

Analisis Evaluasi Program Kartu Jakarta Sehat (Studi Kasus: Pasien KJS Memiliki KTP DKI Yang Berobat ke RSUD DKI Jakarta) = Evaluation Analysis of Jakarta Health Card Program (Case Study: Jakarta Health Card Patients with DKI ID Cards Who Take Medical Treatment to District General Hospital of DKI Jakarta)

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Abstrak

Peluncuran Kartu Jakarta Sehat (KJS) pada November 2012, sebagai pilot project ke enam kelurahan yang kemudian didistribusikan ke seluruh wilayah DKI Jakarta, mengakibatkan lonjakan kunjungan pasien di banyak fasilitas kesehatan, terutama di RSUD DKI Jakarta. Program KJS memberikan kemudahan bagi warga DKI untuk berobat secara gratis, baik untuk perawatan di Instansi Gawat Darurat (IGD), rawat inap maupun rawat jalan. Keuntungan tersebut tak heran menyebabkan persoalan seperti pasien harus mengantre lama di loket pendaftaran, ruang pemeriksaan (poli rawat jalan) maupun ruang pengambilan obat (apotek). Tak hanya itu, tidak sedikit pasien harus sulit mendapatkan kamar rawat inap sehingga harus bertahan di IGD. Distribusi KJS pun menimbulkan pertanyaan apakah KJS memang diberikan kepada warga miskin/rentan miskin? Sebab, tidak sedikit warga kaya, tingkat penghasilan gaji relatif tinggi ataupun memiliki aset kekayaan lain, yang mendapatkan KJS tersebut. Tak hanya itu, beberapa warga yang telah memiliki jaminan kesehatan lain, seperti Askes atau asuransi swasta juga menggunakan KJS tersebut dengan alasan gratis. Penelitian ini bertujuan untuk mengevaluasi program KJS yakni berupaya untuk menganalisis kesesuaian target penerima KJS yang berobat ke RSUD DKI Jakarta, menganalisis penilaian pasien KJS terkait pelayanan KJS di RSUD DKI Jakarta serta mengetahui faktor-faktor apa yang dapat berhubungan dengan penilaian pasien tersebut, seperti usia, jenis kelamin, pendidikan, penghasilan gaji responden dan kepemilikan aset responden. Peneliti melakukan penelitian di tujuh RSUD DKI Jakarta selama Mei 2014 hingga Februari 2015. Peneliti mencatat, sebanyak 6,00% menilai pelayanan KJS buruk (tidak baik), sebanyak 71,75% responden menilai pelayanan KJS kurang baik, sebanyak 20,75% menilai pelayanan KJS sudah baik dan hanya 1,50% menilai pelayanan KJS baik sekali. Penilaian mencatat, faktor usia, pendidikan, jenis kelamin signifikan berkorelasi terhadap penilaian responden tersebut, sedangkan penghasilan gaji responden tidak signifikan berkorelasi.

.....The launch of Jakarta Health Card (Kartu Jakarta Sehat/KJS) in November 2012, as a pilot project of six villages later distributed to all areas of Jakarta, gives impact to patients visit in many health facilities, especially in District General Hospital of DKI Jakarta. KJS program ease Jakarta citizens to get free medication treatment in Emergency Room (ER), inpatient and outpatient. Patients do not have to queue in making registration at Poly Clinic and also Pharmacy. Patients sometimes face difficulties in getting room hospital therefore patients have to wait in Emergency Room (ER). A question raises whether KJS Distribution appropriately received by poor patient/vulnerable poor? Some rich patients, with relatively high income and having other property assets, also received KJS. Not only that, some patients who already have other health insurance, such as ASKES or private insurance also use the pretext of KJS free. This study aimed to evaluate the program KJS which seeks to analyze the suitability of the target beneficiaries of KJS, to analyze patient assessment KJS related services KJS in RSUD DKI Jakarta and to know what factors that

can correlate the assessment of the patient, such as age, sex, education, income and asset ownership respondents. Researchers conducted a study in seven of District General Hospital (RSUD/RSKD) of DKI Jakarta during May 2014 to February 2015. The researchers noted, as much as 6.00% rate assess the service KJS bad, as many as 71.75% of respondents rate assess the service KJS is not good, as much as 20.75% assess KJS service is good and only 1.50% rate assess this excellent service KJS such assessment may be influenced by factors such as age, sex, education and income respondents. From these factors, age, sex, education are significantly correlated but income respondent is not significantly correlated.