Analisis potensi kelangsungan Puskesmas Unit Uji Coba Swadana DKI Jakarta tahun 2000

Sri Poerwaningsih, author

Abstrak

Berdasarkan Surat Keputusan Gubernur DKI Jakarta No. 39 tahun, tepatnya berlaku sejak April 2000, 5 Puskesmas menjadi uji coba swadana. Swadana dalam arti puskesmas diberikan kewenangan mengelola langsung pendapatan yang bersumber retribusi, untuk membiayai kegiatan puskesmas.
Penelitian bersifat kuantitatif yang dilengkapi dengan kualitatif, dengan metadologi cros secsional. Unit analisa adalah puskesmas, mengunakan data sekunder dan data primer.
Hasil penelitian pendapatan tertinggi di Puskesmas Tebet Rp.599.896.350 dan terendah Puskesmas Tanah Abang Rp.208.500.200. Pendapatan Puskesmas Jatinegara Rp.436.140.400, Tambora Rp. 329.1599.800, dan Koja Rp. 241.481.968. Biaya terbanyak dikeluarkan Puskesmas Jatinegara Rp.378.572.203 dan terendah di Puskesmas Tanah abang Rp.170.017.805. Biaya Puskesmas Tebet 353.557.278, Tambora Rp.253.547.603, dan Koja Rp.200.097.144. Cast Recoverry rata-rata diatas 100%, tertinggi di Puskesmas Tebet 173,65% dan terendah Puskesmas Jatinegara 113,32%. Puskesmas Tambora 129,82%, Koja 120,68%, dan Tanah abang 122,63%. Kebijakan, dalam penentuan tarif secara tradisional, sedangkan sistem pembayaran terbanyak tunai rata-rata diatas 60%, pembayaran gratis tertinggi di Puskesmas Tambora sekitar 20%, pembayaran JPS tertinggi di Puskesmas Tanah abang 5,11%. Sistem akuntasi keuangan cash basis. Potensi provider cukup bersih dan nyaman, dengan jenis pelayanan dan hari buka puskesmas cukup bervariasi. Jumlah sumber daya manusia, Puskesmas Jatinegara dan Tebet sesuai standar, kelompok umur pegawai terbesar kelompok umur diatas 45 tahun di Puskesmas Jatinegara. Masa kerja pegawai terbesar dibawah 10 tahun di Puskesmas Tebet. Pendidikan pegawai yang relatif merata di Puskesmas Tambora dan koja. Pendidikan yang sedang dijalani pegawai terbanyak di Puskesmas Koja dan yang paling sedikit di Puskesmas Tanah abang. Persepsi pelanggan puskesmas terhadap waktu tunggu, yang lama di unit obat dan pemeriksaan. Persepsi pelanggan terhadap biaya, yang mahal untuk biaya penunjang dan tindakan. Persepsi pelanggan terhadap sikap petugas cukup ramah, kecuali Puskesmas Tambora. ATP3 tertinggi di Puskesmas Tebet sebesar Rp.160.504 dan terendah di Puskesmas Tanah abang sebesar Rp.59.925. ATP puskesmas masih diatas tarif biaya pelayanan dasar Rp.2.000 yang sekarang berlaku.
Hasil analisis cost recovery diatas 100%, yang berarti puskesmas sustain, tetapi belum menggambarkan yang sebenarnya, karena gaji dan investasi diluar perhitungan. Pendapatan puskesmas bersumber retribusi dengan kontribusi unit pelayanan belum optimal, maka perlu di tingkatkan unit pelayanan yang kurang berkontribusi. Biaya jasa lebih 40%, biaya medis, umum, dan gizi cukup besar, terjadi double subsidi pada pasien gakin, biaya pemeliharaan relatif kecil. Untuk efektif dan efeisiennya biaya perlu dilakukan analisa, atau cost containment. Tarif belum diketahui apakah diatas/dibawah unit cost, dengan pembayaran JPS dan gratis cukup tinggi. Sistem akuntansi tidak menggambarkan situasi keuangan puskesmas secara nyata. Potensi provider cukup dapat bersaing dengan fasilitas lain. Sumber daya manusia relatif berpotensi untuk mendukung swadana.
Persepsi pelanggan tidak mendukung potensi swadana, sedangkan kemampuan dan kemauan masyarakat

membayar masih bisa ditingkatkan.

.....Analysis for the Sustainability Potential of Trial Health Center for Swadana in Jakarta, in the year 2000Based on the decree letter of Governor of Jakarta Province No.39 Year 2000 (April), stated that five health centers (later in this abstract refers as HC) have became trial health center for swadana. Swadana in health center means the authority in managing health center's direct income from retribution to finance its activities.

This is a quantitative analysis research with qualitative and cross sectional methods. The analysis unit is health center by using primary and secondary data.

From the research survey, the highest income for health center is achieved by Tebet HC for amount Rp.599,896,350,- and the lowest income is achieved by Tanah Abang HC for amount Rp.208,500,200, While other HC such as Jatinegara HC, has income of Rp.436,140,400,- Tambora HC has income of Rp. 329,159,800 and Koja HC has income of Rp.241,481,968. The highest expenses for HC is at Jatinegara HC in amount Rp.378,572,203 and the lowest expenses is at Tanah Abang He in amount of Rp.170,017,805. While the expenses at Tebet HC is only Rp.353,557,278, at Tambora HC Rp.253,547,604 and at Koja HC is Rp.200,097,144. The estimate of cost recovery is above 100% the highest is at Tebet HC of 173.65% and he lowest is at Jatinegara HC of 113.32%. At Tambora HC is 129.82%, at Koja HC is 120.82% and at Tanah Abang HC is 122.63%. The policy in determining the tariff was conducted in traditional way, whereas the cash payment system reaches above 50%, the highest average for- free payment service is at Tambora HC around 20%, the highest pre-payment system through JPS (social safety net) is at Tanah Abang HC is around 5.11%. The account system is cash basis. The potential of health center provider is quite clean and comfortable, with many variations of working hours and type of health service provided by health center. The number of human resources at Jatinegara HC and Tebet HC is as per standard, the highest age group staff is above 45 years of age at Jatinegara HC. The longest duration of work under 10 years is at Tebet 1-IC. Education background of health center staffs is relatively the same at Tambora HC and Koja HC. The highest training program for staff is at Koja HC, while the lowest is at Tanah Abang HC. The highest ATP3 is in Tebet HC in amount of Rp.160,504 and the lowest is at Tanah Abang HC in amount Rp.59,925. Health center ATP still above basic service cost of Rp.2000, which is generally applied today.

The cost recovery analysis is still above 100%, which means health center is sustained, however this still not described the condition in reality, since salary component and investment component (subsidy) are still about of calculation. Health Center income from retribution with the support from service unit. The service cost is still above 40%, medical cost, general cost and nutrition cost is quite big, there is cross subsidy for poor patient and small maintenance cost. For cost efficiency and cost effectiveness, there is necessity to conduct analysis or cost containment. The tariff still unknown whether it is below or above unit cost, with highest JPS (social safety net) payment and free payment system. The account system does not describe health financial situation in reality. The provider potential is quite competitive if compared to other health facilities. Human resource is quite potential to support Swadana potential, however the ability and the willingness of community to pay for health service still can be improved.