

Mutu Program Pengendalian Hipertensi di Puskesmas Kota Administrasi Jakarta Pusat Tahun 2025

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Abstrak

Prevalensi hipertensi di Indonesia masih tinggi, sementara proporsi pasien dengan tekanan darah terkendali tetap rendah. Rencana Strategis Kementerian Kesehatan 2022–2024 menetapkan target 90% pasien hipertensi terkendali di puskesmas, namun Jakarta Pusat pada tahun 2024 hanya mencapai 16,74%. Penelitian ini dilakukan di dua puskesmas dengan capaian berbeda: Puskesmas X (46,12%) dan Puskesmas Y (2,34%). Penelitian ini bertujuan menganalisis mutu program pengendalian hipertensi berdasarkan komponen input, proses, dan output dengan menggunakan pendekatan sistem terbuka. Penelitian menggunakan desain kualitatif studi kasus. Data dikumpulkan melalui wawancara mendalam, diskusi kelompok terfokus, observasi, dan telaah dokumen pada Maret–Mei 2025, melibatkan 30 informan yang terdiri atas petugas puskesmas, dinas kesehatan, suku dinas kesehatan, kader, dan pasien. Analisis dilakukan secara tematik. Hasil menunjukkan mutu program di Puskesmas X relatif lebih baik. Puskesmas X menerapkan perencanaan proaktif, penyediaan obat yang lebih cepat, inovasi edukasi berkala, monitoring bersama jejaring, dan pelatihan rutin. Puskesmas Y melaksanakan perencanaan reguler, pengadaan obat mengikuti siklus tahunan, pemanfaatan dashboard hipertensi berjalan meskipun belum optimal, serta koordinasi internal rutin. Meskipun jumlah SDM sesuai standar, keterlibatan fungsional belum merata di kedua puskesmas. Penelitian ini menunjukkan bahwa keberhasilan pelaksanaan program hipertensi tidak hanya ditentukan oleh kelengkapan sumber daya, tetapi juga bergantung pada kualitas proses, termasuk perencanaan yang responsif, pengorganisasian terstruktur, pelaksanaan inovatif, dan monitoring berbasis data. Penelitian merekomendasikan penguatan kapasitas tenaga kesehatan, penyelarasan definisi indikator antarinstansi, optimalisasi media edukasi digital dan sistem informasi terpadu, serta penetapan petugas administrasi dan teknologi informasi dalam struktur tim program untuk mendukung mutu layanan hipertensi.

The prevalence of hypertension in Indonesia remains high, while the proportion of patients with controlled blood pressure is still low. The Ministry of Health's Strategic Plan 2022–2024 sets a target of 90% of hypertension patients achieving controlled blood pressure in primary health care facilities, yet in Central Jakarta, the achievement in 2024 was only 16.74%. This study was conducted in two community health centers with contrasting results: Puskesmas X (46.12%) and Puskesmas Y (2.34%). This study aimed to analyze the quality of hypertension control programs based on input, process, and output components using an open systems approach. The study employed a qualitative case study design. Data were collected through in-depth interviews, focus group discussions, observations, and document reviews between March and May 2025, involving 30 informants comprising health center staff, provincial and municipal health office representatives, community health volunteers, and patients. Thematic analysis was applied. The results showed that program quality at Puskesmas X was relatively better. Puskesmas X implemented proactive planning, faster provision of medications, regular educational innovations, joint monitoring with network partners, and routine training. Puskesmas Y carried out standard planning, medication procurement

according to the annual cycle, regular internal coordination, and partial utilization of the hypertension dashboard. Although the number of human resources met the minimum standards, functional involvement was not evenly distributed in both health centers. The study indicated that the success of hypertension program implementation was not only determined by resource adequacy but also relied heavily on process quality, including responsive planning, structured organization, innovative implementation, and data-driven monitoring. The study recommends strengthening health worker capacity, harmonizing indicator definitions across institutions, optimizing digital educational media and integrated information systems, and formally designating administrative and information technology staff within program teams to improve hypertension service quality.
