

Analisis sistem pelayanan klinik CST (Case, Support and Treatment) RSUD H. Abdul Manap Kota Jambi di tahun 2018 = The analysis of CST (Case, Support, and Treatment) clinic service system at H Abdul Manap Public Hospital, Jambi City in 2018

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Abstrak

RSUD Haji Abdul Manap merupakan satu-satunya rumah sakit tipe C yang memberikan pelayanan CST (Care, Support and Treatment) untuk ODHA (Orang Dengan HIV-AIDS) di Kota Jambi, namun 5 tahun terakhir trend utilisasi klinik CST cenderung menurun. Penelitian ini bertujuan untuk menganalisis sistem pelayanan klinik CST yang berperan dalam penurunan utilitas layanan klinik CST RSUD H. Abdul Manap Kota Jambi yang akan dijadikan dasar rekomendasi pemecahan masalah terkait Penelitian menggunakan desain kualitatif dengan metode deskriptif analitik. Pengambilan sampel dengan purposive sampling, data primer dari observasi dan wawancara mendalam dengan key informan yaitu tim manajemen (3 orang), tim klinik CST (7 orang), ODHA (18 orang) dan konselor sebaya (8 orang) serta FGD (Focus Group Discussion). Data sekunder diperoleh dari telah dokumen terkait Klinik CST. Validitas dan realibilitas data dilakukan Triangulasi metode dan sumber. Hasil yang didapat adalah komitmen, monitoring dan evaluasi terutama dari pimpinan RS terhadap klinik CST belum maksimal. Program PMKP (Peningkatan Mutu dan Keselamatan Kerja) belum berjalan. Alokasi anggaran masih terbatas, pemeriksaan CD4 (Helper-T- cell) sudah ada tapi cartridge expired, ruang CST nyaman. Kebijakan terkait layanan CST belum jelas. SPO (Standar Prosedur Operasional) layanan belum lengkap, tidak ada indikator kinerja, sosialisasi SPO belum baik, pelaksanaan SPO belum optimal terutama pelaksanaan SPO pengobatan ARV (Anti Retro Viral) dan konseling. Waktu tunggu lama (> 2 jam) terutama di rekam medis, manajemen belum memahami prosedur pengklaiman layanan CST melalui JKN (Jaminan Kesehatan Nasional) sehingga ODHA peserta JKN masih membayar karcis, koordinasi dengan mitra terkait (Konselor Sebaya, Kelompok ODHA, PKVHI (Persatuan Konselor VCT/(Voluntary counselling and testing) HIV Indonesia) dan dinas kesehatan belum maksimal. Menurunnya utilisasi Klinik CST disebabkan kurangnya komitmen, monitoring dan evaluasi terutama dari pimpinan rumah sakit terhadap klinik CST. Implementasi kebijakan dan prosedur layanan CST belum optimal dan sumber daya manusia belum sesuai standar kompetensi. Perlunya monitoring dan evaluasi terjadwal dan kontinyu terhadap pelaksanaan SPO bekerjasama dengan tim PMKP, koordinasi dengan dinas kesehatan dan PKVHI untuk pelatihan petugas CST, analisis beban kerja perawat dan petugas rekam medis, merevisi Surat Keputusan Direktur RS terkait nama ketua tim CST, advokasi Pemda untuk kejelasan kebijakan terkait layanan CST dan meningkatkan anggaran layanan HIV di rumah sakit, perlu pemahaman prosedur pengklaiman layanan CST bagi ODHA peserta JKN. Meningkatkan kerjasama dengan mitra kerja terkait.

.....H Abdul Manap Public Hospital is the only type-C hospital which provides CST (Care, support and Treatment) service to PLWHAs (People Live With HIV-AIDS) in Jambi City. However, in the past five years, the trend of CST clinic utilization has tended to decrease. This research aims to analyze the CST clinic service system which affecting the decrease in the utilization of the CST Clinic of H. Abdul Manap Regional Public Hospital, Jambi City to be used as a basis for problem solving recommendations. This

research utilized qualitative design, descriptive analytical method with purposive sampling technique. The primary data sources from observation and in-depth interviews with Key informants included the management team (3 people), CST Clinic team (7 people), PLWHAs (18 people) and peer counselors (8 people) as well as FGDs (Focus Group Discussions). The secondary data were obtained from the relevant documents of the CST Clinic. The data validity and reliability were examined by the triangulation method and source. Results is the comitment, monitoring and evaluation especially from the chairman of the hospital to the CST service, has not been maximum. Safety and quality program has not run. The budget allocation was limited. CD4 test was available, but the CD4(Helper-T-cell) catrige was not available. The CST room was convenient, the policies related to CST service were not yet clear. The service SOP was incomplete, lacking performance indicators, and its socialization had not been conducted well. Therefore, not all staffs implemented the SOP(Standar Oportional Procedure) properly, especially the SOP on ARV (Anti Retro Viral) treatment, and counseling. The average waiting time was more than 2 hours, and the hospital had not known the procedure to claim CST service. Therefore, PLWHA with JKN (National Health Insurance) still needed to pay the ticket to access CST service. Coordination with related partners (Peer Counselors, PLWHA Groups, PKVHI (Association of Indonesian HIV VCT(Voluntary, Counselling and Testing) Counselors) and health services has not been maximum. Decreasing utilization of CST Clinic due to lack of the comitment, monitoring and evaluation especially from the chairman of the hospital to the CST service. As well as the scheduled and continuous monitoring on SOP implementation are required in collaboration with the PMKP (Safety and quality program) team. The local government needs to make advocacy to the clarity of regional policies related to CST service, increase HIV service budget in the hospital, management teams should understand the procedure for claiming CST service for PLWHAs with National Health Insurance. Last, improvement in cooperating with work partners is required.