

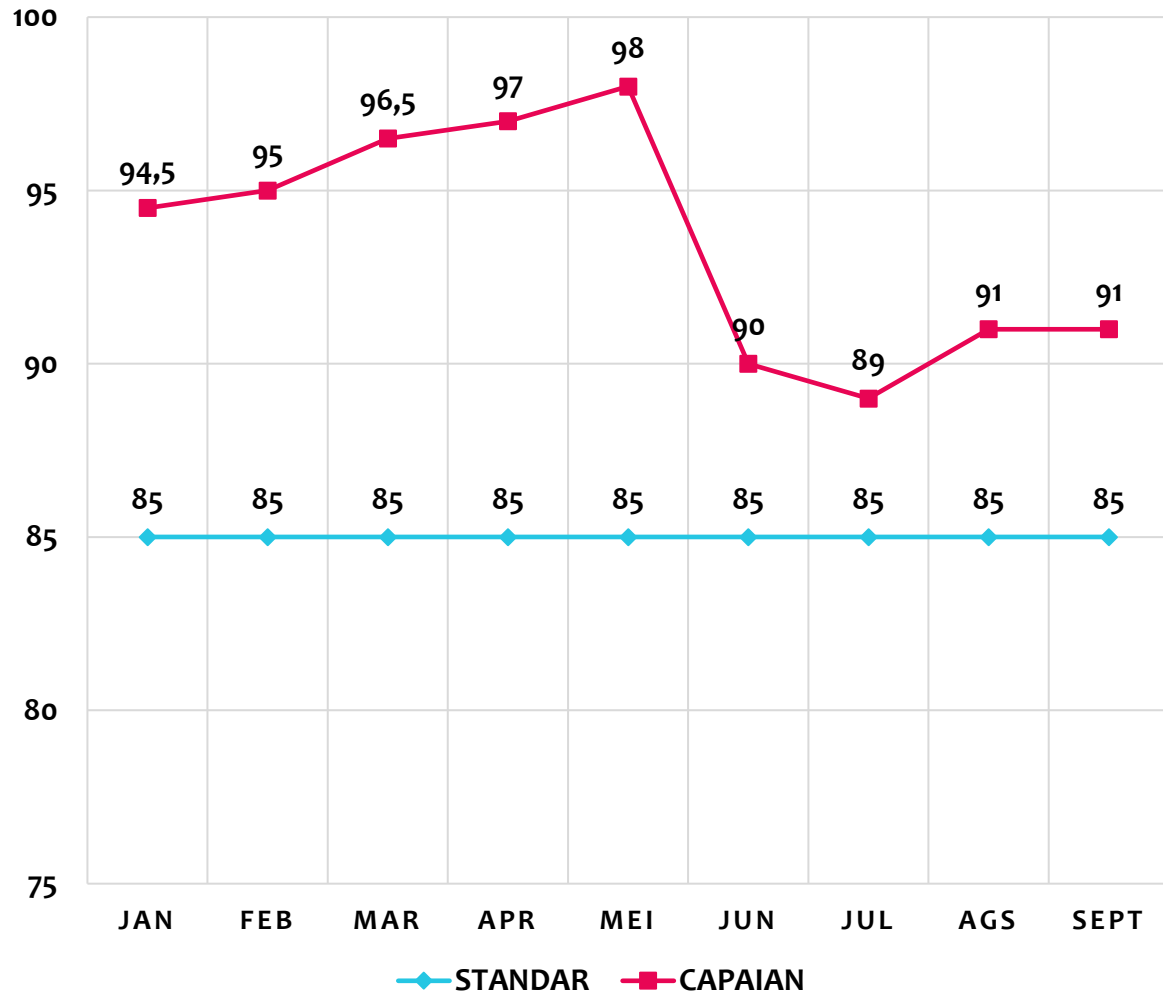


# **LAPORAN CAPAIAN INDIKATOR MUTU TRI WULAN 1-2-3**

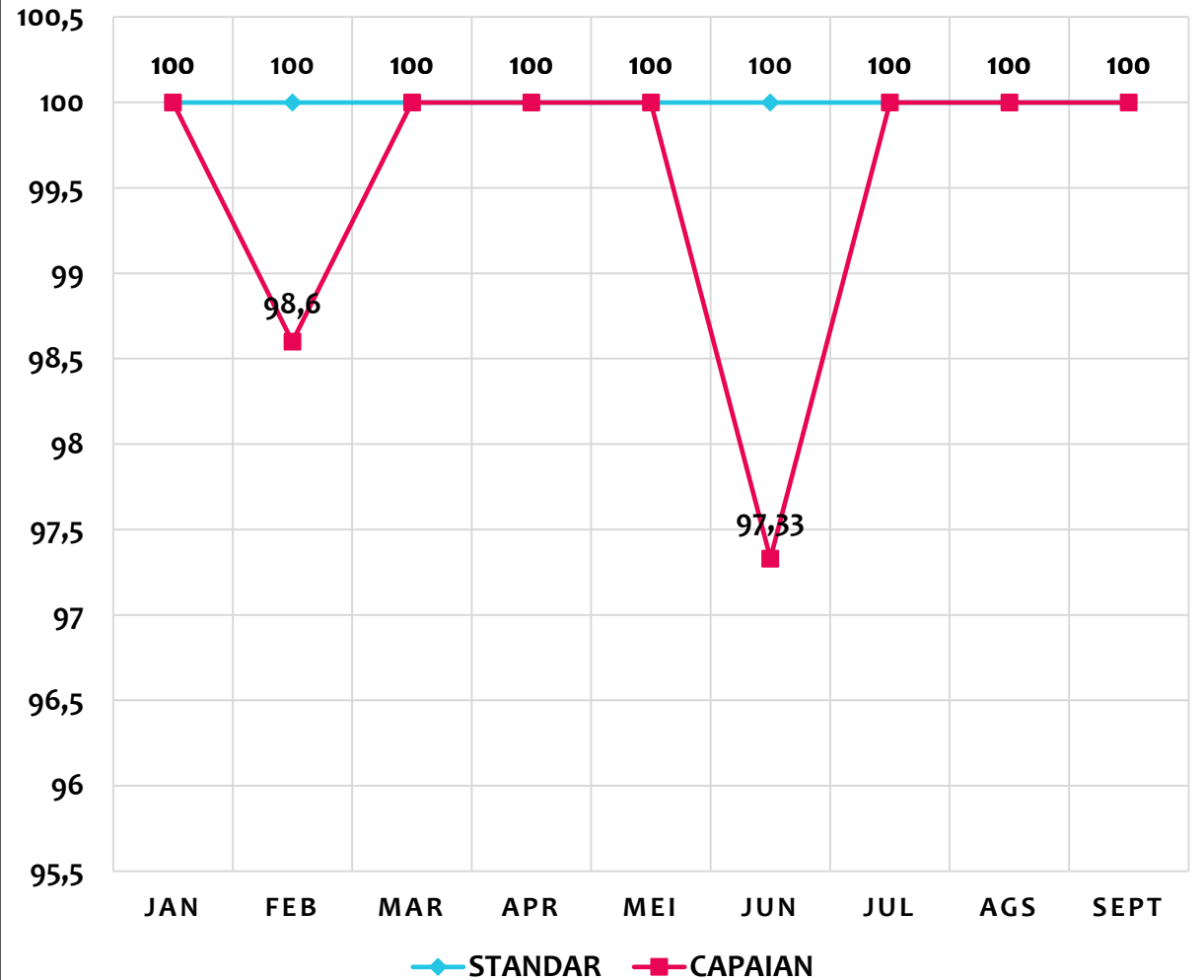
**KOMITE MUTU RSJD AHM SAMARINDA**

# INDIKATOR NASIONAL MUTU

## KEPATUHAN KEBERSIHAN TANGAN

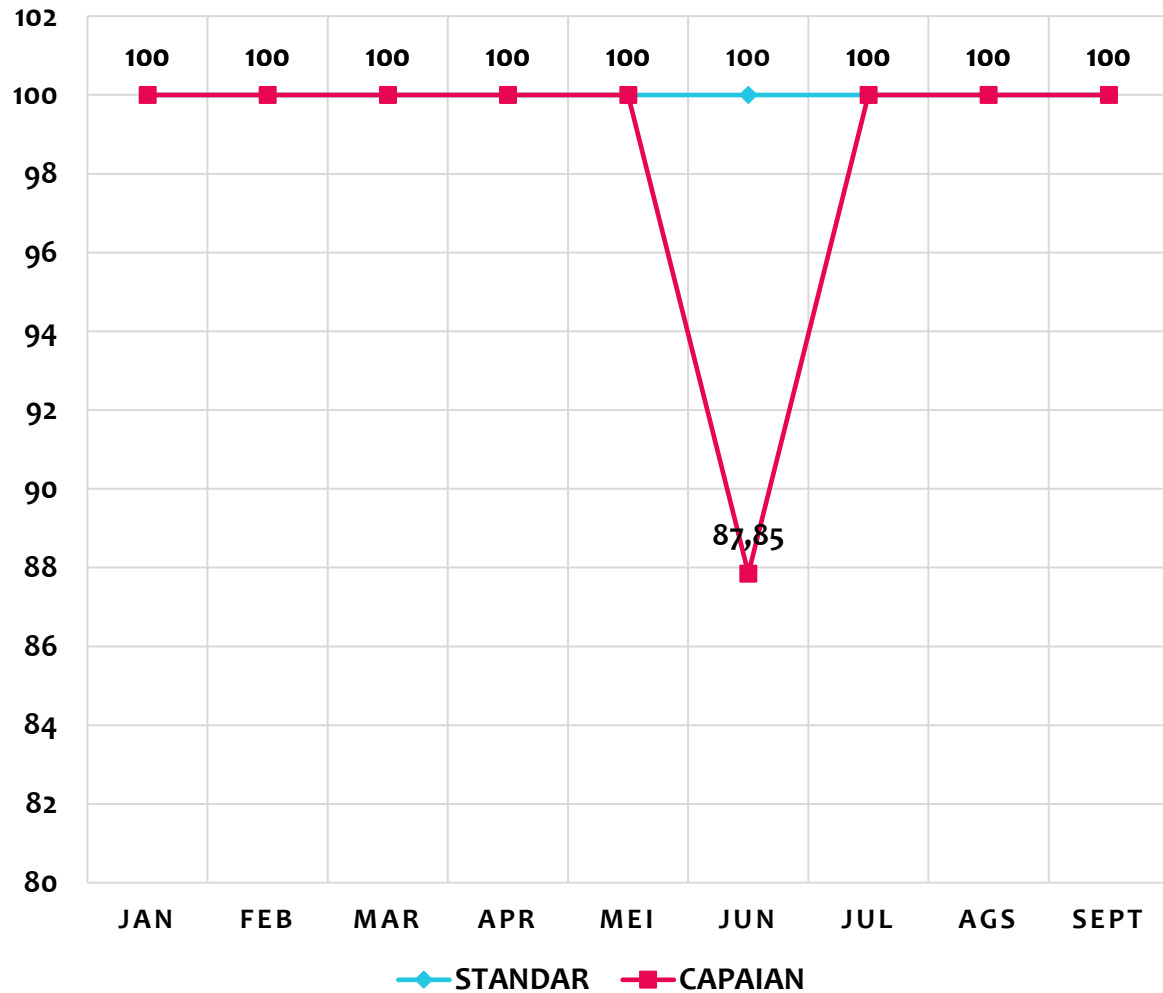


## KEPATUHAN PENGGUNAAN APD

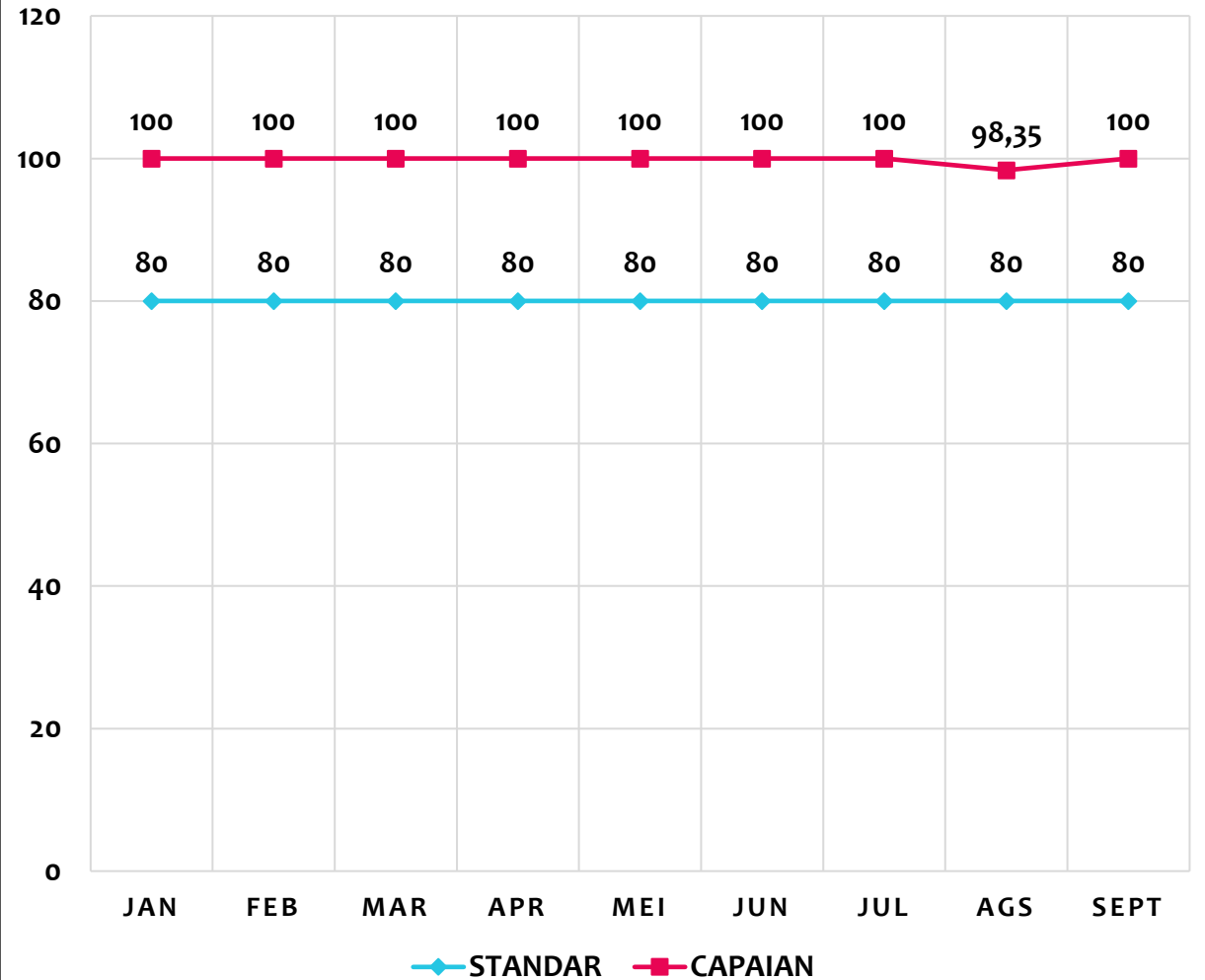


# INDIKATOR NASIONAL MUTU

## KEPATUHAN IDENTIFIKASI PASIEN

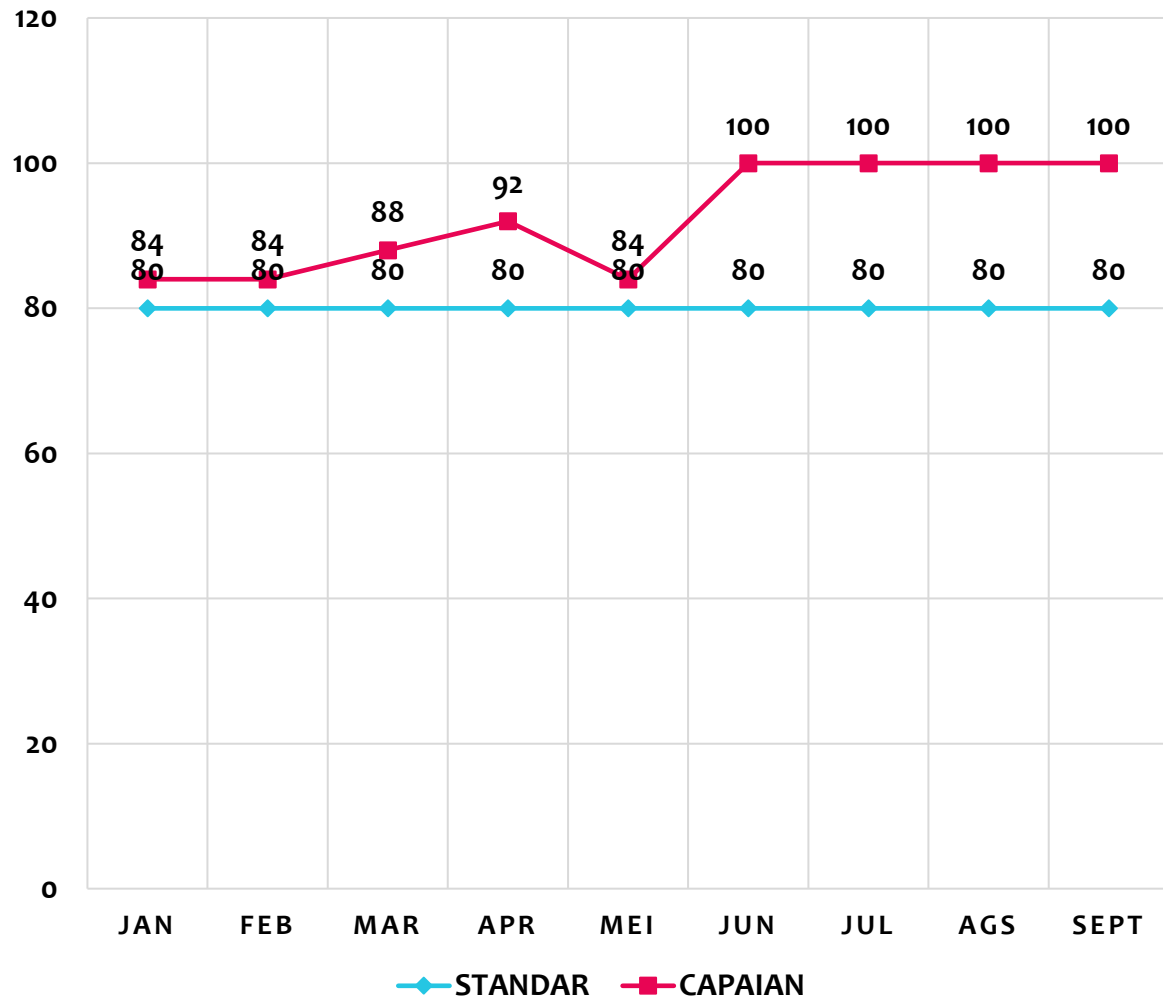


## WAKTU TUNGGU RAWAT JALAN

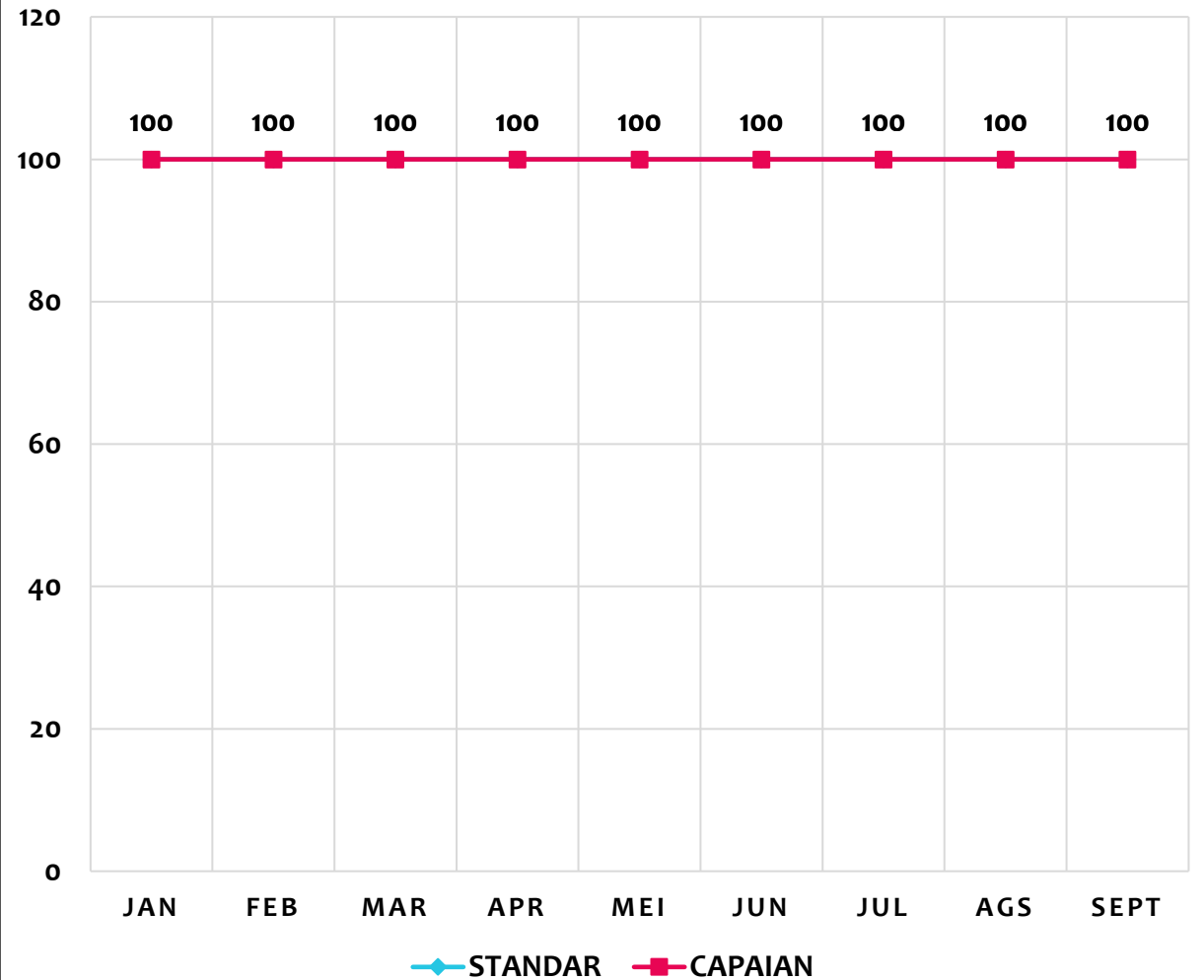


# INDIKATOR NASIONAL MUTU

## KEPATUHAN WAKTU VISITE DOKTER

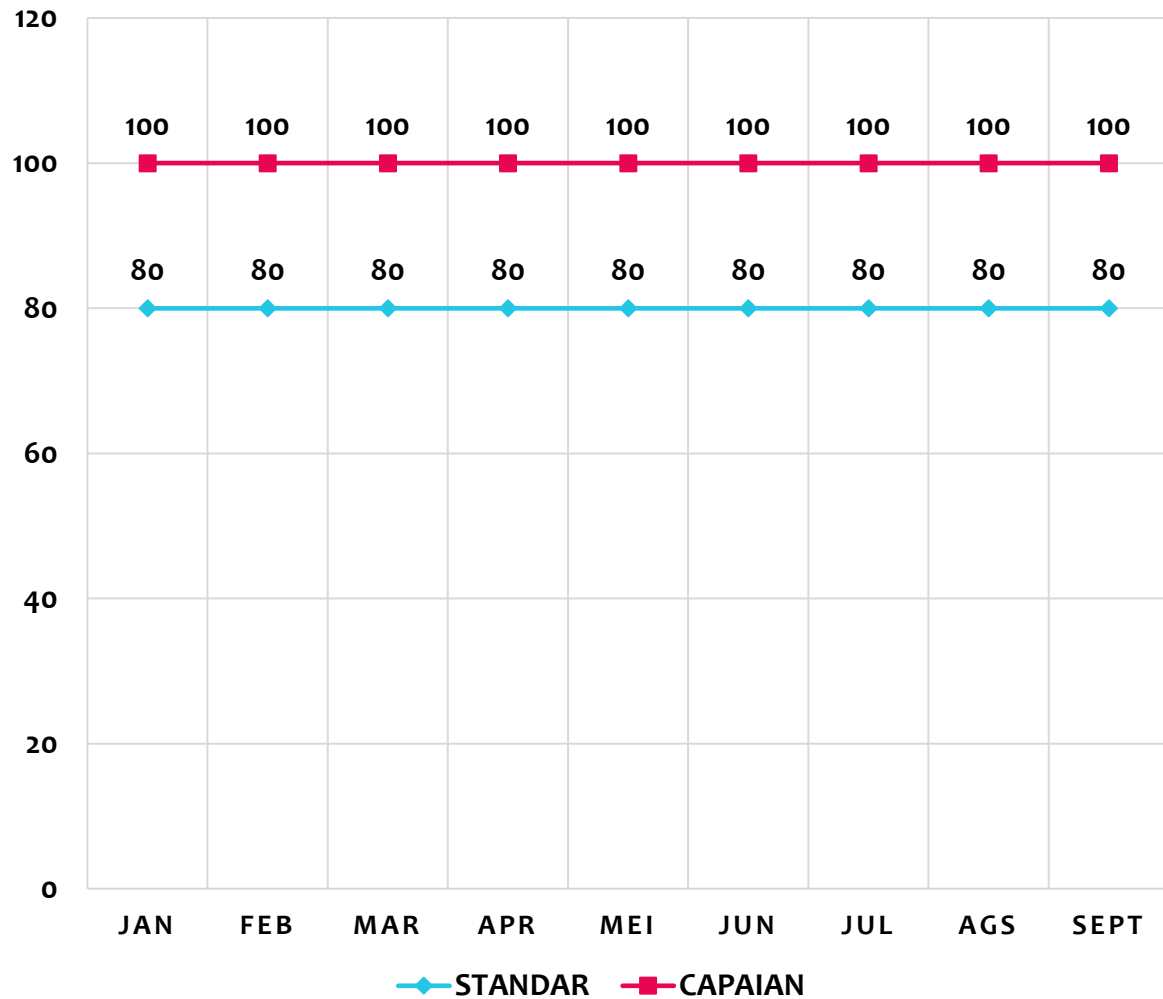


