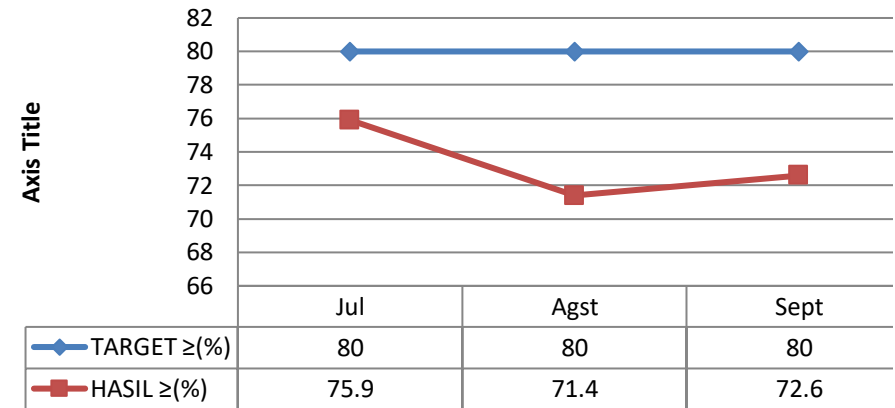
Pelaporan Hasil Kritis Laboratorium



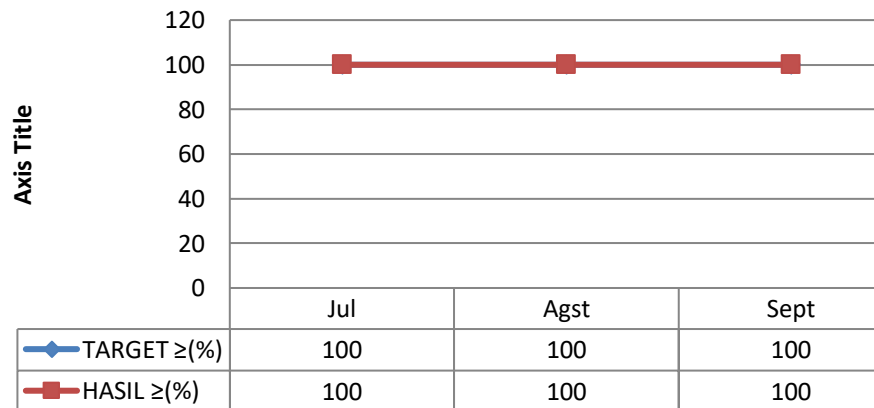
Kepatuhan Penggunaan Formularium Nasional



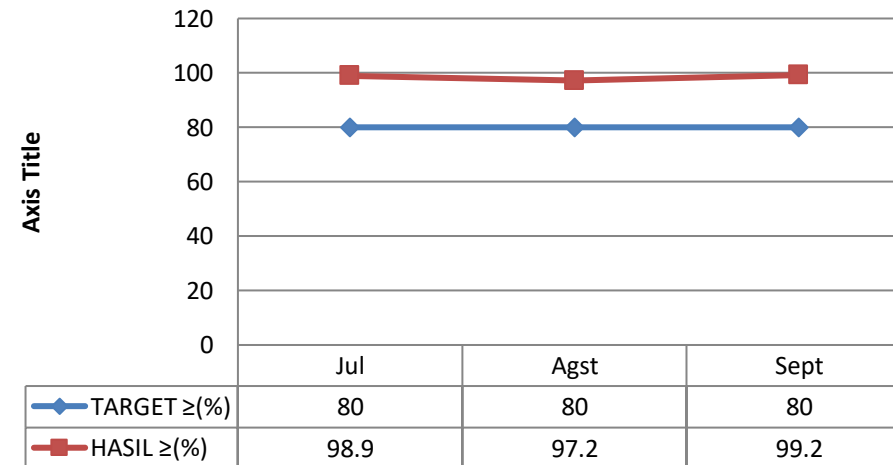
Kepatuhan Terhadap Alur Klinis (Clinical Pathway)

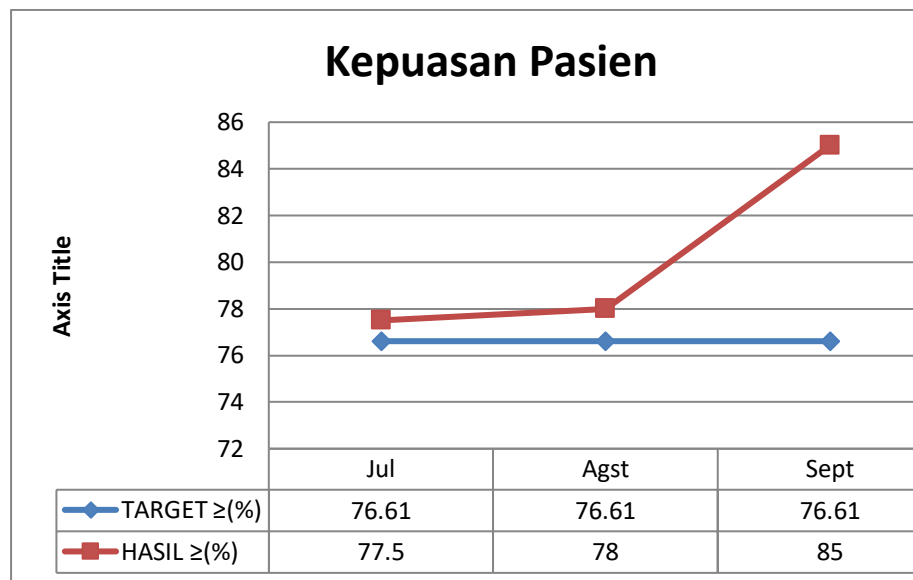


Kepatuhan Upaya Pencegahan Risiko Pasien Jatuh



Kecepatan Waktu Tanggap Komplain





Demikianlah Hasil Pengumpulan data Indikator ini telah di Validasi oleh komite mutu dan di setuju oleh direktur untuk di publikasi ke website dan madding Rumah Sakit .

Diketahui Oleh



dr. Alprindo Sembiring,M.Kes

Deli Tua,4 Oktober 2022
Disusun Oleh Komite Mutu

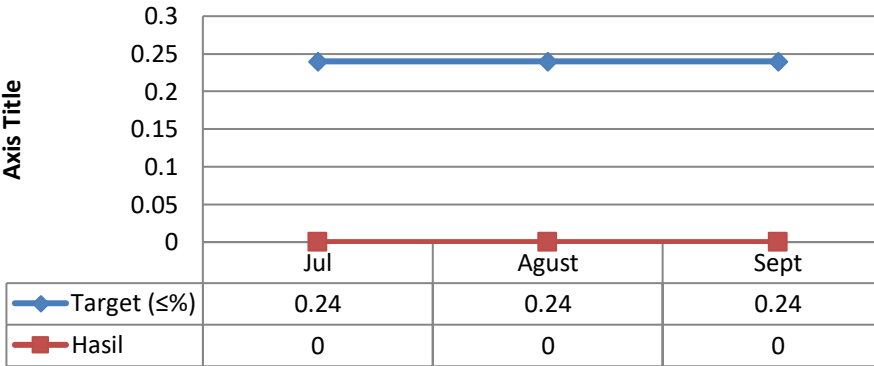


dr. Andreas Hamonangan Lumban Gaol

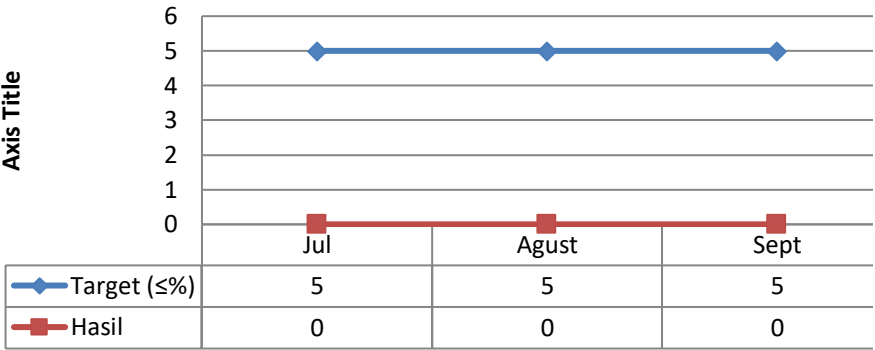
AGREGASI INDIKATOR MUTU UNIT

Bougenville

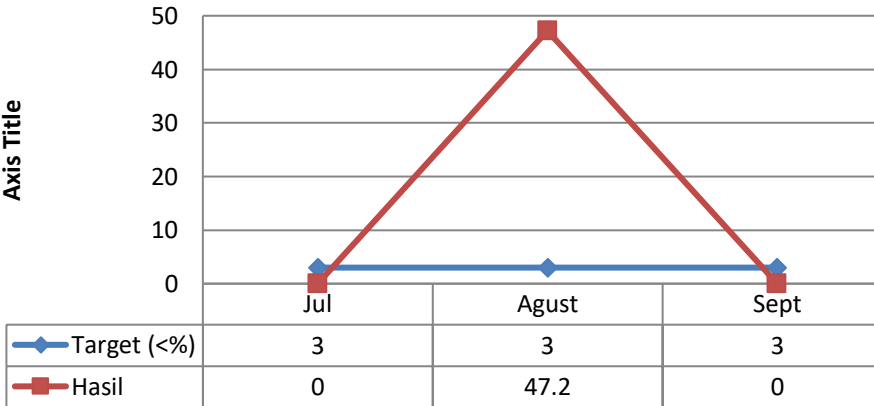
Kematian Pasien > 48 Jam



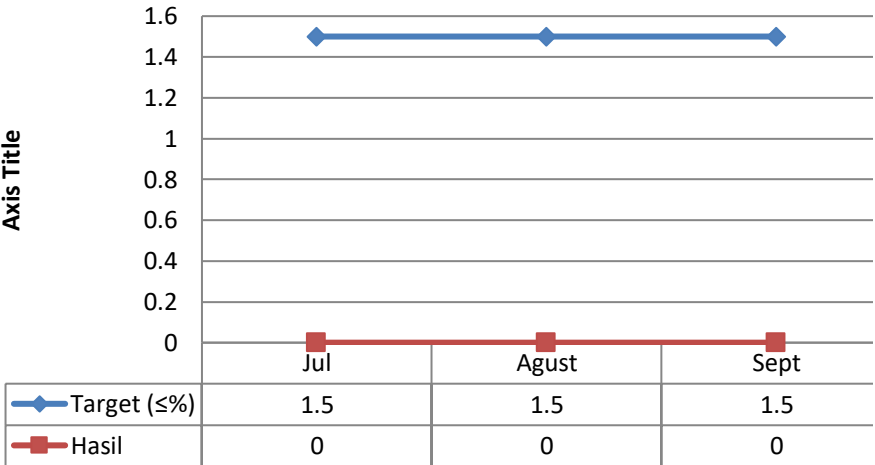
Kejadian Pulang Paksa



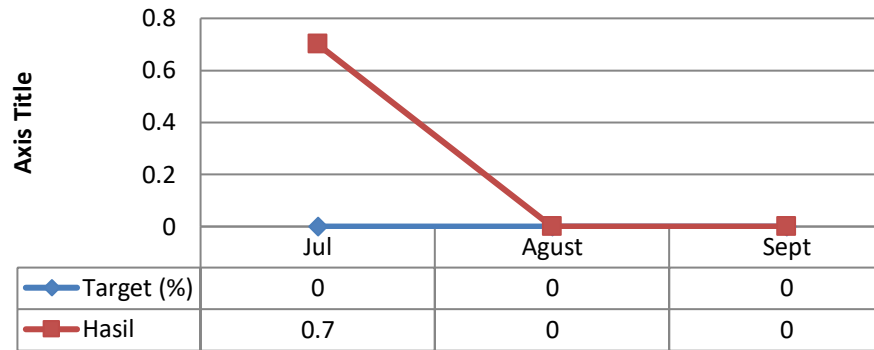
Waktu Tunggu Hasil Pelayanan
Thorax Foto



Angka Kejadian Infeksi Nasokomial



Kekosongan Obat

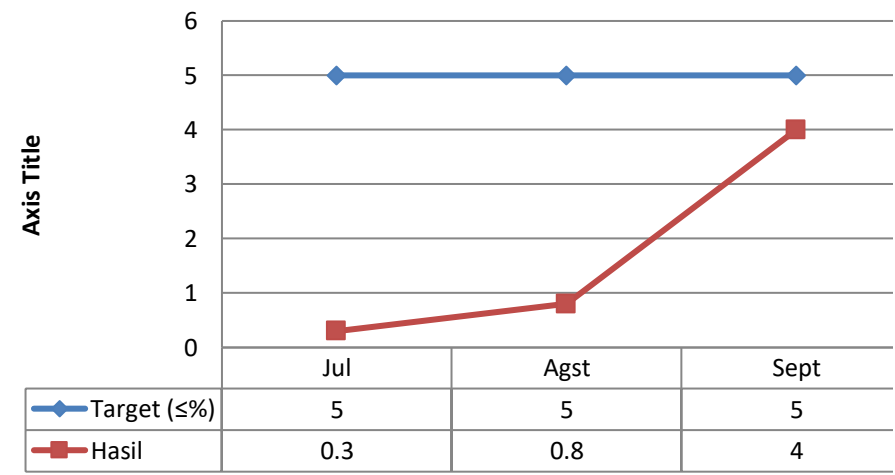


Cempaka

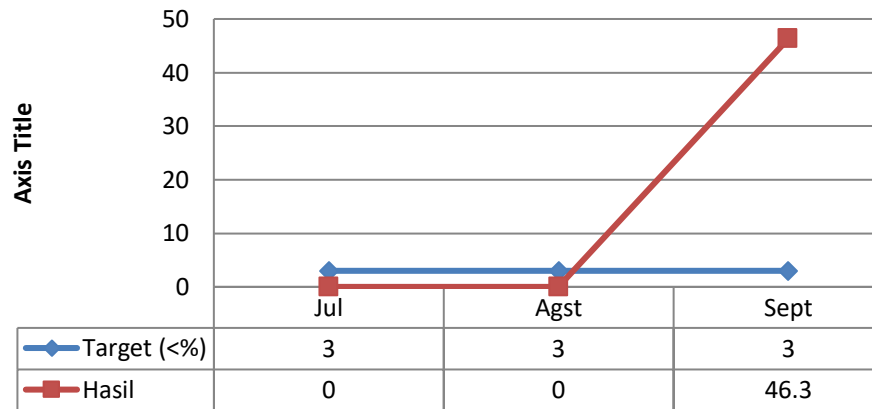
Kematian Pasien > 48 Jam



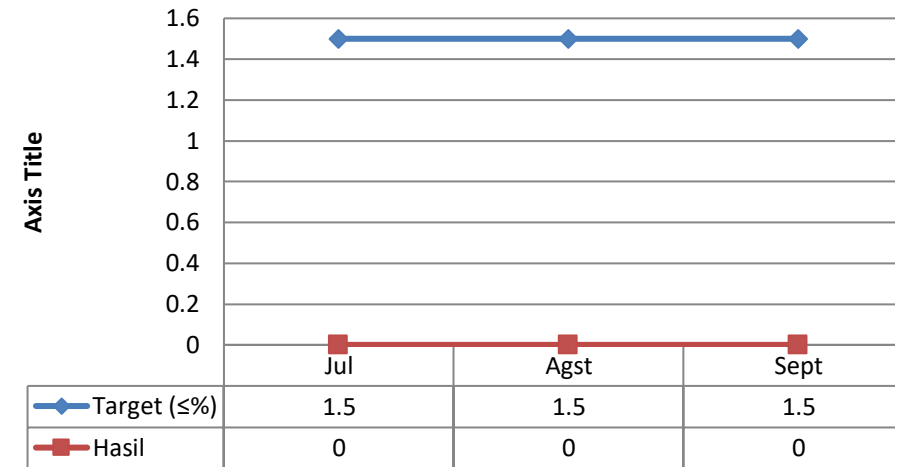
Kejadian Pulang Paksa



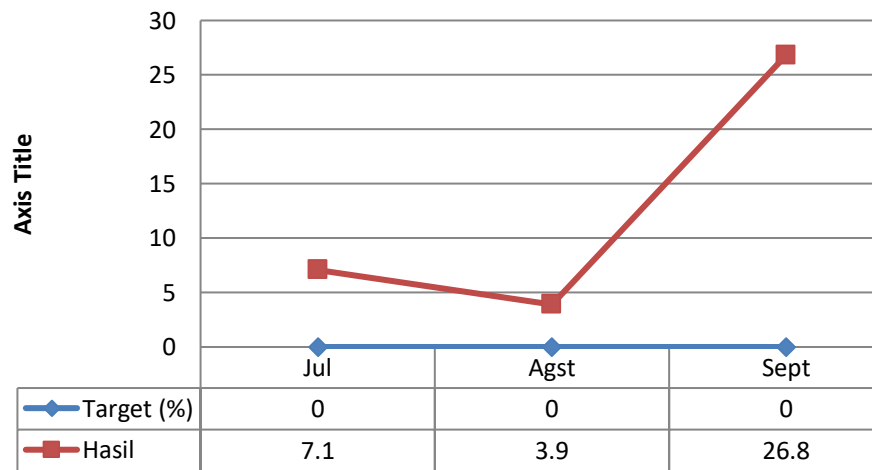
Waktu Tunggu Hasil Pelayanan Thorax Foto



