RINGKASAN

Penataan Model Puskesmas Perawatan di Kabupaten Bojonegoro dalam Upaya Pemanfaatan Rawat Inap Puskesmas Perawatan Berdasarkan Persepsi, Penilaian dan Harapan Provider dan Masyarakat

Latar belakang penelitian ini adalah sebanyak 71,4% puskesmas perawatan di Kabupaten Bojonegoro belum mencapai target BOR (*Bed Occupancy Rate)* yang ditentukan oleh Dinas Kesehatan Kabupaten Bojonegoro.

Penelitian ini bertujuan untuk mengidentifikasi persepsi provider (Kepala Puskesmas dan Dokter Puskesmas), masyarakat (pengguna rawat inap dan bukan pengguna rawat inap) mengenai fungsi, sarana, petugas, penyakit yang dapat dirawat dan besar biaya perawatan di puskesmas perawatan. Serta menganalisis penilaian dan harapan pengguna rawat inap yaitu tentang tentang *availaibility* (ketersediaan jenis pelayanan puskesmas perawatan), *accessibility* (keterjangkauan puskesmas), *appropriate* (kesesuaian biaya perawatan dan pelayanan yang diterima), *acceptance* (kesesuaian mutu pelayanan yang diberikan dengan harapan pasien), *profesionaly competence* (kemampuan dokter dan perawat), dan *physically safe* (pelayanan yang tidak menimbulkan komplikasi) dalam Jendela Pelanggan.

Penelitian ini dilakukan di 7 Puskesmas Perawatan Kabupaten Bojonegoro selama 2 bulan yaitu bulan Mei – Juni 2005, dengan rancangan penelitian *cross sectional*. Sumber informasi adalah provider (Kepala Puskesmas dan Dokter Puskesmas), pasien pengguna rawat inap dan pasien bukan pengguna rawat inap. Besar sampel provider adalah 46 orang diambil secara total sampling, masyarakat diambil secara *random sampling* yaitu pengguna rawat inap sebanyak 74 orang dan bukan pengguna rawat inap 95 orang, dengan status membayar dan peserta Askes.

Hasil penelitian menunjukkan bahwa sebagian besar provider, pengguna dan bukan pengguna rawat inap mempunyai persepsi bahwa fungsi rawat inap puskesmas adalah seperti Rumah Sakit, yang merupakan tempat perawatan semua penyakit. Padahal sarana, prasarana dan tenaga yang ada tidak memadai bila disebut berfungsi seperti Rumah Sakit, puskesmas perawatan hanya memiliki ruang rawat inap dan ambulance siap antar bila ada kasus rujukan, tanpa ruang operasi. Persepsi pengguna dan bukan pengguna rawat inap mengenai petugas jaga yang ada di puskesmas adalah dokter dan perawat, sedangkan persepsi provider adalah perawat dan bidan, sedangkan dokter bersifat *on call*. Persepsi provider tentang pengatur diet pasien adalah ahli gizi, sedangkan pengguna dan bukan pengguna rawat inap berpendapat yaitu perawat. Sedangkan belum semua puskesmas perawatan sudah memiliki tenaga ahli gizi. Menurut provider jumlah tempat tidur perawatan minimal sebanyak 10 buah sedangkan belum semua puskesmas perawatan mempunyai 10 tempat tidur. Persepsi provider, dokter puskesmas perawatan harus mahir PPGD (Pertolongan Pertama Gawat Darurat) dan ATLS (Advance Traumatic Life Support), sedangkan perawatnya terampil PPGD. Sedangkan belum semua yang mendapatkan pelatihan tersebut. Persepsi pengguna dan bukan pengguna rawat inap tentang mutu obat puskesmas yang tersedia adalah bermutu, tersedia lengkap sesuai dengan penyakit pasien.

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Adapun persepsi pengguna dan bukan pengguna rawat inap mengenai dokter dan perawat yang ada dan kemampuannya dalam menangani pasien adalah cukup. Besar biaya perawatan menurut provider dan masyarakat adalah murah dan terjangkau. Sebagian besar provider dan masyarakat pengguna dan bukan pengguna rawat inap berpendapat perlu ada dokter spesialis terutama spesialis penyakit dalam di puskesmas perawatan baik sebagai konsulen atau tenaga fungsional tetap puskesmas. Adapun pilihan utama tempat perawatan (opname) bagi provider adalah Rumah Sakit swasta dengan alasan pelayanan yang lebih baik, sedangkan responden bukan pengguna rawat inap lebih memilih puskesmas perawatan sebagai pilihan utama bila rawat inap dengan alasan jarak lebih dekat dengan tempat tinggalnya.

