

Analisis Implementasi Kebijakan Standar Pelayanan Minimal Bidang Kesehatan Penderita Hipertensi di Kota Banjarbaru Provinsi Kalimantan Selatan = Analysis of Implementation of Minimum Service Standards Policy Health Sector for Hypertension Sufferers in Banjarbaru City South Kalimantan Province

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Abstrak

Hipertensi merupakan faktor risiko kardiovaskular utama yang menyebabkan kecacatan di seluruh dunia dan di antaranya tidak menyadari kondisi kesehatannya sehingga sering disebut sebagai the silent killer. Angka prevalensi hipertensi di Indonesia cukup tinggi. Berdasarkan Riskesdas (2018), Provinsi Kalimantan Selatan menunjukkan prevalensi tertinggi hipertensi, namun presentase penderita hipertensi yang mendapat pelayanan kesehatan masih rendah. Kota Banjarbaru memiliki persentase terendah yakni 11,3% dari target 100%. Pelayanan kesehatan penderita hipertensi termasuk dalam Standar Pelayanan Minimal (SPM) Bidang Kesehatan yang diatur dalam peraturan perundang-undangan dan kebijakan pemerintah. Tujuan penelitian ini untuk menganalisis implementasi kebijakan SPM bidang kesehatan penderita hipertensi di Kota Banjarbaru. Penelitian kualitatif dengan desain penelitian Rapid Assessment Procedure (RAP) dilakukan pada bulan Mei hingga Juni 2023 di Kota Banjarbaru Provinsi Kalimantan Selatan. Pengambilan data dilakukan melalui wawancara mendalam, observasi dan telaah dokumen. Hasil penelitian menunjukkan bahwa implementasi kebijakan SPM hipertensi belum optimal dapat dilihat dari laporan capaian SPM bidang kesehatan Kota Banjarbaru berada di posisi terendah di antara 12 jenis pelayanan kesehatan dasar. Kesimpulannya, beberapa kendala dalam implementasi SPM hipertensi yakni pencatatan dan pelaporan penderita hipertensi, rendahnya kesadaran masyarakat untuk melakukan pemeriksaan dan berobat di puskesmas sehingga datanya tidak tercatat, tidak ada alokasi anggaran khusus SPM hipertensi di puskesmas, dan tugas rangkap dari petugas kesehatan sehingga tidak maksimal dalam mencapai suatu program. Diperlukan upaya kerjasama lintas sektor untuk keterpaduan pencatatan dan pelaporan data pasien hipertensi, pengajuan anggaran SPM hipertensi, upaya mengajak masyarakat, dan membagi tugas secara adil bagi petugas puskesmas.

.....Hypertension is a major cardiovascular risk factor that causes disability worldwide and many of them are not aware of their health condition, so it is often referred to as the silent killer. The prevalence rate of hypertension in Indonesia is quite high. Based on Riskesdas (2018), South Kalimantan Province shows the highest prevalence of hypertension, but the percentage of hypertensive patients who receive health services is still low. Banjarbaru City has the lowest percentage, namely 11.3% of the 100% target. Health services for people with hypertension are included in the Minimum Service Standards (SPM) in the Health Sector which are regulated in laws and regulations and government policies. The purpose of this study was to analyze the implementation of the SPM policy in the health sector for hypertension sufferers in Banjarbaru City. Qualitative research with the Rapid Assessment Procedure (RAP) research design was conducted from May to June 2023 in Banjarbaru City, South Kalimantan Province. Data collection was carried out through in-depth interviews, observation and document review. The results of the study showed that the implementation of the SPM policy for hypertension was not optimal, as can be seen from the achievement

report on SPM in the health sector in Banjarbaru City which was in the lowest position among the 12 types of basic health services. In conclusion, several obstacles in the implementation of hypertension SPM are recording and reporting of hypertension sufferers, low public awareness to carry out examinations and treatment at the puskesmas so that the data is not recorded, there is no special budget allocation for hypertension SPM at the puskesmas, and multiple assignments from health workers so that they are not optimal in reach a program. Cross-sector collaboration efforts are needed to integrate the recording and reporting of hypertension patient data, hypertension SPM budget submission, efforts to invite the community, and distribute tasks fairly for health center staff.