



APPLICATION OF HOME VISIT RECORDING AND REPORTING SYSTEMS FOR VULNERABLE FAMILY FOR HEALTH NURSES IN INDRAMAYU REGENCY PUBLIC HEALTH CENTRE

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ABSTRACTS

The partner's problem discussed in the program community service is about less than the maximum recording and reporting of home visit activities for vulnerable families in the area of the Indramayu district health center area.. The problems that always happen are that there is No. enough time that causes no recording and report system effectiveness. In addition, there are not enough human resources. The rapid rotation and shifting of nurses' duties so that nurses' comprehension of health facilities has not been maximized cause an impact on attainment of the target of home visits for vulnerable families under the predetermined target.

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1. INTRODUCTION

Providing proper and good health services to the community is one of the responsibilities of an institution or health institution, whether it is a hospital, community health center (Puskesmas), or other institutions (Keputusan MENKES RI, 2006). One of the most critical processes in giving the health service is nursing the patient. Puskesmas is part of integral from basic health service that healed by the public health center (Nurianto, 2020). Public health care is held by a focus on the effort of essential health services. The implementation of public health care aims to increase the community's independence who handle the health problems they face so that those optimal health degrees can be achieved.

With the development of public health, it is hoped that health-prone families will receive home visits and health coaching by health workers through community health activities (Setiadi, 2019). The main focus of Perkesmas is on health-prone families, namely vulnerable low-income families and high-risk families (Riskseddas, 2013). Families who do not receive health services are a social and economic burden and can harm other communities.

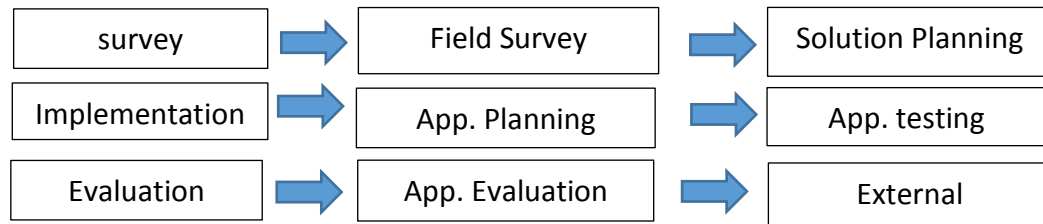
The government responsible for protecting the people's health and giving access to health services, especially for low-income families with an obstacle to reaching health services (FRIEDMAN, Marilyn M., BOWDEN, Vicky R., JONES, 2010). This vulnerable population has become one part of the target program of Perkesmas in the center of a public health clinic. Based on the research of (Tafwidhah, Nurachmah, & Hariyati, 2012), the implementation of Perkesmas activities, for the most part, did not work, such as; early detection, health education, counseling, basic health care, and referral to the nearest health service.

The Indramayu District Health Office has 49 health centers spread throughout the Indramayu district; each health center has many vulnerable families, In 2019, there are 6,545 vulnerable families needing treatment from Perkesmas services (Dinas Kesehatan Kabupaten Indramayu, 2018). Indeed, it must be supported by health care nurses and an effective recording and reporting system so that the achievement target of work visits will be achieved optimally.

Based on the terms of reference of activities in the Health Service Sector, the Primary and Traditional Health Services in the sections of the Indramayu district health, have some problems are often faced by the Public Health Centers in the 49 Health Centers. Those are the showing several obstacles, but not all elements that include in the Puskesmas comprehension of the program, it was happened due to the placement of personnel. The rotation is too fast, which caused the person in charge of the Public Health Service not to work optimally; the Team/Cross Program at the Puskesmas has also not fully cooperated. So that, the Perkesmas program has not been running correctly, including home visits for vulnerable families; this is due to inadequate human resources compared to the number of vulnerable families in the area.

2. METHODS

The implementation of methods is an essential reference for the process in this community service program can proceed systematically, structured, and narrowed. after the process of observation and identification of the problem, we will do solution planning (Direktorat, 2018). The following solution that is already prepared will be offered to the partner. The methods that we used in this program are showing in this diagram.



Picture 1

Program Implementation Method

Survey

In the survey phase, the proposer visits the partner site to conduct a field review and review the recording and reporting system. In addition, monitoring and evaluation of home visits for vulnerable families conducted by health care nurses at the Puskesmas were also carried out. This monitoring and evaluation are aimed to identify obstacles or problems that arise. A common obstacle to the record and report system is the lack of nurses to carry out home visits to vulnerable families. This is will because delays in achieving the target of home visits to vulnerable families will ultimately lead to delays in recording and reporting.

