EVALUATION OF TUBERCULOSIS RECORDING AND REPORTING CASE SYSTEM AT SYARIF HIDAYATULLAH HOSPITAL IN 2020

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Abstract. The national TB control program target is TB elimination at 2035 and TB eradication at 2050. Hospitals must establish a DOTS Team who have responsibility to implementing the TB control program and must be record and report any disease cases. TB case reporting uses the Integrated Tuberculosis Information System (SITT) since 2020. Integrated Tuberculosis Information System has become the Tuberculosis Information System (SITB). Syarif Hidayatullah Hospital is one of the 3 hospitals that have not completed the report. This research is a descriptive analytic study with a qualitative approach. The data collecting data include documents review, observation, and in-depth interviews with key informants. The results showed that recording and reporting did not run optimally because 1) the lack of human resources such as nurses as the spearhead of manual record, 2) there was no funding for the TB DOTS program including for recording and reporting, 3) Hospital Information System was not integrated into all service units causing difficulties in data collection TB patients, 4) the internal network did not working properly because there is no socialize about TB recording and reporting flowchart. Increased management commitment in implementing the TB DOTS program so that recording and reporting can working properly.

Keyword: TB DOTS, SITT, SITB, hospital

INTRODUCTION

Tuberculosis (TB) is an infectious disease that one of illness causes, one of the top 10 causes of death worldwide and the leading cause of death from an infectious agent (ranked above HIV / AIDS). (1) The TB causes is mycobacterium tuberculosis, a type of rod-shaped germ. The process of infection by Mycobacterium Tuberculosis is usually inhalation so that pulmonary TB is the most frequent clinical manifestation, but can also affect other organs (1,2). Globally, an estimated 1.7 billion people are infected with Mycobacterium Tuberculosis and have spreading risk of the disease. (1) The SDG’s targets for TB by 2030 are 90% reduction TB deaths causes and 80% TB incidence reduction (new cases per 100,000 population per year) compared to 2015 (1). This is in line with health ministry regulation number 67 of 2016 about Tuberculosis Control, which the national TB control program target is elimination in 2035 and TB eradication in 2050. Start from 2005, Indonesia implemented the Directly Observed Treatment Short-course (DOTS) Strategy to manage TB
patients. However, TB management in most hospitals and private practices is not in accordance with the DOTS strategy and service standards based on the International Standards for Tuberculosis Care (ISTC). (3)

The hospital has established a DOTS Team which have responsibility for the TB control program implementation and must record and report every TB case (4). TB case reporting uses the Integrated Tuberculosis Information System (SITT), which since 2020 has become the Tuberculosis Information System (SITB). The Integrated Tuberculosis Information System (SITT) report at March 2020 show that the estimated TB cases are 845.000. 543.874 TB cases are notified. There are 35% of TB cases that are not reported (5).

The main elements in health administration include input, process, output, target and impact. While the input component itself is divided into 4 M, namely human (man), money (money), means (material) and method (method). (6) In recording TB / HIV subsystem uses 3 components, namely Hospital Information System (SIMRS), Integrated Tuberculosis Information System (SITT) and HIV-Aids Information System (SIHA). The recording includes patient's medical recording, patient daily book report recording, medical services recording, and general patient daily reports or patient visit records (7).

Syarif Hidayatullah Hospital is a health service facility who have agreement with the South Tangerang Health Department to implement the TB DOTS program and report through SITT and SITB. In July 2020, the South Tangerang Health Department provided feedback on South Tangerang hospitals SITB report. Syarif Hidayatullah Hospital is one of the 3 hospitals who have not complete SITB report. The TB case reports in 2nd quarter of 2020 recorded in the SITB show that total suspected cases are 95 cases which 16 cases have laboratory examination, 30 cases are clinical TB cases, 2 cases bacteriological confirmed TB cases, and 14 cases are patients starting treatment, whereas recovery notes or complete treatment notes has not been reported. It can be seen here that not all cases have been reported completely both in laboratory examinations and treatment results evaluation. For this reason, the researcher intends to analyze how the TB cases recording and reporting at Syarif Hidayatullah Hospital from the input component.

**METHODS**

This research is a descriptive study with a qualitative approach. The research was conducted at Syarif Hidayatullah Hospital, Ciputat, and South Tangerang in November 2020. The data collection technique include document review, observation and in-depth interviews with key informants. The key informants in this study were the person in charge of the internal network in reporting SITT and STIB, as well as stakeholders at Syarif Hidayatullah Hospital. The data validity in this research is sources triangulation and methods triangulation.

**RESULT AND DISCUSSION**

**Man**

Results from document review show that there are 4 staffs who already had TB DOTS certificates. These staffs have responsibility to report in SITT and SITB. Data was taken from manual note in every service unit and Hospital Information System. TB patients in the outpatient unit are not only concentrated in the pulmonary clinic but also spread across several other polys such as surgery, neurology, internal medicine, children, ENT, etc. Therefore, the recording relies on nurses who become assistants in every poly. Currently, one nurse can be an assistant in 2 - 3 poly, so sometimes not all patients can be recorded in the book report. This is because when a doctor examines a patient, the nurse accompany another doctor in another poly.

