Documentation of Tuberculosis Statistic Data Reporting at Primary Healthcare Facilities in Malang City

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Abstract—Background: Tuberculosis is one of the top ten causes of death in the world, and is a serious public health problem in Indonesia. Malang City is one of the regions in Indonesia with a high incidence of TB. Based on data from the Malang City Health Office in 2023, there are 2,500 new TB cases with a death rate of 200 people. This shows that TB is still a public health problem that needs serious attention in Malang City. Objective: what is to be achieved in this study in order to find out the implementation and process of documenting the reporting of tuberculosis statistical data at the first level health service facility in the city of Malang. Research method: the research method uses qualitative descriptive with one respondent in each Health Service Facility that has been interviewed directly. Results: The results of this study refer to the implementation and process of documenting the reporting of tuberculosis statistical data at the first level of service facilities in Malang City. Conclusion: Documentation of TB statistical data reporting at FKTP Malang City is still not optimal. Efforts need to be made to improve the documentation of TB statistical data reporting at the Malang City FKTP.

Keywords—Tuberculosis, Data Reporting, Primary Healthcare

I. BACKGROUND

First-level health service facilities (FKTP) have a vital role in TB control in Indonesia. In charge of detecting, diagnosing, and treating TB cases, as well as tracing contacts of TB patients. Accurate and complete documentation of TB statistics in FKTPs is essential for monitoring the progress of TB control programs and identifying areas that require additional intervention. One of the challenges that is often faced is the lack of systematic and neat data documentation and reporting. Incomplete or late data reporting can hinder effective TB control efforts, lead to information gaps, and impact inappropriate decision-making at the policy level.

Tuberculosis (TB) is an infectious disease caused by the bacterium Mycobacterium tuberculosis. This disease can affect various organs of the body, but most often affects the lungs. TB is one of the top ten causes of death in the world, and is a serious public health problem in Indonesia.

Malang City is one of the regions in Indonesia with a high incidence of TB. Based on data from the Malang City Health Office in 2023, there are 2,500 new TB cases with a death rate of 200 people. This shows that TB is still a public health problem that needs serious attention in Malang City.

One of the important efforts in TB control is to document the reporting of TB statistical data accurately and in a timely manner. Accurate and complete TB statistical data is essential for identifying disease trends, evaluating TB control programs, and determining appropriate strategies to address TB problems.

II. METHOD

This study uses a qualitative descriptive method with a phenomenological approach. Data was collected through in-depth interviews with health workers at FKTP as many as 1 person in each FKTP of Malang City. As well as through observation at the FKTP site with data analyzed using thematic analysis techniques.

- 1. Preparation stage: At this stage, literature studies, secondary data collection, and research proposal preparation are carried out.
- 2. Implementation stage: At this stage, primary data collection is carried out through interviews with health workers and observation at FKTP.
- 3. Data analysis stage: At this stage, the data collected is analyzed using qualitative and quantitative methods.
- 4. Report preparation stage: At this stage, a research report is prepared that contains research results, conclusions, and suggestions.

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III. RESULTS AND DISCUSSION

Implementer of Documentation of Tuberculosis Statistical Data Reporting at the First Level Service Facilities of Malang City

This study found that the implementation of documenting TB statistical data reporting at FKTP Malang City is still not optimal. In the First Level Service Facility, the implementation of documentation is carried out by the nurse in charge. The nurse inputs the results obtained into the SITB from the manual medical record or SIMPUS.

This can be seen from several findings, including:

- 1. The completeness of TB data reporting is still low. Based on the results of the interviews, many health workers did not report all TB data that should have been reported.
- 2. TB data quality is still low. Many TB data is not reported correctly, such as age, gender, and address data of patients.
- 3. The timeliness of TB data reporting is still low. A lot of TB data is reported late.

Factors that cause the documentation of TB statistical data reporting to be not optimal at the Malang City FKTP include:

- 1. Lack of knowledge of health workers about documenting TB data reporting. Many health workers do not know exactly how to fill out the TB data reporting form and how to report TB data in a timely manner.
- 2. High workload of health workers. Healthcare workers at FKTPs have a high workload, so they don't have enough time to properly document TB data reporting.
- 3. Lack of monitoring and evaluation system for TB data reporting. The Malang City Health Office does not have an effective TB data reporting monitoring and evaluation system.

