

Pengembangan sistem pengendalian infeksi nosokomial pada pelaksanaan surveilans ILO SMF bedah Rumah Sakit Umum Gunung Jati kodya Cirebon

Teguh Ristiwanto, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=80561&lokasi=lokal>

Abstrak

Masalah utama yang diteliti adalah pelaksanaaunsurveilans ILO SMF Bedah RSUD Gunung Jati Kodya Cirebon dengan studi banding 4 RSUD di Jawa Timur (RSUD Dr. Soetomo Surabaya, RSUD Dr. Syaiful Anwar Malang, RSUD Dr. Subandi Jember. RSUD Dr. Soedono Madiun) dan ruang lingkupnya tentang : Struktur Organisasi. Partisipasi seluruh Staf, Metode Surveilans, Sistim Pencatatan dan Pelaporan, Sistim Pendidikan date Latihan.

Metode yang digunakan Wawancara, Kuisener (Delphi Sistem), Suivei (observasi langsung), Pengambilan data sekunder. Hasil yang diperoleh : 1 RSUD berhasil baik sekali. 3 RSUD berhasil cukup, dan 1 RSUD berhasil kurang.

Kesimpulan : Pertama, Pelaksanaan surveilans ILO masing-masing rumah sakit yang diteliti telah melaksanakan dengan baik, hanya masih diperlukan penyempurnaan/pengembangan program PIN lebih lanjut sesuai dengan sumber daya masing-masing rumalt sakit. Kedua, Pelaksanaan surveilans dipengaruhi 5 faktor yang diteliti Ketiga, diperlukan metode pengeutbangan program tersebut.

Saran : Pertama, untuk RSUD yang menjadi fokus penelitian dukungan pimpinan rumah sakit ditingkat lagi untuk menentukan motor penggerak kegiatan- pembentukan GKM. Dan mengaktifkan surveilans selektif : Kedua, Penggunaan komputer untuk kecepatan, kctepatan, dan akurasi data.

<hr><i>The main subject observed is the surveillance implementation of surgery IL() SMF of Gluing Jati Hospital District Cirebon with comparative study in 4 general hospitals in East Java (Dr. Sotomo Hospital Surabaya, Dr. Syaiful Anwar Hospital Malang. Dr. Subandi Hospital Jember, Dr. Sudono Hospital Madiun) and with the scopes as follows:

organization structure, all staff participation, surveillance method, recording and reporting system, education and training system.

The methods use are : interview, questionnaire (Delphi system).survey (direct observation), secondary data taking. The result is : I hospital is very good. 3 hospital are fair, and 1 hospital is bad.

Conclusion are : First, the implementation of ILO surveillance in the hospitals observed is mostly well done, but it is still needed to be developed and perfected based on resources or facilities available in each hospital; second the surveillance implementation is influenced by 5 factors observed ; third, the method of program development is needed.

Suggestions are : First, for the hospital where the observation focuses on, the hospital head's support is more

improved to decide moving force behind the activities, GKM establishment, and to activate selective surveillance ; second , the use of computer for the save of speed , efficiency and data accuracy.</i>