

LAPORAN KEGIATAN PELAKSANAAN
“SEMINAR & KONGRES NASIONAL IPEMI”



Disusun Oleh:

Ety Nurhayati, S.Kp.,M.Kep.,Ns.Sp.Kep.Mat

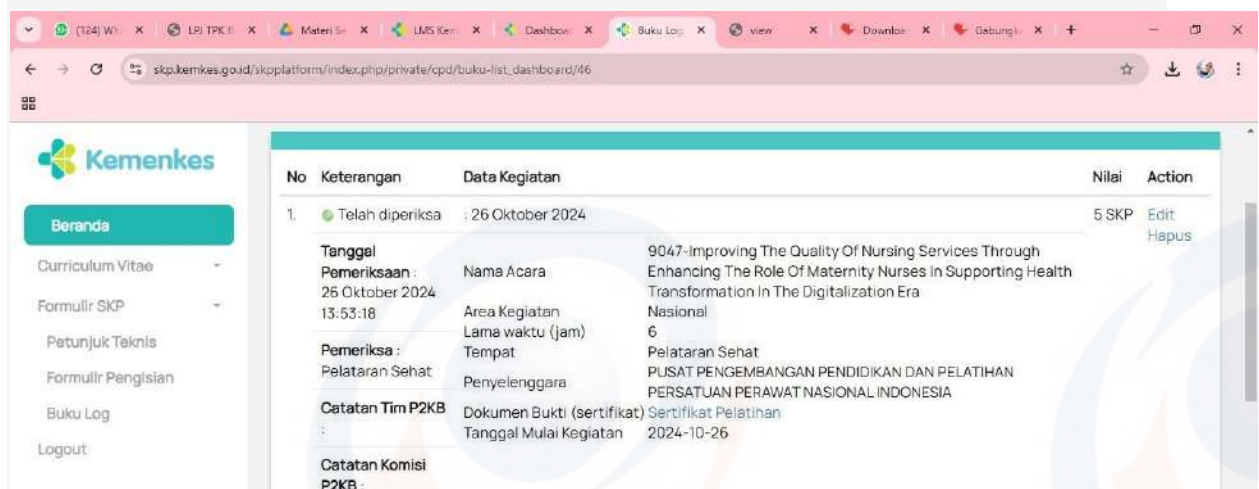
Program Studi Ners
Fakultas Ilmu-Ilmu Kesehatan
Universitas Esa Unggul
Jakarta, November 2024

Laporan Kegiatan

1. Penyelenggara kegiatan: Pusbangdiklat PP PPNI
2. Tanggal : 24-26 Oktober 2024
3. Seminar : 24 Oktober 2024 Pusbangdiklat PPNI is inviting you to a scheduled Zoom meeting
 - a. Topic: Improving The Quality Of Nursing Services Through Enhancing The Role Of Maternity Nurses In Supporting Health Transformation In The Digitalization Era
 - b. Join Zoom Meeting
<https://telkomsel.zoom.us/j/92558654663?pwd=6ALFHbLX7RGZDHCSO9qaVYig7FULG.1>

Meeting ID: 925 5865 4663
Passcode: ipemi123
4. Kongres Nasional IPEMI ke-IV 25-26 Oktober 2024
5. Kegiatan : Rundown acara terlampir
6. Hasil kegiatan :

Sejalan dengan amanah transformasi kesehatan pada era digital, IPEMI yang diselenggarakan di Bali dalam acara Konas ke IV dirangkai dengan kegiatan Seminar Internasional dengan mengambil tema *“Improving the quality of nursing services through enhancing the role of maternity nurses in supporting health transformation in the digitalization era”*.



The screenshot shows a web browser window with the URL skp.kemkes.go.id/skoplatform/index.php/private/cpd/buku-list_dashboard/46. The page displays a dashboard for 'KEMENKES' with a sidebar menu and a main table of activity data.

No	Keterangan	Data Kegiatan	Nilai	Action
1.	Telah diperiksa	: 26 Oktober 2024	5 SKP	Edit Hapus
Tanggal				
Pemeriksaan :				
26 Oktober 2024	Nama Acara	9047-Improving The Quality Of Nursing Services Through Enhancing The Role Of Maternity Nurses In Supporting Health Transformation In The Digitalization Era		
13:53:18	Area Kegiatan	Nasional		
	Lama waktu (jam)	6		
Pemeriksa :				
Pelataran Sehat	Tempat	Pelataran Sehat		
	Penyelenggara	PUSAT PENGEMBANGAN PENDIDIKAN DAN PELATIHAN PERSATUAN PERAWAT NASIONAL INDONESIA		
Catatan Tim P2KB :				
	Dokumen Bukti (sertifikat)	Sertifikat Pelatihan		
	Tanggal Mulai Kegiatan	2024-10-26		
Catatan Komisi P2KB :				

a. Seminar (Materi Terlampir)

Diselenggarakan via zoom pada tanggal 24 Oktober 2024

b. KONAS IPEMI KE-IV (Program Kerja Terlampir)

Diselenggarakan di Bali dalam acara Konas ke IV pada tanggal 25-26 Oktober 2024

7. Sertifikat Kegiatan Seminar (terlampir)



Jakarta, November 2024

Penyusun,

Ety Nurhayati, S.Kp.,M.Kep.,Ns.Sp.Kep.Mat

RUNDOWN INTERNATIONAL SEMINAR
INDONESIAN MATERNITY NURSES ASSOCIATION (IMNA)

“Improving the Quality of Nursing Services through Enhancing the Role of Maternity Nurses in Supporting Health Transformation in The Digitalization Era”

Thursday, Oktober 24, 2024

Time (WIB)	Agenda	PIC
07.00 – 08.00	<i>Online Registration</i>	Committee
08.00 – 08.30	<p><i>Opening Ceremony</i></p> <ol style="list-style-type: none"> 1. National Anthem: Indonesia Raya 2. Mars PPNI 3. Committee Report 4. Welcoming Speech <p>Dr. Desrinah Harahap, M.Kep, Ns, Sp.Kep.Mat.</p> <p>(Chair of Indonesian Maternity Nurses Association / IMNA)</p> <ol style="list-style-type: none"> 5. Opening Remarks <p>Dr. Harif Fadhillah, S.Kp, SH, MH, M.Kep. (Chair of Indonesian National Nurses Association/ INNA)</p> <ol style="list-style-type: none"> 6. Praying 	MC
08.30 – 09.00	<p>Keynote speech</p> <p>dr. Maria Endang Sumiwi, MPH</p> <p>General Director of Public Health, Ministry of Health Republic Indonesia</p> <p><i>Topic: Health Transformation Policy in Maternal Health Services</i></p>	Moderator
09.00 – 09.10	Discussion Certificate Giving	Moderator Committee
09.10 – 09.20	Break (Preparation for International Seminar Session I)	Committee
International Seminar Session I		
09.20 – 09.50	<p>Speaker 1: Ace Lennon N Babasa</p> <p>(De La Salle University, Philippines)</p> <p><i>Topic: Best Practices for Digitizing Maternal Health Services in the Philippines</i></p>	Moderator

09.50 – 10.00	Discussion Certificate Giving	Moderator Committee
10.00 – 10.30	Speaker 2: Prof. Khatijah Lim (Sunway University, Malaysia) <i>Topic: Best Practices for Digitizing Maternal Health Services in the Malaysia</i>	Moderator
10.40 – 11.10	Speaker 3: Prof. Dra. Setyowati, M.App.Sc, Ph.D. (University of Indonesia) <i>Topic: Increasing the Role of Maternity Nurses in Supporting Health Transformation in the Digitalization Era</i>	Moderator
11.10 – 11.20	Discussion Certificate Giving	Moderator Committee
11.20 – 11.30	Break (Preparation for International Seminar Session I)	Committee
International Seminar Session II	International Seminar Session II	
11.30 – 12.00	Speaker 4: Prof. Dr. dr. Yudi Mulyana Hidayat, Sp.OG, Subsp. Onk, D.MAS, M.Kes (Indonesian Society of Obstetrics and Gynecology / POGI) <i>Topic: Interdisciplinary Health Collaboration in Maternal Health Promotion to Support Health Transformation</i>	Moderator
12.00 – 12.10	Discussion Certificate Giving	Moderator Committee
12.10 – 12.40	Speaker 5: Windy Natasya Al Baihaqi, M.Kep, Ns, Sp.Kep.Mat. (Nursing Practitioner of RSUP dr. Hasan Sadikin- Bandung, Chair of Indonesian Maternity Nursing Association of West Java Province) <i>Topic: Implementation of the Digitalization of Maternal Health Services in Hospitals to Support Health Transformation</i>	Moderator
12.40 – 12.50	Discussion Certificate Giving	Moderator Committee
12.50 – 12.55	<i>Closing Ceremony</i>	MC

Materi Seminar

**Best Practices for Digitizing Maternal
Health Services in the Philippines**

Ace Lennon N. Babasa

Outline

- Maternity Health Condition in Philippines
- Maternity Health program in Philippines to support SDGs and Digital Transformation
- Best practices in Health Information System of Maternal Health in the Philippines





Maternity Health Conditions in the Philippines

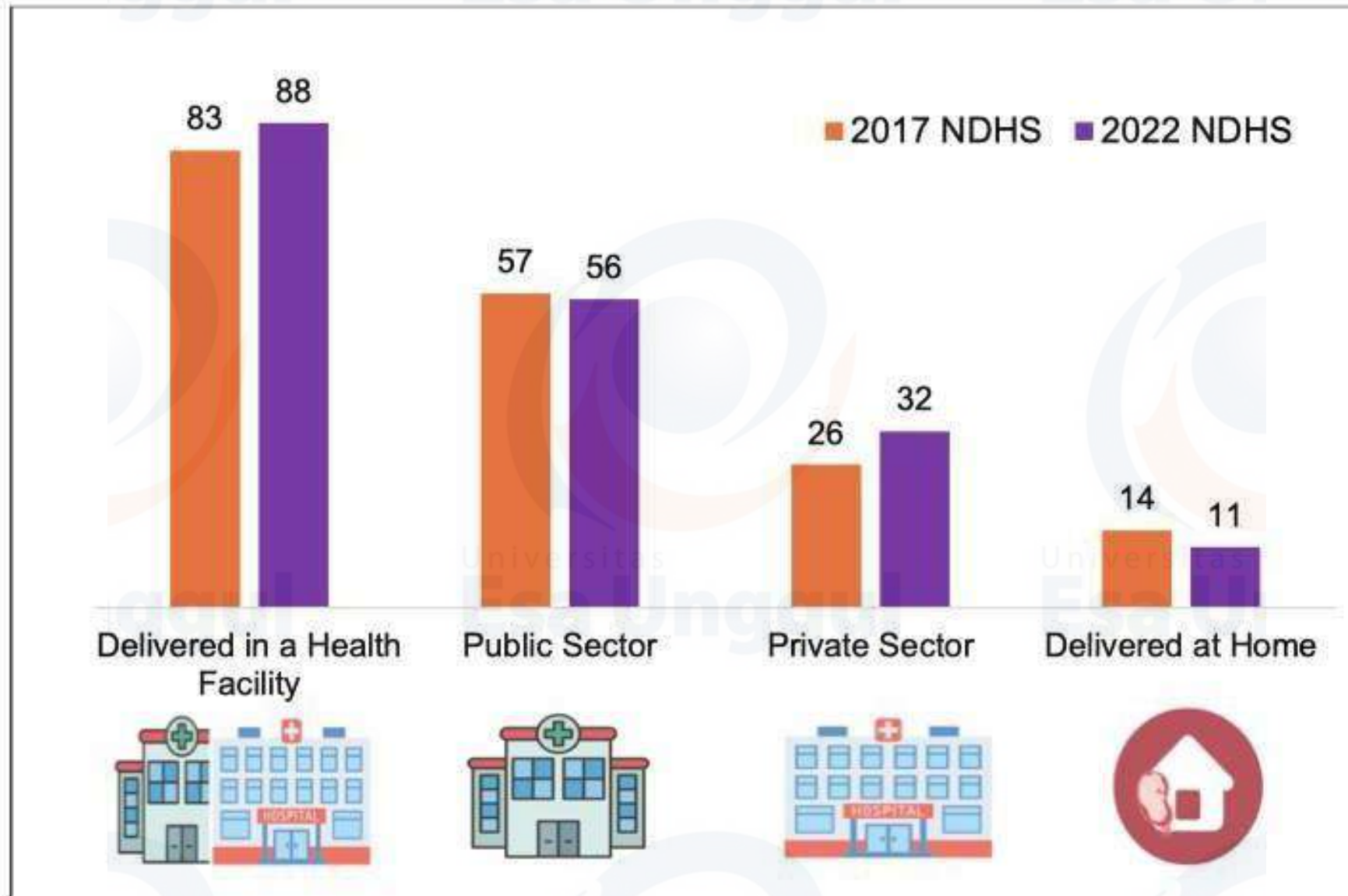
Birth Delivery in the Health Facility

Birth Delivery in the Health Facility Increased from 83 percent in 2017 to 88 percent in 2022

Based on the results of the 2022 National Demographic and Health Survey (NDHS), live births in the two years preceding the survey delivered in a health facility increased from 83 percent in 2017 to 88 percent in 2022. Of those live births delivered in a health facility, more than half (56%) of births were delivered in a public facility and 32 percent were delivered in a private facility. Live births delivered at home decreased from 14 percent in 2017 to 11 percent in 2022.



Figure 1. Percentage of Live Births in the 2 Years preceding the Survey by Place of Delivery, Philippines: 2017 to 2022



Sources: 2017 and 2022 National Demographic and Health Surveys, Philippine Statistics Authority

Maternity Health Conditions

86% of Filipino women receive antenatal care from skilled providers during their pregnancy

In 2022, 86.0 percent of Filipino women who had a live birth and/or stillbirth in the two years preceding the survey received antenatal care (ANC) from skilled providers



Figure 1. Percentage of Women Aged 15 to 49 Years with Most Recent Live Births and/or Stillbirths who Received Antenatal Care by Region, Philippines: 2022



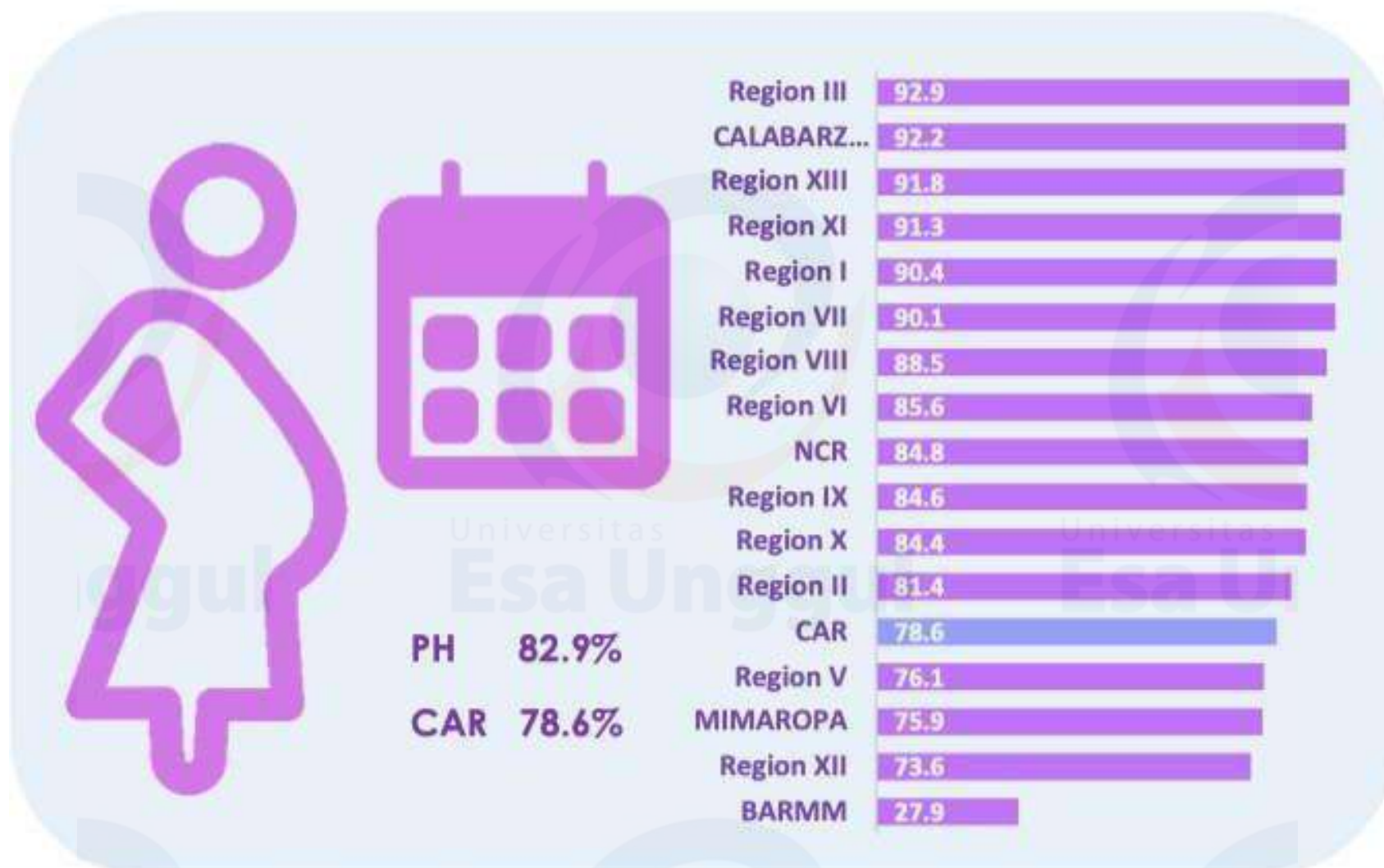
Source: 2022 National Demographic and Health Survey, Philippine Statistics Authority

Maternity Health Conditions

83% of pregnant Filipino women receive more than four ANC visits



Figure 2. Percentage of Women Aged 15 to 49 Years with Most Recent Live Births and/or Stillbirths who had 4+ ANC Visits by Region, Philippines: 2022



Source: 2022 National Demographic and Health Survey, Philippine Statistics Authority

Maternity Health Conditions

86% of pregnant Filipino women receive iron supplementation

Of the women in the country who had a live birth and/or stillbirth in the 2 years preceding the survey, 86.2 percent took some form of iron supplementation during their pregnancy. Iron supplementation in women in CAR accounted for 93.2 percent.



Maternity Health Conditions

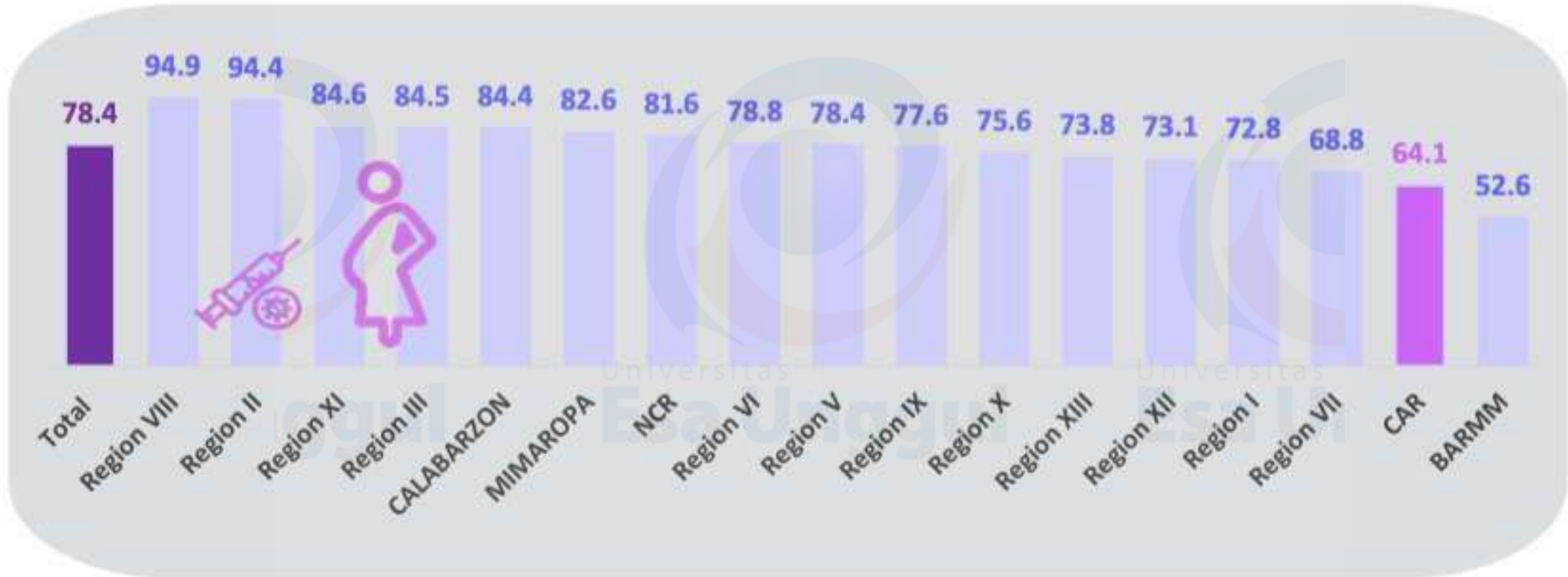
8 in 10 pregnant women receive tetanus toxoid injections

In 2022, 78.4 percent of women in the country aged 15 to 49 years received sufficient tetanus toxoid injections to protect their baby against neonatal tetanus.

The percentage of pregnant women in the urban areas who were protected against neonatal tetanus was higher with 79.7 percent compared to pregnant women in the rural areas with 77.1 percent.



Figure 3. Percentage of Pregnant Women 15 to 49 Years who were Protected Against Neonatal Tetanus by Region, Philippines: 2022



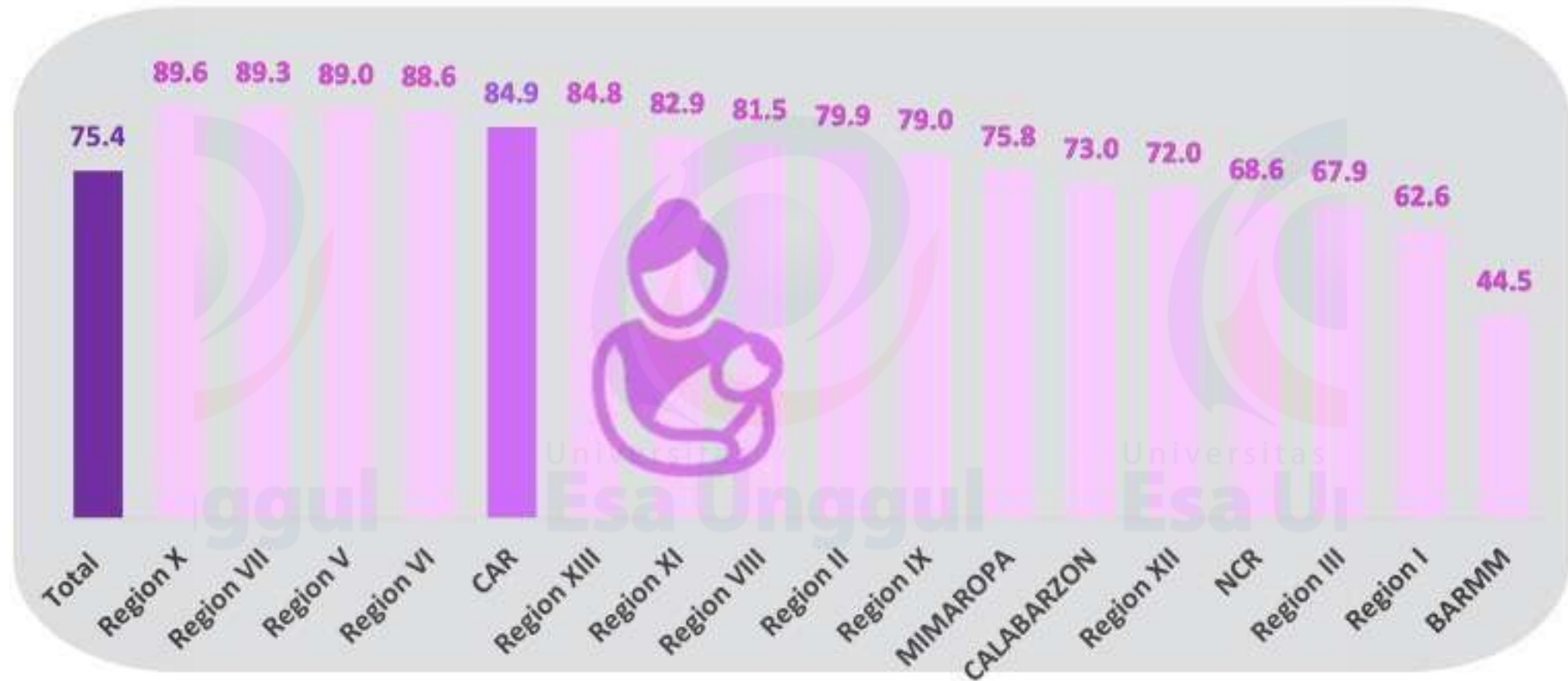
Source: 2022 National Demographic and Health Survey, Philippine Statistics Authority

Maternity Health Conditions

75% of women who gave birth undergo postnatal care




Figure 6. Percentage of Women Who Gave Birth with Postnatal Check in the First 2 Days After Birth by Region, Philippines: 2022



Source: 2022 National Demographic and Health Survey, Philippine Statistics Authority

References



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY
CORDILLERA ADMINISTRATIVE REGION

SPECIAL RELEASE

**2022 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY (NDHS)
KEY INDICATORS: MATERNAL CARE AND CHILD HEALTH**

Date of Release: May 18, 2023
Reference No. SSR 2023-25



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY



PRESS RELEASE

**Birth Delivery in the Health Facility Increased from 83 percent
in 2017 to 88 percent in 2022**

Date of Release: 14 September 2023
Reference No. 2023-244

- <https://www.psa.gov.ph/statistics/national-demographic-health-survey/node/1684061044>
- <https://www.dhsprogram.com/pubs/pdf/PR146/PR146.pdf>
- [https://rssocar.psa.gov.ph/content/2022-national-demographic-and-health-survey-ndhs-key-indicators-maternal-care-and-child#:~:text=Invitation%20to%20BID-,2022%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%20\(NDHS\)%20KEY%20INDICATORS%3A,MATERNAL%20CARE%20AND%20CHILD%20HEALTH&text=In%202022%2086.0%20percent%20of,skilled%20providers%20\(Figure%201\).](https://rssocar.psa.gov.ph/content/2022-national-demographic-and-health-survey-ndhs-key-indicators-maternal-care-and-child#:~:text=Invitation%20to%20BID-,2022%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%20(NDHS)%20KEY%20INDICATORS%3A,MATERNAL%20CARE%20AND%20CHILD%20HEALTH&text=In%202022%2086.0%20percent%20of,skilled%20providers%20(Figure%201).)



Maternity Health Programs in the Philippines to support SDGs and Digital Transformation

Safe Motherhood Program



<https://doh.gov.ph/uhc/health-programs/safe-motherhood-program/>

The National Safe Motherhood Program primarily focuses on the health and welfare of women throughout their pregnancy. It also includes the adolescent pregnant and meeting the unmet needs for family planning contraceptives of women into its priority agenda until 2030. This program aims to provide Filipino women access to quality healthcare for a safer pregnancy and delivery. It aims to promote the health and well-being of mothers of a Filipino family.



Safe Motherhood Program

Vision

- In support of the Ambisyon Natin 2040, the National Safe Motherhood Program envisions a healthy Filipino family where the mother is healthy as the other members of her family.

Mission

- Our Mission is for Filipino women to have full access to health services towards making their pregnancy and childbirth safer.



Safe Motherhood Program

Goal

- Our Goal is guided by the Department of Health FOURmula One Plus thrust and the Universal Health Care Frame, thus the National Safe Motherhood Program is committed to provide rational and responsive policy direction to its local government partners in the delivery of quality maternal and newborn health services with integrity and accountability using proven and innovative approaches.



Safe Motherhood Week

2nd week of May

Buntis o katatapos lang manganak?
Alamin ang mga DANGER SIGNS na ito:

- Mataas na lagnat at panghihina
- Matinding pananakit ng ulo na may kasamang panlalabo ng paningin
- Pagdurugo sa pwerta
- Kombulasyon o pagkawala ng malay
- Matinding pananakit ng mga mata
- Mabilis o mahirap na paghinga
- Maagang pagputok ng panubigan

Kung makaramdam ng alinman sa mga nabanggit, makipag-ugnayan sa iyong primary care provider at pumunta agad sa pinakamalapit na ospital para sa iyong kaligtasan.

4 na beses
dapat magpa-prenatal checkup
sa health center!

- Malahat na magpa-checkup sa health center sa 12-16 weeks
- Malahat na magpa-checkup sa health center sa 20-24 weeks
- Malahat na magpa-checkup sa health center sa 28-32 weeks
- Malahat na magpa-checkup sa health center sa 36-40 weeks

Magpa-prenatal checkup sa health center, lying-in, o ospital.

Manganak sa health center, ospital, o lying-in clinic

- May mga dalubhasang doktor, nurse, at midwife na tutulong sa iyong panganganak
- May mga gamit at gamot na naka-handa sakaling magkaroon ng emergency
- May libreng bakuna laban sa Hepatitis B at Tuberculosis para kay baby

Alamin kung paano maging handa. Makipag-ugnayan sa iyong primary care provider.

Ano ang Postpartum Care ?

Ang postpartum care ay kasing-halaga ng prenatal care.

Ito ay ang panahon mula sa pagsilang ng sanggol hanggang sa ika-42 araw pagkatapos magsilang.

May mga mapapansing pagbabago sa katawan ng isang ina pagkatapos magsilang. Maaaring ito ay pisikal o kaya naman emosyonal, kung kaya't lubhang mahalaga ang pangangalaga at suportang emosyonal ng pamilya, asawa o partner sa mga panahong ito.

Kinakailangang magpa-checkup ng hindi bababa sa 2 beses pagkatapos manganak depende sa sasabihin ng iyong primary care provider.

Gabay sa paghahanda ng postpartum checkups

Kumpletuhin ang dalawang postpartum checkups ninyo ni baby:

- 1 Sa loob ng 24 oras pagkatapos magsilang
- 2 7 araw pagkatapos magsilang

Mahalaga ang postpartum care sapagkat ang ibang mga bagong nanay ay maaaring makaranas ng komplikasyon pagkatapos magsilang at maaring manganib ang kanilang buhay

Kung mayroon kayong komplikasyon o ibang problema sa kalusugan, maari kayong pabaliklin para sa susunod pang checkup depende sa payo ng iyong primary care provider.

Isama ang Postpartum Care Plan at Postnatal Care Plan ninyo ni baby sa inyong Birth Plan at pag-usapan ninyo ito ng iyong primary care provider.

Gawing mas ligtas ang pagbubuntis, panganganak, at postpartum period.

Magpa-check up pagkatapos manganak at sumangguni tungkol sa family planning para sa malusog na pamumuhay.

Inay, espesyal ka.

SUPER BENEFITS OF EXCLUSIVE Breastfeeding

Ang eksklusibong pagpapasuso ay ang pagbibigay ng gatas ng ina lamang sa sanggol sa unang anim na buwan pagkapanganak.



1 Mas healthy si baby!

Naprotektahan si baby mula sa iba't ibang sakit tulad ng impeksyon, diabetes, asthma, heart disease, at obesity.

2 Kumpleto ang nutrisyon ni baby!

Kumpleto ang breast milk sa lahat ng nutrients at tubig na kailangan ni baby sa unang anim na buwan ng kanyang buhay.



3 Mas magiging matalino si baby!

Ilang pag-aaral ang nagsasabing nakapagpapataas ng IQ ang breastfeeding

4 Mas makakatipid ang family!

Ang breastmilk ay libre at available ano mang oras. Ang matitipid ng pamilya ay magagamit para sa ibang pangangailangan.

5 Nakatutulong din ito kay Mommy!

Ang breastfeeding ay nakapagpapababa rin ng tsansa na magkaroon si mommy ng breast at ovarian cancer at maging heart disease.



Basic pillars or principles:

- Family planning (FP)
- Antenatal care (ANC)
- Obstetric and newborn care
- Postnatal care (PNC)
- Postabortion care (PAC)
- Sexually transmitted disease (STD)/human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) control.



- The Safe Motherhood Program (SMP) aims to empower the women to have full access to quality maternal health care services towards safe pregnancy and delivery of their child, as well as newborn health care services using innovative approaches including nutrition.
- Usually, pregnant women take their initial pre-natal checkup during the second trimester or between the fourth to sixth month of their pregnancy.
- SMP emphasizes the importance of having at least four prenatal checkups: one each for the first and second trimester, and two for the third trimester. This is to detect any possible risk involved with pregnancy—most especially during the first trimester—and to avert possible complications that may arise during childbirth.



References

<https://images.app.goo.gl/cwfNKouVJJQqXhkh8>

<https://images.app.goo.gl/62duKxLmjcYCVgvg8>

<https://images.app.goo.gl/tXkWCnRPTLJMdLrH6>

<https://images.app.goo.gl/SiN5a2GsvH4aUN9o8>

<https://images.app.goo.gl/BFN6mQFmrwvMkNnS7>

<https://images.app.goo.gl/BJLbHnCMos26pF3DA>

<https://punto.com.ph/safe-motherhood-program-doh-ups-awareness-for-maternal-health-care/>

Best Practices in Digitalization of Maternity Health in the Philippines

Major Health Information Systems in the Philippines

Field Health Service Information System (FHSIS)

- Official information system of the Department of Health
- Enables the collection and translation of information from local to national level
- Information to policy formulation and decision making
- **Integrated Clinic Information System (iClinicSys)**
 - Supports the functions of a clinic, i.e. barangay health station, rural health unit, or other health care facility that is primarily devoted to the care of outpatients by storing electronic record of health related data or information on an individual
 - In-line with the PHIE and is interoperable with Philhealth Health Information System, HOMIS (for hospitals), and DSWD (4Ps and WOMB)



Field Health Services Information System (FHSIS)

is a nationwide facility–based recording and reporting system that provides information to the Local Government Units (LGUs) and the Department of Health (DOH) as basis for decision-making relative to the management and implementation of public health programs throughout the country. FHSIS is divided into three major components—demographic data, morbidity and mortality data, and coverage of public health services. The FHSIS includes government primary care facilities and hospitals.





2021 ANNUAL REPORT



FHSIS

**FIELD HEALTH SERVICES
INFORMATION SYSTEM**

MONITORING AND EVALUATION DIVISION
EPIDEMIOLOGY BUREAU
DEPARTMENT OF HEALTH
SAN LAZARO COMPOUND, RIZAL AVENUE,
STA. CRUZ, MANILA

I. Demographic Data

II. Morbidity and Mortality Data

1. Causes of Morbidity
2. Causes of Mortality
3. Mortality Rates of Specific Population Group

III. Coverage of Public Health Services

1. Family Health Services
 - A. Family Planning
 - B. Maternal Care
 - C. Child Care
 - D. Management of Sick Children
 - E. Oral Health

1.B. Maternal Care and Services

- Prenatal Care**

The proportion of pregnant women with at least 4 or more prenatal check-ups in 2021 was 85.28% which was 53% higher than 2020. The regions with the highest increase in the proportion of pregnant women with at least 4 or more prenatal check-ups were Region 4A at 125%, Region 1 at 77% and Region 7 at 69% (*Table 1.B.1*).

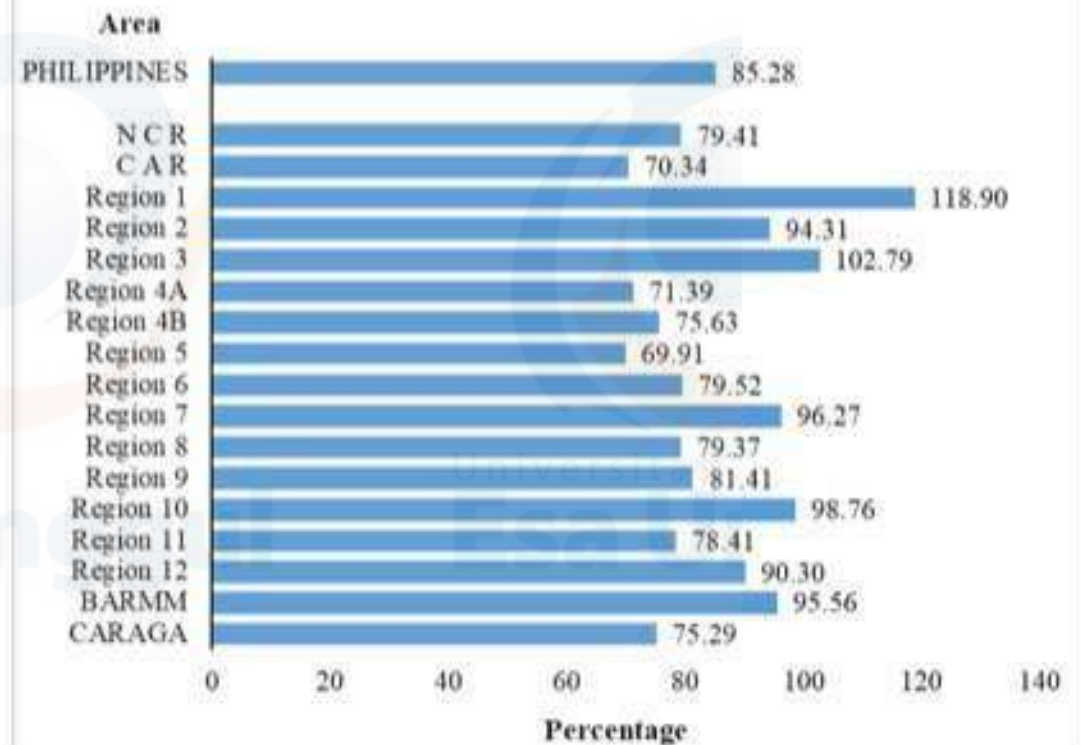
Out of the pregnant women who had 4ANC in 2021, 2,073 (0.17%) were 10 – 14 years old, while 120,966 (75.46%) were 15 – 19 years old and 945,880 (75.46%) were 20-49 years old.

