

Efisiensi puskesmas dengan metode data envelopment analysis dea di kota depok provinsi jawa barat tahun 2015 = Public health center efficiency using data envelopment analysis dea method in depok city west java province 2015 / Rahmah Kusuma Dewi

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Abstrak

**ABSTRAK**

Penelitian ini bertujuan untuk mengetahui efisiensi dan faktor-faktor yang berhubungan dengan efisiensi Puskesmas di Kota Depok tahun 2015. Penelitian ini menggunakan disain cross sectional, dengan pendekatan kuantitatif. Efisiensi Puskesmas diperoleh dengan menggunakan metode Data Envelopment Analysis, model Variable Returns to Scale, dan berorientasi output. Penelitian dilakukan di seluruh Puskesmas wilayah kerja Dinas Kesehatan Kota Depok, yaitu sebanyak 35 Puskesmas, yang terdiri dari 7 Puskesmas Rawat Inap dan 28 Puskesmas Non Rawat Inap, serta terbagi dalam 11 Kecamatan. Hasil perhitungan efisiensi teknik menunjukkan bahwa semua Puskesmas Rawat Inap sudah efisien, Puskesmas Non Rawat Inap sebanyak 14 Puskesmas 50 efisien. Berdasarkan wilayah, sebanyak 8 kecamatan 72,7 efisien. Ketidakefisienan Puskesmas Non Rawat Inap, berdasarkan slack input masih terdapat pemanfaatan input yang belum optimal pada semua variabel, dan berdasarkan slack output masih terdapat pencapaian output yang belum maksimal pada variabel jumlah kunjungan.

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**ABSTRACT**

This study aims to identify efficiency and factors related to efficiency in PHC in Depok City 2015. This study used a cross sectional design with quantitative approach. The efficiency of PHC was collected with Data Envelopment Analysis method, Variable Returns to Scale model, and output orientation. The number of samples in this study were 35 PHCs, which was the total sample that consisted of 7 PHCs with inpatient facility and 28 PHCs without inpatient facility, and were divided into 11 districts. The results from the technical efficiency calculation showed that all PHCs with inpatient facility were efficient. As many as 50 PHCs without inpatient facility were efficient. According to district area, 72,7 PHCs were efficient. The inefficiency of PHCs without inpatient facility according to the slack input was that the utilization of all variables were not optimal, and according to the slack output, the output achievement in the visit amount variable was still not maximal.