

Analisis potensi kemandirian puskesmas unit uji coba swakelola Plaju Palembang tahun 2003/2004

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Abstrak

Pembiayaan operasional Puskesmas di kota Palembang masih mengalami kendala, dimana dana yang ada belum mencukupi kebutuhan. Salah satu cara untuk mengatasi pembiayaan tersebut, maka dikembangkan Puskesmas unit uji coba swakelola di kota Palembang. Puskesmas Plaju sebagai salah satu unit uji coba swakelola, bila dibandingkan 4 puskesmas unit uji coba yang lain mempunyai pendapatan yang paling kecil, jumlah kunjungan sedikit, yang datang kebanyakan dari kalangan ekonomi kurang mampu. Untuk mengetahui apakah Puskesmas Plaju dapat mandiri di masa yang akan datang, maka perlu dilakukan penelitian atau analisis potensinya.

Penelitian ini merupakan penelitian deskriptif dengan pendekatan kualitatif. Data yang digunakan adalah data sekunder untuk mengetahui pendapatan dan biaya, sumber daya manusia, kebijakan tarif Berta potensi provider. Data primer diperoleh dari indepth interview, observasi dan wawancara dengan pelanggan.

Hasil penelitian menunjukkan CRR (Cost Recovery Rate) Puskesmas Plaju untuk pendapatan fungsional dibagi biaya total tanpa AFC, gaji, alat dan vaksin sudah cukup tinggi (117,0%). Tinggi rendahnya CRR dipengaruhi pendapatan dan biaya. Pendapatan fungsional Puskesmas Plaju tahun 2003 sebesar Rp 116.661.106, yang bersumber dari PT Askes (41,4%), pelayanan dasar PKPS-8BM BIDKES (27,8%), retribusi (21%) dan Jamsostek (9,8%). Biaya yang digunakan adalah untuk biaya operasional (76,6%) dan biaya tetap atau AFC (23,4%). Penggunaan biaya yang terbesar digunakan untuk gaji 35,7%, biaya obat dan vaksin 31,3%, kemudian AFC gedung (18,8%). Sedangkan biaya yang terkecil dikeluarkan adalah biaya untuk pemeliharaan (0,1%). Kebijakan tarif mendapat dukungan dari pengambil keputusan, pola tarif yang baru sudah diusulkan Dinas Kesehatan Kota Palembang ke Walikota Penyesuaian tarif ini sudah sampai pada tahap adopsi kebijakan, tetapi belum sampai pada implementasi kebijakan. Untuk potensi Provider, kebersihan gedung 80% bersih, 20% cukup bersih. Kenyamanan gedung, 60% nyaman, 40% cukup nyaman. Terdapat penambahan jenis pelayanan dari 13 jenis menjadi 19 jenis.

Untuk sumber daya manusia, jumlah dan jenis tenaga sudah sesuai standar, umur dan masa kerja hampir berimbang. Sedangkan untuk pendidikan dan pelatihan terjadi penurunan pada tahun 2003 (38,5%) dibandingkan tahun 2002 (76,9%). Tingkat kepuasan pelanggan terhadap waktu tunggu yang diteliti yaitu di unit pendaftaran (85,4%), pemeriksaan (92,7%), pemeriksaan penunjang (74,2%) dan apotik (31,3%). Kepuasan pelanggan terhadap keramahan petugas yang diteliti yaitu di pendaftaran (86,5%), pemeriksaan (98,0%), pemeriksaan penunjang (98,4%) dan apotik (97,9%). Sedangkan kepuasan pelanggan terhadap biaya yang diteliti yaitu biaya karcis (96,9%), tindakan medis (93,5%) dan pemeriksaan penunjang (92,0%). Rata-rata ATP3 (Rp 20.391,67) dan WTP (Rp 4.660) pelanggan lebih tinggi dari tarif yang berlaku saat ini (Rp 1.000).