Table 1.B.1 Proportion of Pregnant Women with at least 4 or more Prenatal Check-ups by Region Philippines, 2020 vs 2021

	2020	2021	% change
PHILIPPINES	55.76	85.28	53%
N C R	59.51	79.41	33%
C A R	53.89	70.34	31%
Region 1	67.17	118.90	77%
Region 2	61.5	94.31	53%
Region 3	64.8	102.79	59%
Region 4A	31.79	71.39	125%
Region 4B	45.87	75.63	65%
Region 5	52.91	69.91	32%
Region 6	52.63	79.52	51%
Region 7	57.08	96.27	69%
Region 8	49.14	79.37	62%
Region 9	60.54	81.41	34%
Region 10	73.83	98.76	34%
Region 11	59.75	78.41	31%
Region 12	65.85	90.30	37%
BARMM	67.6	95.56	41%
CARAGA	55.82	75.29	35%

In 2021, the top 3 regions with the highest proportion of pregnant women (10-49 years old) who have at least 4 prenatal check-ups were from Region 1 at 118.90%, followed by Region 3 at 102.79% and Region 10 at 98.76%. Meanwhile, the lowest proportion of pregnant women who have had at least 4 prenatal check-ups were Region 5 and CAR at 69.91% and 70.34%, respectively.

Figure 1.B.1 Proportion of Women 10-49 years old who gave birth with atleast 4 Prenatal check-up by Region Philippines, 2021



In 2021, 63.55% of the pregnant women seen in the government health centers in the country were given sufficient doses of Tetanus Diphtheria (Td) vaccine. Of this, 530,038 (24.91%) of pregnant women were vaccinated with Td (2 doses) during their first pregnancy and 822,287 (38.64%) were vaccinated with Td (at least 3 doses) during their 2nd and succeeding pregnancies.

Figure 1.B.2 Proportion of Pregnant Women for the 1st, 2nd and more times given Tetanus Diphtheria Vaccine by Region Philippines, 2021



Understanding iClinicSys

- iClinicSys serves as the backbone for generating crucial national health statistical requirements, including but not limited to the Field Health Services Information System (FHSIS) and Disease Registry Reports.
- This electronic medical record and health information system are tailored to support the operations of primary healthcare facilities, encompassing Rural Health Units (RHUs), Health Centers (HCs), and Barangay Health Stations (BHS).
- Its primary objective is to revolutionize service delivery processes, introducing efficiency and effectiveness in patient care monitoring within healthcare facilities.

<https://ro2.doh.gov.ph/electronic-medical-record/iclinicsys>



Hybrid Functionality for Flexibility

- A notable feature of iClinicSys is its hybrid software architecture, capable of seamless operation in both offline and online environments.
- This dual capability ensures that healthcare providers can continue delivering services even in areas with limited internet connectivity.
- The system excels in generating electronic medical records, empowering healthcare professionals to meticulously track patient data for comprehensive and personalized care.



Compliance with National Standards

- iClinicSys is designed to comply with national health data standards, ensuring seamless interoperability with key stakeholders such as the Department of Health, Philippine Health Insurance Corporation (PhilHealth), and other government agencies.
- This commitment extends to reporting requirements, facilitating a cohesive and standardized approach to healthcare data management.



Accessible Healthcare Data

- health information becomes readily accessible.
- The system not only empowers healthcare providers with a comprehensive view of patient records but also facilitates timely and informed decision-making.
- Through its commitment to interoperability, iClinicSys ensures that relevant health data is within reach, contributing to a more connected and efficient healthcare ecosystem.



References

- <https://caro.doh.gov.ph/wp-content/uploads/2022/09/FHSIS-2021-Annual-Report-v2.pdf>
- <https://www.aiho.org.ph/2017/05/08/philippine-health-system/>

Thank you

Universitas
Esa Unggul

Universitas
Esa Un

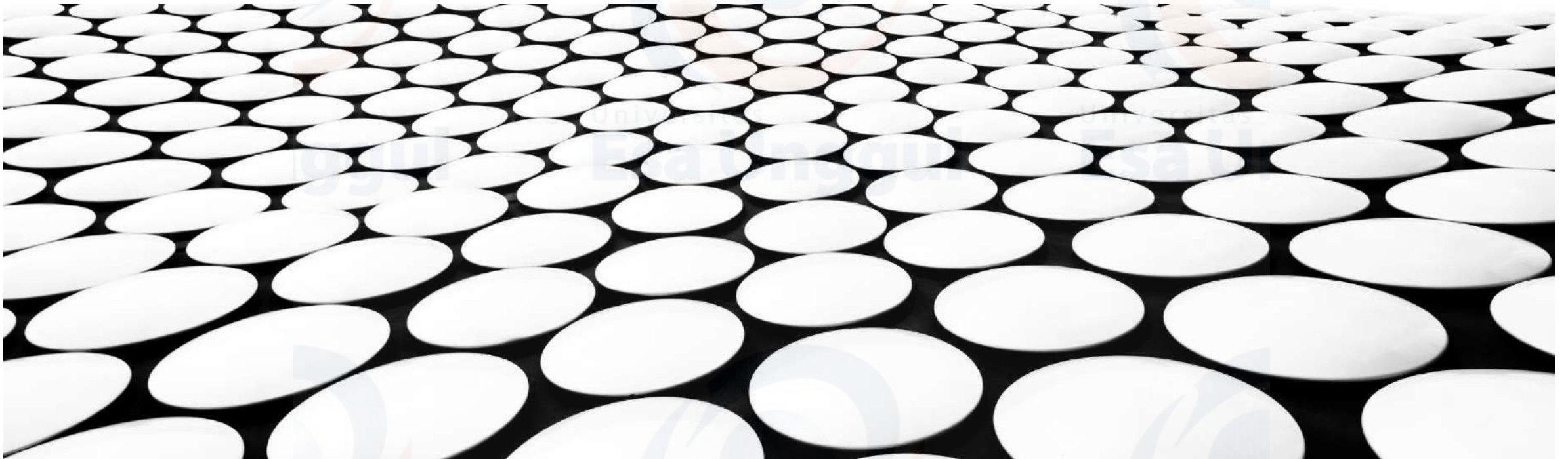
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INTERDISCIPLINARY COLLABORATION IN HEALTH

R. M SONNY SASOTYA

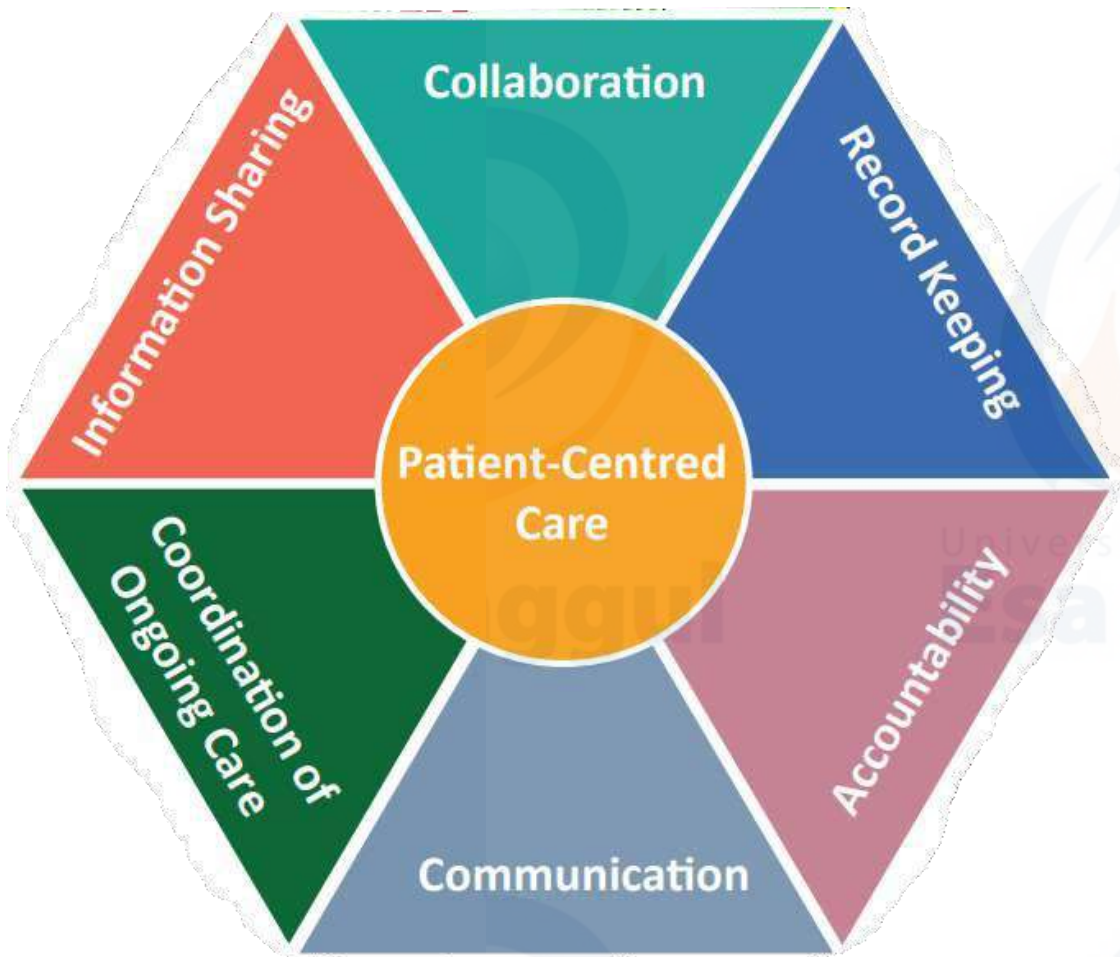


WHAT IS INTERDISCIPLINARY COLLABORATION?

- **Other terms that are used to describe interdisciplinary collaboration:**
 - Integrated care
 - Interprofessional practice
 - Collaborative practice
- **Interdisciplinary collaboration is when multiple practitioners from different professional backgrounds work together with patients, carers and communities to deliver the highest quality of care. It allows practitioners to engage with any individual within the health sector whose skills can help achieve local health goals e.g. orderlies, aged-care providers etc. This is different from multi-disciplinary teams as seen in the below diagram.**



HOW CAN YOU APPLY IT?



Collaboration – working together to share leadership, decision-making and responsibilities. It is both patient-centred and team-based.

Information sharing - openness and flexibility in sharing knowledge and care.

Coordination of Ongoing Care – ensuring that each member of the patient’s care team receives the correct and relevant information to achieve the best outcomes.

Communication:

- Asking questions and raising concerns with each other, across all disciplines including administrators and other staff who may be involved in the patient’s care.
- Maintaining respect and trust in the expertise of each team member.
- Ensuring proper transfer of care and handover.
- Sharing goals to address the needs of the person and delivering the best service possible.

Accountability - having an awareness of your own professional limitations and strengths of other team members. Being proactive with your communication and cooperation within and across teams.

Record keeping – keeping records current and updated – this enhances the coordination of ongoing care and handover to other health care providers.

WORLD HEALTH ORGANISATION INTERDISCIPLINARY COLLABORATION IN WOMEN'S HEALTH



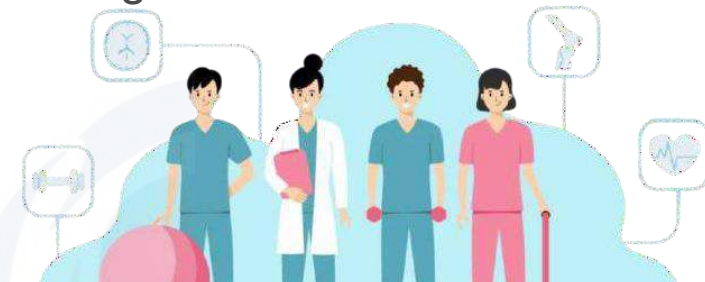
The World Health Organization (WHO) recognizes the critical importance of interdisciplinary collaboration in addressing the complex health needs of women. By bringing together professionals from various fields, including medicine, public health, social sciences, and policy, WHO aims to improve women's health outcomes globally.

▪ Key areas of focus for interdisciplinary collaboration in women's health include:

- **Reproductive health:** This encompasses maternal and child health, family planning, and addressing issues like sexually transmitted infections (STIs) and reproductive cancers.
- **Non-communicable diseases:** This includes conditions such as cardiovascular disease, diabetes, and cancer, which disproportionately affect women in many parts of the world.
- **Mental health:** Addressing mental health challenges faced by women, including depression, anxiety, and disorders related to childbirth.
- **Violence against women:** Preventing and responding to violence against women in all its forms, including domestic violence, sexual assault, and human trafficking.
- **Access to healthcare:** Ensuring that all women have equitable access to quality healthcare services, including reproductive health services and essential medicines.

WORLD HEALTH ORGANISATION INTERDISCIPLINARY COLLABORATION IN WOMEN'S HEALTH

- **Examples of WHO's interdisciplinary initiatives in women's health include:**
 - **Global Strategy for Women's, Children's, and Adolescents' Health:** This strategy outlines a comprehensive approach to improving the health and well-being of women, children, and adolescents worldwide.
 - **WHO Collaborating Centers:** These centers, located in various countries, conduct research and provide technical support on specific areas of women's health.
 - **Joint programs:** WHO works closely with other UN agencies, such as UNICEF and UNFPA, on joint programs to address women's health issues.
- By fostering interdisciplinary collaboration, WHO is able to develop more effective and comprehensive approaches to improving women's health. This includes addressing the social, economic, and environmental factors that influence women's health outcomes, as well as providing essential health services and promoting women's empowerment.



INDONESIAN HEALTH TRANSFORMATION

- The following program is an initiative carried out by the Ministry of Health to carry out health transformation activities that include **6 types of transformation**, such as:

TRANSFORMATION OF PRIMARY SERVICE

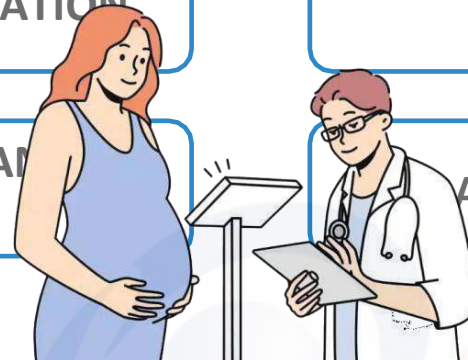
TRANSFORMATION OF REFERRAL SERVICES

HEALTH RESILIENCE SYSTEM TRANSFORMATION

TRANSFORMATION OF THE HEALTH FINANCING SYSTEM

TRANSFORMATION OF HEALTH HUMAN RESOURCES

TRANSFORMATION OF HEALTH TECHNOLOGY



TRANSFORMATION OF PRIMARY SERVICE



- Transformation of Primary Service is **the first pillar** in Indonesia's health transformation, which in its implementation focuses on strengthening **preventive** promotive activities to create more healthy people, improve health **screening** and increase primary service capacity.
- In practice, the main focus can be broken down into 4 things, including:
 - Population Education**, namely by strengthening the role of cadres, campaigning, and building movements, using digital platforms and community leaders.
 - Primary Prevention**, this is done by adding routine immunizations to 14 antigens and expanding coverage throughout Indonesia.
 - Secondary Prevention**, namely by screening the 14 diseases that cause the highest death in each age target, screening, stunting, & increasing ANC for maternal and infant health
 - Improving the Capacity and Capability of Primary Services**, by revitalizing the network and standardizing services at Puskesmas, posyandu, and home visits.

TRANSFORMATION OF REFERRAL SERVICES

- As **the second pillar** in Indonesia's health transformation, the transformation of referral services has a focus on improving the quality and equity of health services in all corners of Indonesia.
- As for its implementation, what must be done to achieve this goal is to improve access and quality of secondary and tertiary services through the construction of hospitals in Eastern Indonesia, network with 6 superior services, and establish partnerships with *World's Top Healthcare Centers*.

HEALTH RESILIENCE SYSTEM TRANSFORMATION

- In **the third pillar** of Indonesia's health transformation, Health Resilience System Transformation plays an important role in maintaining a good health system in the midst of global health threats. This also includes the manufacture or production to the smooth distribution of pharmaceuticals that can be produced domestically.
- When viewed further, the scope of Health Resilience System Transformation also includes:
 1. Increasing the resilience of the pharmaceutical & medical device sector by carrying out domestic production in the form of 14 routine vaccines, Top 10 drugs, Top 10 Medical Devices *by volume & by Value* .
 2. Strengthening the resilience of emergency response by conducting a national network of LA-based surveillance, preparing emergency response backup personnel, and conducting a *Table Top Exercise* of crisis preparedness

TRANSFORMATION OF THE HEALTH FINANCING SYSTEM

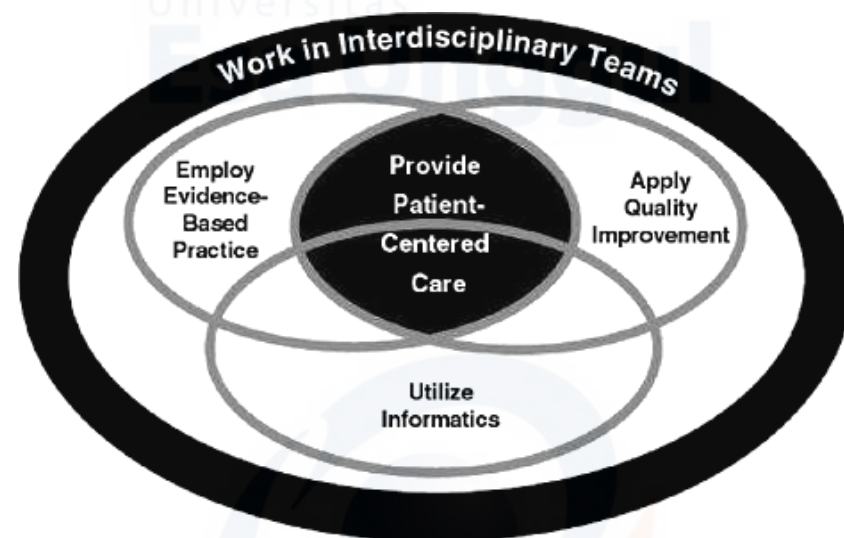
- Transformation of the Health Financing System is **the fourth pillar** of Indonesia's health transformation, which focuses on providing easy and equal access to health services, especially for the poor.
- In the health financing regulation, there are 3 objectives to be achieved, including **ensuring availability, ensuring adequacy and sustainability and being allocated fairly**, and the last is **ensuring effective and efficient utilization**.

TRANSFORMATION OF HEALTH HUMAN RESOURCES

- In **the fifth pillar** in Indonesia's health transformation, the Transformation of Health Human Resources will focus on ensuring an even distribution of health workers throughout Indonesia, including in the DTPK area.
- As for its implementation, the government will increase student quotas, domestic and foreign scholarships, as well as facilitate the inclusion of health workers who graduate from foreign universities.

TRANSFORMATION OF HEALTH TECHNOLOGY

- In **the sixth pillar**, as well as the last pillar in Indonesia's health transformation, Health Technology Transformation has a role to utilize information technology and biotechnology around health.
- Thus, it will make the health world in Indonesia more adaptable and make good use of the development of digital technology, so that the digitalization process around health can grow more.



INTERPROFESSIONAL COLLABORATION IN HEALTHCARE IS WHEN MULTIPLE MEDICAL PROFESSIONALS WORK TOGETHER TO IMPROVE PATIENT CARE. SOME EXAMPLES OF INTERPROFESSIONAL COLLABORATION INCLUDE:

Treating complex conditions

- A team of professionals may work together to treat a patient with a serious accident or chronic condition. This could include a pain management specialist, rehabilitation nurse, physical therapist, and primary care provider.

Working with injuries

- A physical therapist and occupational therapist may work together to treat a patient with a hand injury. The physical therapist may focus on the patient's muscles, while the occupational therapist may focus on their daily function.

Sharing information

- A nurse may record a patient's history, including allergies and family history, and share that information with the physician. The physician may then speak with the pharmacist before prescribing medication.

INTERPROFESSIONAL COLLABORATION IN HEALTHCARE IS WHEN MULTIPLE MEDICAL PROFESSIONALS WORK TOGETHER TO IMPROVE PATIENT CARE. SOME EXAMPLES OF INTERPROFESSIONAL COLLABORATION INCLUDE:

Multidisciplinary rounds

- A team of nurses, doctors, pharmacists, physical therapists, and social workers may meet to discuss and develop patient care.

Treating symptoms

- A medical oncologist may diagnose cancer, a radiation oncologist may treat it with radiation, and a surgical oncologist may remove cancerous tissue.

Improving patient care

- A labor and delivery nurse may alert the obstetrician if she notices a spike in blood pressure or nausea.

- Interdisciplinary or interprofessional collaboration (IPC) in healthcare is the cooperation between health workers and patients to provide care. This collaboration can be done through coordination and shared decision-making.

- **Interdisciplinary collaboration in healthcare has several benefits, including:**

- Reducing complications and mortality rates
- Shortens hospital length of stay and duration of treatment
- Reduces cost of care
- Improves patient and healthcare team satisfaction
- Reduces tension and conflict among healthcare teams
- Reduce disparities between health professions
- Improve the quality of patient care

- Some members of the healthcare team that can be involved in interdisciplinary collaboration include:

Doctors, Nurses, Physiotherapists, Radiologists, Laboratorians, Dieticians, Pharmacists, Psychiatrists, Health educators, Social workers.



THANK YOU





KEYNOTE SPEECH

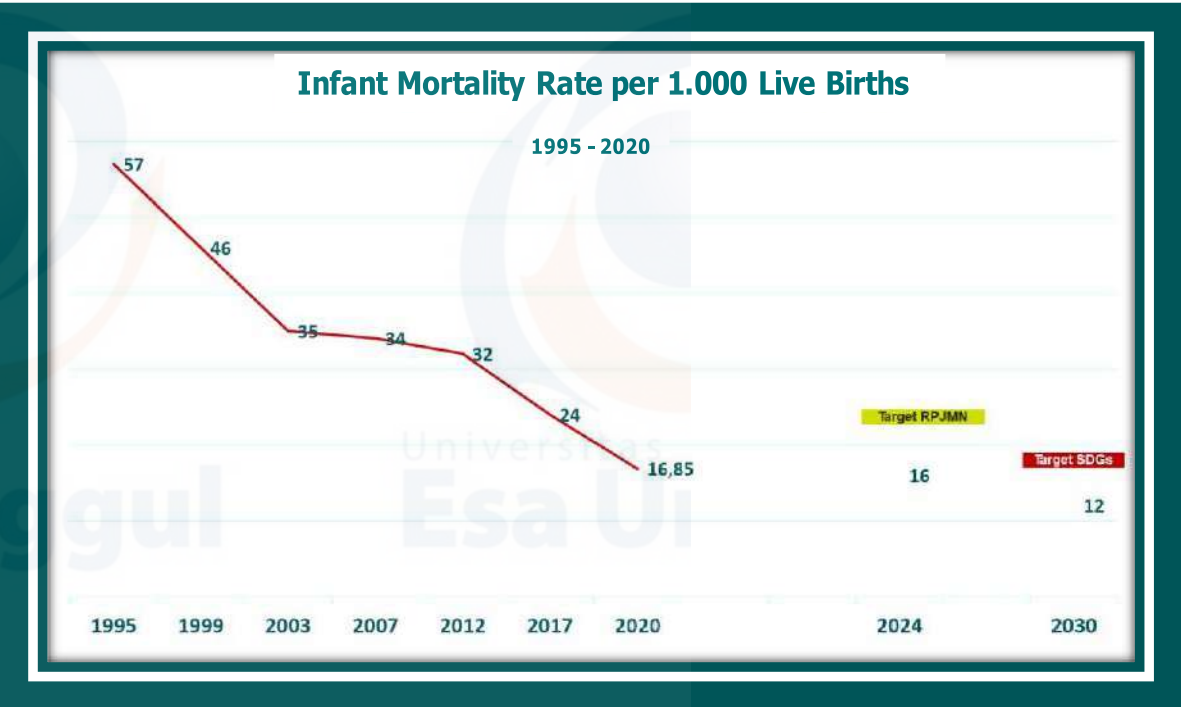
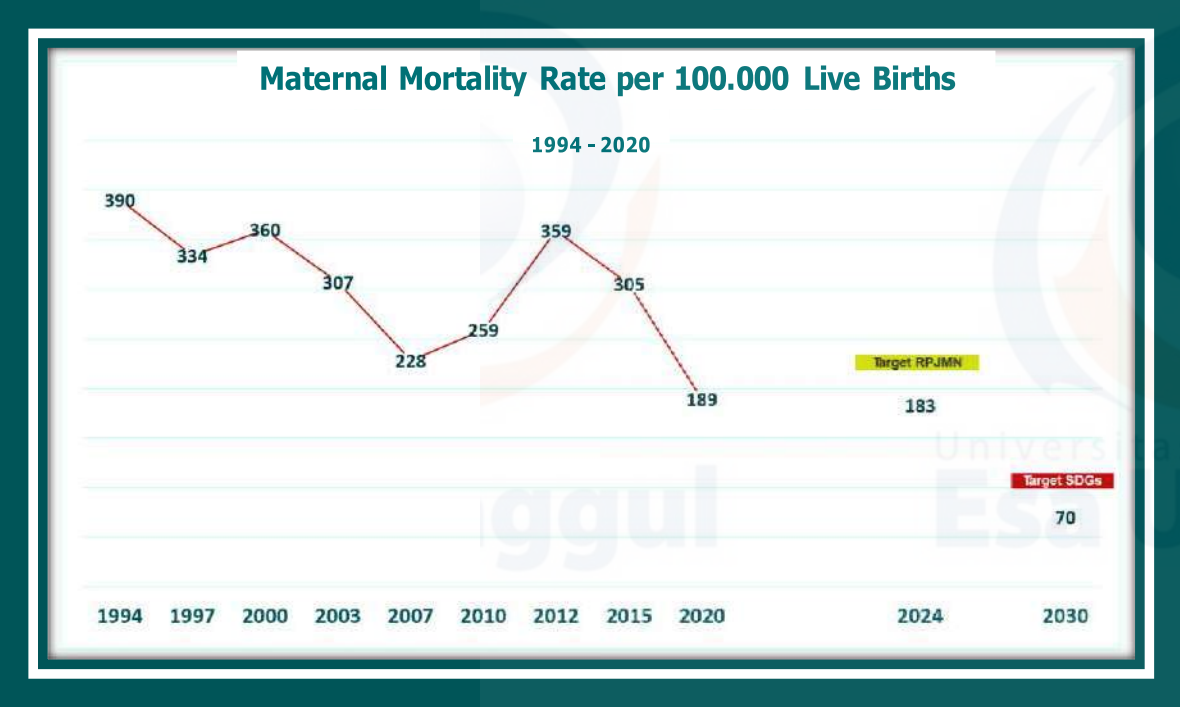
Health Transformation Policy in Maternal Health Services

October 24th 2024

dr. Maria Endang Sumiwi, MPH

Director General of Public Health, Indonesian Ministry of Health

Maternal Health Services Focus On Reducing Maternal and Infant Mortality; MMR and IMR in Indonesia are on track achieved the 2024 RPJMN target, but is **still high**

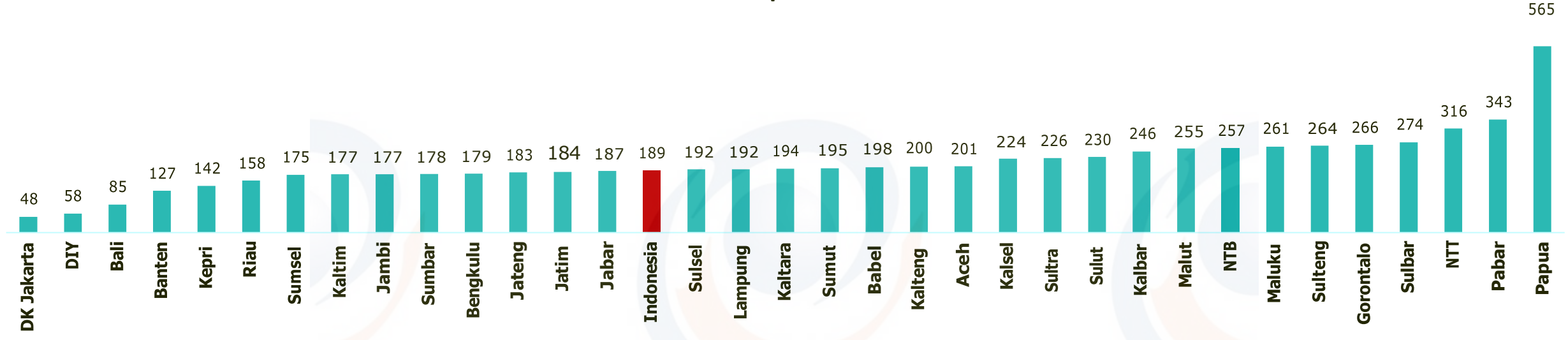




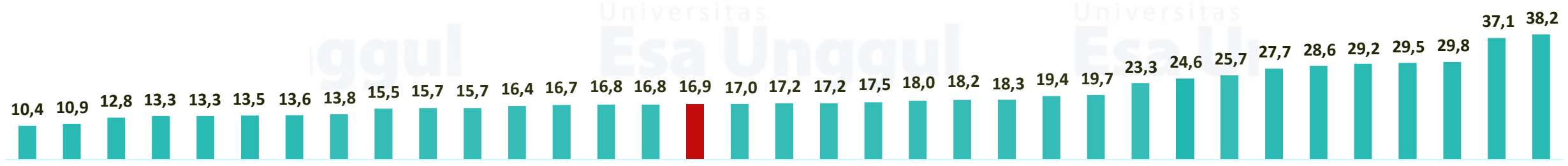
The gap in the quality of maternal and infant health services between regions causes **disparities in MMR and IMR in Indonesia**



MMR per 100.000 Live Births



IMR per 1.000 Live Births





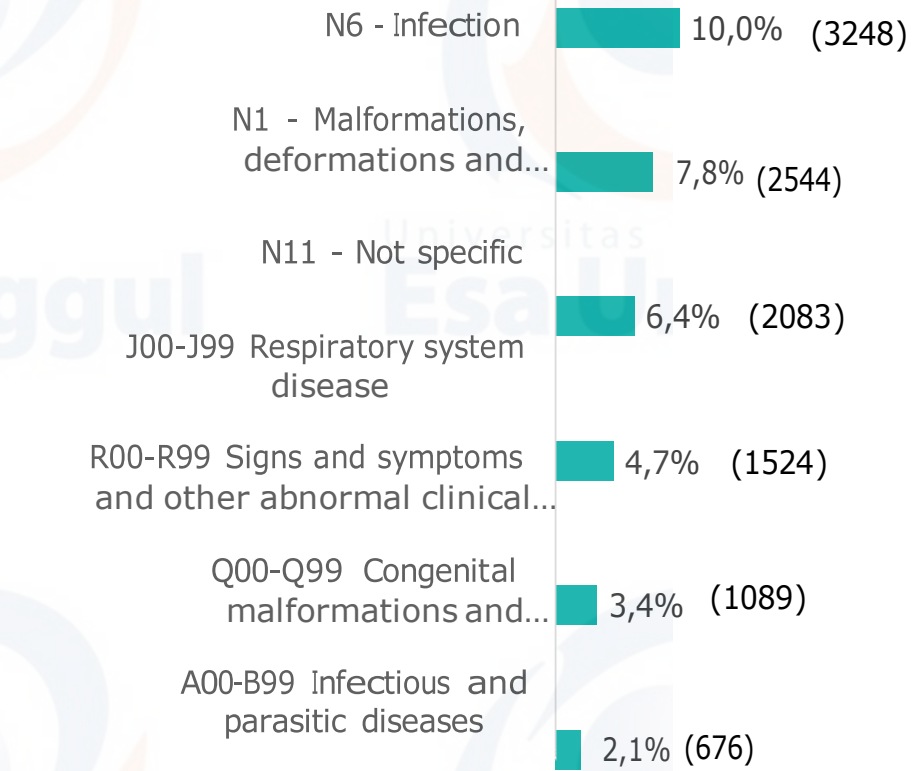
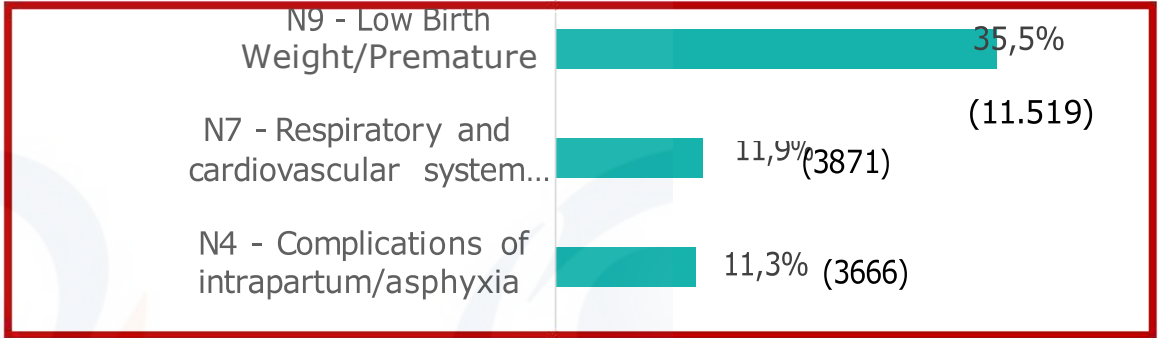
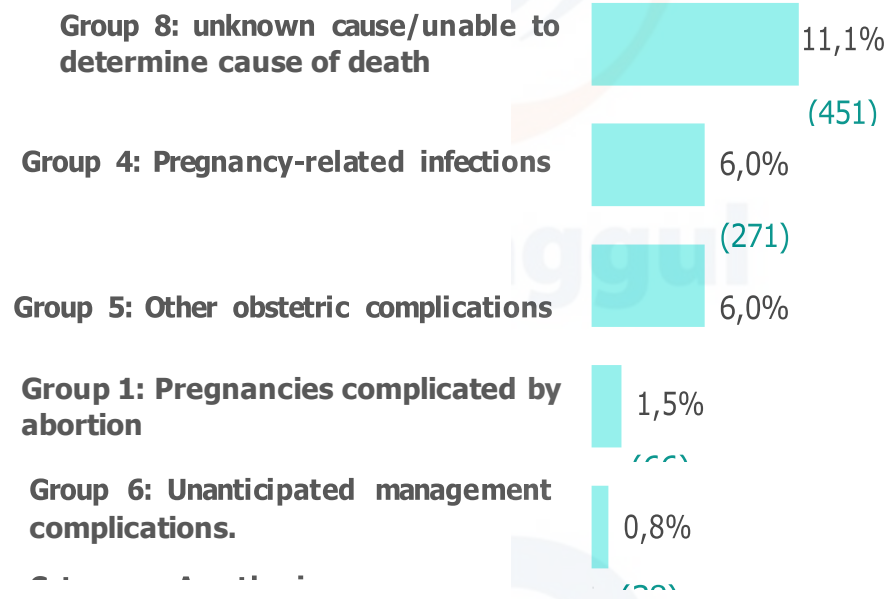
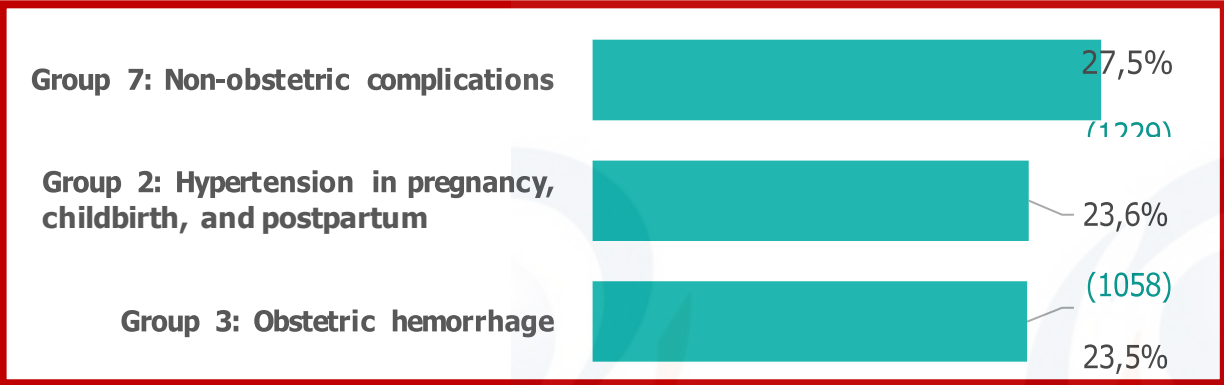
Sumber: LFSP 2020



Causes of Maternal and Infant Death

3 most common causes of maternal death: non-obstetrics complications, hypertension in pregnancy, and obstetric bleeding.

