

# Pengembangan sistem informasi penilaian kinerja upaya kesehatan wajib di Puskesmas berbasis indikator standar pelayanan minimal (SPM) bidang kesehatan di Kabupaten Bogor tahun 2005 = Information system development on performance assessment of Mandatory Health Effort at primary health care based on indicator of minimize service standard (SPM) at Health Department in Bogor District

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## Abstrak

Penilaian Kinerja Puskesmas (PKP) adalah suatu upaya untuk melakukan penilaian hasil kerja/prestasi puskesmas yang dilakukan secara menyeluruh dari ketiga aspek yaitu aspek program, aspek manajemen dan aspek mutu/kualitas pelayanan.

Dalam tesis ini, penilaian kinerja puskesmas hanya dilakukan pada kinerja 6 program pelayanan upaya kesehatan wajib puskesmas (basic six) yaitu 1) Pelayanan KIA/KB dengan 7 indikator kinerja, 2) Pelayanan Pengobatan dengan 2 indikator kinerja, 3) Pelayanan Perbaikan Gizi dengan 7 Indikator kinerja, 4) Pelayanan P3M dengan 8 indikator kinerja, 5) Pelayanan Kesehatan Lingkungan dengan 3 indikator kinerja, 6) Pelayanan Promosi Kesehatan dengan 4 indikator kinerja. Total indikator kinerja semuanya ada 31 indikator yang didasarkan pada indikator SPM Bidang Kesehatan.

Metodologi yang digunakan dalam Tesis ini adalah metode System Development Life Cycle (SDLC) yang terdiri dari : Perencanaan dan analysis sistem, design system, implementasi system dan perawatan system Sedangkan manajemen database menggunakan konsep Data Base Manajemen System (DBMS), dimana untuk menilai apakah hasil pengembangan system berjalan dengan baik, maka dilakukan uji coba prototype di Laboratorium Komputer Fakultas Kesehatan Masyarakat Universitas Indonesia.

Input data menggunakan laporan SP3 puskesmas berikut suplemennya dan diproses dengan menggunakan aplikasi program SI-PKP yang secara otomatis dapat menghasilkan output berupa informasi klasifikasi kinerja puskesmas yang disajikan dalam bentuk tabel dan grafik. PKP pada Tesis ini hanya dilakukan terhadap 20 UPTD Puskesmas (50%) dari total 40 UPTD Puskesmas yang ada di Kabupaten Bogor dengan hasil penelitian menunjukkan bahwa sebanyak 7 UPTD Puskesmas (35%) masuk klasifikasi Baik (warna hijau), 6 UPTD Puskesmas (30%) masuk kategori cukup (warna kuning) dan 7 UPTD Puskesmas (35%) masuk klasifikasi kurang (warna merah).

Informasi yang dihasilkan tersebut kiranya dapat dijadikan dasar bagi manajemen untuk intervensi program atau reward dan punishment. Manajemen masih perlu juga melakukan pengembangan system ini, sehingga betul-betul dapat diaplikasikan dan memenuhi kebutuhan system secara keseluruhan.

*Performance Assessment at Primary Health Care (PKP) is an effort for doing assessment of job result or achievement at Primary Health Care which has been done by totally from three aspects including program, management and service quality aspect.*

In this thesis, performance assessment at Primary Health Care is only done by performance of 6 service programs of mandatory health effort at Primary Health Care (basic six) such as 1) KIA/KB service by 7 performance indicators, 2) Medical service by 2 performance indicators, 3) Nutrition improvement by 7 performance indicators, 4) P3M service by 2 performance indicators, 5) Environment safety service by 8

performance indicators, 6) Health promotion service by 4 performance indicators. All of performance indicators are 31 indicators which based on indicator of service standard at Health Department. Methodologies which are used in this Thesis are System Development Life Cycle (SDLC) consisting: Planning and analysis system, design system, implementation system and care system While database management used a Data Base Management System (DBMS) concept for assessing development result system has been run better, so it has been done by prototype test at Computer Laboratory of Public Health in Indonesia University.

Data Input used SP3 reports at Primary Health Care and their supplements and then they were processed by using SI-PKP program application of program which can spend output in the form of performance classification information at Primary Health Care which were presented in the form of tables and graphics. PKP on this thesis was only done to 20 UPTD at Primary Health Care (50%) from total of 40 UPTD at Primary Health Care in Bogor district by study result indicated that amount of 7 UPTD at Primary Health Care (35%) were a good classification (green color), 6 UPTD at Primary Health Care (30%) were medium category (yellow color) and 7 UPTD at Primary Health Care (35%) were less classification (red color). From information above presumably can be made based on management for program intervention or reward and punishment. Management still needs to do this system development, so it can be implemented seriously and fulfill a requirement system as a whole.