

**ABSTRAK**

**Yusfina Modesta Rua**

**Analisis Implementasi Pengembangan Manajemen Kinerja Klinik (PMKK) di Ruang Rawat Inap Kebidanan RSUD Kabupaten Belu Nusa Tenggara Timur Tahun 2009**

**xiii + 96 halaman + 10 tabel + 8 gambar + 11 lampiran**

PMKK adalah upaya pengembangan kemampuan manajerial dan kinerja Bidan dalam memberikan pelayanan asuhan kebidanan di institusi pelayanan kesehatan yang bermutu. Berdasarkan surat keputusan Kep. Menkes RI. No 836/MENKES/SK/VI/2005 tentang Pengembangan Manajemen Kinerja Klinik (PMKK) maka program tersebut selanjutnya di jalankan oleh RSUD Atambua pada tahun 2006 namun kenyataannya program tersebut sulit dilaksanakan dengan hasil evaluasi yang menunjukkan bahwa program PMKK belum berjalan dengan baik.

Penelitian ini menggunakan rancangan observasional dengan pendekatan kualitatif. Informan utama yaitu 7 orang bidan yang bertugas di ruang rawat inap kebidanan RSUD Atambua. Sedangkan informan triangulasi adalah kepala ruang rawat Inap kebidanan, kepala seksi pelayanan, kepala bidang pelayanan dan pasien.

Struktur birokrasi secara khusus terkait PMKK misalnya SK petugas tidak ada, sehingga kejelasan bentuk dan tanggung jawabnya sulit diketahui dan dipahami oleh petugas PMKK. Telah tersedia SOP, uraian tugas, dan indikator kinerja namun pelaksanaannya hanya berdasarkan rutinitas. Tidak ada DRK maupun monitoring dan evaluasi yang disusun sesuai dengan standar PMKK, akan tetapi pelaksanaan diskusi, monitoring dan evaluasi selalu dilakukan secara bersamaan dan terjadwal. umumnya komunikasi antara petugas dengan pimpinan kurang baik khususnya PMKK dilihat dari tidak adanya sosialisasi program PMKK kepada bidan selaku pelaksana sehingga ada beberapa bidan yang tidak mengetahui program PMKK. Tidak ada tim khusus yang dibentuk secara resmi untuk pelaksanaan program PMKK, sarana dan prasarana dalam program PMKK belum tersedia sesuai dengan yang dibutuhkan.

RSUD Atambua Perlu membentuk tim PMKK, untuk meningkatkan pemahaman bidan terhadap program PMKK perlu dilakukan sosialisasi kebijakan dengan meningkatkan intensitas forum interaktif antara DKK dengan RS serta pelatihan tahunan khusus program PMKK, Demi kesinambungan program, sebaiknya diskusi refleksi kasus, monitoring dan evaluasi program lebih ditingkatkan dan terjadwal dengan baik dan evaluasi dilakukan dengan menggunakan daftar tilik.

Kata Kunci : Program PMKK, Implementasi Kebijakan, Rawat Inap Kebidanan

Kepustakaan : 24 (1997 – 2010)

## ABSTRACT

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**Analysis on the Implementation of Clinical Performance Management Development in the Obstetric Inpatient Ward of Belu District General Hospital East Nusa Tenggara, 2009  
xiii + 96 pages + 10 tables+ 8 figures + 11 enclosures**

Development of clinical performance management (PMKK) was an effort to develop managerial ability and performance of midwives in implementing obstetric care service in the qualified health service institution. Based on the Indonesian Health Minister Decree no. 836/MENKES/SK/VI/2005 regarding PMKK, accordingly, that program would be implemented by Atambua District General Hospital (RSUD) in 2006 but in the reality that program was difficult to be implemented. The result of an evaluation showed that PMKK program had not run well.

This study used applied observational design and qualitative approach. The main informants were 7 midwives working at the obstetric inpatient wards of RSUD Atambua. Triangulation informants were the head of the obstetric inpatient wards, head of the service unit, head of the service department and patients.

Bureaucracy structure was specifically related to PMKK such as no workers decree, consequently clarity of their task form and responsibilities were difficult to know and understood. Standard operating procedure, job description and performance indicator had been provided however the implementation was based only on the rutinity. No DRK or monitoring and evaluation that were designed according to PMKK standard, but the implementation of discussion, monitoring and evaluation were done together and scheduled. In general, there was poor communication between workers and their leaders specifically on PMKK. It could be seen that there was no PMKK program socialization to midwives and as a results several midwives have no knowledge on PMKK program. No special team formed formally to implement PMKK program. Facilities for PMKK program had not been provided according to the need.

Atambua district general hospital needs to assemble PMKK team. To improve midwives understanding on PMKK program, the hospital needs to do socialization of the policies by increasing the intensity of interactive forum between District Health Office and Hospital and also conducting special training on PMKK program annually. For program continuity, it is better to increase the frequency of case reflection discussion, program monitoring and evaluation. It has to be scheduled properly and using check list when conducting evaluation.

Key words : PMKK program, policy implementation, obstetric inpatient

Bibliography : 24 (1997 – 2010)