

Gambaran Program Kredensial Tenaga Kesehatan di Puskesmas dalam Rangka Penjaminan Mutu (Quality Assurance) dengan Pendekatan Sistem (System Approach) di Kementerian Kesehatan RI: Tahun 2020-2023

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Abstrak

<div style="text-align: justify;">Hingga saat ini, masih ada tenaga kesehatan terutama di Pusat Kesehatan Masyarakat (puskesmas) yang mengerjakan tugas di luar kompetensinya. Kementerian Kesehatan RI sebagai pemerintah pusat yang membidangi urusan kesehatan mengeluarkan kebijakan mengenai kredensial tenaga kesehatan di puskesmas sebagai suatu sistem penjaminan mutu dengan memperbaiki kemampuan para tenaga kesehatan agar tetap profesional, perencanaan tindak lanjut pada puskesmas dan Dinas Kesehatan Kab/Kota, dan menempatkan tenaga kesehatan sesuai bidang kompetensinya. Karena pelaksanaannya baru berjalan di tahun 2022, penelitian ini dilakukan untuk memberikan masukan atas percepatan dan peningkatan kualitas program kredensial tenaga kesehatan di puskesmas dalam ruang lingkup Kementerian Kesehatan RI. Penelitian ini menggunakan desain studi deskriptif dengan menggunakan pendekatan kualitatif. Sumber data dari penelitian ini berasal dari data primer berupa wawancara pada tim kerja pelaksana kredensial tenaga kesehatan di puskesmas dalam ruang lingkup Kementerian Kesehatan RI sebanyak 7 orang, serta data sekunder berupa telaah dokumen dan observasi. Hasil penelitian menunjukkan bahwa program kredensial tenaga kesehatan di puskesmas dalam ruang lingkup Kementerian Kesehatan RI yang dijalankan oleh Tim Kerja sudah baik karena hampir seluruh komponen input, proses, dan output sesuai dengan standar internal Kementerian Kesehatan RI dan standar kredensial melalui acuan Petunjuk Teknis Kredensial Tenaga Kesehatan Di Pusat Kesehatan Masyarakat. Pelaksanaan dan monitoring evaluasi sudah sesuai dengan perencanaan, namun belum berjalan secara optimal dikarenakan data yang belum dianalisis, tidak memantau pelaksanaan tindak lanjut oleh Dinas Kesehatan Kab/Kota, serta kesamaan antara uji petik dan pendampingan. Saran yang dapat diberikan yaitu sosialisasi dan advokasi lebih rutin, tindak lanjut anggaran kredensial tenaga kesehatan di puskesmas, sistem penyimpanan online untuk hasil kredensial, pendataan secara berkala, monitoring sampai ke tahap pelaksanaan tindak lanjut, memanfaatkan hasil analisis data untuk RTL dan mapping, memperbaiki petunjuk teknis kredensial tenaga kesehatan di puskesmas, dan tindak lanjut hasil rekomendasi.</div><hr /><div style="text-align: justify;">Until now, there are still health workers, especially at Community Health Centers (puskesmas), who perform tasks outside of their competence. The Ministry of Health of the Republic of Indonesia as the central government in charge of health affairs issued a policy regarding the credentialing of health workers in health centers as a quality assurance system by updating the ability of health workers to remain professional, follow-up planning at health centers and District/City Health Offices, and placing health workers according to their fields of competence. Because the implementation has only

been running since 2022, this study was conducted to provide input on accelerating and improving the quality of the health worker credentialing program at puskesmas within the scope of the Indonesian Ministry of Health. This research uses a descriptive study design using a qualitative approach. The data source of this study comes from primary data in the form of interviews with the work team implementing the credentials of health workers at health centers within the scope of the Ministry of Health of the Republic of Indonesia as many as 7 people, as well as secondary data in the form of document review and observation. The results showed that the health worker credentialing program at puskesmas within the scope of the Ministry of Health of the Republic of Indonesia carried out by the Work Team was good because almost all input, process, and output components were in accordance with the Ministry of Health's internal standards and credentialing standards through the reference to the Technical Guidelines for Credentialing Health Workers at Community Health Centers. Implementation and evaluation monitoring are in accordance with planning, but have not run optimally due to data that has not been analyzed, monitoring until the implementation of follow-up by the District Health Office has not been done, and the similarity between uji petik and pendampingan.. Suggestions that can be given are more routine socialization and advocacy, follow-up on the budget for credentialing health workers at puskesmas, an online storage system for credentialing results, regular data collection, monitoring up to the follow-up implementation stage, utilizing the results of data analysis for RTL and mapping, updating the technical guidelines, and follow-up on the results of recommendations.