

ASSESSMENT OF READINESS OF GONDOKUSUMAN SUB-DISTRICT IN FILLING INTEGRATED PALLIATIVE CARE FOR OLDER PEOPLE

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ABSTRACT

Introduction: Every year, the number of older people in Indonesia increases. In 2018 the highest number of older people was in the DI Yogyakarta Province, amounting to 12.37%. Riskesdas showed that 51.28% of the elderly experienced health complaints, and 25.99% of the elderly experienced illness. This can reduce the patient's quality of life. Therefore, integrated palliative care is needed for the elderly to improve the quality of life for patients and their families in dealing with health problems. Palliative care already exists in 5 hospitals in 5 regions in Indonesia, namely DKI Jakarta, DI Yogyakarta, Surabaya, Denpasar, and Makassar.

Purpose: The general aim of this study was to explore the readiness of Gondokusuman District in fulfilling integrated palliative care for the elderly.

Methods: This study used a thematic analysis research design. The research sample was 46 respondents. The data is taken from previous research entitled "Mapping Community Assets Related to Health and Social Services for the Elderly in Yogyakarta City in 2019".

Results: An overview of health-related policies was found, such as the Chronic Disease Management Program (Prolanis), the Health Social Security Administration (BPJS), and Supplementary Food Provision (PMT). However, no policy description regarding palliative care has been found. A description of the availability of drugs was found, including prescribing, distribution, and financing. Educational programs and content are found in education through counseling and counseling. Resources found are in health infrastructure, community infrastructure, and human resources. However, there is no culture related to integration either vertically or horizontally.

Conclusions: There is a description of health-related policies, availability of medicines, educational programs and content, and resources that support palliative care in Gondokusuman District. However, no specific policies have been found regarding palliative care and integration.

Keywords: Policies, Drug Availability, Educational Programs and Content, Resources, Integration

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INTRODUCTION

The number of older people in Indonesia continues to increase every year. In 2018 there were 24.49 million older people in Indonesia. The highest-ranking was in the province of DI Yogyakarta, which was 12.37% of the elderly. Riskesdas showed that 51.28% of the elderly experienced health complaints, and 25.99% experienced illness. If there are health problems, the patient's quality of life may decline. Therefore, palliative care is needed to improve the quality of life for patients and their families. There are already 5 hospitals in 5 regions in Indonesia, namely in DKI Jakarta, DI Yogyakarta, Surabaya, Denpasar and Makassar. Palliative care can work with policies, drug groups, educational programs and content, and supportive resources. In addition, palliative care must be integrated to coordinate and sustain maintenance.

METHOD

This study uses a thematic analysis research design. There are four themes used: policies, drug availability, educational programs and content, and resources. The population of this study is the population in Gondokusuman District who meet the inclusion and exclusion criteria of the researchers. The number of respondents in this study was 12 representatives and 35 representatives of institutions in Gondokusuman District, DIY. This research data is secondary data from previous research entitled "Mapping Community Assets Related to Health and Social Services for the Elderly in Yogyakarta City in 2019."

RESULT

1. Overview of Policies that Support Integrated Palliative Services for the Elderly in Gondokusuman District

It was found that there was a description of health-related policies. These health-related policies include the Chronic Disease Management Program (Prolanis),

the Health Social Security Administration (BPJS), and Supplementary Food Providing (PMT). The community can reach this program through local health services such as hospitals or health centers. However, researchers have not found a description of policies related to palliative care.