Hasil penelitian tentang harapan dan penilaian pengguna rawat inap atas dimensi mutu, dianalisis dengan menggunakan jendela pelanggan menunjukkan 29,7% terletak di posisi A *(Attention)* dimana masyarakat berharap agar pelayanan yang ada di puskesmas dapat merawat semua penyakit. Keterjangkauan letak puskesmas dengan tempat tinggal pasien dan besar biaya perawatan terletak di posisi B *(Bravo)*. 27,0% berpendapat belum ada kesesuaian antara tarif dan pelayanan yang diterima pasien sehingga terletak di posisi A *(Attention)*. 77% berpendapat bahwa kerahasiaan ruang rawat inap belum terjaga sehingga terletak di posisi A *(Attention)*, sedangkan variabel lain yang terletak di posisi A *(Attention)* adalah ketepatan jadwal visite, perhatian dokter, perhatian perawat, sikap perawat, keramahan dokter dan perawat, bahasa yang digunakan dokter dan perawat selama merawat pasien. Kemahiran dan keterampilan perawat terletak pada posisi B *(Bravo)* yang berarti sudah tidak menjadi masalah bagi puskesmas. Keamanan tindakan pengobatan oleh dokter terletak pada posisi B *(Bravo)*, sedangkan keamanan tindakan pengobatan oleh perawat terletak pada posisi A *(Attention)*. 50% merasa tidak aman selama menjalani perawatan di puskesmas, karena takut tertular penyakit lain (komplikasi atau nosokomial).

Pada penelitian ini juga dilakukan *Focus Group Discussion* (FGD) yang bertujuan untuk menampung masukan, saran yang digali dari isu strategis dan berguna untuk bahan rekomendasi dalam upaya peningkatan pemanfaatan rawat inap puskesmas yaitu sebagai berikut : (1) Mengoptimalkan fungsi puskesmas perawatan sebagai tempat perawatan sementara sebelum dirujuk ke Rumah Sakit dengan melengkapi fasilitas ambulance 'siap antar' dan tenaga yang sesuai standar puskesmas perawatan, sehingga tidak perlu ada penambahan ruang operasi. (2)Penambahan jumlah tempat tidur disesuaikan dengan kebutuhan pasien. (3)Pengaturan letak tempat tidur rawat inap dengan mengatur jarak dan memberi sekat pemisah. (4) Penambahan jumlah tenaga medis minimal 2 orang ditiap puskesmas perawatan (5) Pembinaan berkala dan pelatihan secara bertahap bagi tenaga medis dan paramedis puskesmas perawatan dari Dinas Kesehatan dan Rumah Sakit Kabupaten. (6) Dibuat aturan atau *job description* petugas jaga 24 jam di puskesmas perawatan. (7) Meningkatkan mutu pelayanan puskesmas perawatan yang berorientasi pada kepuasan pasien.

SUMMARY

Rearranging the Model of Bojonegoro Regency Inpatient Public Health Centers as a Utilization Effort Based on Provider and Community Perception, Assessment and Expectation

The background of this research was 71.4% of Public Health Centers (PHC) with inpatient unit in Bojonegoro Regency had not achieved the Bed Occupancy Rate (BOR) targetted by the Bojonegoro Health Office. The objective of this research was to identify provider's perception (PHC Head and PHC doctor) and community's perception (PHC inpatient user and non-user) of the Inpatient PHC's function, means, personnel, accomodated type of diseases, and the amount of hospitalization cost at the Inpatient PHC. The study also analyzed the assessment and expectation of the inpatient user of the availability of varied services provided by PHC, the accessibility, the appropriateness (compatibility of tariff and services rendered), the acceptance (suitability of patient's expectation and the real quality of any given services), professionally competence (doctor's and nurse's capabilities), and physically safe (no after-service-complication) according to Customer Window.

This research was conducted at 7 (seven) Inpatient PHCs of Bojonegoro Regency for 2 months from May until June 2005. This was an observational cross-sectional study. The source of information was providers (PHC Head and PHC doctor), inpatient users and non-users. The sample was taken from the provider by a total sampling as many as 46 people, and from the community by a simple random sampling method amounting to 74 inpatient users and 95 non-users. The status of inpatient user and non-user respondents was full-paying and Health Insurance members.

The result of the study showed that majority of inpatioent users and non-users, as well as providers had a perception that the Inpatient PHC was functionally similar to hospitals, able to accommodate all diseases. Unfortunately, PHC facilities, means and personnel was far from referral hospitals. PHC was not equivalent to hospitals, it only possessed an inpatient ward and the ready-for-use ambulance for referrals without Operating Theatres. Doctors and nurses were users and non-users' perception of on-duty personnel, while the provider's perception of on-duty personnel was nurses and midwives, and doctors were just on-call. Provider's perception of patient's diet-regulator was a nutrition expert, while the inpatient users and non-users thought that the diet regulator was a nurse. Not all Inpatient PHCs had a nutrition expert. Providers considered minimal 10 beds for inpatient ward, while in reality, not all PHC had 10 beds. The provider perceived that all PHC doctors should be skillfull in Emergency Patient Management (EPM) and Advanced Traumatic Life Support (ATLS), while all nurses should be good in EPM. Yet, in reality, not all doctors nor nurses underwent EPM training. The perception of users and non-users of the quality of PHC medicines was good, complete according to patient's sickness. Users and non-users' perception about doctor and nurse's skill to handle patient was sufficient. The amount of hospitalization cost according to providers ,users and non-users was cheap and bearable. Most providers and the users and non-users shared the same

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opinion that a specialist of Internal Medicine was needed as a consultant or PHC permanent functional staff. Providers chose a private hospital for their hospitalization due to its excellent service, while the non-users chose the Inpatient PHC due to the close distance to their residences.