Angka Kejadian Infeksi Nasokomial

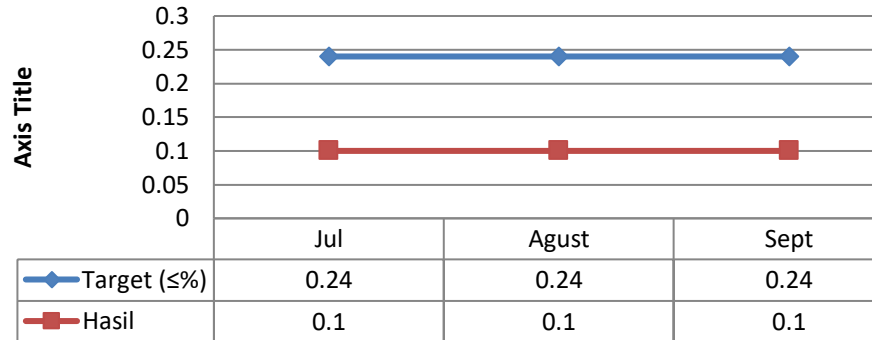


Kekosongan Obat

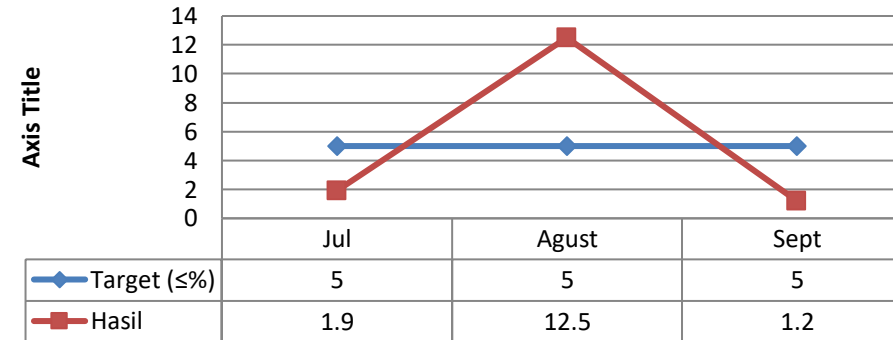


Dahlia

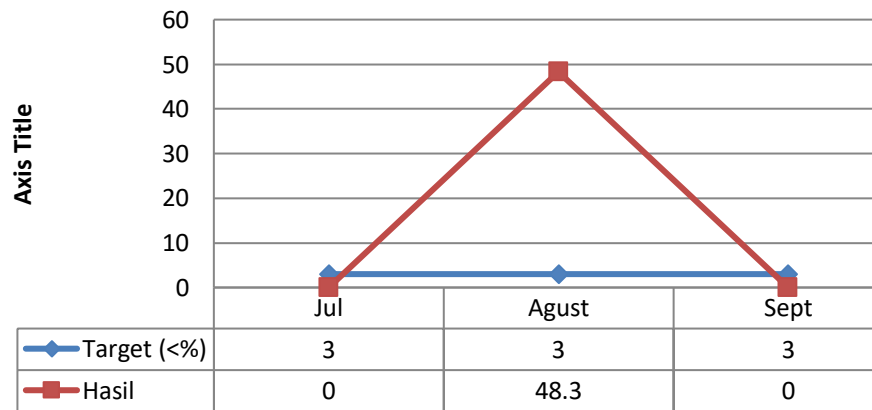
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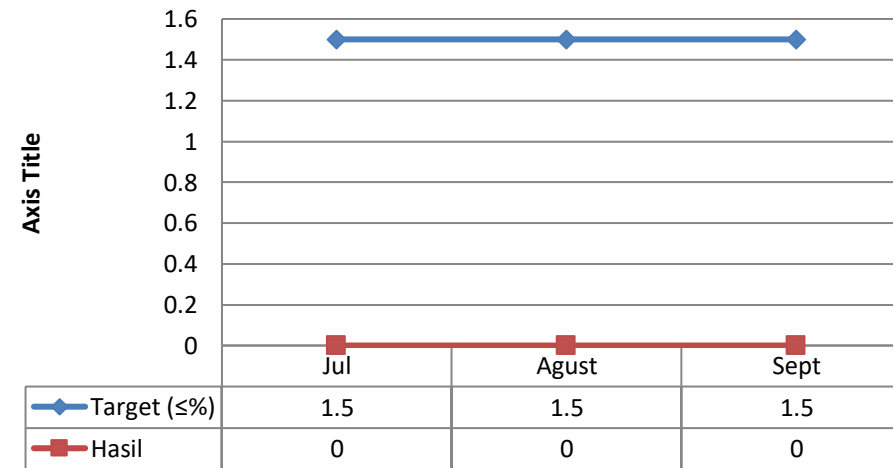
Kejadian Pulang Paksa

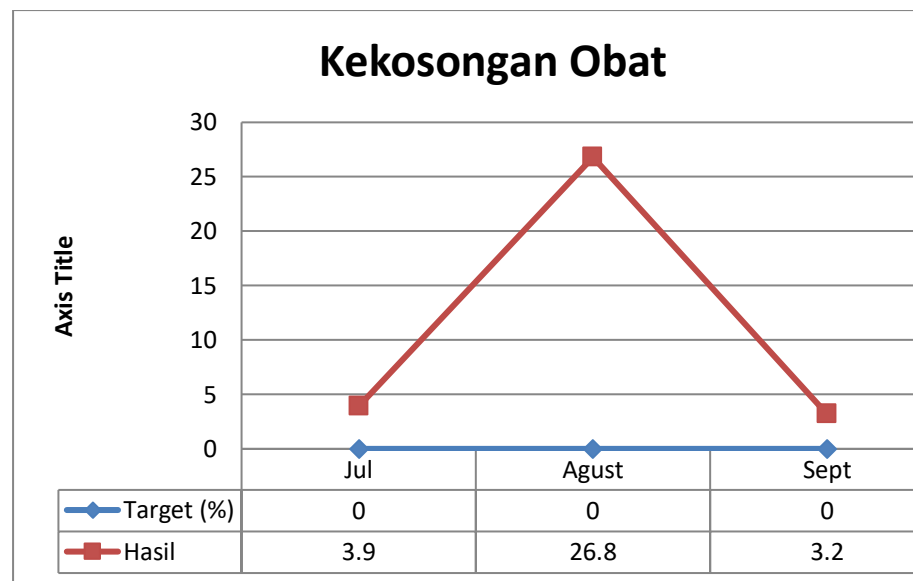


Waktu Tunggu Hasil Pelayanan Thorax Foto

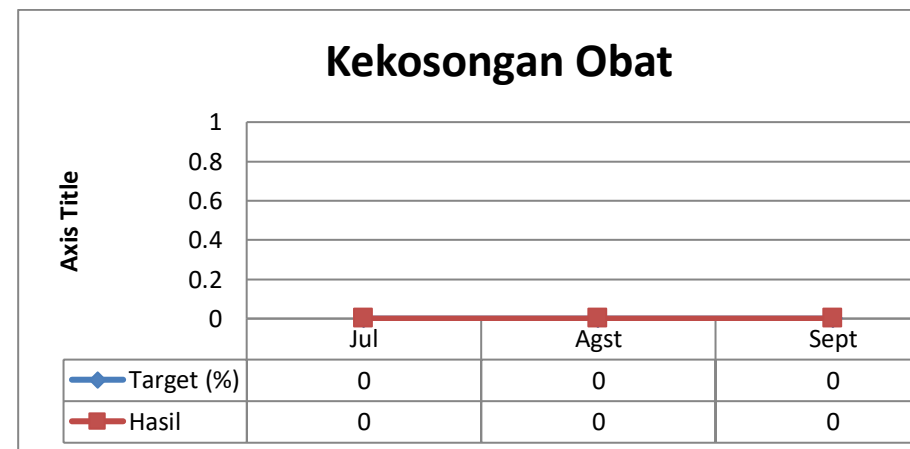
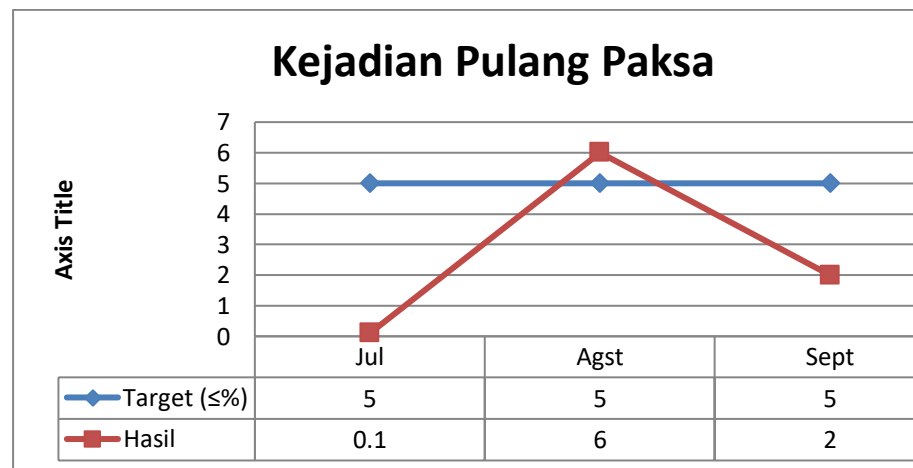


