

Penerapan International Standards For Tuberculosis Care (ISTC) Standar 1-5 Untuk Diagnosis Tuberkulosis (TB) pada Praktik Swasta Dokter Spesialis Paru di Beberapa Rumah Sakit Dan Klinik Swasta di Jakarta = APPLICATION OF INTERNATIONAL STANDARDS FOR TUBERCULOSIS CARE (ISTC) STANDARDS 1-5 FOR DIAGNOSIS OF TUBERCULOSIS BY PULMONOLOGISTS IN PRIVATE PRACTICE IN JAKARTA

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Abstrak

Latar belakang: Untuk meningkatkan penemuan kasus dan diagnosis TB oleh dokter praktik swasta dilakukan melalui pendekatan Public Private Mix (PPM)-TB. Public Private Mix adalah keterlibatan semua penyedia layanan kesehatan publik dan swasta, formal dan non formal dalam penyediaan penanganan TB sesuai ISTC untuk pasien yang telah atau diduga memiliki penyakit TB. Pengalaman di beberapa negara terdapat peningkatan penemuan kasus TB oleh dokter praktik swasta yang terlibat dalam PPM-TB. Di Indonesia belum ada data tentang dokter spesialis paru praktik swasta yang terlibat PPM-TB dalam mendiagnosis TB sesuai dengan ISTC.

Metode: Penelitian menggunakan desain potong lintang. Data yang digunakan diambil secara retrospektif melalui data sekunder (rekam medis & TB 01) pasien yang didiagnosis TB dalam kurun waktu Oktober-Desember 2010 yang berobat ke 18 rumah sakit/klinik swasta di Jakarta, tempat praktik 23 dokter spesialis paru yang terlibat dalam kegiatan PPM-TB.

Hasil: Didapatkan 258 rekam medis pasien yang memenuhi kriteria dari 21 orang dokter spesialis paru di 16 rumah sakit/klinik swasta. Satu rumah sakit tidak diambil data karena tidak memenuhi kriteria dan satu orang dokter tidak bersedia diambil data pasiennya. Tercatat keluhan utama pasien adalah batuk tanpa keterangan waktu 148 (57,3%). Permintaan pemeriksaan hapusan sputum BTA yang tercatat 160 (62%). Dari 160 hasil pemeriksaan sputum BTA yang tercatat dilakukan pemeriksaan kultur 6 (2,7%), kultur dan resistensi 12 (5,5%). Permintaan pemeriksaan foto toraks yang tercatat 248 (96,1%), tidak ada permintaan 5 (1,9%) dan tidak ada data 5 (1,9%). Didapatkan 219 kasus TB paru (84,9%) dan 39 TB ekstra paru (15,2%). Berdasarkan apusan BTA, terdapat 64 pasien BTA positif (40%), 94 BTA negatif (58,8%) dan 2 tidak ada data (1,2%). Diagnosis TB ditulis pada 252 rekam 6 lainnya tidak ada diagnosis. Empat belas dokter spesialis paru praktek swasta melakukan semua standar diagnosis 1-5 sesuai ISTC.

Kesimpulan : Sebagian besar dokter spesialis paru praktek swasta sudah melaksanakan ISTC dalam menegakkan diagnosis TB. Pemeriksaan foto toraks lebih tinggi sebagai penunjang hasil apusan BTA yang lebih banyak negatif. Pemeriksaan kultur dan resistensi M.tb masih sangat rendah.

.....Background: Tuberculosis (TB) remains a public health problem of global challenges. Indonesia is the first country with high burden TB problem in South East Asia to successfully achieve Millennium Development Goal (MDG) targets' for TB in 2006 where 70% new case findings with positive AFB and 85% recovery. However, TB management in many private hospitals and practices has not yet applied ISTC. To increase new case findings and TB diagnosis in private practice, the government conducted Public Private Mix (PPM)-TB approach. This study is intended to find out whether pulmonologists in private

practice has applied ISTC for TB diagnosis.

Method: This is a cross sectional study. Retrospective secondary data from medical record and TB 01 forms of TB patients from October-December 2010 in 18 private hospitals in Jakarta (23 pulmonologists involved in PPM-TB program).

Result: There were 258 patient's medical records from 21 pulmonologist from 16 private hospital fulfilled the criteria. One pulmonologist did not meet the criteria and one other pulmonologist refused to participate in this study. Patients' chief complaints were mostly cough without information of duration 148 (57.3%).

The recorded demand for AFB sputum examination is found in 160 (62%). From 160 laboratory AFB sputum examination results, 6 was cultured (2.7%), 12 was cultured and examined for antituberculosis agent resistance (5.5%). Chest x-ray was asked in 248 patients (96.1%) but 5 without demand (1.9%) and no data in 5 patients (1.9%). Classification of TB anatomy found were pulmonary TB 219 (84.9%), extrapulmonary TB 39 (15.1%). Classification of TB based on AFB found were positive 64 (40%), negative 94 (58.8%) and no data 2 (1.2%). Written diagnosis of TB was found in 252 (97.7%) patients while 6 (1.3%) did not.

Fourteen pulmonologist private practice had endorse ISTC all standar 1-5 to diagnosis tuberculosis.

Conclusion: Diagnosis of TB by pulmonologist in private practices mostly has applied ISTC. High chest x-ray demand as a supporting diagnosis was found because most AFB sputum gave negative results.

Examination of culture and resistance of antituberculosis agent are low.