Suspected Tuberculosis

1. Enter the case menu, click suspected TB

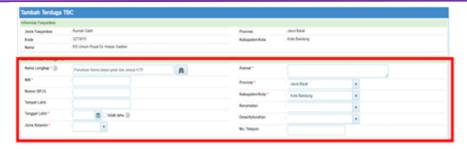


2. Clik Add

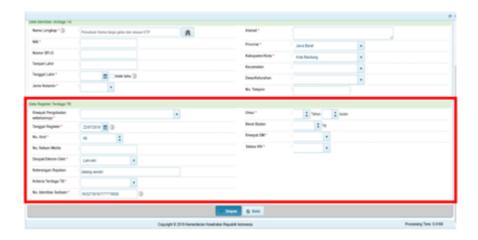


3. Next, a display like this will appear, health facility information will be filled in automatically, then fill in the identity data of the TB suspect.

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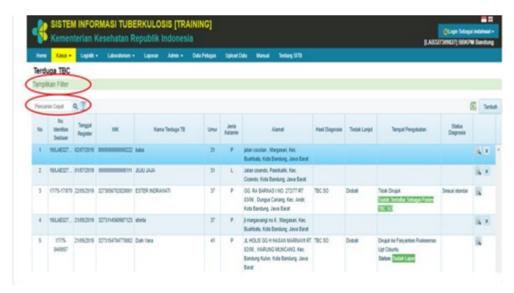


4. Then fill in the TB suspect register data



The next stage is to input laboratory applications for suspected TB

a. Enter the case menu, click the suspected TB as before then click the quick search menu if the basic patient data is already available in the SITB and filter by name, NIK, or BPJS number.



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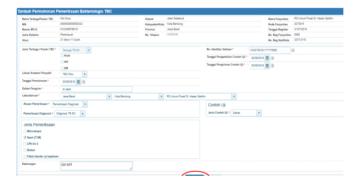
b. Click on the application for laboratoirum



c. Click add a request for laboratory examination



5. Fill in the examination data and the type of inspection to be carried out



The next stage is for the results of laboratory examinations

a. Enter the laboratory menu



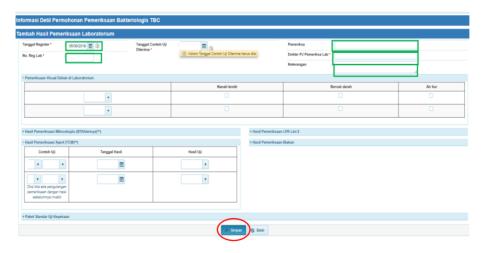
b. Application for new laboratory examination



c. Click on the result input if the written lab results are not yet available



d. Input the results of laboratory examinations and store them

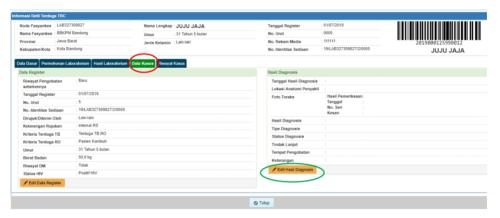


Next, add the diagnosis results

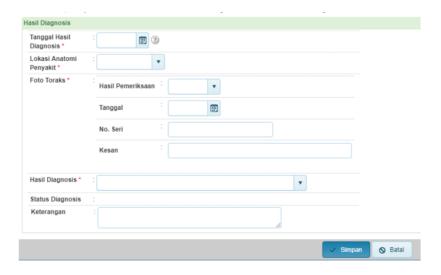
1. Do a search for the suspect's name as above using the suspect's name, click the red button



2. Click on the case data and then edit the diagnosis



3. Input the diagnosis results and save them



Discussion

In the implementation of the documentation process of reporting tuberculosis statistical data, there is data that must be inputted into it, including 23 variables, namely TB ID 03, Patient Kd, NIK, Gender, Full address, Patient provincial Id, Kd district health facility, patient provincial id, Kd district of the patient, Kd of the health facility, ICD code 10, type of diagnosis, classification of anatomical location, calcification of treatment history, date of start of treatment, OAT guidelines, before treatment of microscopic results rapid test results, culture results, 2nd month microscopic results, 3rd month microscopic results, end of treatment of microscopic

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results, date of microscopic final results, date of final treatment of treatment, final result of treatment, date of birth, and thoracic photo.

IV. CONCLUSION AND SUGGESTIONS

Documentation of Reporting of Tuberculosis Statistical Data at First Level Service Facilities. The documentation of TB statistical data reporting at FKTP Malang City is still not optimal. Efforts need to be made to improve the documentation of TB statistical data reporting at the Malang City FKTP, including:

- 1. Improve training for health workers on documenting TB data reporting.
- 2. Strengthen the TB data reporting and evaluation system.
- 3. Utilizing information technology to improve the documentation of TB data reporting.

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