

A QUALITATIVE STUDY ON THE MANAGEMENT INFORMATION SYSTEM, PRIMARY CARE, AND BRIDGING DATA SYSTEM AT COMMUNITY HEALTH CENTER IN SUKOHARJO DISTRICT

Agung Kurniawan¹⁾, Didik Tamtomo²⁾, Bhisma Murti¹⁾

¹⁾Masters Program in Public Health, Universitas Sebelas Maret

²⁾Faculty of Medicine, Universitas Sebelas Maret

ABSTRACT

Background: In the 21st century, health information and data is asserting itself as the equally important counterpart to the more physical aspects of medicine. It's still a developing field, but people interested in health and wellness should be aware of the fact that it has already had a significant impact on the healthcare industry and is only gaining momentum as its full usefulness becomes clear. Community health center management information system or often referred to as SIMPUS is a local health system aimed at providing health information at primary health care level. Primary Care (P Care) application is an information system that is designed to serve BPJS patients. The bridging system links SIMPUS with P care application. These three systems have been used in all puskesmas in Sukoharjo district since 2017. This study aimed to evaluate the implementation of community health center management information system, Primary Care, and bridging data system, in Sukoharjo District, Central Java.

Subjects and Method: This was a qualitative study conducted in Sukoharjo, Kartasura, Bendosari, Mojolaban community health centers, in Sukoharjo District, Central Java, from October to December 2017. Four community health centers were selected randomly from 13 community health centers in Sukoharjo. The dependent variables were information service, performance, efficiency, and security. The independent variable was health information system (SIMPUS, P care, and bridging system). The data were collected by in-depth interview, direct observation, and document review. Data credibility was checked by triangulation.

Results: Three health information systems (SIMPUS, P care, and bridging system) have been implemented in Sukoharjo District. However, their performance is yet to be improved. Loading time was lengthy and error often occurred. Patients often complained of the lengthy service. Some items in the information system form were left blank. Data entry occasionally was inconsistent with examination outcome. Security system of the health information existed, but sometimes unauthorized individuals can access and use that information. There was a lack of human resources and hardware. The health information system had not met the information need.

Conclusion: SIMPUS, P care, and bridging system have been implemented in Sukoharjo District. However, their performance is yet to be improved. Some obstacles have yet to be resolved.

Keywords: evaluation, SIMPUS, P care application, bridging system

Correspondence:

Agung Kurniawan. Masters Program of Public Health, Jl. Ir. Sutami No. 36A Surakarta 57126, Jawa Tengah. E-mail: agungkurniawan991@gmail.com.

Mobile: +6285257292206.