The result of the quality dimension of inpatient users' expectation and assessment, was analyzed by Customer Window, and it showed 29.7% was located in A position (Attention) where the expectation was that PHC could take care of all diseases. PHC accessibility from patient's homes and hospitalization cost were in B position (Bravo). 27.0% inpatient users believed that there was no compatibility between PHC tariff and the services rendered, so it was in A position (Attention). 77% stated that inpatient's confidentiality was not maintained so it was in A position (Attention), while other variables i.e. doctor's visit puctuality, doctor's attention, nurse's attention, nurse's attitude, doctor and nurse's courteousness, the language used by doctor and nurse during hospitalization were also in A position. Nurse's skill and ability was in B position (Bravo) meaning it presented no problem to PHC. Doctor's safety in implementing therapy was in B position, while nurse's safety in therapy was in A position (Attention). 50% were insecure during their hospitalization in PHC, they were afraid of complication or infected by contagious diseases (complication or nosocomial infection).

In this research, a Focus Group Discussion (FGD) was held to accommodate inputs. Suggestions derived from strategic issues and beneficial for recommendations in improving the utilization of inpatient PHC, were presented as follows: 1) optimizing the Inpatient PHC as a temporary stop-over before referring to other hospitals, providing PHC with a ready-to-use ambulance with skillfull personnel, thus avoiding urgent need to build operating rooms; 2) adding beds-capacity according to patient's need; 3) rearranging bed position with distance and partition; 4) adding minimal 2 more personnel for each Inpatient PHC; 5) training and supervision periodically for all medical and non-medical staff from the Health Office and Bojonegoro Regional Hospital; 6) formulating a job description and regulation for 24 hours on-duty shift; 7) improving the service quality of Inpatient PHC with patient-satisfaction orientation.

Skripsi PENATAAN MODEL PUSKESMAS ... AVIE SRI HARIVIANTI RAHAYU

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ABSTRACT

Rearranging the Model of Bojonegoro Regency Inpatient Public Health Centers as a Utilization Effort Based on Provider and Community Perception, Assessment and Expectation

The background of this research was 71.4% of Public Health Centers (PHC) with inpatient unit in Bojonegoro Regency had not achieved the Bed Occupancy Rate (BOR) targetted by the Bojonegoro Health Office. The objective of this research was to identify provider's and inpatient users and non-users' perception of the condition of Inpatient PHC's, and to analyze inpatient users' assessment and expectation of available services, the accessibility, the appropriateness, the acceptance, the competence and the safety according to Customer Window.

This was an observational cross-sectional study, conducted at 7 Inpatient PHCs of Bojonegoro Regency from May until June 2005. The sample was 46 people from the provider, and 169 people from users and non-users.

The result of the study showed that users, non- users, and the providers had a perception that the Inpatient PHC was functionally similar to hospitals, able to accommodate all diseases, that users and non-users' perception of on-duty personnel were doctors and nurses, while the provider's perception (of on-duty personnel) was nurses and midwives. Other perceptions were mentioned in the summary.

The result of the quality dimension of inpatient users' expectation and assessment, was analyzed by Customer Window, and it showed in A position (Attention) were: availability of inpatient facilities, compatibility of tariff and services rendered, doctor visit punctuality, doctors and nurse's attention, nurse's attitude, doctor and nurse's cordiality, doctor and nurse's language, therapy by nurses, and safety from contagious diseases. In B position (Bravo) were: PHC accessibility, doctor and nurse's skill, and therapy given by doctors.

The recommendations were as follows: 1) optimizing the Inpatient PHC as a temporary stop-over before referring to other hospitals, providing PHC with a ready-to-use ambulance with skillfull personnel; 2) adding beds according to patient's need; 3) rearranging bed position with distance and partition; 4) adding minimal 2 more personnel for each Inpatient PHC; 5) training and supervision periodically for all medical and non-medical staff from the Health Office and Bojonegoro Regional Hospital; 6) formulating a job description and regulation for 24 hours on-duty shift;and 7) improving the service quality of Inpatient PHC with patient-satisfaction orientation.

Key words: perception, expectation, assessment, Customer Window, Inpatient PHC