



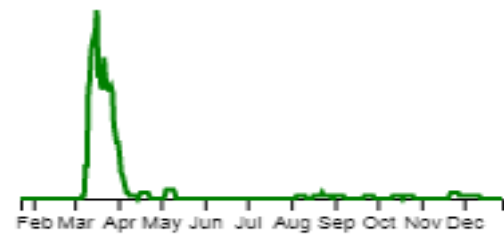
## Situasi COVID-19 di Jawa Timur sampai 5 Januari 2021 dan strategi Pengendaliannya

Satuan Gugus Tugas Kuratif Pengendalian COVID-19 Provinsi Jawa Timur

## BEATING COVID-19

# Situasi Pandemi Covid-19 International

Sumber data : [www.endcoronavirus.org](http://www.endcoronavirus.org)  
Desember 2020



**Brunei**  
Total Cases: 152  
Recent New/Day: 0



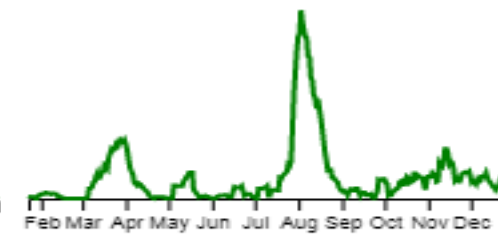
**Cambodia**  
Total Cases: 364  
Recent New/Day: 0



**Laos**  
Total Cases: 41  
Recent New/Day: 0

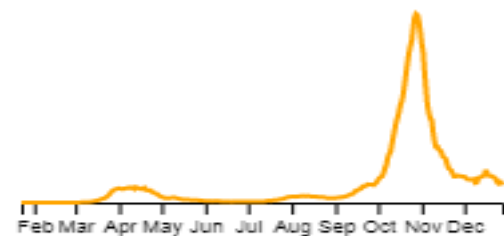


**Singapore**  
Total Cases: 58,524  
Recent New/Day: 14



**Vietnam**  
Total Cases: 1,441  
Recent New/Day: 4

## NEARLY THERE



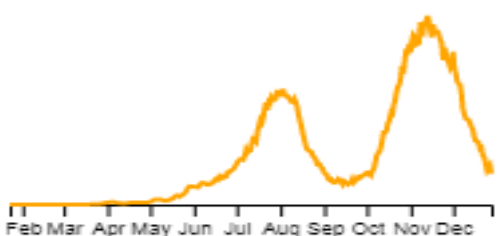
**Belgium**  
Total Cases: 638,877  
Recent New/Day: 1,849



**Saudi Arabia**  
Total Cases: 362,220  
Recent New/Day: 172



**Cameroon**  
Total Cases: 26,277  
Recent New/Day: 61

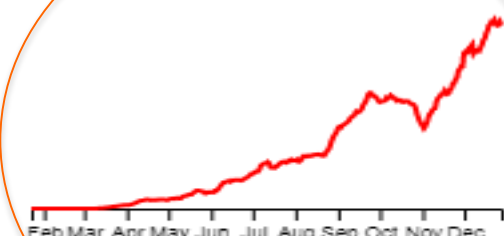


**Kenya**  
Total Cases: 95,923  
Recent New/Day: 203



**Qatar**  
Total Cases: 143,062  
Recent New/Day: 151

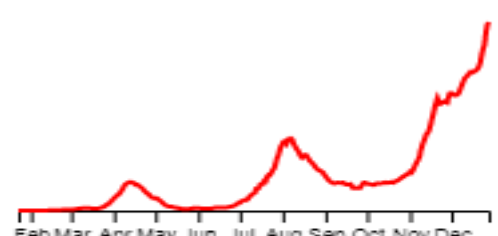
## NEED TO TAKE ACTION



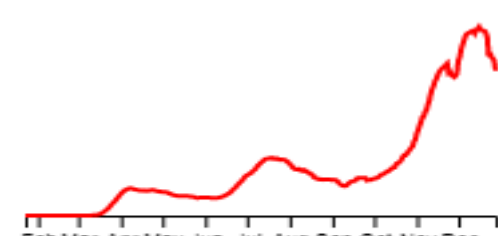
**Indonesia**  
Total Cases: 713,365  
Recent New/Day: 6,919



