Analisis Implementasi Program Pengendalian Resistensi Antimikroba di RS Hermina Jatinegara

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Abstrak

Latar Belakang: Resistensi Antimikroba merupakan ancaman global yang berdampak pada peningkatan morbiditas, mortalitas, serta biaya perawatan Kesehatan. RS Hermina Jatinegara adalah RS swasta yang ditetapkan tepe B dengan layanan Umum sebagai RS pelayanan rujukan memiliki peran penting dalam mencegah resistensi melalui Implementasi Program Pengendalian Resistensi Antimikroba (PPRA). RS Hermina Jatinegara telah memiliki komponen utama PPRA seperti Kebijakan PPRA, Pedoman penggunaan antibiotic, Tim PPRA, Kebijakan pengelompokan antibiotic AWaRe, serta system persetujuan antibiotic melalui E-RASPRO. Tujuan penelitian: secara umum Adalah Menganalisis implementasi PPRA, mengoptimalkan peran manajemen rumah sakit dalam mendukung penggunaan antibiotik secara bijak, dan strategi pengelolaan di Rumah Sakit Hermina Jatinegara, secara khusus adalah menganalisis penerapan pedoman dan kebijakan penggunaan antibiotik, tingkat kepatuhan tenaga medis terhadap pedoman penggunaan antibiotik, evaluasi efektivitas sistem monitoring dan evaluasi penggunaan antibiotik, peran manajemen rumah sakit dalam mendukung pelaksanaan PPRA, dan strategi perbaikan untuk meningkatkan efektivitas PPRA dan mutu pelayanan rumah sakit. Metode penelitian: Penelitian ini menggunakan desain kualitatif melalui wawancan mendalam dengan manajemen RS, dokter, perawat, apoteker, dan Tim PPRA, FGD, serta telaah dokumen. Penelitian ini juga menggunakan data sekunder berupa data farmasi data peresepan, Laporan monitoring evaluasi PPRA yang didalamnya terdapat kepatuhan terhadap PPAB dan data resistensi kuman dari data mikrobiologi. Hasil penelitian: Hasil penelitian menunjukkan bahwa regulasi PPRA di RS Hermina Jatinegara telah lengkap, termasuk PPAB, SK Tim PPRA, AWaRe, dan mekanisme persetujuan antibiotik melalui E-RASPRO. Namun implementasinya belum seragam di seluruh unit. Ketidaksesuaian penggunaan antibiotik ditemukan pada aspek durasi, indikasi, dan dokumentasi. Audit belum rutin dilakukan dan belum mencakup seluruh kasus prioritas. Integrasi data kultur ke dalam E-RASPRO belum optimal. Ketersediaan antibiogram belum representatif karena keterbatasan sampel kultur dan SDM mikrobiologi. Laporan PPRA telah dibuat secara berkala per triwulan, tetapi belum memuat indikator lengkap seperti Days Of Therapy (DOT), IV-to-PO, dan audit umpan balik. Kesimpulan: Implementasi PPRA di RS Hermina Jatinegara sudah berjalan namun belum optimal. Penguatan pembiayaan, kapasitas sampel mikrobiologi, kajian/audit rutin, integrasi data, serta pelatihan semua profesi diperlukan untuk meningkatkan konsistensi dan keberhasilan implementasi PPRA. <hr /> Background: Antimicrobial resistance is a global threat that has an impact on increased morbidity, mortality, and healthcare costs. Hermina Jatinegara Hospital is a private hospital designated as a type B hospital with general services as a referral hospital that plays an important role in preventing resistance through the implementation of the Antimicrobial Resistance Control Program (PPRA). Hermina Jatinegara Hospital has established key components of the PPRA, including PPRA policies, antibiotic usage guidelines, PPRA team, antibiotic grouping policies under the AWaRe framework, and an antibiotic approval system via E-RASPRO. Research Objectives: To analyze the

implementation of the AMCP, optimize the role of hospital management in supporting prudent antibiotic use, and management strategies at Hermina Jatinegara Hospital. Specifically, it aims to analyze the implementation of guidelines and policies on antibiotic use, the level of compliance of medical personnel with antibiotic use guidelines, evaluate the effectiveness of the antibiotic use monitoring and evaluation system, the role of hospital management in supporting the implementation of PPRA, and improvement strategies to increase the effectiveness of PPRA and the quality of hospital services. Research method: This study used a qualitative design through in-depth interviews with hospital management, doctors, nurses, pharmacists, and the PPRA Team, FGDs, and document reviews. This study also used secondary data in the form of pharmacy prescription data, PPRA monitoring and evaluation reports containing compliance with PPAB, and germ resistance data from microbiology data. Research results: The results showed that PPRA regulations at Hermina Jatinegara Hospital were complete, including PPAB, PPRA Team Decree, AWaRe, and the antibiotic approval mechanism through E- RASPRO. However, implementation was not uniform across all units. Inappropriate antibiotic use was found in terms of duration, indication, and documentation. Audits have not been conducted routinely and do not cover all priority cases. The integration of culture data into E-RASPRO is not yet optimal. The availability of antibiograms is not representative due to limitations in culture samples and microbiology human resources. PPRA reports have been prepared quarterly, but do not yet include complete indicators such as Days Of Therapy (DOT), IV-to-PO, and feedback audits. Conclusion: The implementation of PPRA at Hermina Jatinegara Hospital is underway but is not yet optimal. Strengthening of funding, microbiology sample capacity, routine reviews/audits, data integration, and training for all professions are needed to improve the consistency and success of PPRA implementation.