Implementation

After the mapping process is completed, the next stage is the implementation of PKM. This stage begins with introducing the program to PKM partners to understand the series of activities and plans that the PKM Team has made. The next step is the process of making a Home Visit Recording and Reporting System Application for vulnerable families, with reference to the latest nursing care standards from PPNI (Tim Pokja SDKI DPP PPNI, 2018), then socialization and the adjustment process, and if necessary, existing applications and systems will be redeveloped.

Evaluation

In order for the implementation of PKM to be run well, this activity is evaluated to achieve the set output targets. The evaluation results will become a new strategy and plan in which it will be rearranged and implemented. After the application has been formed, the socialized and training will be carried out to health care nurses in the Puskesmas, implemented and monitored, and evaluated with partners located in the Indramayu District Health Office.

3. RESULTS AND DISCUSSION

The application for recording and reporting home visits to vulnerable families is KULAWAN (Visiting Homes for Vulnerable Families). There are three users from the application; first, the Health Office (partners), partners can oversee the visit activities report carried out by nurses in every Puskesmas in Indramayu district (49 Puskesmas). The second user is the health care coordinator as an admin at the Puskesmas level who will oversee which families that nurse has visited, The nurse can also can see the nurse's home visit results as report material, which will be forwarded to the Partner (Health Department). The third user is the implementing nurse at the Puskesmas who will make home visits to vulnerable families in the work area of the Puskesmas where the nurses work.


Login

Access to the built application is limited; therefore, the main page asks to enter the username, password and check the captcha that makes a statement *I am not a robot* then press the enter button.



Username:

Password:

Saya bukan robot 
reCAPTCHA
Privasi • Persyaratan


MASUK

The Health Service account level will be provided directly by the application development team. After successfully verifying (login), the system will display several menus on the main page as follows:



Website Setting

The information related to application profiles can be managed on this page. About how to use it, users can use the following methods:

- 1) Click menu 
- 2) Setting -> Website

Website	
NAMA:	KULAWAN
TITLE WEBSITE:	Kunjungan Keluarga Rawan
DESKRIPSI WEBSITE:	Kunjungan Keluarga Rawan Perawat Puskesmas
DOMAIN:	kulawan.polindra.ac.id
ALAMAT:	Jl. Raya Lohbener Lama No. 08 Indramayu 45252
EMAIL:	info@polindra.ac.id
TELP.:	(0234) 5746464

Logo: Tidak ada file yang dipilih


The feature which appeared on these pages:

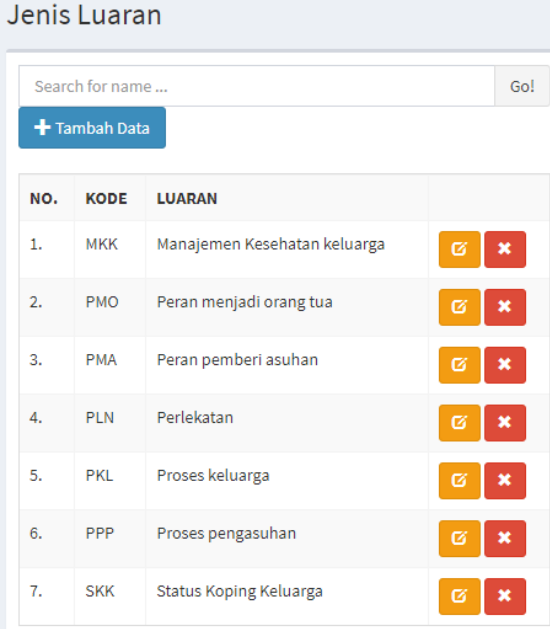
- Changes Name
- Changes title
- Changes the description
- Changes the address
- Changes the phone number
- Changes the Logo















Using this app is only to complete the form provided, then press the button to submit.

External Type Setting

The type of external data can be saved on this page for a relation in the problem table. It should be noted that if the data is deleted, it will impact the problem table, output criteria, diagnoses, and output reports. To enter this page, do the following:

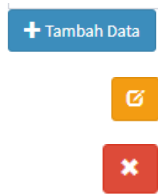
- 1) Click The Menu 
- 2) Setting -> External Type



NO.	KODE	LUARAN	
1.	MKK	Manajemen Kesehatan keluarga	 
2.	PMO	Peran menjadi orang tua	 
3.	PMA	Peran pemberi asuhan	 
4.	PLN	Perlekatan	 
5.	PKL	Proses keluarga	 
6.	PPP	Proses pengasuhan	 
7.	SKK	Status Koping Keluarga	 

Description :

The way to enter the code is to use capital letters and not be more than 3 (three) characters.



Button to add the data

Button to change the data

Button to remove the data

External Criteria Settings

This page is used to process questionnaires or questions related to the outcomes obtained.