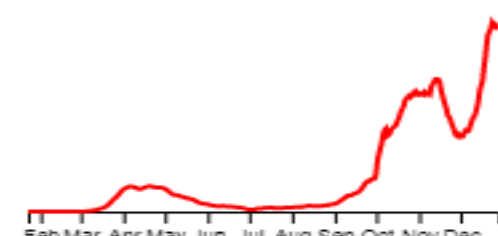
**Malaysia**  
Total Cases: 105,096  
Recent New/Day: 1,683



**Japan**  
Total Cases: 221,412  
Recent New/Day: 3,163



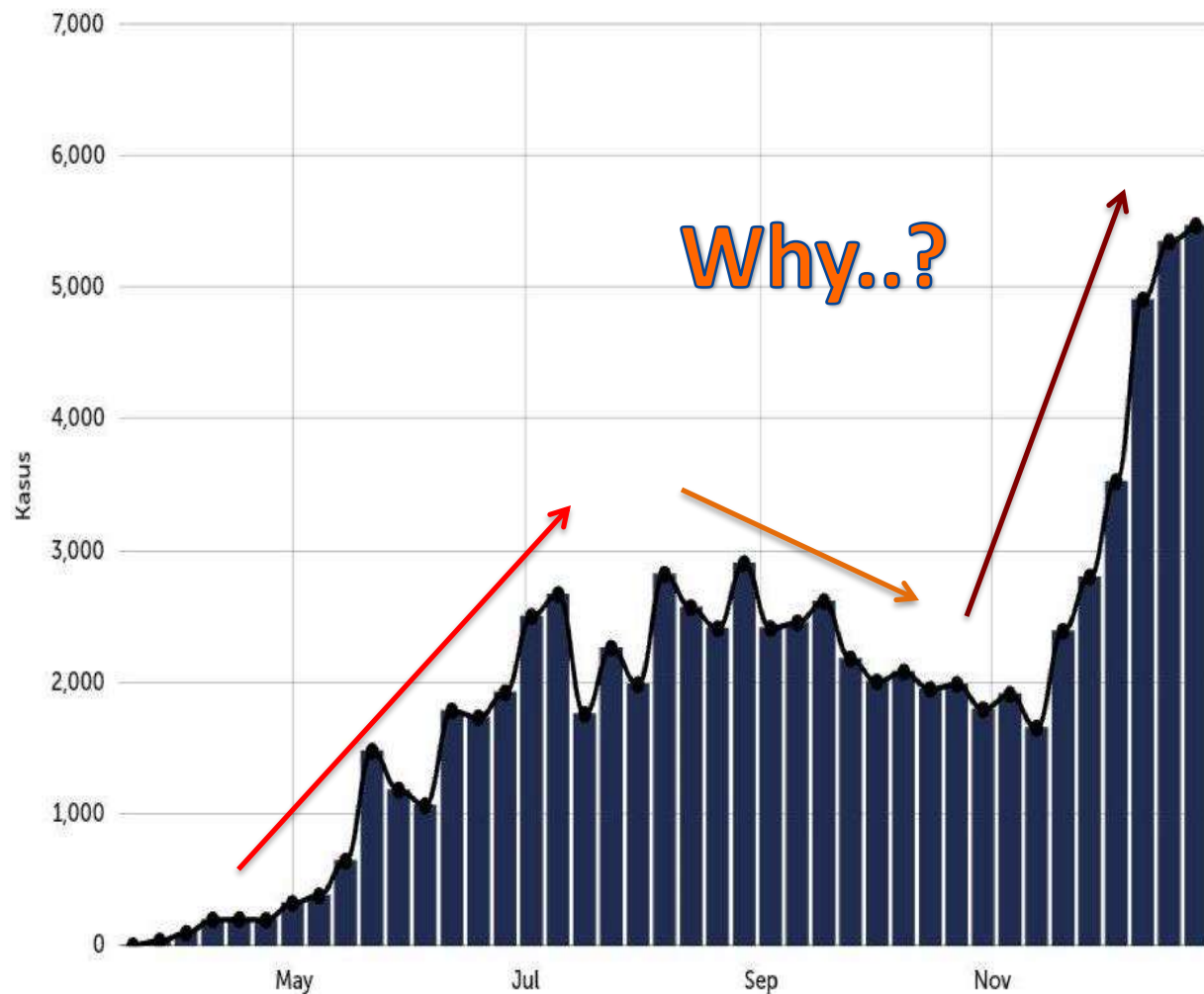
**US**  
Total Cases: 19,132,726  
Recent New/Day: 184,005



