

Perbandingan pelaksanaan kebijakan pelayanan kesehatan bagi masyarakat miskin di RSUD kota Bekasi antara Program Askeskin dan Jamkesmas = The Comparison of health service implementing policy for poor families in RSUD kota Bekasi between of Askeskin Program and Jamkesmas

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Abstrak

Latar belakang dari penelitian ini adalah untuk mengetahui perbandingan pelaksanaan kebijakan dalam pelayanan kesehatan masyarakat miskin di RSUD Kota Bekasi melalui program Askeskin dan Jamkesmas. Penelitian ini merupakan penelitian kualitatif dengan memilih RSUD sebagai tempat Studi kasus. Data diperoleh dari dokumen, laporan pelaksanaan kegiatan dan wawancara mendalam dengan perugas rumah sakit, petugas PT Askes, petugas verifikasi independen. Dari hasil oleh data diketahui bahwa pada kunjungan gakin RSUD untuk tahun 2008 turun dibandingkan tahun 2007 tetapi biaya pelayanan, meningkat. Ditinjau dari tujuan program dlkaitkan dengan efektifitas pembiayaan, tujuan proram Askeskin dan Jamkesmas tidak tercapai, untuk itu penulis menyarankan untuk kembali menata pelaksanaan program Askeskin dan Jamkesmas di RSUD kota Bekasi untuk pelaksanaan tahun 2009 mulai dari kebijakan kota dan kebijakan RS yang digunakan dalam penyelenggaraan kegiatan pelayanan kesehatan gakin, kepesertaan, penghnmngan kembali unit cost masing masing jenis pelayanannya lengkap mulai dari biaya administrasi, biaya pelayanan, biaya tindakan, dan biaya obat. Perlu dilakukan sosialisasi program baik pada masyarakat dan pelaksana kegiatan, meningkatkan fasilitas pelayanan yang khusus disediakan untuk gakin di RSUD sesuai dengan standar pelayanan minimal yang ditetapkan utnuk perawatan di Rumah sakit, sehingga masyarakat miskin kota Bekasi Mendapat pelayanan kesehatan yang layak sebagai warga negara.

.....The background of this research is to know the comparison of health service implementation of government policy in public service for poor people/families that has been doing since 1998. According to its development, this activity has changed few times. In 2007 the activity was named Askeskin Program and 2008 became Jamkesmas Program. This activity constitutes the central government program and followed up by the local government including Kota Bekasi. One of executors of this activity is RSUD Kota Bekasi. Based on the changes of this program, I wanted to exactly know the implementation of Aslceskin and Jamkesmas in RSUD Kota Bekasi. This research is qualitative research by choosing RSUD as the place of the case study. The data were compiled from documents, implementation reports, in-depth interviews with the hospital officers, PT Askes officers and independent verification officers. Based on the data, the number of visit from poor families in 2008 decreased compared with 1 in 2007, but the cost of service increased. Looking at if from the aim of the program related to the effective cost, the goal of Askeskin and Jamkesmas were not achieved so that I suggest to rearrange or reorganize the implementation of Askeskin and Jamkesmas Program in RSUD Kota Bekasi for 2009 started from local government policy, RSUD policy used in implementing health service for poor people/families, membership to the recalculation of unit cost of each service complete with the cost of administration, service, treatment and medicine. In addition, the socialization of the program not only for Community but also for the executor should be done properly. Parallel with that, the facilities of the services specifically provided for poor people/families in RSUD

should be improved accordance with the minimum service standard stipulated for the hospital with the intention that the poor people in Kota Bekasi can get the proper health service as human kind.