The way to do that is only to press the plus (+) button on the outside like this:

Kriteria Luaran

NO.	LUARAN	
1.	Manajemen Kesehatan keluarga	+
2.	Peran menjadi orang tua	+
3.	Peran pemberi asuhan	+
4.	Perlekatan	+
5.	Proses keluarga	+
6.	Proses pengasuhan	+
7.	Status Koping Keluarga	+

Kriteria Luaran

Luaran: Manajemen Kesehatan keluarga + Tambah Data

NO.	KRITERIA LUARAN	JENIS JAWABAN		
1.	Kemampuan menjelaskan masalah Kesehatan yang dialami	MENURUN	↻	✖
2.	Aktivitas keluarga mengatasi masalah Kesehatan tepat	MENURUN	↻	✖
3.	Tindakan untuk mengurangi factor resiko	MENURUN	↻	✖
4.	Verbalisasi kesulitan menjalankan perawatan yang ditetapkan	MENINGKAT	↻	✖
5.	Gejala penyakit anggota keluarga	MENINGKAT	↻	✖

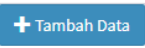
Kembali

The Description :

The way to enter the type of answer is there are three choices with the (Value)

Answer format

- (1) Menurun, (2) Cukup Menurun, (3) Sedang, (4) Cukup Meningkat, (5) Meningkat
- (1) Meningkat, (2) Cukup Meningkat, (3) Sedang, (4) Cukup Menurun, (5) Menurun
- (1) Memburuk, (2) Cukup Memburuk, (3) Sedang, (4) Cukup Membaik, (5) Membaik



Button to add the data



Button to change the data



Button to change the data

Problem Setting



The essential business of the KULAWAN application is found on the problem page, where is the problem of data becomes the basis for carrying out family healthcare diagnoses by nurses (PPNI, 2019). The data facilitated by this page are as follows:

Database Masalah kulawan.polindra.ac.id Home → Kuesioner

Go! + Tambah Data

NO.	KODE	MASALAH	PENYEBAB	GEJALA	INTERVENSI	LUARAN	
1.	0090	Kesiapan Peningkatan Koping Keluarga	-	1. Anggota keluarga menetapkan tujuan untuk meningkatkan gaya hidup sehat 2. Anggota keluarga menetapkan sasaran untuk meningkatkan Kesehatan	1. Dukungan koping keluarga 2. Pelibatan keluarga 3. Promosi koping	Status Koping Keluarga	+ ✎ ✖
2.	0093	Ketidakmampuan Koping Keluarga	1. Hubungan keluarga ambivalen (kurang menyenangkan) 2. Pola koping yang berbeda diantara klien dan orang terdekat. 3. Resistensi keluarga terhadap perawatan/pengobatan yang kompleks 4. Ketidakmampuan orang terdekat mengungkapkan perasaan	1. Merasa diabaikan 2. Tidak memenuhi kebutuhan anggota keluarga 3. Tidak toleran 4. Mengabaikan anggota keluarga	1. Dukungan koping keluarga 2. Promosi koping	Status Koping Keluarga	+ ✎ ✖

Used the button to add the new problem data such as:

- Code : 3 digits for maximum number
- Kind of problem : Name of problem
- Caused : The list about which one that caused the problem, by using  to add Number. If the data is zero, used the symbol (-).
- Intervention : The list of intervention problem, by using  to add the number. If the data is zero, used the symbo (-).
- External : Select the external form that available, if it not, return to the external settings menu.

Next, click the **submit** button to save the data.

After that, enter the kind of the symptoms on problem list that has saved earlier by pressing the plus (+) button, and it will display as follows:

The writing of NUMBER is not allowed to use dots; for example, for number one, users are only allowed to write by the sign 1. Then enter the type of symptom users want and finally press the submit button to save it. If there is an error happened in the process of input the symptom list, then please click the blue symptom link as follows:

NOMOR:

JENIS GEJALA :

Press the **Back** button, if there is no the changes of data

Press the **Update** button to change data











Press the **Erase** button to remove the data

The Puskesmas Setting

[+ Tambah Data](#)

Show entries

Search:

NO.	KODE	NAMA PUSKES	ALAMAT	
1.	1030952	PUSKESMAS ANJATAN	Jl. Raya Anjatan Utara No. 3 Desa Anjatan Utara Kec. Anjatan	 
2.	1030940	PUSKESMAS BABADAN	Jl. Mayor Dasuki Desa Babadan Kec. Sindang	 
3.	1030936	PUSKESMAS BALONGAN	Jl. Raya Balongan No. 20 Kec. Balongan	 
4.	1030919	PUSKESMAS BANGODUA	Jl. Raya Tegal Girang, Kec. Bangodua	 
5.	1030950	PUSKESMAS BONGAS	Jl. Raya Gebang-Mampang Margamulya Kec. Bongas	 

Administration Setting

[+ Tambah Data](#)

Show entries

Search:

NO.	USERNAME	NAMA LENGKAP	HP/WA	EMAIL
1	perawat2	perawat2	0	
2	puskesanjatan	puskes anjatan	345678	
3	perawat1	Perawat 1	2147483647	shjshdf@fsfs.com

Change The Password

PASSWORD kulawan.polindra.ac.id

Home > Setting

PASSWORD LAMA:
Please insert text..

