ABSTRAK

Latar Belakang: Perbedaan aplikasi SIMPUS di Puskesmas menjadi kendala integrasi data level kabupaten. Dinas Kesehatan Kabupaten (DKK) Gunungkidul awalnya melakukan pendekatan pengiriman standar dataset. Perubahan regulasi, meningkatnya kebutuhan laporan, adanya mutasi dan latar belakang petugas SIK yang beragam membutuhkan suatu panduan untuk integrasi data SIMPUS ke SISDINKESGK yang lebih berkesinambungan.

Tujuan: Penelitian ini bertujuan untuk mendeskripsikan implementasi integrasi SIMPUS ke SISDINKESGK sebagai bahan penyusunan panduan kerja.

Metode Penelitian: Jenis penelitian adalah deskriptif kualitatif dengan pendekatan *action research* melalui kerjasama antara peneliti dengan para programer SIMPUS, DKK dan Puskesmas di Kabupaten Gunungkidul.

Hasil: Dari observasi diketahui data yang dientri dalam SIMPUS meliputi: kunjungan (pendaftaran), diagnosa (pemeriksaan), obat keluar (farmasi), billing (kasir) dan rekam medis. Laporan level kabupaten yang dapat dihasilkan adalah Laporan Kunjungan, Laporan Penyakit, Laporan Pendapatan Puskesmas dan Laporan Pemakaian Obat. FGD menghasilkan formulasi: 1) standar kode integrasi sebagai data master untuk referensi integrasi SIMPUS ke SISDINKESGK meliputi kode: Puskesmas (Kemenkes), Wilayah (BPS), ICD-10 versi 2010 (WHO), dan 2) standar format file integrasi yaitu zip file dari dataset kunjungan, diagnosis, billing dan resep. Testing output dari tiap SIMPUS berhasil menghasilkan file integrasi sesuai standar. Output file integrasi SIMPUS lalu diimport ke SISDINKESGK. Implementasi setelah update SIMPUS di tiap puskesmas oleh pengembang. Sosialisasi prosedur pengiriman laporan integrasi menghasilkan output laporan integrasi yang di *feedback* ke Puskesmas dan DKK.

Kesimpulan: Keberhasilan integrasi data dianalisa dari kesuksesan mengirimkan file integrasi dan kesesuaian dengan standar integrasi: 1) SIMPUS J: 100%, 75%; 2) SIMPUS I: 75%, 50%; 3) SIMPUS S: 86%, 100%. Integrasi data berhasil menunjukkan riwayat kinerja entri data. Perlu terus dilakukan update panduan integrasi data melalui kerjasama antara DKK, Puskesmas, serta pengembang SIMPUS dan SISDINKESGK untuk menambah output pelaporan kunjungan, obat, resep dan tindakan.

Kata kunci: integrasi data, standar interoperabilitas, standarisasi data, standard kodefikasi, Puskesmas, Dinas Kesehatan Kabupaten, Sistem Informasi Manajemen, *action research*

ABSTRACT

Background: *Differences of management information system applications used by PHCs (SIMPUS) become an obstacle to integrate the data at the district level. Gunungkidul District Health Office (DHO) has been working on SIMPUS data integration to resolve this issue. However, standard data integration code that is used no longer able to meet the developmental needs of reporting. The standards need to be updated and documented in the guidance, then data integration would be more sustainable.*

Objective: *The aims of this study is to describe the implementation of data integration from SIMPUS to SISDINKESGK.*

Methods: *This research is descriptive qualitative action research approach through a collaboration among researcher with SIMPUS programmer, DHO and all of PHCs in Gunungkidul Regency.*

Result: *From observation, SIMPUS data entries includes: visit, diagnosis, drugs used, billing and medical record. District level report products are visitation, morbidity, billing, and drugs used. Focus Group Discussion (FGD) produce formulations of: 1) integration codefication standard as data master/reference, it's contain: PHCs code (MoH), Region (Center of Statistical Beureu), ICD-10 (WHO), and 2) a standard file format that is zip file from 4 files (one visit to many diagnosis, billing, and drugs used relationship). Testing succeed integrates SIMPUS data to SISDINKESGK. The implementation begun after each SIMPUS in all PHCs updated with those standard by SIMPUS programmer. DHO get feedback after socialization of sending integration file procedure from all PHCs.*

Conclusion: *SIMPUS integration result analyzed from succeed integrate data and integration standard match mentioned successively as follows: 1) SIMPUS A: 100%,75%; 2) SIMPUS I: 75%,50%; 3) SIMPUS S: 86%,100%. Data integration successfully demonstrated data entry performance history. Needs to continuous improvement on data integration guidance through collaboration among DHO, PHCs, and SIMPUS programmer to increase report output of visitation, treatments, billing, and drug used at district level.*

Keywords: *data integration, standard interoperbility, data standardization, standard codefication, PHCs, District Health Office, Management Information System, action research*