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Implementation of Simpuskesmas to Improving Medical Record Services in Kalisongo Puskesmas

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Abstract: *Puskesmas is a first-level health service facility provided by the government, with the aim of providing health services to all levels of society. Puskesmas need to continue to make various efforts in order to improve the quality of services, to meet the needs of good and quality health services to the community. One of the things that the puskesmas did in this effort was to implement the Puskesmas Management System (SIMPUS) program to support the implementation of medical records and health information. This system seeks to provide satisfaction to the community in terms of speed, accuracy, and service accountability. This study aims to look at the conditions of the implementation of the puskesmas management information system as the implementation of e- governance and to see the supporting and inhibiting factors. The method used is a qualitative approach with data collection techniques through interviews, observation, and documentation.*

INTRODUCTION

The Community Health Center (Puskesmas) is the executive body responsible for

implementing first-rate health initiatives in its business area and helping to provide superior service to the community. The 1945 Constitution states that health is an aspect of human rights and is subject to Article 28H Paragraph 1 of the 1945 Constitution. You have the right to health services. As a leading health service provider, Puskesmas is committed to providing maximum service to the community.

Health centers have dual authority in carrying out their duties, one of which is the administration of medical records based on Regulation 75 of the Ministry of Health 2014. Medical records are documents that contain notes and reports related to the patient's personality, assessment, treatment, strategy, and various administrations given to patients. Efforts to determine the quality of medical services include the availability of accurate data or information, commonly referred to as medical records. Medical records related to the quality of medical services come from aspects of management, documentary, finance, education, research, and law. As a result, the medical records department requires expert administration to provide high quality data that can be used to provide outstanding medical services and serve as a basis for administrative decision making.

The Puskesmas Management Information System (SIMPUS) is a project that aims to assist puskesmas in providing medical record and information services. SIMPUS is an arrangement to support the decision-making process in the management of Pushesmas by providing information to achieve activity objectives (Permenkes No. 31 of 2019). Through an integrated data acquisition and reporting system.

The Puskesmas Management Information System (SIMPUS) consists of interconnected components, all of which must meet the certification criteria for SIMPUS to function. Problems related to one component can affect the entire management process and the results achieved. The impacts faced usually include the slow flow of patient data and the slow effectiveness of services. Therefore, the information sent to the health office becomes useless if it is sent too late. Meanwhile, Public Health Centers require complete, accurate and timely information as a basis for decision making.

Above background, the researcher is interested in conducting a study entitled "Implementation of Simpuskesmas to Improving Medical Record Services at the Kalisongo Health Center". By recording data on patients who visit the Puskesmas, the aim is to find out whether the Puskesmas has implemented SIMPUS to provide services.

METHOD

The research method used in this study is a qualitative approach with a descriptive method. This approach aims to understand the phenomena experienced by research subjects, including behavior, perception, and motivation. Data in this study were collected through observations, interviews, and documentation.

First, observations were conducted to examine the mechanism of SIMPUS utilization at the Kalisongo Health Center by directly observing officers as they input data. Second, interviews were carried out with informants to obtain accurate and relevant data. In this study, the researcher interviewed one key informant, Mrs. Yuyun

Kurniawati, who serves as the Head of the Kalisongo Health Center. Third, documentation studies were undertaken to strengthen the analysis related to the use of SIMPUS at the health center.

This study employed a purposive sampling technique to determine the appropriate informant. Purposive sampling is conducted by selecting individuals according to predetermined criteria and research needs. Based on this technique, the researcher selected Mrs. Yuyun Kurniawati as the primary resource person because her position as the Head of the Kalisongo Health Center enables her to provide comprehensive information regarding the operation of SIMPUS at the facility.

FINDINGS AND DISCUSSION

Findings

The results of this study were obtained through data collection using in-depth interviews conducted by the researcher on April 27, 2022, in Kalisongo Village, Malang Regency, East Java. The key informant interviewed was Mrs. Yuyun Kurniawati, Head of the Kalisongo Health Center. The following is a description of the research findings obtained from the informant at the Kalisongo Health Center:

1. Number of Personnel at the Kalisongo Health Center

   The Kalisongo Health Center does not have professional staff assigned specifically as SIMPUS data input operators. Personnel available include paramedics, one midwife, and one nurse. Thus, SIMPUS operations are not handled by dedicated system operators.

2. SIMPUS Standard Operating Procedure (SOP)

   The SOP related to SIMPUS implementation is prepared by the Parent Health Center (Puskesmas Induk) in Dau District. The Kalisongo Health Center functions only as the implementer. As a result, SIMPUS activities have not been carried out optimally due to the absence of an internal SIMPUS SOP at the Kalisongo Health Center.

3. Administrative System Changes During the COVID-19 Pandemic

   There were no changes to the administrative mechanism during the COVID-19 pandemic. Standard procedures continued to be implemented as before, although visitors were required to comply with applicable health protocols. Patients suspected of COVID-19 were referred to the Parent Health Center in Dau District for treatment.