"Kemudian saya juga mengikuti anu ini sudah karena ditentukan dokter saya mengikuti program prolanis ya. Prolanis pemeriksaan dan pengobatan rutin tensi. (R1-A)"

"Kemudian setelah BPJS ada, saya kena ini hernia, operasi hernia (tertawa kecil) itu BPJS di Panti Rapih.. dirujuk ke Panti Rapih saya. Itu semuanya Alhamdulillah saya sampai saat ini ya dapat layanan yang gratis (tertawa kecil) (R-1)"

"Enggak mesti, enggak mesti mas, tergantung... mungkin ya tergantung anggaran ya, sini sering kali nggak menerima kalo anukan dikabari kalo ada PMT lansia. Empat kali apa dua kali? Empat kali, empat kali ya, itu untuk PMT untuk yaitu kegiatan lansia itu, tahun ini kan dua... dua bulan sekali katanya keluarnya, kalo tiga kali... tiga kali deng kalo nggak salah, tiga kali kok kalo yang lansia. Ini baru sekali yang kemarin itu, itu berupa kacang ijo, gula jawa, telur, emi... emi ne ra ono... emine ra ono? Ohhh (R2)"

2. Overview of Drug Availability that Support Integrated Palliative Services for the Elderly in Gondokusuman District

The World Health Organization (WHO) states that the availability of this drug includes prescribing, distribution and financing. In this Gondokusuman District, it has been found that there are drug prescriptions and drug distribution in the hands of the community. Regarding financing, there were found financing such as PBJS and the Family Hope Program (PKH).

"oiya segala bisa dilakukan itu, umpamanya dikasi obat sekali minum besok bisa diambil darahnya gitu(R-7)"

“Kemudian setelah BPJS ada, saya kena ini hernia, operasi hernia (tertawa kecil) itu BPJS di Panti Rapih.. dirujuk ke Panti Rapih saya. Itu semuanya Alhamdulillah saya sampai saat ini ya dapat layanan yang gratis. (R-1)”

“Kalo PKH ada uang itu berapa bulan sekali kan ada to itu, tiga bulan apa ya, tiga bulan sekali, uang sama itu belanja di warung sudah ditentukan pake...(R-2)”

3. Overview of Education that Support Integrated Palliative Services for the Elderly in Gondokusuman District

Educational Programs and Content in Gondokusuman District in the form of counseling and counseling. This program is obtained from health centers, hospitals, and elderly groups. Apart from that, it can also be obtained from religious institutions such as GKJ Samirano. GKJ Samirano regularly holds health education for the elderly every three months

“Setiap bulan itu banyak warga kita kumpul bisa silaturahmi setiap bulan terus ada pendamping dari puskesmas memberikan penyuluhan kesehatan, misalkan lansia harus mengurangi makan gorengan, santan apa itu kan kita eh... bisa penyuluhan itu didapat dari itu (R-2)”

“...untuk lansia sementara ini tapi pernah juga dari puskesmas, penyuluhan lansia di rumah sehat lansia.. (R-10)”

“...termasuk pembina itu salah satu grup-grup itu termasuk ada juga puskesmas. (R-11)”

4. Overview of Resources that Support Integrated Palliative Services for the Elderly in Gondokusuman District

There are many resources found in Kecamatan Gondokusuman. These resources include health infrastructure, community infrastructure, and human resources. The number and institutions in Gondokusuman District can be seen from Table 1. Regarding human resources in Gondokusuman District, it can be seen from Table 2.

5. Overview of Integrated Palliative

Services for the Elderly in Gondokusuman District

The existing data do not show the integration of palliative services for the elderly in Gondokusuman District. The existing services are still based on the policies of each institution or organization. Researchers have not seen data that shows integration either vertically or horizontally.

DISCUSSION

1. Overview of Policies that Support Integrated Palliative Services for the Elderly in Gondokusuman District

The results showed that the policies found in Gondokusuman District were health-related. There is no policy regarding palliative care. However, guidelines related to palliative care nationwide already exist. This policy can be seen from the Decree of the Minister of Health of the Republic of Indonesia Number: 812 / Menkes / SK / VII / 2007. This policy states that palliative care includes pain management, management of other physical complaints, nursing care, psychological support, social support, cultural and spiritual support, and preparatory support for and during times of grief. Palliative care in Indonesia was first established in 1992 in Surabaya. Currently, palliative care in Surabaya has developed. In 2010 Surabaya was determined to be the first palliative city in Indonesia. However, the research results have not found any policies related to palliative care in Gondokusuman District. This palliative care can already be obtained in the DI Yogyakarta Province, namely the RSUP. Dr. Sardjito.

