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

Nengsih Yulianingsih*, Priyanto1, Nurohmat1
1Polindra, Indonesia
Correspondence E-mail: yulianikodim@polindra.ac.id

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.

ARTICLE INFO
Article History:
Received 1 July 2021
Revised 20 Sept 2021
Accepted 20 October 2021
Available online 31 October 2021

Keyword:
Application, Recording and reporting system, vulnerable family

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. Perkesmas is part of the 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 (Risksedas, 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.

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 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.
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
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

Description:

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

The Description:
The way to enter the type of answer is there are three choices with the (Value) Answer format
Problem Setting

The essential business of the KULAWAN application is found on the problem page, where 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:

<table>
<thead>
<tr>
<th>NO.</th>
<th>CODE</th>
<th>MASALAH</th>
<th>PENYEBAB</th>
<th>GEJALA</th>
<th>INTERVENSI</th>
<th>LUARAN</th>
</tr>
</thead>
</table>

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 \[\text{to add Number. If the data is zero, used the symbol (\text{)})}\.
- Intervention: The list of intervention problem, by using \[\text{to add the number. If the data is zero, used the symbol (\text{)})}\.
- 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:
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

<table>
<thead>
<tr>
<th>NO.</th>
<th>KODE</th>
<th>NAMA PUSKES</th>
<th>ALAMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1030052</td>
<td>PUSKESMAS ANJATAN</td>
<td>Jl. Raya Anjatan Utara No. 3 Desa Anjatan Utara Kec. Anjatan</td>
</tr>
<tr>
<td>2</td>
<td>1030060</td>
<td>PUSKESMAS BABADAN</td>
<td>Jl. Mayor Dasuki Desa Babadatan Kec. Sindang</td>
</tr>
<tr>
<td>3</td>
<td>1030036</td>
<td>PUSKESMAS BALONGAN</td>
<td>Jl. Raya Balongan No. 20 Kec. Balongan</td>
</tr>
<tr>
<td>4</td>
<td>10300919</td>
<td>PUSKESMAS BANGGUJA</td>
<td>Jl. Raya Tegal Girang, Kec. Banggulua</td>
</tr>
<tr>
<td>5</td>
<td>10300950</td>
<td>PUSKESMAS BONGAS</td>
<td>Jl. Raya Cebang-Mampang Margamulya Kec. Bongas</td>
</tr>
</tbody>
</table>

Administration Setting

<table>
<thead>
<tr>
<th>NO.</th>
<th>USERNAME</th>
<th>NAMA LENGKAP</th>
<th>MNPW</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>perawat2</td>
<td>perawat2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>puskesanjatan</td>
<td>puskes anjatan</td>
<td>345678</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>perawat1</td>
<td>Perawat 1</td>
<td>2147453647</td>
<td><a href="mailto:shjshf@fsfs.com">shjshf@fsfs.com</a></td>
</tr>
</tbody>
</table>
Change The Password

Family Bio

External Report
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