**United Kingdom**  
Total Cases: 2,295,228  
Recent New/Day: 35,581

Kasus Covid-19 Di Provinsi JAWA TIMUR, Mengalami Kenaikan 2.3%

5352 → 5474



Kasus Covid-19 Di Provinsi JAWA TIMUR, Mengalami Kenaikan 12.7%

331 → 373



**NATURAL HISTORY of DISEASE  
And MODE OF TREATMENT**

**Specific Tx**

**PROKES**

**Host-  
Virus  
Contact**

**Infection**

**RECEPTOR  
ACE-2**

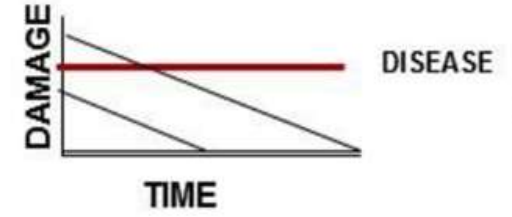
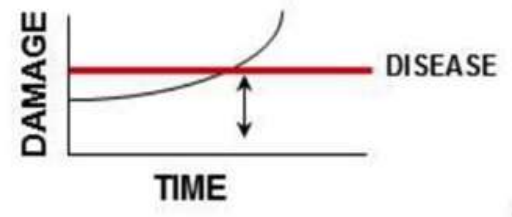
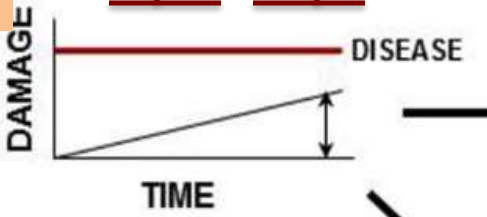
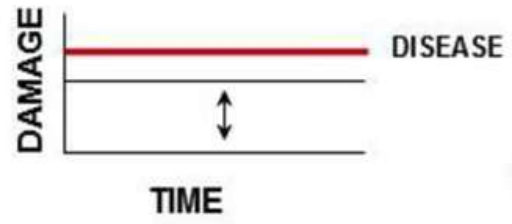
**ANTIVIRAL ...?**

**SUPPORTIVE  
TX ...?**

**TISSUE  
DAMAGE**

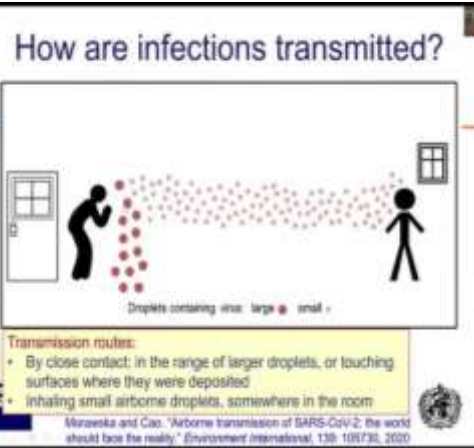
**IMMUNE  
RESPONSE**

**IMUNOMODULATOR...?  
IMUNOSUPRESOR.....?  
STEM CELL....?**



- . Infeksi Skunder
- . Pemberatan Co Morbid
- . Gagal Napas
- . Gagal Organ

- \* Asintomatis 20-30 %
- \* Simtomatis R/S/B/K (80 %, 15%, 5%)
- \* Meninggal ( 2-3 %)
- \* Sembuh ( 97-98%)



