

ABSTRAK

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Analisis Implementasi Kebijakan Pencegahan dan Pengendalian Infeksi di Ruang Bersalin Rumah Sakit Umum Daerah Koja Jakarta Utara Tahun 2011

xiv + 135 halaman + 31 tabel + 3 gambar + 11 lampiran

Implementasi pencegahan infeksi adalah upaya/tindakan yang dilakukan oleh institusi (rumah sakit) untuk melaksanakan prosedur standar yang bertujuan melindungi pasien (klien), dan petugas kesehatan serta pengunjung atau keluarga pasien dari kemungkinan kejadian infeksi pada saat memperoleh pelayanan kesehatan di rumah sakit. Alasan penelitian dilakukan karena implementasi kebijakan pencegahan dan pengendalian infeksi di ruang bersalin belum dilaksanakan sesuai Kepmenkes Nomor 270/Menkes/SK/III/2007. Tujuan penelitian ini adalah untuk menganalisis implementasi kebijakan pencegahan dan pengendalian infeksi di ruang bersalin ditinjau dari teori George Edwards dimana implementasi kebijakan ditentukan oleh faktor; komunikasi, sumberdaya, disposisi dan struktur birokrasi. Penelitian ini merupakan penelitian kualitatif, menggunakan pendekatan studi Etnografi (*Ethnography study*) dengan metode pengumpulan data dilakukan melalui wawancara mendalam dan observasi. Subyek penelitian adalah unsur manajemen sebanyak 5 orang yang ditentukan secara purposive sampling dengan informan utama wakil direktur pelayanan medic, kepala instalasi safety pasien, unsur staf unit PPI dan Informan triangulasi bidan dan dokter yang bertugas di ruang bersalin.

Hasil penelitian menunjukkan bahwa komunikasi PPI ditingkat manajemen dilakukan oleh safety pasien, sementara unit PPI sebagai unit penanggung jawab tidak pernah dilibatkan dalam rapat bersama pimpinan. Sumber daya; SDM pelaksana PPI jumlahnya masih kurang, kompetensi PPI belum memadai, bidan di ruang bersalin semua belum pernah mengikuti pelatihan PPI, fasilitas cuci tangan kering belum ada, begitu juga pembuangan limbah darah belum tersedia dan masih bergabung dengan kamar mandi dan WC pasien, alat APD belum semua tersedia, bahan habis pakai seperti clorin, alkohol, kapas sering habis kadang habis tidak tersedia. Disposisi; komitmen pimpinan belum ada perhatian yang sungguh sungguh terhadap pelaksanaan PPI. Struktur birokrasi; SOP PPI baik ditingkat manajemen maupun ditingkat pelaksana teknis belum dilakukan sesuai ketentuan. Pengorganisasian tugas dan peran unit PPI serta unit terkait lainnya belum dilakukan secara optimal.

Kesimpulan penelitian ini, menunjukkan bahwa implementasi kebijakan PPI kurang mendapat perhatian dari pihak manajemen; dukungan pimpinan relatif masih kurang; dinas kesehatan sebagai pembina teknis belum melakukan pengawasan dengan baik; dan kebijakan manajerial SOP PPI belum dilaksanakan secara optimal sesuai standard.

Kata Kunci : Implementasi Kebijakan Pencegahan dan Pengendalian Infeksi

Kepustakaan : 56 (1996-2011)

ABSTRACT**Waode Hajirah****Policy Implementation of Infection Prevention and Precaution Delivery Room of Koja General Hospital, Jakarta Utara, 2011****xiv + 135 pages + 31 tables + 3 figures + 11 enclosures**

Implementation of infection control was an action done by institution (hospital) to perform standard procedure. It was aimed to protect patients (clients), health workers, visitors, and patient's families from the possibility of getting infection when receiving health services in the hospital. This study was done because implementation of policy on infection prevention and control in the delivery room had not been performed according to Kepmenkes No 270/Menkes/SK/III/2007. The objective of this study was to analyze implementation of infection prevention and control policy in the delivery room viewed from George Edwards's theory. According to this theory, implementation of a policy was determined by communication, resources, disposition, and bureaucracy structure factors. This was a qualitative study using ethnography approach (ethnography study). Data were collected using in-depth interview and observation methods. Study subjects were management elements that consisted of 5 people, and they were selected by purposive sampling method. Main informants were a vice director in medical service, a head of patient safety installation, staffs of PPI unit. Triangulation informants were midwives and physicians working in the delivery room.

Results of the study indicated that PPI communication in the management level was performed by safety patient. Meanwhile, PPI unit as the responsible unit was not included in the leader's meeting. Human resource was inadequate, all midwives in the delivery room had not receive PPI training, no dry hand washing facilities, no blood waste disposal passage and it was still in the same passage with patient's bathroom and toilet waterway. Not all body protection devices were available, disposable materials such as chlorine, alcohol, and dry cotton were frequently run out and sometime they were not available. In relation to disposition: leader's commitment did not really pay attention to PPI implementation. In relation to bureaucracy structure: PPI Standard Operating Procedure (SOP) at the management level or at the technical operator level was not performed according the guideline. Organization of the tasks, the role of PPI and other related units had not been done optimally.

The conclusion of this study was that PPI policy implementation did not get attention from the hospital management; leaders' supports were still insufficient; district health office as technical instructor had not done good supervision; SOP PPI managerial policy had not been performed optimally according the standard.

Key words : Implementation of infection prevention and control policy

Bibliography : 56 (1996-2011)