

# Sistem Informasi Pengawasan dan Pembinaan Klinik oleh Puskesmas Berbasis Web di Kota Bandung = Web Based Information System of Clinic Monitoring and Supervision by Puskesmas in Bandung.

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## Abstrak

### <b>ABSTRAK</b><br>

Puskesmas dan Klinik yang merupakan gate keeper dalam memberikan pelayanan klinis kepada masyarakat harus dapat menyediakan pelayanan klinis tingkat pertama yang aman dan bermutu. Dengan kata lain, Puskesmas dan Klinik merupakan ujung tombak dalam memberikan pelayanan kesehatan kepada masyarakat. Prinsip penyelenggaraan Puskesmas yaitu pertanggungjawaban kesehatan di daerah kerjanya membuat Puskesmas memiliki kewenangan untuk mengkoordinir dan membina klinik yang berada di wilayah kerjanya. Namun, di Kota Bandung, pelaksanaan pengawasan dan pembinaan klinik oleh Puskesmas saat ini tidak seragam dikarenakan tidak adanya pedoman pelaksanaannya di lapangan dan di tingkat Dinas Kesehatan pengelolaannya belum berjalan. Dengan menerapkan metode System Development Life Cycle (SDLC) Prototyping, penelitian ini bertujuan membangun prototype pengawasan dan pembinaan klinik oleh Puskesmas. Tahapan penting yang dilalui adalah menyusun format standar pengawasan, menetapkan standar klinik yang sesuai dengan pengawasan dan pembinaan klinik oleh Puskesmas, dan menyusun informasi standar output. Terdapat 73 parameter yang terbagi ke 10 jenis kategori pengawasan dan 6 jenis keluaran yang dihasilkan oleh sistem ini yang salah satunya adalah klinik yang sesuai dengan standar pengawasan dan pembinaan Puskesmas. Teknologi internet, berupa prototype berbasis Web, yang memiliki keunggulan memangkas jarak dan waktu dapat menjadi solusi bersama. Tujuannya, selain keunggulan diatas, situs Web mampu berkomunikasi, melakukan jasa, mengumpulkan informasi dari pengguna dan berbagi basis data dengan pihak-pihak yang telah ditentukan sebelumnya. Kebijakan yang mendukung pengembangan sistem informasi ini dapat dilakukan pada perumusan pedoman pelaksanaan kegiatan pengawasan dan pembinaan klinik oleh Puskesmas dengan mengundang lebih banyak pihak seperti oraganisasi profesi dan ASKLIN.

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### <b>ABSTRACT</b><br>

Puskesmas and Clinics, the gatekeepers of social health services, as spearheads in providing first communal health services, always have to be on the top of their roles, giving the community their basic health services. Puskesmas as a senior partner, has the authority to nurture, coordinate, and to monitor its subordinate Clinics in order to implement their portion of health responsibility roles in the

community. However, in the City of Bandung, the implementation of monitoring and supervising clinic by Puskesmas is not in the same shape over one another due to unavailability of implementation guidance in the field. The management of this activity at The District Health Office level has not been enabled yet. However, in the city of Bandung, the implementations of Puskesmas and Clinics monitoring supervising activities differ one from another, due to the absence of a thorough implementation guideline that can act as a Puskesmas-Clinic uniformed.

Meanwhile, at the District Health Office level, such guidance or system are also yet to be invented, controlled nor managed systematically. This research objective is to build a monitoring system prototype in which to help Puskesmas effectively performs one of its functions and intended roles in the community, which are to monitor and to supervise its subordinate Clinics. The system suitable to perform in this environment is called System Development Life Cycle (SDLC).

Important steps are arrange the standard format of supervision, establishing clinic standards monitoring and supervision of clinic by the Puskesmas, and the preparation of standard output information. The important steps are therefore broke down into three main stages. The first stage is to arrange the standard form for supervision, to be followed by establishing clinical standard for monitoring and supervising Clinics by the Puskesmas, and the third stage is to arrange the information standard output. The SLDC is going to generate seventy three parameters, which are then divided into ten different supervisory categories and six different type of outputs. One of the outputs is going to produce a Clinic that complies with Monitoring and Supervision Standards of Puskesmas. Webbased data, supported by lightning fast internet connection that shaves time and distance, can be offered as solution to become the backbone of SLDC.

Furthermore, web-based technology is projected to have the ability to communicate, to provide services, to collect information from users, and even to be able to share data to many different type of pre-selected individuals or institutions. The governing policies which will support the development of this information system can be proposed and formulated by Puskesmas under the Clinical Supervision and Monitoring Guidelines, with the help of other professional associates such as from ASKLIN or other professional institutions.