

Analisis mutu pelayanan TB MDR dengan strategi programmatic management of drug resistant tuberculosis (PMDT) di RSUP Persahabatan = Quality of services analysis TB MDR with programmatic management of drug resistant tuberculosis (PMDT) strategic in Persahabatan General Hospital

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Abstrak

Telah dilakukan penelitian mutu pelayanan Programatic Management Drug Resistance Tuberculosis (PMDT) di RSUP Persahabatan.

Tujuan umum: mengetahui mutu pelayanan strategi PMDT di RSUP Persahabatan. Penelitian ini dilakukan dengan disain penelitian dengan metode kualitatif yaitu menggali informan dengan wawancara mendalam dan telaah dokumen. Sampel adalah pasien TB-MDR September 2009 sampai 31 Desember 2011.

Hasil penelitian: pasien yang berobat di poli DOTS Plus berjumlah 814 pasien didapatkan 319 (39,2%) pasien TB-MDR, pasien melakukan pengobatan sebanyak 231 (72,4%) pasien dan tidak kembali ke rumah sebanyak 88 (27,6%). Pada penelitian ini dokter dan perawat sudah memenuhi syarat, dana pengobatan masih mendapat bantuan, kebijakan RS sudah dilaksanakan, sarana dan prasarana sesuai PPI TB, laboratorium sudah tersertifikasi WHO hanya masih terjadi kendala hasil pemeriksaan uji resistensi dengan media padat (Ogawa/LJ), MGIT lebih dari 45 hari pada tahun 2009 sampai dengan tahun 2011, hal ini menyebabkan salah satu keterlambatan pengobatan. Pasien yang telah didiagnosis TB MDR masih didapatkan yang menunda pengobatan (delayed treatment) sebesar 156 pasien (67,5%), dengan lama penundaan 2 minggu - >12 bulan. Penangan pasien mangkir masih belum tercatat dengan baik, Angka keberhasilan pengobatan pasien sembuh/komplit didapatkan 60,2%, putus berobat 15,2%, meninggal 16 %, gagal 1,3% serta on treatment 6,9%. Pasien sembuh/komplit merasakan pengobatan di rumah sakit terjadi kemudahan dalam mengambil obat karena dapat diluar jam kerja dan dapat saling bertukar pengalaman dengan sesama penderita. Pasien penundaan pengobatan karena perlu kesiapan diri dan dukungan keluarga untuk pengobatan selama 2 tahun. Pasien putus berobat merasakan pengobatan mengganggu aktivitas, perlu biaya, dan tidak mendapat dukungan dari keluarga. Pelayanan satelit belum maksimal, masih didapatkan memberikan pelayanan pengobatan lanjutan. Edukasi yang masih dirasakan kurang untuk pasien dan keluarga.

.....A research about the service quality of Programatic Management Drug Resistance Tuberculosis (PMDT) in Persahabatan General Hospital has been conducted.

Primary objective: To determine the quality of service of the PMDT strategic in Persahabatan General Hospital. This is a qualitative study, by acquiring information with in-depth interview and literature review. The samples were MDR-TB patients from September 2009 until December 2011.

Result: The number of patients seeking treatment in Persahabatan Hospital were 814 patients that consists of 319 patients (39,2%) with positive MDR, treated patients were 231 people (72,4%), and untreated patients were 88 people (27,6%). In this study, the doctor and nurse were qualified, treatment fund still received aid, the policy had been implemented, the laboratory had been certified by WHO, the only constraint was with the result of the resistance test with solid media, MGIT result took more than 45 days from 2009 until 2011,

this had caused delay in treatment. There were 156 (67,5%) patients who have already been diagnosed as a MDR TB but was delayed in getting treatment for two weeks until twelve months. The management of default patients was not well-documented. The treatment success rate of cured patients were 60.2%, dropped out treatment were 15.2%, while 16% died, 1.3% failed, and 6.9% were still in on-going treatment. Cured patients felt that during treatment in the hospital, acquiring medicine was easy because it could be done outside working hours and patients were able to exchange experiences with fellow patients. Patients delay treatment because they required time for preparations and needed family support for treatment for 2 years. Treated patients dropped out of treatment felt that the process disrupt their activities, required expenses, and they did not have the support of their family. Satellite service is not maximized, it is found that they provide advanced medical care. Education is still lacking for patients and families.