

Analisis Implementasi Tata Kelola Mutu Dalam Pencapaian Indikator Nasional Mutu (INM) di Puskesmas Kota Depok Provinsi Jawa Barat Tahun 2022-2023 = Analysis of The Implementation Of quality Governance in Achieving National Quality Indicators at Depok City Public Health Center West Jawa Province in 2022-2023

Nur Afiyah, author

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Abstrak

Tata Kelola Mutu Puskesmas merupakan pengelolaan terhadap tingkat layanan kesehatan untuk individu dan masyarakat yang dapat meningkatkan luaran kesehatan yang optimal. Penjaminan terhadap mutu puskesmas dilakukan akreditasi setiap 5 tahun sekali. Penerapan tata kelola mutu melalui tiga komponen yaitu struktur/input, proses dan output. Input terdiri dari sumber daya manusia, sarana dan prasarana, ketersediaan anggaran, komitmen pimpinan dan staf, serta pengorganisasian. Pada Proses menggunakan USEPDSA (Understanding Quality Improvement Needs, State the quality Problem, Evaluate the root cause, plan the solution, Do or Implement the solution, Study the solution and Action), dan output melihat keberhasilan peningkatan capaian Indikator Nasional Mutu yang ditetapkan oleh Kementerian Kesehatan. Penelitian ini menggunakan pendekatan kualitatif dengan design studi kasus, menggunakan metode wawancara mendalam, observasi dan telaah dokumen. Wawancara mendalam dilakukan pada informan kunci pada Dinas Kesehatan Kota Depok dan kementerian Kesehatan, informan utama pada kepala puskesmas dan penanggung jawab mutu di enam puskesmas kota Depok, dan informan pendukung pada pasien puskesmas tersebut. Enam puskesmas terdiri dari tiga puskesmas yang sudah terakreditasi dan tiga puskesmas yang belum terakreditasi. Hasil penelitian pada faktor input sudah berjalan namun beberapa faktor tidak sesuai standar, faktor SDM secara kuantitas dan kualitas tidak sesuai, kurangnya anggaran, kurangnya komitmen staf dan pengorganisasian tim mutu khususnya bagi tiga puskesmas yang belum terakreditasi. Pada faktor proses USEPDSA belum berjalan yaitu pada proses Do/pelaksanaan pengukuran INM belum sesuai, pada Study/ evaluasi pembelajaran belum dilakukan monitoring evaluasi secara berkala dan kaji banding, Pada proses Act/standarisasi belum dilakukan. Pada faktor Output, capaian prioritas INM tahun 2022 dan 2023 tidak terjadi peningkatan. Kesimpulan tata kelola mutu dalam pencapaian Indikator Nasional Mutu (INM) belum diimplementasikan secara optimal. Pemenuhan faktor input dan optimalisasi proses perlu diupayakan dengan dukungan dari Dinas Kesehatan.

.....Puskesmas Quality Management is the management of the level of health services for individuals and communities that can improve optimal health outcomes. Assurance of the quality of the puskesmas is accredited every 5 years. Implementation of quality governance through three components, namely structure/input, process and output. Input consists of human resources, facilities and infrastructure, budget availability, leadership and staff commitment, and organization. The process uses USEPDSA (Understanding Quality Improvement Needs, State the quality Problem, Evaluate the root cause, plan the solution, Do or Implement the solution, Study the solution and Action), and the output shows the success in increasing the achievement of the National Quality Indicators which are indicators from the Ministry of Health. This study used a qualitative approach with a case study design, using in-depth interviews, observation and document review. In-depth interviews were conducted with key informants at the Depok

City Health Office and the Ministry of Health, key informants at the heads of puskesmas and those in charge of quality at six puskesmas in Depok, and supporting informants at the puskesmas patients. The six puskesmas consist of three accredited puskesmas and three that have not been accredited. The results of research on input factors have been running but not optimal, human resources in quantity and quality are not optimal, lack of budget, lack of staff commitment and quality team organization, especially for three health centers that have not been accredited. The USEPDSA process factor has not been running, namely the Do/Implementation process of INM measurement is not appropriate, the Study/learning evaluation has not been carried out periodic monitoring and comparative studies, and the Act/standardization process has not been carried out. In the Output factor, INM's priority achievements in 2022 and 2023 have not increased. The conclusion of quality governance in achieving National Quality Indicators (INM) has not been implemented optimally. Compliance with input factors and process optimization needs to be pursued with support from the Health Office.