Angka Kejadian Infeksi Nasokomial





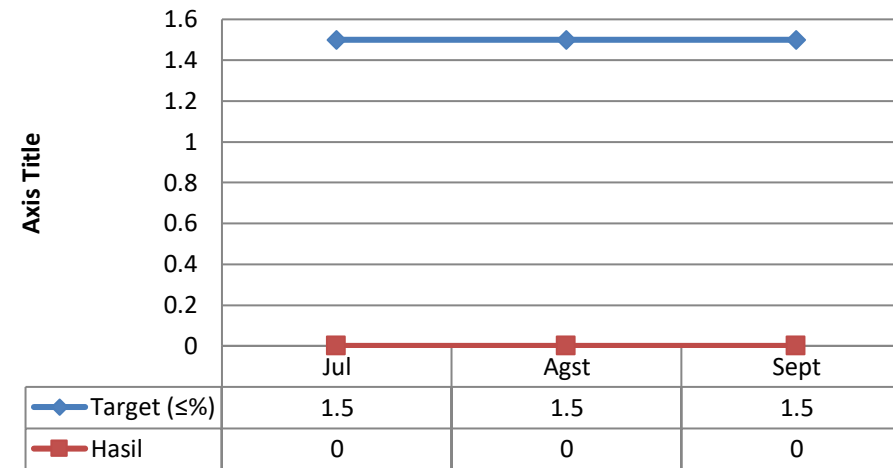
Edelweis



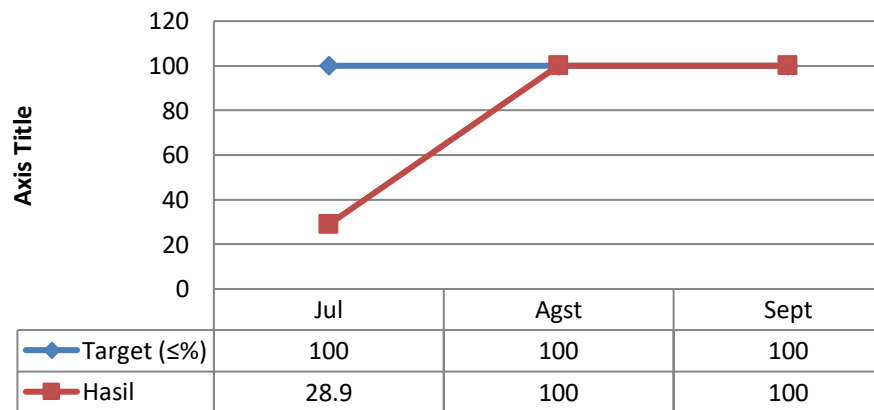
Jam Visite Dokter Spesialis



Kejadian Infeksi Pasca Operasi

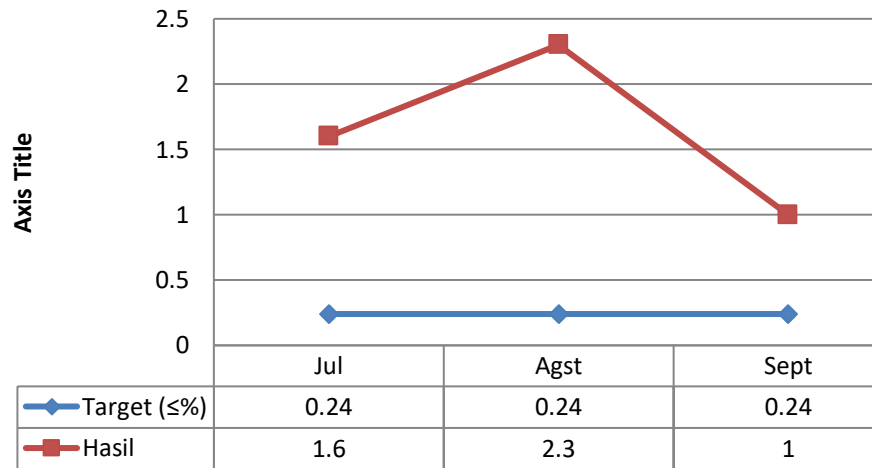


Ketepatan Penempatan Pasien Internist



Flamboyan

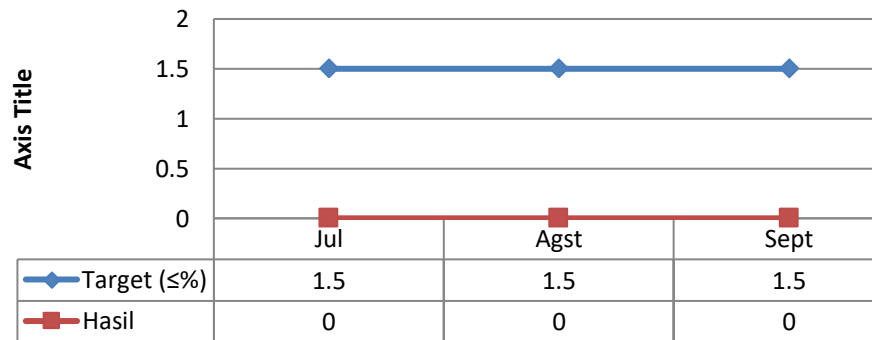
Kematian Pasien > 48 Jam



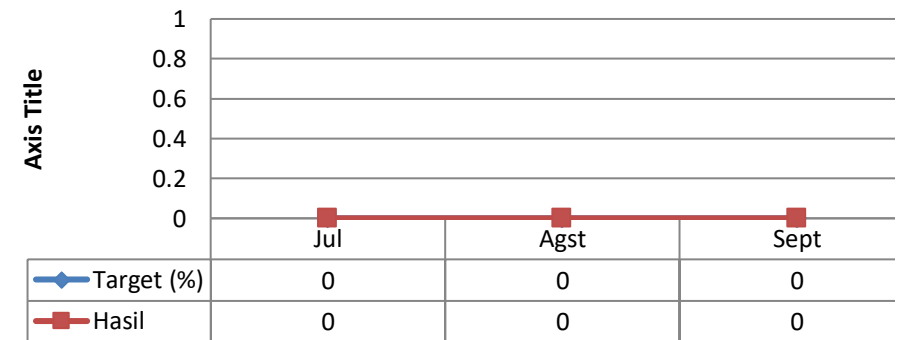
Kejadian Pulang Paksa



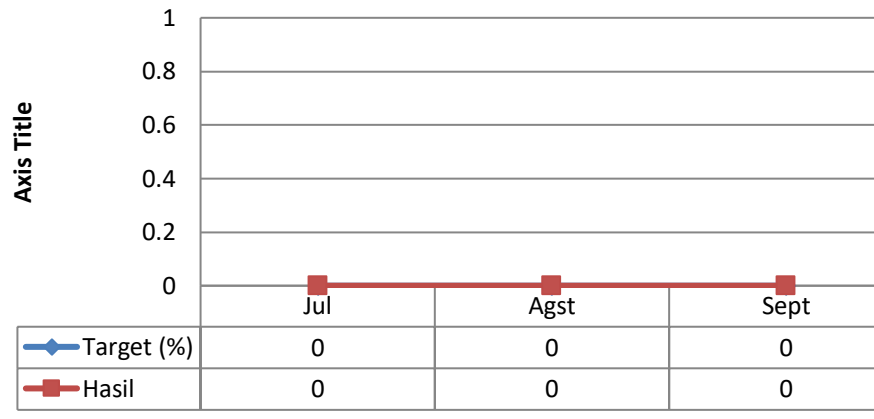
Angka Kejadian Infeksi Nasokomial



Kekosongan Obat

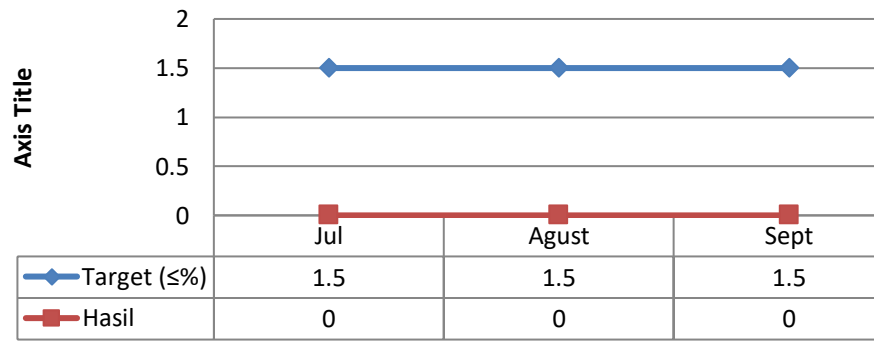


Tidakadanya Kejadian Pasien Jatuh yang Berakibat kecatatan/kematian

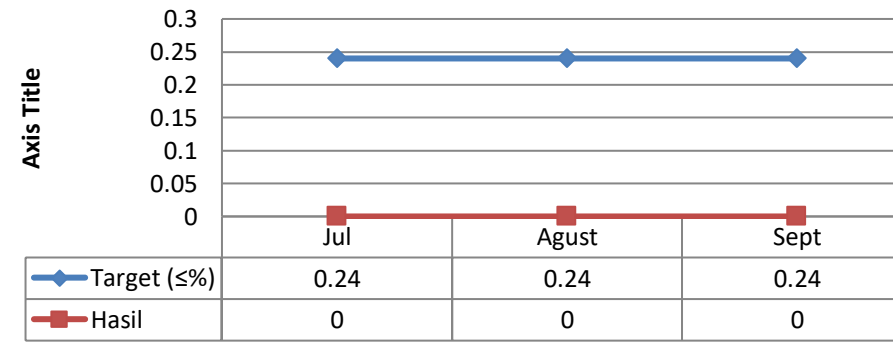


Gardenia

Angka Kejadian Infeksi Nasokomial



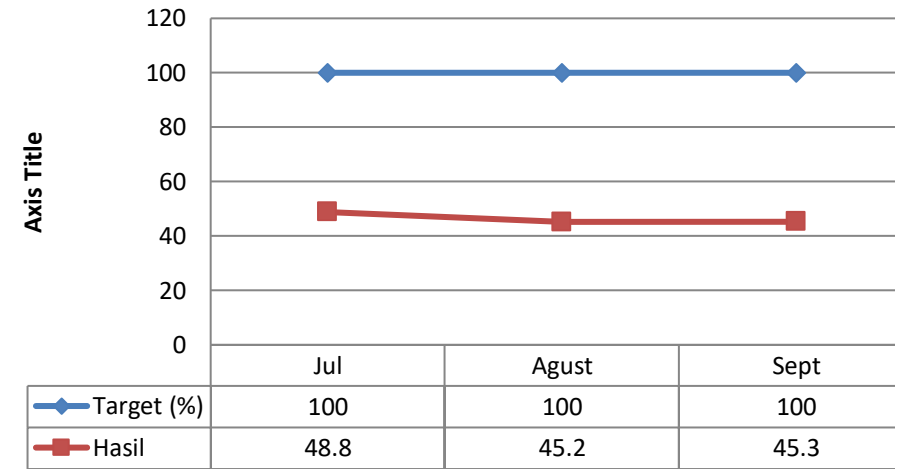
Kematian Pasien > 48 Jam



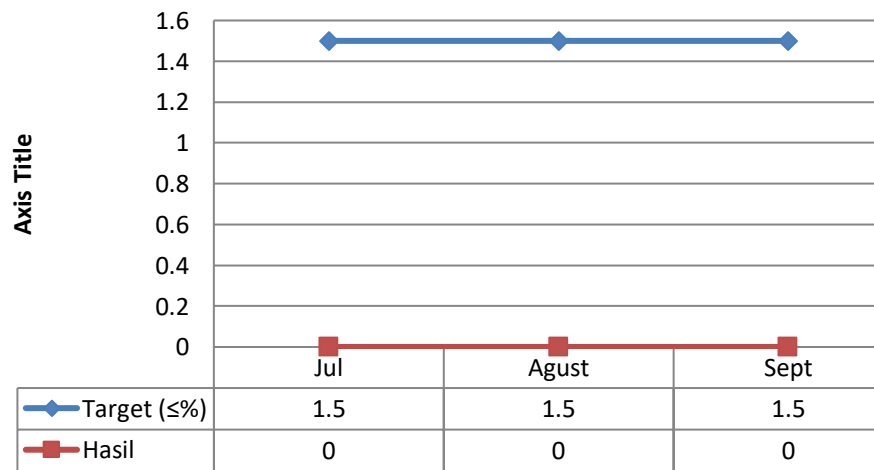
Kejadian Pulang Paksa



Jam Visite Dokter Spesialis

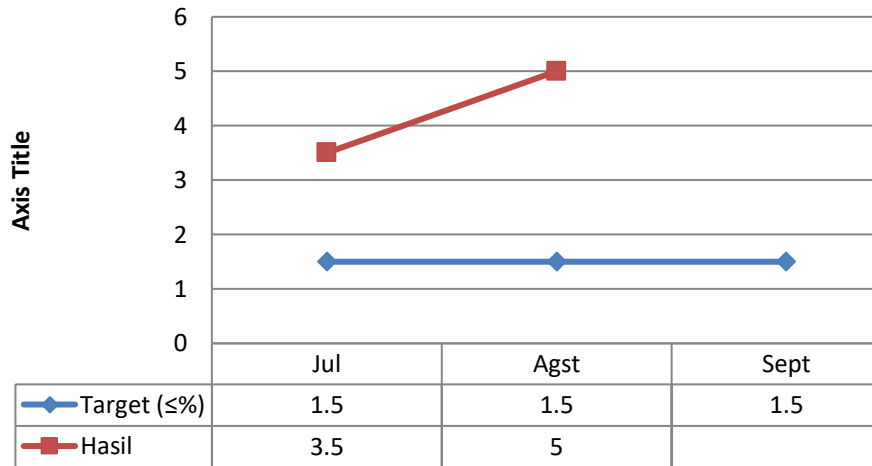


Kejadian Infeksi Pasca Operasi



Hibrida

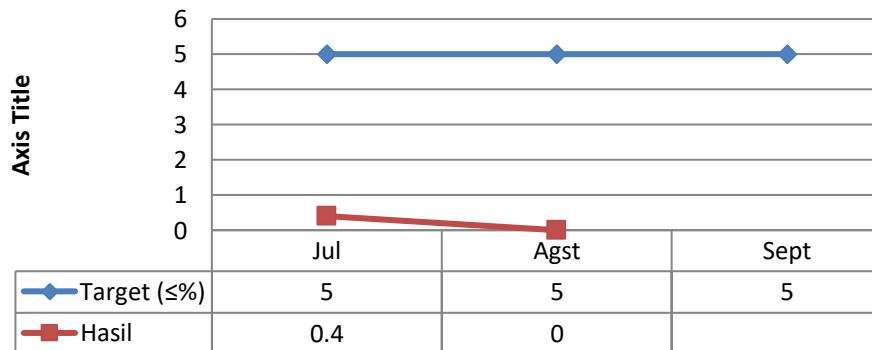
Angka Kejadian Infeksi Nasokomial



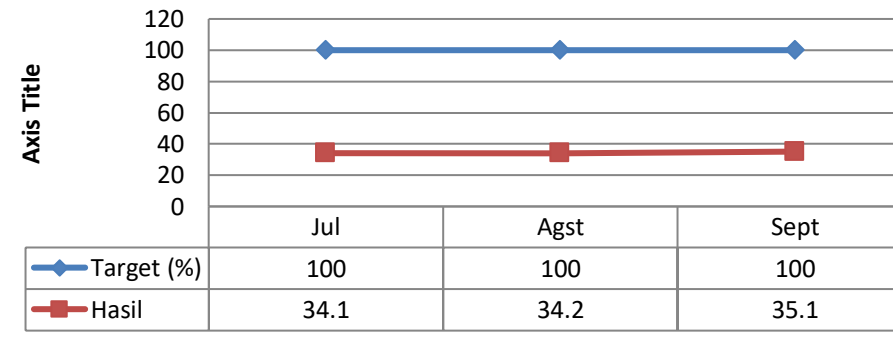
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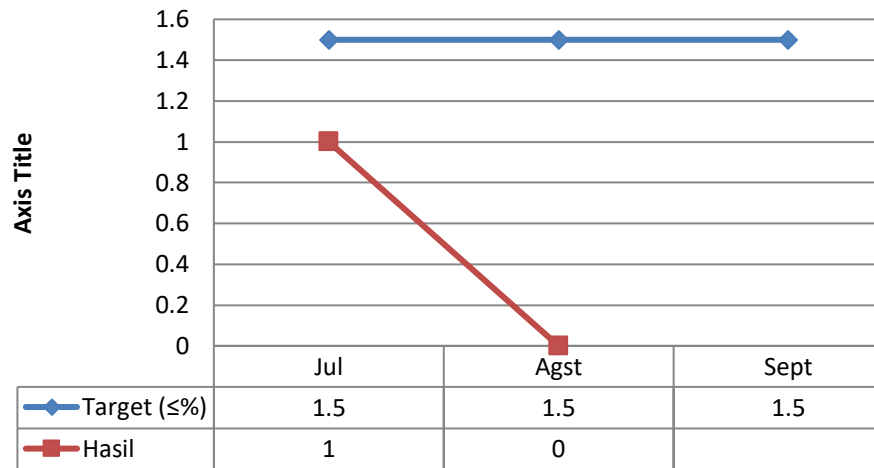
Kejadian Pulang Paksa



Jam Visite Dokter Spesialis



Kejadian Infeksi Pasca Operasi

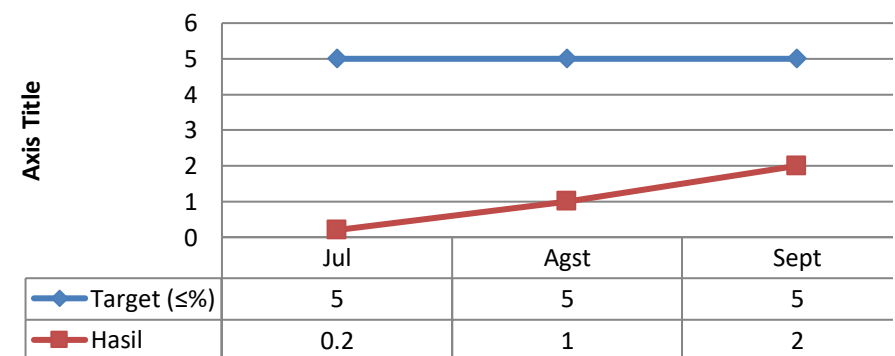


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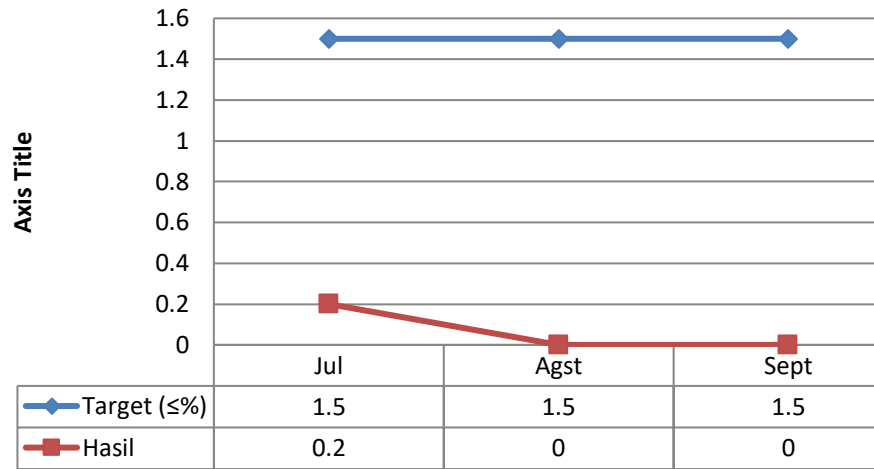
Kematian Pasien > 48 Jam



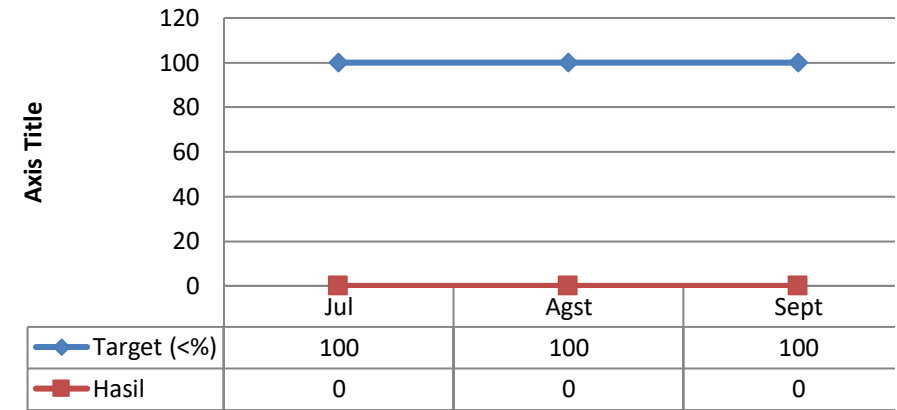
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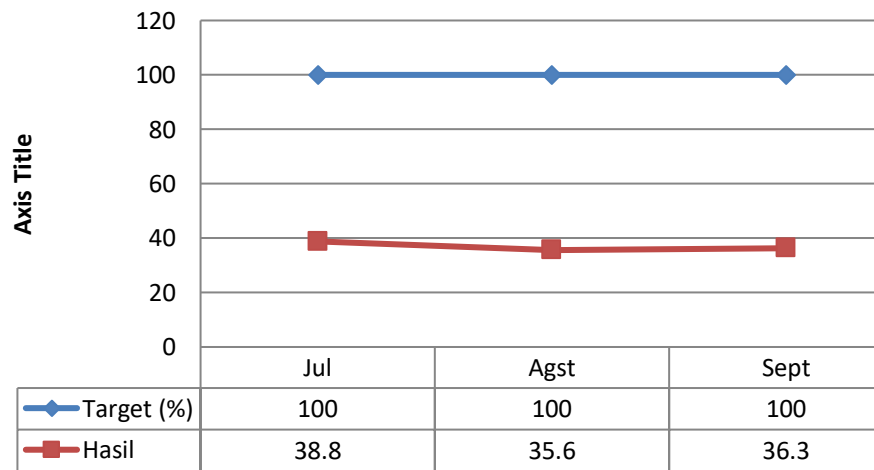
Angka Kejadian Infeksi Nasokomial



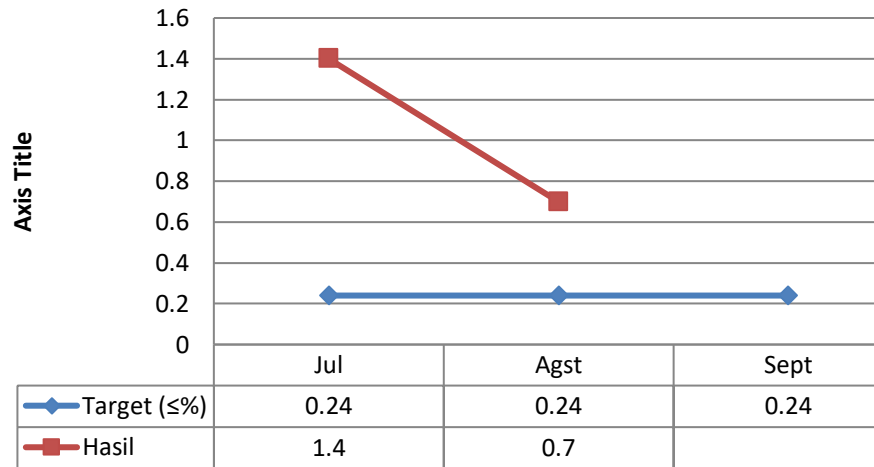
Waktu Tunggu Hasil Pelayanan Thorax Foto



