

Evaluasi Penyelenggaraan Program Akreditasi Puskesmas oleh Kementerian Kesehatan Tahun 2023 = Evaluation of the Implementation of the Community Health Center Accreditation Program by the Ministry of Health in 2023

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Abstrak

Perubahan pada Rencana Strategis Kementerian Kesehatan Tahun 2020-2024 yang sesuai dengan arahan Presiden RI berpengaruh terhadap setiap indikator kinerja, salah satunya pada indikator sasaran strategis FKTP Terakreditasi. Pada tahun 2024 ditargetkan FKTP (puskesmas dan klinik) terakreditasi adalah 100%, tetapi pada semester I tahun 2023 jumlah FKTP Terakreditasi masih sebesar 42,7% dan jumlah puskesmas yang sudah terakreditasi tidak mengalami perubahan sejak tahun 2020. Kementerian Kesehatan lalu menyusun regulasi sebagai dasar pelaksanaan akreditasi puskesmas sehingga pemenuhan target RPJMN dapat tercapai. Regulasi tersebut adalah petunjuk teknis yang berpedoman pada Permenkes Nomor 34 Tahun 2022 Tentang Akreditasi Pusat Kesehatan Masyarakat, Klinik, Laboratorium Kesehatan, Unit Transfusi Darah, Tempat Praktik Mandiri Dokter, dan Tempat Praktik Mandiri Dokter Gigi. Dengan adanya regulasi terbaru terkait program akreditasi puskesmas, penyelenggaraan teknis survei akreditasi juga mengalami perubahan sehingga butuh evaluasi yang bisa menilai efektivitas penyelenggaraan program akreditasi puskesmas tersebut. Penelitian ini menggunakan metode penelitian kualitatif berupa wawancara mendalam dan telaah dokumen dengan pendekatan Input, Proses, dan Output. Hasil penelitian menunjukkan bahwa pada aspek input, SDM yang terlibat adalah Tim Kerja MPK Puskesmas sebagai regulator dan LPA sebagai pelaksana survei akreditasi, anggaran yang digunakan adalah APBN, APBD, dana hibah, dan dana cadangan lain, tidak memerlukan sarana dan prasarana tertentu, adanya regulasi Permenkes Nomor 34 Tahun 2022 dan aturan turunannya berupa Kepmenkes, Kepdirjen, dan SE, serta penggunaan SINAF. Pada aspek proses, Kementerian Kesehatan melaksanakan perencanaan berupa perencanaan kebijakan, anggaran, dan sistem informasi, pengorganisasian tugas dengan membagi PIC provinsi, pelaksanaan survei dilakukan oleh LPA sesuai Kepdirjen Nomor HK.02.02/I/3991/2022, dan pengawasan dilakukan dengan metode Binwas berupa validasi. Output pada indikator FKTP Terakreditasi masih di bawah target, yaitu 68,69% dari target 90%. Sementara itu, per April 2024 masih terdapat 1.672 puskesmas yang belum terakreditasi. Kendala pada input berupa kesulitan memastikan kualitas survei, anggaran terbatas, penyesuaian kebijakan, dan sulit mengakses sistem informasi; kendala pada proses berupa perencanaan cukup lama, dilema etik, sulit menjamin kualitas survei, dan waktu yang singkat untuk menyelesaikan masalah; serta kendala pada output berupa cakupan persentase akreditasi puskesmas yang masih di bawah target.

.....Changes to the Ministry of Health's 2020-2024 Strategic Plan by the direction of the President of the Republic of Indonesia affect every performance indicator, one of which is the strategic target indicator for Accredited Primary Health Care. In 2024, the target for accredited primary health care (community health centers and clinics) is 100%, but in the first semester of 2023 the number of accredited primary health care is still 42.7% and the number of accredited community health centers has not changed since 2020. The Ministry of Health then drafted regulations as a basis for implementing accreditation of community health centers so that fulfillment of RPJMN targets can be achieved. These regulations are technical instructions

that are guided by Minister of Health Regulation Number 34 of 2022 concerning Accreditation of Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Doctors' Independent Practices, and Dentists' Independent Practices. With the latest regulations regarding the community health center accreditation program, the technical implementation of the accreditation survey has also changed so that an evaluation is needed that can assess the effectiveness of the implementation of the community health center accreditation program. This research uses qualitative research methods in the form of in-depth interviews and document review with an Input, Process, and Output approach. The results of the research show that in the input aspect, the human resources involved are the Puskesmas Health Service Quality Work Team as the regulator and the LPA as the implementer of the accreditation survey, the budget used is APBN, APBD, grant funds, and other reserve funds, does not require certain facilities and infrastructure, there is regulation of Minister of Health No. 34 of 2022 and its derivative regulations in the form of Kepmenkes, Kepdirjen, and SE, as well as the use of SINAF. In the process aspect, the Ministry of Health carries out planning in the form of planning policies, budgets, and information systems, organizing tasks by dividing provincial PICs, carrying out surveys carried out by LPA by the Director General's Decree Number HK.02.02/I/3991/2022, and supervision is carried out using the monitoring method in the form of validation. The output on the Accredited FKTP indicator is still below the target, namely 68.69% of the target of 90%. Meanwhile, as of April 2024 there are still 1,672 community health centers that have not been accredited. Input constraints include difficulty in ensuring the quality of surveyors, limited budget, policy adjustments, and difficulty accessing information systems; process constraints include long planning, ethical dilemmas, difficulty in ensuring survey quality, and short time to resolve problems; and output constraints include the percentage coverage of puskesmas accreditation that is still below the target.