## LAPORAN HASIL KRITIS LAB

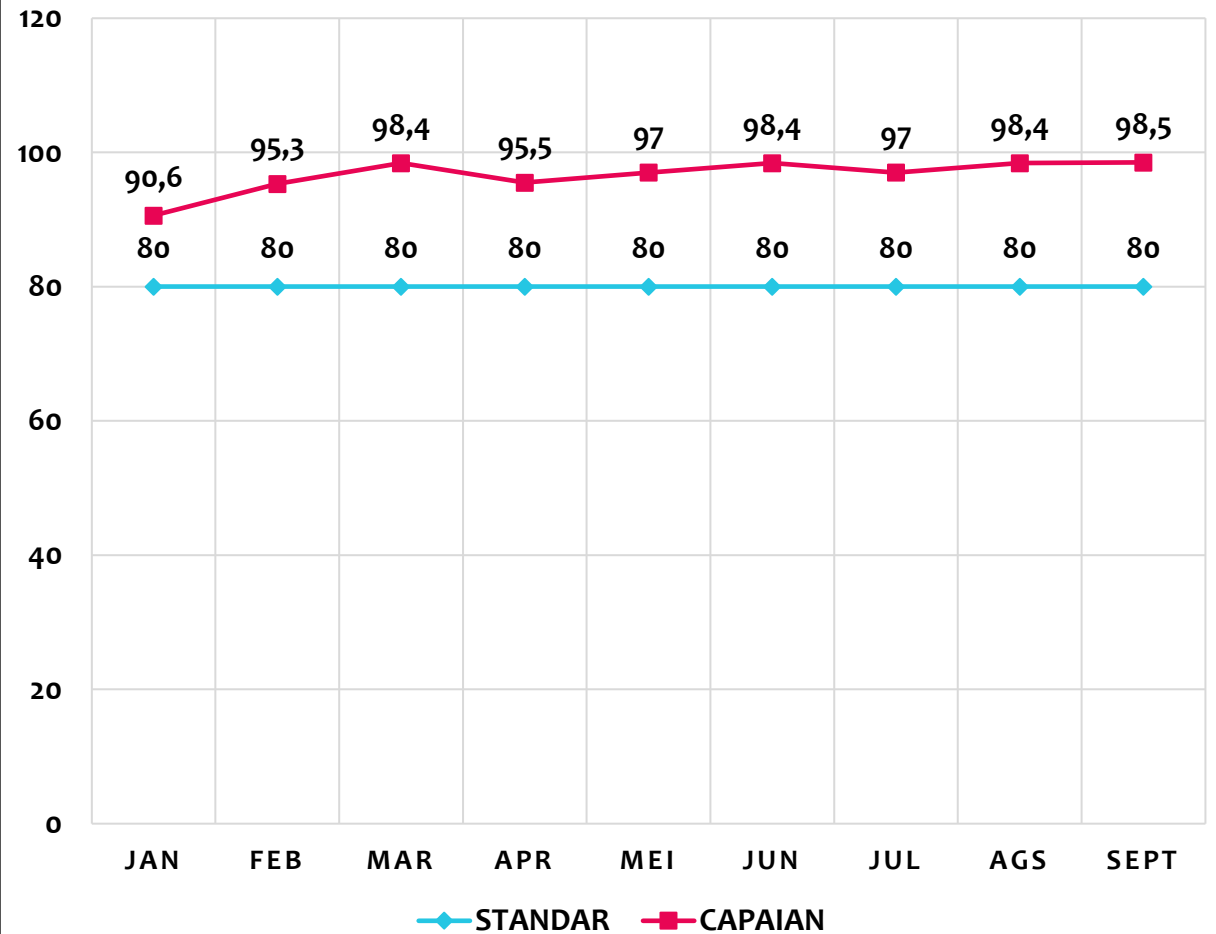


# INDIKATOR NASIONAL MUTU

## KEPATUHAN PENGGUNAAN FORNAS

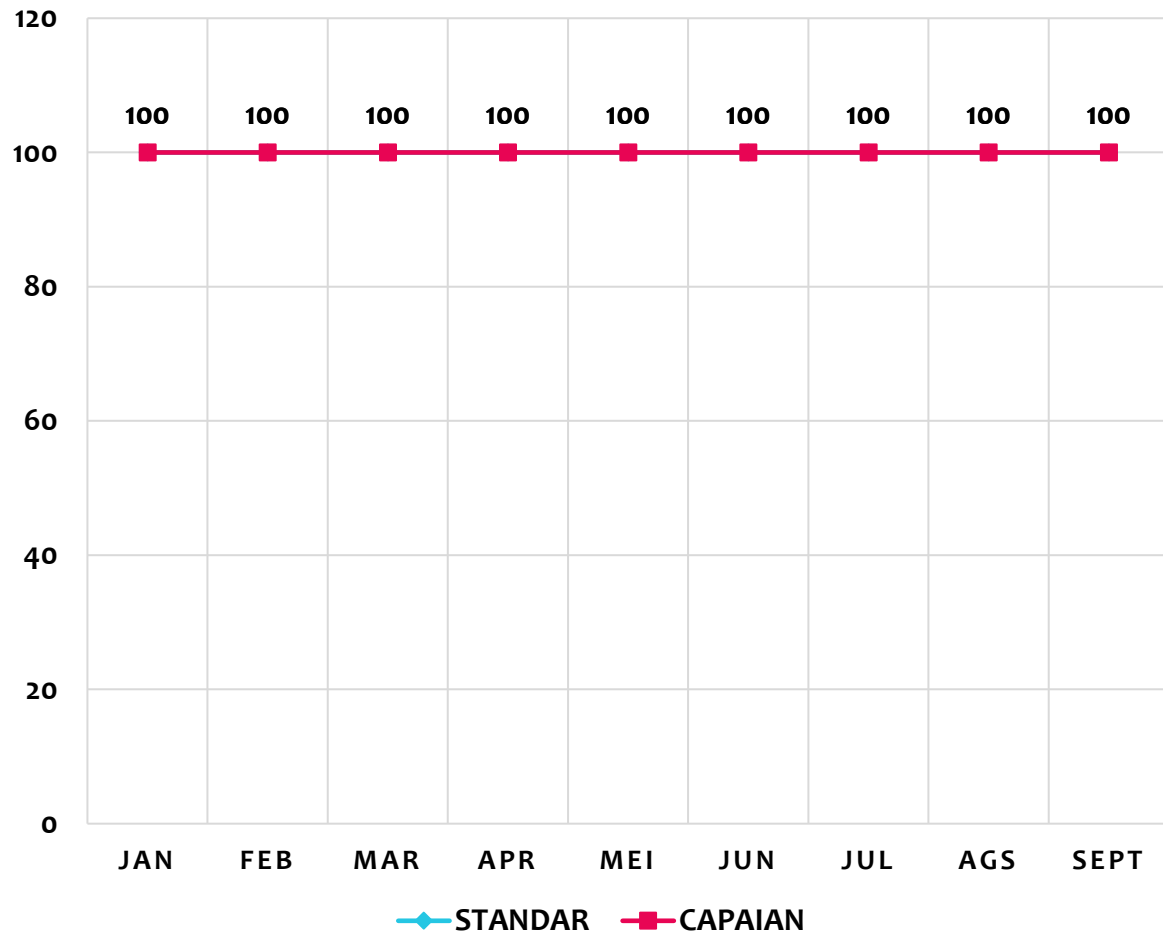


## KEPATUHAN TERHADAP ALUR KLINIS / CLINICAL PATHWAY

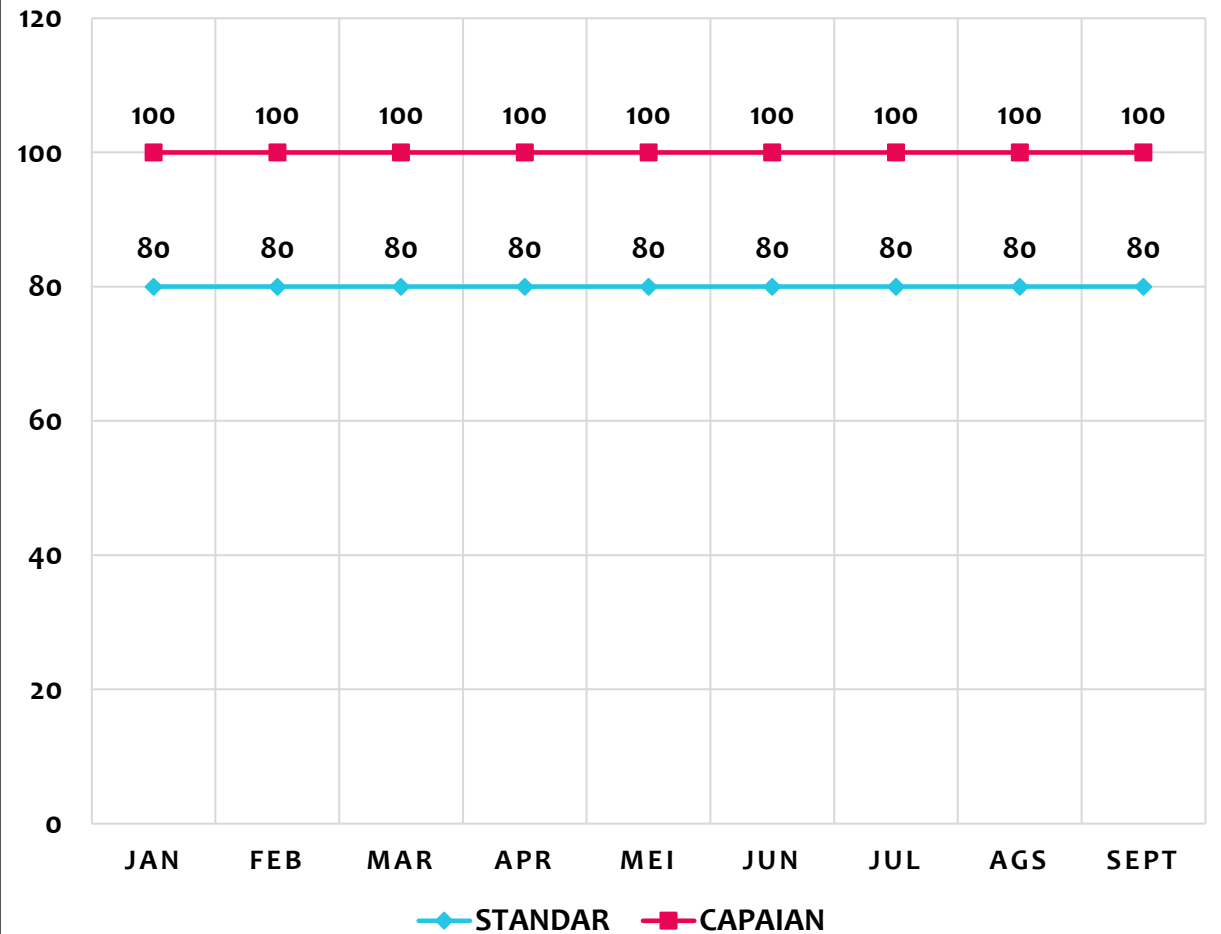


# INDIKATOR NASIONAL MUTU

## KEPATUHAN UPAYA PENCEGAHAN RESIKO JATUH

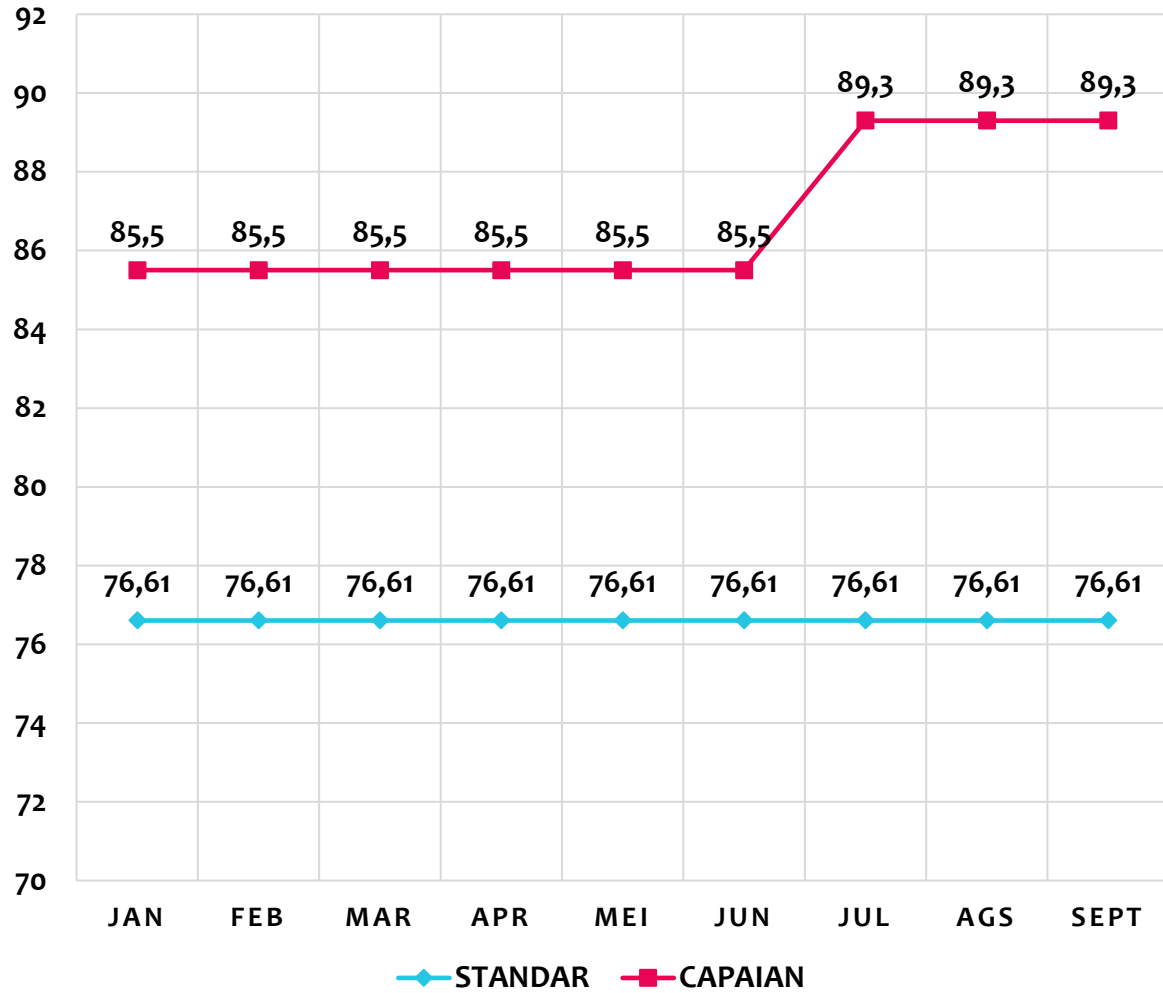


## KECEPATAN WAKTU TANGGAP KOMPLAIN



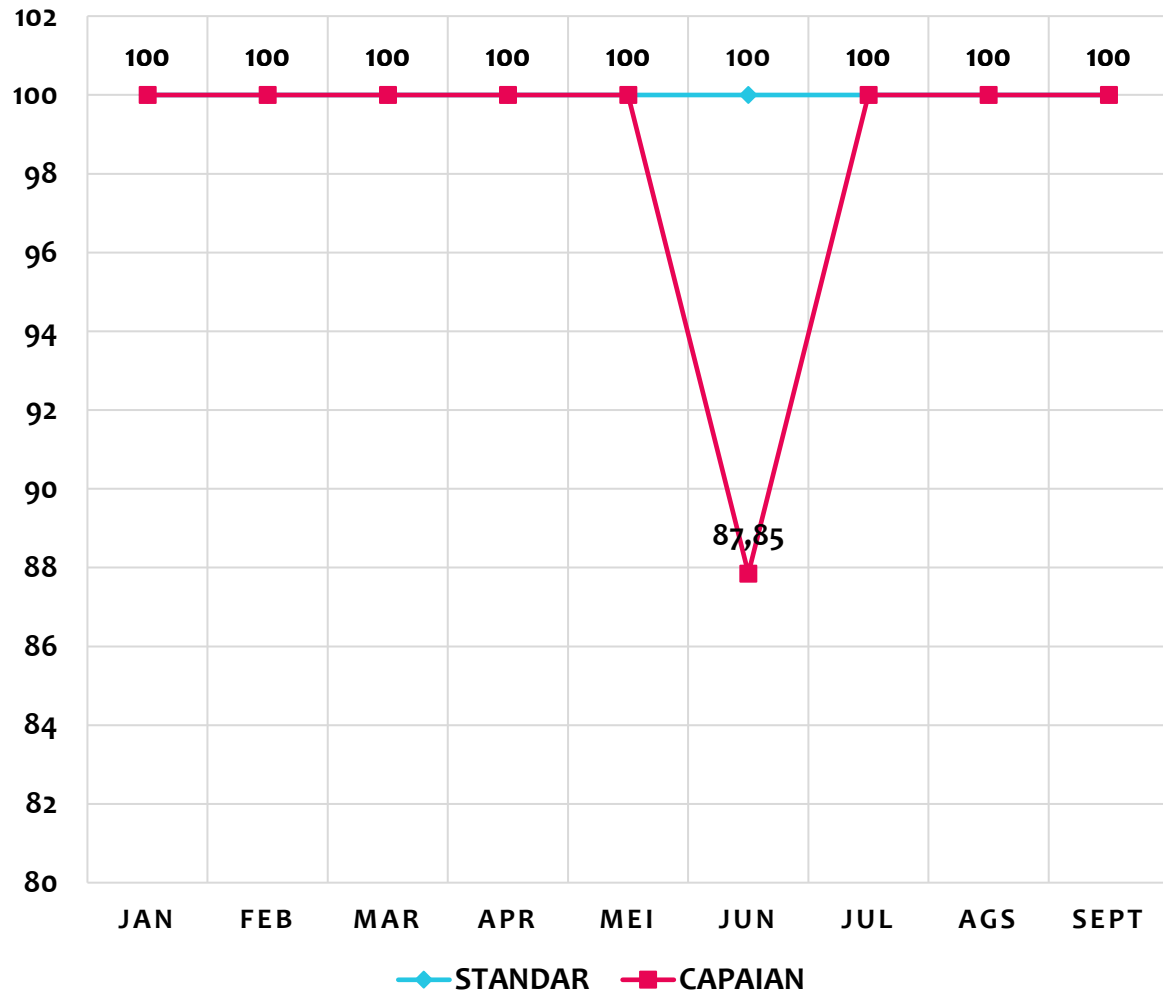
# INDIKATOR NASIONAL MUTU

## KEPUASAN PASIEN

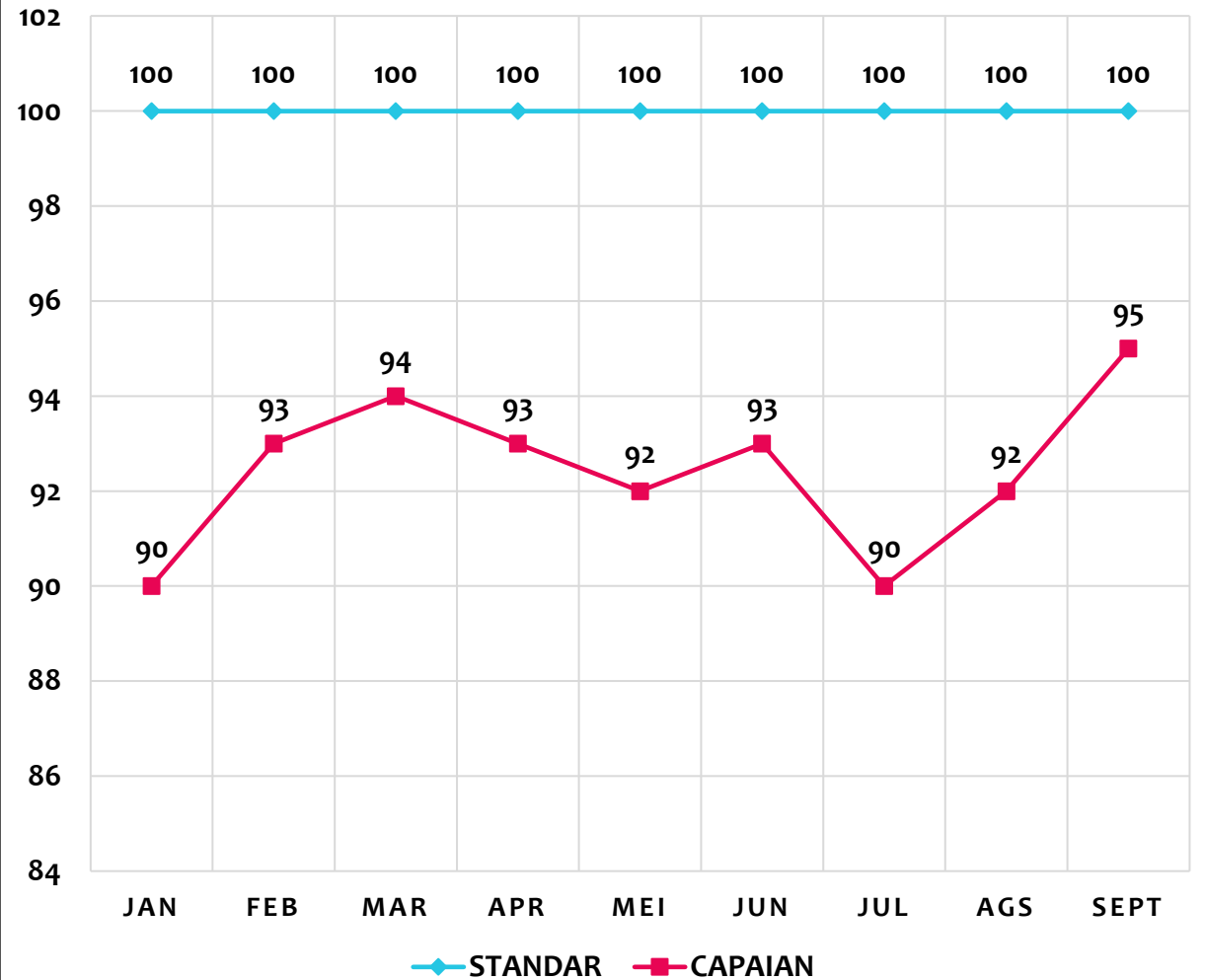


# INDIKATOR MUTU PRIORITAS RUMAH SAKIT

## KEPATUHAN IDENTIFIKASI PASIEN

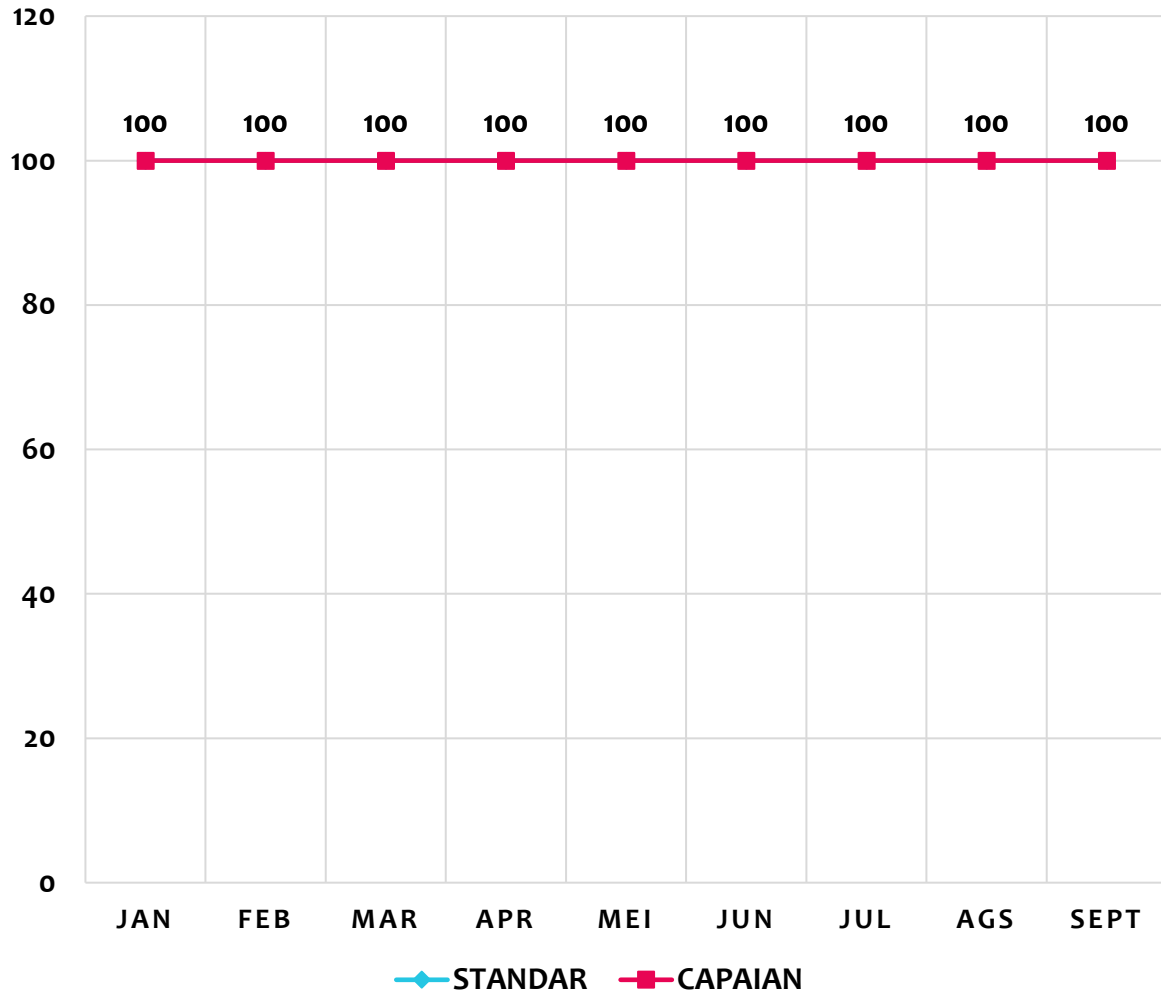


