

Pengembangan sistem pengendalian infeksi nosokomial pada pelaksanaan surveilans ILO SMF bedah Rumah Sakit Umum Gunung Jati kodya Cirebon

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Abstrak

Masalah utama yang diteliti adalah pelaksanaaunsurveilans ILO SMF Bedah RSU Gunung Jati Kodya Cirebon dengan studi banding 4 RSU di Jawa Timur (RSU Dr. Soetomo Surabaya, RSU Dr. Syaiful Anwar Malang, RSU Dr. Subandi Jember. RSU Dr. Soedono Madiun) dan ruang lingkupnya tentang : Struktur Organisasi. Partisipasi seluruh Staf, Metode Surveilans, Sistim Pencatatan dan Pelaporan, Sistim Pendidikan date Latihan.

Metode yang digunakan Wawancara, Kuisener (Delphi Sistem), Suivei (observasi langsung), Pengambilan data sekunder. Hasil yang diperoleh : 1 RSU berhasil baik sekali. 3 RSU berhasil cukup, dan 1 RSU berhasil kurang.

Kesimpulan : Pertama, Pelaksanaan surveilans ILO masing-masing rumah sakit yang diteliti telah melaksanakan dengan baik, hanya masih diperlukan penyempurnaan/pengembangan program PIN lebih lanjut sesuai dengan sumber daya masing-masing rumalt sakit. Kedua, Pelaksanaan surveilans dipengaruhi 5 faktor yang diteliti Ketiga, diperlukan metode pengeutbangan program tersebut.

Saran : Pertama, untuk RSU yang menjadi fokus penelitian dukungan pimpinan rumah sakit ditingkat lagi untuk menentukan motor penggerak kegiatan- pembentukan GKM. Dan mengaktifkan surveilans selektif : Kedua, Penggunaan komputer untuk kecepatan, kctepatan, dan akurasi data.

<hr><i>The main subject observed is the surveillance implementation of surgery IL() SMF of Gluing Jati Hospital District Cirebon with comparative study in 4 general hospitals in East Java (Dr. Sotomo Hospital Surabaya, Dr. Syaiful Anwar Hospital Malang. Dr. Subandi Hospital Jember, Dr. Sudono Hospital Madiun) and with the scopes as follows:

organization structure, all staff participation, surveillance method, recording and reporting system, education and training system.

The methods use are : interview, questionnaire (Delphi system).survey (direct observation), secondary data taking. The result is : I hospital is very good. 3 hospital are fair, and 1 hospital is bad.

Conclusion are : First, the implementation of ILO surveillance in the hospitals observed is mostly well done, but it is still needed to be developed and perfected based on resources or facilities available in each hospital; second the surveillance implementation is influenced by 5 factors observed ; third, the method of program development is needed.

Suggestions are : First, for the hospital where the observation focuses on, the hospital head's support is more

improved to decide moving force behind the activities, GKM establishment, and to activate selective surveillance ; second , the use of computer for the save of speed , efficiency and data accuracy.</i>