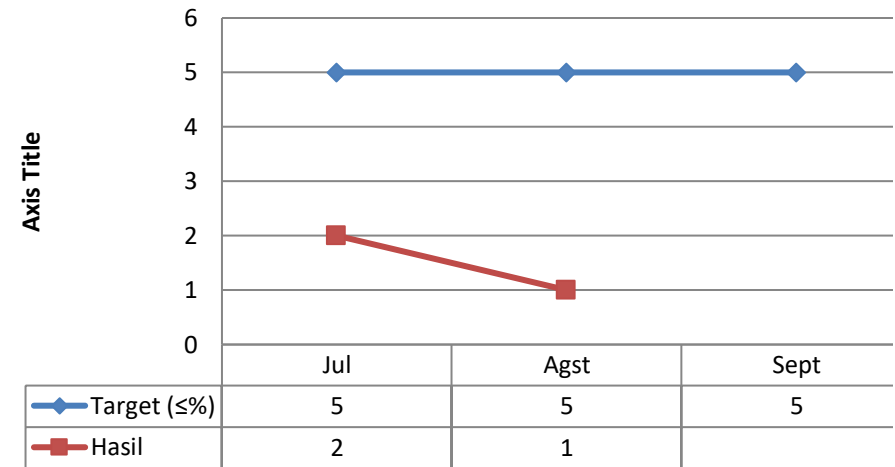
Jam Visite Dokter Spesialis



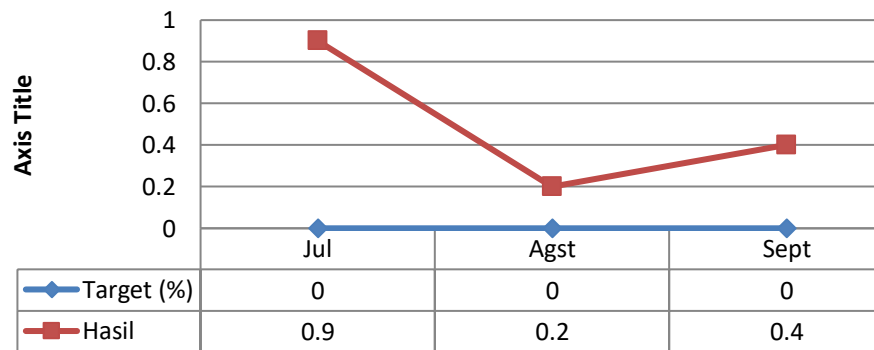
Kematian Pasien > 48 Jam



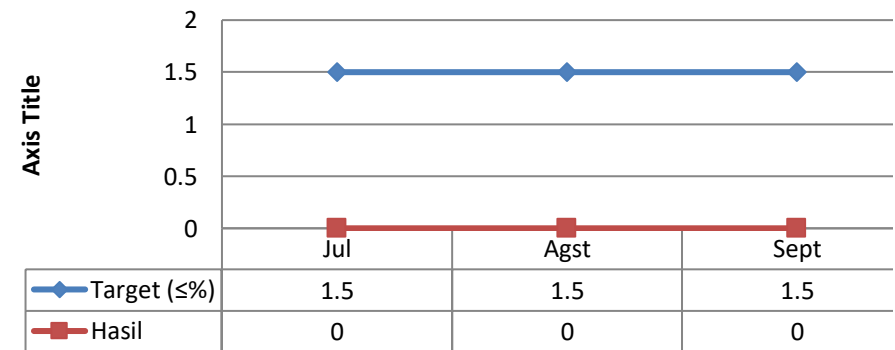
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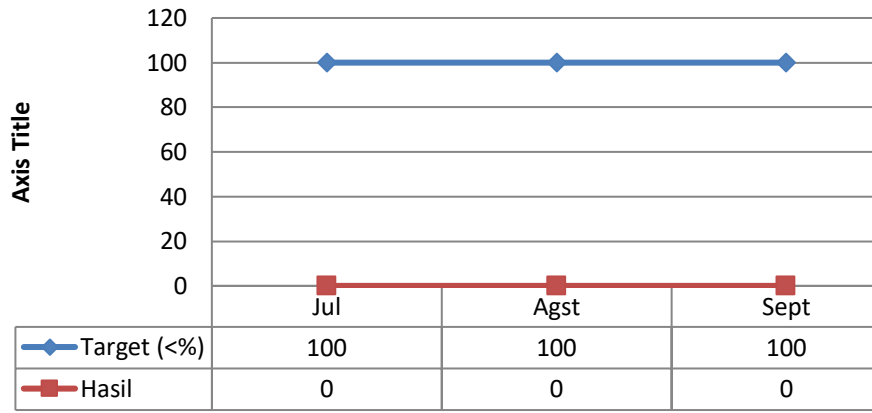
Kekosongan Obat



Angka Kejadian Infeksi Nasokomial

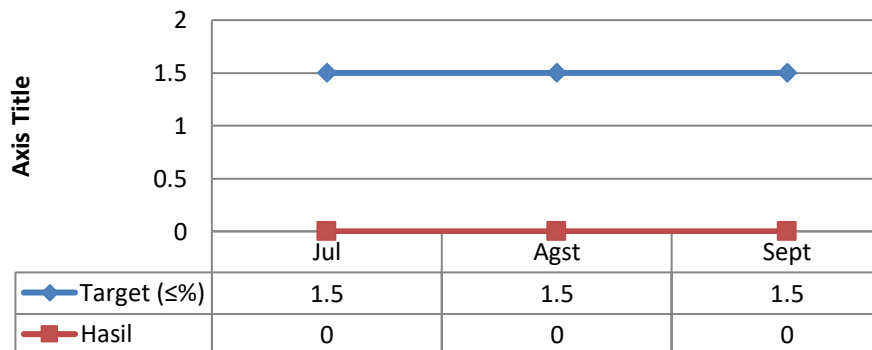


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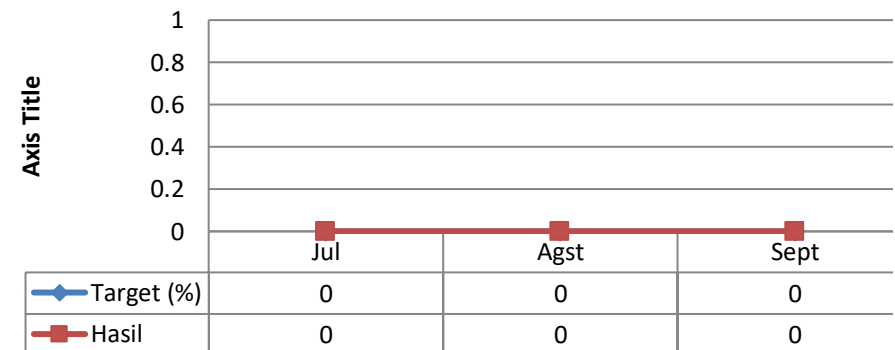


Kenanga

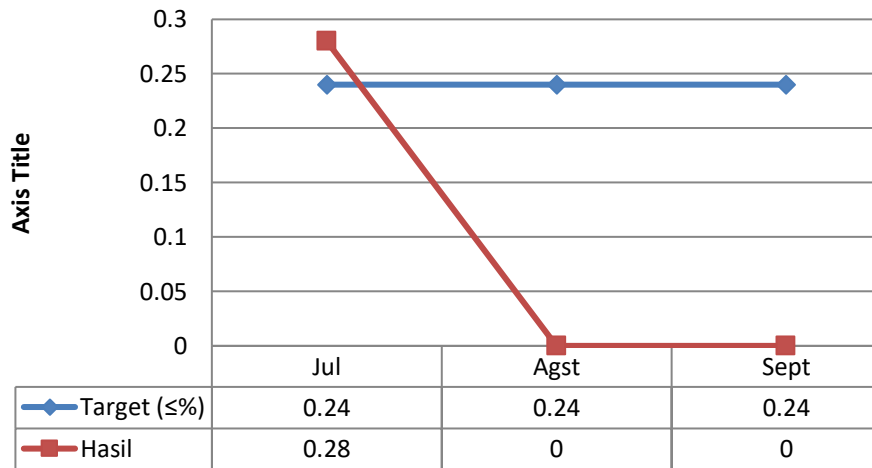
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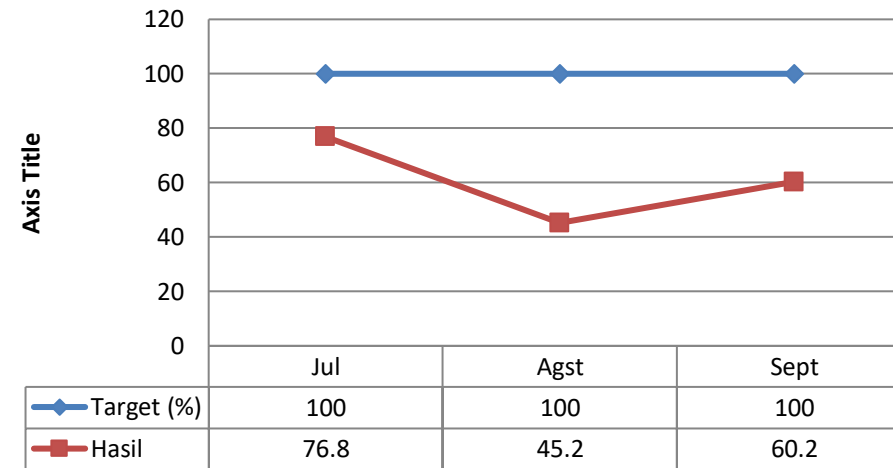
Kekosongan Obat



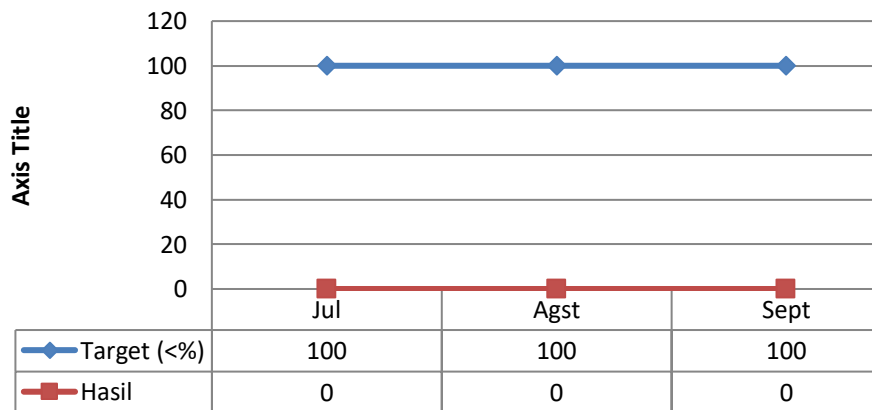
Kematian Pasien > 48 Jam



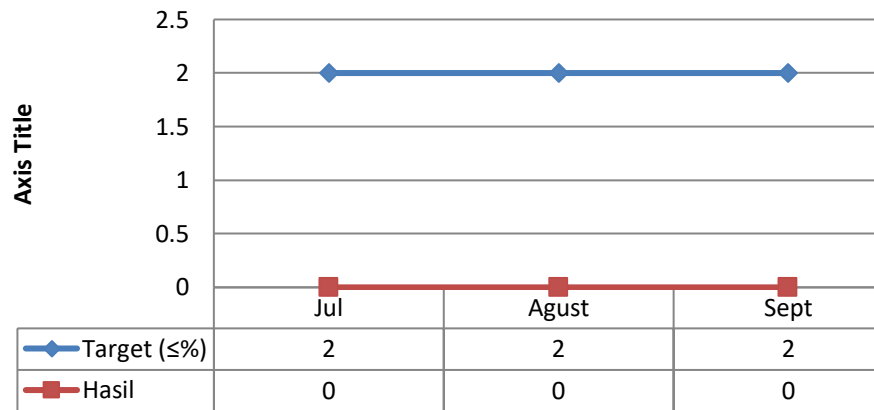
Jam Visite Dokter Spesialis



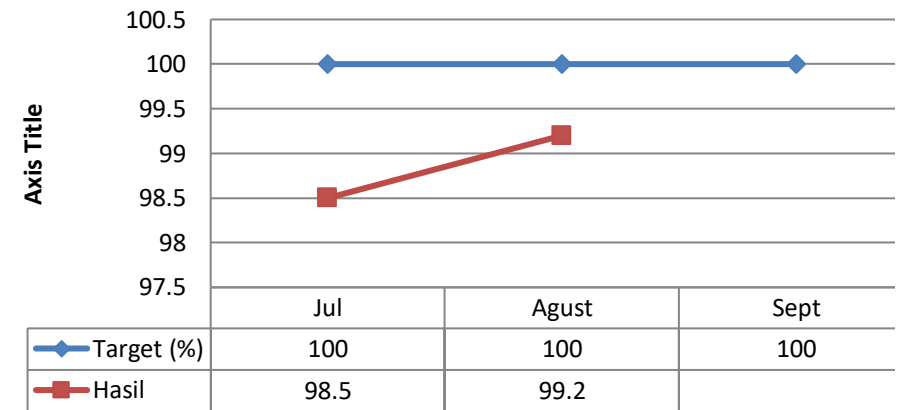
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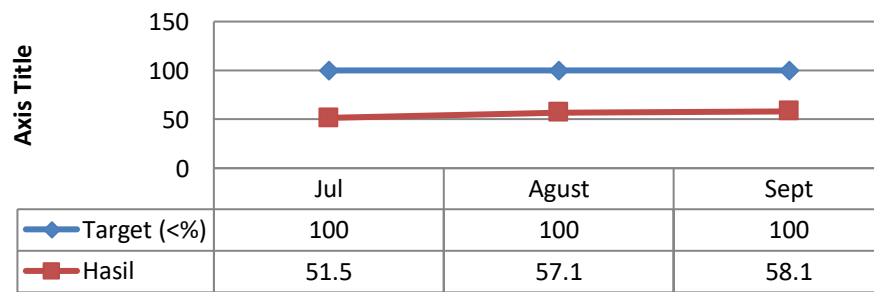
Kejadian Kegagalan Pelayanan Rontgen



Pelaksana Ekspertisi Hasil Pemeriksaan Radiologi

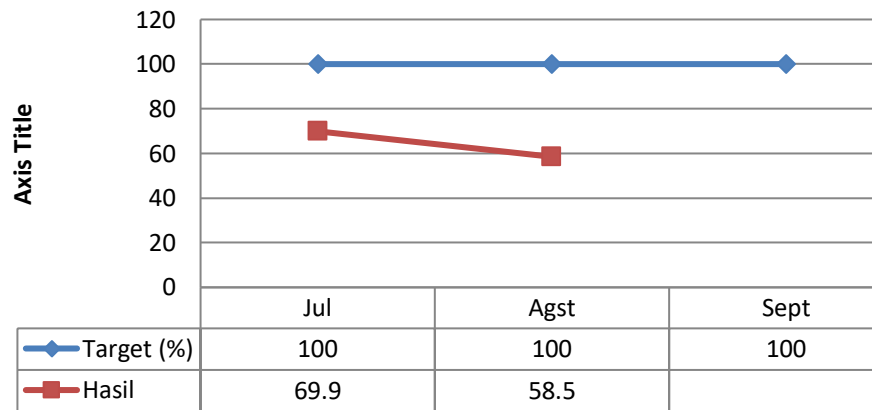


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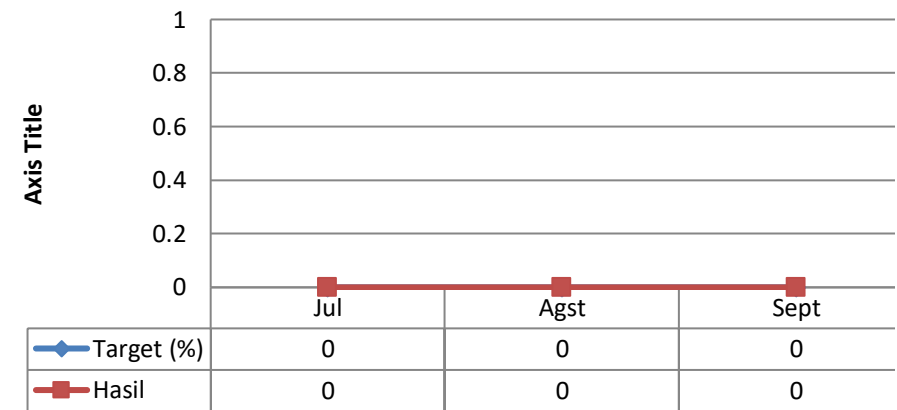


Bayi Sehat

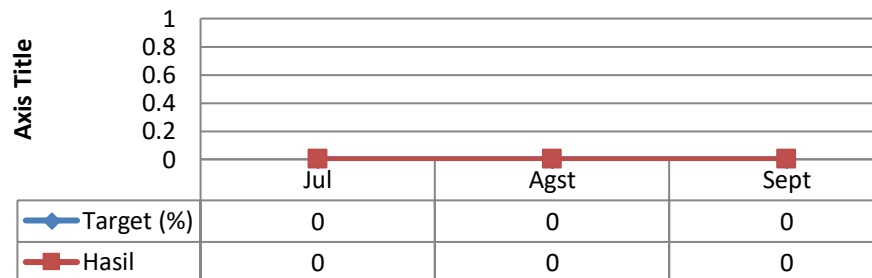
Pemberian Asi Eksklusif pada Bayi Baru Lahir



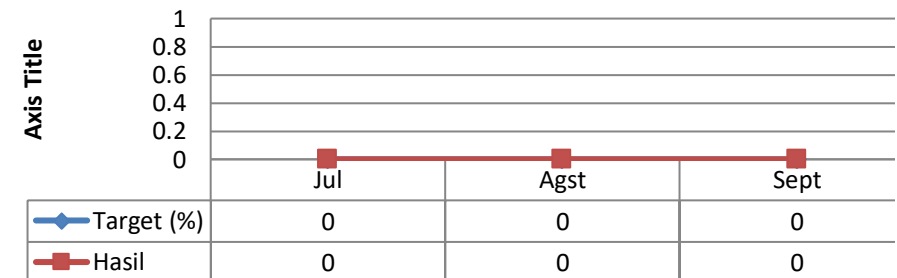
Tidakadanya Kejadian Aspirasi Pada Bayi



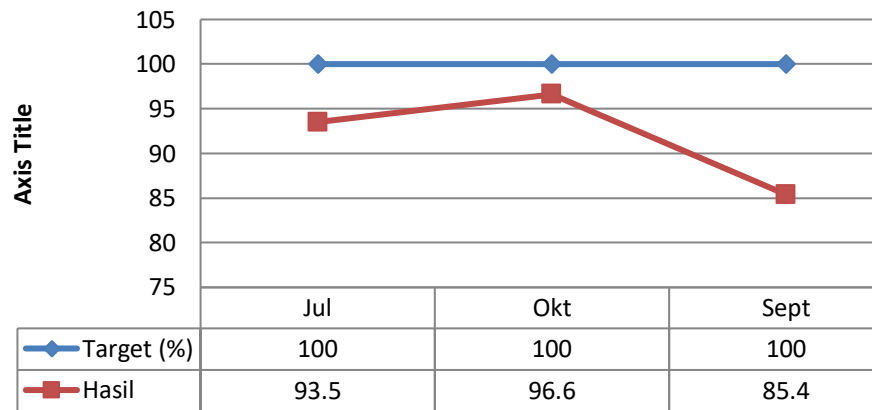
Tidakadanya Kejadian Hiperbilirubin Pada Bayi