The most common causes of infant death are low birth weight (LBW), respiratory system problems, and asphyxia



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■ 1,6% (508)



Sumber : MPDN, 26 Januari 2023

As many as 2 million premarital couple each years have the potential preventable health problems

Indonesian Health Problems

Nutritional problems

1 in 3 women of childbearing age suffer from

Chronic Energy Deficiency**

1 in 3 teenagers suffer from **Anemia****

1 in 4 women of childbearing age suffer from **Anemia (24%)***

1 in 3 adult women is **Obesity****

Housewives rank 2nd highest in **HIV/AIDS** suffers****

Communi cable diseases

0,4% of women suffer from **Tuberculosis****

0.39% of women suffer from **Hepatitis****

Non- communi cable disease

36,8% women > 18 years old **suffer from Hypertension****

1,78% of women suffer from **Diabetes Mellitus****

1,6% of women suffer from **Heart Disease****

30% of pregnancy cases 4 Too (Too Old, Too Young,

In fact

- ❑ **Child marriage is still high (1 in 9 marriages)**
- ❑ **70% premarital couple will become pregnant within the first year after the wedding**
- ❑ **There are many premarital couple and women of childbearing age with health problems who are at risk if they become**

Too Close, and Too Many)* ~1.500.000

7% incidence of **unwanted pregnancy*****
~350.000

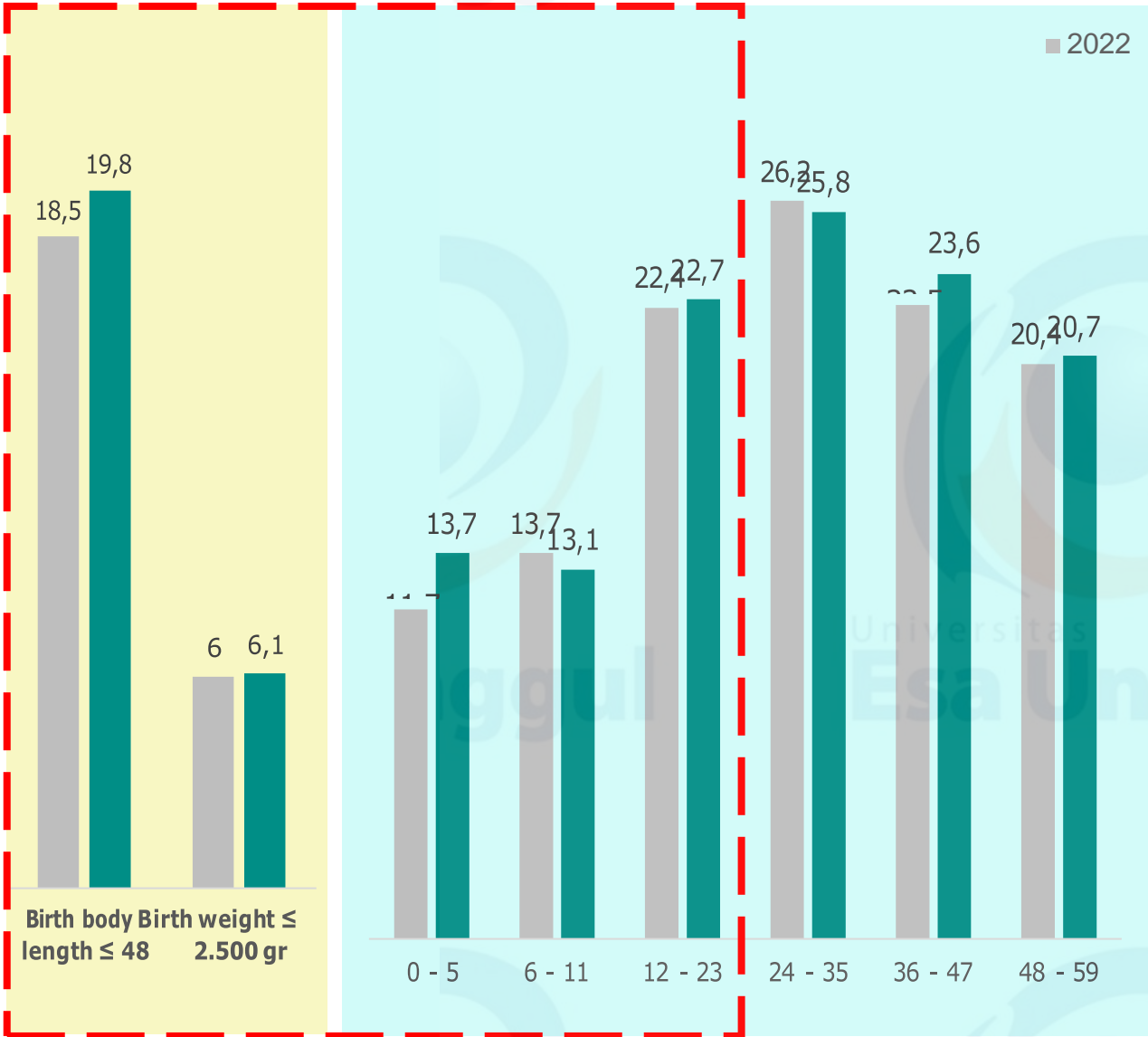
Women's health status in Indonesia contributes to the **morbidity** and **mortality** of pregnant women

48,9% of pregnant women are **anemic**
12,7% of pregnant women are **hypertension**
17,3% of pregnant women with **CED**
28% of pregnant women at **risk of complications**

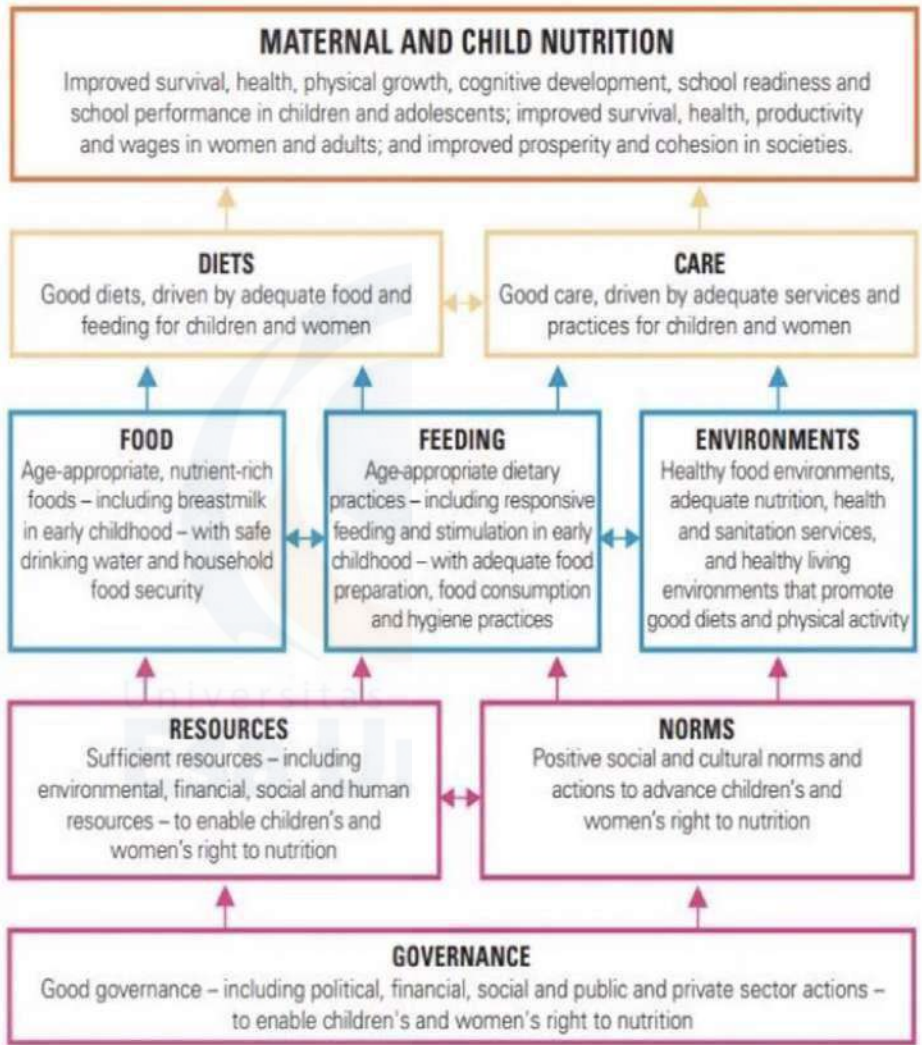
*Riskesdas 2013; **Riskesdas 2018; ***SDKI 2017; Laporan perkembangan HIV/AIDS 2021



The pattern of stunting prevalence shows the need for interventions to prevent and manage LBW




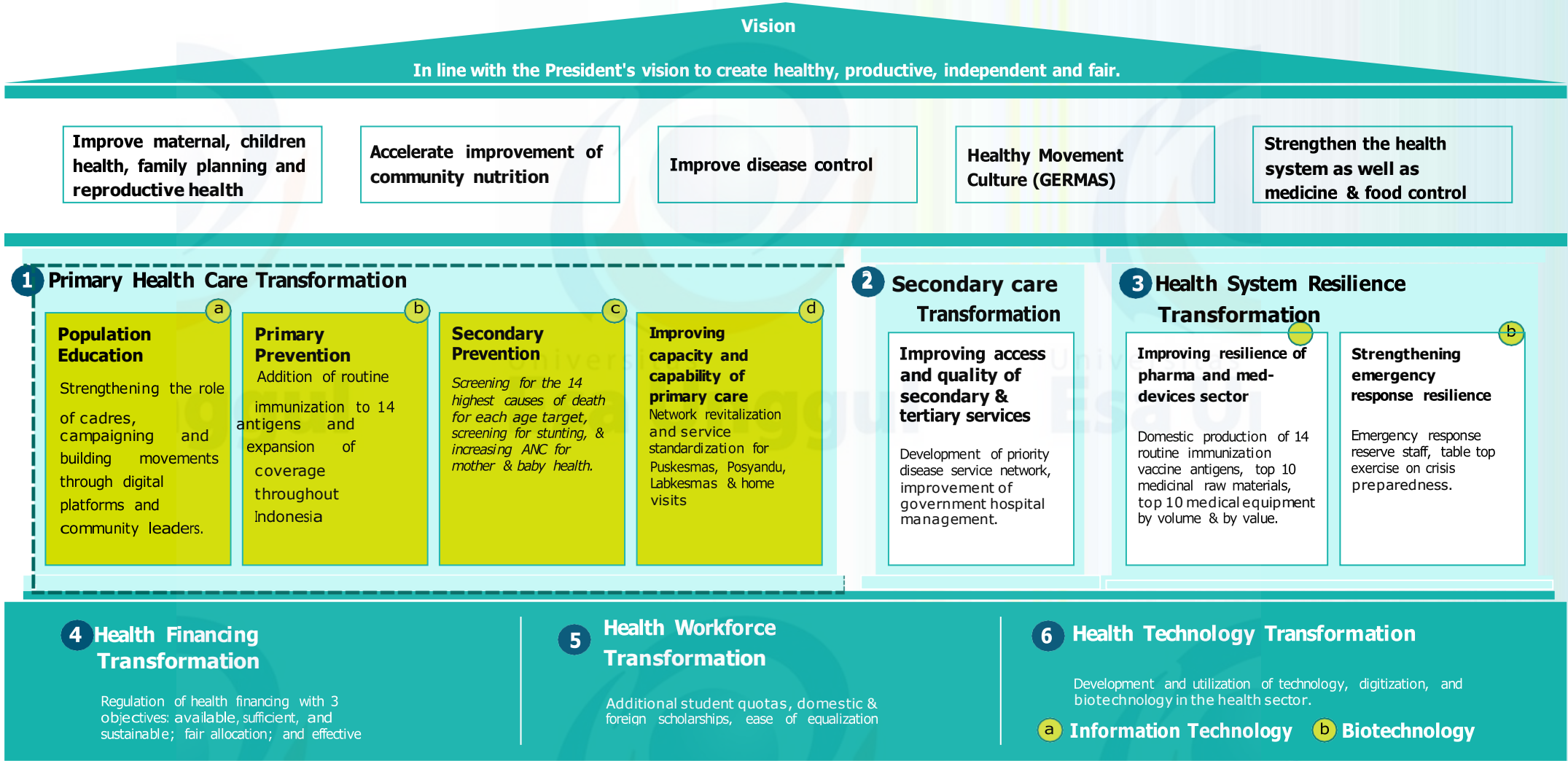
- Outcomes for children and women
- Immediate determinants
- Underlying determinants
- Enabling determinants



Primary health care is the first pillar in Indonesia health system transformation

The 6 pillars of transformation supporting the Indonesian health system:

 Focus on Primary Health Care Integration



3 main initiatives to strengthen diseases prevention



Routine Immunization: from 11 to 14 types of antigen

BCG, DPT-Hib, Hep B, MMR/MR, Polio (OPV-IPV), TT/DT/td, JE, **HPV, PCV,**

Rotavirus

Cervical cancer is a cancer that can be prevented by immunization with the **Human Papillomavirus (HPV).**

Pneumonia and diarrhea are 2 of the 5 highest causes of under-five mortality in Indonesia* **that can be prevented by immunization** (PCV and Rotavirus)



14 screenings Priority Disease

Screening for the highest causes of death in each age target:

1. Congenital hypothyroidism
2. Thalassemia
3. Anemia
4. Stroke
5. Coronary heart disease (heart attack)
6. Hypertension
7. Chronic obstructive pulmonary disease
8. Tuberculosis
9. Lung cancer
10. Hepatitis
11. Diabetes
12. Breast cancer
13. Cervical cancer
14. Colon cancer



Improving maternal and child health

Monitoring children's growth and

development at Posyandu with standardized anthropometric tools

Pregnancy check-up (ANC) from 4 times to 6 times, including **2 times USG** examination by doctor in the 1st and 3rd trimesters

USG examination for Breast Cancer screening

Congenital heart diseases screening in Puskesmas with neonatal pulse oximetry

In 2022, MOH set 3 objectives of the primary care transformation



1. Shifting focus towards lifecycle-based primary care integration as well as conscious effort in strengthening promotive and preventive



2. Bringing health services closer through care networks within village and hamlet, including to strengthen promotive, preventive, and pandemic resilience



3. Strengthening Local Area Monitoring (PWS¹) through digitalization and monitoring through village-level health situation dashboard

1. PWS: Pemantauan Wilayah Setempat

+270 million Indonesians get high quality primary care service

+300 thousand units of primary care service providers with **standardized facilities and human resources**

100% of the area and the health condition of the population are **monitored regularly**



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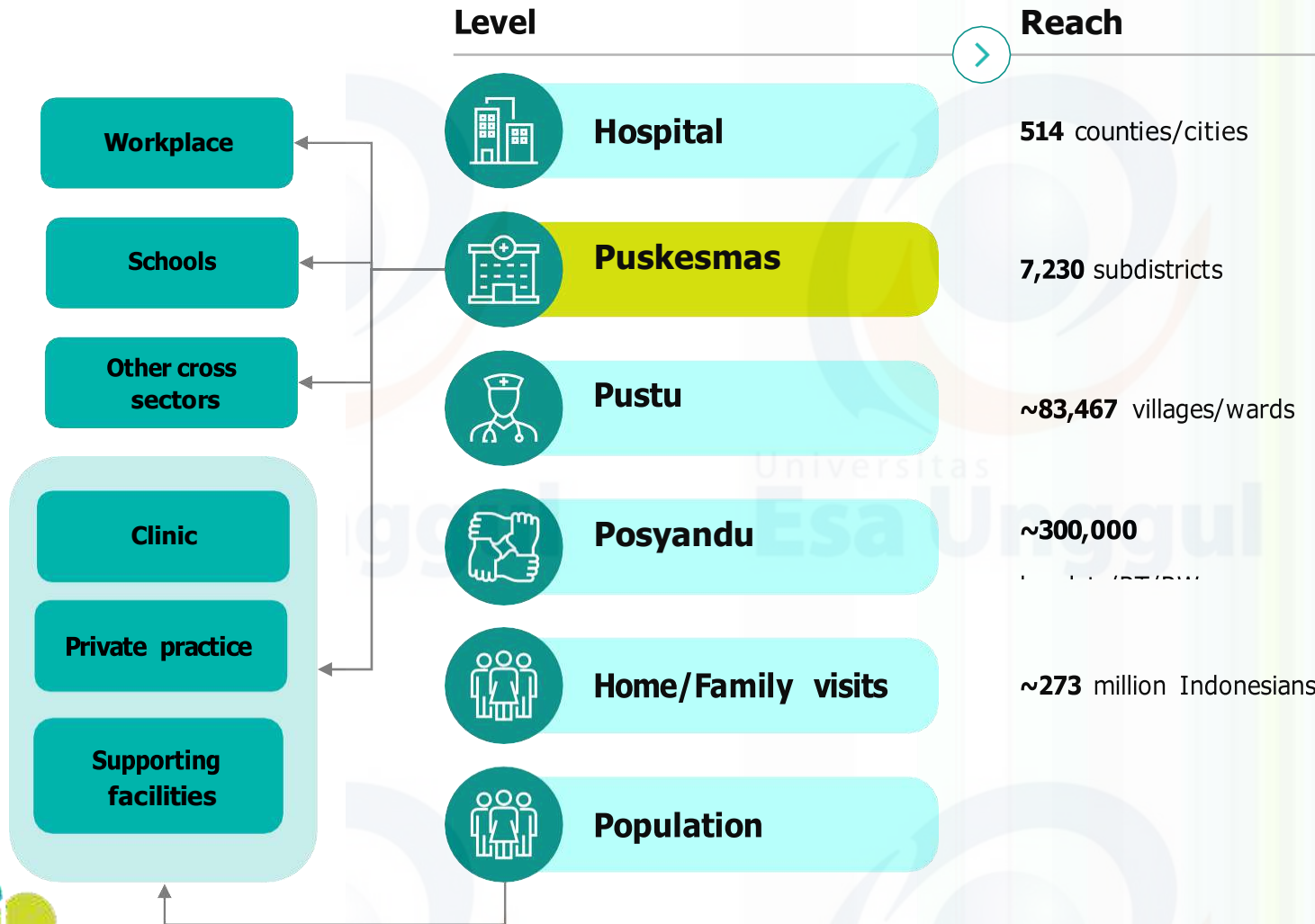
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The transformation is conducted by restructuring primary healthcare network

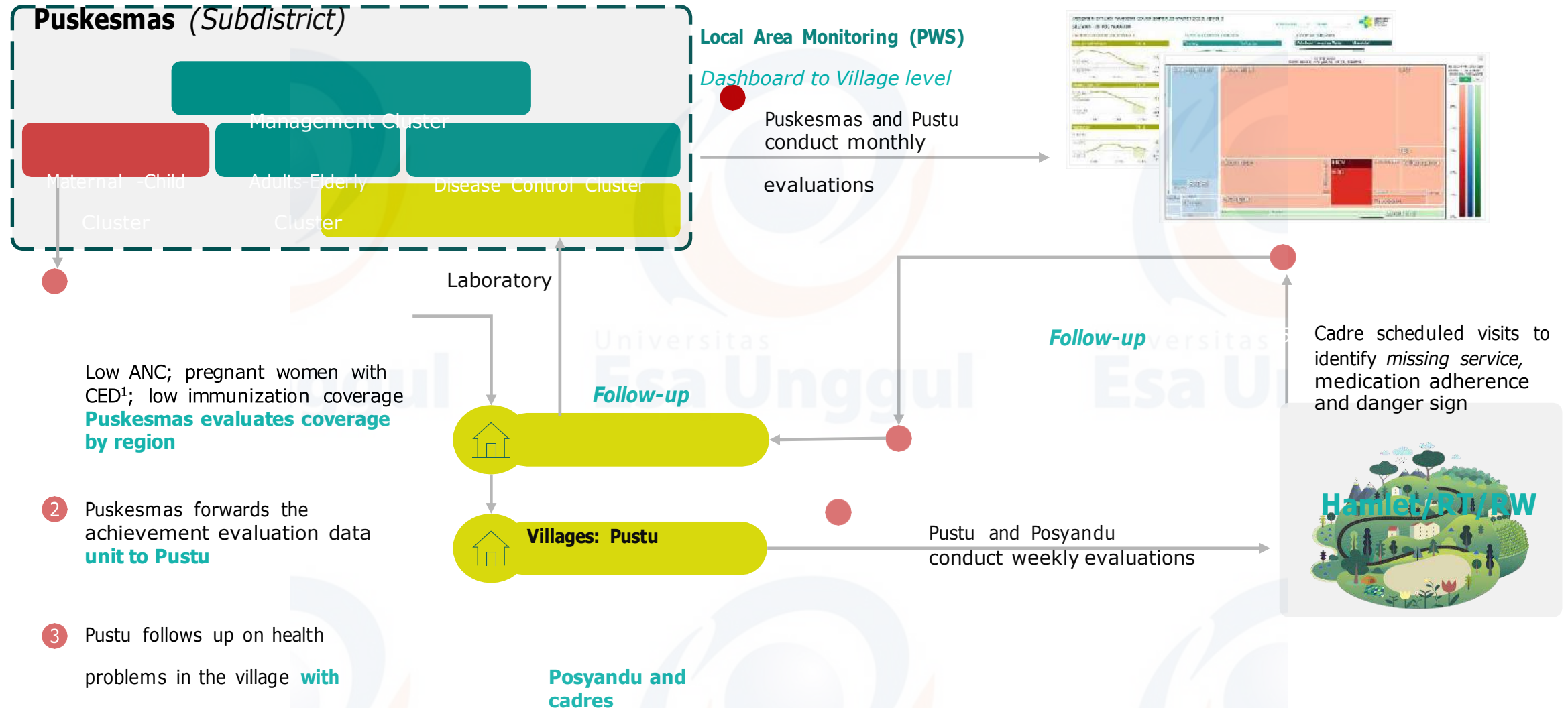


Puskesmas and its 5 network:

- 1 **Primary care facilities**
 - Private clinic/practice
 - Pustu/
 - Posyandu
- 2 **Educational facilities (schools)**
- 3 **Workplace**
- 4 **Referral care**
- 5 **Cross-sector**

Illustration: an integrated primary care service for ~270 million Indonesians

Example of a local monitoring pattern to improve the service coverage of the Pregnant-Adolescent cluster



1. CED: Chronic Energy Deficiency

Hamlets: Posyandu

*Posyandu Activities: KIA,
Youth, UPL*

Cadres follow up on problems based on evaluation of achievements and problems found

Efforts to standardize services in Puskesmas, Pustu, Posyandu— across life cycles

Strengthening Structure accompanied by Standardization of Health Service Packages

Target Health Problems	Service Delivery Unit		
	Puskesmas (Kecamatan)	Pustu (Desa/Kelurahan)	Posyandu (Dusun/RT/RW)
Pregnant women, maternity, postpartum	<ol style="list-style-type: none"> 1. Integrated ANC (6x + ultrasound by doctor) 2. Classes for pregnant women 3. Provision of Additional Nutritional Intake in Chronic Energy Deficient Pregnant Women (SEZ) 4. Normal delivery 5. Postnatal care 6. Screening Violence against Women and Children (KtPA) 7. Dental and oral health services 8. Treatment 	<ol style="list-style-type: none"> 1. Integrated ANC (K2,K3, K4, K6) 2. Classes for pregnant women 3. Provision of Additional Nutritional Intake in Chronic Energy Deficient Pregnant Women (SEZ) 4. Postnatal care 5. Screening Violence against Women and Children (KtPA) 6. Limited treatment 	<ol style="list-style-type: none"> 1. Classes for pregnant women 2. Provision of Additional Nutritional Intake in Chronic Energy Deficient Pregnant Women (SEZ)
Infants and pre-schoolers	<ol style="list-style-type: none"> 1. Neonatal Essential Services 2. Toddler Mother Class 3. Low Birth Weight Baby Services (BBLR) 4. SHK sampling and delivery 5. Growth and Development Monitoring 6. Complete Routine Immunization 7. Provision of Vitamin A and anthelmintic 8. Prevention, early detection, management and referral of toddlers weight faltering, underweight, undernutrition, malnutrition and stunting 9. Integrated Management of Sick Toddlers (MTBS) 10. TB case screening 11. Thalassemia Screening 12. Screening Violence against Women and Children (KtPA) 13. Dental and oral health services 14. Treatment 	<ol style="list-style-type: none"> 1. Neonatal Essential Services 2. Toddler Mother Class 3. Monitoring of Babies with Low Birth Weight (BBLR) 4. Growth and Development Monitoring 5. Complete Routine Immunization 6. Provision of Vitamin A and anthelmintic 8. Prevention, early detection, management and referral of under-five weight faltering, underweight, undernutrition, malnutrition and stunting 9. Integrated Management of Sick Toddlers (MTBS) 10. TB case screening 11. Thalassemia Screening 12. Screening Violence against Women and Children (KtPA) 13. Simple treatment 	<ol style="list-style-type: none"> 1. Toddler Mother Class 2. Growth and Development Monitoring 3. Complete Routine Immunization 4. Provision of Vitamin A and anthelmintic 5. Early detection, assistance and referral for weight faltering, underweight, undernutrition, malnutrition and stunting toddlers 6. TB case screening

School age and adolescence

1. Health screening (PTM &; PM)
2. Vaccination / Immunization
3. Adolescent Care Health Services
4. UKS Facilitation
5. Screening Violence against Women and Children (KtPA)
6. Dental and oral health services
7. Treatment

1. Health screening
2. Vaccination / Immunization
3. Adolescent Care Health Services
4. Prevention of anemia
5. Limited treatment

1. IEC Adolescent Health
2. Prevention of anemia



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Efforts to standardize services in Puskesmas, Pustu, Posyandu— across life cycles



Goal Health Problems	Service Delivery Unit		
	Puskesmas (Kecamatan)	Pustu (Desa/Kelurahan)	Posyandu (Dusun/RT/RW)
Adults and Elderly	<ol style="list-style-type: none"> 1. Obesity Screening 2. Hypertension Screening 3. DM Screening 4. Screening for stroke risk factors 5. Heart disease risk factor screening 6. Cancer screening (Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer) 7. COPD Screening 8. TB Screening 9. Vision Screening 10. 10. Malaria Screening 11. Fitness screening 12. Thalassemia Screening 13. Screening cases of violence against women 14. Mental health screening 15. Reproductive health services for brides-to-be 16. Screening for pregnant women 17. KB Services 18. Occupational Disease Services 19. Geriatric Screening 20. Dental and oral health services 21. Treatment Services 	<ol style="list-style-type: none"> 1. Obesity Screening 2. Hypertension Screening 3. DM Screening 4. Cancer screening (Breast cancer, Cervical Cancer, Lung Cancer) 5. Thalassemia Screening 6. COPD Screening 7. TB Screening 8. Malaria Screening 9. Vision Screening 10. Mental health screening 11. Screening for pregnant women 12. Screening cases of violence against women 13. KB Services 14. Geriatric Screening 15. Limited treatment 	<ol style="list-style-type: none"> 1. Obesity Screening 2. Hypertension Screening 3. DM Screening 4. TB Screening 5. COPD Screening 6. Malaria Screening 7. Vision Screening 8. Mental health screening 9. Screening for pregnant women 10. KB Services 11. Geriatric Screening
Infectious Disease Control	<ol style="list-style-type: none"> 1. Prevention, Early Vigilance, Response 2. Environmental Quality Control 		



Other services

- 1. Laboratory
- 2. Pharmacy
- 3. Emergencies
- 4. Hospitalization

1. Laboratory with RDT

1. Laboratory with RDT



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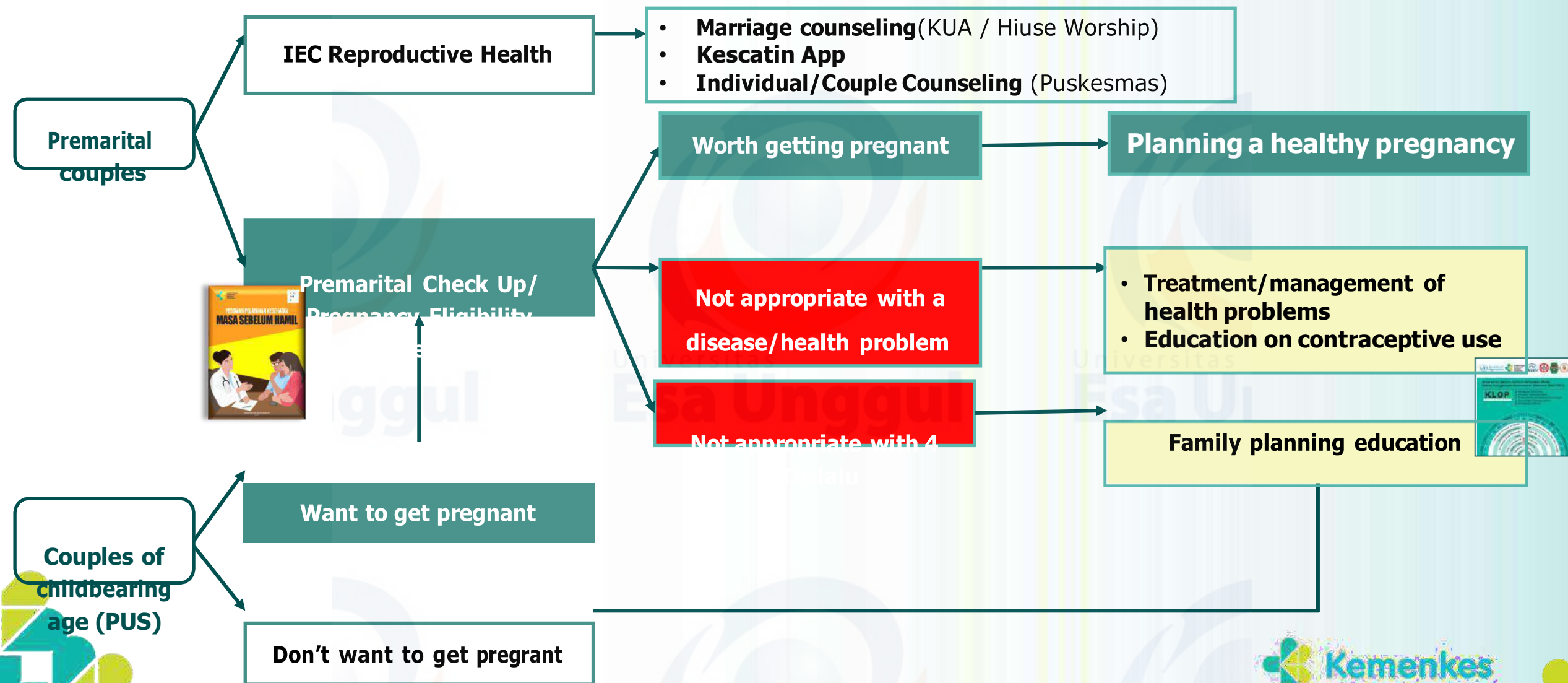


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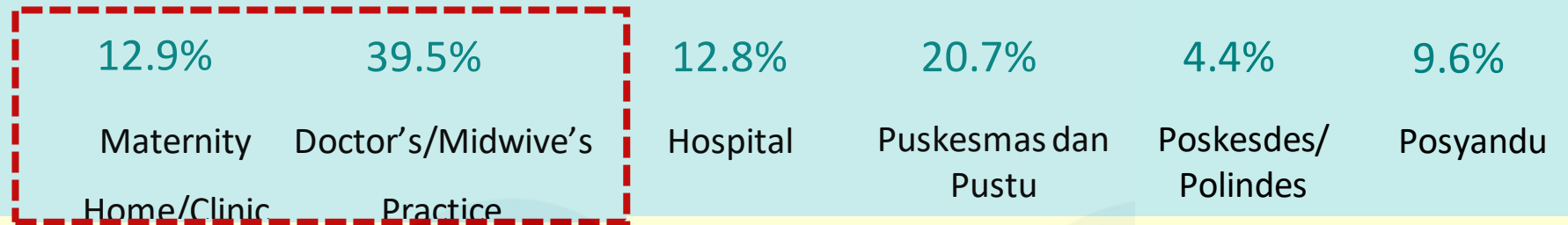
Preconception Care

in Supporting Reducing MMR, IMR, and Stunting

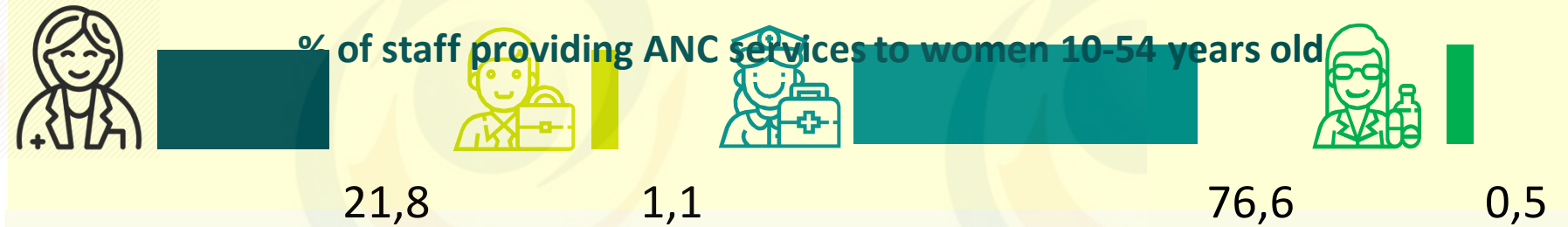


52.4% of ANC was carried out at private Primary Health Care

% ANC Service Places for Women 10-54 years old



PREGNANT WOMEN WITH RISK FACTORS



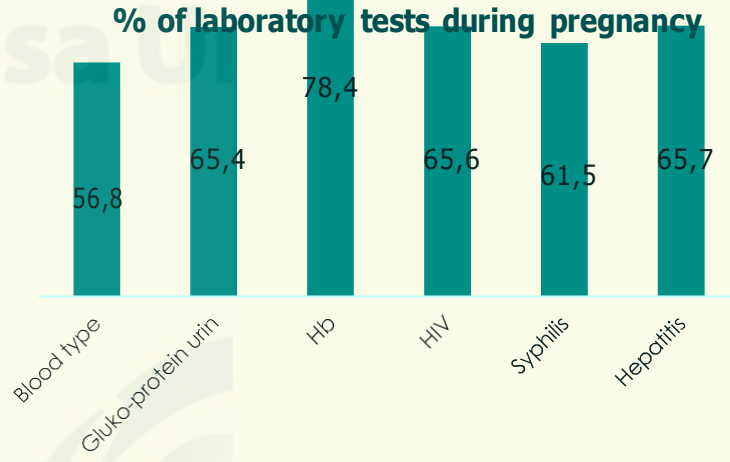
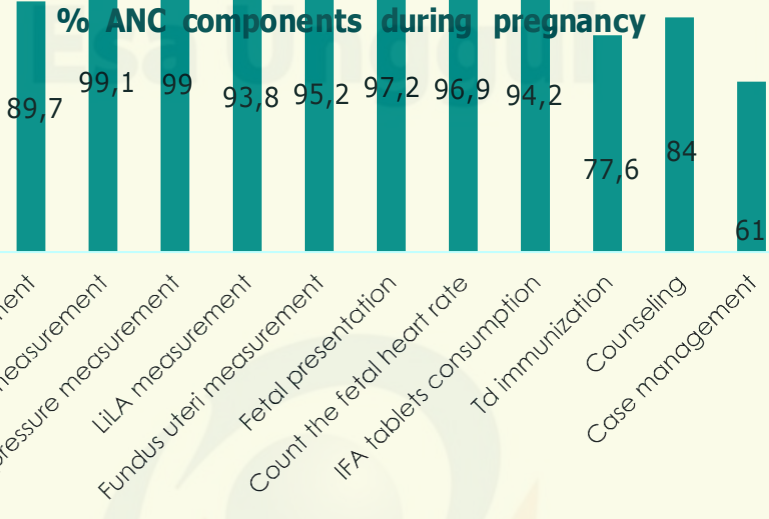
Specialis Obygyn

Doctor

Midwife

Nurse

Early detection and treatment can be done through quality ANC



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INTEGRATED ANC SERVICES

Follow-up: Referrals, repeat visits, treatment monitoring

ANC		Health Workers	PKM	Pustu
TM1	K1*	Doctor	√	
TM2	K2	Doctor/ Midwife/ Nurse	√	√ Based on K1 doctor recom mendat ion
	K3	Doctor/ Midwife/ Nurse	√	√
TM3	K4	Doctor/ Midwife/ Nurse	√	√
	K5*	Doctor	√	
	K6	Doctor/ Midwife/ Nurse	√	√

A

Anamnesa: Explore pregnancy history and risk factors, previous medical history, family medical history, P4K, view previous visit records, ask about complaints during pregnancy, detect psychiatric problems

B

Inspection and Service according to standards

1. Weight and height measurement
2. Blood pressure measurement
3. Nutritional status value (upper arm circumference/LiLA measurement)
4. The height of the top of the uterus (fundus uteri) measurement
5. Determine fetal presentation and fetal heart rate
6. T status screening and provide Td immunization if necessary
7. Giving a minimum of 90 IFA tablets during pregnancy
8. Laboratory tests: pregnancy test, blood hemoglobin level, blood type, triple elimination test (HIV, Syphilis and Hepatitis B), Malaria, urine gluco-protein, random blood sugar, BTA
9. Diagnosis and management/handling of cases according to authority
10. Counseling
11. USG examination by a doctor





Recorded in
MCH
Handbook



Recorded in the electronicapp

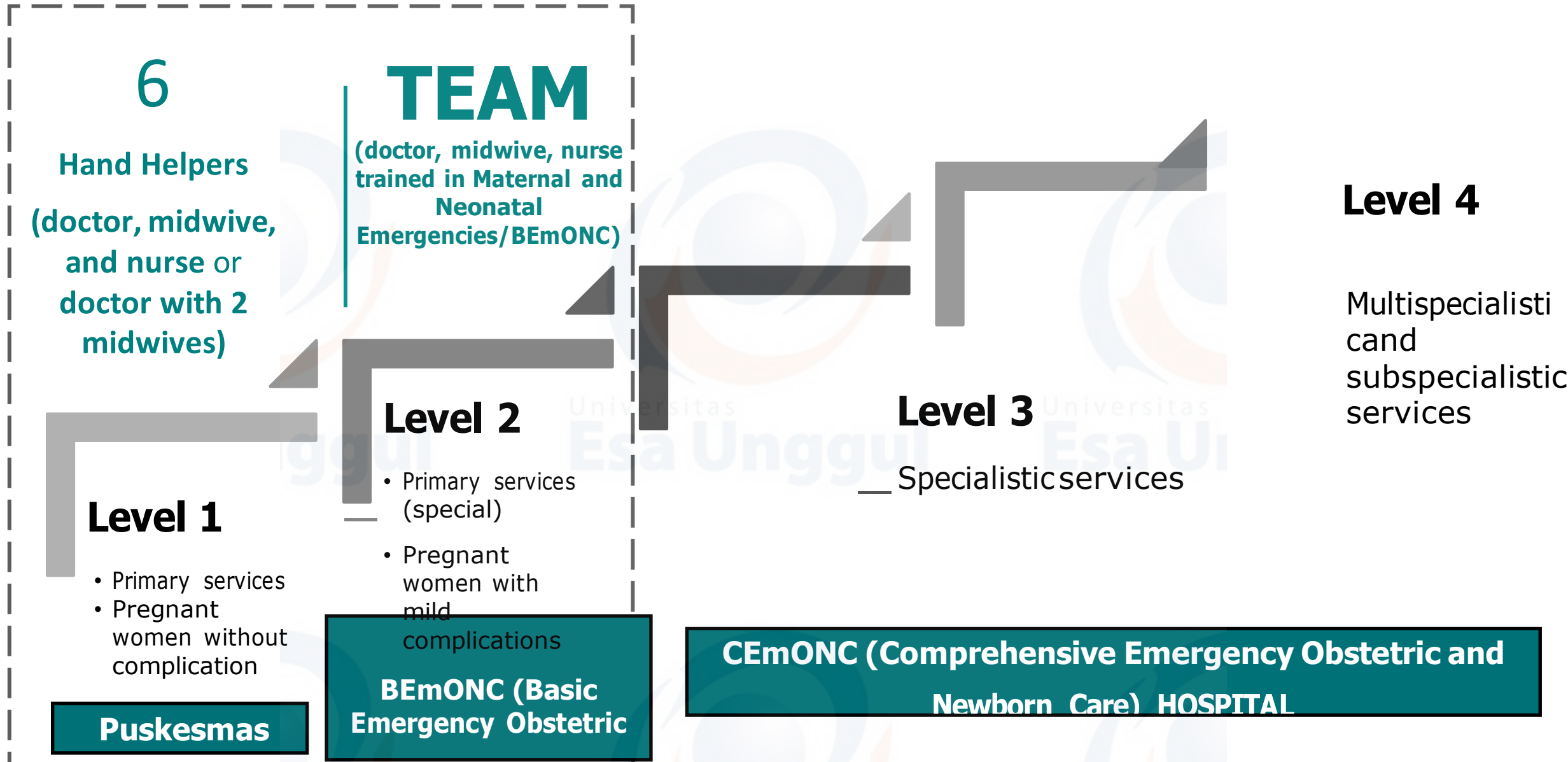


Intrapartum Care (INC)

Levelling is based on health facility competency in delivery services, not referral level

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Level 5

— Multispecialistic and subspecialistic services, cases with high complexity



Postnatal Care (PNC)

Postnatal care is health care provided to **mothers and newborns** within a period of **6 hours to 42 days** after giving births, which is carried out in an **integrated and comprehensive**

PNC Goals

- Maintain the health of the mother and baby, both physically and psychologically.
- Early detection of postpartum problems, diseases and complications
- Provide IEC and ensure understanding about health, personal hygiene, nutrition, family planning, breastfeeding, immunizations, newborn care, and so on for mothers and their families
- Involving mothers, husbands and families in maintaining the health of postpartum mothers and newborns
- Provide family planning services as soon as possible after

PNC Provider

Postnatal care is provided by competent health workers (doctors, midwives, and nurses)

PNC Service Time

At least 4 times with the mother and newborn visiting at the same time

1. 6 - 48 hours after delivery
2. 3 - 7 days after delivery
3. 8 - 28 days after delivery
4. 29 - 42 days after delivery (mother

giving birth

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Types of Postnatal Care



MATERNAL

NEWBORN

No.	Type of Service	KF1	KF2	KF3	KF4	No.	Type of Service	KN1	KN2	KN3
		6 – 48 hours	3 – 7 days	8 – 28 days	29 – 42 days			6 – 48 hours	3 – 7 days	8 – 28 days
1.	Examination using the postpartum examination form	V	V	V	V	1.	Examination using the Integrated Management of Young Infants (MTBM)	V	V	V
2.	T status screening and provide Td (Tetanus diphtheria) immunization if necessary	-	-	-	V	2.	For areas that have implemented Congenital Hypothyroid Screening (SHK)			
							- SHK inspection	-	V	-
3.	HIV, Hepatitis B, and syphilis status screening	*	*	*	*		- SHK test results	-	V	V
4.	TB status screening	*	*	*	*		- Confirm SHK results	-	V	V
5.	IEC during the postpartum period	V	V	V	V	3.	Action (therapy/referral/feedback)	V	V	V
6.	Recording in the MCH Handbook and mother's card	V	V	V	V	4.	Recording in the MCH Handbook and infant cohort	V	V	V



V : routine check-up

* : on indications

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The Role of Maternity Nurses In MNCH Services

ANC	INC	PNC
IEC: care according to gestational age and maternal age nutrition of pregnant women; mental readiness; recognizing danger signs of pregnancy, childbirth, and postpartum; newborn care; early initiation of breastfeeding; provision of breast milk; family planning; prevention of disability; and other materials.	Providing delivery assistance in accordance with normal delivery standards or complicated delivery standards	IEC : postnatal care, postpartum danger signs, newborn care, newborn danger signs, breastfeeding, and other materials
Counseling	Encouraging the implementation of early breastfeeding initiation	Counseling services
Providing quality ANC services in accordance with competence and authority	Observe the mother and newborn for at least 24 hours after delivery	Complication screening services include physical and mental health screening
Assistance for high-risk pregnant women		Provision of nutritional supplements
		Postpartum maternal assistance, primarily carried out for postpartum mother at high risk





Community Empowerment



Use of MCH Handbook

Ensure pregnant women and their families understand the contents of the MCH Handbook, by reading and applying what is stated in the MCH Handbook



Implementation of Mother's Class

Group learning facilities for pregnant women and mother with toddlers in face-to-face form using MCH Handbook

Objective:

- Increasing knowledge, attitudes, and behavior of mothers and families.

