

ABSTRAK

Evaluasi Implementasi Pelayanan Kesehatan Penderita Hipertensi di Puskesmas Kabupaten Sleman Tahun 2024

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Latar Belakang: Hipertensi merupakan penyakit kronis dan penyebab utama kematian akibat kardiovaskular di Indonesia, menimbulkan ancaman serius karena komplikasinya. Prevalensi terus meningkat dan pengendaliannya di tingkat primer tidak mencapai target dalam 5 tahun terakhir di Kabupaten Sleman memperburuk beban kesehatan masyarakat. Penelitian ini mengevaluasi program pelayanan kesehatan penderita hipertensi, surveilans berbasis SMARTHEALTH, dan faktor ketidakpatuhan kontrol rutin ke puskesmas.

Metode: Studi ini menggunakan pendekatan mixed-methods meliputi evaluasi program pelayanan hipertensi berdasarkan input, aktivitas, dan output; evaluasi surveilans SMARTHEALTH berdasarkan struktur sistem, fungsi inti, pendukung, dan kualitas; analisis faktor-faktor ketidakpatuhan kontrol rutin penderita hipertensi di Puskesmas Kabupaten Sleman pada Januari-April 2025.

Hasil: Input pelayanan (regulasi, tenaga, anggaran, dan logistik) tersedia, namun terbatas oleh kekurangan dan terdapat kelemahan dalam pengelolaannya. Aktivitas (perencanaan, pelaksanaan pelayanan, serta monitoring dan evaluasi) terlaksana namun belum optimal. Output memenuhi SPM, namun capaian pengobatan dan tekanan darah terkendali rendah. Surveilans SMARTHEALTH mendukung fungsi inti dan kualitas surveilans yang baik, namun terhambat oleh struktur dan fungsi pendukung sistem. Faktor ketidakpatuhan dipengaruhi usia >65 tahun (aOR=0,20), pengetahuan rendah (aOR=2,49), persepsi keparahan rendah (aOR=2,25), kepuasan layanan rendah (aOR=2,46) sebagai protektif, dan dukungan sosial rendah (aOR=0,34) sebagai risiko.

Kesimpulan: Kelemahan pelayanan dan tantangan surveilans saling melemahkan, memperburuk ketidakpatuhan pasien, dan menghambat pengendalian hipertensi. Penguatan sumber daya, perbaikan sistem surveilans berbasis SMARTHEALTH dan integrasinya, serta intervensi pasien berbasis Health Belief Model diperlukan untuk mencapai pengobatan hipertensi secara optimal.

Kata Kunci: Hipertensi, Pelayanan, Puskesmas, Surveilans, SMARTHEALTH, Ketidakpatuhan, Sleman

ABSTRACT

Evaluation of Hypertension Healthcare Implementation at Primary Health Centers in Sleman District, 2024

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Background: Hypertension, a major cause of cardiovascular mortality in Indonesia, drives severe complications like stroke and heart failure. Its rising prevalence and poor control at the primary care level in Sleman District over the past five years intensify the public health burden. This study evaluates the hypertension healthcare program, SMARTHEALTH-based surveillance, and factors influencing non-adherence to routine follow-ups.

Methods: This mixed-methods evaluative study comprises three substudies: assessment of the hypertension healthcare program through inputs, activities, and outputs; evaluation of SMARTHEALTH surveillance based on system structure, core and supporting functions, and quality; multivariate analysis of non-adherence factors across all Sleman District primary health centers in January-April 2025.

Results: Inputs (regulations, staffing, budget, logistics) were adequate but limited by staff shortages and uneven logistics distribution. Activities (planning, service delivery, and evaluation) were carried out but not optimized. Outputs met minimum standards but showed low treatment and blood pressure control rates. SMARTHEALTH surveillance excelled in core functions like real-time data capture but was weakened by poor system structure and support, leading to incomplete data. Non-adherence was influenced by age >65 years (aOR=0.20), low knowledge (aOR=2.49), low perceived severity (aOR=2.25), low service satisfaction (aOR=2.46) as protective, and low social support (aOR=0.34) as risk.

Conclusion: Service delivery deficiencies impair surveillance, worsening patient non-adherence and hindering hypertension control. Urgent resource enhancement, SMARTHEALTH system integration, and Health Belief Model-based interventions are essential to disrupt this cycle and optimize hypertension management.

Keywords: Hypertension, Healthcare, Surveillance, SMARTHEALTH, Non-adherence, Sleman