## KOMUNIKASI EFEKTIF / TULBAKON

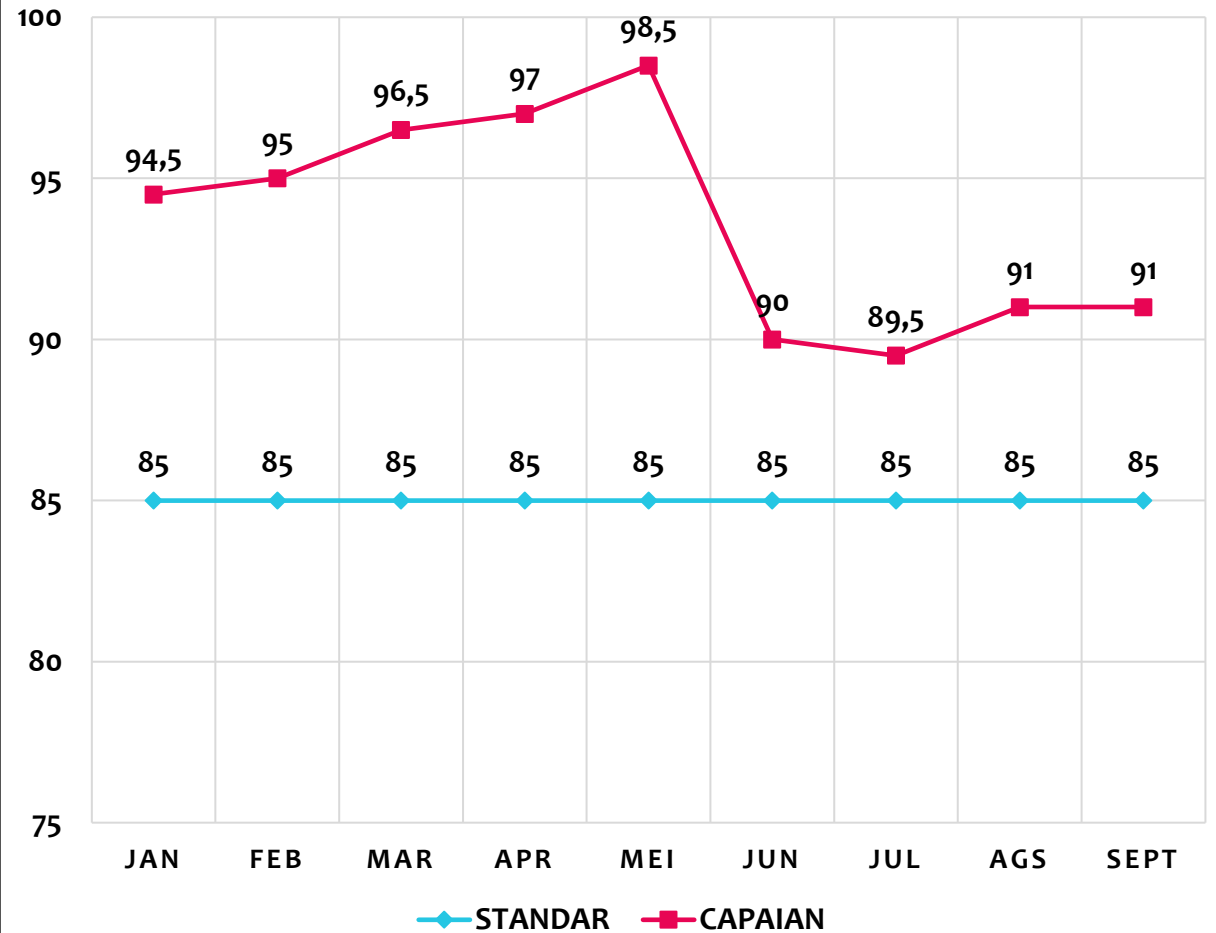


# INDIKATOR MUTU PRIORITAS RUMAH SAKIT

## KEAMANAN OBAT

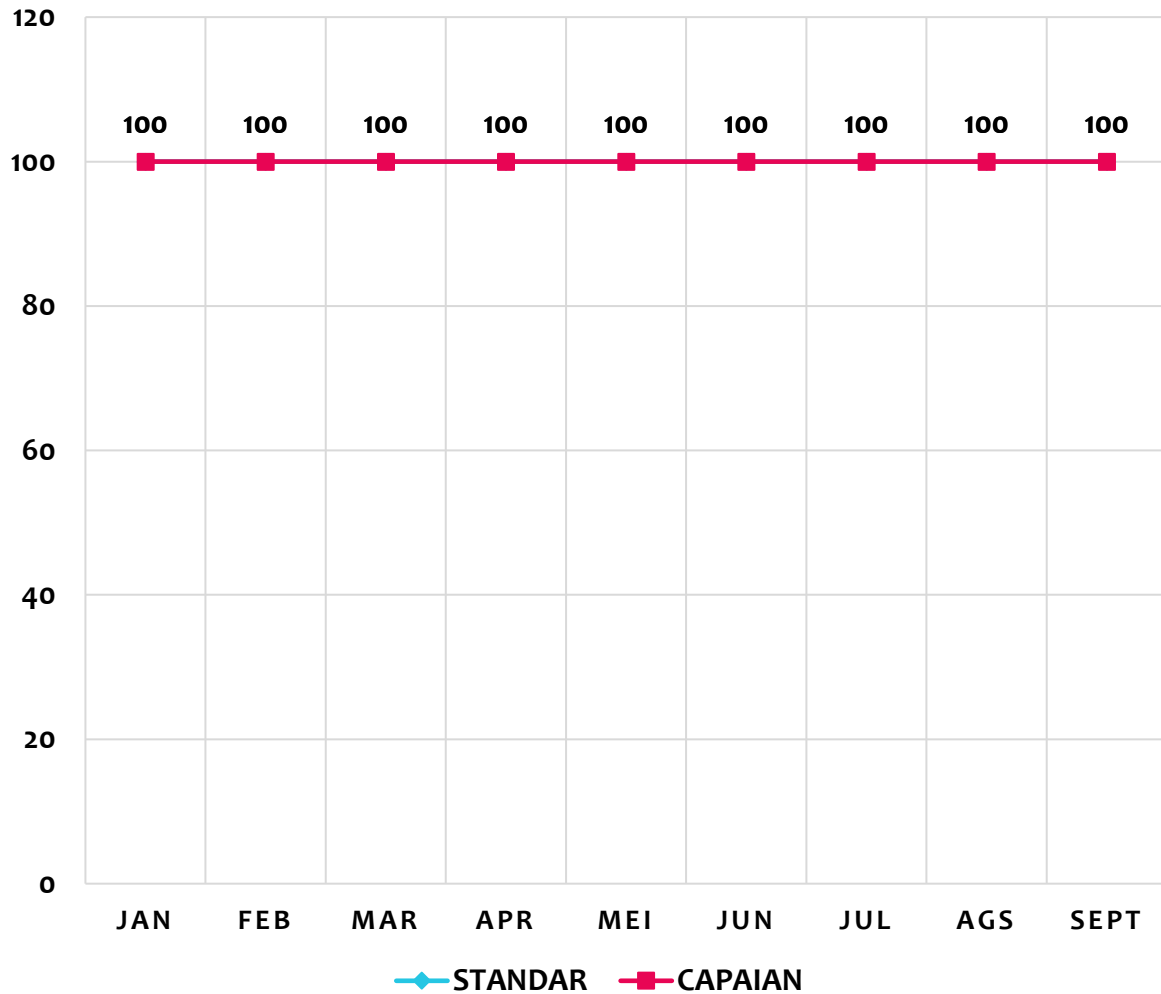


## RESIKO INFEKSI TERKAIT PELAYANAN KESEHATAN

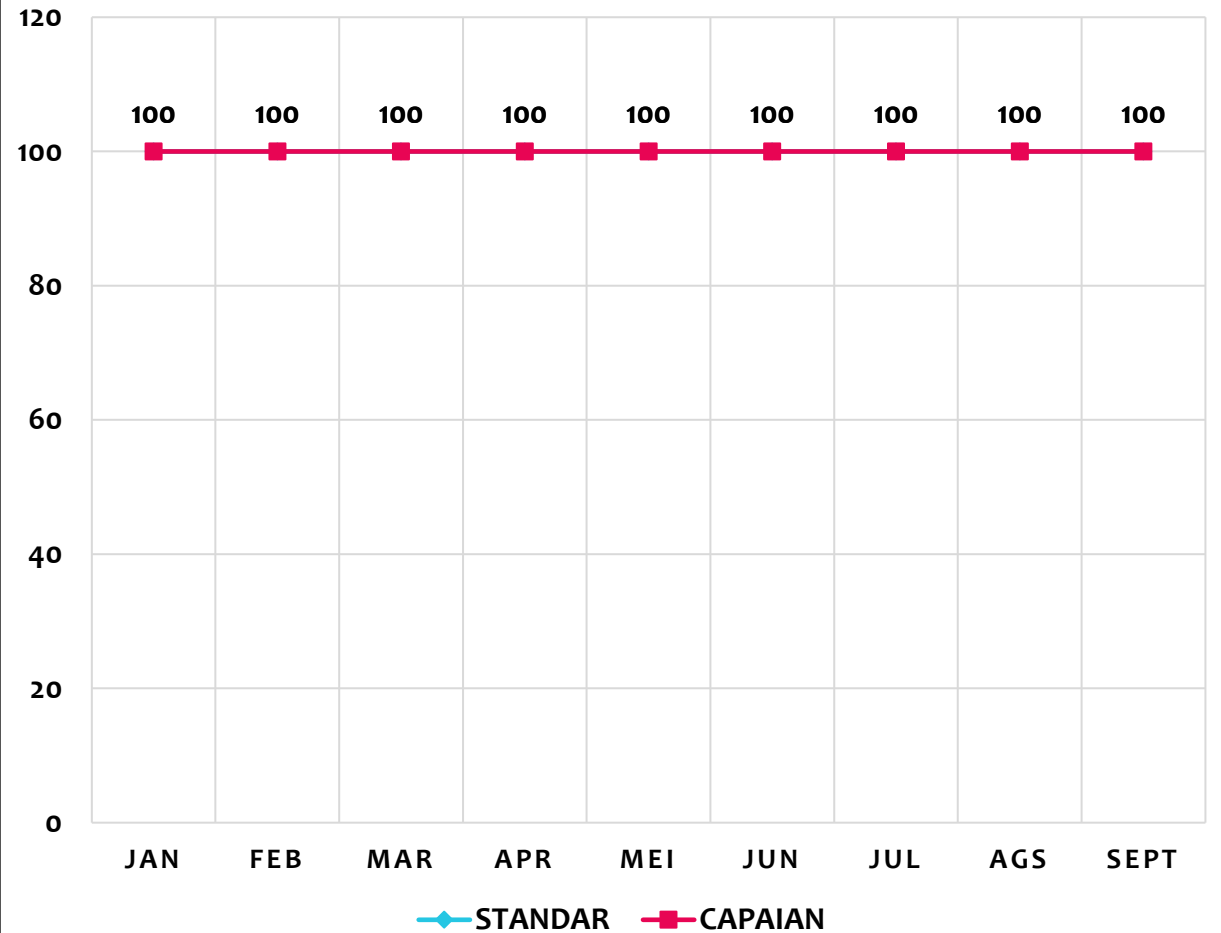


# INDIKATOR MUTU PRIORITAS RUMAH SAKIT

## RESIKO PASIEN JATUH

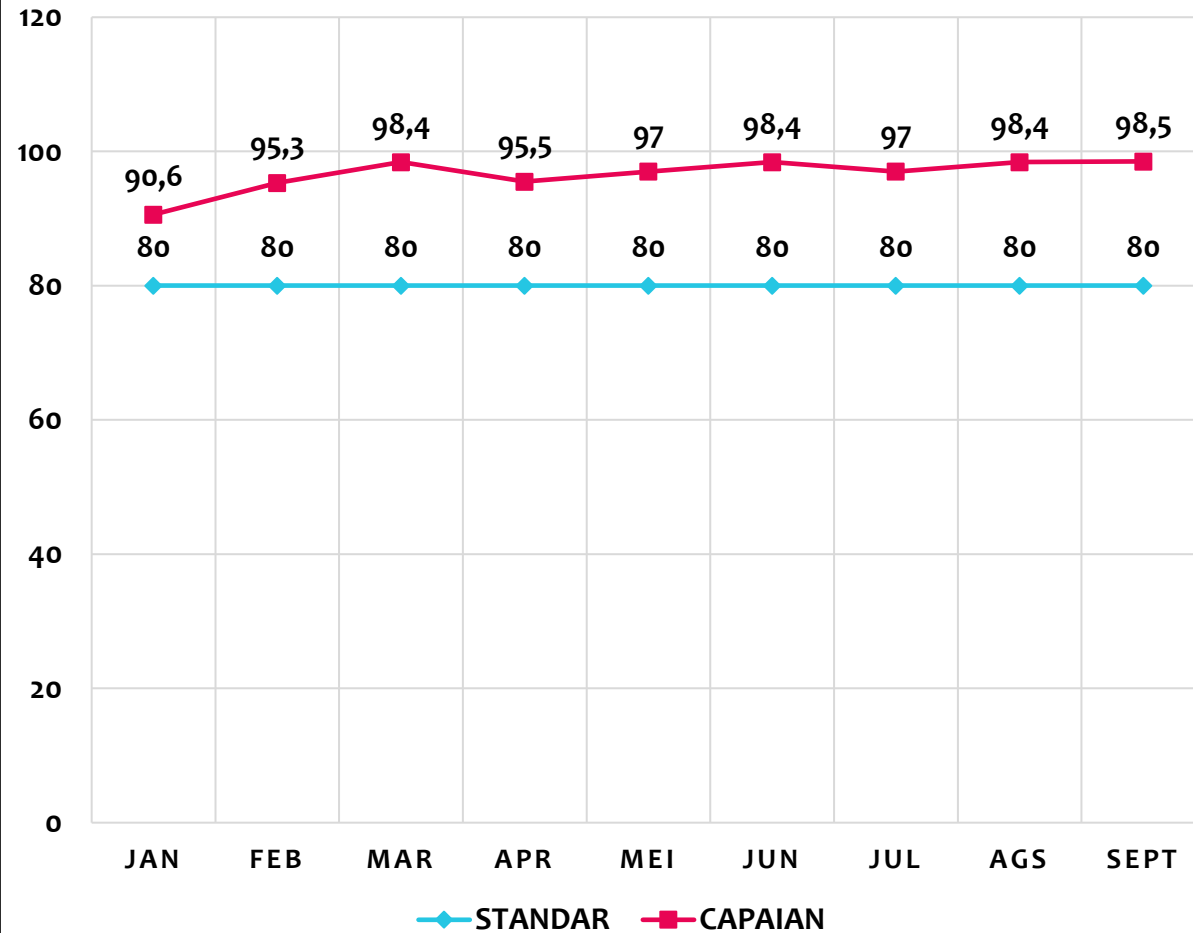


## KELENGKAPAN ASESMEN MEDIS RAWAT INAP

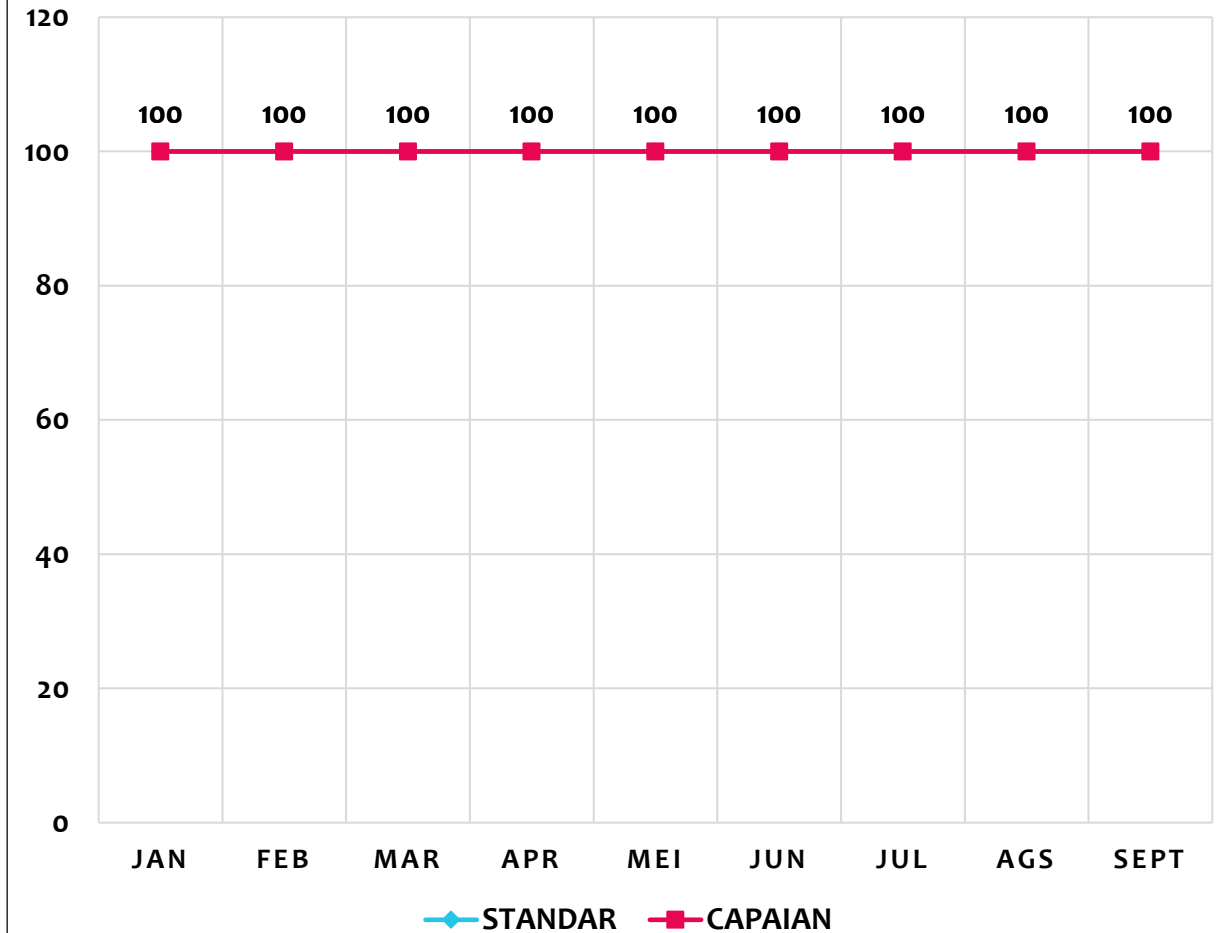


# INDIKATOR MUTU PRIORITAS RUMAH SAKIT

## KEPATUHAN TERHADAP ALUR KLINIS / CLINICAL PATHWAY

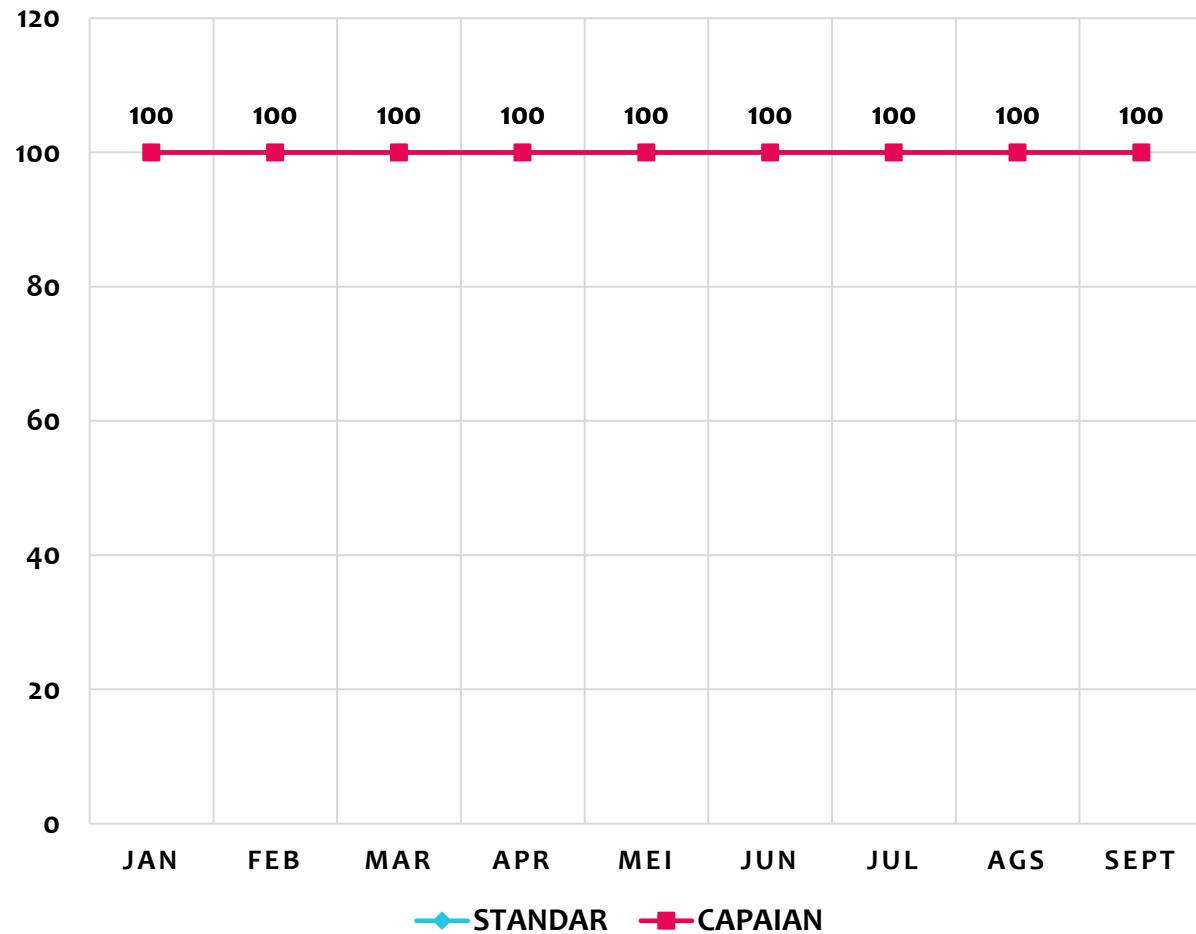