*Nurses for outpatient units are less, only several doctors are fully assisted by nurses, so not all patients can be recorded*

In addition, not all staffs have been socialized about recording TB patients, so they were not pro-active in recording TB cases. Likewise doctors, not every doctor has been socialized about TB programs in hospitals, so there is no information for assistant nurses to record TB patients. From the interview, we found that the socialization of the TB program had been conducted once time and not all staffs had participated in the socialization. This is in line with Tondong (2014) research which show that limited resources, such as human resources both in number and type, and high workload, are obstacles to implement TB program in health facilities. (8)

In the new reporting system, namely SITB, the person in charge of reporting laboratory results can input the data themselves. Only one analyst who has been trained and certified. This officer reports based on the manual book report which has been filled by the analyst who conducting the BTA examination. Analysts who are on duty have also been socialized about the BTA examinations reporting for TB patients. However, in implementation, the staffs did not complete the manual recording book.
Money

The TB DOTS program funding come from the annual budget, which is listed in the work program. Results from document review show that the TB DOTS work program for 2020 does not exist. In the hospital's annual work program, there was no special funding for the TB DOTS program. There is also no special incentive for reporting staffs. This is happens because there is no directors decree about TB DOTS staffs including recording and reporting staffs.

According to research by Minardo (2015) rewards for TB officers are needed in addition to increasing motivation, but also for smoothing the program. (9) So funding is needed. The commitment and organization assessment base one nine point of Ministry of Health regulation, one of them is that the hospital provides operational funds for the DOTS team. (10)

Material

The facilities and infrastructure needed in recording and reporting include manual recording books, daily patient visitation registry books, patient medical records, and data visitation from hospital information system (SIMRS). From the observations, we found that the manual recording book for TB patients was available in the outpatient, inpatient and laboratory units. Meanwhile, in the emergency room (ER), there is no manual recording book for TB patients. The available standard forms for recording TB are TB form 01, TB 02 form, TB 03 book, TB 04 form, TB 05 form and TB 06 book. These manual recording books are useful for filling reports in SITT and SITB. TB patient’s record in a manual book report is carried out by nurses in each unit and for the laboratory it is carried out by the analyst. In accordance with health ministry regulation number 67 of 2016 concerning Tuberculosis Control, data is obtained from a recording-reporting system, for recording staff using manual standard forms which supported by an electronic information system, while TB reporting uses an electronic information system.

The reporting staff also pulling data of TB patient from hospital information system (SIMRS) to complete manual form requirement. However, the Hospital Information System had not been integrated yet in all units, so reporting officers have difficulty finding suspected TB patients and TB patients. In addition, only IT staffs can pulling data from hospital information system (SIMRS). This is useful for tracking patients who do not come back to take the drug, and even must be looking at each service unit to get a list of suspected TB patients and TB patients.

"Hospital information system is not integrated, so if we want to do data pulling, we have to asking IT staff. It also cannot directly get the data."

Another obstacle related to Hospital information system (SIMRS) is that the system can saving patient data even though the staffs did not input the patient’s identification number. Meanwhile, patient identification numbers are needed in TB reporting, in order to trace patients who do not came back for treatment. Whether the patient has moved to another health facility without notification.

"The registration staffs often did not input the KTP number so the completeness of TB patient data is not fulfill SITT and SITB. Even though now at SITB, if a patient moving without notification, we can find out by looking at the KTP number."

This is in line with the research of Setiyadi et al. (2015) which mentioned that the un-integrated system caused data redundancy and duplication. (11) Integration of important data in health information, with the integration of all data in a system, it will be very easy to input data, compile reports and besides that it will be very helpful in the management and decision-making process.

Method

The regulatory document that regulates internal and external TB reporting networks already exists such as SPO. However, the implementation hasn’t been maximal, this is due to the lack of socialization of these regulations to every service units.

"... There has been no socialization to the ER regarding this TB reporting. If we are told to recap TB patients, we will definitely to do it."

Person in charge of the internal network in every unit to record the manual book report. Then the report will be inputted into the SITB and SITB by the reporting staff. Inpatient record to be done by the chief of the room after receiving a report from the nurse who is on duty at the time.

The special reporting flowchart for TB patients on outpatient care hasn’t been regulated, so the person in charge of the internal outpatient network has difficulty to tracking TB patients. The nurse who is the assistant of every poly also does not report the findings of TB patients to the person in charge who recording in outpatient care.

From the results of previous studies, it was stated that the internal network that did not working properly was due to lack of hospital management
commitment, the DOTS team which had multiple duties, and lack of communication between internal network units (Tondong, 2014). (8) The commitment and organization of the DOTS team is one of the parameter according to the TB Sub-Directorate of the Ministry of Health. Organizational commitment and internal policy is needed to strengthen the TB DOTS program in hospitals. In order for the implementation of internal policy to be successful, a clear internal regulation needed so that staffs must be obey, it also requires support from stakeholders. 

(10)

CONCLUSION AND RECOMMENDATION

Conclusion

Manual recording in outpatient care does not work properly, because TB patients are not yet centered on one poly, namely the TB DOTS poly and the lack of nurses as the spearhead of recording in TB form.

Management commitment in implementing the TB DOTS program including reporting and recording has not been optimal, this can be seen from the absence of funding for the TB program itself and the implementation of regulations which governing the internal network has not yet been implemented.

Hospital information system (SIMRS) has not been integrated into every unit which lead the staffs were more challenged to collect TB patient data. Meanwhile, these data are more useful as source of reporting data compare to data from the TB standard manual form.

Recommendation

The management team is necessary to increase all staff commitment to enable the TB DOTS program in hospitals run more properly. This commitment is also important to reduce obstacles in recording and reporting of TB patients. However, both processes are useful for tracking patients who do not come back to treatment, reducing the risk of patients who dropping out the treatment and the possibility of drug resistance.

REFERENCES


