

## RINGKASAN

**Penyusunan Rekomendasi Prosedur Tetap Sistem Pelayanan  
Kesehatan Terpadu pada Kecelakaan Lalu Lintas di Puskesmas Jalan Raya  
(Kajian di Wilayah Kerja Puskesmas Purwosari)**

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Penelitian ini dilatarbelakangi adanya kespesifikan pelayanan yang dilakukan oleh sebuah Puskesmas sesuai dengan kawasan keberadaannya. Pada era desentralisasi, kegiatan Puskesmas dibedakan menjadi dua yaitu upaya kesehatan dasar yang terdiri dari 6 kegiatan pokok yang harus dilakukan oleh seluruh Puskesmas di Indonesia dan upaya kesehatan pengembangan yang merupakan kegiatan yang di perkenankan untuk dikembangkan sesuai dengan situasi, kondisi, dan masalah di Puskesmas tersebut. Puskesmas Purwosari sebagai salah satu Puskesmas di jalan raya mempunyai kespesifikan yaitu banyaknya pelayanan pada pengobatan kasus kecelakaan lalu lintas.

Penelitian ini merupakan penelitian observasional dengan pengambilan datanya secara *cross-sectional*. Tempat penelitian di wilayah kerja Puskesmas Purwosari, RSUD Kabupaten Pasuruan, dan Dinas Perhubungan Kabupaten Pasuruan, yang menjadi responden adalah petugas UGD (Unit Gawat Darurat) di Puskesmas Purwosari, masyarakat pemakai jalan, dan pejabat yang menangani kasus kecelakaan lalu lintas. Tujuan penelitian untuk menyusun prosedur tetap sistem pelayanan kesehatan terpadu pada kecelakaan lalu lintas di wilayah kerja Puskesmas Purwosari yang meliputi preventif, promotif, kuratif dan rehabilitatif.

Hasil penelitian menunjukkan bahwa berdasarkan identifikasi dan analisis penilaian responden pada kondisi pelayanan kecelakaan lalu lintas di Puskesmas Purwosari saat ini, diperoleh data bahwa 83% responden menyatakan jumlah petugas kurang, 61% menyatakan jenis petugas lengkap, 100% menyatakan pengetahuan petugas kurang, 78% menyatakan peralatan untuk penanganan kecelakaan kurang, 67% menyatakan obat untuk penanganan kecelakaan kurang, 100% menyatakan ambulans untuk penanganan korban kecelakaan kurang, 50% menyatakan sarana komunikasi untuk informasi korban kecelakaan cukup, 61% menyatakan tempat pelayanan kurang, 100% menyatakan waktu pelayanan cukup, 67% menyatakan dana operasional sangat kurang. Hasil penelitian tentang harapan responden pada pelayanan kecelakaan lalu lintas di Puskesmas Purwosari, diperoleh data bahwa jenis tenaga dan jumlah yang diharapkan untuk dokter dengan jumlah 4 sebanyak 67%, perawat dengan jumlah 8 sebanyak 72%, sopir dengan jumlah 4 sebanyak 72%, administrasi dengan jumlah 1 sebanyak 55%, petugas kebersihan dengan jumlah 2 sebanyak 72%, pembantu perawat dengan jumlah 4 sebanyak 22%, radiografer dengan jumlah 2 sebanyak 5%, spesialis radiologi dengan jumlah 1 sebanyak 94%, spesialis bedah dengan jumlah 1 sebanyak 72%. Harapan pada pelatihan yang didapat bagi petugas, dokter mendapat pelatihan PPGD (Penanganan Penderita Gawat Darurat), BLS (Basic Life Support), dan ATLS (Advance Trauma Life Support), perawat mendapat pelatihan PPGD dan BLS, petugas yang lain mendapat pelatihan PPGD. Hasil penelitian tentang harapan responden pada sarana pelayanan kecelakaan lalu

