

Analisis Penerapan Manajemen Puskesmas Pasca Pelatihan Manajemen Puskesmas Di Puskesmas X dan Y Kota Depok Tahun 2022 = "Analysis of the Implementation of Puskesmas Management Post Puskesmas Management Training at X and Y Puskesmas in Depok City in 2022"

Wulansari, author

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Abstrak

Puskesmas dituntut untuk memberikan pelayanan kesehatan kepada masyarakat dan perorangan yang paripurna, adil, merata, dan berkualitas. Agar Puskesmas berkinerja optimal dan memuaskan masyarakat, diperlukan Manajemen Puskesmas untuk menjaga mutu melalui pengaturan sumber daya secara efektif, efisien, termasuk menjaga kualitas proses pengelolaannya. Belum semua puskesmas di Indonesia menerapkan manajemen puskesmas sesuai ketentuan Permenkes Nomor 44 tahun 2016. Di Kota Depok, baru 1 puskesmas yang memberikan pelayanan bermutu sesuai standar (terakreditasi paripurna) dan masih terdapat 12 Puskesmas dengan tata kelola cukup dan kurang. Tata Kelola puskesmas dan akreditasi sangat terkait dengan penerapan manajemen puskesmas. Disisi lain, cakupan pelatihan Manajemen Puskesmas sudah 100%. Penilaian akreditasi dan PKP di Puskesmas, tidak otomatis merefleksikan output dari puskesmas. Penelitian ini bertujuan untuk mengetahui bagaimana penerapan manajemen puskesmas pasca pelatihan Manajemen Puskesmas di Puskesmas X dan Y Kota Depok Tahun 2022, ditinjau dari sisi Input, Proses dan Output serta penerapan RTL pasca pelatihan di instansi masing-masing.

Metode kualitatif dengan pendekatan *Rapid Assessment Procedure* telah digunakan dalam penelitian ini. Peneliti menggunakan wawancara mendalam dan telaah dokumen untuk menjawab empat tujuan penelitian. Wawancara telah dilakukan informan kunci di Puskesmas terakreditasi madya, informan utama dan pendukung. Telaah dokumen dilakukan terhadap data sekunder Puskesmas serta Dinas Kesehatan. Hasil penelitian pada komponen *input* didapatkan bahwa faktor SDM, sumber pembiayaan, data dan SK tim belum terpenuhi secara optimal pada Puskesmas berkinerja cukup. Pada komponen *proses*, tahap P1 masih ada yang belum dilaksanakan sesuai pedoman, tahap P2 dilaksanakan belum sesuai agenda dan P3 pengawasan internal belum berjalan optimal serta belum memanfaatkan teknologi serta inovasi. Pada komponen *Output*, sebagian kecil Dokumen P1 dan P2 belum sesuai pedoman serta Rencana Tindak Lanjut Pelatihan belum seluruhnya diimplementasikan di Puskesmas karena beberapa kendala. Penerapan Manajemen Puskesmas Pasca Pelatihan Manajemen Puskesmas sangat dipengaruhi oleh komponen Input (SDM, sumber pembiayaan, tim efektif) serta Proses (P1, P2, Pengawasan dan Pengendalian). Pada akhirnya penelitian ini memberikan rekomendasi untuk melaksanakan upaya optimalisasi penerapan manajemen puskesmas di Puskesmas, mendorong terciptanya inovasi puskesmas, serta memformulasi ulang form rencana tindak lanjut pelatihan.

.....Health centers are required to provide health services for the community and individuals that are complete, fair, equitable, and of high quality. In order for Puskesmas to perform optimally and satisfy the community, Puskesmas Management needed to maintain quality through effective and efficient resource management, including maintaining the quality of the management process. Not all health centers in Indonesia have implemented health center management according to the provisions of Permenkes Nomor 44 of 2016. In Depok City, only 1 health center provides quality services according to standards (fully

accredited) and there are still 12 health centers with sufficient and insufficient governance. PHC governance and accreditation are closely related to the implementation of PHC management. On the other hand, the coverage of Puskesmas Management training is 100%. Assessment of accreditation and PKP at Puskesmas, does not automatically reflect the output of the puskesmas. This study aims to determine how the implementation of puskesmas management after Puskesmas Management training at Puskesmas X and Y, Depok City in 2022, in terms of Input, Process and Output as well as the implementation of RTL after training in their respective agencies.

The qualitative method with the Rapid Assessment Procedure approach has been used in this study. Researchers used in-depth interviews and document reviews to answer the four research objectives. Interviews have been conducted with key informants at intermediate accredited health centers, leading and supporting informants. Document review was conducted on secondary data from the Puskesmas and the Health Office. The results of the research on the input component found that the factors of human resources, financial resources, data and team decree have not been fulfilled optimally in moderately performing health centers. In the process component, there are still P1 stages that have not been implemented according to guidelines, P2 stages have not been implemented according to the agenda and P3 internal supervision has not run optimally and has not utilized technology and innovation. In the Output component, a small part of the P1 and P2 documents have not been in accordance with the guidelines and the Training Follow-Up Plan has not been fully implemented at the Puskesmas due to several obstacles. Implementing Puskesmas Management after Puskesmas Management Training is strongly influenced by the Input component (HR, financial resources, effective team) and Process (P1, P2, Supervision and Control). Implementing Puskesmas Management after Puskesmas Management Training is strongly influenced by the Input component (HR, financial resources, effective team) and Process (P1, P2, Supervision, and Control). In the end, this study provides recommendations for carrying out efforts to optimize the implementation of puskesmas management at Puskesmas, encourage the creation of puskesmas innovations, and reformulate the training follow-up plan form.