INTISARI

Latar Belakang : Jasa pelayanan di Puskesmas Kabupaten Sleman ditetapkan sebesar 30% dari pendapatan Rawat Jalan dan 40% dari pendapatan Rawat Inap. Cara penghitungan dan mekanisme pembagian jasa pelayanan di Puskesmas selama ini beragam dan belum ada patokan pola yang baku, sering menimbulkan komplain pada karyawan.
Tujuan Penelitian : Penelitian bertujuan untuk mendapatkan pola tentang cara penghitungan pembagian jasa pelayanan klinik (insentif).
Metode Penelitian : Penelitian ini merupakan studi kasus, dengan populasi penelitian seluruh Puskesmas di Kabupaten Sleman. Sebelum penelitian dilaksanakan *preeliminary*. Untuk mendapatkan faktor-faktor yang diharapkan dalam pembagian jasa pelayanan dilakukan dengan Diskusi Kelompok Terfokus *(Focus Group Discussion/FGD)* karyawan Puskesmas dan wawancara mendalam *stakeholders*. Ide-ide yang didapatkan selanjutnya dipaparkan dalam pertemuan metode konsensus Tekhnik Kelompok Nominal*(Nominal Group Technique/NGT)*para pakar dan manager Puskesmas, untuk mendapatkan pola tentang cara penghitungan pembagian jasa pelayanan.
Hasil Dan Pembahasan : Hasil *FGD* dari 4 kelompok menghendaki pembagian jasa pelayanan menurut 7 komponen yaitu; 1. Beban Kerja, 2. Tanggung Jawab, 3. Disiplin, 4. Tingkat Pendidikan, 5. Pangkat/Golongan, 6. Masa Kerja, dan 7. *Fee for service* untuk rawat inap. Hasil wawancara stakeholders menghendaki faktor penentu dihitung dari peran, dan yang tertinggi dalam beban kerja dan tanggung jawab. Dalam *NGT* disepakati 3 sasaran pembagian jasa pelayanan,yaitu Kepala Puskesmas (10%), Jasa Pelayanan Langsung untuk pelaksana pelayanan klinis yang terlibat langsung (40% dari 90% untuk Rawat Jalan,60% dari 90% untuk Rawat Inap), dan Jasa Pelayanan Tidak Langsung untuk seluruh karyawan (60%dari 90% Rawat Jalan, dan 40%dari 90% untuk Rawat Inap). Untuk pembagian ke masing-masing karyawan disepakati komponen nomor 1. sampai nomor 6. hasil *FGD* dan ditambah 1 komponen Prestasi, Dedikasi, Loyalitas, Tak Tercela (PDLT), yang masing-masing ditetapkan indeks dan nilai poin secara kuantitatif.
Kesimpulan dan Saran : Pembagian jasa pelayanan di Puskesmas Kabupaten Sleman dibagi dalam 3 sasaran, yaitu; 1. Kepala Puskesmas, 2. Jasa Pelayanan Langsung , dan 3. Jasa Pelayanan Tidak Langsung. Cara pembagian jasa pelayanan ke masing-masing SDM menggunakan nilai kuantitatif indeks poin dari 7 komponen. Pembagian secara prosentase kepada kelompok dalam Jasa Langsung disesuaikan dengan kondisi jumlah SDM setempat.

ABSTRACT

Background: Incentive in Primary Health Care of *Sleman* district was stated around 30% from the income of out patient services and 40% from the income of in patient services. The way of calculating and mechanism of incentive for service in Primary Health Care during this time was various and there was no standard model existed that often caused complaint to employee.
Objective: This research was aimed to obtain method of distributing incentive.
Method: This was a case study research, with population of the whole Primary Health Care in *Sleman*. Preeliminary test was done before the research that consisted of workshop, filling questioner, and conveying references. In order to obtain factors that were expected in the distribution of incentive, Focus Group Discussion (FGD) toward Primary Health Care's personals and in-depth interview toward stakeholders was implemented. The obtained ideas was then being exposed in the meeting of Nominal Group Technique (NGT) consensus method of experts and managers of Primary Health Care in order to obtain method about the way of distributing incentive.
Result and Discussion: The result of FGD showed that personals of the Primary Health Care required the distribution of incentive should be based on 7 components: 1. work load, 2. responsibility, 3. discipline/absence, 4. level of education, 5. level of job, 6. duration of work period and 7. Achievement, dedication, loyality and not being disgraceful (*PDLT*). It was agreed 3 targets of incentive distribution in the NGT; head of Primary Health Care (10%), direct incentive for clinical service organizer who directly involved (40% for out patient, and 60% for in patient services) and indirect incentive for all employee (60% for out patient and 40% for in patient services). For distribution to each employee, it was approved 7 components that respectively had index and point value quantitatively stated.
Conclusions: Distribution of incentive in Primary Health Care in the district of *Sleman* was divided into 3 targets: 1. Head of Primary Health Care, 2. Direct incentive, and 3. Indirect incentive. The way of distributing incentive was used index point quantitative value from 7 components. Percentage based distribution toward group in direct service was adjusted with condition of the number of local human resources.