Role:

- Providing material in Maternity Class and Mother with Toddlers Class.
- Providing counseling for pregnant women.
- Facilitate the implementation of



Birth Planning and Complication Prevention (P4K)

Mother's class in the community

A targeted notification activity with the active role of husbands, families, and the community in planning a safe birth and preparation for

complications for pregnant women, including Family Planning.

Role:

- Ensure the implementation of

P4K with cadres.

- Educate the community about goals and benefits of P4K.
- Screening for risky pregnancies and consulting a supervising doctor.





Hope for Nurses in MNCH Services



1

Nurses work according to
competence and authority



2

Inter-professional collaboration
(doctors, midwives, nurses, nutritionists)
at Primary Health Care Facilities



3

Improving the quality of services by nurses in primary care





Kemenkes

Jl. H. R. Rasuna Said No.Kav 4-9 Blok X-5, RT.1/RW.2, Kuningan, Kecamatan Setiabudi, Kota Jakarta Selatan, Daerah Khusus Ibukota Jakarta 12950



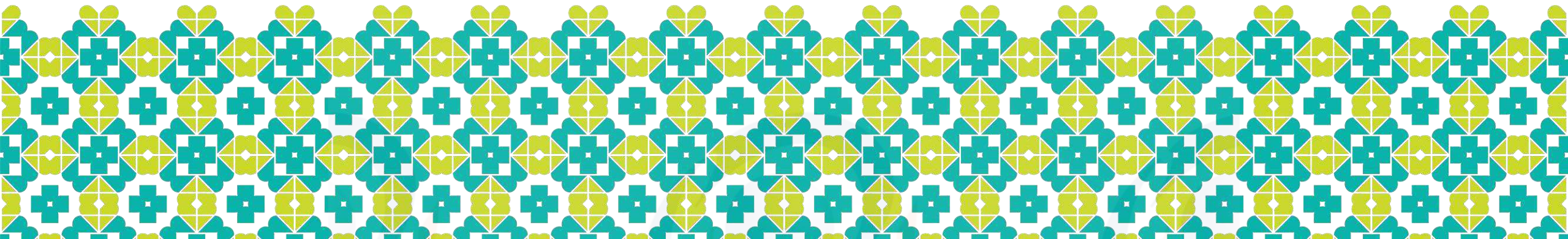
@KemenkesRI; @lifeatkemenkes



www.kemkes.go.id



Kementerian Kesehatan RI



International Seminar and 4th National Congress

Indonesian Maternity Nurses Association(IMNA)

Improving the Quality of Nursing Services through Enhancing the Role of Maternity



Nurses in Supporting Health Transformation in the Digitalization Era

BEST PRACTICES FOR DIGITALIZATION MATERNAL HEALTH SERVICES IN MALAYSIA

Khatijah Lim Abdullah(RN RM BSc MSc PhD)

Professor

khatijahl@sunway.edu.my

October 23, 2024

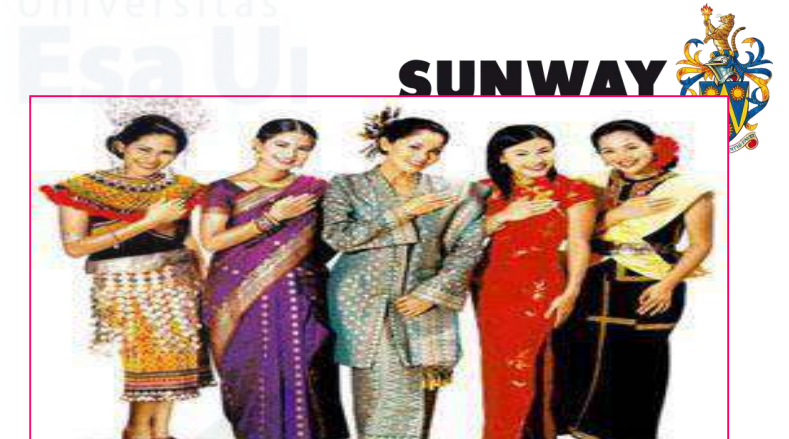
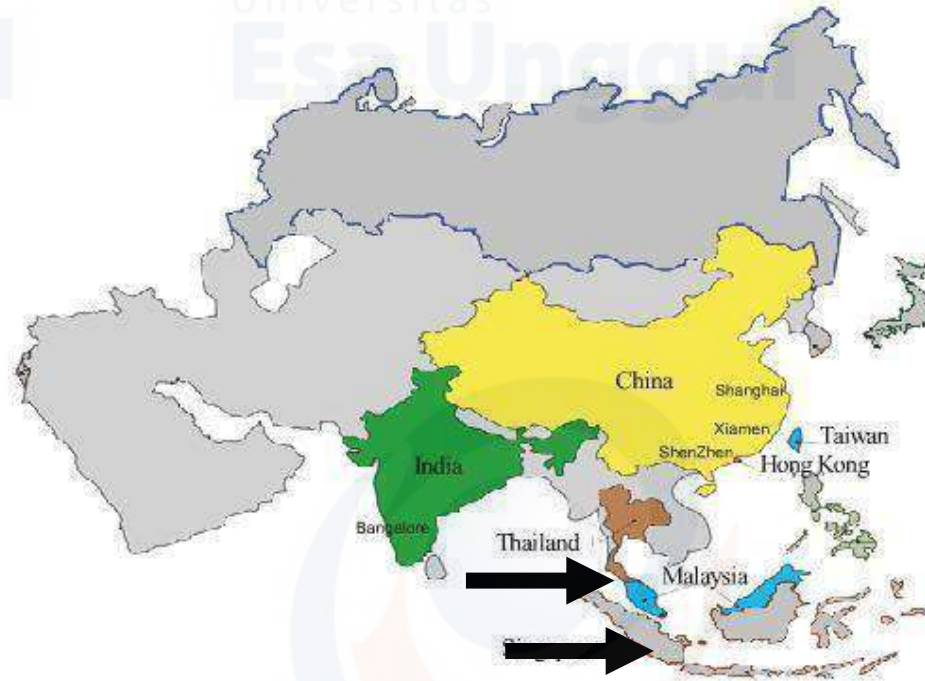
International Seminar and 4th National Congress IMNA

1

Malaysia

- 13 States and 3 Federal Territories

- Population : 32.5 million



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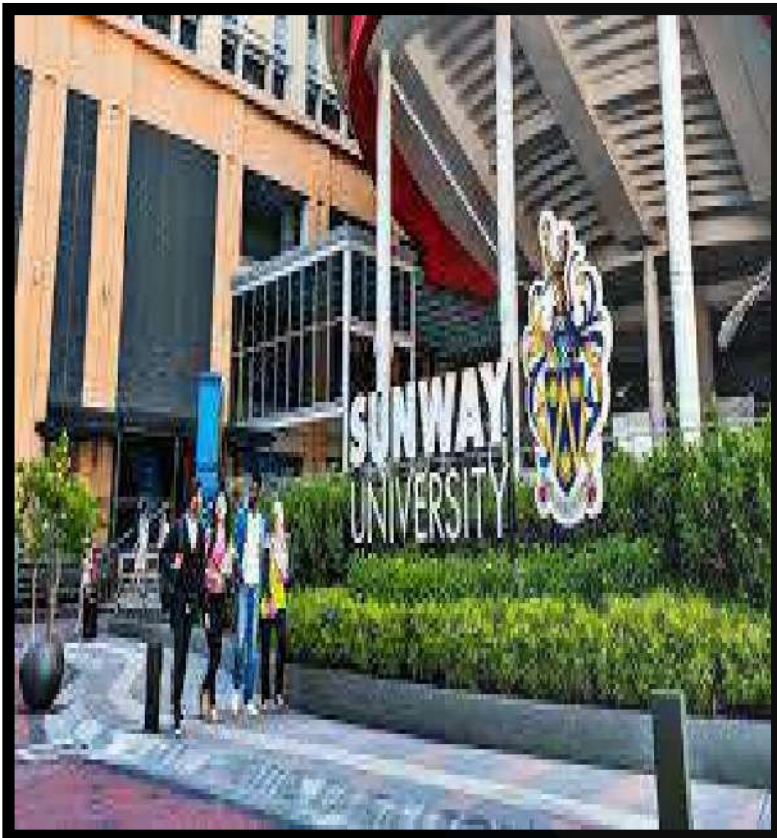
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Sunway University



Established in 2004 as Sunway University College.

Upgraded to full university status in 2011

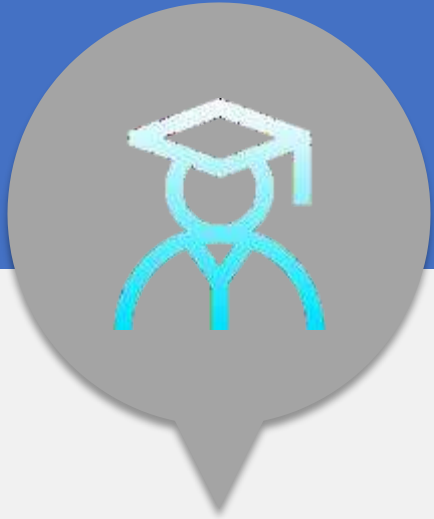
<https://www.linkedin.com/school/sunway.university/>

Seven schools,

- School of Business
- School of Engineering and Technology
- School of Arts
- School of Mathematical Science
- School of Hospitality and Service Management
- **School of Medical and Life Sciences**
- The School of Interdisciplinary Studies

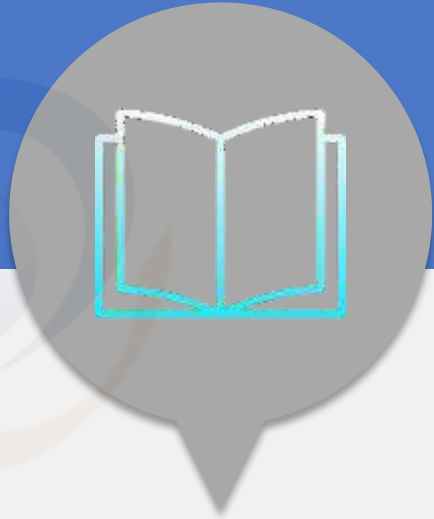


SCHOOL OF MEDICAL & LIFE SCIENCES (SMLS)



1122

STUDENTS



15

*ACADEMIC
PROGRAMMES*



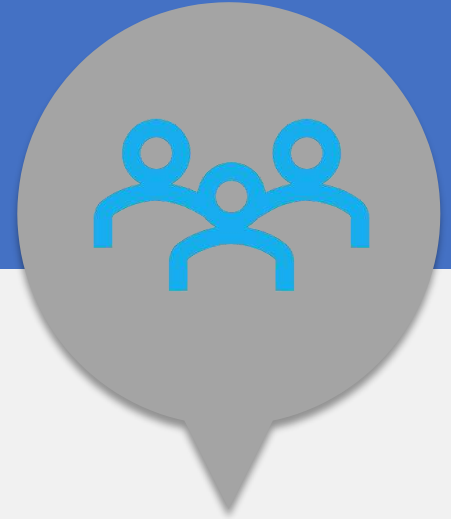
5

DEPARTMENTS



3

*RESEARCH
CENTRES*



91

STAFF

DEPARTMENTS & RESEARCH CENTRES



Department of Psychology



Department of Biological



Sciences



Department of Nursing



Sciences



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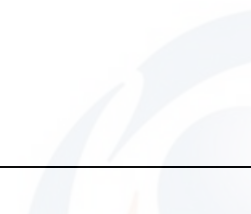
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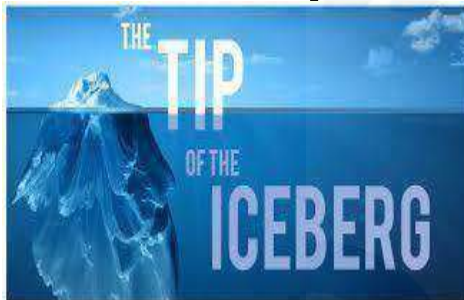


Jeffrey Cheah
Foundation 
Nurturing the Seeds of Wisdom

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All content in this presentation has been carefully sourced and acknowledged.

References and credits have been provided for all external materials used.



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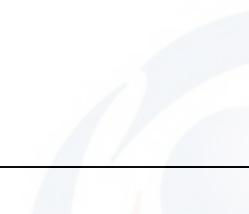
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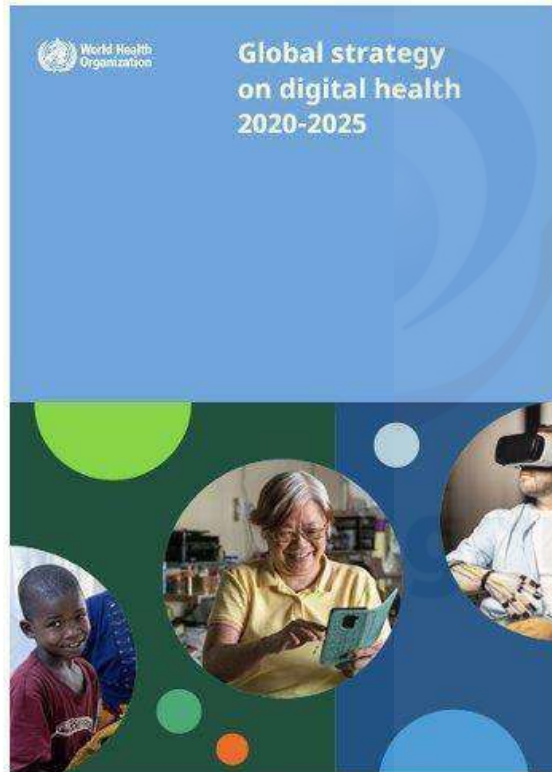
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WHO Digital Health Priorities are shaped by the Global Strategy on Digital Health 2020-25

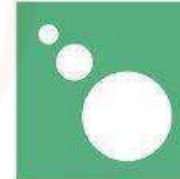


To improve health for everyone, everywhere by accelerating the development and adoption of appropriate digital health solutions to achieve the health-related SDGs

Strategic Objectives



Promote global collaboration & advance the transfer of knowledge on digital health



Advance the implementation of national digital health strategies



Strengthen governance for digital health at global, regional and national levels



Advocate people-centered health systems that are enabled by digital health

Outline

1. Digitalization

2. Prospects and Challenges

3. Way Forward

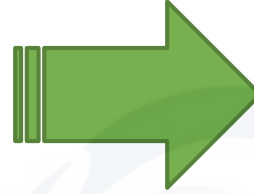
What is Digital

That “D” wordDigital

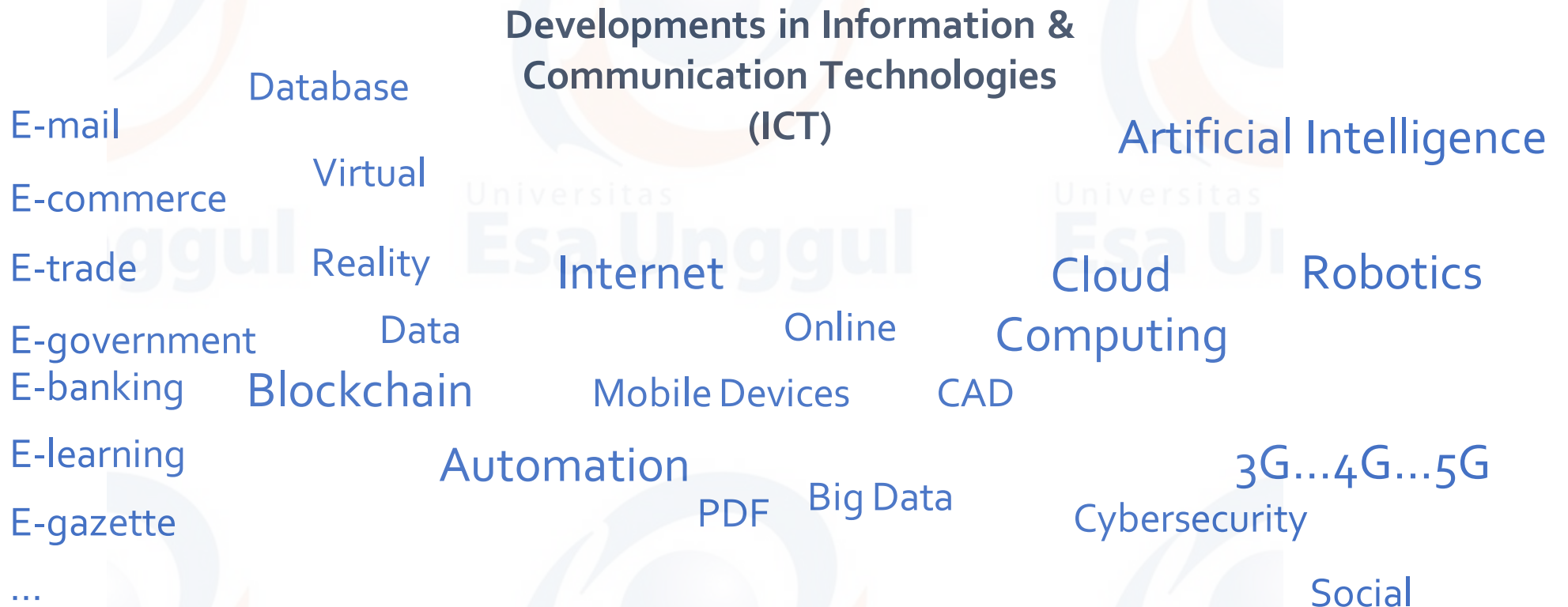
- Means (very) different things to different people.
- Comprises over a thousand phrases; digital media, digital economy, digital currency, digital camera, digital footprint, digital... anything and everything!
- Isn't often something you can see (like electricity).
- Is complex (sometimes technical and therefore confusing and 'unrelatable').
- Has negative connotations for some.
- Therefore, trying to define digital can be a distracting.

Digitization, Digitalization... Towards E-life

Digitization is the process of converting information into a digital (computer-readable) format.



Digitalization is the integration of digital technologies into everyday life.



Internet of Things

Bluetooth

Computers

Broadband

Link

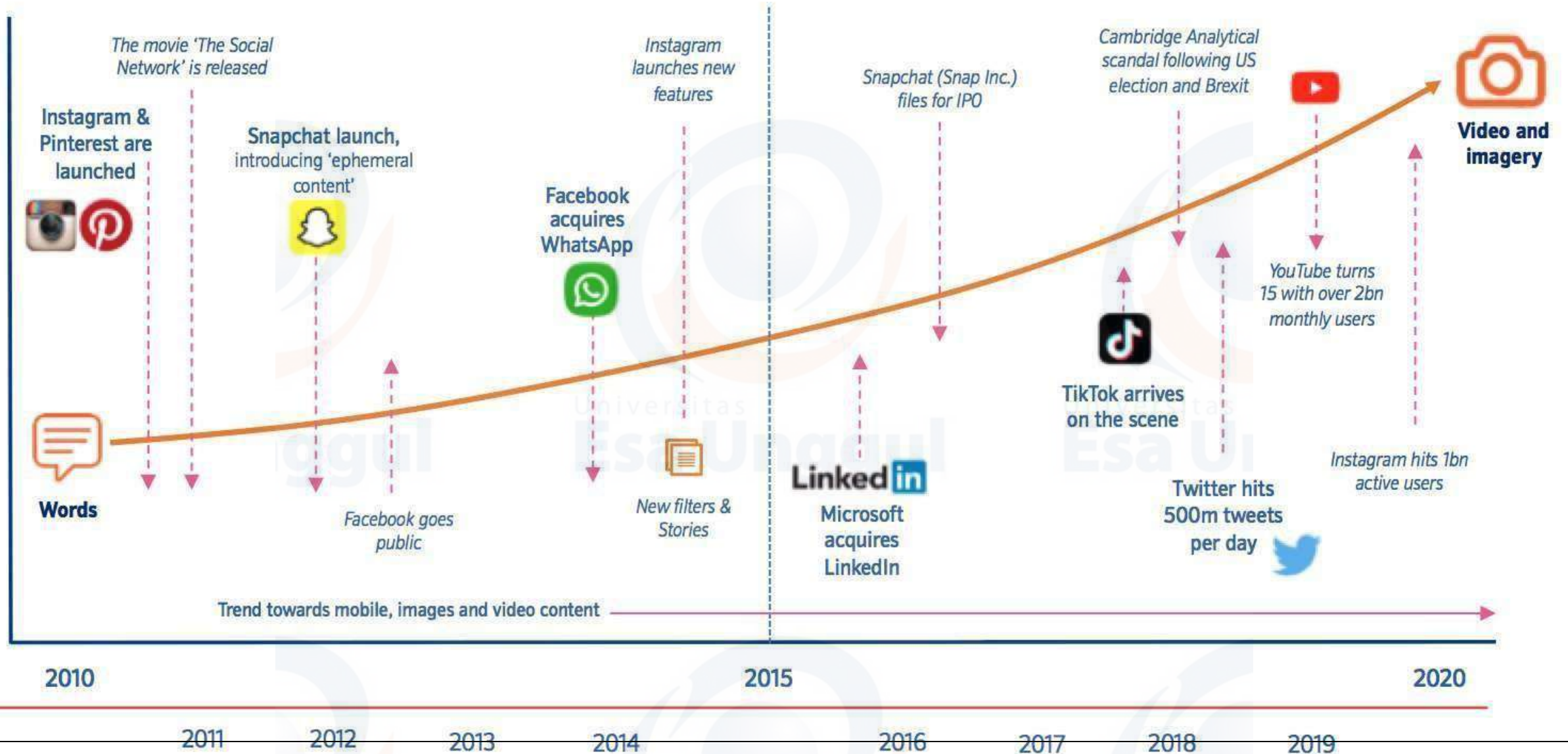
Media

Infrastructure



The evolution of digital

MATURITY OF SOCIAL PLATFORMS, ACTIVITY AND CULTURAL MOMENTS



Vision for transformation – European Commission



“Digital solutions can radically change the way health and care services are delivered - and help them **respond better to crises** like COVID-19.

They can improve **accessibility and communication**.

They can **empower citizens**, enabling them to actively participate in the management and monitoring of their own health.

They **bring health professionals together** to make more efficient use of knowledge and resources.

And they allow **better use of health data in research and innovation**, enabling stronger and more resilient health and social care systems .



EU Health

Commissioner

Stella Kyriakides,

And as
we
embra

ce the possibilities of a digital future, **we must always keep the human being in its centre.**”

2020 World Health
Summit

Vision for eTransformation –WHO Europe

“It was clearly demonstrated that digitalization is challenging our understanding of how and where health care can be delivered and is **driving a transition to predictive and preventative models of care.**”

“Digitalisation of health systems is not simply a notion of ‘continuing what we’re doing now, faster and more efficiently’, but is **putting the individual at the centre of their own health and well-being,** addressing how the rights and consent of individuals can be respected and acted upon, **and harnessing the value of data for health.**”



Dr Hans Kluge, WHO Europe RD



Evolution of Global Internet Traffic

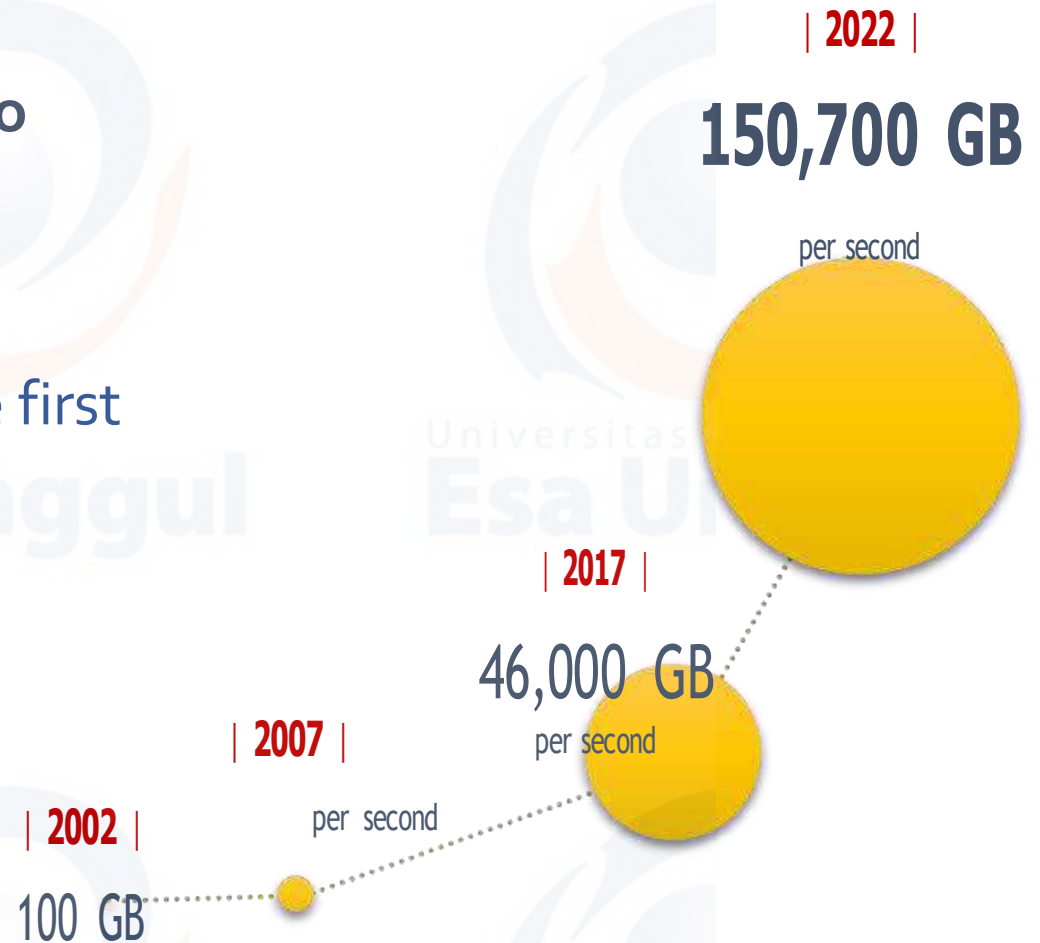
The internet and connected devices have become a central part of most individuals' and firms' everyday life across the world.

! By 2022, global IP traffic is projected to exceed **150 thousand GB per second**

More and more people coming online for the first time **+**

+ Increase in mobile and fixed broadband subscriptions

+ Expansion of the Internet of Things (IoT)



2,000 GB
per second

14



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What Is Digital Health?



<https://youtu.be/CZ2xv-GabHg?si=HAITNX1SMCLLeJUIC>

Digital maternity strategic aims

Vision for the LMNS maternity strategy: To improve the quality and safety of maternity care using data and digital solutions as part of a Learning Health System.

Aim 1

Support care: safe, quality



My healthcare team know the key information about me wherever I receive care



Aim 2

Empower women: to access and share care information

I can access and personalise my own maternity record and find out relevant information about my pregnancy



Aim 3

Evaluate and learn: use of data to assess and improve services

I can feedback my views on the care I receive and these are taken into account by local services



Aim 4

Attract development funding

I can use the latest digital tools to manage my care



Why Digitalization is Important for Maternal Health

- **Enhanced Access:** Reaching underserved populations
- **Increased Efficiency:** Reducing paperwork and wait times
- **Improved Data Management:** Real-time data collection and monitoring
- **Better Communication:** Between healthcare providers and patients
- **Empowerment:** Providing mothers with health information and support

A total of 25,413 respondents with an overall response rate of 74.9%

MOH/S/IKU/198.23(RR)-e

NHMS MCH

MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR PUBLIC HEALTH

NATIONAL HEALTH AND MORBIDITY SURVEY 2022

**MATERNAL AND
CHILD HEALTH**

High prevalence of adequate antenatal care visits (98.1%) and safe delivery (98.4%).
Prevalence of GDM and HT among respondents aged 15-49 years was 27.1% and 19.3%

The proportion of safe delivery was 98.4% majority of the respondents (97.2%) notified their deliveries to the nearest government healthcare facilities after discharged from the hospital, Prevalence of mothers who received all 3 scheduled postnatal visits.

October 23, 2024

International Seminar and 4th National Congress IMNA

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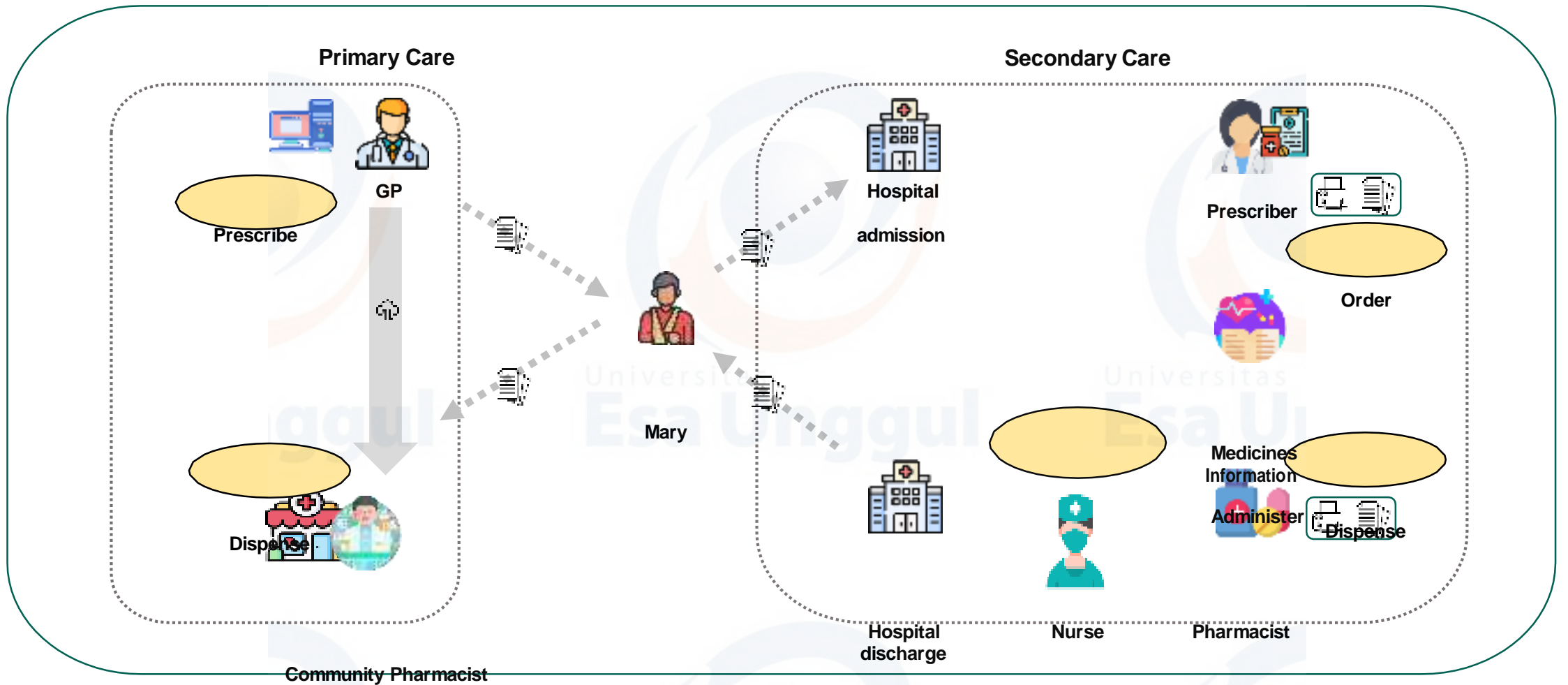
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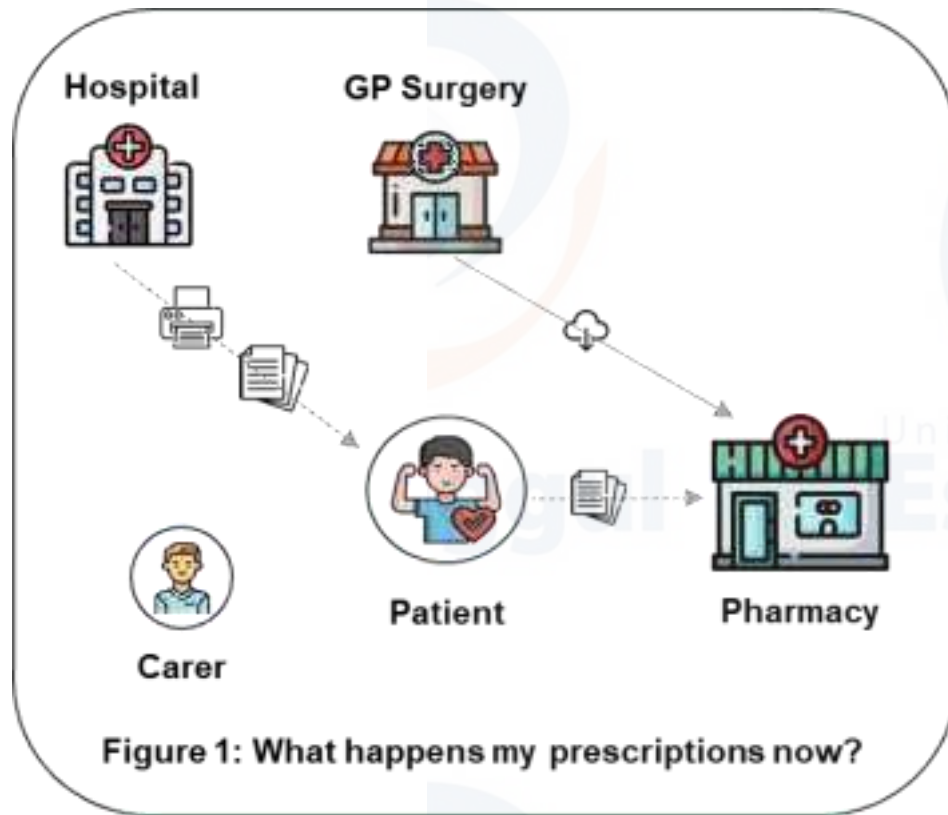
Current State of Maternal Health Services

- **Telemedicine:** Remote consultations for antenatal and postnatal care
- **Mobile Health (mHealth) Applications:** Pregnancy tracking, appointment reminders
- **Electronic Medical Records (EMRs):** Centralized health information
- **Wearables & Remote Monitoring Devices:** Tracking vital signs (e.g., fetal heart rate)
- **AI and Data Analytics:** Predictive modeling for at-risk pregnancies

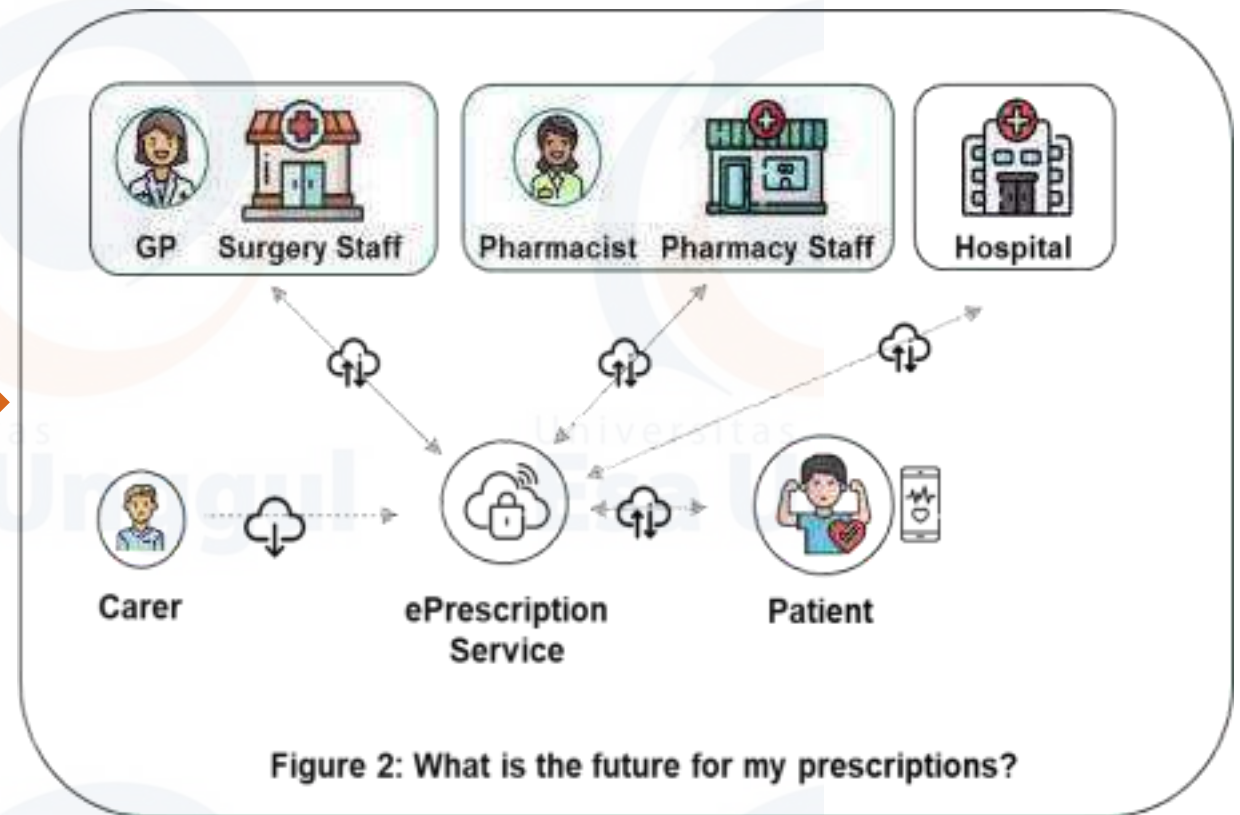
Current Prescribing and Dispensing Data Flow



National ePrescribing Project Vision



Current State



Future State

What is in it for me?