PASSWORD BARU:
Please insert text..

ULANGI PASSWORD BARU:
Please insert text..

Update

Family Bio

KULAWAN

Biodata Keluarga

Show 10 entries

Search:

NO.	NIK	NAMA	PUSKESMAS	TGL LAHIR	PENDIDIKAN
No data available in table					

Showing 0 to 0 of 0 entries

Previous Next

External Report

KULAWAN

Laporan Hasil Luaran

Show 10 entries

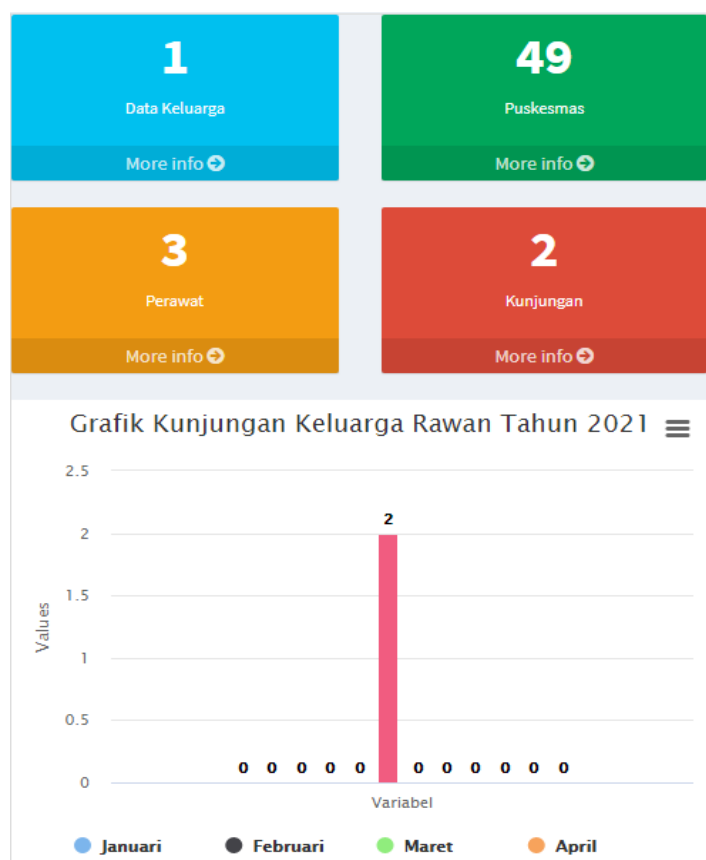
Search:

NO.	TANGGAL	NIK	NAMA	PUSKESMAS	KE
No data available in table					

Showing 0 to 0 of 0 entries


Previous Next

Statistics



Exit

Has the aim to lock the application, so that when you open it will ask to enter the username and password again. The method is as follows:

- 1) Click the menu 
- 2) Exit

The explanation which related to the result of PKM will be clarified on the discussion below: Recording and reporting system application of home visits on vulnerable families (KULAWAN) has been socialized to the partner in community service (Indramayu District Health Office). Partners agree to use this application in the PERKESMAS recording and reporting program in all Puskesmas partnered. KULAWAN also has been traded to 49 Community Health Coordinators who attend the Public Health Coordination Meeting at the Indramayu District Health Office. The application to record and report home visits for vulnerable families has been completed, which is named of the KULAWAN application (Visiting Homes for Vulnerable Families), will be registered with the Office of

Communication and Information Technology of Indramayu Regency with the address "kulawan.indramayukab.go.id." The internet of things-based application implemented at the puskesmas really helps it achieve the performance target of the puskesmas in making the community healthy

4. CONCLUSION

The application of recording and reporting home visits for vulnerable families has been completed, named the KULAWAN application (Visiting Homes for Vulnerable Families). This application is testing and preparation to be implemented by partners, which is called the Indramayu District Health Office. The application of (KULAWAN) has been socialized to partners in this community service (Indramayu District Health Office). Partners agree to use this application in the PERKESMAS recording and reporting program in all Community Health Centers, which are partner-guided.

KULAWAN has been trained to 49 Community Health Coordinators who attend the Public Health Coordination Meeting at the Indramayu District Health Office.

No matter how sophisticated the application has been made, if it is not used correctly, such as monitoring, then the application is useless. Socialization, the oversee, and evaluation when this application is used must be carried out continuously, so this application can assist PERKESMAS nurses in recording and reporting home visit activities for vulnerable families.

5. REFERENCES

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