lintas yang ada di Puskesmas yaitu tersedianya semua peralatan penanganan kegawat darurat, tersedianya semua obat penanganan gawat darurat, ambulance dilengkapi peralatan untuk pertolongan gawat darurat, tersedianya telpun dan radio medik, adanya tempat pelayanan khusus dengan jam pelayanan penuh 24 jam tanpa libur, adanya dana operasional yang digunakan khusus untuk penanganan kasus kecelakaan lalu lintas bagi korban yang tidak mampu membayar. Pada identifikasi dan analisis penilaian responden tentang pelayanan kesehatan pada kecelakaan lalu lintas diperoleh data bahwa 43% responden menilai pelayanan preventif kurang, 56% responden menilai pelayanan promotif kurang, 36% responden menilai pelayanan kuratif kurang, dan 47% responden menilai pelayanan rehabilitatif kurang. Hasil penelitian tentang kebutuhan dan harapan responden pada pelayanan kecelakaan lalu lintas diperoleh data, untuk pelayanan preventif dibutuhkan adanya rambu, perbaikan jalan, pengaturan lalu lintas, peningkatan disiplin pemakai jalan, peningkatan pemantauan kendaraan di jalan raya. Pada pelayanan promotif dibutuhkan penyuluhan, Kelompok diskusi, pameran, dan pengadaan buku. Pada pelayanan kuratif dibutuhkan penanganan dan pengobatan yang baik di tempat kejadian, waktu pengiriman korban, pengobatan di Puskesmas, dan pengobatan di Rumah Sakit. Pada pelayanan rehabilitatif dibutuhkan adanya ahli yang siap menerima konsul dari Puskesmas, adanya petugas yang mampu dan terampil, adanya kemudahan dalam merujuk, dan adanya fasilitas alat dan obat yang sesuai kebutuhan. Harapan responden pada sistem pelayanan kesehatan terpadu pada penanganan kecelakaan lalu lintas terdiri dari Instansi: Kecamatan, Kepolisian, Dinas perhubungan, Puskesmas, Dinas Pendidikan, Rumah Sakit, Jasa Raharja, Dinas Pekerjaan Umum. Tiap instansi melakukan peran dan fungsi masing-masing dalam sistem tersebut yang meliputi preventif, promotif, kuratif, dan rehabilitatif..

Dengan mengacu pada data yang diperoleh dari hasil penelitian serta masukan yang didapat dalam FGD (*Focus Group Discussion*), maka disusun Prosedur Tetap (Protap) sistem pelayanan kesehatan terpadu pada kecelakaan lalu lintas, yang meliputi preventif, promotif, kuratif dan rehabilitatif. Protap preventif berisi langkah-langkah kegiatan yang dibakukan untuk mencegah kecelakaan lalu lintas yang dilakukan terpadu dengan instansi terkait. Protap promotif berisi langkah-langkah kegiatan yang dibakukan untuk meningkatkan pengetahuan masyarakat tentang pelayanan kesehatan yang berhubungan dengan kecelakaan lalu lintas yang dilakukan terpadu dengan instansi terkait. Protap kuratif berisi langkah-langkah kegiatan yang dibakukan untuk memberikan pertolongan dan pengobatan pada korban kecelakaan lalu lintas yang dilakukan terpadu dengan instansi terkait. Protap rehabilitatif berisi langkah-langkah kegiatan yang dibakukan untuk memberikan pelayanan dalam mengurangi kecacatan akibat kecelakaan lalu lintas, yang dilakukan terpadu dengan instansi terkait.

Untuk menurunkan angka kejadian, kesakitan, kecacatan atau kematian yang diakibatkan oleh kecelakaan lalu lintas, disarankan agar protap sistem pelayanan kesehatan terpadu pada kecelakaan lalu lintas bisa disosialisasikan, dibahas, dan disepakati untuk dapat dilaksanakan juga di seluruh Puskesmas Jalan Raya, mengingat kasus kecelakaan lalu lintas yang terjadi di wilayah kerja Puskesmas Purwosari hanya sekitar 5 % yang merupakan penduduk Purwosari, korban yang lain merupakan penduduk di luar Purwosari.