Patients

I can:

- Digitally access my health information
- Check / view my prescriptions
- Order my medicines from my pharmacy
- Order a repeat prescription
- See who has viewed my medicines information



Healthcare Providers

I can:

- Send ePrescriptions to the ePrescription Service
- Cancel an ePrescription
- View a patient's full medication list
- Dispense a medication without needing to transcribe from an email or paper

- Save time processing paperwork

What is in it for us?

Healthcare Providers

- View a single patient record of hospital-prescribed, dispensed, or administered medicines from anywhere in the country.

- Medicines reconciliation on admission through a standard message from the National ePrescription Service
- Discharge prescriptions through a standard message to the National ePrescription Service for community pharmacies &/or GPs to access.
- Save time processing paperwork





Digitalisation of the birth registration process

- Digitalisation of the birth registration process in Malaysia takes the form of an online pre-registration form at MyGovernment Portal
- an eportal for government services related to life events for citizens and noncitizens (MyGOV, 2022; NRD, 2021a).
- Serves to speed up the in-person registration process at the NRD counter
- Currently, the process is optional and only available for births inside a health facility (NRD, 2021b).
-



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Best Practices for Digital Transformation

- **Patient-Centric Design:**
 - User-friendly platforms tailored for pregnant women
 - Multilingual content and simple interfaces
- **Interoperability and Integration:**
 - Seamless integration of digital platforms with existing health systems
 - Sharing data across health providers and agencies



Best Practices for Digital Transformation

- **Data Security and Privacy**
- Ensuring the confidentiality of maternal health records
- Compliance with Malaysia's data protection laws
- **Training and Capacity Building**
- Training healthcare workers in digital health tools
- Empowering mothers to use digital services effectively



Challenges in Digitalizing Maternal Health Services

- **Digital Divide:** Limited access in rural areas (internet and device availability)
- **Healthcare Worker Resistance:** Hesitation in adopting new technologies
- **Infrastructure Limitations:** Lack of digital infrastructure in certain regions
- **Data Literacy:** Low digital literacy among mothers, especially in rural areas

Solutions to Overcome Challenges

- **Improving Digital Infrastructure:** Investing in broadband access for rural areas
- **Community-Based Digital Literacy Programs:** Educating mothers and families on digital tools
- **Incentivizing Healthcare Providers:** Offering training and support for tech adoption
- **Collaborative Public-Private Partnerships:** Government and tech companies working together



Recommendations for Best Practices

- **Develop a National Digital Health Strategy:** Focus on maternal health as a priority area
- **Mobile Health Outreach Programs:** Tailored for rural populations
- **Data-Driven Decision Making:** Leveraging real-time data for policy and care improvements
- **Continuous Stakeholder Engagement:** Collaboration with healthcare professionals, tech companies, and patients
- **Monitoring and Evaluation:** Regular assessments to measure the effectiveness of digital interventions

Recommendations for Best Practices

- **Policy and Regulatory Support**
- **Government's Role:** Creating supportive policies for digital health
- **Funding and Incentives:** Encourage the development of digital maternal health tools
- **Ensuring Equity:** Targeting marginalized and rural populations

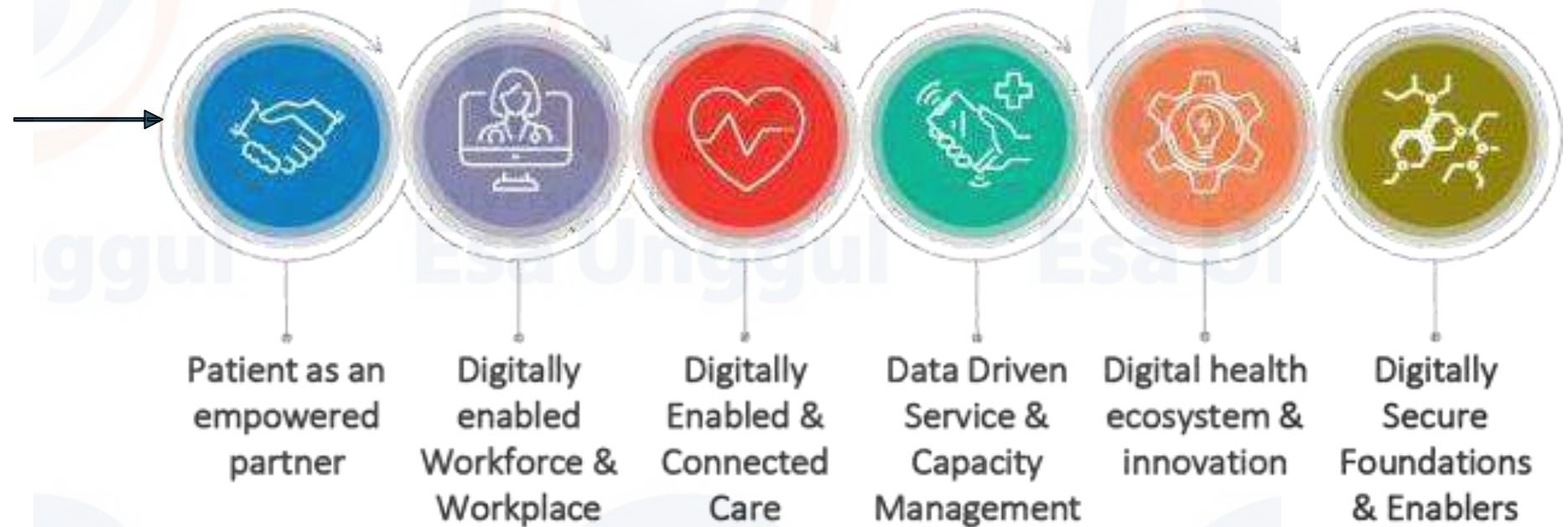
Future Directions

- **Artificial Intelligence and Machine Learning:** For early detection of maternal health risks
- **Virtual Reality (VR) and Augmented Reality (AR):** Training healthcare workers in maternal health care
- **Blockchain for Health Data Security:** Protecting sensitive maternal health information
- **Wearables and IoT:** Advanced monitoring of pregnancy-related health indicators

Conclusion

Co-Designing Solutions for Health Informatics Challenges

*Future
vision: 6
Principles*



Terima Kasih

Questions





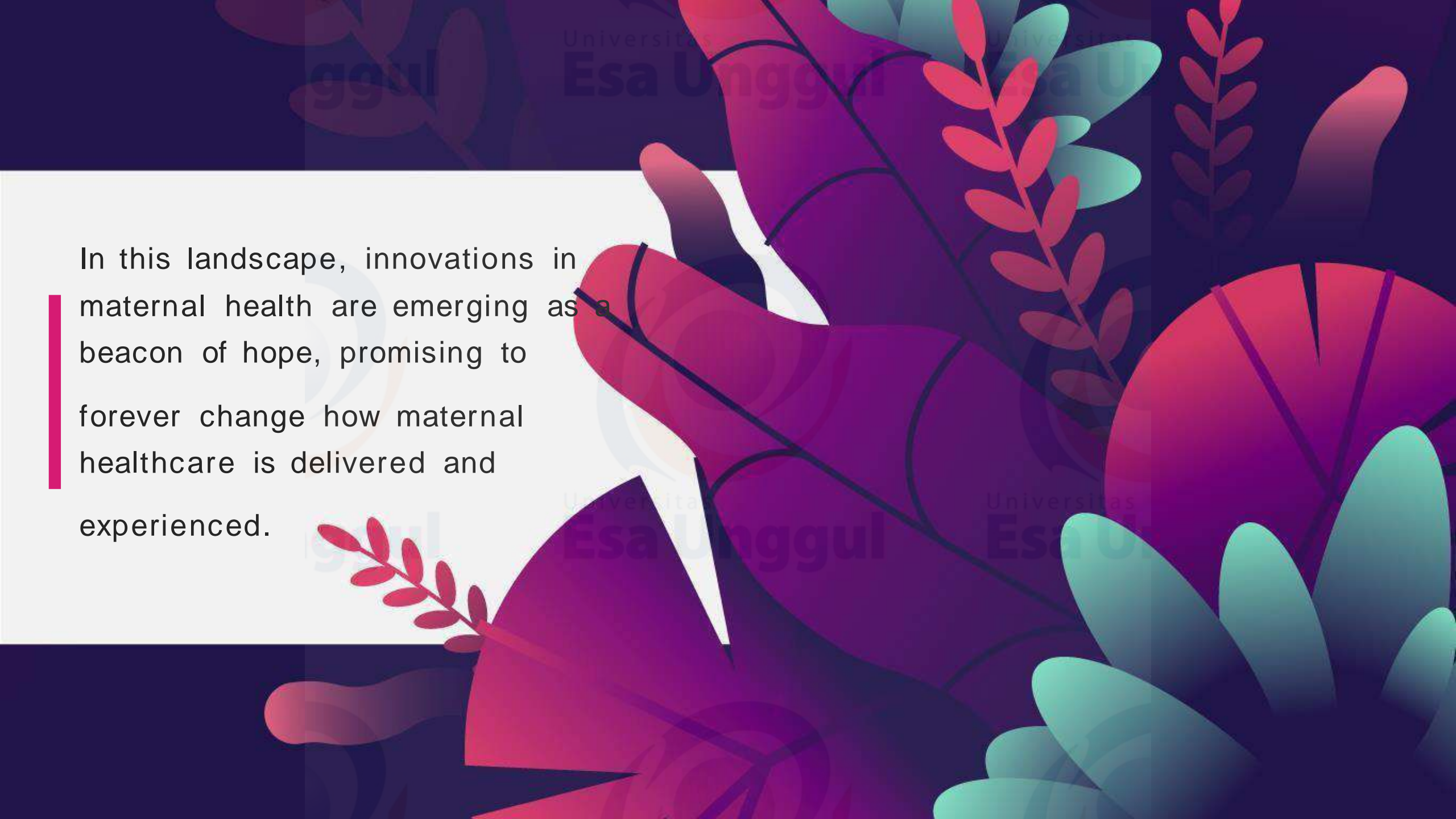
**Implementation of the
Digitalization of Maternal
Health Services in Hospitals to
Support Health Transformation**

Windy Natasya Al Baihaqi

24 October 2024

Background

Maternal health issues remain a critical challenge worldwide, with countless women facing life-threatening complications during pregnancy and childbirth even despite significant advancements in medical science



In this landscape, innovations in maternal health are emerging as a beacon of hope, promising to forever change how maternal healthcare is delivered and experienced.

Digital Health Technologies

1

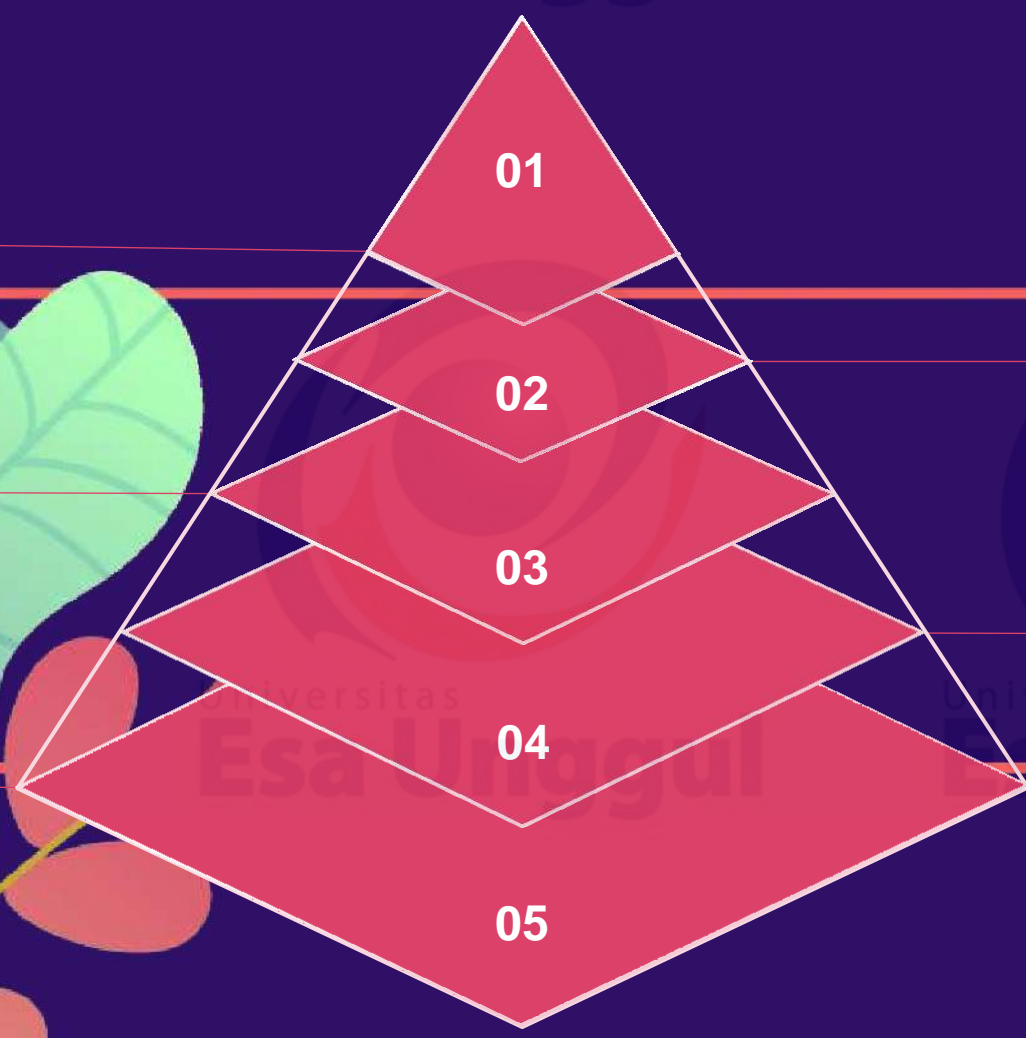
Digital health technologies for maternal health refers to the application of digital tools and technologies to improve maternal health outcomes.

2

From remote monitoring to telehealth consultations, these innovations aim to bridge gaps in care, enhance patient engagement, and provide timely interventions.



As technology continues to evolve, its integration into maternal healthcare is poised to address some of the most pressing issues faced by expecting mothers and healthcare providers alike.



High maternal mortality rates

Achieving a global MMR below 70 by 2030 will require an annual reduction of 11.6%, a rate rarely achieved at the national level. Most of these deaths are preventable with

Shortage of skilled healthcare

A shortage of trained healthcare professionals, including midwives and obstetricians, exacerbates the challenges in maternal healthcare. This shortage is particularly acute in rural and underserved areas, where the need for skilled care is often

Mental health issues

Maternal mental health is frequently overlooked, yet conditions like postpartum depression and anxiety are prevalent and can have lasting impacts on both mother and child. Addressing mental health is essential for

holistic maternal care.

Disparities in access to care

There are significant disparities in access to quality maternal healthcare, particularly in low- and middle-income countries and among marginalized populations in high-income countries. Factors such as geographical barriers, socio-economic status, and lack of

High rates of complications:

Conditions such as preeclampsia, gestational diabetes, and postpartum hemorrhage are common complications that can have severe consequences if not properly managed. These conditions require timely diagnosis and intervention, often

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Current State of Maternal Health



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Key digital innovations in maternal health

01

EHR and health information systems

Electronic health records and integrated health information systems are digital versions of patients' medical histories. These systems store comprehensive health information and facilitate seamless data sharing among healthcare providers.

02

SISRUTE

SISRUTE (Sistem Rujukan Terintegrasi) Mobile merupakan proses rujukan antar fasilitas pelayanan kesehatan dengan menggunakan teknologi informasi berbasis internet yang dapat menghubungkan data pasien dari tingkat layanan lebih

rendah ke tingkat layanan lebih tinggi atau sebaliknya serta sederajat (horizontal maupun vertikal) dengan tujuan untuk mempermudah dan mempercepat proses rujukan pasien berbasis androidk

03

Reservation Online

Click here to add the text, and please try to explain your point of view as succinctly as possible.

04

Telehealth

Click here to add the text, and please try to explain your point of view as succinctly as possible.

05

SIMANTAP

SISTEM PEMANTAUAN
ANTIMIKROBA

TERAPI DAN PROFILAKSISI



SECTION 1

EHR and health information systems

Click here to add a subtitle

- Electronic health records and integrated health information systems are digital versions of patients' medical histories.
- These systems store comprehensive health information and facilitate seamless data sharing among healthcare providers.



- Each of the mentioned innovations is critical in transforming maternal healthcare, offering new monitoring, support, and intervention possibilities throughout pregnancy and beyond.

Daftar Pasien - Instalasi Rawat Jalan

Klinik : OBSTETRI & GINEKOLOGI > IBU HAMIL (PO01)

OBSTETRI & GINEKOLOGI Sub-Poliklinik Tampilkan Pasien Search Cari Pasien Hari Ini Nomor Kamar Periksa

Pasien Belum Asesmen Pasien Belum Validasi Pasien (H-) Lengkapi Berkas

Show 10 entries

No. Antrian	No. RM	Nama Pasien	Tgl Masuk	Jam Kedatangan	DPOJ	Poli	Asesmen
001	0002318333	WINDA EKAWA	23-OCT-24	07:31:34	Dr. dr. Budi Handono, Sp.Ob(K), MH.Kes.	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode
002	0002306831	YULIANI SUSHI	23-OCT-24	07:55:31	-	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode
003	0002256063	LINDA RAHAYI	23-OCT-24	07:59:17	-	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode
004	0002155524	MEYTA INDIRI	23-OCT-24	08:14:48	-	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode
005	0002318385	ANATASSYA P	23-OCT-24	08:32:13	-	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode
006	0002301435	WINDI YANTI	23-OCT-24	08:53:50	-	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode
007	0002142380	NUR AMALIA A	23-OCT-24	09:08:24	-	IBU HAMIL	Asesmen / Pengkajian Cetak Barcode

Showing 1 to 7 of 7 entries

Keterangan: Rujukan Poli Rujukan Non Poli

© RSUP Dr. Hasan Sadikin, Bandung - [GIRS] EMR Development - 2020

Instalasi Gawat Darurat

Home
Home

IRJ
Instalasi Rawat Jalan

IGD
Instalasi Gawat Darurat

Ranap
Instalasi Rawat Inap

Penunjang
Pemeriksaan Penunjang

Peminjaman
Peminjaman Berkas Rekam medis



**SKRINING PASIEN
INST GAWAT DARURAT**



**E TRIAGE
INST GAWAT DARURAT**



**EMR PASIEN
INST GAWAT DARURAT**

Skrining Awal Kedatangan Pasien Gawat Darurat

Pilih Kesadaran Pasien:

- Alert Respond to Verbal
 Respon to Pain Unresponsive

NO ANTRIAN TGL MSK JAM MSK KODE PASIEN KESADARAN AWAL ACTION



**TAMBAH PASIEN UNTUK
UNTUK SKRINING GAWAT DARURAT**

rshs
Butuh Bantuan? **PENGUNAAN EMR?**
[Klik Disini](#)

HOME IRJ IGD RANAP PEMINJAMAN HASIL LABS PACS HASIL PA KYC BANTUAN

Daftar Pasien - Instalasi Gawat Darurat

Ruang Tindakan:

Objyn: [Tampilkan Data Pasien](#)

[Belum Dilakukan E-Triage](#) [Semua Pasien Konsultasi](#) [Tampilkan Data Pasien Di Isolasi](#) [Tampilkan Data Pasien Stagnasi](#)

List Pasien: [Pasien Decision](#) [Pasien Stagnasi](#) [Pasien H - 3 Pulang](#) [Pasien After Assessment](#) [Pasien Validasi](#) [Pinjam Berkas](#) [Lengkap Berkas](#)

No. IGD	No. MEDREC	Nama Pasien	Tgl Lahir	Tgl Kunjungan	Action	Data E Care	Detail
2400026128	0002319916	SITI HOLISOH	02-JUL-55	23-10-2024 10:41:19	Pemeriksaan / Registrasi	E-Triage	Tampilkan Data Pasien

rshs

Daftar Pasien - Instalasi Rawat Inap

Ruang Tindakan: [Tampilkan](#)

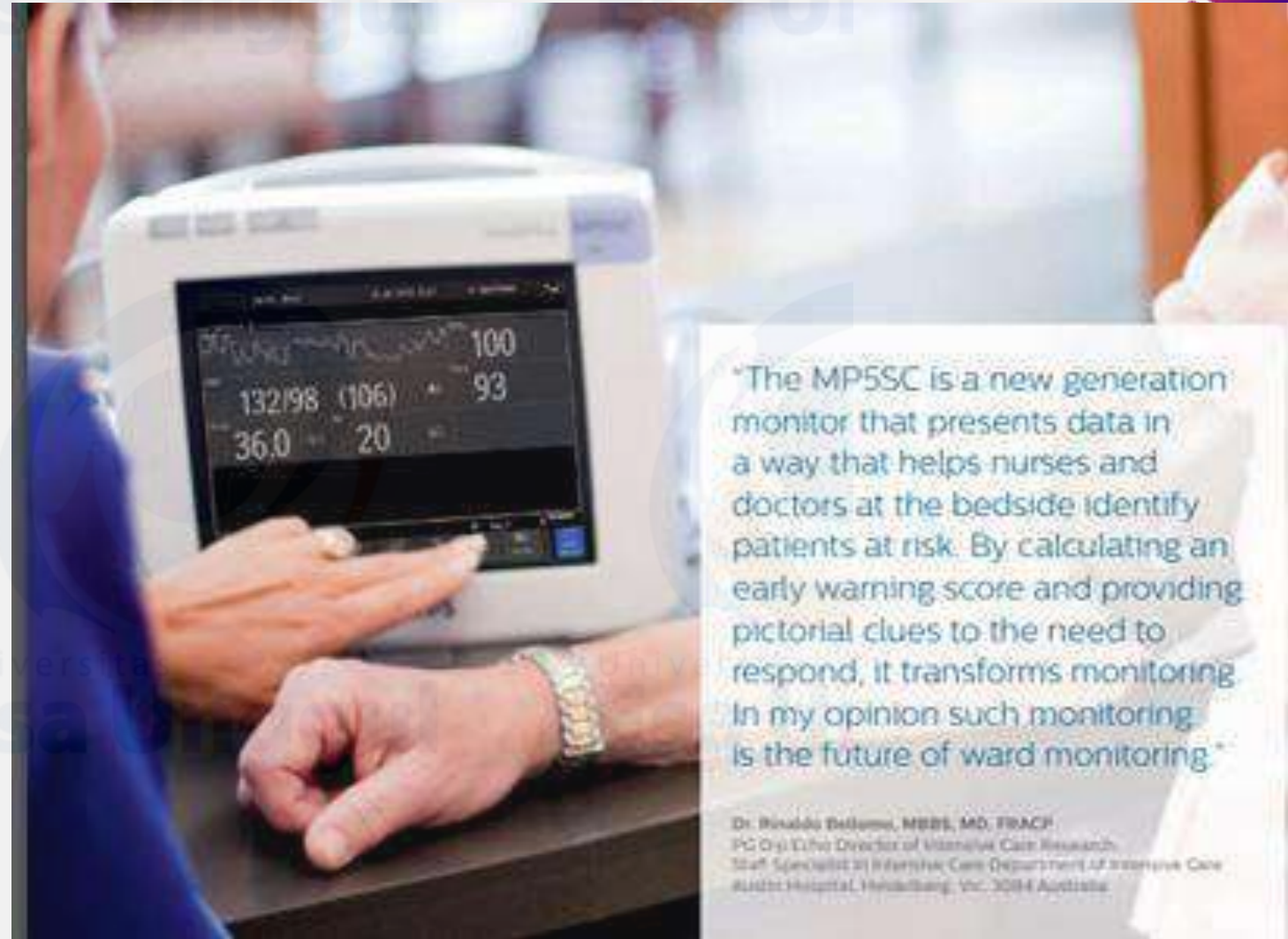
[Pasien Stagnasi](#) [After Assessment](#) [H- 3 Pulang](#) [Belum Berhasil](#)

Daftar Pasien

No. IGD	Nama	Tanggal Lahir	UMUR	Tanggal Masuk	Ruang Rawat	Nama DPJP	Action
2400790	MURYEN	10-3-89	35	16-02-24	R. 000A/L1.1	Dr. Setyanti Viana, Sp-003	Assesment / Registrasi Detail Berkas
2404221	MARNO SAITHI	03-09-84	39	18-02-24	R. 000A/L1.1	Dr. Setyanti Viana, Sp-003	Assesment / Registrasi Detail Berkas

MEOWS DIGITAL

- Track changes, and recognize deterioration



- Pengkajian Awal Keperawatan
- Pengkajian Lanjutan
- Assesmen, Monitoring & Evaluasi Diri
- Konsul
- Pengkajian Internal
- EWS**
- Combined Care Plan
- Monitoring Nyeri
- Monitoring Jatuh
- Monitoring Transfusi
- Colatan Pengobatan
- Pengkajian Lain
- Bundle HMA DMIT
- ANC PNC INC



NURYENI Alergi
 RUANGAN 8.000IN LT.5
 UMUR: 35 TAHUN 3 BULAN 12 HARI
 DENIS KELAMIN : PEREMPUAN
 TANGGAL LAHIR : 11-JUL-89
 NO BILLING : 24041990
 TANGGAL MASUK: 10-OCT-24

NO REKAM MEDIS
0002318942

Data EWS RANAP

Tanggal	Pernafasan	Saturasi Oksigen	Penggunaan Oksigen	Suhu	Sistole	Nadi	Tingkat Kesadaran	Skor EWS Tertinggi	Total Skor EWS
23-10-2024 07:45	19			36	144	75	Komposmenitis	1	1
23-10-2024 07:00	20			36	124	86	Komposmenitis	1	1
23-10-2024 00:53	19	99		36	120	88	Komposmenitis	1	1
22-10-2024 15:30	13			36	116	49	Komposmenitis	1	2
22-10-2024 09:45	13			36	140	49	Komposmenitis	1	2
21-10-2024 09:20	19			36.4	105	72	Komposmenitis	1	1
20-10-2024 11:00	20	99	Binasal Canule	36.5	132	58	Komposmenitis	2	2
19-10-2024 19:50	16	99	Non Rebreathing Mask	36.3	135	77	Komposmenitis	2	2
19-10-2024 16:55	20			36.5	110	84	Komposmenitis	1	1
18-10-2024 22:00	20	99	Ventilator	36.6	127	77	Komposmenitis	2	2
18-10-2024 06:45	20	98		36.6	125	91	Komposmenitis	0	0
18-10-2024 03:09	18			36.9	123	104	Komposmenitis	0	0
18-10-2024 00:00	20	98		36.6	110	89	Komposmenitis	1	1
17-10-2024 23:21	19	98		36.5	120	88	Komposmenitis	0	0
17-10-2024 23:00	20			36.5	120	88	Komposmenitis	0	0
17-10-2024 14:01	24	99		36.7	120	88	Komposmenitis	2	2
17-10-2024 07:00	19	98		36.4	110	80	Komposmenitis	1	1
17-10-2024 05:42	20	97		36.6	1113	94	Komposmenitis	3	3
16-10-2024 22:20	20			36.6	120	80	Komposmenitis	0	0
16-10-2024 12:02	20			36.8	125	88	Komposmenitis	0	0
16-10-2024 10:18	18	99		36.4	114	79	Komposmenitis	0	0
15-10-2024 23:01	19	99		36.6	110	80	Komposmenitis	1	1
15-10-2024 17:38	19			36.6	120	80	Komposmenitis	0	0
15-10-2024 15:40	20			36.8	109	92	Komposmenitis	1	1
15-10-2024 08:00	20	98		36.4	106	94	Komposmenitis	1	1
15-10-2024 07:00	19	98		36.4	110	80	Komposmenitis	1	1
14-10-2024 23:00	20			36.5	110	80	Komposmenitis	1	1
14-10-2024 17:19	18	98		36.5	116	97	Komposmenitis	0	0
14-10-2024 12:11				36.4	119	20	Komposmenitis	3	3
14-10-2024 11:47	18			36.5	110	88	Komposmenitis	1	1

Pengkajian - refresh

Diagnosa Pasien

23-OCT-24 - PSA1 partus maturus dengan sesaran histerektomi dan aortic clamping atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-52-Tipe 1: bekas sekiro sesarean fx, post repair bull atas indikasi ruptur bulli latrogenic: hipotalunemia

23-OCT-24 - PSA1 partus maturus dengan sesaran histerektomi dan aortic clamping atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-52-Tipe 1: bekas sekiro sesarean fx, post repair bull atas indikasi ruptur bulli latrogenic: hipotalunemia

22-OCT-24 - PSA1 partus maturus dengan sesaran histerektomi dan aortic clamping atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-52-Tipe 1: bekas sekiro sesarean fx, post repair bull atas indikasi ruptur bulli latrogenic: hipotalunemia

Riwayat Posien

PENGKAJIAN LANJUTAN - Validasi CDPV
 Tanggal : 23-10-2024 07:45 Dokumentasi : 23-10-2024 07:47:32
 Pengkajian : dr. Setyeni Irianti, Sp.0G(K) - DOKTER

Subjektif

tanggal pengisian assessment : 2024-10-23

Autoanamnesa Keluhan (-)

alergi Tidak

waktu pengisian : 07:45

Objektif

Suhu 36

skor nyeri sadar 5

sistole 144

Tingkat kesadaran Komposmenitis

Nadi 75

Pernapasan 19

distole 94

follow up

- Diet lunak
- Drip Esomeprazole 8 mg/jam IV
- Ceftriaxone 2x1 gr IV (H6)
- Metronidazole 3x1 gr IV (H4)
- Paracetamol 4x1 gr IV
- Sucralfat syr 3x10 cc PO
- VIF albumin 3x2 tab PO
- Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan fiksasi kateter urin selama 14 hari

Pengkajian Awal Keperawatan

Pengkajian Lanjutan

Assesmen, Monitoring & Evaluasi Gizi

Kapsul

Pengkajian Intensif

EWS

Combined Care Plan

Monitoring Hyien

Monitoring Jatuh

Monitoring Transfusi

Colatan Pengobatan

Pengkajian Cadi

Bundla Habis EMUT

ANC PNC IMC

NURYENI Alergi

UMUR : 36 TAHUN 3 BULAN 12 HARI
DENS KELAMIN : PEREMPUAN
LAHIR : 11-JUL-89

Ruangan : R. OBGIN LT.5
Tanggal Masuk : 10-OCT-24

NO BILLING : 24041190
No Rekam Medis : 0002318942

BPKS Kesehatan

Combined Care Plan

Prioritas	Profesi	Masalah	Rencana Asuhan	Capaian yang diharapkan	Sudah Tercapai
	PERAWAT 19-10-2024 20:03	NUTRISI DAN CAIRAN			Belum
	DIETISIEN 21-10-2024	asupan energi tidak adekuat			Belum
	PERAWAT 14-10-2024 11:50	SIRKULASI			Belum
	PERAWAT 11-10-2024 10:02	PENYULUHAN DAN PEMBELAJARAN			Belum
	PERAWAT 17-10-2024 16:12	NYERI DAN KENYAMANAN			Belum
	DIETISIEN 19-10-2024	perubahan fungsi gastrointestinal			Belum
	PERAWAT 19-10-2024 20:03	KEMAMAN DAN PROTEKSI			Belum
	PERAWAT 19-10-2024 20:03	KEBERSIHAN DIRI			Belum
	PERAWAT 12-10-2024 11:14	INTEGRITAS EGO			Belum
	PERAWAT 11-10-2024 10:02	AKTIVITAS DAN ISTIRAHAT			Belum

Simpan Data (Combined Care Plan)

Pengkajian - refresh

Diagnosa Pasien

23-OCT-24 - PSA1 partus maturus dengan sesarean histerektomi dan aortik clampng atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas seksio sesarea 1x; post repair bull atas indikasi ruptur bull iatrogenic; hipobuminemia

23-OCT-24 - PSA1 partus maturus dengan sesarean histerektomi dan aortik clampng atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas seksio sesarea 1x; post repair bull atas indikasi ruptur bull iatrogenic; hipobuminemia

22-OCT-24 - PSA1 partus maturus dengan sesarean histerektomi dan aortik clampng atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas seksio sesarea 1x; post repair bull atas indikasi ruptur bull iatrogenic; hipobuminemia

