

Implementasi Kebijakan Penjaminan Alteplase Pada Stroke Iskemik Di RS Tipe B Tahun 2023 = Implementation Of Alteplase Guarantee Policy For Ischemic Stroke In Type B Hospital In 2023

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Abstrak

Penelitian dilakukan di RS Tipe B di DKI Jakarta. Tujuan penelitian adalah mengetahui implementasi penjaminan obat alteplase Tahun 2023, menggunakan pendekatan kualitatif non-eksperimental Edward III. Hasil penelitian menunjukkan implementasi berjalan dengan baik, meskipun terdapat perbedaan dalam penentuan onsite stroke antara PNPk Stroke dan Fornas. Persiapan sarana, prasarana, dan tim code stroke menjadi krusial. Di RS S, tim code stroke tersedia sejak pertengahan 2023 dan trombolisis dimulai pada Oktober 2023. Di RS P, trombolisis dimulai pada Februari 2024 setelah persiapan intens mulai November 2023. Tantangan utama adalah kurang siapnya pelaksana (tim Code Stroke) sejak dimulainya penjaminan obat alteplase dan RS yang belum dilengkapi CT-Scan. Dari 2.218 RS, 82 RS mengajukan klaim obat alteplase (3,70%) dengan 774 kasus klaim (0,24%) dari 322.282 kasus stroke iskemik. Kesimpulannya, implementasi penjaminan obat alteplase di RS yang diteliti terbilang tidak ada kendala disisi penjaminan, namun masih diperlukan sosialisasi ke RS. Selain itu diperlukan persiapan dari sisi pelaksanaan tindakan trombolisis seperti SDM, sinkronisasi kebijakan, dan persiapan yang lebih baik di RS untuk optimalisasi trombolisis.

.....The research was conducted at a Type B hospital in DKI Jakarta. The aim of the study was to assess the implementation of alteplase drug assurance in 2023, using Edward III's non-experimental qualitative approach. The results indicated that the implementation proceeded well, although there were discrepancies in determining onsite stroke between PNPk Stroke and Fornas. The preparation of facilities, infrastructure, and the stroke code team was crucial. At Hospital S, the stroke code team was available since mid-2023, and thrombolysis began in October 2023. At Hospital P, thrombolysis started in February 2024 after intensive preparations began in November 2023. The main challenges were the unpreparedness of the implementers (Stroke Code team) since the initiation of alteplase drug assurance and hospitals not yet equipped with CT-Scans. Out of 2,218 hospitals, 82 hospitals submitted alteplase drug claims (3.70%) with 774 claim cases (0.24%) out of 322,282 ischemic stroke cases. In conclusion, the implementation of alteplase drug assurance in the studied hospitals showed no significant issues on the assurance side, but further socialization to hospitals is needed. Additionally, preparation in terms of human resources, policy synchronization, and better hospital readiness for thrombolysis is required for optimal thrombolysis implementation.