

Pengembangan model management peningkatan mutu terpadu pelayanan kontrasepsi AKDR pasca persalinan pada fasilitas kesehatan premier = Development of an integrated quality improvement management model contraception service for postpartum iud in primary health facilities.
 

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Abstrak

Dalam pelayanan kesehatan, peranan Fasilitas Kesehatan Primer yang berhadapan langsung dengan masyarakat sangat penting. Kompetensi personal fasilitas pelayanan kesehatan dalam tatakelola pelayanan khususnya di fasilitas pelayanan primer masih terbatas. Hal itu disebabkan pembekalan melalui pendidikan dan pelatihan belum memenuhi kebutuhan kompetensi manajemen akibat kurikulum pendidikan dan pelatihan yang belum dirancang dan dilaksanakan sesuai dengan kebutuhan dan harapan masyarakat. Penelitian ini merupakan penelitian terapan bertujuan mengembangkan model manajemen peningkatan mutu terpadu pelayanan di Fasilitas Kesehatan Primer.

Penelitian menggunakan metode Kombinasi Kuantitatif-Kualitatif (*Mixed Method*) dan rancangan *sequential explanatory*. Penelitian ini terdiri dari dua tahap yaitu, tahap penelitian kuantitatif bertujuan menilai mutu layanan dari sisi pelanggan dengan rancangan potong lintang. Tahap penelitian kualitatif bertujuan menilai mutu dari sisi penyedia. Responden penelitian kuantitatif adalah akseptor penerima pelayanan KB AKDR Pasca Persalinan di Fasilitas Kesehatan Primer di Jakarta. Responden penelitian kualitatif adalah tim petugas di Fasilitas Pelayanan Primer dan Pakar di bidang Keluarga Berencana. Pengumpulan data penelitian kuantitatif menggunakan kuesioner yang telah divalidasi. Pengumpulan data penelitian kualitatif menggunakan metode wawancara mendalam menggunakan instrumen maturitas organisasi dan penilaian oleh pakar menggunakan metode *Delphi*. Model akhir manajemen peningkatan mutu terpadu dikembangkan dari model awal yang disusun berdasarkan tinjauan pustaka.

Berdasarkan kepuasan pelanggan sebanyak 141 (81,1%) responden merasa puas, 35 (19,9%) responden merasa tidak puas. Berdasarkan keselamatan pasien 166 (94,3%) responden menyatakan keselamatan baik, 10 (5,7%) responden menyatakan keselamatan kurang. Pada penilaian mutu dari sisi pelanggan variabel yang memengaruhi mutu adalah regulasi dan standarisasi, sarana prasarana, komunikasi efektif dan kepemimpinan klinik. Pada penilaian mutu dari sisi penyedia dengan penilaian maturitas proses dan maturitas organisasi masing-masing pada tingkat pertama dan kedua dari empat tingkat maturitas. Dari model awal berdasarkan tinjauan pustaka dan hasil penelitian disintesis model akhir Manajemen Peningkatan Mutu Terpadu di Fasilitas Kesehatan Primer.

Simpulan: Telah berhasil dikembangkan model Manajemen Peningkatan Mutu Terpadu (M-PMT) di fasilitas Kesehatan Primer yang merupakan perangkat manajemen fasilitas Kesehatan Primer dalam proses manajemen mutu pelayanan untuk mencapai kinerja mutu unggul. Model dikembangkan dengan pendekatan terpadu, komprehensif, holistik dan berkelanjutan. Pendekatan terpadu dalam struktur

rancangan sistem sebagai komponen input. Komponen proses dengan pendekatan komprehensif dalam siklus perencanaan, pelaksanaan dan pemantauan evaluasi melalui proses pembelajaran mencapai tingkat kematangan proses dan organisasi berkelanjutan.

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In health services, Primary Health Facilities plays an important role in dealing directly with the community. The personal competence of health service facilities in service governance, especially in primary care facilities, is still limited. This is due to the fact that debriefing through education and training has not met the needs of management competencies due to education and training curricula that have not been designed and implemented according to the needs and expectations of the community.

This is an applied research aimed at developing an integrated quality improvement management model of service in Primary Health Facilities.

The study combined quantitative methods and sequential explanatory design. This study consists of two stages. The quantitative research stage aims to assess the quality of service from the customer side with a cross-sectional design. The qualitative research phase aims to assess the quality of the provider. Quantitative research respondents are acceptors of contraceptive services of postnatal IUD at Primary Health Facilities in Jakarta. respondents from qualitative research team were officers at Primary Service Facilities and experts in the field of Family Planning. Quantitative research data is collected using validated questionnaires. Collecting qualitative research data using in-depth interview methods using organizational maturity instruments and expert assessment using the Delphi method. The final model of integrated quality improvement management was developed from the initial model which was compiled based on literature review.

Regarding customer satisfaction, 141 (81.1%) respondents were satisfied and 35 (19.9%) respondents felt dissatisfied. Regarding patient safety, 166 (94.3%) respondents stated safety was good and 10 (5.7%) respondents said that safety was lacking. In the quality assessment from the customer side, the variables that affect quality are regulation and standardization, infrastructure, effective communication and clinical leadership. In the assessment of quality from the provider side by assessing the process maturity and organizational maturity of each at the first and second levels of the four maturity levels. The final model of Integrated Quality Improvement Management in Primary Health Facilities is synthesized from the initial model based on literature review and the results of the study.

Conclusion: The Integrated Quality Improvement Management (M-PMT) Management model in Primary Health facilities has been successfully developed. The result is a primary health facility management tool in the service quality management process to achieve superior quality performance. The model is developed with an integrated, comprehensive, holistic and sustainable approach. Integrated approach in the structure of the system design served as an input component. The process component with a comprehensive approach in the cycle of planning, implementing and monitoring evaluations through the learning process reaches a sustainable level of process and organization maturity.