Riwayat Pasien

PENKAJIAN LANJUTAN - v Validasi EOPV

Tanggal : 23-10-2024 07:45 Dokumentasi : 23-10-2024 07:47:52

Pengkajian : dr. Setyeni Trianti, Sp.06(K) - DOKTER

Subjektif

tanggal pengisian : 2024-10-23

assasment

Autoanamnesa : Keluhan (-)

alergi : Tidak

waktu pengisian : 07:45

Objektif

Suhu : 36

skor nyeri sadar : 5

siatole : 144

Tingkat kesadaran : Komposmentis

Nadi : 76

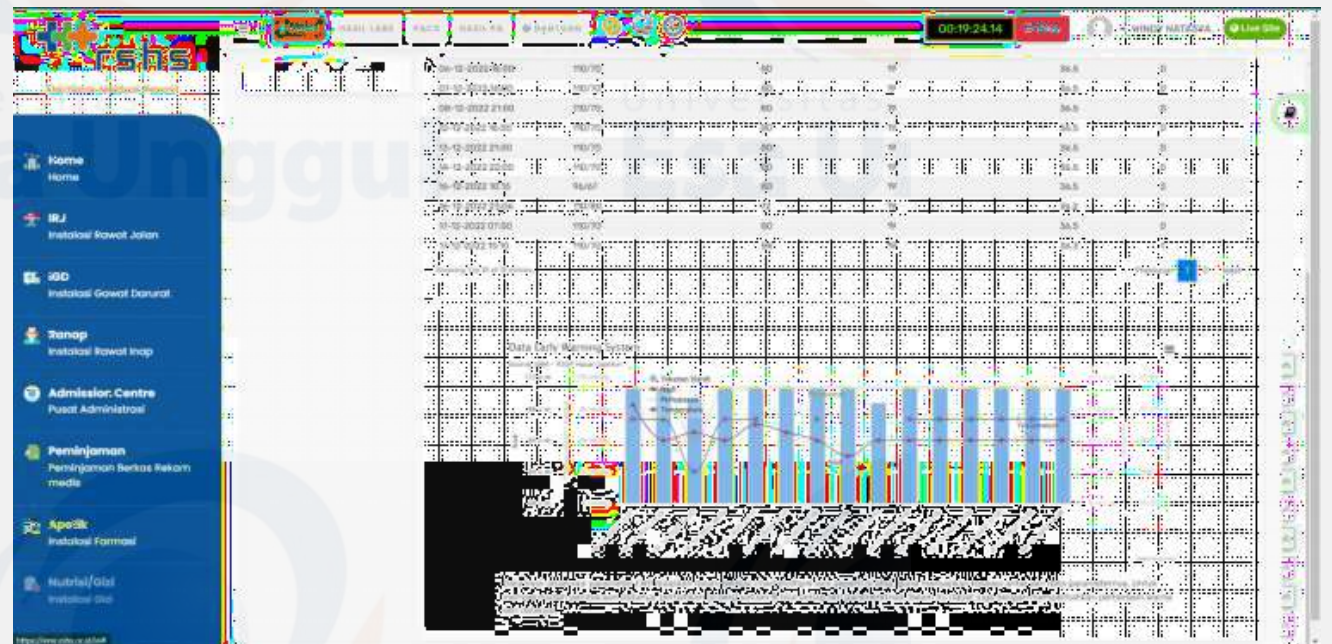
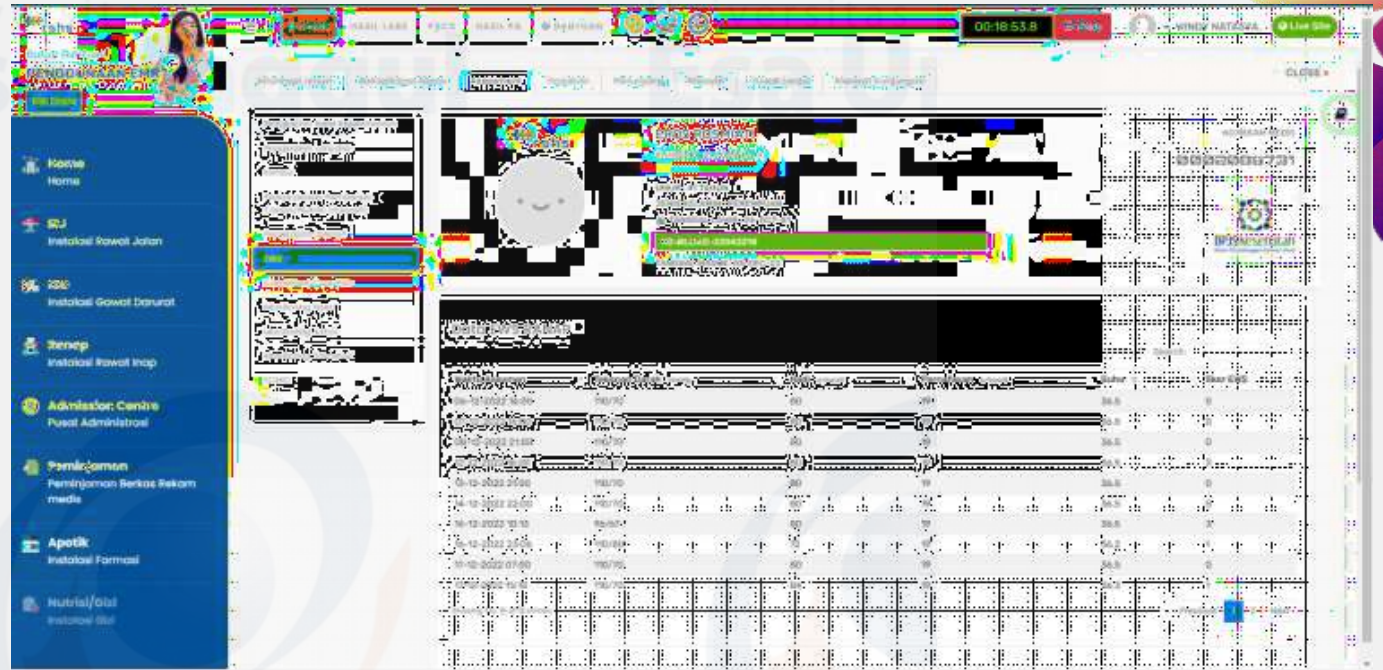
Pernapasan : 19

distole : 94

folow up

- Diet lunak
- Drip Esomeprazole 8 mg/jam IV
- Deftrioxone 2x1 gr IV (H6)
- Metronidazole 3x1 gr IV (H4)
- Paracetamol 4x1 gr IV
- Sucralfat syr 3x10 cc PO
- VIP albumin 3x2 tab PO
- Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan fiksasi kateter urin selama 14 hari

Digitalization of MEOWS



- Pengkajian Awal Keperawatan
- Pengkajian Lanjutan
- Asesmen, Monitoring & Evaluasi Gizi
- Kardial
- Pengkajian Intensif
- EWS
- Combined Care Plan
- Monitoring Nyeri**
- Monitoring Jatuh
- Monitoring Transfus
- Catatan Pengobatan
- Pengkajian Lain
- Bundling HAMA EMUT
- ANC RWC INC

NURYENI Alergi
 UMUR : 36 TAHUN 3 BULAN 12 HARI
 DEKIS KELAMIN : PEREMPUAN
 LAHIR : 11-31-89

Ruangan : R. OBGIN LT-5
 Tanggal Masuk: 10-OCT-24

NO BILLING :2404190
 No.Rekam Medis
 0002318942



Pengkajian - refresh

Monitoring Nyeri

+ Tambah Monitoring Nyeri

No	Tanggal	Skala Nyeri	Pengkaji	Validasi	Action
1	23-10-2024 07:47	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
2	23-10-2024 05:04	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
3	23-10-2024 00:57	2	Eka Fuji Rahayu	null	Lihat Delete
4	22-10-2024 15:43	0	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
5	22-10-2024 09:44	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
6	21-10-2024 09:23	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
7	20-10-2024 16:10	0	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
8	20-10-2024 11:45	5	Juku, AMK	null	Lihat Delete
9	20-10-2024 09:10	3	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
10	19-10-2024 20:03	1	Fitri Nur Megasari Subsona Ners.	null	Lihat Delete
11	19-10-2024 17:56	3	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
12	19-10-2024 07:34	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
13	19-10-2024 06:20	5	Siti Nurhayati	null	Lihat Delete
14	18-10-2024 22:35	3	Siti Nurhayati	null	Lihat Delete
15	18-10-2024 19:41	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
16	18-10-2024 14:21	1	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
17	18-10-2024 06:49	0	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
18	18-10-2024 03:15	5	dr. Setyorini Irianti, Sp.OG(K)	null	Lihat Delete
19	17-10-2024 23:29	0	Irma Kusumaningrum, AM.Keb.	Irma Kusumaningrum, AM.Keb.	Lihat
20	17-10-2024 23:27	0	Irma Kusumaningrum, AM.Keb.	null	Lihat Delete
21	17-10-2024 16:12	1	Azmi Yuliani	null	Lihat Delete
22	17-10-2024 14:04	5	Heri Herawati, AM.Keb.	null	Lihat Delete
23	17-10-2024 11:55	0	Dwlastuti Indah Cahyani, ST	null	Lihat Delete

Diagnosa Pasien

23-OCT-24 - P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas sesario sesarea 1c; post repair bull atas indikasi ruptur bull fetrogenis; hipotalbuminemia
 23-OCT-24 - P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas sesario sesarea 1c; post repair bull atas indikasi ruptur bull fetrogenis; hipotalbuminemia
 22-OCT-24 - P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas sesario sesarea 1c; post repair bull atas indikasi ruptur bull fetrogenis; hipotalbuminemia

Riwayat Pasien

PENGKAJIAN LANJUTAN - Validasi DDPY
 Tanggal : 23-10-2024 07:45 Dokumentasi : 23-10-2024 07:47:52
 Pengkajian : dr. Setyorini Irianti, Sp.OG(K) - DOKTER

Subjektif	
tanggal pengisian assesment	2024-10-23
Autoanamnesa	Keluhan (-)
alergi	Tidak
waktu pengisian	07:45
Objektif	
Suhu	36
skor nyeri sadar	5
sistole	144
Tingkat kesadaran	Komposmentis
Nadi	75
Pernapasan	19
distole	94
folow up	<ul style="list-style-type: none"> • Diet lunak • 1 Drip Esomeprazole 8 mg/jam IV • 1 Ceftriaxone 2x1 gr IV (H6) • 1 Metronidazole 5x1 gr IV (H4) • Parasetamol 4x1 gr IV • Sucralfat syr 3x10 cc PO • 1 VIP albumin 3x2 tab PO • 1 Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan: fiksasi kateter urin selama 14 hari

- Pengkajian Awal Keperawatan
- Pengkajian Lanjutan
- Asesmen, Monitoring & Evaluasi Diri
- Konsul
- Pengkajian Intensif
- EWS
- Combined Care Plan
- Monitoring Nyeri
- Monitoring Jatuh
- Monitoring Transkusi
- Catatan Pengobatan
- Pengkajian Lain
- Bundling IMA EMUT**
- AMC PNC INC

NURYENI Alergi

UMUR : 35 TAHUN 3 BULAN 12 HARI
JENIS KELAMIN : PEREMPUAN

LAHIR : 11-JUL-89

Ruangan : R. 08GIN LT.5

Tanggal Masuk: 10-OCT-24

Last Assessment: 20 April 2020 - 14:20

NO BILLING : 24041190

No Rekam Medis:

0002318942



Pengkajian ↻ refresh

MAP VAP ISK IADP **IDO**

IDO

Tanggal

dd/mm/yyyy ---

No	Tindakan	Keterangan
1	Pre Operasi	
	1. Pasien di edukasi untuk tidak mencukur area operasi	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	2. Pasien dianjurkan mandi sebelum operasi dengan menggunakan sabun atau antiseptik cMorhexidine (CHG) 2-4 % dan 1 jam sebelum operasi, untuk operasi cito dilakukan minimal penyeka pasien dengan menggunakan antiseptik CHG 2-4 %.	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	3. Lakukan pencukuran dengan menggunakan clipper elektrik bila rambut mengganggu area operasi di lakukan di OK area persiapan, bila tidak mengganggu lebih baik tidak dilakukan pencukuran	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
4. Pertahankan kadar gula darah pasien ≤ 200 mg/dl	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan	
2	Intra Operasi	
	1. Pemberian AB Profilaksis dengan menggunakan Cefazolin dosis sesuai panduan menurut usia dan berat badan dengan waktu 15 - 30 menit dan maksimal 1 jam sebelum insisi dan diulang 3 jam waktu Intraoperative bila operasi memanjang atau kehilangan darah ≤ 1500 ml.	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	2. Skin preparasi dengan menggunakan antiseptik Klorhexidine Diuconate (CHG) 2 % dan Isopropil alcohol 70 % dihitung durasi waktu 3 menit	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	3. Vaginal preparasi dengan menggunakan Povidone Iodine 10 % durasi 30 detik dengan metode Scrub atau jika alergi Povidone Iodine dengan CHG 0,05 - 0,25 % (khusus Operasi SC)	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	4. Pertahankan suhu tubuh pasien selama suhu kisaran 36,5 - 37,5 O C dengan menggunakan warm blanket saat sebelum operasi dan menghangatkan cairan intravena	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	5. Pertahankan kadar gula darah pasien selama operasi ≤ 200 gr/dl	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	6. Tim bedah Menjaga sterilitas tindakan	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
	7. Tim bedah melakukan penggantian gaun dan set instrumen bila terkontaminasi cairan tubuh pasien, menggunakan sarung tangan double dan sarung tangan luar dilepas saat penjahitan luka insisi dan sebelum menutup fasia	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan
8. Jika luka insisi > 2 cm gunakan jahitan usus polos 2-0 untuk subkutis dan 4-0 poliglicaprone untuk penutupan kulit	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan	
1. Pertahankan kadar gula darah pasien ≤ 200 mg/dl (waktu pemeriksaan, frekuensi)	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan	
2. Pertahankan suhu tubuh pasien setelah operasi, suhu kisaran 36,5 - 37,5 O C dengan menggunakan warm blanket / Infusor yang dihangatkan	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> N/A Keterangan	

Diagnosa Pasien

23-OCT-24 - P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas sesareo ts; post repair bull atas indikasi ruptur bull iatrogenic; hipalbuminemia

23-OCT-24 - P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas sesareo ts; post repair bull atas indikasi ruptur bull iatrogenic; hipalbuminemia

23-OCT-24 - P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-52-Tipe 1; bekas sesareo ts; post repair bull atas indikasi ruptur bull iatrogenic; hipalbuminemia

Riwayat Pasien

PENGKAJIAN LANJUTAN - ✓ Validasi COPY
 Tanggal : 23-10-2024 07:45 Dokumentasi : 23-10-2024 07:47:32
 Pengkajian : dr. Belyerini Irianti, Sp.GG(X) - DOKTER

Subjektif

tangga pengisian assesment 2024-10-23

Autoanamnesa Keluhan (-)

alergi Tidak

waktu pengisian 07:45

Objektif

Suhu 36

skor nyeri sadar 5

sistole 144

Tingkat kesadaran Komposmentis

Nadi 75

Pernapasan 19

distole 94

folow up

- Diet lunak
- cDrip Esomeprazole 8 mg/jam IV,
- cCeftriaxone 2x1 gr IV (H6)
- cMetronidazole 3x1 gr IV (H4)
- Paracetamol 4x1 gr IV
- Sucralfat syr 3x10 cc PO
- cVIP albumin 3x2 tab PO
- cSpooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24

- Pengkajian Awal Keperawatan
- Pengkajian Lanjutan
- Assesmen, Monitoring & Evaluasi Diri
- Konsul
- Pengkajian Intensif
- EWG
- Combined Care Plan
- Monitoring Nyeri
- Monitoring Jatuh
- Monitoring Transfusi
- Catatan Pengobatan
- Pengkajian Lain
- Bundling/Link DMUT
- ANC PNC IBC**

NURYENI Alergi

UMUR : 35 TAHUN 3 BULAN 12 HARI
 DENIS KELAMIN : PEREMPUAN
 LAHIR : 01-JUL-89

Ruangan : R. OBGIN LT.5
 Tanggal Masuk: 10-OCT-24
 Last Assesment: 20 April 2020 - 04:00

NO BILLING : 24041190
 No Rekam Medis : 0002318942

BPJS Kesehatan

ANC IBC PNC

Identitas

Nik Ibu: Nama Ibu:

Tanggal Lahir: dd/mm/yyyy Alamat:

Data Kunjungan

Usia kehamilan: Trimester Ke: --PILIH--
 Minggu:

PELAYANAN TES KONFIRMASI

TANGGAL PEMERIKSAAN FT4: dd/mm/yyyy TANGGAL KELUAR HASIL PEMERIKSAAN FT4: dd/mm/yyyy

Kondisi pasien, status obstetri, faktor risiko

Orar/da: Tinggi Badan:

Partus: BMT sebelum hamil: --PILIH--
 Abirtus: Target kelahiran BB:

Tanggal HPHT: dd/mm/yyyy Jarak kehamilan saat ini dengan sebelumnya:

Tanggal HPL: dd/mm/yyyy Status imunisasi TT (untuk TT1, TT2, TT3, TT4, TT5):
 TT1 TT2 TT3 TT4 TT5

BB sebelum hamil: Status imunisasi TT (untuk TT0):
 TT0

Data Kunjungan ANC

Usia kehamilan: Trimester ke:

Hasil Pemeriksaan Ibu

Pengkajian - refresh

Diagnosa Pasien

23-OCT-24 - P2A1 partus maturus dengan sesarean historektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas sesio sesarea 1c; post repair bull atas indikasi ruptur bull iatrogenic; hipotalbinemia

22-OCT-24 - P2A1 partus maturus dengan sesarean historektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas sesio sesarea 1c; post repair bull atas indikasi ruptur bull iatrogenic; hipotalbinemia

22-OCT-24 - P2A1 partus maturus dengan sesarean historektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas sesio sesarea 1c; post repair bull atas indikasi ruptur bull iatrogenic; hipotalbinemia

Riwayat Pasien

PENKAJIAN LANJUTAN - Validasi DDPY
 Tanggal: 23-10-2024 07:45 Dokumentasi: 23-10-2024 07:47:32
 Pengkajian: dr. Selyurini Irianti, Sp.OG(K) - DOKTER

Subjektif


tanggal pengisian assesment	2024-10-23
Autoanamnesa	Keluhan (-)
alergi	Tidak
waktu pengisian	07:45

Objektif

Subu	36
skor nyeri sadar	5
sistole	144
Tingkat kesadaran	Komposmentis
Nadi	76
Pernapasan	19
diastole	94

folow up

- Diet lunak
- Drip Esomeprazole 8 mg/jam IV
- Ceftriaxone 2x1 gr IV (H6)
- Metronidazole 3x1 gr IV (H4)
- Paracetamol 4x1 gr IV
- Sucralfat syr 3x10 cc PO
- VIP albumin 3x2 tab PO
- Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan fiksasi kateter urin selama 14 hari.

BANTUAN 

Universitas Esa Unggul WINDY NATASYA

Data Kunjungan ANC

Usia kehamilan Trimester ke-

Hasil Pemeriksaan Ibu

Berat Badan Pernapasan

Lingkar Lengan Atas (LLA) Solongan darah

Tinggi Fundus Rhesus

Tekanan darah sistolik Makanan Tambahan Ibu Hamil

Tekanan darah diastolik Apakah mendapatkan MT

Had Jenis MT

Suhu

Hasil Pemeriksaan Fisik Ibu

Konjungtiva Dada (jantung)

Sikera Dada (paru)

Leher Perut

Diגי mulut Tungkai

THT

Hasil Pemeriksaan Janin

Jumlah Janin Kepala terhadap PAP

Denyut Jantung Janin (DJJ) Takiran Berat Janin

Presentasi Janin

Pemeriksaan USG

Menggunakan USG Biparietal Diameter (BPD)

Foto Head Circumference (HC)

Asesmen

diagnosa kerja P3A1 partus maturus dengan sesarean histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas seksio sesarea 1x; post repair bull atas indikasi ruptur bull iatrogenic; hipalbuminemia

PENGKAJIAN LANJUTAN - Validasi **COPY**

Tanggal: 23-10-2024 07:00 Dokumentasi: 23-10-2024 06:04:10

Pengkajian: dr. Setyaningrianti, Sp.05(K) - DOKTER

Subjektif

tangga pengisian assesment	2024-10-23
waktu pengisian	07:00
Autoanamnesa	tidak ada keluhan
alergi	Tidak

Objektif

skor nyeri sader	5
sistole	124
Pernapasan	20
SkalaRisikoJatuh	Tidak Risiko
folow up	abdomen : datar, lembut nyeri tekan - , nyeri lepas- pekak samping- pekak pindah- luka tertutup verbal, rembesan-
Tingkat kesadaran	Komposmentis
Catatan PFA	- Diet lunak - Drip Esomeprazole 8 mg/jam IV - Ceftriaxone 2x1 gr IV (H4) - Metronidazole 3x1 gr IV (H4) - Paracetamol 4x1 gr IV - Sucralfat syr 3x10 cc PO - VIP albumin 3x2 tab PO - Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan fiksasi kateter urin selama 14 hari - Konsul woundcare - Mobilisasi bertahap - Observasi keadaan umum, tanda vital, dan perdarahan
dieta	AK



Head

Gestational Sac (GS) Diameter:

Crown Rump Length (CRL)

Denyut Jantung Janin (DJJ)

Usia Kehamilan (USG):

Letak Janin (USG)

Head Circumference (HC)

Abdominal Circumference (AC)

Femur Length (FL)

Berat Janin

Diagnosa USG

Pemantauan Pendampingan

Terlalu muda usia melahirkan (di bawah 21 tahun)

Terlalu tua (kehamilan diatas 35 tahun)

Terlalu rapat jarak kelahiran (kurang 5 tahun)

Terlalu sering melahirkan (anak>3)

Riwayat Penyakit

Komplikasi Kehamilan

Riwayat Penyakit Keluarga:

Faktor Risiko Kehamilan

Merokok

Riwayat Penyakit Menular

Alkohol

Tes Dasar

Haemoglobin

Skrining PPIA HIV

Skrining PPIA Sifilis

Skrining PPIA VDRL

Skrining PPIA Hepatitis B

Gula darah sewaktu

Gula darah Post prandial

Protein Urin

Kondisi lain

Disabilitas

Edukasi

Kelas Ibu Hamil

Simpan

distol	65
Nadi	86
Suhu	36

Asesmen

diagnosa kerja P3A1 partus maturus dengan sesarea histerektomi dan aortic clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas seksio sesarea 1x; post repair buli atas indikasi ruptur buli iatrogenic; hipalbuminemia

PLAN - TINDAKAN - Validasi **CDPI**

Tanggal: 23-10-2024 00:56 Dokumentasi: 23-10-2024 00:56:56

Pengkajian: Eka Fuji Rahayu - PERANAT

Plan

memfasilitasi kebutuhan personal hygiene yes

PLAN - TINDAKAN - Validasi **CDPI**

Tanggal: 23-10-2024 00:56 Dokumentasi: 23-10-2024 00:56:42

Pengkajian: Eka Fuji Rahayu - PERANAT

Plan

memberikan rasa nyaman yes

- Pengkajian awal Keperawatan
- Pengkajian lanjutan
- Assesmen, Monitoring & Evaluasi Gizi
- Konsul
- Pengkajian intensif
- TWS
- Combined Care Plan
- Monitoring Hiper
- Monitoring Jantung
- Monitoring Transkutan
- Catatan Pengobatan
- Pengkajian lain
- Bundel HAs DULIT
- ANC PKC INC**

NURYENI Alergi Ruangan: R. OBGIN LT.5

UMUR: 35 TAHUN 3 BULAN 12 HARI Tanggal Masuk: 10-OCT-24

JENIS KELAMIN: PEREMPUAN No. Rekam Medis

LAHIR: 11-JUL-89 Last Assessment: 20 April 2020 - 14:20 0002318942

BPJS Kesehatan
Kendali Kesehatan Diri 2024

ANC
INC
PNC

Identitas

Nik Ibu	Nama Ibu
Tanggal Lahir	Alamat
dd/mm/yyyy	

Data Persalinan

Usia Kehamilan	Gravida
Tanggal Persalinan	Partus
dd/mm/yyyy	
Jam persalinan	Aberfus
--:--	

Pelayanan Persalinan - Ibu

Keadaan ibu	Kala II Tanggal
Pondong Persalinan	Kala II Jam
Cara Persalinan	Kala III Tanggal
	dd/mm/yyyy
Kala I Tanggal	Kala III Jam
dd/mm/yyyy	--:--
Kala I Jam	Kala IV Tanggal
--:--	dd/mm/yyyy
	Kala IV Jam
	--:--

Pelayanan Persalinan - Bayi

Keadaan bayi

Pelayanan Persalinan - Bayi - Apgar Menit 1

Pengkajian refresh

Diagnosa Pasien

23-OCT-24 - P3A1 partus maturus dengan sesarean histerekтоми dan aortik clampng atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas sesario sesarea 1x; post repair bull atas indikasi ruptur bulli latrogenic; hipotbunimemia

23-OCT-24 - P3A1 partus maturus dengan sesarean histerekтоми dan aortik clampng atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas sesario sesarea 1x; post repair bull atas indikasi ruptur bulli latrogenic; hipotbunimemia

22-OCT-24 - P3A1 partus maturus dengan sesarean histerekтоми dan aortik clampng atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas sesario sesarea 1x; post repair bull atas indikasi ruptur bulli latrogenic; hipotbunimemia

Riwayat Pasien

PENGKAJIAN LANJUTAN - Validasi COPY

Tanggal: 23-10-2024 07:45 Dokumentasi: 23-10-2024 07:47:32

Pengkajian: dr. Setyorini Irianti, Sp.06(K) - DOKTER

Subjektif	
tanggal pengisian assessment	2024-10-23
Autoanamnesa	Keluhan (-)
alergi	Tidak
waktu pengisian	07:45
Objektif	
Suhu	36
skor nyeri sadar	5
sistol	144
Tingkat kesadaran	Komposmentis
Nadi	76
Pernapasan	19
diastole	94
follow up	<ul style="list-style-type: none"> • Diet lunak • Drip Esomeprazole 8 mg/jam IV • Deftrioxone 2x1 gr IV (H6) • Metronidazole 3x1 gr IV (H4) • Paracetamol 4x1 gr IV • Suoralfat syr 3x10 cc PO • VIP albumin 3x2 tab PO • Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan fiksasi kateter urin selama 14 hari

Pengajian Awal Keperawatan

Pengajian lanjutan

Asesmen, Monitoring & Evaluasi Data

Intensif

Pengajian intensif

ICU

Combined Care Plan

Monitoring Nyeri

Monitoring Jatuh

Monitoring Transfusi

Evaluasi Pengobatan

Pengajian Lain

Unitas VAS (DNU)

INC PNC INC

NURYENI Alergi

UMUR : 35 TAHUN 3 BULAN 12 HARI
 ZENIS KELAMIN : PEREMPUAN
 LAHIR : 11-JUL-89

Ruangan: r. OBGIN LT.5
 Tanggal Masuk: 10-OCT-24
 Last Assessment: 20 April 2020 - 14:20

NO BILLING : 24041190
 No Rekam Medis : 0002318942

BPJS Kesehatan

AMC INC **PNC**

Identitas

Nik Ibu: Nama Ibu:

Tanggal Lahir: Alamat:

Pendaftaran kunjungan

Kunjungan PNC: Gravida:

Tanggal Persalinan: Partus:

Tanggal Kunjungan: Abortus:

Kunjungan PNC (K):

Pelayanan Nifas

Tekanan Darah Sistolik	Jumlah Perdarahan	Warna Lokia
Tekanan Darah Diastolik	Kondisi Perineum	Bau Lokia
Nadi	Tanda Infeksi Perineum	Produksi ASI
Suhu	Tanda Infeksi Luka Jahitan	Buang Air Kecil
Pernapasan	Kondisi Payudara	Buang Air Besar
Perdarahan Pervaginal	Kontraksi Uteri	Kontasek

Diagnosa

Jenis Penyakit: Jenis Diagnosa Sekunder:

Pengkajian - refresh

Diagnosa Pasien

23-OCT-24 - P3A1 partus maturus dengan sesarean histerekтоми dari asflic clamping atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-S2-Tipe 1: bekas seskio sesarea 1x: post repair bull atas indikasi ruptur bull iatrogenic: hipotalbuminemia

23-OCT-24 - P3A1 partus maturus dengan sesarean histerekтоми dari asflic clamping atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-S2-Tipe 1: bekas seskio sesarea 1x: post repair bull atas indikasi ruptur bull iatrogenic: hipotalbuminemia

22-OCT-24 - P3A1 partus maturus dengan sesarean histerekтоми dari asflic clamping atas indikasi plasenta previa totalis: spektrum plasenta akreta FIGO 3-S2-Tipe 1: bekas seskio sesarea 1x: post repair bull atas indikasi ruptur bull iatrogenic: hipotalbuminemia

Riwayat Pasien

PENGKAJIAN LANJUTAN - Validasi DDP

Tanggal: 23-10-2024 07:45 Dokumentasi: 23-10-2024 07:47:32

Pengkajian: dr. Setyewati Irianti, Sp. OG(X) - DOKTER

Subjektif

tanggal pengisian assesment	2024-10-23
Autoanamnesa	Keluhan (-)
alergi	Tidak
waktu pengisian	07:45

Objektif

Suhu	36
skor nyeri sadar	5
sistole	144
Tingkat Kesadaran	Komposmentis
Nadi	75
Pernapasan	19
diastole	94
folow up	<ul style="list-style-type: none"> • Diet lunak • Drip Eesomeprazole 8 mg/jam IV • Ceftriaxone 2x1 gr IV (H4) • Metronidazole 3x1 gr IV (H4) • Paracetamol 4x1 gr IV • Sucralfat syr 3x10 cc PO • VIP albumin 3x2 tab PO • Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24

dd/mm/yyyy

Kunjungan PNC (RF)

Pelayanan Nifas

Tekanan Darah Sistolik	Jumlah Perdarahan	Warna Lokia
Tekanan Darah Diastolik	Kondisi Perineum	Bau Lokia
Nadi	Tanda Infeksi Perineum	Produksi ASI
Suhu	Tanda Infeksi Luka Jahitan	Buang Air Kecil
Pernapasan	Kondisi Payudara	Buang Air Besar
Perdarahan Perivaginal	Kontraksi Uteri	Konseling

Diagnosa

Jenis Penyakit	Jenis Diagnosa Sekunder
Jenis Diagnosa Primer	Keterangan

Tindakan

Jenis Tindakan

Simpan

Autoanamnesa

Autoanamnesa	Keluhan (-)
alergi	Tidak
waktu pengisian	07:45

Objektif

Suhu	36
skur nyeri sadar	5
sistole	144
Tingkat kesadaran	Komposmentis
Nadi	75
Pernapasan	19
distole	94

follow up

- Diet lunak
- Drip Esomeprazole 8 mg/jam IV
- Ceftriaxone 2x1 gr IV (H6)
- Metronidazole 3x1 gr IV (H4)
- Paracetamol 4x1 gr IV
- Sucralfat syr 3x10 cc-PO
- VIP albumin 3x2 tab PO
- Spooling kateter 20 tpm (500 cc habis dalam 8 jam) 2 kali/24 jam, pertahankan fiksasi kateter urin selama 14 hari
- Konsul woundcare
- Mobilisasi bertahap
- Observasi keadaan umum, tanda vital, dan perdarahan

Asesmen

diagnosa kerja	P3A1 partus maturus dengan sesarean histerektomi dan aorbo clamping atas indikasi plasenta previa totalis; spektrum plasenta akreta FIGO 3-S2-Tipe 1; bekas seksio sesarea 1x; post repair buli atas indikasi ruptur buli iatrogenic; hypoalbuminemia
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------




SECTION 2

SISRUTE

Sistem Rujukan Terintegrasi

← → ↻ sisrute.kemkes.go.id ☆ 🔒 ⋮



SISRUTE

SISTEM INFORMASI RUJUKAN TERINTEGRASI

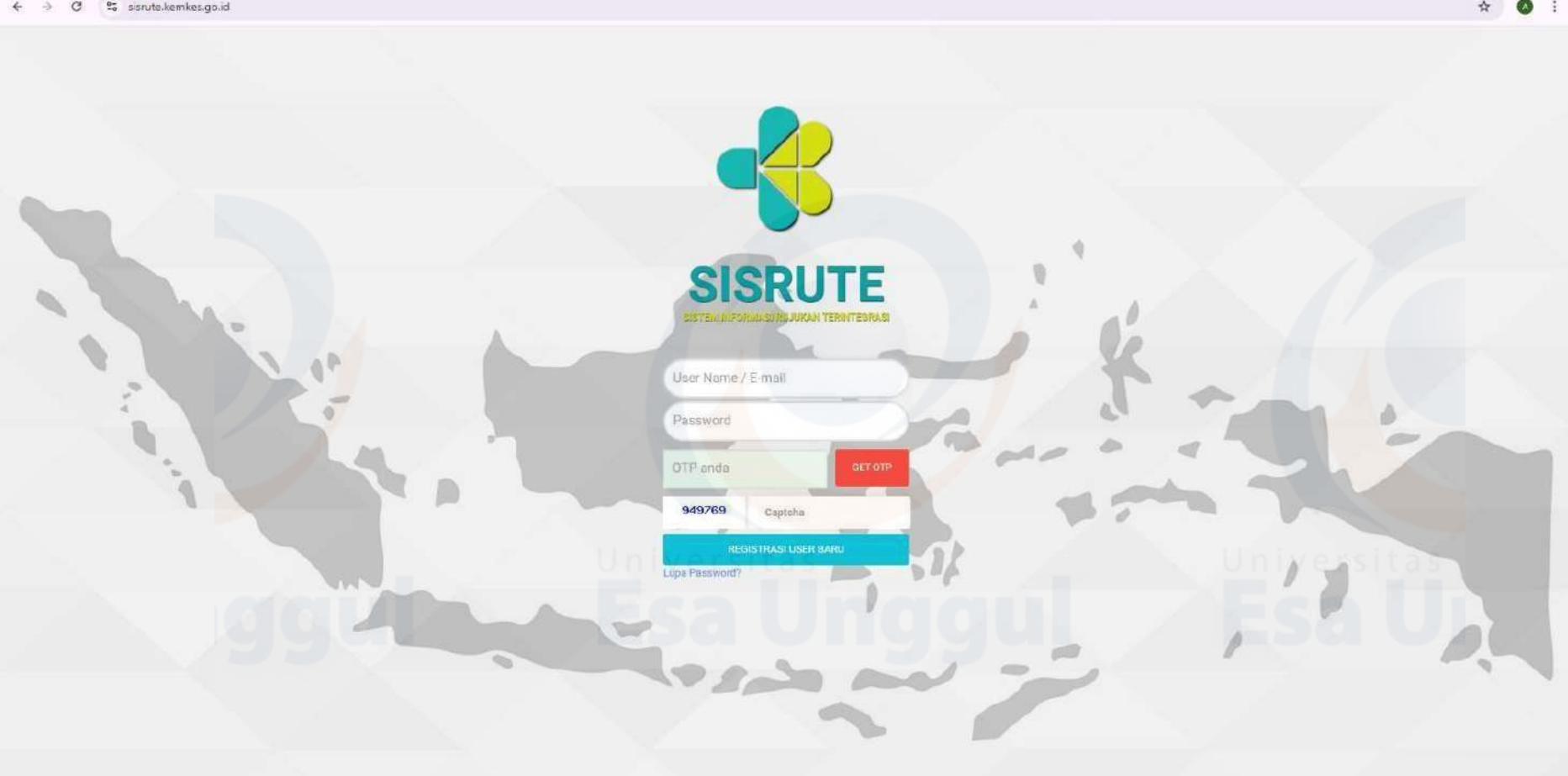
User Name / E-mail

Password

OTP anda

949769 Captcha

[Lupa Password?](#)



PERMASALAHAN SAAT INI

PERMASALAHAN

- Antrian Pasien BPJS di Pelayanan Rawat Jalan RS
- Penolakan Pasien di RS
- Lambatnya pelayanan awal IGD
- Kelas RS tidak menggambarkan kompetensi yang sebenarnya
- Sebaran Distribusi Tenaga Kesehatan yang Tidak Merata
- Proses Rujukan yang lama

PENYEBAB

Tidak Dipublikasikannya informasi secara *real time*:

1. Jadwal Praktek Dokter
2. Jadwal Buka Poliklinik di RS
3. Kuota Pasien

1. Kamar Rawat Inap Penuh
2. Ketersediaan Alat Kesehatan di RS



Tidak ada pembatasan maksimal pelayanan kesehatan pada masing - masing klasifikasi rumah

Ketersediaan Jumlah dan jenis SDM terbatas

Kurangnya komunikasi antara fasyankes yang merujuk dan dirujuk

STRATEGI

Menyediakan Informasi Pelayanan Kesehatan Melalui Media Komunikasi Online mengenai :

Ketersediaan Pelayanan

Ketersediaan Tenaga Medis (dokter, spesialis, sub spesialis)

Ketersediaan Sarana, Prasarana dan Alat Kesehatan dan obat

Pedoman Kriteria Rujukan berbasis Kompetensi fasyankes

KOMPETENSI FASYANKES



Informasi jadwal dokter

Ketersediaan Tempat Tidur Kosong (*real time*)

Ketersediaan Komunikasi Proses Rujukan

Ketersediaan Komunikasi/ Konsultasi jarak jauh

Ketersediaan darah

Tracking ambulance

SISTEM RUJUKAN TERINTEGRASI (SISRUTE)



NO

SISRUITE

RUJUKAN ONLINE

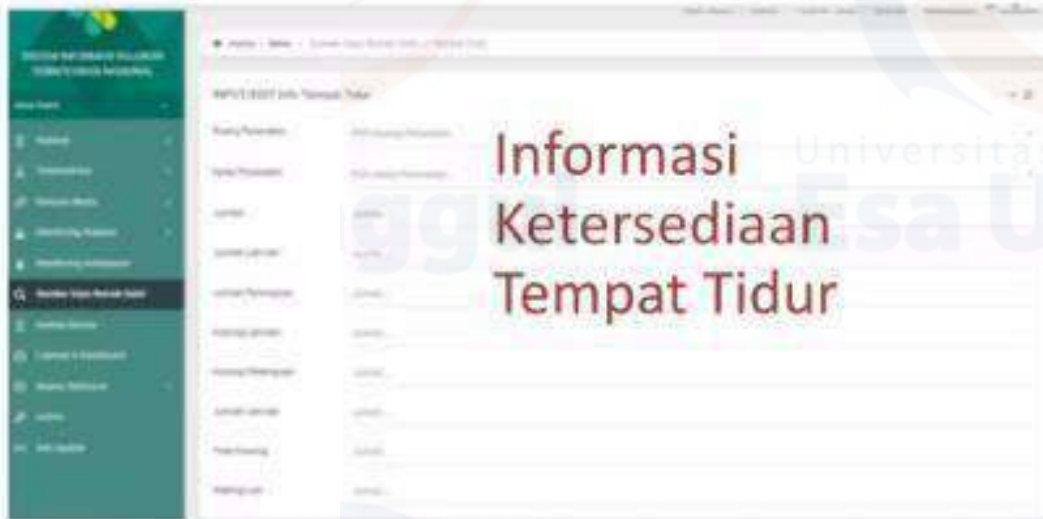
1	Data Kesehatan Pasien yang dipertukarkan dalam Bentuk Resume Medis	Data Kesehatan Pasien yang dipertukarkan berupa data kese- dasar pasien
2	Tidak ada ambang batas (daya tempung)	Adanya ambang batas (daya tanpung)
3	Rujukan pasien berdasarkan kebutuhan pasien terhadap pelayanan kesehatan dan kompetensi Fasyankes	Rujukan pasien secara berjenjang, terdapat penguncian untuk kelas B dan A
4	Menyediakan informasi data Sarana, Prasarana dan Alat Kesehatan di setiap Fasyankes	Ada terbatas
5	Adanya fitur Tracker Ambulance	Tidak Ada
6	Adanya Fitur ketersediaan Ketersediaan Darah	Tidak Ada
7	Adanya Fitur Telemedicine	Tidak ada
8	Proses Rujukan melibatkan pasien/ keluarga dalam penentuan Fasyankes yang ingin dituju	Proses rujukan lebih mengutamakan administrasi dibandingkan keterlibatan pasien/ keluarga

SISRUTE SEBAGAI ALAT INFORMASI PELAYANAN KESEHATAN

Informasi Sumber Daya Rumah Sakit (SDM, ASPAK)



Informasi Ketersediaan Tempat Tidur



MONITORING/TRACKING AMBULANCE





SISRUTE

SIRANAP

Aplikasi yang memuat informasi data kapasitas dan ketersediaan setiap jenis tempat tidur RS



RS ONLINE

Aplikasi yang memuat informasi data profile RS, Layanan dan SDM Rumah sakit



ASPAK

Aplikasi yang memuat informasi Sarana, Prasarana dan Alat Kesehatan



KOMDAT

Aplikasi yang memuat informasi data profile PUSKESMAS dan SDM Puskesmas





HALAMAN "Monitoring Rujukan"

Monitoring ini digunakan untuk memberikan notifikasi bahwa akan ada pasien yang masuk dirujuk dari RS lain → notifikasi "bunyi seperti alarm"

The screenshot shows the SIRSUTE web application interface. The browser address bar displays the URL: `http://sirsute.kemkes.go.id/index.php?m=45&mc=8&ma=0&id_rujuk=101010118090`. The page title is "Selamat Datang RB Testing Jakarta?". The main content area is titled "Monitoring Rujukan" and includes a sub-section for "Monitoring Rujukan Rawat Darurat".