## SUMMARY

**Integrated Health-Care Services System Standard-Operating-Procedure (SOP) for Traffic Accident at Road-Side Public Health Centers (PHC) (A Study at Purwosari PHC Operational Coverage Area)**

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This research had been occasioned by the regional specificity of PHC services. In an age of decentralization, PHC programs are differentiated into two subsets, which are: 1) core health-care-services, encompassing the six primary programs that are operationally requisites for all PHCs in Indonesia; and 2) contingency (innovative) health-care-services, permissible for implementation given specific situations, conditions, and complexities at the PHC. As a road-side PHC, the Purwosari PHC is faced with the specificity of high demands for traffic-accident-response medical-services.

This research was a cross-sectional observation. The coverage area of this research reflected the Purwosari PHC, Pasuruan Regional Hospital, and Pasuruan Regional-Transit-Authority operational-coverage-areas. The respondents of this research were the Purwosari PHC Emergency Unit personnel, motorway-pedestrians, and traffic-accident-management officials. The objective of this research was to formulate a comprehensive traffic-accident integrated health-care-services system SOP, covering Preventive-, Promotional-, Curative-, and Rehabilitative-measures, for the Purwosari PHC.

Founded on an identification and analysis on respondent-assessments on the status of the Purwosari PHC traffic-accident-responsiveness, the findings of this research revealed that: 83% of respondents stated that the numbers of personnel were insufficient, 61% of respondents stated that the categories of personnel were sufficient, 100% stated that the competencies of personnel were insufficient, 78% stated that the apparatus for-use in traffic-accident-management were insufficient, 67% stated that medicines for-use in traffic-accident-management were insufficient, 100% stated that ambulances for-use in traffic-accident-victim-treatment were insufficient, 50% stated that the victim information/communication appliances were sufficient, 61% stated that the service locale was insufficient, 100% stated that the response times were sufficient, and 67% of respondents stated that the operational-budgets were highly insufficient. This research also revealed respondents-expectation of the Purwosari PHC traffic-accident services. The expectation for categories and numbers of personnel was as follows: 67% expected 4(four) doctors, 72% expected 8 (eight) nurses, 72% expected 4 (four) drivers, 55% expected 1 (one) administrative staff, 72% expected 2 (two) cleaning service personnel, 22% expected 4 (four) nurse-assistants, 5% expected 2 (two) radiographers, 94% expected 1 (one) radiologist, and 72% expected 1 (one) surgeon. The expectation for personnel trainings were ECM (Emergency Care Management), BLS (Basic Life Support) and ATLS (Advance Trauma Life Support) for doctors, ECM and BLS for nurses, and ECM for all other personnel. The expectation for the Purwosari PHC traffic accident service means was the availability of: complete emergency care equipments, emergency medicines, an emergency-equipped ambulance, telephone and radio-medics, 24-hour special emergency services without leave, and a special operational budget for destitute and needy traffic

accident victims. Founded on an identification and analysis on respondent-assessments on the status of the Purwosari PHC traffic-accident-response health-care-services, the findings of this research revealed that, of the respondents: 43% found Preventive measures insufficient, 56% found Promotional measures insufficient, 36% found Curative measures insufficient, and 47% found Rehabilitative measures insufficient.

The findings also revealed respondent-demand and expectation in pertaining to the Purwosari PHC traffic-accident-responsiveness covering Preventive-, Promotional-, Curative-, and Rehabilitative-areas. In Preventive area, such as traffic signs, road repairs, traffic controls, improved discipline of motorway-pedestrians, and improved road car surveillances. In Promotive area, such as health promotions, discussion groups, exhibitions, and book provisions. In Curative area, such as an in-situ emergency service and reliable therapy, a victim delivery time, PHC medications, and hospital treatments. In Rehabilitative area such as, stand by-specialists to receive referrals from PHC, skillfull and sufficient personnel, easy referrals, equipments and medicines according to the need. Respondent-expectations in pertaining to the comprehensive traffic-accident-integrated health-care-services system was traffic-accident-response health-care-services constituting several institutions: the Regency, Police, Regional Transit Authority, PHC, Education Division, Hospitals, Jasa Raharja (traffic insurance) and the Public Work Division. Each institution had a specific role and function operating in conjunction within the system covering Preventive-, Promotive-, Curative-, and Rehabilitative-measures.