Reff;  
.New England journal of medicine, Sep 23-2020  
.American society for microbiology, Agt 2020 ,  
.P3 Covid -19 Kemkes Ed v



# MENANG MELAWAN COVID-19

## MEMAKAI MASKER



### MENGAPA HARUS MEMAKAI MASKER?

- 1 **MELINDUNGI DIRI SENDIRI.** Masker mencegah masuknya *droplet* yang keluar saat kita batuk/bersin/berbicara sehingga kita tidak tertular.
- 2 **MELINDUNGI ORANG LAIN.** Masker

menahan *droplet* yang keluar saat kita batuk/bersin/berbicara sehingga tidak menularkan virus kepada orang lain.

### RISIKO PENULARAN

ORANG SAKIT

ORANG SEHAT



RISIKO PENULARAN **100 %**



RISIKO PENULARAN **70 %**



RISIKO PENULARAN **5 %**



RISIKO PENULARAN **1,5 %**



Sumber: Intermountain Healthcare

### JENIS MASKER YANG DAPAT DIGUNAKAN\*



**N95**



Masker  
Medis/  
Bedah



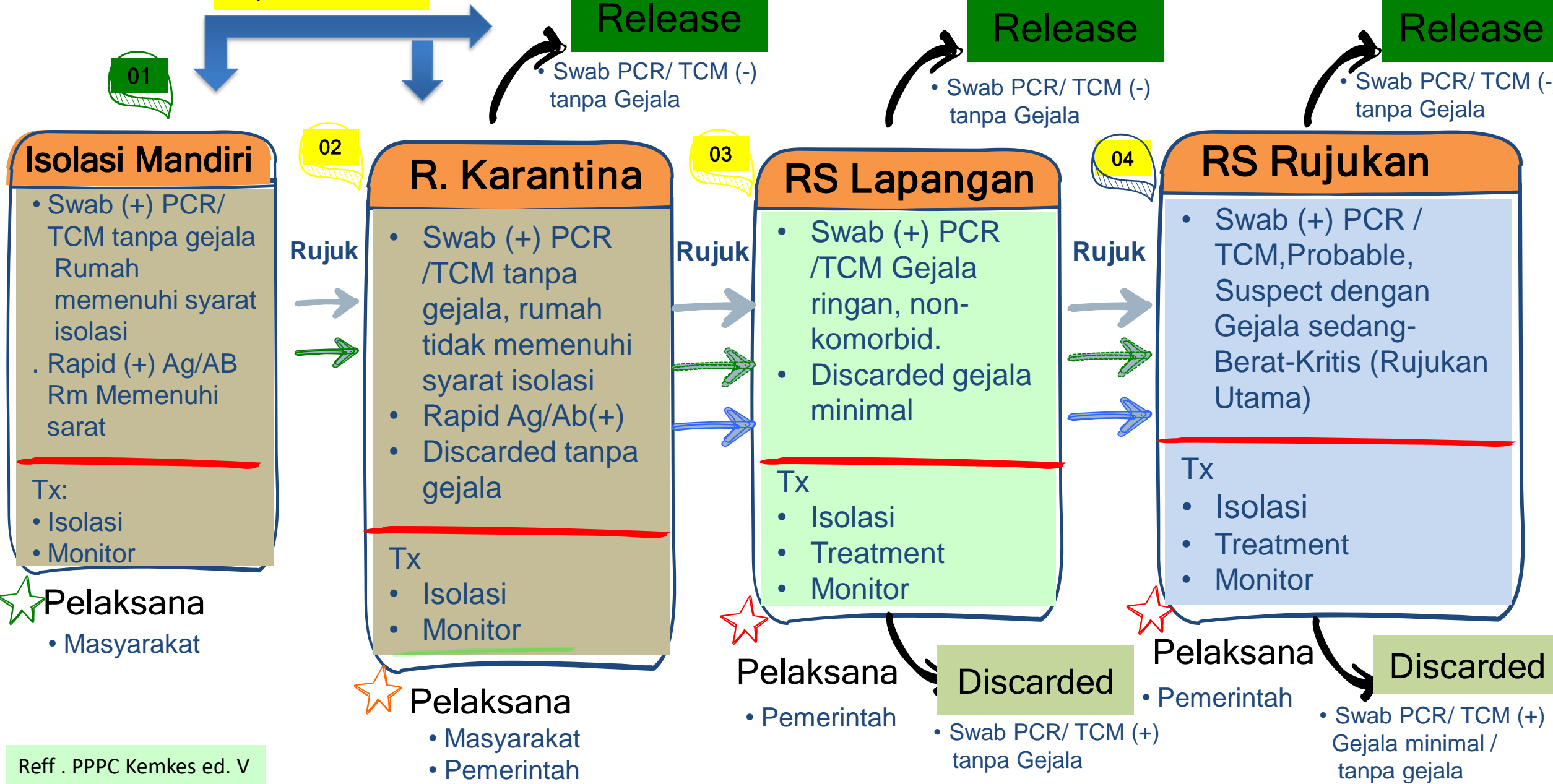
Masker  
Kain SNI



Masker  
Kain

# Manajemen Perawatan Covid-19

Supervisi Nakes





# UU PRAKTIK KEDOKTERAN (29 th 2004)



## PASAL 50

Dokter atau dokter gigi dalam melaksanakan praktik kedokteran mempunyai hak dan kewajiban :

- Memperoleh perlindungan hukum sepanjang melaksanakan tugas sesuai dengan standar profesi dan standar prosedur operasional;
- Memberikan pelayanan medis menurut standar profesi dan standar prosedur operasional ;

Standard Profesi = Panduan Praktek Klinik

## UU 44 RS th 2009      Pasal 32 Hak Pasien

q. Menggugat dan/atau menuntut Rumah Sakit apabila Rumah Sakit diduga memberikan pelayanan yang tidak sesuai dengan standar baik secara perdata ataupun pidana; dan

