

Pengembangan sistem informasi kesehatan tentang pengobatan rasional di puskesmas di Kabupaten Cirebon

Josephat Suwanta Sinarya, author

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Abstrak

Pengobatan rasional di Puskesmas telah diupayakan sejak dikeluarkannya buku pedoman pengobatan dasar di Puskesmas dan buku pedoman pembinaan pengobatan rasional di Puskesmas. Tetapi pada pelaksanaannya di lapangan tidak dapat dilaksanakan dengan baik sesuai prosedur yang telah ditentukan yang ditandai dengan sedikitnya informasi tentang tingkat rasionalitas pengobatan di Puskesmas. Hal ini disebabkan Dinas Kesehatan Kabupaten belum lengkap memperoleh data tentang rasionalitas pengobatan di Puskesmas, karena data tentang rasionalitas pengobatan di Puskesmas yang perlu diumpan balik kepada Puskesmas belum dapat diperoleh secara berkala dan tepat waktu karena keterbatasan kemampuan petugas pembina di Dinas Kesehatan Kabupaten, banyaknya form yang harus diisi, pengolahan data secara manual dan belum adanya koordinasi lintas program yang memadai.

Studi ini merancang suatu model pengembangan Sistem Informasi Kesehatan tentang Pengobatan Rasional di Puskesmas (SIKPRP) dengan analisis kesesuaian dengan menggunakan program aplikasi Epi Info dan Epi Map di Kabupaten Cirebon. Program aplikasi yang telah siap pakai akan memudahkan petugas dalam pemasukan data, pengolahan dan penyajian hasil analisis data yang dibuat dengan tampilan peta wilayah. Tahapan pengembangan sistem SIKPRP di Kabupaten Cirebon terdiri dari penelitian awal, analisis sistem, desain sistem dan pengembangan sistem. Tahap selanjutnya adalah uji coba sistem, tetapi tidak dilakukan dalam penelitian ini karena keterbatasan waktu. Uji coba direncanakan di beberapa DT II agar diperoleh gambaran tentang penerapan sistem yang baru ini dan kemudian diharapkan sistem ini dapat diterapkan di semua DT II.

Since the base therapy and the creative rational manual have been published, the therapy in a local government clinic has been strove for good therapy. But the field implementation cannot be brought about well in accordance to the determined procedure that is lack of information about rational degree of therapy in a local government clinic (PUSKESMAS). It is because, the Regional Health Department has no such complete data on rational therapy (rational use of drugs) done in a PUSKESMAS in where the rational use-of drugs data must be feed back to the PUSKESMAS has not been got regularly and punctually.

The reasons are the field officer's incapability, many kinds of forms to be filled in, manual data processing and the coordination of crossed program are not satisfactory.

This study creates a model of a developed Health Information System about rational use of drugs in a PUSKESMAS (SIKPRP) using appropriate analysis application EPI INFO and EPI MAP program in Cirebon Regency. This ready for use application program will help officers enter and process the data easily and present the analyzed data in a regional map display.

The developing phase SIKPRP System in Cirebon Regency consists of a beginning research, analyzed system, and developing system. The next phase is a try-out system, but it has not been done in this research because of lack of time. The trial will be done in some regency in order to get a picture of applying this new system and then, this system is hopefully to be able to be applied in all regency in Indonesia.

Development in Health Information System on Rational Therapy in a Local Government Clinic In Cirebon Regency Since the base therapy and the creative rational manual have been published, the therapy in a local government clinic has been strove for good therapy. But the field implementation cannot be brought about well in accordance to the determined procedure that is lack of information about rational degree of therapy in a local government clinic (PUSKESMAS). It is because, the Regional Health Department has no such complete data on rational therapy (rational use of drugs) done in a PUSKESMAS in where the rational use-of drugs data must be feed back to the PUSKESMAS has not been got regularly and punctually. The reasons are the field officer's incapability, many kinds of forms to be filled in, manual data processing and the coordination of crossed program are not satisfactory.

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