ABSTRAK

Latar Belakang: Tingginya angka kematian ibu di Kabupaten Bantul, dimana Tahun 2021 tercatat sebanyak 42 kasus. Untuk mengatasi hal tersebut, Pemerintah Kabupaten Bantul menerbitkan Perbup nomor 38 tahun 2021 Tentang Percepatan Penurunan Angka Kematian Ibu dan Bayi, dimana fasyankes berkewajiban melakukan pencatatan dan pelaporan pada sistem informasi kesehatan ibu dan anak, yaitu Sistem Informasi Pemantauan Wilayah Setempat Kesehatan Ibu dan Anak (SIPIA) dan website kesehatan keluarga (webkesga). Pemanfaatan sistem informasi diharapkan dapat mengantisipasi keterlambatan penanganan ibu hamil dan nifas melalui pemantauan ibu hamil oleh tenaga kesehatan dan pemangku kebijakan. Salah model evaluasi sistem informasi yaitu melalui penilaian kematangan digital untuk mengidentifikasi gap serta menentukan rencana perbaikan menggunakan kerangka kerja *Stages of Continuous Improvement* (SOCI).
Tujuan: Mengevaluasi pencatatan dan pelaporan sistem informasi kesehatan ibu dan anak berdasarkan kematangan digital untuk memperkuat pengambilan keputusan dalam rangka mendukung program penurunan Angka Kematian Ibu (AKI) di Dinas Kesehatan Kabupaten Bantul.
Metode: Penelitian ini merupakan penelitian deskriptif, menggunakan rancangan studi kasus dengan metode analisa kualitatif. Subjek penelitian ditentukan dengan purposive sampling berjumlah 9 (sembilan) orang terdiri dari pemangku kepentingan, pengelola sistem informasi, pengelola sistem informasi kesehatan ibu dan anak, serta bidan puskesmas di lingkup Dinas Kesehatan Kabupaten Bantul.
Hasil: Nilai rata-rata DMI di Dinas Kesehatan Bantul yaitu 2.36, sehingga masuk dalam rentang level 2 (*repeatable*). Komponen kepemimpinan dan tata kelola, regulasi yang ada masih sebatas fasyankes melakukan pencatatan dan pelaporan pada sistem. Komponen manajemen sumber daya, masih minimnya SDM dengan latar belakang IT serta keterbatasan anggaran. Komponen infrastruktur pendukung TIK, akses sistem yang seringkali mengalami kendala. Komponen standar dan interoperabilitas data, aplikasi sistem informasi KIA belum terintegrasi dengan aplikasi yang lain. Kualitas dan penggunaan data masih belum bagus. Masih terdapat duplikasi data, kelengkapan pengisian modul yang kurang, serta adanya perbedaan data antara SIPIA dan webkesga. Aplikasi sistem informasi KIA, yaitu SIPIA dan webkesga dinilai relevan, dan dapat digunakan untuk pengambilan keputusan.
Kesimpulan: Penerapan sistem informasi KIA, yaitu SIPIA dan webkesga berdasarkan kematangan telah digunakan melakukan pencatatan dan pelaporan ibu hamil secara rutin. Parameter yang tersedia pada level makro belum semuanya konsisten diimplementasikan pada sistem informasi KIA yaitu rencana pembiayaan SIK, master data fasilitas kesehatan, pengelolaan identitas unik individu, dan registrasi tenaga kesehatan. Integrasi sistem informasi KIA menggunakan prinsip interoperabilitas dengan aplikasi lain, serta penguatan komitmen diperlukan agar kualitas data relevan, lengkap, akurat dan tepat waktu.
Kata Kunci: Kematangan Digital, Sistem Informasi Kesehatan Ibu dan Anak, Dinas Kesehatan, SOCI

ABSTRACT

Background: The high maternal mortality rate in Bantul Regency, where in 2021 there were 42 cases recorded. To overcome this, the Bantul Regency Government issued Perbup number 38 of 2021 concerning the Acceleration of Reducing Maternal and Infant Mortality Rates, in which health facilities are obliged to record and report on the maternal and child health information system, namely the Maternal and Child Health Monitoring Information System (SIPIA) and the family health website (webkesga). It is hoped that the use of the information system can anticipate delays in the handling of pregnant and postpartum women through monitoring of pregnant women by health workers and policy makers. One of the information system evaluation models is through digital maturity assessment to identify gaps and determine improvement plans using the Stages of Continuous Improvement (SOCI) framework.
Objective: Evaluate the recording and reporting of maternal and child health information systems based on digital maturity to strengthen decision making in order to support the Maternal Mortality Rate (MMR) reduction program at the Bantul District Health Office.
Methods: This research is a descriptive study, using a case study design with qualitative analysis methods. The research subjects were determined by purposive sampling totaling 9 (nine) people consisting of stakeholders, information system managers, managers of maternal and child health information systems, as well as midwives at health centers in the Bantul District Health Office.
Results: The average value of DMI at the Bantul Health Office is 2.36, so it is included in the level 2 (repeatable) range. Components of leadership and governance, existing regulations are still limited to health facilities recording and reporting on the system. The resource management component, there is still a shortage of human resources with IT backgrounds and budget constraints. ICT supporting infrastructure components, system access which often experiences problems. Standard components and data interoperability, the application of the MCH information system has not been integrated with other applications. Data quality and usage is still not great. There is still duplication of data, incomplete module filling, and data discrepancies between SIPIA and WebKesga. The application of the MCH information system, namely SIPIA and WebKesga, is considered relevant and can be used for decision making.
Conclusion: The application of the MCH information system, namely SIPIA and webkesga based on maturity, has been used to routinely record and report pregnant women. The parameters available at the macro level are not all consistently implemented in the MCH information system, namely the SIK financing plan, health facility master data, management of individual unique identities, and registration of health workers. The integration of the MCH information system uses the principle of interoperability with other applications, as well as strengthening the commitment needed so that the quality of the data is relevant, complete, accurate and timely.
Keywords: Digital Maturity, Maternal and Child Health Information Systems, Health Office, SOCI