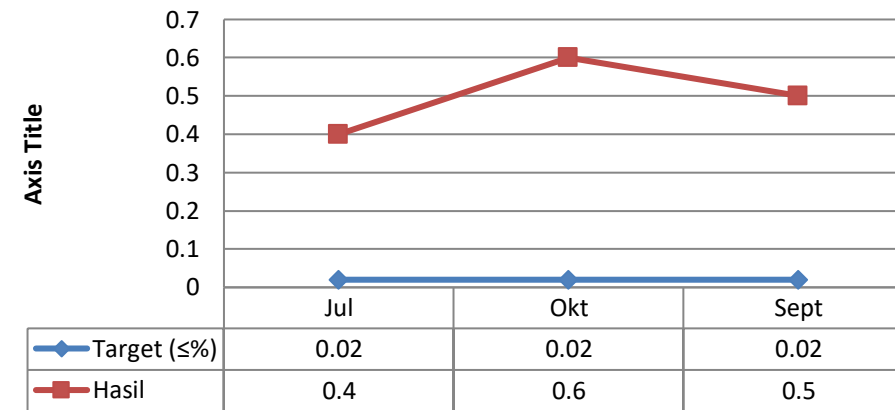
Tidakadanya Kejadian Infeksi Tali Pusat Pada Bayi



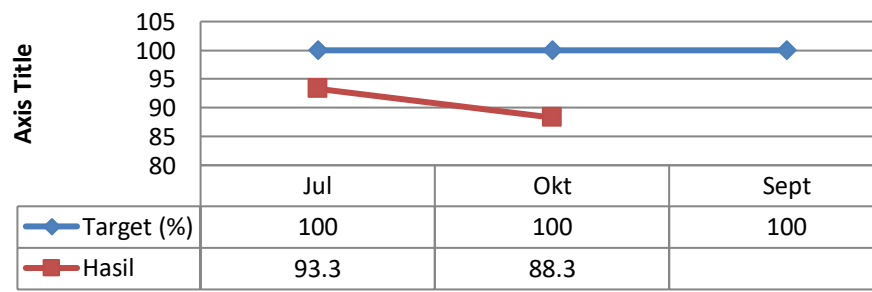
Waktu Tanggap Pelayanan Dokter di Gawat Darurat



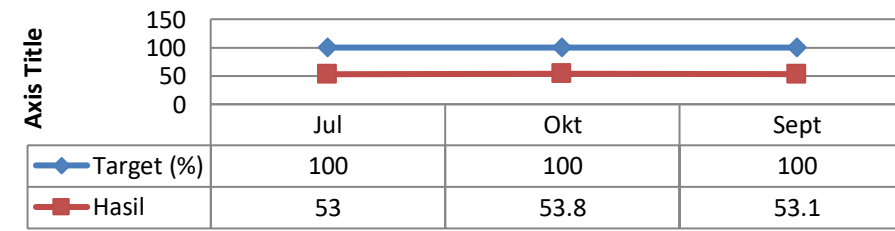
Kematian Pasien ≤ 24 jam di Gawat Darurat



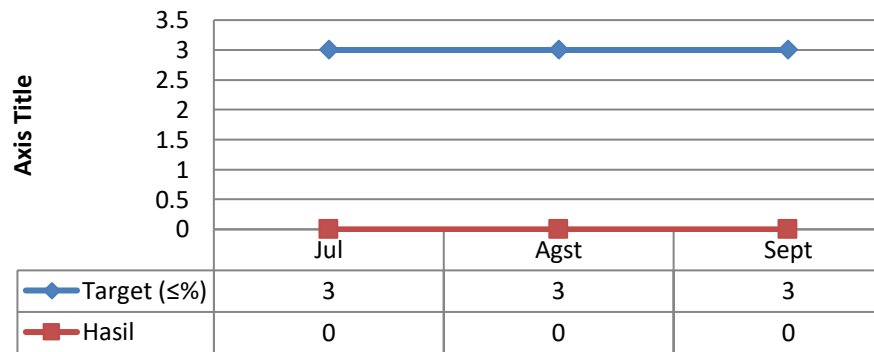
Kemampuan Menangani Life Saving Anak dan Dewasa



Pemberi pelayanan gawat darurat yang bersertifikat yang masih berlaku...



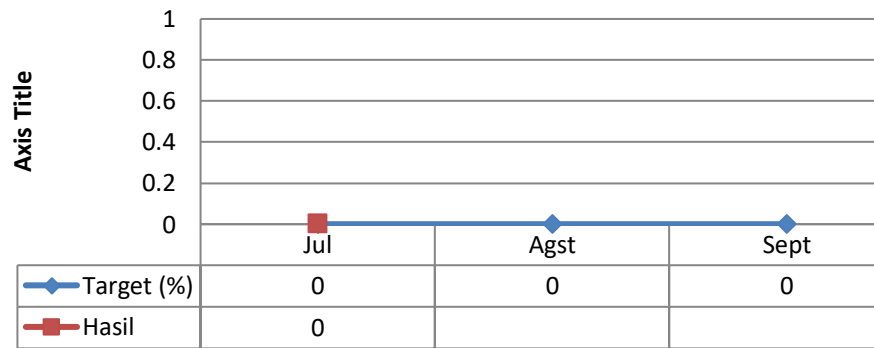
Rata rata pasien yang kembali ke perawatan intensif dengan kasus yang sama < 72 jam



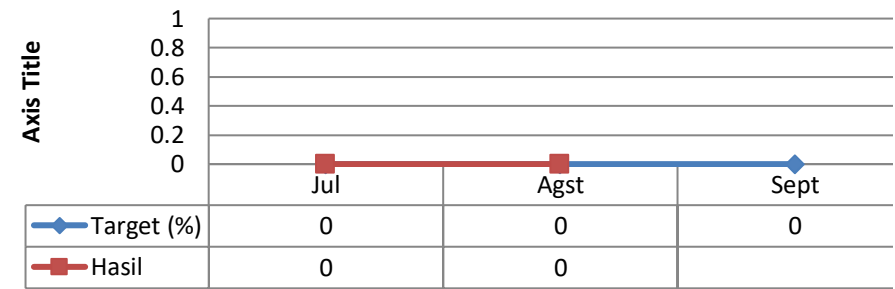
Angka Kejadian Infeksi Nasokomial



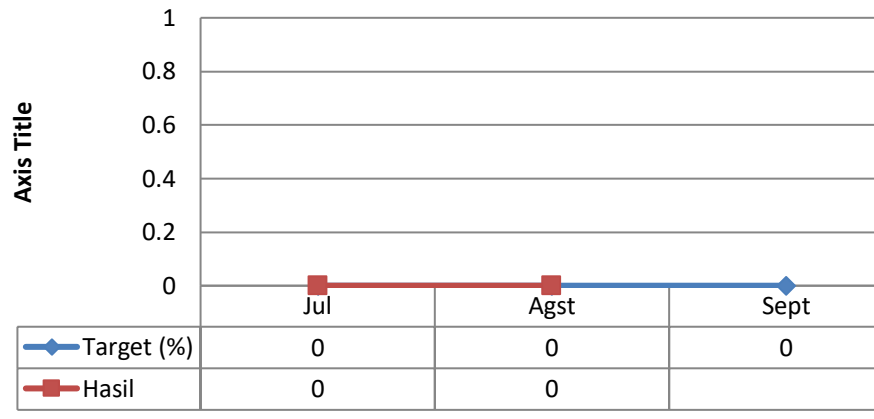
Kekosongan Obat



Tidakadanya Kejadian Pasien Jatuh yang Berakibat kecatatan/kematian

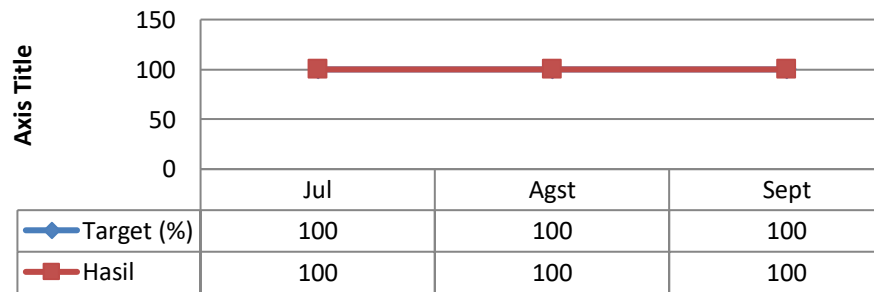


Tidakadanya Kejadian Pasien Jatuh yang Berakibat kecatatan/kematian

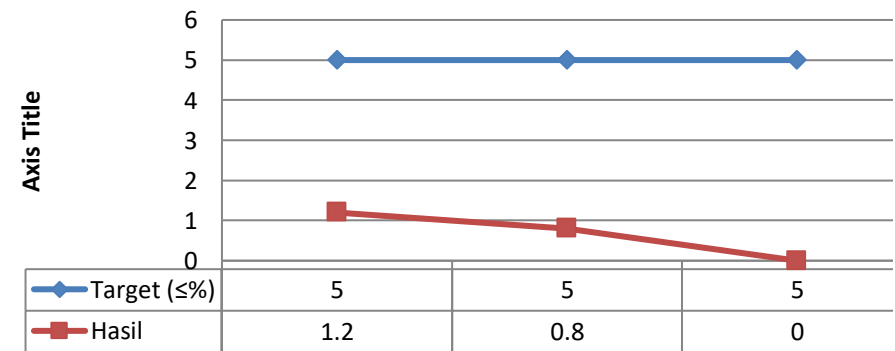


NICU

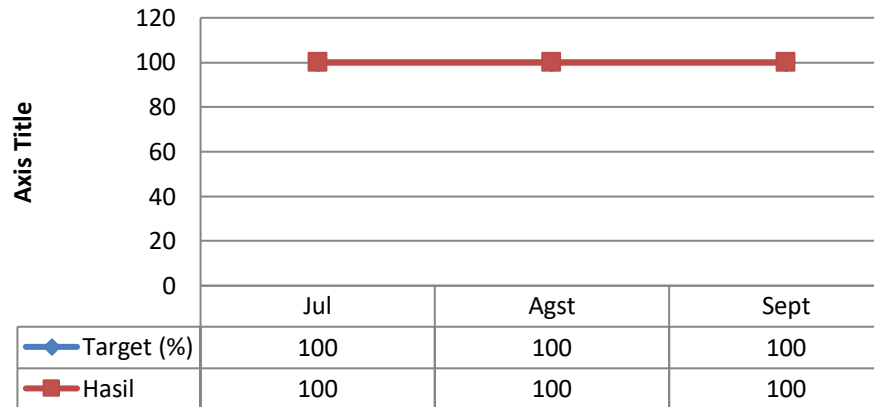
Kemampuan Menangani BBLR 1500gr-2500gr



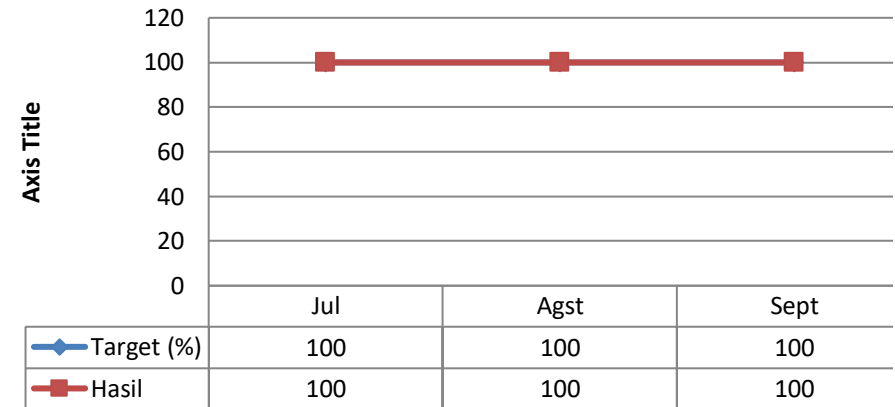
Kejadian Pulang Paksa



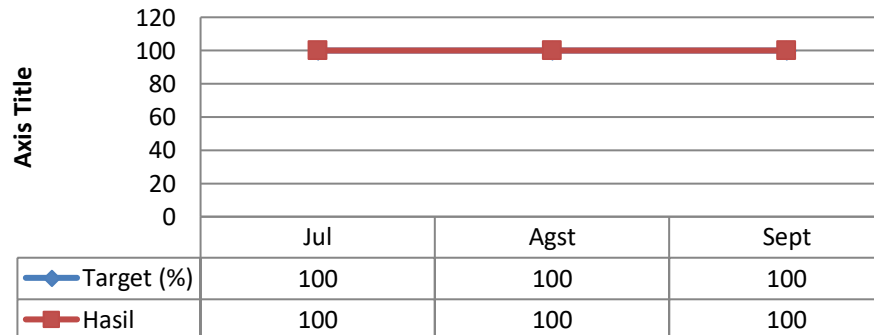
Kemampuan Menangani Bayi Ikterik Neonatus



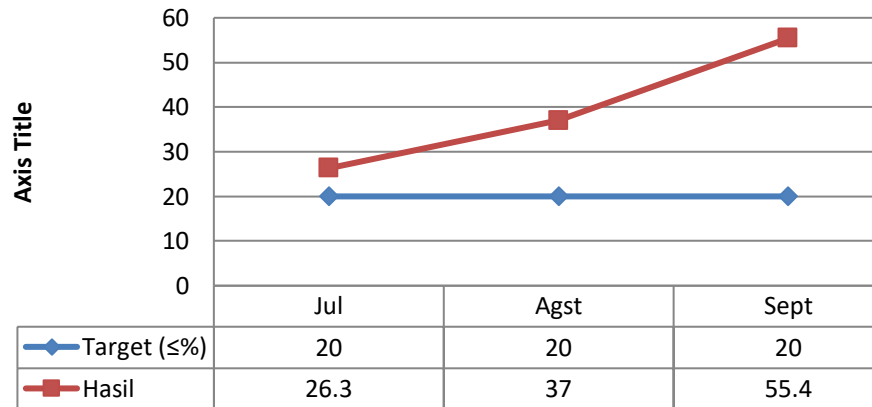
Kemampuan Menangani Bayi Respiratorik Distres



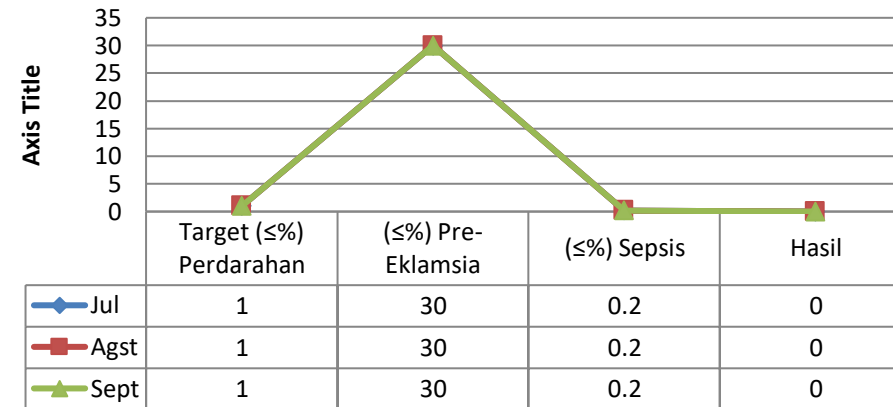
Kesiagaan Orang Tua



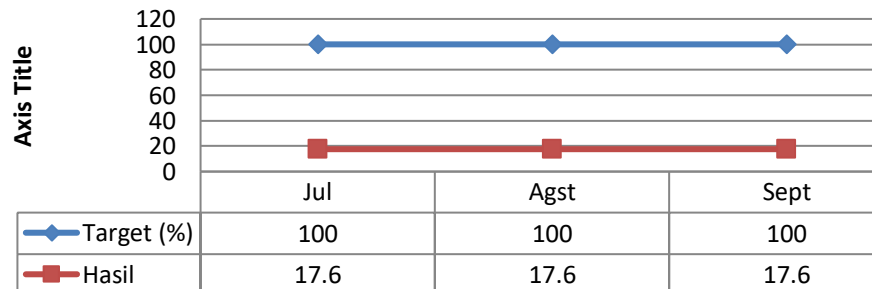
Pertolongan Persalinan Melalui Seksio Caesarea



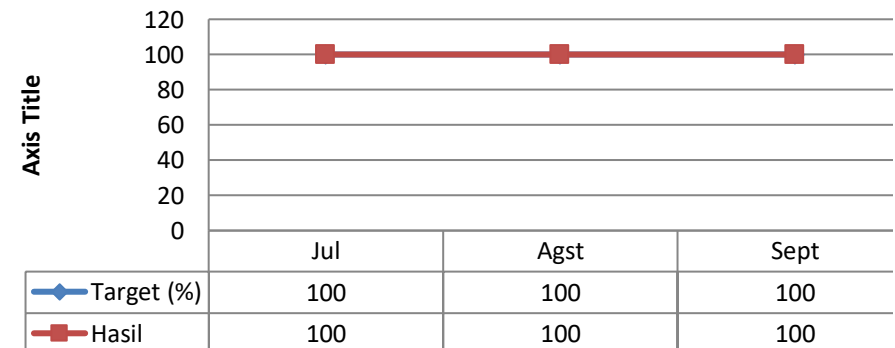
Kejadian Kematian Ibu Karena Persalinan



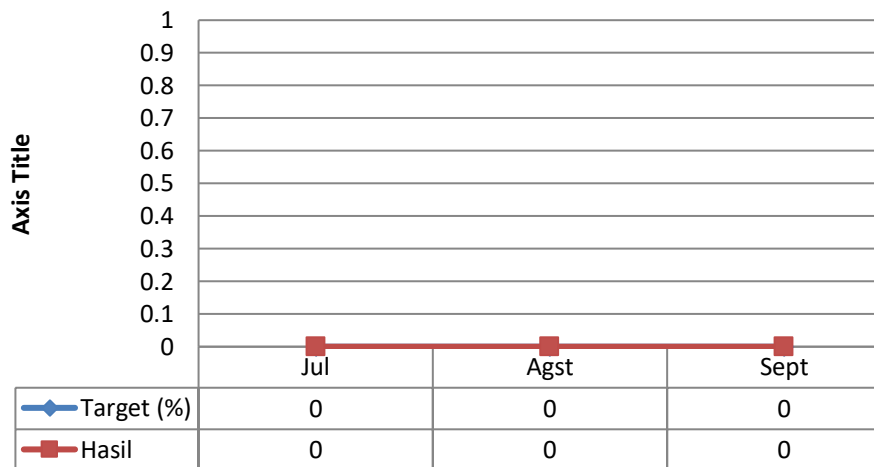
Pemberi Pelayanan Persalinan dengan Tindakan Operasi