## KELENGKAPAN ASESMEN RAWAT JALAN DAN NAPZA



# INDIKATOR MUTU PRIORITAS RUMAH SAKIT

## TIDAK ADANYA KEJADIAN PASIEN CIDERA KARNA FIKSASI



# INDIKATOR MUTU UNIT PELAYANAN

| No | INDIKATOR MUTU UNIT                                                         | TARGET CAPAIAN | TRIWULAN I |       |       | TRIWULAN II |       |       | TRIWULAN III |       |       |
|----|-----------------------------------------------------------------------------|----------------|------------|-------|-------|-------------|-------|-------|--------------|-------|-------|
|    |                                                                             |                | JAN        | FEB   | MAR   | APR         | MEI   | JUN   | JULI         | AGST  | SEPT  |
| 1  | Waktu tunggu rawat jalan                                                    | ≥ 80%          | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 98,35 | 100   |
| 2  | Tidak ada pasien yang difiksasi >24 jam                                     | 100%           | 86,74      | 84,32 | 94,44 | 84,72       | 76,87 | 85,31 | 80,65        | 90,00 | 94,42 |
| 3  | Khusus untuk RS Jiwa pasien dapat ditenangkan dalam waktu ≤ 48 jam          | 100%           | 95,00      | 96,00 | 98,00 | 96,00       | 98,00 | 97,00 | 99,00        | 99,00 | 99,00 |