With reference to the collected research-data, as well as to Focus Group Discussion (FGD) feedbacks, a comprehensive traffic-accident-integrated health-care-services system SOP, covering Preventive-, Promotional-, Curative-, and Rehabilitative-measures was formulated. A Preventative SOP involved standardized-operational-measures for the improvement of community awareness of traffic-accident-cases-related health-care-services by offices operating in conjunction. A Curative SOP involved standardized-operational-measures for the provisioning of aid to and medication for traffic-accident-victims by offices operating in conjunction. A Rehabilitative SOP involved standardized-operational-measures for the provisioning of services reducing traffic-accident-disability-effects by offices operating in conjunction.

Given that in all traffic-accident-cases occurring within the Purwosari PHC operational-coverage-area, only approximately 5% of victims were Purwosari residents, where the remainder victim-counts were residents of areas outside of the Purwosari PHC operational-coverage-area, to reduce prevalence-, ailment-, disability-, and mortality-counts effected by traffic-accidents, it was advised that such comprehensive traffic-accident-integrated health-care-services system SOP be socialized, agreed upon and in the end, be implemented at all road-side PHCs.

## ABSTRACT

### **Integrated Health-Care Services System Standard-Operating-Procedure (SOP) for Traffic Accident at Road-Side Public Health Centers (PHC) (A Study at Purwosari PHC Operational Coverage Area)**

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PHC programs are differentiated into two categories, namely: 1) core health-care-services, constituting the six primary programs that are operationally requisites for all PHCs in Indonesia and; 2) innovative health-care-services, permissible for implementation given specific situations, conditions, and complexities at each PHC. As a road-side PHC, the Purwosari PHC is faced with the specificity of high demands for traffic-accident-response medical-services. The objective of this research was to formulate for Purwosari PHC, a comprehensive traffic-accident integrated health-care-services system SOP covering Preventive-, Promotional-, Curative-, and Rehabilitative-measures.

This was a cross-sectional observation research. This research covered the Purwosari PHC, Pasuruan Regional Hospital, and Pasuruan Regional-Transit-Authority operational-coverage-areas. The respondents were the Purwosari PHC Emergency Unit personnel, motorway-pedestrians, and traffic-accident-management officials.

The findings revealed that: numbers of personnel, competencies of personnel; apparatus, medicines and ambulances for-use in traffic-accident-management; service locales; were all insufficient, especially operational-budgets were highly insufficient. While categories of personnel, victim information and response times were sufficient. Respondent-assessments on Purwosari PHC traffic-accident-response health-care-services, revealed that, 43% respondents found Preventive measures insufficient, 56% found Promotional measures insufficient, 36% found Curative measures insufficient, and 47% found Rehabilitative measures insufficient. The findings also revealed respondent demands and expectations of Purwosari PHC on traffic-accident-responsiveness and health-care-services, and a comprehensive traffic-accident-integrated health-care-services system.

Based on the collected research-data, as well as the FGD feedbacks, a comprehensive traffic-accident-integrated health-care-services system SOP, covering Preventive-, Promotional-, Curative-, and Rehabilitative-measures was formulated.

Due to the fact that only 5% of traffic-accident victims were Purwosari residents, it was suggested that such comprehensive traffic-accident-integrated health-care-services system SOP be implemented at all road-side PHCs.

**Key words: integrated system, standard operating procedure, Emergency unit, road-side Public Health Center**