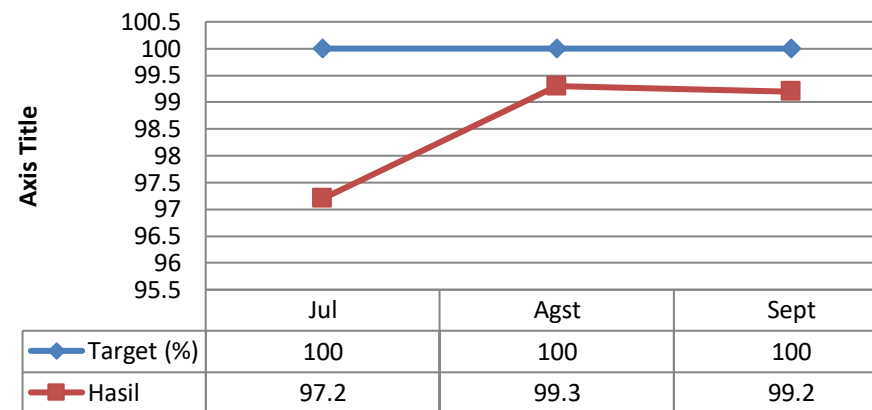
Keluarga Berencana Mantap



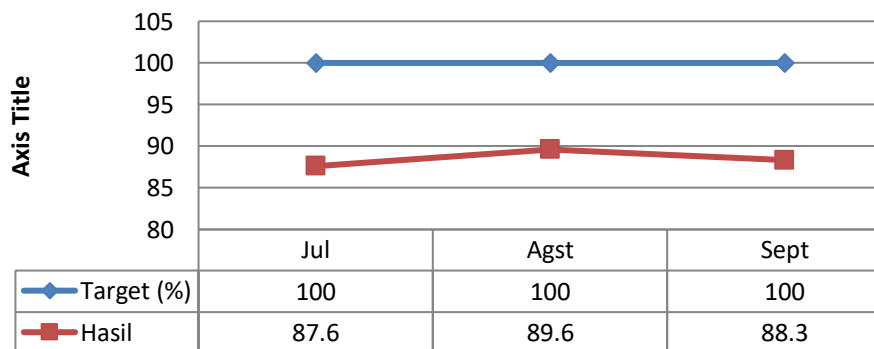
Kekosongan Obat



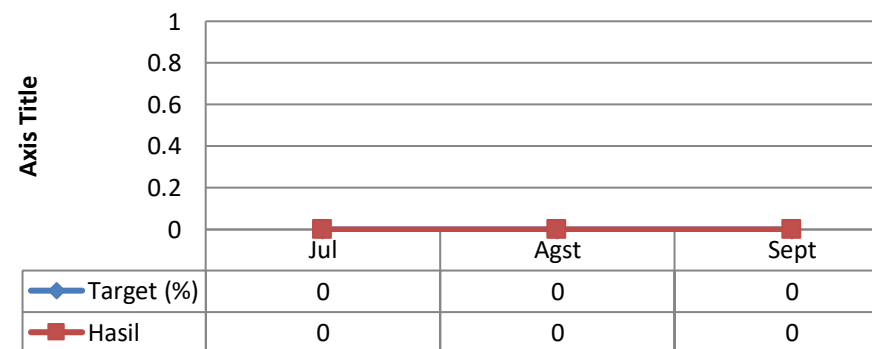
Kelengkapan Data dan Formulir Pasien



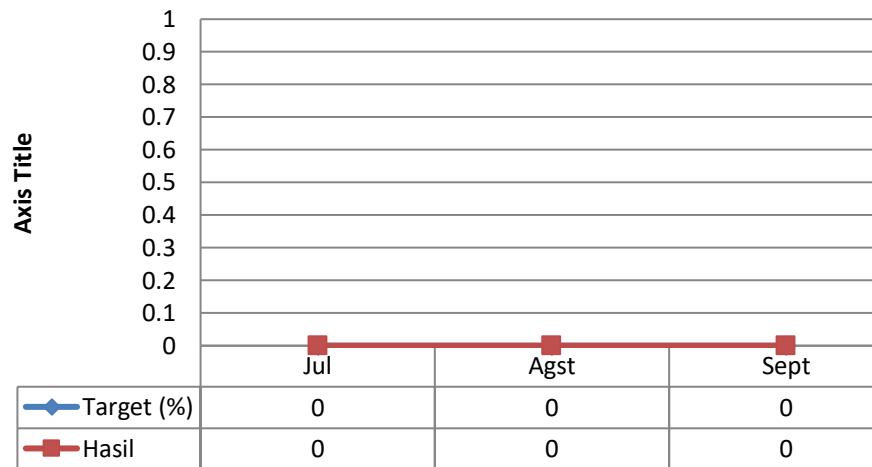
Waktu Tunggu di Rawat Jalan



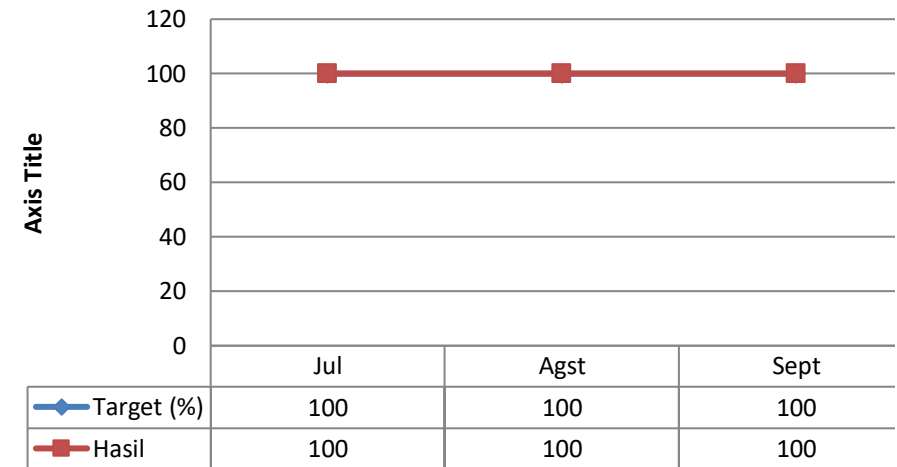
Kejadian Kehilangan Status Pasien



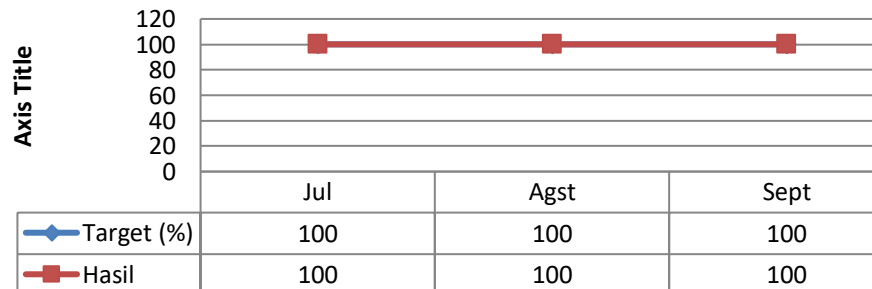
Kejadian Reaksi Transfusi Darah



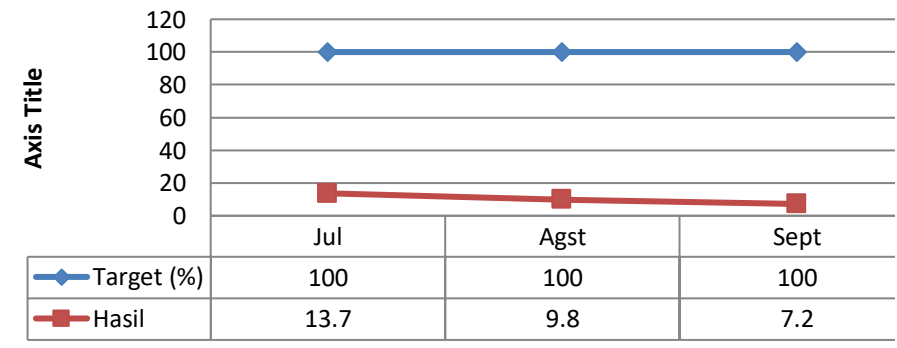
Pelaksana Ekspertisi



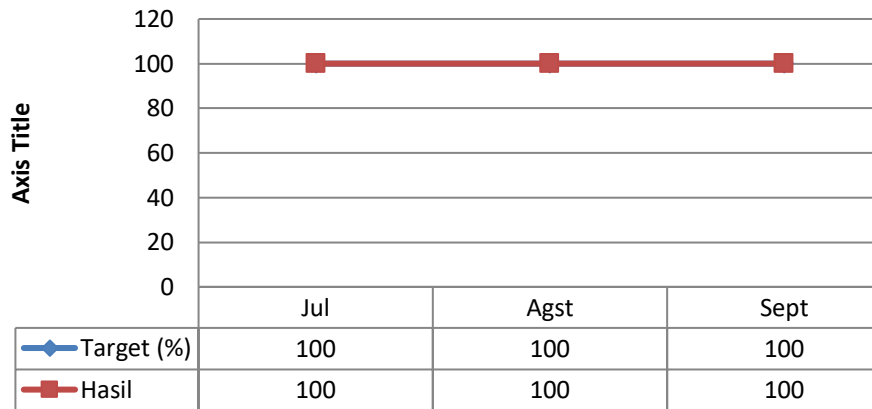
Tidakadanya Kesalahan Pemberian Hasil Pemeriksaan Laboratorium



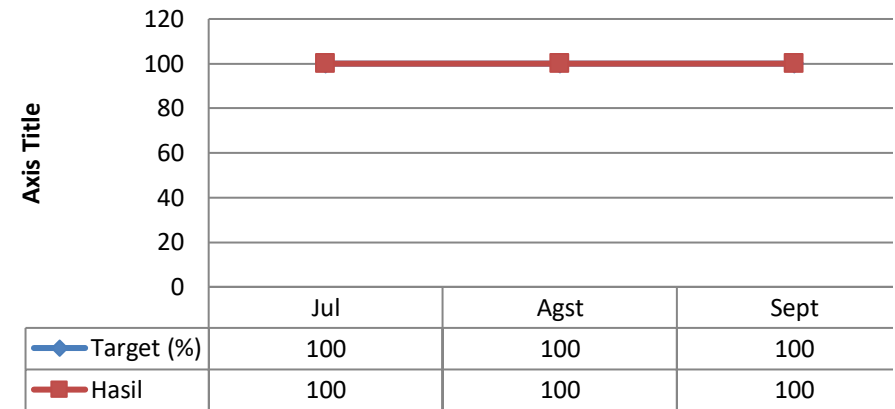
Tidak Ada Darah yang Kosong



Waktu Tunggu Hasil Pelayanan Laboratorium

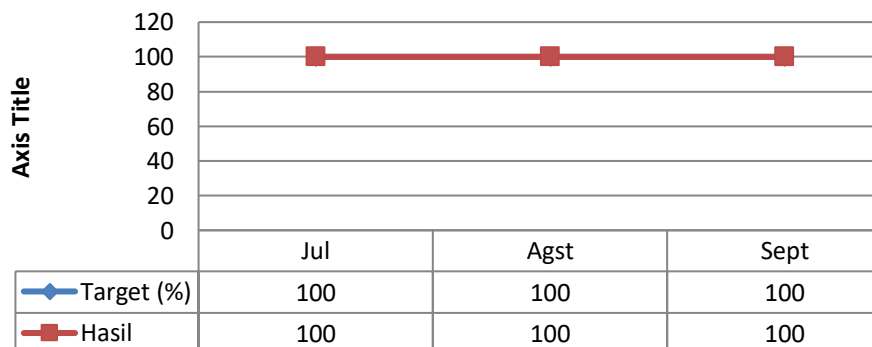


PELAPORAN HASIL KRITIS LABORATORIUM < 30 MENIT

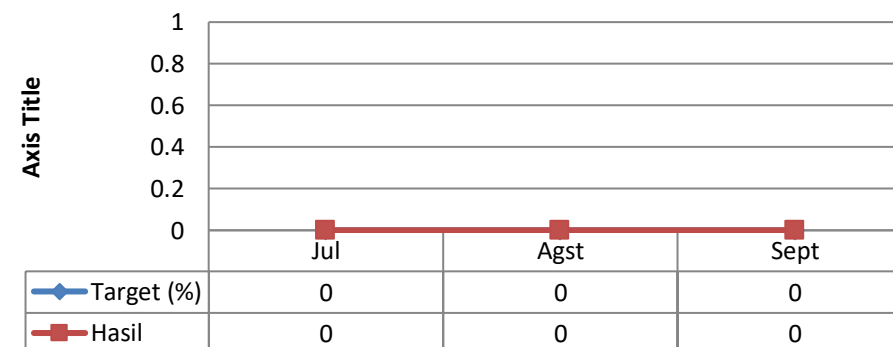


OK

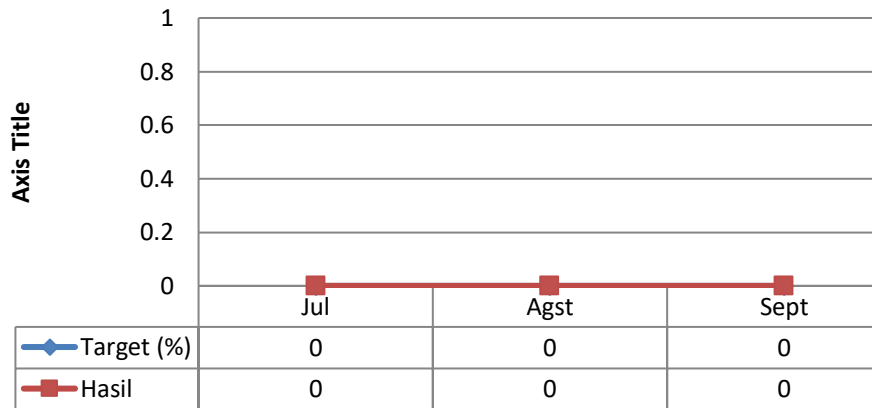
Waktu Tunggu Operasi Elektif



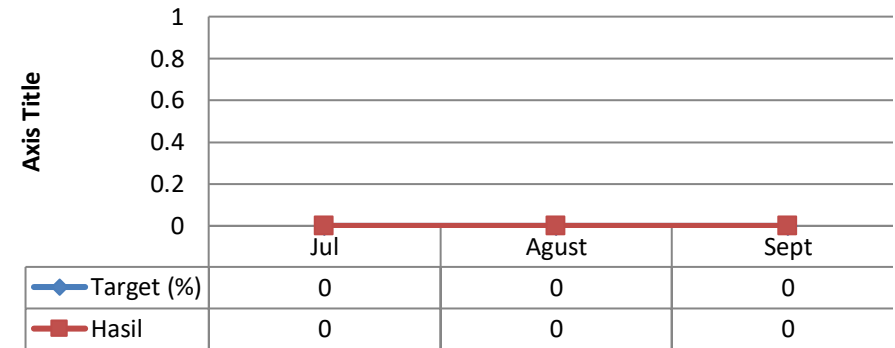
Kejadian Kematian di Meja Operasi



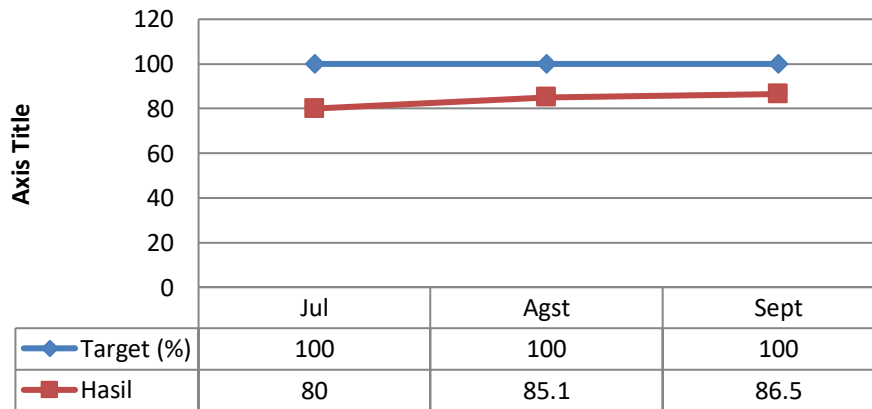
Tidakadanya Kejadian Operasi Salah Sisi



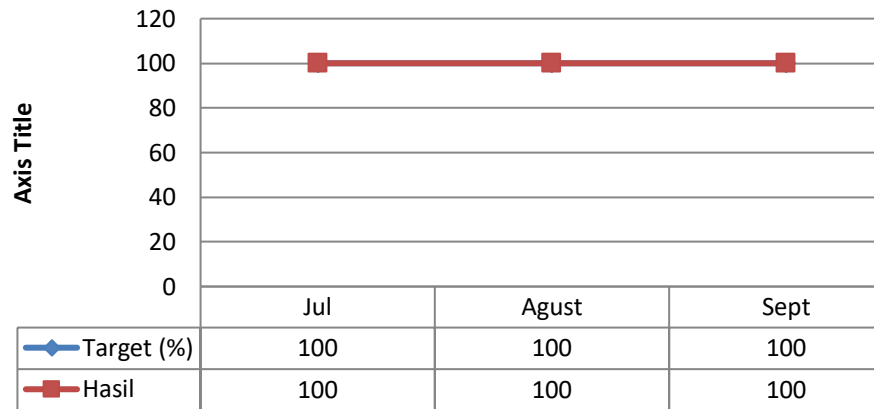
Tidakadanya Kejadian Tertinggalnya Benda Asing/lain pada Tubuh Pasien yang Operasi



