

Kualitas data sistem kewaspadaan dini dan respon potensial kejadian luar biasa 23 penyakit berbasis web di Kementerian Kesehatan tahun 2015 = Quality data of early warning and response system potential outbreaks 23 diseases at Ministry of Health 2015

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Abstrak

[ABSTRAK

Sistem kewaspadaan dini dan respon bertujuan untuk mendeteksi secara dini adanya indikasi KLB, mendorong program melakukan respon terhadap alert yang muncul, mengetahui kecenderungan penyakit potensial KLB setiap minggu, mengevaluasi dampak intervensi program terhadap alert yang muncul serta mengetahui pemetaan setiap penyakit potensial KLB setiap minggu. Tujuan penelitian ini untuk menilai kelengkapan, ketepatan, akurasi Puskesmas di Kab/Kota di provinsi terpilih dan hal-hal yang mempengaruhi kualitas data SKDR di provinsi Bangka Belitung, Bengkulu, Gorontalo, Kalimantan Tengah, Papua, Sulawesi Barat dan Sumatera Utara. Metode penelitian yang digunakan adalah kuantitatif dan kualitatif. Kelengkapan laporan SKDR pada minggu 1-20 tahun 2015 di tujuh provinsi sebesar 47 %. Ketepatan waktu melapor sebesar 29 %. Akurasi kasus penyakit di populasi sampel berdasarkan uji chi square, ditemukan data tidak akurat (nilai X^2 hitung > X^2 tabel), Hal-hal yang mempengaruhi: tidak semua puskesmas mendapatkan pelatihan SKDR, double job, sarana kurang memadai, tidak ada dana khusus, server sering mengalami gangguan, adanya gangguan sinyal.

ABSTRACT

Early warning and response system aims to detect early indications of outbreaks, pushing the program to respond to the alert that appears, knowing the tendency of potential disease outbreaks every week, evaluate the impact of the program interventions that appear alert and aware mapping any potential disease outbreak every week. The purpose of this study was to assess the completeness, precision, accuracy of Puskesmas in regency/city in selected provinces and the things that affect the quality of the data SKDR in Bangka Belitung, Bengkulu, Gorontalo, Central Kalimantan, Papua, West Sulawesi and North Sumatra. The method used is quantitative and qualitative. Completeness report SKDR at 1-20 weeks of 2015 in seven provinces by 47%. Timeliness of reporting by 29%. Accuracy of cases of disease in a population-based sample chi square test, found inaccurate data (value X^2 count > X^2 table), things that affect: not all health centers receive training SKDR, double job, means less than adequate, there are no special funds, servers are often impaired, any signal interference.;Early warning and response system aims to detect early indications of outbreaks, pushing the program to respond to the alert that appears, knowing the tendency of potential disease outbreaks every week, evaluate the impact of the program interventions that appear alert and aware mapping any potential disease outbreak every week. The purpose of this study was to assess the completeness, precision, accuracy of Puskesmas in regency/city in selected provinces and the things that affect the quality of the data SKDR in Bangka Belitung, Bengkulu, Gorontalo, Central Kalimantan, Papua, West Sulawesi and North Sumatra. The method used is quantitative and qualitative. Completeness report SKDR at 1-20 weeks of 2015 in seven provinces by 47%. Timeliness of reporting by 29%. Accuracy of cases of disease in a population-based sample chi square test, found inaccurate data (value X^2 count > X^2

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