

**RISET IMPLEMENTASI DALAM PENEMUAN KASUS BARU TB PARU
DI PUSKESMAS KECAMATAN TAMANSARI JAKARTA BARAT**

***IMPELEMNTATION RESEARCH TO DISCOVER NEW CASE OF PULMONARY
TUBERCULOSIS (TB) AT TAMANSARI PUBLIC HEALTH CENTER IN WEST
JAKARTA***

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ABSTRAK

Latar Belakang: Tuberkulosis Paru merupakan salah satu penyakit menular kronis yang menjadi isu global yang menjadi sasaran di dalam MDGs, juga tercantum di dalam SPM kesehatan Meskipun berbagai upaya dilakukan untuk pengendalian Tuberkulosis, namun masih banyak ditemukan hambatan dan masalah dalam penanggulangannya. Kepatuhan petugas TB puskesmas salah satu yang menentukan penemuan kasus tuberkulosis, karena itu penting dilakukan penelitian tentang faktor-faktor yang berhubungan dengan kepatuhan petugas TB dalam penemuan kasus tuberkulosis di Puskesmas.

Tujuan: Mengetahui faktor-faktor yang mempengaruhi implementasi kepatuhan dalam penemuan kasus baru TB Paru BTA (+) di Puskesmas Kecamatan Tamansari.

Metode: Riset Implementasi bertujuan untuk mengidentifikasi dan memahami proses implementasi program yang terjadi di lapangan. Desain penelitian deskriptif kualitatif dengan subyek penelitian adalah petugas TB puskesmas, pasien terduga TB di Puskesmas, teknik pengambilan data melalui wawancara mendalam, observasi dan telaah dokumen

Hasil : Kepatuhan petugas TB terhadap SPO yang masih rendah dalam melaksanakan tugas pokok dan fungsinya, seperti dalam melakukan penyampaian informasi dan edukasi serta upaya penemuan kasus baru yang tidak dilakukan pada kelompok sasaran dengan resiko dan tidak terjadwal, kunjungan rumah dan pemeriksaan kontak serumah yang tidak rutin dilakukan , Peran pasien terduga TB Paru sudah cukup kooperatif tetapi respon petugas jika ada masalah masih kurang, Kemampuan dan ketrampilan petugas TB yang belum baik masih perlu dilakukan pelatihan. Pemberian imbalan dan rewards kepada petugas TB masih belum sesuai yang seharusnya memberikan motivasi yang baik kepada petugas dalam penemuan kasus Tuberkulosis sesuai SPO. Kerjasama antar petugas poli belum terjalin karena petugas di poli tidak pernah di lakukan monitoring dan evaluasi dalam melaksanakan SPO oleh penanggung jawab poli.

Kesimpulan: Belum optimalnya kepatuhan petugas TB terhadap SPO di puskesmas dipengaruhi oleh faktor penyampaian informasi dan edukasi yang belum tepat dan belum ada jadwal khusus. Upaya penemuan kasus baru oleh petugas puskesmas masih monoton. Belum dilakukan penyegaran kembali untuk meningkatkan kemampuan dan ketrampilan petugas untuk menemukan kasus baru TB. Tidak dilakukan monitoring dan evaluasi oleh penanggung jawab poli sehingga penemuan kasus baru TB Paru belum mencapai target SPM.

Kata kunci: Kepatuhan SPO, Petugas TB Puskesmas, Penemuan Kasus Tuberkulosis.

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ABSTRACT

Background: Pulmonary tuberculosis (TB) is one of the most common chronic infectious diseases which targeted in the MDGs also included in Minimal Standard of Health Service. Many efforts has been done to control TB, but there are still many obstacles and problems in its response. Compliance of TB clinic officers is one of determinants of tuberculosis cases. Thus, the research about factors related to TB officers' compliance in tuberculosis case finding at Public Health Center is very important

Objective: Knowing factors affect to implementation on discover new cases of BTA positive against Pulmonary TB at the Tamansari Public Health Center (PHC)

Method: Implementation research aimed to identify and understand the implementation process of programs. The type of research was qualitative. The subjects of research were TB clinic staff, suspected TB patient at PHC, data retrieval technique through in-depth interview, observation and document review

Result: TB officers' compliance to Standard Operational Procedure (SOP) was low in performing their main duties and functions, such as in delivering information and education, the effort to find new case are not conducted to target groups with risk and unscheduled, home visits and household contact checks not routinely done, the patients role with suspected pulomony TB was sufficiently cooperative but the officer's response to deal with the problem was still lacking, ability and skill of TB officer not yet good and need training. Provision of rewards to TB officers has not been appropriate so that officers' motivation were low which has an impact on incompatibility of Tuberculosis case finding according to SOP. Cooperation between officers at clinics has not been established due to officers in clinics have never done monitoring and evaluation in implementing SOP.

Conclusion: TB officers' compliance to SOP in PHC are not optimal. Factors associated to TB officers complience include the delivery of information and education should be targeted with a quick response officers. Patients suspected pulmonary TB are cooperative, Effort of discovery of new cases appropriate with SOP. The role of training in improving the ability and skills of TB officials in finding new cases. The rewards received by TB officers provide motivation for compliance with SOP in finding tuberculosis cases at PHC. All clinics are integrated according to SOP and monitoring and evaluation conducts by clinics in chief so finding new case of pulmonary TB according to target of SPM.

Keyword: Compliance, TB Officer, Tuberculosis Case, Public Health Center.

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