Monitoring Rujukan Rawat Darurat

Respon Rujukan: Diterima Tidak Diterima

Tgl Respon: _____

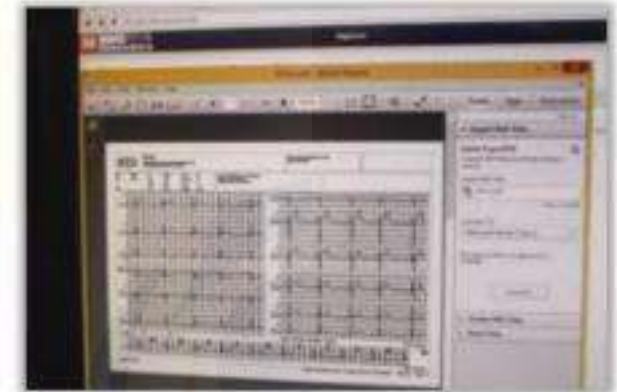
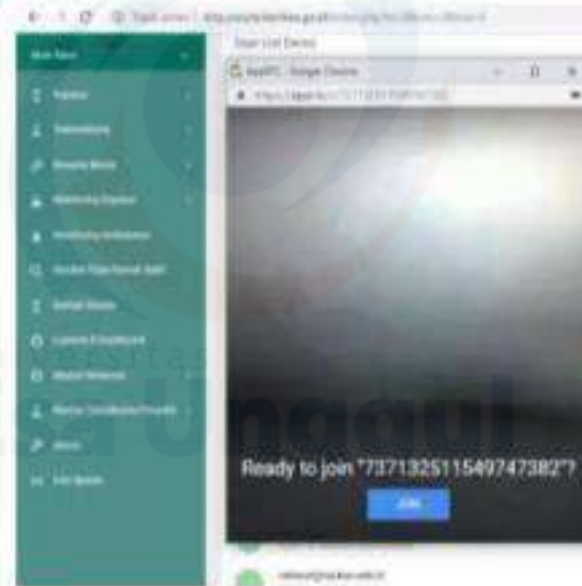
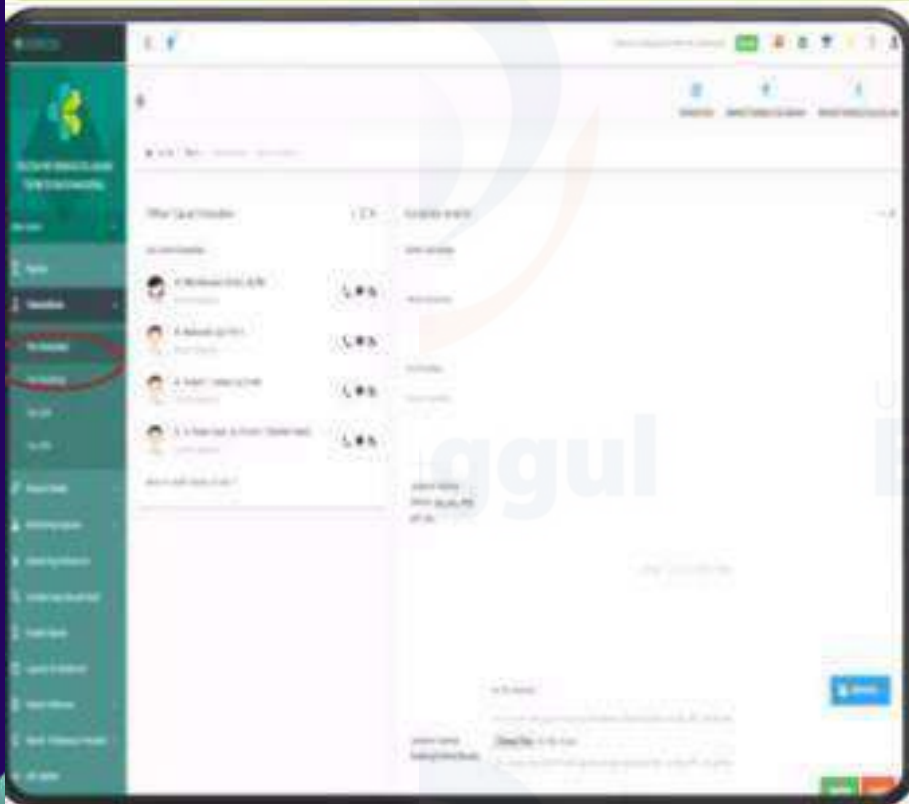
SIMPAN/KIRIM **CLOSE**

IDENTITAS PASIEN:

No. RM:	123321
NIK:	7971092907810001
No. JKN:	No. JKN...
Nama:	FAIZAL

TELEMEDICINE DI SISROUTE

Pemakaian telekomunikasi untuk memberikan informasi dan pelayanan medis jarak-jauh. Aplikasi telemedicine, menggunakan teknologi satelit untuk menyiarkan konsultasi antara fasilitas-fasilitas kesehatan menggunakan peralatan "video conference"



- ❖ Tampilan Dokter dan Dokter Spesialis
- ❖ Tele Konsultasi/ Tele conference (chat/Video)
- ❖ Tele Radiologi
- ❖ Tele USG
- ❖ Tele EKG



SECTION 6

SIMANTAP

Click here to add a subtitle

SIMANTAP

SISTEM PEMANTAUAN ANTIMIKROBA
TERAPI DAN PROFILAKSIS



DATA MUTU PRA-RSIS FORMULIR PERMINTAAN AL PANTAU

FORMULIR PERMINTAAN KONTRIMIKROBA	
FORMULIR PERMINTAAN KONTRIMIKROBA	
PANTAU PERKS SEHAT MAMU	
FORMULIR PERMINTAAN KONTRIMIKROBA	
FORMULIR PERMINTAAN KONTRIMIKROBA	
FORMULIR PERMINTAAN KONTRIMIKROBA	
FORMULIR PERMINTAAN KONTRIMIKROBA	

OBSTETRI GINEKOLOGI

WATCH AWAL

RESERVE AWAL

SETELAH 72 JAM

SETELAH 2 X 72 JAM

FORMULIR PERMINTAAN KONTRIMIKROBA
FORMULIR PERMINTAAN KONTRIMIKROBA
PANTAU PERMINTAAN
PERMINTAAN KONTRIMIKROBA
FORMULIR PERMINTAAN KONTRIMIKROBA
FORMULIR PERMINTAAN KONTRIMIKROBA

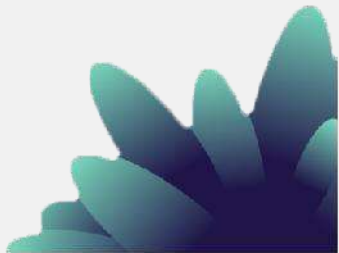
DATA MUTU PPRA RSHS FORMULIR PERMINTAAN A... PANTAU PERSETUJUAN PERSETUJUAN TIM

Anastesi
Ilmu Penyakit Dalam
Ilmu Kesehatan Anak
Ilmu Penyakit Saraf
Ilmu Bedah
Obstetri Ginekologi
Orthopedi Traumato...
Kesehatan Kulit dan ...
Kesehatan Gigi dan ...
Bedah Mulut
Bedah Saraf
THT-KL
Bedah Anak
Urologi
Bedah Onkologi

TRI GINEKOLOGI

- WATCH AWAL
- RESERVE AWAL
- SETELAH 72 JAM
- SETELAH 2 X 72 JAM

FORMULIR PERMINTAAN ANTIMIKROBA
PERSETUJUAN TIM PPRA
PANTAU PERSETUJUAN
PERMOHONAN VISITASI
PPAB RSHS
INFORMASI DAN EDUKASI



Watch Awal obstetri dan ginekologi (Responses) ☆ 🔄 📄

File Edit View Insert Format Data Tools Extensions Help

Menus 🖨️ 📄 100% 📄 View only

A	B	C	D	E	F	G	H	I	J	K	L
Timestamp	Email Address	Nama DPJP	Nama Residen	Nomor HP Residen (untuk konfirmasi)	Nama Pasien	Nomor Rekam Medis Pasien	Ruang Perawatan	Tanggal masuk ruangan	Indikasi /Diagnosis Infeksi	Diagnosa lain	SOAP pasien
10/21/2024 22:36:57	stevensitompul07@gmail.com	dr. Dian Tjahyadi, Sp. OG, Subsp. FER, MM	dr. Stevan Stompul	082151162002	Rina Nurhayati	0002320776	YK Anturium	10/21/2024	Abortus inkomplit	(+)	S. Nyeri perut disertai demam O. TD: 120/80 mmHg HR: 88/menit RR: 20/menit Temp: 38.0 Nyeri perut (+) Perdarahan jalan lahir Lochia berbau (+) A. Abortus inkomplit P. Misoprostol 2x200mg Mefenazin 3x0.125 mg Ceftriaxon 2x1gr Rencana kuratase
10/21/2024 22:31:13	ayuinsani@gmail.com	Amilia Siddin SpOG Subsp.KFM	Ayu	082151162011	Desi Adhyanthi	0002102179	R Rawat Obgyn Lt 5	10/12/2024	G2P0A1 Gravida 23-23 minggu, kontraksi prematin Janin tunggal hidup intrauterin letak kepala sesuai 22 minggu 6 hari (TCD 21 minggu 3 hari) TBBI 556 gram, polisai jantung janin (+)		G2P0A1 merasa hamil mules mules yang tidak sejak 4 jam SMRS. Keluar sedikit darah. Keluar c Gelekan janin dirasakan dan meorbulkan dem lampias disangkal. Kari mengalami miosis an keluhan mimisan suda disangkal. Riwayat per manis, asma, dan pem pasien datang ke (GD)
10/21/2024 19:58:29	ayuinsani@gmail.com	dr. Ali Budi Harsono, SpOG Subsp. Onk	Ayu	082151162011	Siti Kapsah	0002308516	R Rawat Obgyn Lantai 5	10/21/2024	Suspek tumor ganas ovarium, hidronefrosis bilateral, riwayat kistektomi		S. Rencana Operasi. P O. TD 115/70, N 78, R A. Suspek tumor gana kistektomi
10/21/2024 16:53:55	ayuinsani@gmail.com	Dr. dr. Dodi Suardi, SpOG Subsp. Onk	Ayu	082151162011	Desvita Irianti Putri	0002268854	MCHC	10/18/2024	Karsinoma endometrium stadium IIIB, hidronefrosis bilateral grade III		P4A0 (AH 4 AT 5 tahun 7 hari yang lalu namun di bagian bawah perut dirasakan perdarahan muat dirasakan pasien naisu makan diaku pa dirawat di RSHS 1 bul

Online Reservation

Reservasi Online Beta
RSUP dr.Hasan Sadikin - Bandung



BELUM PERNAH BERKUNJUNG

Silahkan Akses Menu ini, Untuk **Calon Pasien** Yang **Belum Pernah** Berobat Sebelumnya ke RSHS. **Belum** Memiliki KIP (Kartu Identitas Pasien) dan atau **Belum** Memiliki Nomor Medical Record di RSHS

[KLIK DISINI](#)



SUDAH PERNAH BERKUNJUNG

Silahkan Akses Menu Ini, Untuk Pasien Yang **Sudah Pernah** Berobat Sebelumnya di RSHS, **Sudah** Memiliki KIP (Kartu Identitas Pasien) dan atau **Sudah** Memiliki Nomor Medical Record di RSHS

[KLIK DISINI](#)

Reservasi Online
October 2024

< > today month week day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1	2	3	4	5
	PENUH	MASIH ADA : 18	MASIH ADA : 35	MASIH ADA : 33	MASIH ADA : 51	
6	7	8	9	10	11	12
MASIH ADA : 25	MASIH ADA : 27	MASIH ADA : 33	MASIH ADA : 31	MASIH ADA : 48		
13	14	15	16	17	18	19
MASIH ADA : 14	MASIH ADA : 17	MASIH ADA : 33	MASIH ADA : 32	MASIH ADA : 38		
20	21	22	23	24	25	26
MASIH ADA : 3	MASIH ADA : 43	MASIH ADA : 40	MASIH ADA : 45	MASIH ADA : 80		
27	28	29	30	31	1	2
MASIH ADA : 72	MASIH ADA : 88	MASIH ADA : 90	MASIH ADA : 99	MASIH ADA : 99		
3	4	5	6	7	8	9
MASIH ADA : 93				MASIH ADA : 93		



Sekarang Habis Berobat Datanya
Bisa Muncul di SATUSEHAT Mobile



1. Instal dan update aplikasi ke versi terbaru (App Store/Play Store)



2. Siapkan KTP dan datang ke loket pendaftaran



3. Buka profil dan cek kode akses, lalu input mandiri ke layar petugas atau dibantu oleh petugas



4. Petugas akan cek kesesuaian data KTP dengan profilmu



5. Profil berhasil diverifikasi (ada tanda centang)



6. Masuk ke Resume Medis dan buat PIN yang aman



Pindai (Scan) untuk Unduh Aplikasi

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Reservasi Online
October 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1	2	3	4	5
	PEMILIH	MASIH ADA : 18	MASIH ADA : 35	MASIH ADA : 42	MASIH ADA : 49	MASIH ADA : 56
6	7	8	9	10	11	12
MASIH ADA : 25	MASIH ADA : 27	MASIH ADA : 33	MASIH ADA : 40	MASIH ADA : 47	MASIH ADA : 54	MASIH ADA : 61
13	14	15	16	17	18	19
MASIH ADA : 14	MASIH ADA : 17	MASIH ADA : 23	MASIH ADA : 30	MASIH ADA : 37	MASIH ADA : 44	MASIH ADA : 51
20	21	22	23	24	25	26
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MASIH ADA : 72	MASIH ADA : 88	MASIH ADA : 90	MASIH ADA : 99	MASIH ADA : 99	MASIH ADA : 99	MASIH ADA : 99
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Reservasi

Tanggal 24-10-2024
Silahkan lengkapi biodata

Account Personal Address Reservasi

Progress bar: Account (filled), Personal (empty), Address (empty), Reservasi (empty)

NIK:

Nama:

Tempat Lahir:

Tanggal Lahir:

Jenis Kelamin:



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Tercatat di SATUSEHAT Mobile

- Siapkan KTP dan datang ke loket pendaftaran
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- Petugas akan cek kesesuaian data KTP dengan profilmu
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Benefits of digital innovations in maternal healthcare

Digital tools could significantly enhance access to maternal health services.

These tools can improve communication with care teams, see the potential for increased access to care, and can help reduce out-of-pocket

Additionally, how digital tools can empower patients by amplifying their voices and experiences through actionable data.



1

Increased access to care

Telemedicine and remote monitoring technologies break down geographical barriers, allowing women in remote or underserved areas to receive timely medical consultations and care.

2

Convenience and flexibility

Expectant mothers can consult with healthcare providers from the comfort of their homes, reducing the need for travel and the associated stress.

3

Empowerment and education

Mobile health apps provide a wealth of information on pregnancy, childbirth, and postnatal care, empowering women to make informed decisions about their health and the health of their babies.

4

Enhanced communication

Digital tools facilitate direct communication between patients and healthcare providers, ensuring continuous support and guidance throughout the pregnancy and postnatal period.

5

Real-time health tracking

Wearable devices monitor vital signs, physical activity, sleep patterns, and other health indicators in real time, enabling early detection of potential issues and timely interventions.

6

Seamless data sharing

Electronic health records (EHRs) enable the seamless sharing of patient information among healthcare providers, ensuring that all relevant data is available for comprehensive and coordinated care.



These advantages collectively contribute to a more accessible, efficient, and patient-centered approach to improving maternal health through digital innovation, ultimately leading to more positive health outcomes for mothers and their babies.

Challenges and barriers of maternal health digitalization

Limited access to technology:

Socioeconomic disparities may restrict access to digital tools and internet connectivity, particularly in underserved communities, hindering the adoption of

Privacy and data security

The sensitive nature of maternal health data raises concerns about privacy breaches and data security risks,

Digital literacy and user

Low digital literacy levels among specific demographics may impede the effective utilization of digital tools for maternal healthcare, requiring user-friendly interfaces and comprehensive training programs.

Regulatory compliance:


Stringent regulatory frameworks and compliance requirements in the healthcare sector pose challenges to developing and implementing digital solutions, necessitating time-consuming efforts to adhere to complex standards and guidelines.

Integration with existing

Seamless integration with existing healthcare systems and interoperability between different platforms present technical challenges, requiring careful coordination and compatibility testing.


CONCLUSION

Click here to add text



Digital innovations in maternal health greatly improve the way expectant mothers receive care, making it more accessible, efficient, and personalized.

Click here to add text



However, challenges such as limited access to technology, data security concerns, and integration issues must be addressed to realize their full potential.

Click here to add text



Thank you

Panduan WHO dalam Pelayanan Kesejahteraan Reproduksi Wanita

WHO telah menyusun panduan komprehensif terkait perencanaan keluarga hingga penanganan kekerasan berbasis gender untuk meningkatkan kesehatan reproduksi wanita secara global.



by Prof Setyowati PhD





Keúangka Keúja Glo@al WHO

1

Akses Univeúsal

WHO menekankan pentingnya akses universal terhadap layanan kesehatan reproduksi yang aman dan berkualitas.

2

Beú@asis Hak Asasi

Panduan ini memprioritaskan pendekatan berbasis hak asasi manusia dalam pelayanan kesehatan reproduksi.

3

Caku@an Luas

Panduan mencakup berbagai aspek, dari perencanaan keluarga penanganan penyakit menular seksual , hingga penanganan kekerasan berbasis gender.

Peúencanaan Keluaúga dan Kontúase@si

Metode Kontúase@si

WHO merekomendasikan penggunaan metode kontrasepsi yang sesuai dengan preferensi dan kondisi medis wanita.

Konseling

Panduan menekankan pentingnya konseling terkait pilihan kontrasepsi yang aman dan efektif.

Pelayanan Non-Diskúiminatif

WHO mendorong pelayanan kontrasepsi yang bebas dari diskriminasi dan paksaan.



Kesehatan Ibu Hamil dan Bayi Baru Lahir

1

Asuhan Keperawatan

WHO merekomendasikan minimal delapan kali kunjungan antenatal selama kehamilan. Layanan mencakup pemeriksaan kesehatan, vaksinasi, dukungan gizi serta deteksi dini komplikasi.

2

Persalinan

Persalinan yang aman di fasilitas kesehatan dengan bantuan tenaga terlatih sangat ditekankan untuk mengurangi risiko kematian ibu dan bayi.

3

Pasca-Persalinan

Pemeriksaan kesehatan pasca-persalinan penting untuk mencegah komplikasi dan memberikan konseling perawatan bayi.





Pencegahan dan Pengobatan Penyakit Menular Seksual (PMS)

Deteksi Dini

WHO menyarankan skrining rutin PMS, pencegahan, serta pengobatan yang cepat untuk mengurangi risiko komplikasi jangka panjang, seperti infertilitas atau kanker serviks

Pencegahan

Edukasi tentang penggunaan kondom sebagai metode efektif mencegah penularan PMS.

Pengobatan Cepat

Penanganan cepat terhadap infeksi seperti gonore dan sifilis untuk mencegah komplikasi.



Penanganan Kekeúasaan Seksual dan Beú@asis Gendeú



Peúawatan Daúuuát

perawatan darurat bagi korban kekerasan seksual, termasuk pencegahan infeksi menular seksual, kehamilan darurat.



Dukungan Psikososial

Dukungan psikososial bagi korban kekerasan seksual untuk pemulihan mental korban kekerasan.



Keúaflasiaan

Menjaga kerahasiaan dan menghormati hak-hak korban dalam pelayanan.



Kesehatan Seksual dan Reproduksi Remaja

Layanan Ramah Remaja

- 1 **Penyediaan layanan kesehatan reproduksi yang inklusif dan ramah remaja untuk mencegah kehamilan di luar nikah dan PMS .**

Edukasi Komprehensif

- 2 **Program edukasi seksual yang komprehensif di sekolah dan komunitas yang disesuaikan dengan usia mereka.**

Kepercayaan

- 3 **Menjamin kerahasiaan dalam layanan kesehatan reproduksi remaja.**





Pelayanan Kesehatan Reproduksi di Situasi Krisis

Dalam situasi krisis seperti bencana alam atau konflik bersenjata, layanan kesehatan reproduksi sering kali terganggu

Layanan Dasar pelayanan antenatal, persalinan darurat, dan kontrasepsi darurat.

Tempat Pelembagaan dan Pelembagaan medis untuk menjamin layanan kesehatan reproduksi bagi korban kekerasan seksual di daerah konflik.



Aborsi Aman

1 Fasilitas Memadai

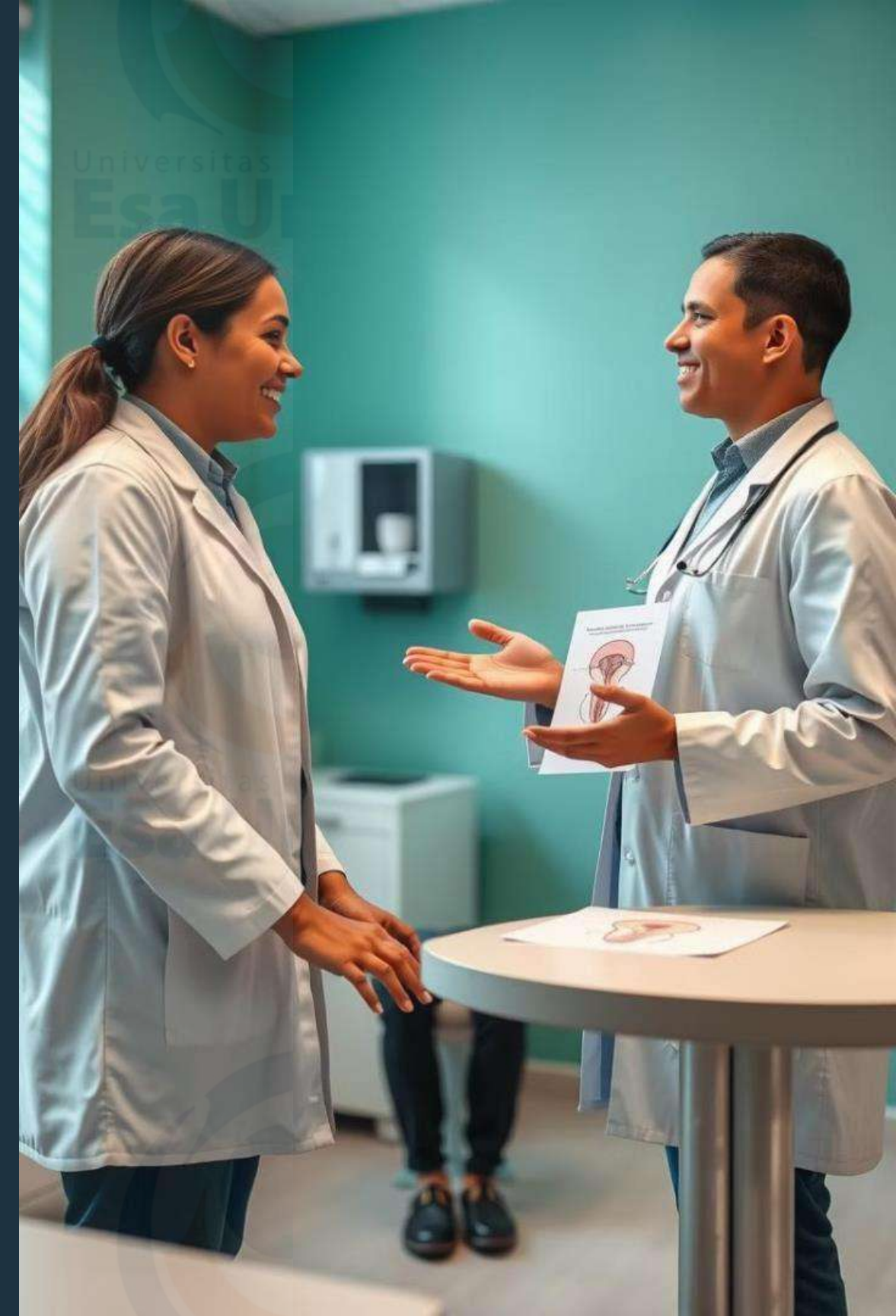
Aborsi dilakukan atas alasan medis atau kehamilan berisiko tinggi di fasilitas kesehatan yang memadai.

2 Metode Sesuai Standar

Penggunaan misoprostol atau prosedur bedah sesuai standar.

3 Konseling Komprehensif

Pemberian konseling sebelum dan setelah aborsi untuk menjaga kesehatan mental dan fisik dan ketersediaan layanan pasca-aborsi



Pencegahan Kanker Reproduksi



Vaksinasi HPV

Vaksinasi HPV untuk wanita muda sebelum aktif secara seksual.



Skúining Rutin

Peningkatan akses terhadap layanan skrining kanker serviks di semua fasilitas kesehatan.



Edukasi Pencegahan

Pemberian informasi tentang faktor risiko dan pencegahan kanker reproduksi.



PENERAPAN PANDUAN

PEKA BUDAYA PATIENT

SAFETY

ENVIRONMENT SAFETY

STUDENT SAFETY



Referensi

- **WHO. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization.**
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- **WHO. (2020). Cervical cancer prevention and control saves lives. Geneva: World Health Organization.**
- **WHO. (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization.**

TERIMA KASIH ...SELAMAT BERKARYA



 **TECHNOLOGY & SCIENCE**



**Increasing the Role of
Maternity Nurses in
Supporting Health
Transformation in the
Digitalization Era**

 **TECHNOLOGY IN HEALTH
SERVICES**

Prof.dra. Setyowati,SKp.,MAppSc.,PhD.,DBO.,RN
FACULTY OF NURSING UNIVERSITAS INDONESIA

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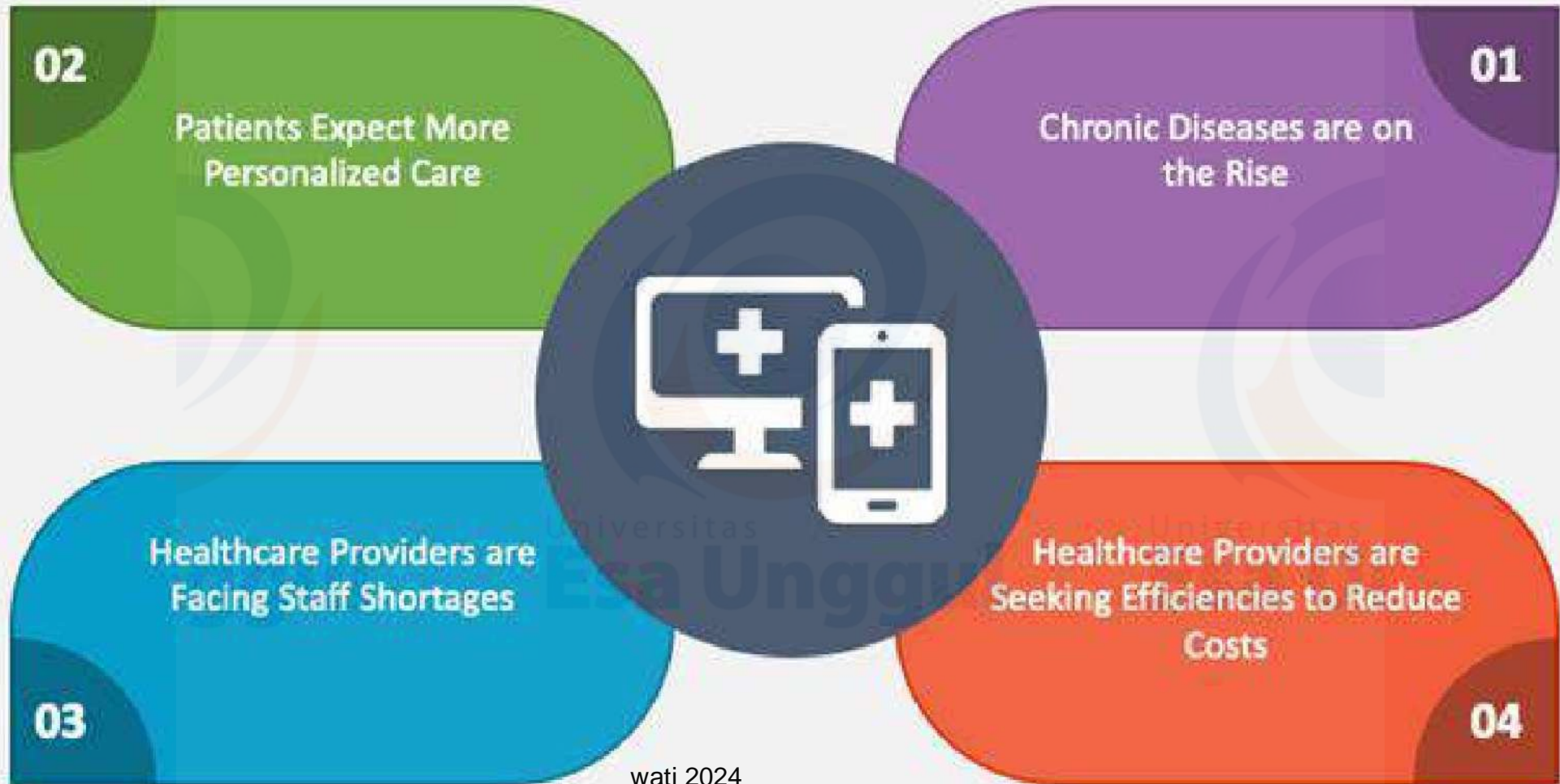
DIGITAL TRANSFORMATION IN HEALTHCARE



The digital transformation in healthcare services, showing various advanced technologies such as telemedicine, wearable devices, artificial intelligence, and robotic surgery in a hospital setting.

This illustration provides a visualization of how these digital tools integrate to improve patient care and medical processes.

DIGITAL TRANSFORMATION IN HEALTHCARE



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The history of digital learning in healthcare services

The introduction of personal computers led to the development of CBT programs for healthcare professionals.

These programs included basic medical training and interactive tutorials.

- 1980s: Computer-Based Training (CBT)

The rise of the internet allowed for the creation of web-based learning platforms. Early adopters in healthcare used email, forums, and simple websites to share information and training materials.

- 1990s: Internet and Web-Based Learning

Development and Expansion

Platforms like Blackboard and Moodle became popular, offering structured courses and training modules for healthcare professionals. The use of high-fidelity simulators for training in areas like surgery and emergency response

became more common

- 2000s: Learning Management Systems (LMS) & Simulation Training

Early Beginnings

The history of digital learning (Development and Expansion)

2010s

Massive Open Online Courses (MOOCs): Platforms like Coursera and edX began offering courses in healthcare topics, making education accessible to a global audience.

Mobile Learning: Smartphones and tablets allowed for learning on-the-go, with apps providing access to medical textbooks, drug reference guides, and training videos

2020s

Virtual Reality (VR) and Augmented Reality (AR): These technologies started to be used for immersive training experiences, such as virtual dissections and emergency room simulations

Artificial Intelligence (AI): AI began to play a role in personalizing learning experiences and providing advanced analytics on learner performance

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DIGITAL TRANSFORMATION IN HEALTHCARE

Significance of Digital Transformation in Healthcare



DIGITAL TRANSFORMATION IN HEALTHCARE

Digital Transformation Trends in Healthcare



DIGITAL TRANSFORMATION IN HEALTHCARE



BENEFITS OF E-LEARNING FOR HEALTHCARE PROFESSIONALS AND ORGANIZATIONS

1. Ensure managing compliance with regulatory requirements including those for security and safety measures

2. Continual professional development, which may lead to increased employee satisfaction and higher retention of workforce

3. Uniformity in employee skillsets creating a globally exchangeable workforce

4. Significant cost and time saving for organizations compared to traditional methods of learning

CONT'

5. Scale with speed and quality for improved patient outcomes, which may lead to better business performance and reputation

6. Organizations can notify, motivate, monitor, and track the progress of their employees and link it to their KPIs through Learning & Development processes.

7. Offers flexibility to employees to learn at their own pace anytime, anywhere on their own devices

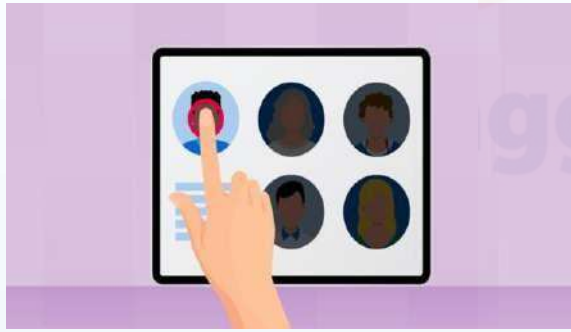
8. Empowers employees with access to learn and interact with top-notch trainers

CONT'

9. Engaging employees with high-quality content through engaging simulations, animations, videos, live sessions, case studies, or problem-based learning for the employees

10. E-learning has been successfully improving results and reducing costs for organizations for decades now

11. Employees and organizations are aligned with relevant skill sets for the changing healthcare needs



PERSONAL DIGITAL ASSISTANTS(PDAS) IN NURSING SERVICES

- **The use of Personal Digital Assistants (PDAs)** in nursing services provides many benefits, such as increasing efficiency, reducing medical errors, and improving the quality of patient care.
- **The integration of PDAs** in clinical practice has a positive impact on patient care by increasing the accuracy of information and enabling timely intervention.
- **PDAs have functions** such as calculators, clocks, calendars, games, internet access, sending and receiving emails, radio, recording pictures/videos, taking notes, as an address book, and also as spreadsheets.

Benefits of Personal Digital Assistants in Nursing Services

❖ Fast and Easy Access to Information:

PDAs allow nurses to access patient medical records, medication guides, and medical references directly at the point of care.

❖ Reduction in Medical Errors:

With information that is always available and updated, nurses can ensure proper medication dosage and avoid dangerous drug interactions.

The use of PDAs reduces errors associated with manual data entry and increases the accuracy of patient information.

❖ Improved Work Efficiency:

Nurses can record patient information and update medical records in real-time, reducing the time required for manual documentation.

PDAs increase workflow efficiency by reducing the time required for documentation and data retrieval.

❖ Better Communication:

PDAs can be used to communicate with other members of the medical team, improving coordination and collaboration in patient care.

❖ Improved Documentation and Reporting: Data collected via PDAs can be integrated directly into electronic medical record (RME) systems,
increasing the accuracy and completeness of documentation.

❖ Decision Support:
PDAs provide access to decision support tools and evidence-based resources, aiding clinical decision making.

Personal Digital Assistants

Application in Nursing Services

Electronic Medical Records (EMR):

PDA's are used to access and update EMRs, ensuring that patient information is always accurate and up to date.

Medication Management:

Nurses can verify drug prescriptions, access information about drugs, and record drug administration in real-time via a PDA.

Patient Assessment and Monitoring:

PDAs are used to record vital signs, laboratory results, and other clinical observations, which can then be analyzed and monitored continuously.

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Clinical Documentation:

PDA's are used to record patient data, which helps keep medical records accurate and timely.

Information Access:

Healthcare providers use PDA's to access medical references, drug information, and clinical guidelines at the point of care.

Communication:

PDA's facilitate better communication among healthcare team members through instant messaging and email functions.

Clinical Guidelines and Nursing Protocols:

PDAs store clinical guidelines, protocols, and nursing procedures that nurses can access at any time to ensure best practices.

Training and Continuing Education:

Nurses can access training materials, online courses, and other learning resources through PDAs to improve their professional competence.

By adopting PDAs in nursing practice, nurses can improve the quality of patient care, reduce medical errors, and increase the efficiency and effectiveness of their work.

Use of Practical Technology (PDA) for the quality of pregnant women's health services in the Global Era

Example of a PDA application for pregnant women's services

1. Pregnancy Recording and Monitoring

- Pregnancy Recording Application: PDA can be used to record important data such as weight, blood pressure, fetal heart rate, and pregnancy symptoms. This application can provide pregnancy progress charts that can be accessed by pregnant women and health workers.
- Appointment and Medication Reminders: PDAs can send reminders for prenatal appointments, taking vitamin supplements, or medications that need to be taken regularly

2. Access to Information and Education

- Digital Pregnancy Guide:

Applications on PDA can provide complete guidance about pregnancy, from the first trimester to preparation for childbirth. This information includes tips on nutrition, exercise, and warning signs of complications.

- Videos and Interactive Modules:

Education through videos and interactive modules that explain fetal development, relaxation techniques, and prenatal exercises.

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3. Remote Monitoring and Consultation

- Telehealth and Teleconsultation:

Pregnant women can access telehealth services to consult with health care providers without having to come to the clinic. This is especially useful for remote areas or for pregnant women with limited mobility.