Kondisi yang mendukung potensi kemandirian, selain CRR adalah kebijakan tarif, potensi provider, sumber daya manusia (pendidikan, umur dan masa kerja), persepsi pelanggan terhadap waktu tunggu (di ruang pendaftaran dan pemeriksaan), keramahan petugas (di ruang pendaftaran, pemeriksaan, pemeriksaan penunjang dan apotik) dan biaya (karcis, tindakan medis dan pemeriksaan penunjang) serta ATPIWTP pelanggan. Kondisi yang kurang mendukung adalah sumber daya manusia (pendidikan dan pelatihan) dan persepsi pelanggan (terhadap waktu tunggu di ruang pemeriksaan penunjang dan apotik).

Bila dilihat dari hasil penelitian, maka Puskesmas Plaju mempunyai potensi untuk dapat mandiri di masa yang akan datang. Asalkan kondisi yang kurang mendukung potensi kemandirian segera diatasi.

Analysis of Self-Reliance Potency of the Try Out Unit of Self-management at Plaju Puskesmas, Palembang 2003/2004 Operational financing of Puskesmas in the City of Palembang still has constraint where the existing fund falls short requirement. To overcome the problem, the try out unit of self-management Puskesmas had been developed in the City of Palembang. Plaju Puskesmas as one of the try out unit of self-management, when compared to four other Puskesmas try out units whose the smallest revenue, amount of patient was little, and the indigent economic background at most. Therefore the research or independence potency analysis was conducted to assess whether Plaju Puskesmas could earn self-reliance in the future.

The research was a descriptive research with qualitative approach. It used secondary data to assess the revenue and expense, human resource, pricing policy, as well as provider potency. Primary data was obtained from in depth interview, observation and interview with customers.

The Result of research showed that CRR (cost recovery rate) of Plaju Puskesmas have been high enough (117%). The CRR was influenced by the cost and revenue. The functional revenue at Plaju Puskesmas in 2003 was Rp 116.661.106 which supplied from PT Askes (41,4%), the service of PKPS-BBM BIDKES (27,8%), retribution (21%), and Jamsostek (9,8%). The cost of Puskesmas included operational cost (76,6%) and fixed cost or AFC (23,4%). The highest cost was used for salary (35,7%), vaccine and drug (31,3%), and AFC for building (18,8%). While the most little cost was purposed to the maintenance (0,1%). The pricing policy got support from decision maker which the new pricing pattern have been proposed by the Health Office of the City of Palembang to the Mayor. The adjustment of the pricing have come up with the phase of policy adoption, but not yet come up with the policy implementation.

For the potency of provider, the hygiene of building showed 80% was clean, 20% was enough clean. The comfort of building showed 60% was comfortable; the rest (40%) was comfortable enough. There was addition of services from 13 become 19 services. For human resource, its amount and capacity had been appropriate to the standard, however age and duration of work span were almost proportional. While for the education and training showed degradation in the year 2003 (38,5%) compared to year 2002 (76,9%). Level satisfaction of customer in every service was showed as follows; waiting time at the admission unit was 85,4%, examination (92,7%), ancillary unit (74,2%), and drug store (31,3%). The customer satisfaction to the sociability of officer at every unit of service resulted as follow; admission (86,5%), examination (98%), ancillary examination (74,2%), and drug store (97,9%). While the satisfaction of customer to the cost that

was observed showed as follows; ticket fee (96,9%), medical examination (93,5%), and ancillary examination (92%). The average of ATP 3 was Rp 20.391,67 and the average of WTP was Rp 4.660 of which higher than the current tariff.

The condition in which supported the self-reliance potency, besides CRR was the tariff policy, potency of provider, human resource (education, age, and duration of work span), perception of customer to the waiting time at admission unit and duration of work span, sociability of officer (at admission unit, examination, ancillary examination, and drug store) and the cost (ticket fee, medical examination, and ancillary examination), and ATP1WTP customer. The condition that was included less supporting; human resource (education and training), and perception of customer to the waiting time (at ancillary examination and drug store).

From the result of research that mentioned before, Plaju Puskesmas have a potency to be self-reliance Puskesmas in the future. So long as the condition that less supporting of self-reliance potency will be immediately overcome.</i>