

**MONITORING DAN EVALUASI *CONTINUITY OF CARE* PADA
PENDERITA DIABETES MELLITUS TIPE 2 DI PUSKESMAS WILAYAH
SURABAYA TIMUR YANG MENGGUNAKAN BPJS KESEHATAN**

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ABSTRAK

Meningkatnya prevalensi diabetes melitus, memerlukan perawatan berkesinambungan yang jangan sampai terputus, sehingga Pemerintah Indonesia memfasilitasi melalui asuransi yaitu BPJS Kesehatan sesuai UU Nomor 24 Tahun 2011. Pelayanan kesehatan yang dinaungi BPJS dilakukan secara berjenjang mulai dari pelayanan kesehatan tingkat pertama, kedua, dan ketiga yang dilakukan sebagai program rujuk berjenjang. Di dalam program ini, terjadi transisi pelayanan yang dapat menjadi salah satu resiko *discontinuity* yang berdampak pada kualitas pelayanan kesehatan. Tingkat *Continuity of Care* dapat diukur dengan kuisioner CCAENA. Penelitian ini bertujuan mengetahui tingkat persepsi *continuity of care* dan mengetahui permasalahan yang terjadi. Desain penelitian ini adalah non eksperimental yang bersifat deskriptif *cross sectional* dengan metode kuantitatif dan kualitatif. Dari 22 pasien di puskesmas diperoleh persentase *continuity* tertinggi pada rendah 54%,. Pada *informational continuity* diperoleh persentase terbesar yaitu rendah 14 (64%); *managerial continuity* dengan persentase tertinggi 13 (59%); *relational continuity* mendapatkan persentase tertinggi sangat tinggi 19 (86%). Adapun permasalahan yang terjadi pada *informational continuity* yaitu terkait obat dan informasi obat, lalu *managerial continuity* terkait antrian dan sulit meminta rujuk, *relational continuity* terkait sikap tenaga medis, peran apoteker dan kenyamanan pasien

Kata kunci : *Relational continuity, Managerial continuity, informational continuity*, Puskesmas, Diabetes Mellitus Tipe 2

**MONITORING AND EVALUATION CONTINUITY OF CARE PATIENT
DIABETES MELLITUS TYPE 2 IN THE EAST SURABAYA
COMMUNITY HEALTH CENTRE CARE WHICH USE BPJS
KESEHATAN**

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ABSTRACT

Seeing the increasing of prevalence of diabetes mellitus phenomena, it is necessary the continuous treatment that should not be interrupted, so the Indonesian government trying to facilitate through BPJS Kesehatan insurance in accordance with UU No. 24 of 2011. Health services in shade BPJS conducted in stages begin from health care first level, second level, and third level were conducted as hierarchical reconciliation program. Inside the this program, there is a transition of services that can be one of discontinuity risks that impact on the quality of health services. Continuity of care level can be measured with CCAENA questionnaire. This study aims to determine the level of perception of continuity of care and be aware of problems that occur in it. This study was conducted using a non-experimental design that is descriptive cross sectional with quantitative and qualitative methods. From 22 patients in the community health centre was obtained the highest percentage of *continuity* is “low” 54%. At the informational continuity the highest percentage is “very low” 14 (64%); managerial continuity with the highest percentage is “very low” 13 (59); relational continuity with the highest percentage is “very high” 19 (86%). As for the problems that occurred in informational continuity is related to drugs and drug information, and managerial continuity associated queues and difficult to ask for reconciliation, relational continuity related to the attitude of medical personnel, the role of the pharmacist and patient convenience.

Keywords: Relational continuity, Managerial continuity, informational continuity, Community Health Centre, Diabetes Mellitus Type 2