2. Overview of Drug Availability that Supports Integrated Palliative Services for the Elderly in Gondokusuman District

The results showed that the availability of drugs had been seen in the Gondokusuman District. The availability of this drug is indicated by the presence of prescribing, distribution, and financing. However, in this study, no data indicated the prescribing

or distribution of opioids in the District of Gondokusuman. According to Stjernsward, the availability of drugs that support palliative care includes the availability of opioids to reduce the level of patient suffering.

3. Overview of Education that Support Integrated Palliative Services for the Elderly in Gondokusuman District

The results showed that there were educational programs and content related to health. However, there were no educational programs and content related to palliative care. Education related to palliative care is important to improve the quality of palliative care in Indonesia. Education is needed by the whole community, not only by medical personnel.

4. Overview of Resources that Support Integrated Palliative Services for the Elderly in Gondokusuman District

The results of this study have shown the existing resources in Gondokusuman District. In palliative service itself, a lot of supportive resources are needed. In a book entitled Global Atlas of Palliative Care, WHO mentions that resources include leaders, strategic plans, and infrastructure.

Table 2. Human Resources

Human Resources	Number
General Practitioner	13
General Dentist	2
Medical Specialist	2
Nurse	7
Dentist Nurse	0
Specialist Nurse	0
Specialist Dentist Nurse	0
Midwife	0
Pharmacist	1
Pharmacist admin	1
Volunteer	5

5. Overview of Integrated Palliative Services for the Elderly in Gondokusuman District

The results of this study have not shown any integration in Gondokusuman District. However, an overview of integration can be seen from the Strategy Guide and Action Steps for Palliative Care Development, as shown in Figure 1 below.

Table 1. Institution

Institution	Number
Medical Facility	19
Religion Institution	12
Social Institution	3
Institute for Research and Community Service	1

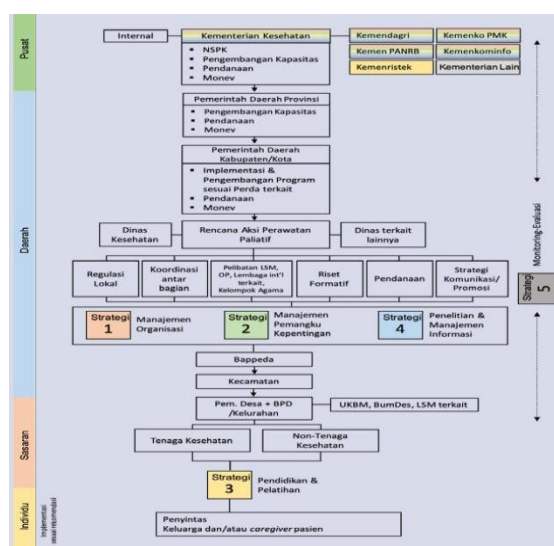


Figure 1. Palliative Care Flow

CONCLUSION

1. An overview of the policies found in Gondokusuman District are policies related to the elderly. Researchers did not find policies related to palliative care.
2. An overview of drug availability in Gondokusuman District in prescribing, distribution, and financing for the elderly. Researchers did not find policies related to palliative care, such as opioid use.
3. An overview of educational programs and content found in Gondokusuman District related to general health education or the health of the elderly. Education is obtained through meetings, both elderly meetings in the community and under certain agencies/institutions.
4. An overview of the resources in the Gondokusuman sub-district is quite broad. This includes Health Infrastructure, Community Infrastructure, and Human Resources.
5. The integration of palliative care in the Gondokusuman District is not yet visible.

ACKNOWLEDGEMENT

First of all, thank you to Lord Jesus that has blessed the writer. The author realizes that this writing cannot be completed without various parties' good moral and material support. Therefore, the author would like to express his gratitude to all parties who have helped compile this thesis, especially to dr. The Maria Meiwati Widagdo, PhD, dr. Teguh Kristian Perdamaian, MPH, and dr. Mitra Andini Sigilipoe, MPH.

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