

Rancangan pengembangan sistem informasi manajemen

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Abstrak

Keberhasilan pembangunan kesehatan sangat dipengaruhi oleh tersedianya tenaga kesehatan yang bermutu dalam jumlah dan jenis yang sesuai dengan kebutuhan program. Setelah pemerintah memberlakukan zero growth, kebijaksanaan ini memperbesar kesenjangan di dalam pemenuhan kebutuhan tenaga medis bagi daerah terpencil dan sangat terpencil, terutama untuk Indonesia bagian Timur.

Untuk menjamin tersedianya tenaga kesehatan dalam jumlah yang cukup untuk memenuhi kebutuhan program, maka Departemen Kesehatan melalui Keputusan Presiden No. 37 tahun 1991, mengambil kebijaksanaan untuk mengangkat Dokter sebagai Pegawai Tidak Tetap (Dokter PTT), selama masa bakti.

Walaupun Departemen Kesehatan telah menempatkan sekitar 20.682 Dokter PTT diseluruh Indonesia, pada kenyataan menunjukkan bahwa sampai saat ini masih dijumpai berbagai masalah dalam hal perencanaan, pengadaan dan pendayagunaannya.

Bertitik tolak dari permasalahan tersebut, peneliti mencoba untuk memberi masukan dengan membuat Rancangan Pengembangan Sistem Informasi Manajemen Dokter PTT, untuk mendukung penanganan manajemen Dokter PTT yang berbasis komputer. Diharapkan dengan sistem berbasis komputer ini data / informasi Dokter PTT dapat akurat di setiap jenjang administrasi.

Ruang lingkup yang diteliti mengenai SIM-Dokter PTT mencakup identifikasi informasi, pengumpulan data. Penelitian dilakukan dengan observasi dan wawancara mendalam, melalui pengumpulan data sekunder dan observasi lapangan. Temuan yang paling menonjol adalah: prosedur dan mekanisme pengumpulan data belum ada yang baku, instrumen / alat pengumpulan data belum standar, tidak adanya laporan dari Kabupaten ke Propinsi, kemudian dari Propinsi ke Pusat, serta tidak terdokumentasinya dokumen / data dengan baik.

Disarankan agar dilakukan upaya-upaya untuk terlaksananya koordinasi yang baik antara unit pengelola manajemen Dokter PTT yang terkait, baik lintas program maupun lintas sektor. Dengan demikian diharapkan akan diperoleh kesamaan persepsi tentang SIM Dokter PTT, khususnya mengenai manfaat bagi penanganan manajemen Dokter PTT di jajaran Departemen Kesehatan RI.

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Designing of Management Information System Referral Development for - Medical Doctor as Temporary Public Servant
The success of health development program is very much determined by the availability of the qualified medical workers in its numbers and types of working specialization according to the needs of the program. After the Zero growth was being implemented by the government, this policy has widen the gap in fulfilling the needs of medical workers for the isolated places and the very isolated, one, especially

for the region of the Eastern part of Indonesia.

To assure the availability of the medical workers in its proper numbers for the needs of the program, the Department of Health through its official regulation of 1991 NO. 37 - Keppres NO. 37 th. 1991 - Had released the policy to appoint the Doctor as Temporary Public Servant due to their assignment period of working.

Although the Department of Health has assigned about 20.682 of Medical Doctors as Temporary Public Servant all over the country (Indonesia) but in reality it shows that until now there are still many problems about the planning, providing, and the using of their works effectively.

Based on that problem, the writer is trying to give some informative solution on designing of Management Information System Referral Development for the Medical Doctor as Non-Permanent Public Servant in order to support the working on management of the medical doctor as non-permanent public servant which is mainly relied on computer. Through this system that focused more on computer, it can serve more accurate data of information of M.D. as T.P.S in every level of administration.

The scope of the study on this topic (M.D. as T.P.S) includes the identification and observation, through the collection of the secondary data and field observation. Findings pointed out mainly that the procedure and the mechanism of the data collection have not been set properly, while the instrument/the tools of data collection has not been standardized, and there has not been report from the District to the Province then from the Province to the Central, also the document / data has not been documented well.

It is suggested to have some good coordination among the operator units of management of M.D. as T.P. S concerned, either through interprogram or inter sectoral. In that way, it will have the same perception on. particularly about.