## Pasal 29: Kewajiban RS

s. Melindungi dan memberikan bantuan hukum bagi semua petugas Rumah Sakit dalam melaksanakan tugas



# Clinical Guideline ( CG ) :

(SPO Medik / PPK)

Is : Systematically develop statements *to assist* practitioner and patient decisions about *appropriate health care* for **specific clinical circumstances**.

( **Guideline are suggestions for care, not rules** )

The aim CG is to ***Improve Patient Outcome with Base on Clinical Evidence ( EBM )***



**Best Clinical Quality**

*So, the C.G are a tool to assist in the art of decision making, do not constrain practitioners.*



# Template PPK RS.Dr Soetomo

		<b>Panduan Praktik Klinis</b> <b>SMF.....</b> <b>RSUD Dr Soetomo, Surabaya</b> <b>Tahun</b>			
DIAGNOSA PENYAKIT (ICD-10).....					
1. Pengertian (Definisi)	.....				
2. Anamnesis	.....				
3. Pemeriksaan Fisik	.....				
4. Kriteria Diagnosis	a. ....	b. ....	c. dst		
5. Diagnosis Kerja	.....				
6. Diagnosis Banding	a) ....	b) ....	c) ....	d) ....	e) ....
7. Pemeriksaan Penunjang	1. .... GR: ..	2. .... GR: ..	3. .... GR: ..		
8. Terapi	1. .... GR: ..	2. .... GR: ..	3. .... GR: ..		
9. Edukasi	1. ....	2. ....	3. dst		
10. Prognosis	Ad Vitam (hidup) ..... Dubia ..... Bonam/malam Ad Sanationam (sembuh) ..... Dubia ..... Bonam/malam Ad Functionam (fungsi) ..... Dubia ..... Bonam/malam				

11. Penelaah Kritis	a. ....	b. ....	c. dst		
12. Indikator Medis	.....				
13. Kepustakaan	a) ....	b) ....	c) ....	d) ....	e) ....

Komite Medik

Disahkan  
Direktur R.S

.....

.....

