

**HUBUNGAN PELAKSANAAN OPERASI DENGAN KEPATUHAN TIM  
OPERASI DALAM PENERAPAN *SURGICAL SAFETY CHECKLIST*  
DI INSTALASI BEDAH SENTRAL RSKIA SADEWA  
YOGYAKARTA**

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**INTISARI**

Tindakan pembedahan bertujuan untuk menyelamatkan nyawa, namun dapat juga menimbulkan Kejadian Tidak Diharapkan (KTD), Kejadian Nyaris Cidera (KNC), baik cidera medis maupun komplikasi yang dapat membahayakan nyawa. Data kematian sebelum pengenalan *Surgical Safety Checklist* 3,7% menjadi 1,4%. Komplikasi bedah setelah penggunaan *Surgical Safety Checklist* secara keseluruhan turun dari 11% sampai 7% dan angka kematian menurun dari 1,5% menjadi 0,7%. Penelitian ini bertujuan untuk mengetahui hubungan pelaksanaan operasi dengan kepatuhan tim operasi dalam penerapan *Surgical Safety Checklist* di Instalasi Bedah Sentral RSKIA Sadewa Yogyakarta. Jenis penelitian ini adalah penelitian observasional dengan pendekatan *cross sectional*. Sampel dalam penelitian ini adalah kegiatan operasi bedah berjumlah 65 kegiatan. Teknik sampling yang digunakan adalah *accidental sampling*. Analisa data menggunakan uji *chi square*. Sebagian besar tim operasi melaksanakan operasi elektif yaitu 36 kegiatan operasi (55,4%), tidak patuh dalam menerapkan *Surgical safety checklist fase sign in* yaitu 26 kegiatan (40%), tidak patuh menerapkan *Surgical safety checklist fase time out* yaitu 30 kegiatan (46,2%) dan tidak patuh menerapkan *Surgical safety checklist fase sign out* yaitu 31 kegiatan (47,7%). Hasil uji *chi square* didapat nilai signifikansi (p) 0,114 > 0,05. Tidak ada hubungan Pelaksanaan Operasi dengan Kepatuhan Tim Operasi dalam Penerapan *Surgical safety checklist* di Instalasi Bedah Sentral RSKIA Sadewa Yogyakarta.

Kata kunci : Kepatuhan, *Surgical Safety Checklist*

**THE RELATIONSHIP BETWEEN SURGERY IMPLEMENTATION AND COMPLIANCE OF SURGERY TEAM IN IMPLEMENTATION OF *THE SURGICAL SAFETY CHECKLIST* IN INSTALLATION OF CENTRAL SURGERY RSKIA SADEWA YOGYAKARTA**

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**ABSTRACT**

*Surgery can cause Unexpected Incident (KTD), Almost Injured Incident (KNC), both medical injuries and complications that could endanger life. Mortality data prior to the introduction of Surgical Safety Checklist which was 3.7% turned to 1.4%. Surgical complications after the use of Surgical Safety Checklist as a whole dropped from 11% to 0.7%, and mortality decreased from 1.5% to 0.7%. This study aims to determine the relationship of the implementation of operations with the compliance of surgical team in the implementation of the Surgical Safety Checklist in IBS RSKIA Sadewa Yogyakarta. The type of research was observational with cross sectional approach. The sample in this study was the surgical operation activities amounted to 60 activities. The sampling technique used in the research was accidental sampling. Data were analyzed using chi square test. Most of the surgical team to do elective surgery 36 activities (55.4%), not implement the Surgical safety checklist at sign-in phase, which amounted to 34 activities (52.3%), comply not implement the Surgical safety checklist at time-out phase were 44 activities (67.7%) and comply not implement the Surgical safety checklist at sign out phase were 47 activities (72.3%). Results of chi square test found significance (p) value by 0.114 >0.05. There wasn't a relationship of the Operations Implementation with the Compliance of surgical team In Implementing the Surgical safety checklist in IBS RSKIA Sadewa Yogyakarta.*

*Key words: Compliance, Surgical safety checklist*