| 4  | Tidak adanya kesalahan dalam pemberian diet                                 | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 5  | SPM Baku mutu air limbah                                                    | 100%           | 100        | 100   | 100   | 100         | 100   | 75,00 | 100          | 100   | 100   |
| 6  | Waktu tunggu pelayanan obat racik                                           | 60 menit       | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 7  | Ketepatan waktu penyediaan linen untuk ruang rawat inap dan ruang pelayanan | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 8  | Waktu tanggap kerusakan alat kurang dari 15 menit                           | 80%            | 83,26      | 83,57 | 83,77 | 84,23       | 91,04 | 94,62 | 90,79        | 96,00 | 95,25 |
| 9  | Laporan hasil kritis laboratorium                                           | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 10 | Perawatan jenazah sesuai standar <i>universal precaution</i>                | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 11 | Kelengkapan asesmen                                                         | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 12 | Kelengkapan <i>inform consent</i>                                           | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 13 | Kelengkapan pengisian dokumen rekam medis setelah 24 jam                    | 100%           | 97,76      | 97,76 | 98,10 | 98,02       | 98,02 | 97,22 | 96,87        | 97,00 | 97,27 |
| 14 | Tidak adanya kesalahan tindakan rehabilitasi medis                          | 100%           | 100        | 100   | 100   | 100         | 100   | 100   | 100          | 100   | 100   |
| 15 | Waktu tunggu hasil pelayanan foto thorax                                    | ≤ 3 Jam        | 100        | 100   | 99,18 | 100         | 100   | 100   | 100          | 100   | 100   |