Ket :

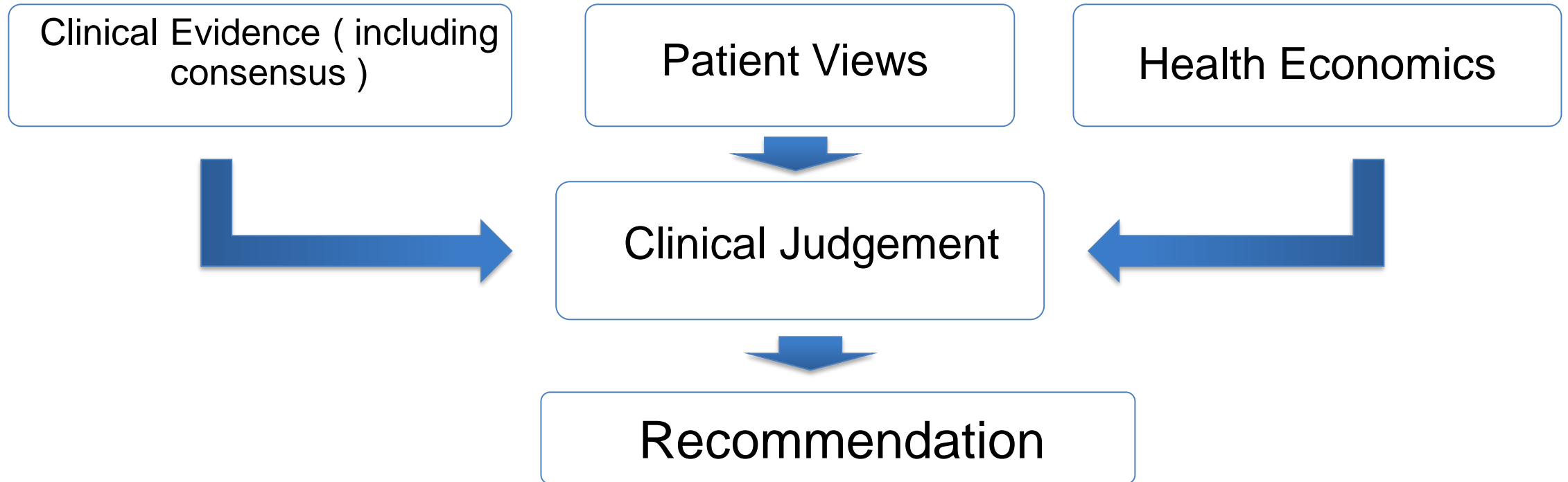
*GR : grade of recommendation  
1.A s/d 11. D*



**EBM-VBM**

# Making RECOMMENDATIONS

Komponen yang dipertimbangkan dalam menentukan Rekomendasi berbasis EB M / V B M



Making Recommendation is an Art, not a Precise science .It is not Easy

# Hierarchy of evidence

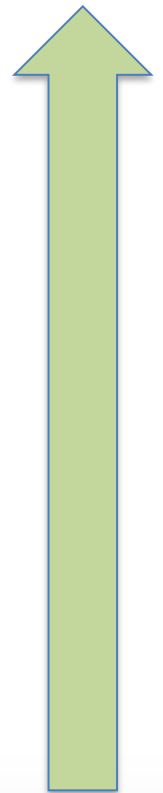
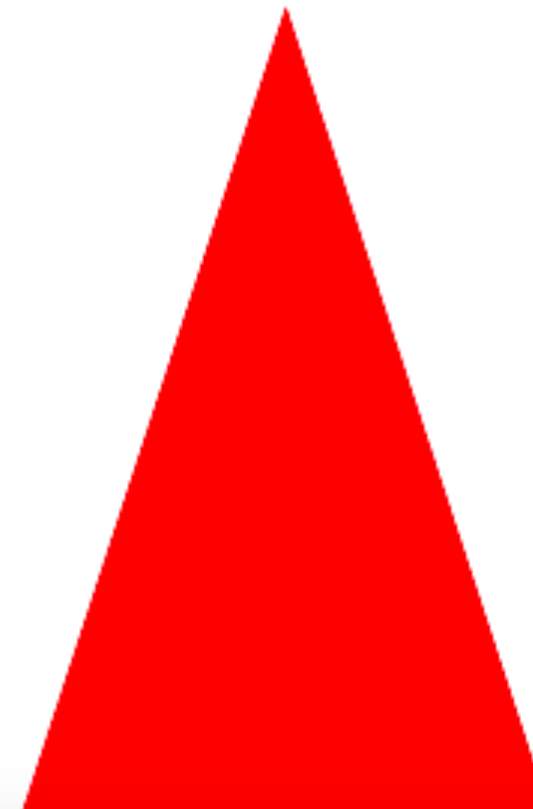
based on quality