4. Data Entry Mechanism in SIMPUS Implementation

   Data entry related to SIMPUS is carried out once a month by compiling monthly medical record reports covering patient identity information, diagnostic examinations, treatments, and medical procedures. Data are first input into medical record forms and later submitted to the Parent Health Center in Dau District before being forwarded to the Malang District Health Office.

5. Constraints in SIMPUS Implementation

   Constraints experienced include frequent miscommunication regarding the required reporting format. This occurs due to the absence of trained SIMPUS operators, causing frequent data input errors. Personnel with various educational backgrounds prefer manual note-taking instead of computer-based data entry.

6. Types of Data Storage

   Patient data at the Kalisongo Health Center consist of BPJS and general patient categories. Data records are stored using traditional administrative tools such as patient registration books, prescription books, drug inventory books, and related documents.

Interviews conducted with the Head of the Kalisongo Health Center revealed that the facility does not have SIMPUS operator personnel. Existing staff consist only of one midwife and one nurse; therefore, SIMPUS implementation is not optimal. Although SOPs for SIMPUS are established by the Parent Health Center, the Kalisongo Health Center only acts as an executor. There were no administrative changes during the COVID-19 pandemic; however, suspected COVID-19 patients were referred to the Parent Health Center. Several obstacles were identified, particularly in human resources. With only two personnel who handle multiple responsibilities, miscommunication frequently occurs in medical record data input. Manual recording methods are preferred, and reports are submitted to the Parent Health Center for subsequent reporting to the Malang District Health Office. Data storage includes various records such as BPJS and general patient categories, managed using registry books, prescription books, drug inventory books, and similar documents.

Discussion

Puskesmas (Community Health Centers) are health service facilities responsible for organizing community health initiatives. They serve as the primary providers of health services, supported by a health management information system (SIMPUS), adequate human resources, and supporting tools.

The findings indicate that SIMPUS is used to collect and input data through a computerized system. However, the implementation of SIMPUS at the Kalisongo Health Center has not been effective due to limited support in terms of infrastructure and personnel. This condition leads to inaccurate data outputs that frequently do not reflect actual conditions in the field.

The effectiveness of SIMPUS is influenced by multiple factors. The first is coordination, in which all individuals within the health center must cooperate according to their respective roles. Second, employee capability is crucial because human resources serve as the primary operational element. The study shows that Kalisongo Health Center lacks trained personnel to manage SIMPUS. Without skilled operators, SIMPUS cannot function effectively. Therefore, competent human resource management is necessary to improve staff capacity in performing SIMPUS-related tasks. The obstacles to SIMPUS implementation at the Kalisongo Health Center are as follows:

a. Officer Behavior
Officers input only one type of drug data into SIMPUS, whereas all prescribed drugs should be recorded. This causes delays in reporting to the Malang District Health Office.

b. Human Resources
The health center lacks qualified SIMPUS operators. Training related to SIMPUS has been limited, and personnel have diverse educational backgrounds, affecting data processing consistency.

c. Facilities
Problems related to electricity and unstable internet connectivity hinder SIMPUS data submissions. Damaged computer monitors also disrupt SIMPUS operations and result in delayed report processing.

d. System Software
Software-related problems frequently occur, such as errors in inputting patient data. When referral is needed, patient data may not be accessible due to system issues.

Conclusion

Based on the results of the study regarding the implementation of the Puskesmas Management Information System (SIMPUS) in improving medical record services at the Kalisongo Health Center, it can be concluded that the application of SIMPUS has not been carried out optimally. The Kalisongo Health Center does not have professional personnel dedicated to managing SIMPUS; instead, data input is conducted by a midwife and a nurse whose main duties are outside of information management. This lack of qualified human resources results in inconsistent data entry, frequent errors, and a tendency to rely on

manual recording rather than computerized processing.

In addition, the absence of an internal SIMPUS Standard Operating Procedure (SOP) at the Kalisongo Health Center contributes to the ineffective implementation of the system. Although SOPs are provided by the Parent Health Center in Dau District, the lack of local operational guidelines weakens implementation. Administrative procedures did not change during the COVID-19 pandemic, except for the application of health protocols and referral of suspected cases to the Parent Health Center.

The procedure for entering medical record data into SIMPUS is carried out only once a month and must go through the Parent Health Center before being submitted to the Malang District Health Office. This multi-layered reporting flow results in delays that reduce the usefulness of the information for timely decision-making. Problems are also found in the supporting facilities, including unstable electricity supply, limited internet connectivity, and damaged computer equipment, which further hinder the SIMPUS data management process.

Software issues such as difficulty accessing patient data, especially referral cases, also disrupt SIMPUS performance. Meanwhile, data storage still heavily relies on physical documentation such as registration books, prescription books, and drug inventory records, indicating that digitization has not been fully implemented.

Overall, challenges related to human resources, infrastructure, operational guidelines, and software reliability significantly impede the effectiveness of SIMPUS in supporting medical record services. To improve service quality, the Kalisongo Health Center must prioritize the availability of trained SIMPUS operators, adequate facilities, clear SOPs, and reliable software support so that medical record management can be conducted accurately, efficiently, and in a timely manner.

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