- Monitoring Health Conditions:

By using a monitoring device connected to a PDA, maternal health data such as blood pressure and blood sugar levels can be ^{wati, 2024} monitored remotely by health workers.

4. Support Community

- Forums and Support Groups:

Applications on PDAs can connect pregnant women with online support communities where they can share experiences, get emotional support, and learn from other mothers.

- Guidance Programs:

Some apps offer personalized guidance where pregnant women can get direct advice from health experts via chat or video call.

5. Integrated Health Management

- Integration with Electronic Medical Records (MRE): Data collected through PDAs can be integrated with MREs, allowing healthcare professionals to view **complete and up-to-date medical records when providing care.**
- Risk Reminders and Notifications:
The app can provide early warnings if there are indications of complications, such as increased blood pressure or symptoms of preeclampsia, based on the data entered.

The Role of Maternity Nurses in Supporting Health Transformation

1. Telemedicine and Remote Monitoring

- enabling remote consultations and check-ups
- nurses can monitor the health of mothers and fetuses through mobile apps and wearable devices that track vital signs like blood pressure, glucose levels, and fetal heart rates

2. Education and Digital Literacy

- guide pregnant women on how to access reliable health information online and use digital platforms for education on pregnancy, childbirth, and postpartum care
- Nurses can provide virtual prenatal classes and postnatal follow-ups through digital platforms, enhancing patient engagement.

3. Patient-Centered Care Through Digital Integration

- nurses can ensure that information from obstetricians, pediatricians, and other healthcare providers is accessible and updated in real-time, leading to better decision-making and continuity of care
- reduces administrative burdens, allowing nurses to focus more on direct patient care (*Lopez et al., 2024*).

Artificial Intelligence (AI) and Predictive Analytics: Maternity nurses are in a prime position to collaborate with digital tools powered by AI, which can predict pregnancy complications like preeclampsia, gestational diabetes, and preterm birth by analyzing patient data. By working with AI-driven technologies, nurses can anticipate complications earlier and coordinate care with obstetricians to mitigate risks

Enhancing Postpartum Care: digital platforms enable nurses to monitor and support patients during the postnatal period. Maternity nurses can use telehealth services to track the mental and physical health of new mothers, screen for postpartum depression, and ensure proper infant care. Mobile apps for breastfeeding tracking, postpartum exercise, and emotional well-being can be recommended by nurses to help mothers during their recovery period.

Supporting Digital Health Policies and Ethics: ensure that patients' data is used responsibly and that privacy is maintained. Nurses can support the development of digital health policies that address concerns like data security, access to technology, and the digital divide, ensuring that all mothers

Virtual Reality (VR) and Simulation Training: **VR** allows nurses to practice complex maternity procedures in a risk-free environment, enhancing their skills and preparedness for real-life situations. For instance, they can simulate emergency responses for situations like hemorrhage or eclampsia, improving reaction times and decision-making.

Patient care in maternity nursing services, focusing on nurses providing comprehensive care through prenatal checkups, labor preparation, and postnatal support, all within a modern maternity ward equipped with advanced digital tools.



Supporting health transformation in the digitalization era by maternity nurses

- A maternity nurse using telemedicine tools on a tablet for remote consultations with pregnant patients.
- The nurse is seen explaining data from wearable devices tracking fetal health and maternal vitals.
- Other elements show the nurse interacting with AI-powered diagnostic systems and managing electronic health records.

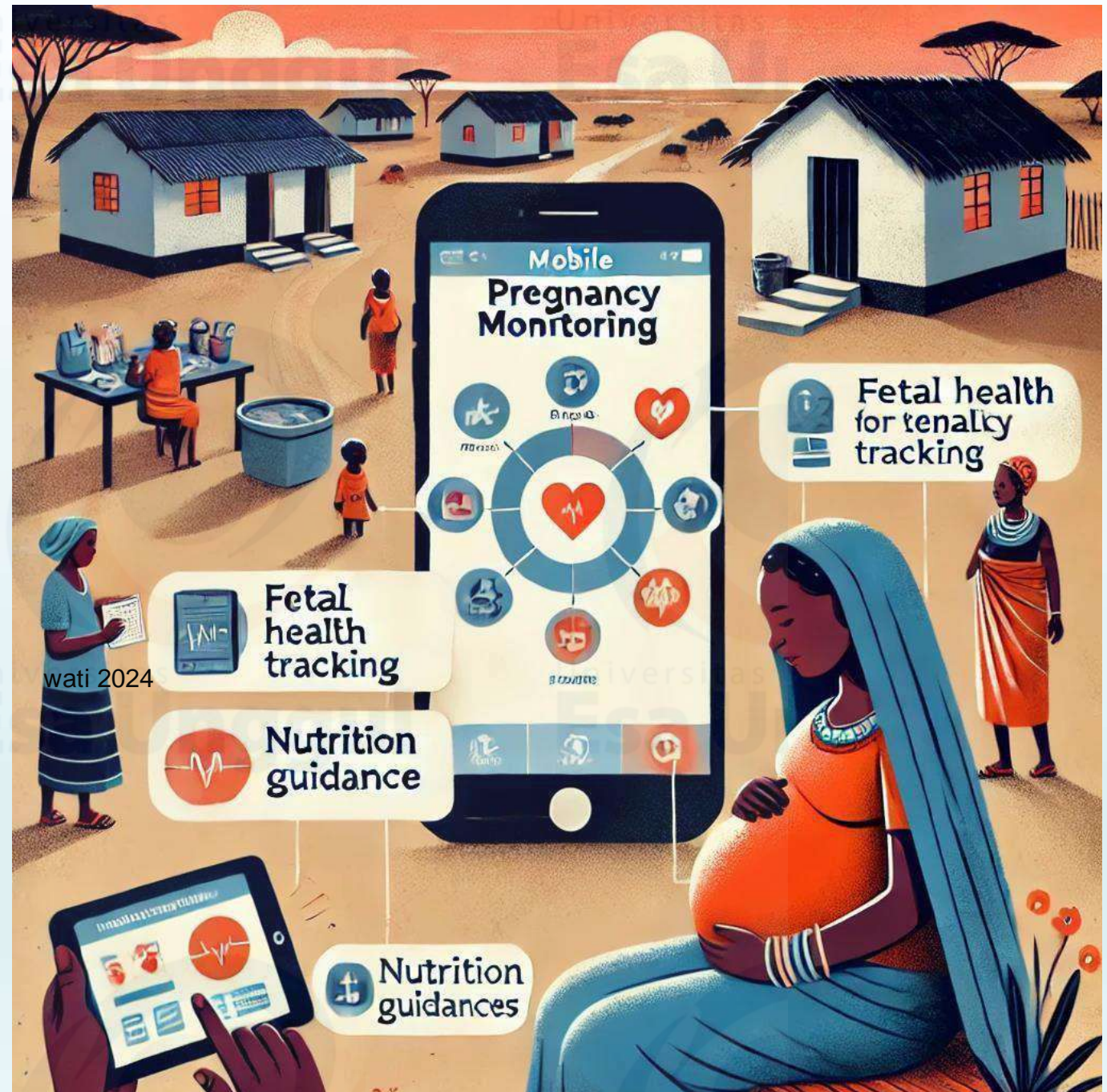
A modern maternity ward with digital monitors and smart health tools enhancing patient care



Case example of Personal Digital Assistants implementation in pregnant women's services

- 1. Mobile Pregnancy Monitoring Project in Kenya** "Mobile Pregnancy Monitoring" uses PDAs to monitor the health of pregnant women in remote areas. PDAs **equipped with special applications help midwives record health data about pregnant women, send the data to health centers via cellular networks, and provide treatment recommendations based on health guidelines in the application. This project was successful in reducing the number of pregnancy complications and increasing the number of prenatal visits.**

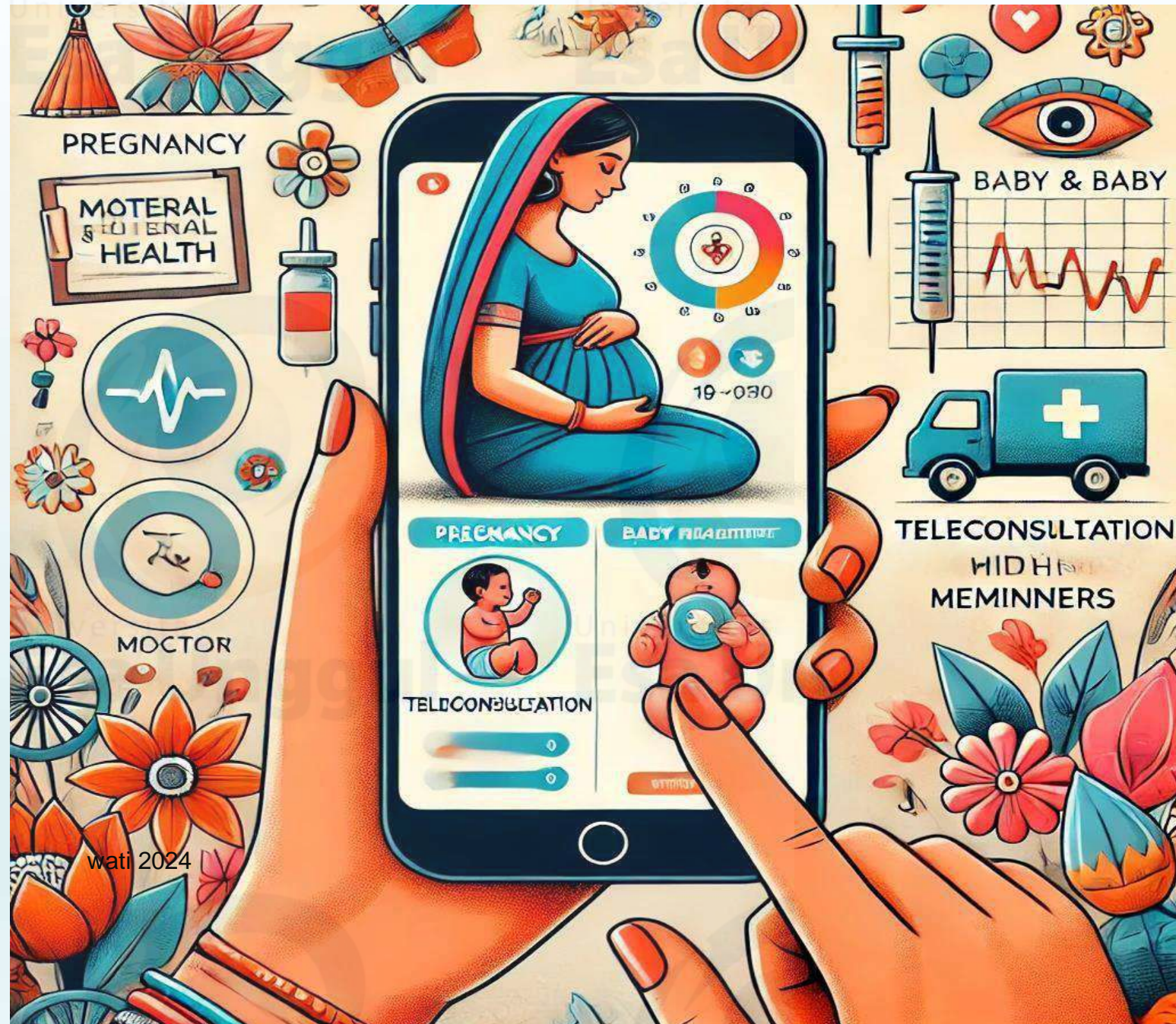
- The Mobile Pregnancy Monitoring Project in Kenya, showing a pregnant woman using a mobile app to track her health.
- The app includes features like fetal health monitoring, antenatal visit reminders, and nutrition guidance.
- The image highlights the collaboration between local healthcare workers and technology in a rural Kenyan setting.



2. "Mum and Baby" App in India

- The "Mum and Baby" app developed in India provides daily information about pregnancy, nutritional guidance, educational videos and reminder features for routine check-ups.
- This application also provides a chat feature for consultations with health providers and access to the pregnant mother community. As a result, this application helps increase pregnant women's knowledge and involvement in prenatal care.

The "Mum and Baby" application in India, showcasing features such as pregnancy tracking, baby development milestones, teleconsultations with doctors, vaccination reminders, and nutrition advice, all within an Indian cultural setting.



Examples of the Use of Practical Technology (PDA) for the quality of health of pregnant women in Indonesia

1. SiCantik (Sistem Informasi Cek Antenatal Terpadu dan Praktis/ Integrated and Practical Antenatal Check Information System)

- SiCantik is a PDA-based application developed to assist health workers in providing integrated and efficient antenatal services. This app allows healthcare workers to:
- Recording Pregnancy Data: Digitally record pregnant women's health data, including medical history, physical examination and laboratory results.
- Appointment Reminders: Send automatic reminders for prenatal appointments and supplement pickups.
- Clinical Guidelines: Provides clinical guidelines based on national health protocols for treating various pregnancy conditions.

- ❖ The 'SiCantik' (Sistem Informasi Cek Antenatal Terpadu dan Praktis) application in use.
- ❖ It shows a pregnant woman accessing antenatal check information through the app, with features like appointment scheduling, fetal health monitoring, and reminders for antenatal visits.
- ❖ The background includes a modern clinic setting with healthcare providers using digital tools to update patient information, while elements of Indonesian culture are reflected through traditional attire and a local clinic environment.



2. mHealth (Mobile Health) in Indonesia

- mCare:

This application is used by health workers to monitor the health condition of pregnant women in rural areas.

This application allows health workers to record examination data, send data to health centers, and get feedback from specialist doctors via teleconsultation.

- mPosyandu:

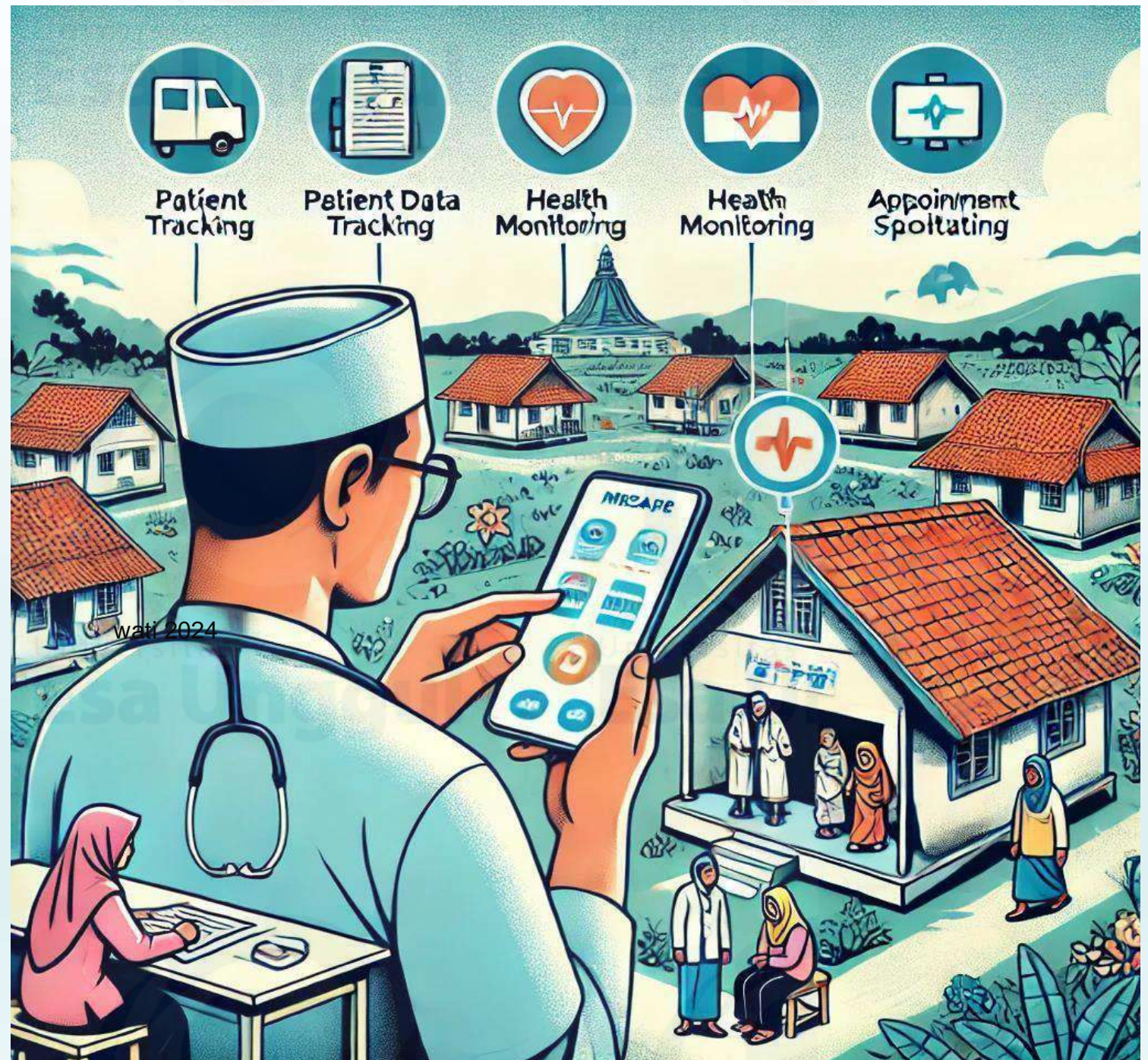
This system helps posyandu in recording and monitoring the health developments of pregnant women and children

digitally.

wati 2024

The data collected can be accessed by community health centers and health services for more effective monitoring.

- The 'mCare' system in Indonesia, depicting a healthcare worker using a mobile app to monitor patient health in a rural setting.
- Including patient data tracking, health monitoring, and appointment scheduling features, home care.
- This reflects the integration of technology with community healthcare in Indonesia





- The 'mPosyandu' system in Indonesia, showing a healthcare worker using a mobile app to monitor children's health during a Posyandu (integrated healthservice post) session.
- The app features child growthtracking, immunization schedules, and health alerts.
- In the background shows a community gathering with mothers, children, and healthcare workers providingservices in a rural village setting.
- It shows incorporates culturalelements, such as traditional attire and a local community center.

3. TeleCTG (Tele Cardiotocography)

TeleCTG is an initiative that uses PDA technology to monitor the condition of fetuses and pregnant women remotely. This project has been implemented in several regions in Indonesia with the aim of:

- **Remote Monitoring:** Enables rural health care providers to send CTG data to specialist doctors in hospitals using PDAs. The doctor can then analyze the data and provide treatment recommendations.
- **Early Detection of Complications:** Helps in early detection of pregnancy complications such as fetal distress and preeclampsia, so that treatment can be carried out more quickly and precisely.

- ❑ The 'TeleCTG' (Tele Cardiotocography) system in Indonesia, showing a healthcare worker using a mobile app to remotely monitor a pregnant woman's fetal heart rate and contractions.
- ❑ The scene includes a rural clinic with traditional Indonesian elements, highlighting the integration of digital health tools with maternal care in a community health setting.



4. InfoBunda application

InfoBunda is a mobile application that provides complete information about pregnancy, childbirth and baby care for pregnant women in Indonesia. The main features include:

- **Daily Information:** Daily articles about fetal development, health tips, and nutritional guides.
- **Pregnancy Calculator:** Tool to calculate gestational age and estimated delivery date.
- **Online Community:** Discussion forum where pregnant women can ask questions and share experiences with other mothers.



The 'InfoBunda' application in Indonesia, showing pregnant

women and new mothers using the app for information related to pregnancy, baby care, and health tracking.

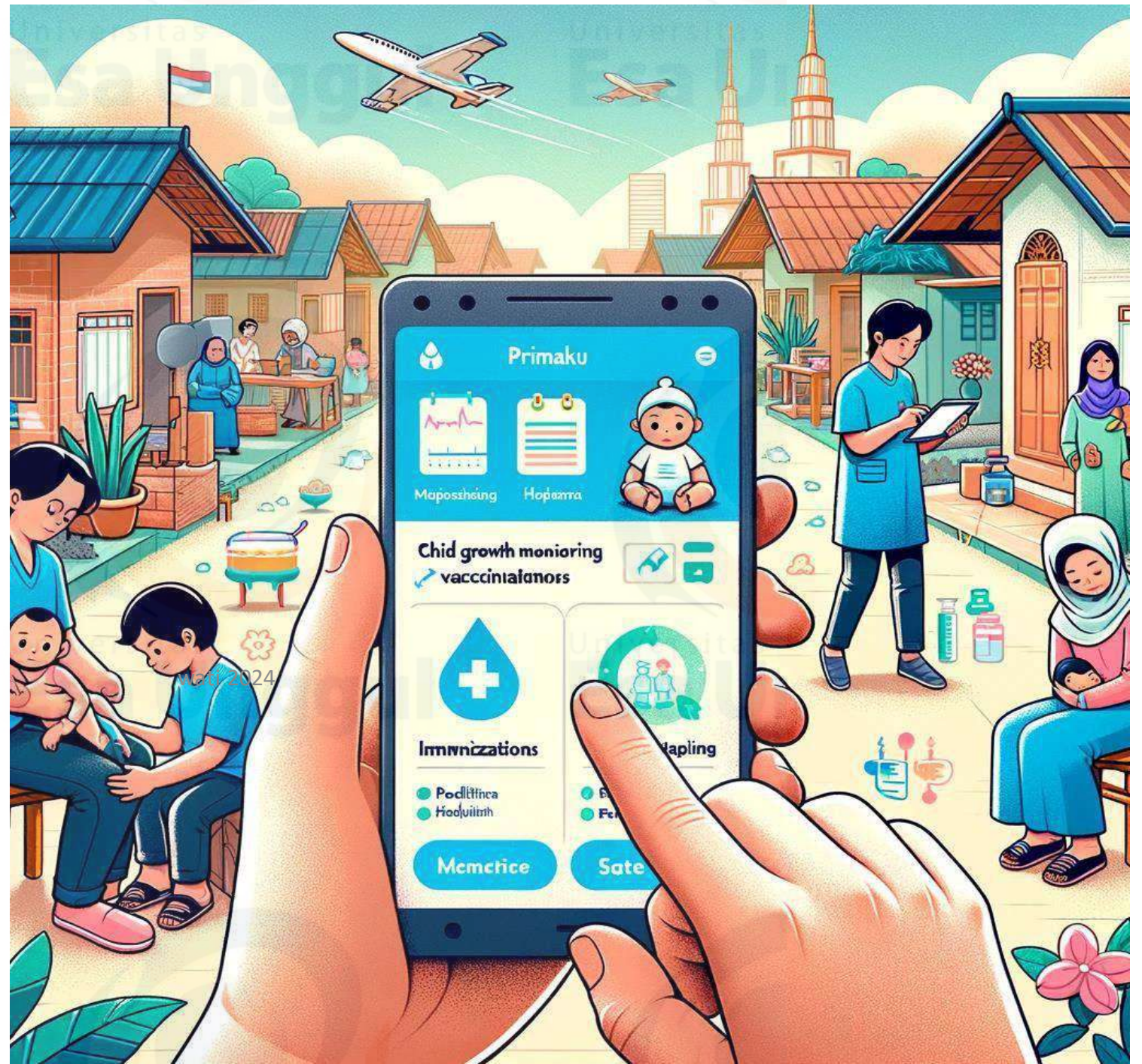
- The app interface includes features like pregnancy tips, baby health tracking, and virtual consultations, with a background reflecting both modern and traditional Indonesian settings.

5. PrimaKu Application

PrimaKu is an application developed by the Indonesian Pediatrician Association (IDAI) to help parents monitor their child's growth and development from pregnancy to the age of five. Features for pregnant women include:

- **Pregnancy Guide:** Information about pregnancy weekby week.
- **Health Monitoring:** Facility to record pregnancy checks and online consultations with obstetricians.

- ❖ The 'PrimaKu' application in Indonesia, showing parents using the app to track their children's growth, vaccinations, and overall health.
- ❖ The app interface displays features like child growth monitoring, immunization schedules, and pediatric health tips, with a background depicting both modern and traditional Indonesian family settings.



6. Health Education Packages using Android Applications to Improve Knowledge, Self-Care and Attitudes of Pregnant, Postpartum, and Lactating Women in Preventing COVID-19 Transmission.

(*Open Access Macedonian Journal of Medical Sciences*. 2022 May 12; 10(G):625-632. <https://doi.org/10.3889/oamjms.2022.8241>)

- By using this application, mothers and health workers do not need to meet face to face so that the transmission rate can be reduced.
- Mothers receive guidance on how to overcome their problems and carry out self-examination of their pregnancy using the application.
- The health education package consists of comprehensive pregnancy care education during the pandemic, postpartum self-care, and lactation care including consumption of pre-probiotic foods, exercise, hygiene, relaxation, spiritual care, and prevention of transmission of COVID-19.
- <http://cegahcovidbumil.000webhostapp.com>

Challenges:

- Technical Issues: Issues such as device malfunctions, battery life, and software compatibility are considered significant challenges.
- User Resistance: Some healthcare providers show reluctance in adopting PDAs due to lack of understanding or perceived complexity.
- Privacy Issues: Ensuring the security and confidentiality of patient data on PDAs is a major **issue.**

Challenges and Considerations

1. Data Privacy and Security:

Ensuring patient data is secure and used ethically.

2. Integration with Existing Systems:

Integrating new AI tools with current hospital systems and workflows.

3. Training and Adaptation:

Training nurses to use new technologies effectively.

4. Ethical Considerations:

Ensuring AI decisions are transparent and explainable.

Compassionate services provided by maternity nurses whose digital health devices still pay attention to close interactions with patients

• Compassionate care provided by a maternity nurse using digital health devices and interacting closely with

the patient in a modern maternity ward.

• The environment showcases a blend of technology and

personal attention.



Selecting the right e-Learning model for your organization

- The first step for any healthcare organization is to identify the right learning model that will suit their workforce and bring a tangible benefit to their business and branding. Leaders should start with a thorough costs and benefits analysis of an e-Learning model.
- build successful e-Learning at an organizational level include instructional designers, content or subject matter experts, videographers, photographers, multimedia experts, graphic designers etc.
- Hiring the required talent to integrate these skill sets and to build and launch e-Learning successfully is a big challenge for healthcare organizations.

DIGITAL TRANSFORMATION IN HEALTHCARE

7 Key Success Factors for Digital Transformation in Healthcare

01

Designing digital health solutions for better human experiences

02

Bringing everyone on board through effective change management

03

Training staff to help them get the most out of digital technology

04

Taking an inclusive approach that leaves no patient behind

05

Adopting cloud-based platforms for data access anytime, anywhere

06

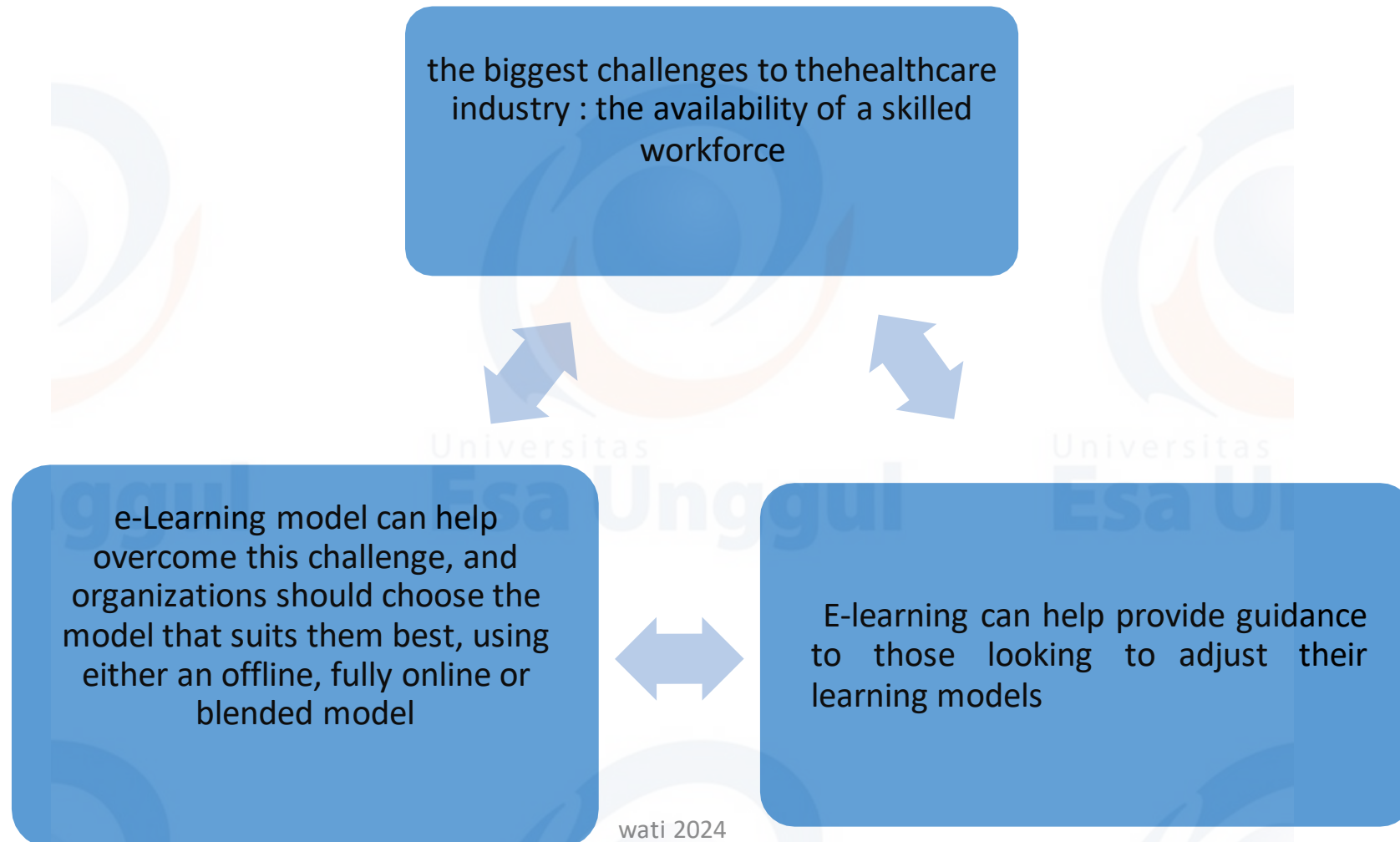
Building digital trust by safeguarding data privacy and security

wati 2024

07

Joining forces through strategic partnerships and ecosystem collaboration

Closing the rising skills gap in healthcare → The e-Learning advantages



Conclusion

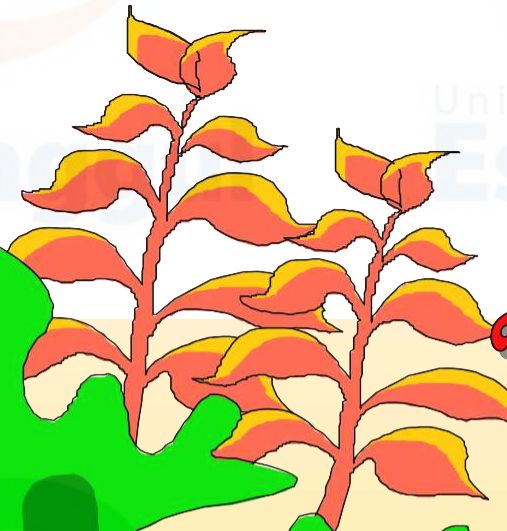
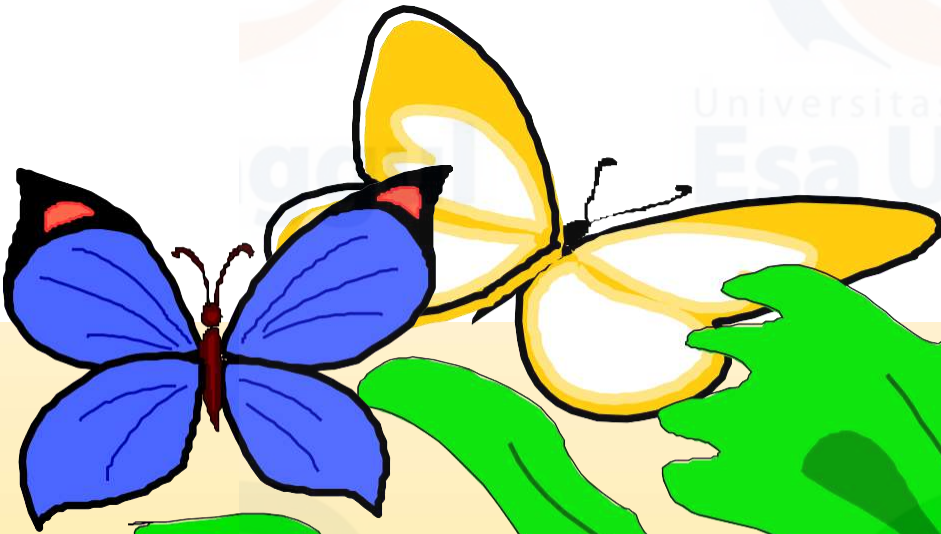
- Digital learning offers a multitude of benefits for healthcare services, from cost savings and flexibility to enhanced engagement and improved skills. These advantages contribute to better patient care and continuous professional development for healthcare providers.
- Healthcare workers and leaders must use digital technology to replace outdated systems, meet standard delivery, and complete other routine, time-consuming tasks that can be easily automated.
- Additionally, strong leadership will support as health providers navigate complex new technologies, such as AI and robotic systems.
- Future of healthcare are: focus on prevention and wellbeing; interoperable data and platform, and customer engagement and empowerment
- ❖ The integration of technology in maternity nursing has revolutionized the way care is delivered to pregnant women, new mothers, and their infants. Technology enhances the quality, efficiency, and accessibility of care in maternity settings, ensuring better outcomes for mothers and babies.

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Thank



RUN DOWN KONGRES NASIONAL (KONAS) KE-IV

PENGURUS PUSAT IKATAN PERAWAT MATERNITAS INDONESIA (PP IPEMI)

Puri Saron Hotel Seminyak, 25 – 26 Oktober 2024

Hari/ Tanggal/ Waktu (WITA)	Agenda	Narasumber	Tempat	Pimpinan Sidang	PIC
Jum'at, 25 Oktober 2024					
13.00 – 14.15	Registrasi dan <i>Check in Hotel</i>		Ballroom		Panitia OC
14.15 – 14.30	Persembahan Tari Bali		Ballroom		Panitia OC
14.30 – 15.00	Pembukaan 1. National Anthem: Indonesia Raya 2. Mars PPNI 3. Sambutan dan Arahan: a. Ketua PP IPEMI 2019 – 2024 (Dr. Desrinah Harahap, M.Kep, Ns, Sp.Kep.Mat) b. Ketua Umum DPP PPNI (Dr. Harif Fadhillah, S.Kp, SH, MH, M.Kep. 4. Doa		Ballroom	Panitia SC dan OC	Panitia OC
15.00 – 16.00	Sidang Pleno I Pembahasan dan Pengesahan Jadwal Acara dan Tata Tertib Kongres		Ballroom	KSB Bidang Organisasi dan Kaderisasi PP IPEMI	SC: - Sie Sidang - Sekretaris OC: - Sie Sidang - Sekretaris - Sie Perlengkapan
16.00 – 16.30	Break				OC: Konsumsi
16.30 – 17.00	Sidang Pleno II Pemilihan dan Pengesahan Pimpinan Konas		Ballroom	Bidang Organisasi dan Kaderisasi PP IPEMI	SC: - Sie Sidang - Sekretaris OC: - Sie Sidang - Sekretaris - Sie Perlengkapan
17.00 – 18.00	Sidang Pleno III Laporan Pertanggungjawaban (LPJ) dan Pandangan Umum	KSB Ketua Bidang	Ballroom	Pimpinan Konas	SC: - Sie Sidang - Sekretaris OC: - Sie Sidang - Sekretaris - Sie Perlengkapan

18.00 – 19.30	Break				OC : Konsumsi
Hari/ Tanggal/ Waktu (WITA)	Agenda	Narasumber	Tempat	Pimpinan Sidang	PIC
19.30 – 21.30	Sidang Pleno IV Pembentukan Komisi dan Sidang Komisi 1. Komisi A: Program Kerja Bidang Organisasi dan Kaderisasi, dan Bidang Kerja Sama DN-LN 2. Komisi B: Program Kerja Bidang Pendidikan dan Pelatihan, dan Bidang Penelitian 3. Komisi C: Program Kerja Bidang Pelayanan, dan Bidang Kesejahteraan	SC	Ballroom Room A Room B Room C	Pimpinan Konas	SC: - Sie Sidang - Sekretaris OC: - Sie Sidang - Sekretaris - Sie Perlengkapan
Sabtu, 26 Oktober 2024					
08.00 – 09.00	Sidang Pleno V Laporan dan Pengesahan Hasil Sidang Komisi	SC	Ballroom	Pimpinan Konas	SC: - Sie Sidang - Sekretaris OC:
09.30 – 12.00	Sidang Pleno VI 1. Pemilihan Badan Pengesahan Periode 2024 – 2029 2. Pemilihan Badan Calon 3. Penetapan Calon 4. Penyampaian Visi dan Misi Calon 5. Pemungutan Suara 6. Penetapan Ketua Terpilih 7. Pelantikan Ketua Terpilih	09.30 SC - 12.00	Ballroom	Pimpinan Konas	09.30 SC - 12.00
12.00 – 13.00	Break dan Check Out Hotel	12.00 – 13.00	Break dan Check Out Hotel	12.00 – 13.00	Break dan Check Out Hotel
13.00 – 14.00	Sidang Pleno VI 1. Pemilihan dan Pengesahan Tim Formatif dan Tim Perumus	13.00 – 14.00	Ballroom	Pimpinan Konas	13.00 SC - 14.00

**DOKUMENTASI KEGIATAN
KONGRES NASIONAL IPEMI KE-IV**





SERTIFIKAT KEGIATAN KONAS



SERTIFIKAT

NOMOR : 143-1/PP.IPEMI/S2/K.S/X/2024

Diberikan Kepada:

Ety Nurhayati

sebagai :

PESERTA

KONGRES NASIONAL KE-IV

IKATAN PERAWAT MATERNITAS INDONESIA (IPEMI)

BADUNG-BALI, 25-26 Oktober 2024

Ketua,

Desrinah Harahap

NIRA : 32750001954



Sekretaris,

Yektingtyastuti

NIRA : 33010114833