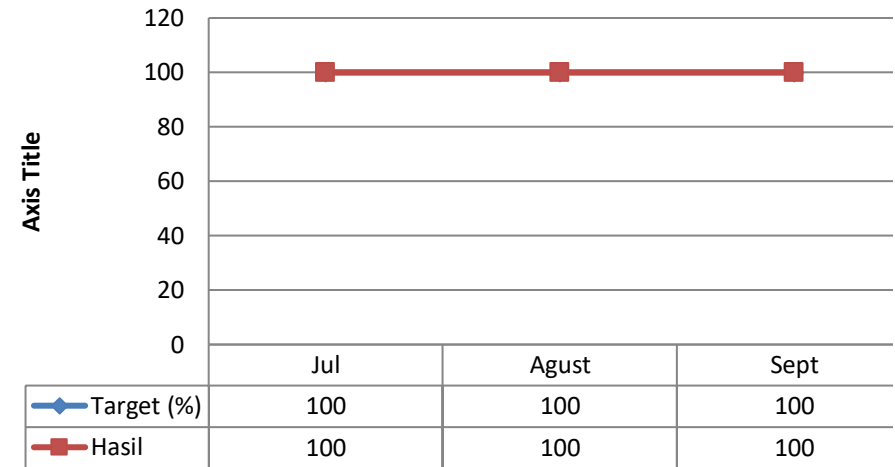
Kelengkapan Pengisian Asessment Anestesi



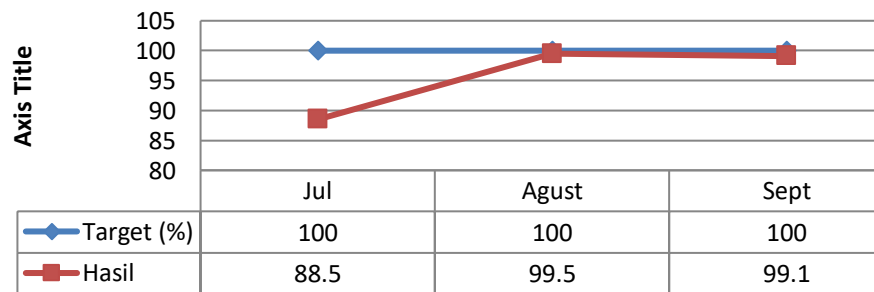
Waktu Tunggu Pelayanan Obat Jadi dan Obat Racikan



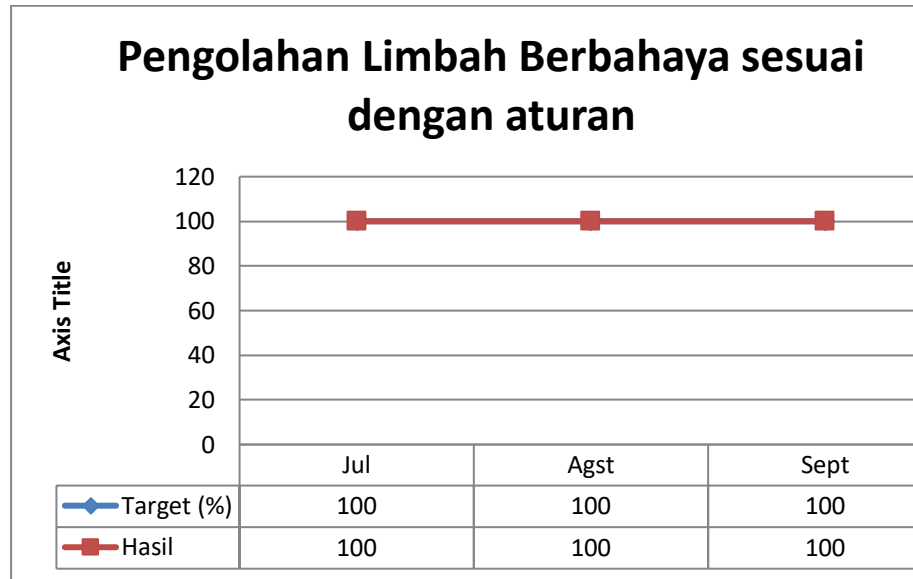
Penulisan Resep Sesuai Formularium



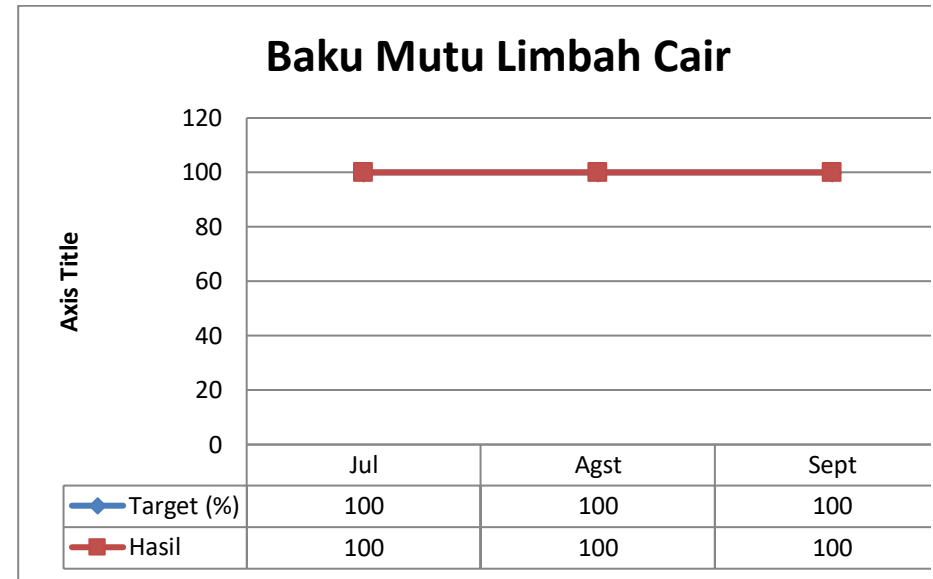
Tidakadanya Kejadian Kesalahan Pemberian Obat



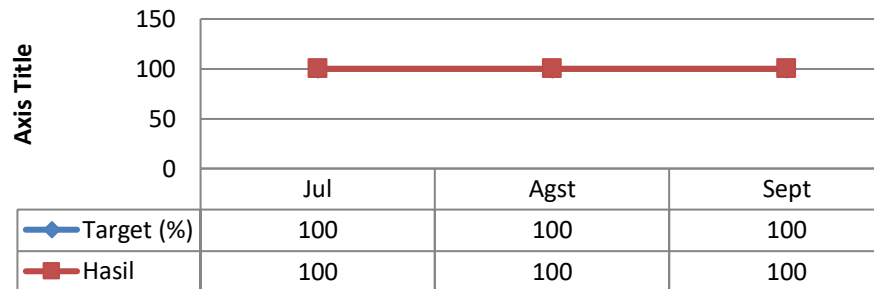
KESLING



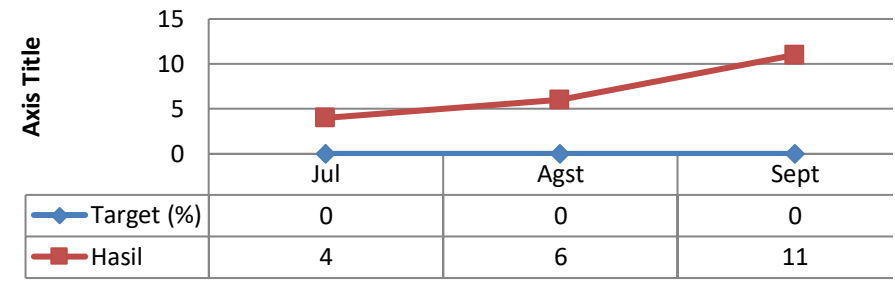
GIZI



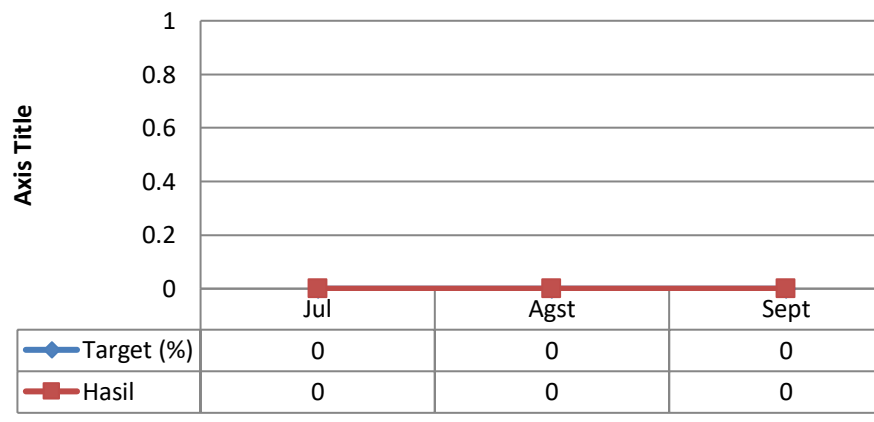
Ketepatan Waktu Pemberian Makanan kepada Pasien



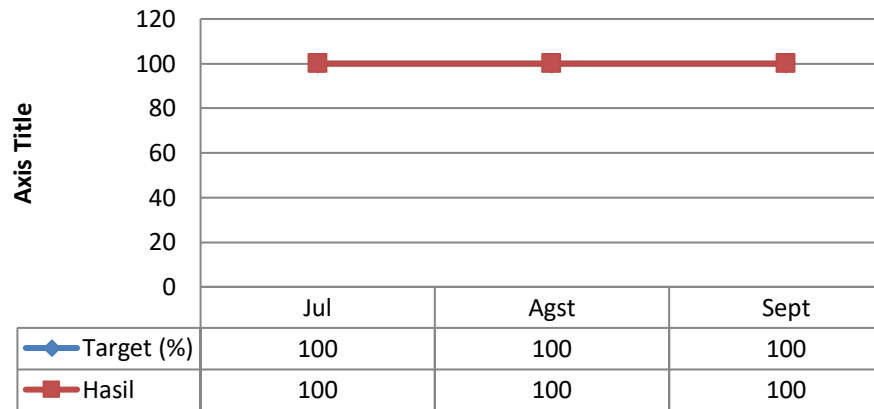
Sisa Makanan Yang Tidak termakan oleh Pasien



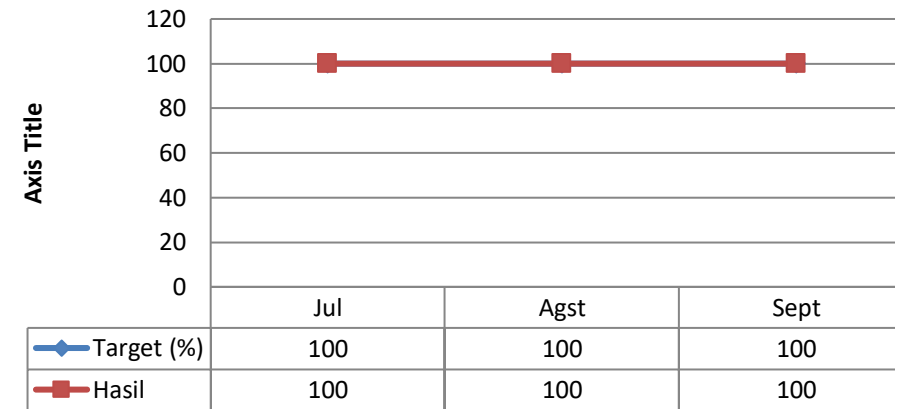
Tidakadanya Kejadian Salah Pemberian Diet



Tidakadanya Kejadian Linen Yang Hilang

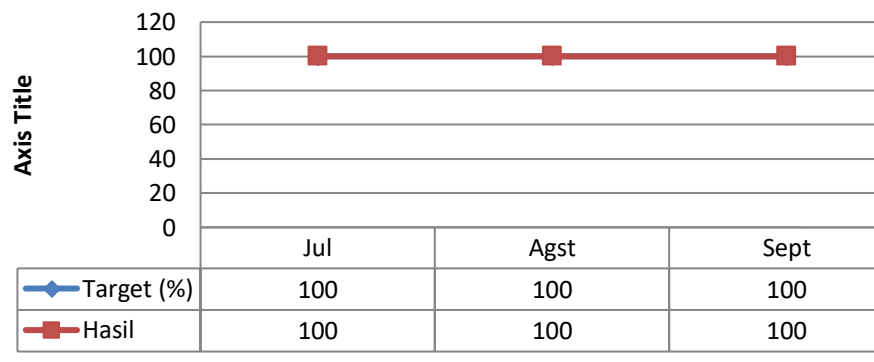


Ketepatan Waktu Penyediaan Linen untuk Ruang Rawat Inap

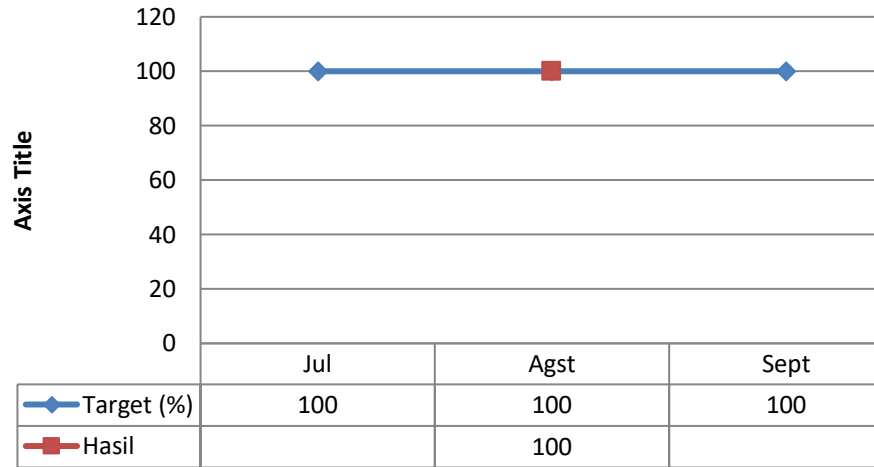


AMBULANCE

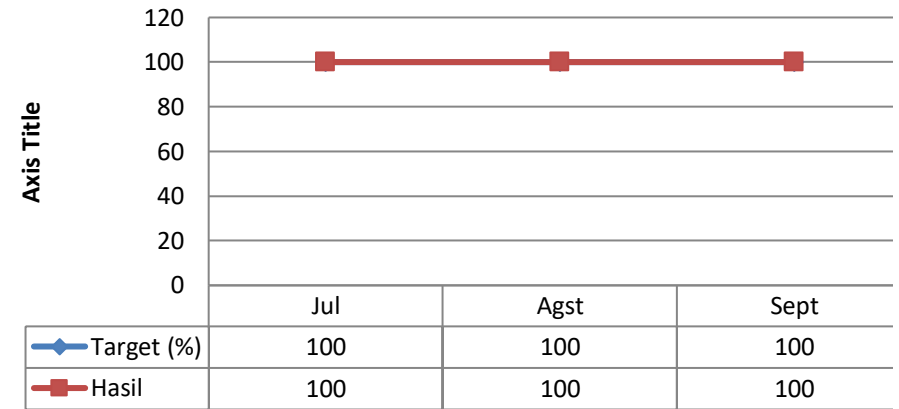
Waktu Pelayanan Ambulance



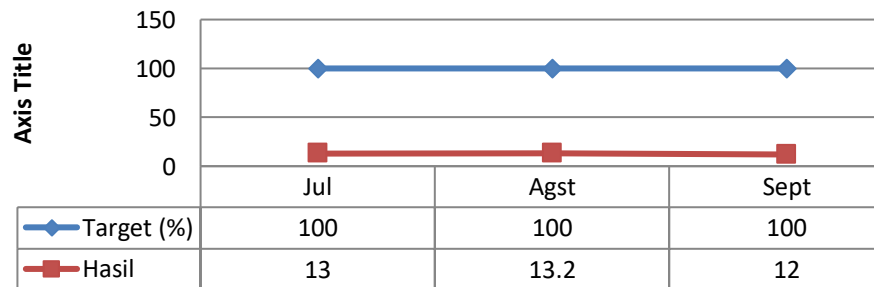
Pelaksana Evaluasi Alat/3 Bulan



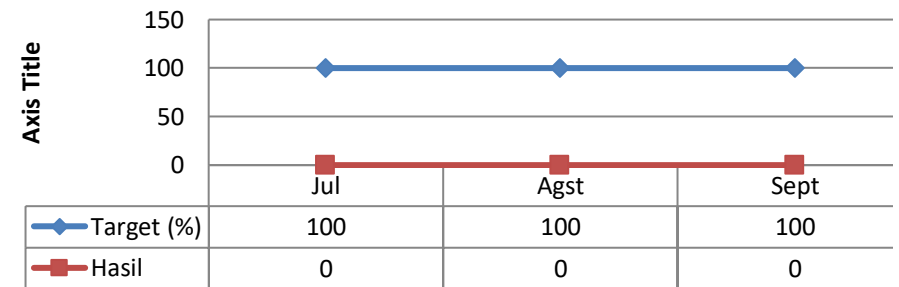
Pelaksana Sosialisasi pada setiap User



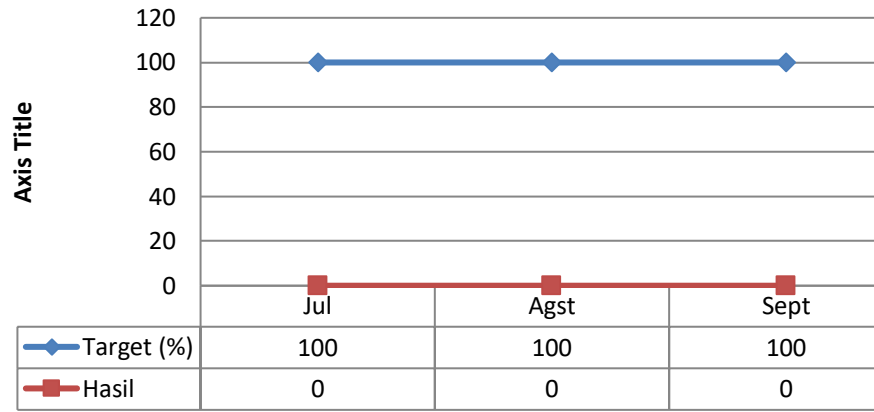
Waktu Penghantara Alat Kotor dari Ruangan ke CSSD kurang dari 16 jam