## STUDY DESIGN

- Randomized Controlled Trials - Meta Analysis RCT
- Cohort Studies and Case Control Studies
- Case Reports and Case Series, Non-systematic observations
- Expert Opinion

## BIAS

Quality of evidence



## GRADE System ( th 2015 )

have two components :

- a. Two-level representation of the **strength of recommendation** : strong ( 1 ) and weak ( 2 )
- b. Four-level or three representation of the **quality of the evidence**  
(high, moderate, low, and very low or high, moderate and low-very low )

### ● **Strength of the recommendation:**

#### a. **Strong recommendation** ( number 1 ) :

is to do (or not do) something, where the benefits clearly outweigh the risks  
(or vice versa) for nearly all patients.

#### b. **Weak/conditional recommendation** ( number 2 ) :

is made either when risks and benefits are more closely balanced or are more uncertain.

### ● **Quality of evidence** ( tingkat pembuktian ):

Assessment of evidence quality **reflects confidence in the estimates of benefits, harms, and burdens can be implemented** with either four levels of evidence quality, or with three levels such that the “low” and “very low” categories are combined.

**Three levels and uses a letter (A, B, or C) for high, moderate, or low/very low quality evidence.**

*High quality* of evidence typically comes from well-performed randomized controlled trials or other overwhelming evidence (such as well-executed observational studies with very large effects). **Moderate-quality** evidence typically comes from randomized trials with important limitations, or from other study designs with special strength. **Low-quality** evidence typically comes from observational studies, or from controlled trials with very serious limitations. **Very low-quality** evidence typically comes from nonsystematic observations, biologic reasoning, or observational studies with serious limitations.



# Grade of Recommendation ( GRADE System )

Grade of recommendation*	Clarity of risk/benefit	Quality of supporting evidence	Implications
1A Strong recommendation High quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Strong recommendation, can apply to most patients in most circumstances without reservation
1B Strong recommendation Moderate quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Strong recommendation, likely to apply to most patients
1C Strong recommendation Low quality evidence	Benefits appear to outweigh risk and burdens, or vice versa	Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.	Relatively strong recommendation; <b>might change when higher quality evidence becomes available</b>

Clinical practice guidelines : Paul Shekelle et al, 2015

Grade of recommendation*	Clarity of risk/benefit	Quality of supporting evidence	Implications
2A Weak recommendation High quality evidence	Benefits closely balanced with risks and burdens	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Weak recommendation, best action may differ depending on circumstances or patients or societal values
2B Weak recommendation Moderate quality evidence	Benefits closely balanced with risks and burdens, some uncertainty in the estimates of benefits, risks and burdens	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Weak recommendation, alternative approaches likely to be better for some patients under some circumstances
2C Weak recommendation Low quality evidence	Uncertainty in the estimates of benefits, risks, and burdens; benefits may be closely balanced with risks and burdens	Evidence from observational studies, unsystematic clinical experience, or from randomized controlled trials with serious flaws. Any estimate of effect is uncertain.	Very weak recommendation; other alternatives may be equally reasonable

\*GRADE : Grading of Recommendations, Assessment, Development and Evaluation



RUMAH SAKIT UMUM DAERAH  
DR. SOETOMO



**MERAWAT PASIEN ADALAH KESEMPATAN BESAR  
YANG DIBERIKAN ALLAH SWT KEPADA KITA  
UNTUK BERBUAT KEBAJIKAN DAN  
MEMBINA HUBUNGAN KEMANUSIAAN YANG MULIA**





# TERIMA KASIH

## Semoga Bermanfaat

