ABSTRAK

Latar Belakang: Puskesmas wajib diakreditasi 3 tahun sekali untuk peningkatan mutu, kinerja serta manajemen resiko secara berkesinambungan. Hingga tahun 2016, Kabupaten Lumajang memiliki 7 Puskesmas terakreditasi dan beberapa diantaranya mengalami penurunan nilai indikator kinerja manajemen dan mutu pelayanan. Studi pendahuluan menggambarkan permasalahan keberlanjutan implementasi program akreditasi Puskesmas, yaitu belum ada pendampingan pasca akreditasi serta peran Tim Mutu Puskesmas belum optimal.

Tujuan: Mendeskripsikan keberlanjutan implementasi program akreditasi Puskesmas pasca terakreditasi dan aspek yang mempengaruhinya serta menyusun solusi potensial untuk memperbaikinya.

Metode: Penelitian ini merupakan penelitian implementasi menggunakan *Consolidated Framework for Implementation Research* (CFIR). Informan utama adalah pelaksana program akreditasi Puskesmas di Dinas Kesehatan dan Puskesmas. Metode pengumpulan data primer dengan wawancara mendalam dan *Focus Group Discussion* (FGD).

Hasil: Penghambat *inner setting* Puskesmas adalah beban tupoksi rangkap tim mutu dan pengaruh atmosfir politik, sedangkan di Dinas Kesehatan adalah tidak ada kajian awal program, rasio beban tupoksi Seksi Pelayanan Kesehatan Primer, beban tupoksi rangkap pendamping, konflik terselubung, ketidakpahaman dan kecemburuan staf lain serta belum adanya *teamwork* dalam konteks mutu. Keberlanjutan program belum diprioritaskan karena belum ada kejelasan teknis dan acuan serta tuntutan regulasi. Penghambat aspek proses adalah belum ada regulasi daerah tentang implementasi program akreditasi, batasan anggaran Puskesmas, motivasi dan kompetensi manajemen pimpinan. Solusi potensial terbaik untuk perbaikan *inner setting* adalah reorganisasi Seksi Pelayanan Kesehatan Primer serta membangun pemahaman dan *teamwork* yang solid dalam konteks mutu di Dinas Kesehatan, sedangkan perbaikan aspek proses dengan mengintegrasikan elemen akreditasi Puskesmas dalam proses dan target program di Dinas Kesehatan untuk memperjelas fungsi pembinaan dan pengawasan serta mengawali fungsi tersebut Dinas Kesehatan dengan monitoring dan evaluasi sederhana.

Kesimpulan: Belum ada upaya keberlanjutan yang komprehensif pada aspek *inner setting* dan proses di Dinas Kesehatan, sedangkan Puskesmas terakreditasi sudah melakukan upaya keberlanjutan implementasi program akreditasi Puskesmas meskipun terdapat perbedaan intensitas.

Kata Kunci: Keberlanjutan, program akreditasi Puskesmas, Dinas Kesehatan, Puskesmas, CFIR

ABSTRACT

Background: Primary Health Center (PHC) must be accredited every 3 years to improve quality, performance and risk management on an ongoing basis. Until 2016, Lumajang District had 7 accredited PHC and some of them experienced a decrease in the value of indicators of management performance and service quality. The preliminary study illustrates the problem of the sustainability of the implementation of the PHC accreditation program, namely that there is no post-accreditation assistance and the role of the PHC Quality Team is not optimal.

Objective: Describe the sustainability of the implementation of post accredited PHC accreditation programs and aspects that influence them and develop potential solutions to improve them.

Method: This research is an implementation research using Consolidated Framework for Implementation Research (CFIR). The main informant is the implementer of the PHC accreditation program at the District Health Officer (DHO) and PHC. Primary data collection method with in-depth interviews and Focus Group Discussion (FGD).

Result: The inner setting of PHC is the team's double duty and quality atmosphere and political atmosphere, while in the DHO there is no preliminary study program, main job load ratio of Primary Health Service Section (PHSS), counter-occupational main job burden, covert conflict, misunderstanding and jealousy of other staff and absence of teamwork in the quality context. Program sustainability has not been prioritized because there is no technical clarity and reference and regulatory demands. Inhibiting aspects of the process is that there are no regional regulations regarding the implementation of accreditation programs, the limits of the PHC budget, the motivation and competencies of leadership management. The best potential solution for improving inner settings is the reorganization of the PHSS and building a solid understanding and teamwork in the context of quality at the DHO, while improving aspects of the process by integrating the elements of PHC accreditation in the program and target programs in the DHO to clarify the function of guidance and supervision and initiate the function of the DHO with simple monitoring and evaluation.

Conclusion: There is no comprehensive sustainability effort on the inner aspects of the settings and processes in the DHO, while accredited PHC have made efforts to continue the implementation of the PHC accreditation program despite differences in intensity.

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Keywords: Sustainability, PHC accreditation program, District Health Officer (DHO), Primary Health Center (PHC), CFIR