Waktu Penyediaan Instrumen dengan Mesin Washer kurang dari 5 jam

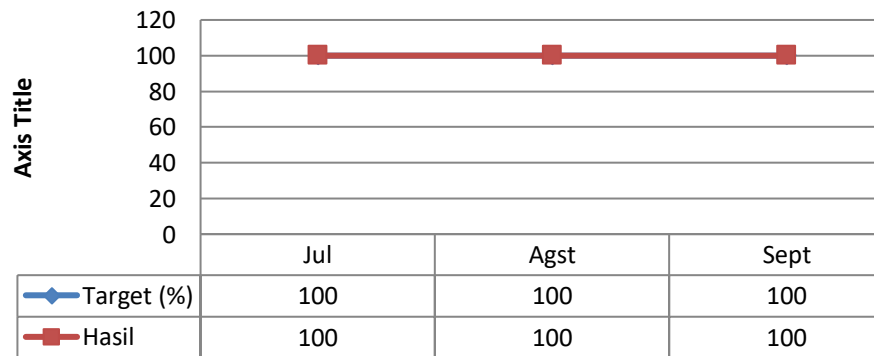


Waktu Penyediaan Instrumen Manual 2 jam

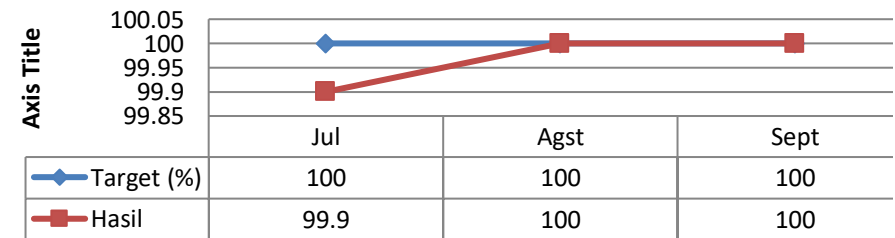


REKAM MEDIK

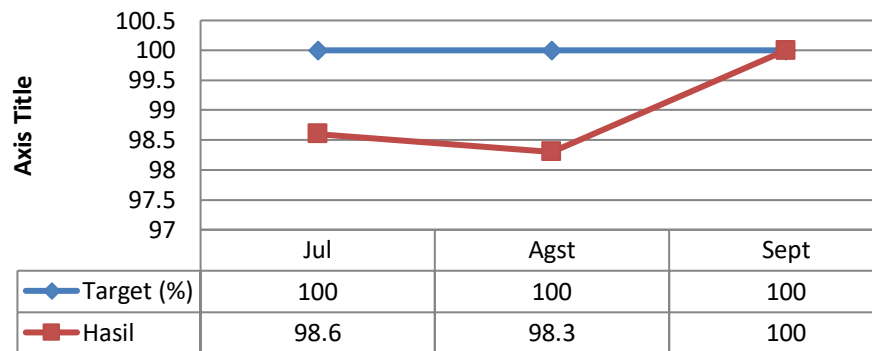
Tersedianya Rak Status



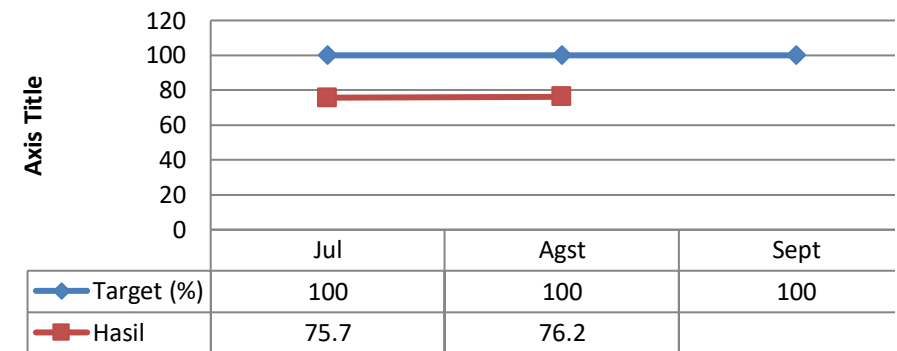
Waktu Penyediaan Dokumen Rekam Medik Pelayanan Rawat Inap Standar Rerata ≤ 15 menit



Waktu Penyediaan Dokumen Rekam Medik Pelayanan Rawat Jalan Standar rerata ≤ 10 menit

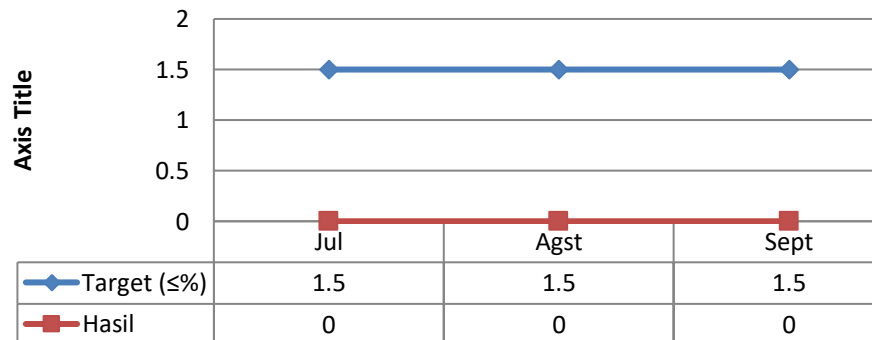


Kelengkapan Informed Consent setelah Mendapatkan Informasi yang jelas

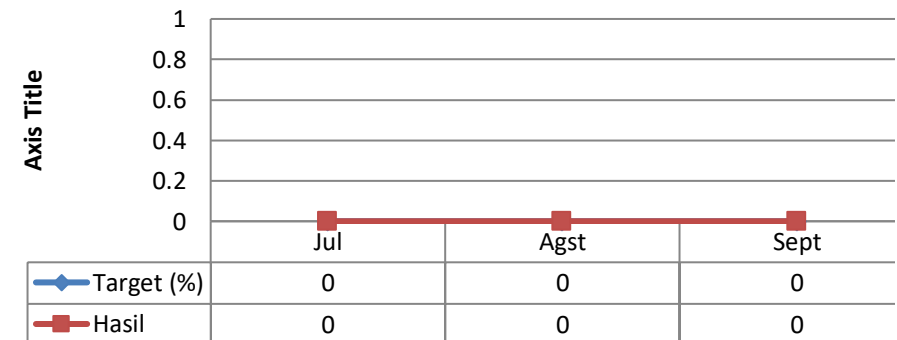


HEMODIALISA

Angka Kejadian Infeksi Nasokomial



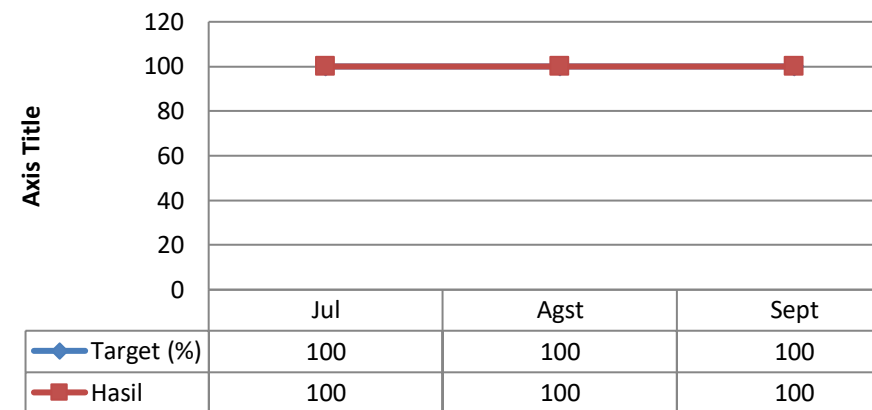
Kekosongan Obat



Kematian Pasien ≤ 24 kam di HD

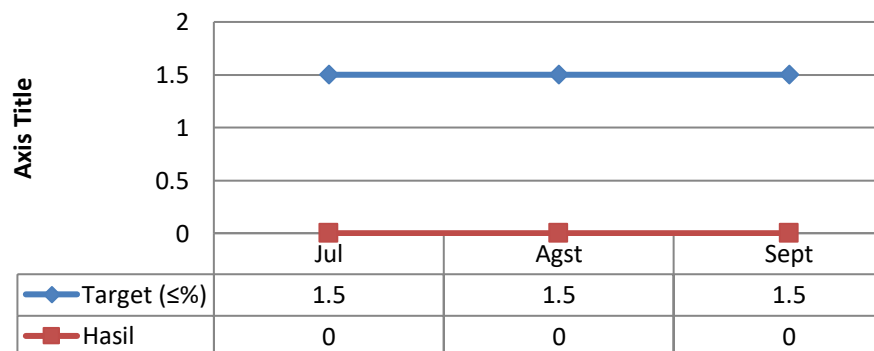


Tidakadanya Kejadian Pasien Jatuh yang Berakibat Kecelakaan/Kematian

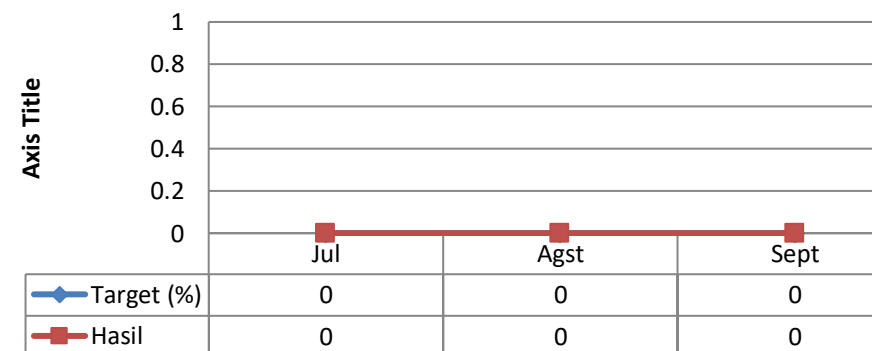


KEMOTERAPI

Angka Kejadian Infeksi Nasokomial



Kekosongan Obat



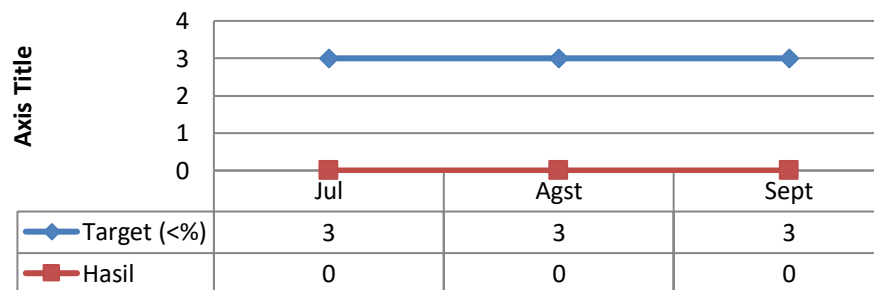
Kematian Pasien ≤ 24 jam di Kemoterapi



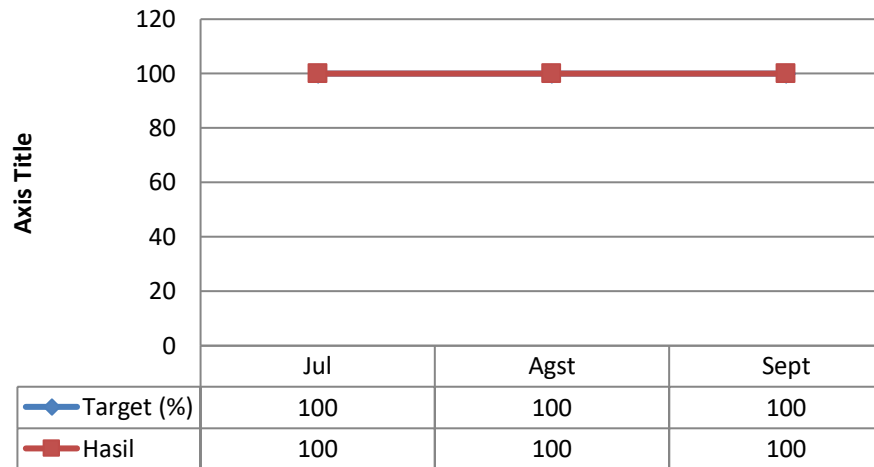
Kepatuhan Waktu Visite Dokter



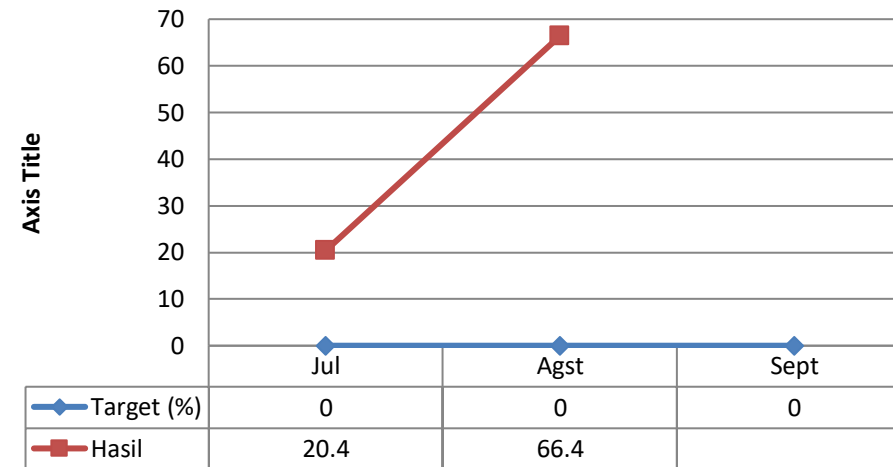
Waktu Tunggu Hasil Pelayanan Thorax Foto



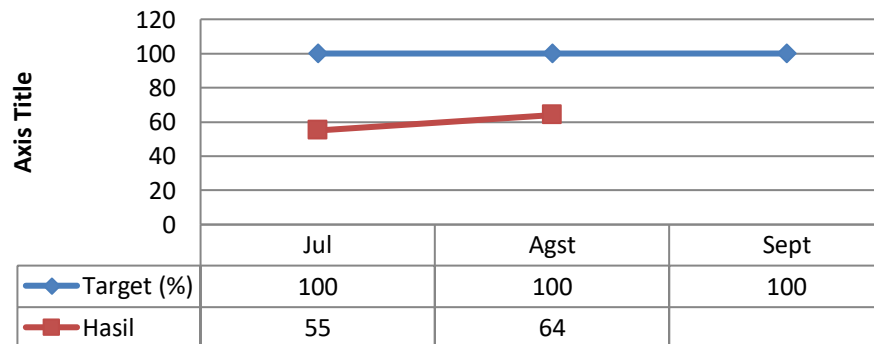
Kejadian Waktu Mendaftar <15 menit



Kekosongan Kamar



Ketersediaan Gelang



Demikianlah Hasil Pengumpulan data Indikator ini telah di Validasi oleh komite mutu dan di setuju oleh direktur untuk di publikasi ke website dan madding Rumah Sakit .

Diketahui Oleh



dr. Alprindo Sembiring,M.Kes

Deli Tua, 4 Oktober 2022

Disusun Oleh Komite Mutu



dr. Andreas Hamonangan Lumban Gaol