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Research Article

Implementation of a Web-Based Health Service Information System to Support Homecare Services in DKI Jakarta

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Abstract

The implementation of a web-based health service information system plays a vital role in supporting homecare services in DKI Jakarta by enhancing communication, accessibility, and service efficiency. This study employs a qualitative research method through literature review and library research to explore the design, development, and impact of such systems in the context of homecare. The analysis synthesizes findings from various studies on web-based platforms that facilitate interaction between patients, healthcare providers, and administrative staff, emphasizing functional accessibility, user engagement, and technology integration. Key aspects include the system's ability to provide real-time updates on homecare visits, enable secure messaging, and streamline scheduling and service delivery. The research highlights that ease of access and relevance of information to user needs are critical factors influencing system adoption and effectiveness. Furthermore, the study discusses the benefits observed for multiple stakeholders: patients experience improved access to healthcare information and services; healthcare providers benefit from better coordination and resource management; and administrators gain enhanced oversight and business growth opportunities. Challenges such as digital literacy, infrastructure limitations, and privacy concerns are also addressed. The findings suggest that a well-designed web-based health information system, supported by complementary applications and platforms, can significantly improve the quality and reach of homecare services. This study contributes to the

understanding of digital health interventions in urban Indonesian settings and offers practical recommendations for policymakers and healthcare organizations aiming to implement or enhance web-based homecare systems.

Keywords: Web-based health system, homecare services, digital health, healthcare accessibility, Indonesia.

INTRODUCTION

According to the Ministry of Health (2002), *homecare* refers to comprehensive and continuous health services provided directly at a patient's residence. These services aim to improve, maintain, or restore health and maximize the patient's level of independence. Several types of illnesses require intensive and long-term care, and often involve transitional care to ensure continuity of nursing services.
As noted by Karota (2008), the objectives of homecare services include:

a. Assisting in improving the patient's health condition post-outpatient care
b. Preventing the risk of acquiring secondary infections
c. Allowing for more flexible and attentive care within the home environment
d. Enhancing the family's understanding of the patient's health status
e. Providing a sense of safety and comfort during in-home treatment
f. Delivering optimal and comprehensive care for patient recovery
g. Increasing efficiency in terms of time, effort, and cost

One of the models of homecare management in Indonesia includes care for patients undergoing medical rehabilitation, such as those diagnosed with stroke. Stroke patients typically require long-term treatment depending on the severity of their condition. In such cases, homecare services can include physiotherapy, speech therapy, acupuncture, occupational therapy, and other treatments tailored to the patient's needs.

Despite the advantages of homecare, there are also several challenges in its implementation, particularly the **financial limitations** faced by many families. For instance, stroke treatment often demands long-term care, which can be financially burdensome. Nonetheless, homecare has been shown to promote faster recovery for patients in many cases.

Homecare services must be adapted to the patient's condition. While some treatments such as X-rays, major surgeries, and critical care cannot be performed at home, others—such as stroke recovery, Parkinson's care, wound care, vitamin injections, and certain forms of therapy—can be effectively administered via homecare.

Healthcare services are among the most essential services needed by the general public. Institutions that play a critical role in delivering healthcare include hospitals, the Indonesian Red Cross (PMI), clinics, and homecare services. In DKI Jakarta, homecare services are provided in two main ways:

1. Patients visit the clinic directly.
2. Services are coordinated via telephone or WhatsApp, where healthcare workers are dispatched to patients' homes and provide care based on the reported symptoms.

   However, these services often experience delays due to the lack of a scheduling

system, which makes it difficult to manage overlapping patient appointments. Additionally, the processes of retrieving patient data, accessing medical records, handling administrative tasks, and generating reports are still conducted manually. Patient data retrieval is time-consuming, and medical records are often disorganized or misplaced due to the absence of a structured digital storage system. Administrative tasks are still recorded in physical logbooks, which hampers the staff's ability to deliver efficient and effective care.

Given the increasing number of patients utilizing homecare in DKI Jakarta, there is an urgent need for a systematic and automated information system that enables scheduling, service requests, medical recordkeeping, and reporting. This would significantly improve the quality and efficiency of care provided to patients.

With the advancement of digital technology, the use of web-based information systems in healthcare has become increasingly essential. Web-based systems offer a flexible user interface, can be accessed at any time, allow for easy distribution of information, and simplify service coordination.

To address these issues, the researcher proposes the development of a web-based application and presents a study entitled: "Implementation of a Web-Based Health Service Information System to Support Homecare Services in DKI Jakarta". This web system is designed to facilitate service ordering by patients, enable faster response times, and improve communication among staff, nurses, and doctors in delivering appropriate and timely healthcare interventions.

METHOD

Type of Study

Qualitative research is an approach used to explore and understand the meaning individuals or groups ascribe to social issues (Creswell, 2013). It allows researchers to interpret, explore, and gain a deeper understanding of certain aspects of human beliefs, attitudes, or behaviors (George et al., 2012). In this type of research, the emphasis is placed on individual perspectives, and researchers must be capable of interpreting complex situations.

This study adopts a descriptive qualitative research approach using the case study method at a Homecare service in DKI Jakarta. A case study focuses on examining a unique personal or group experience that is not commonly shared by others.

Research Subjects

Research informants were selected using purposive sampling, as defined by Sugiyono (2006), where "Purposive Sampling is a technique for sample selection based on specific considerations." The informants in this study consist of 4 individuals selected through purposive sampling:

1 homecare owner, expected to provide insights regarding the implementation of the web-based application and the homecare service system. 3 homecare patients, who serve as the primary subjects of the study.

These individuals were chosen because they are deemed competent, knowledgeable, and actively involved in the operation of homecare services. They also possess relevant insights into issues related to the implementation of web-based health service information systems supporting homecare in DKI Jakarta.

Data Collection Techniques

1. Interview

Interviews were conducted with 8 individuals involved in the implementation of the web-based health information system in support of homecare services in DKI Jakarta:

1 customer service staff, to provide information about general homecare services. 1 operations staff, who coordinates between homecare workers and patients. 3 homecare workers, responsible for delivering medical care based on patient needs and their respective professions. 3 homecare patients, who serve as the core subjects of this study. The interviews focus on understanding how the web-based health service information system is implemented to support homecare in DKI Jakarta.

2. Documentation

Documentation involves recording information provided by informants in the form of written records or archives (books, articles, journals) related to the web-based health information system and its application in supporting homecare. It also includes detailed note-taking of responses to key and specific questions concerning the system's implementation.

3. Observation

Observation is carried out through direct field visits to the research site. The objects of observation include:

The interaction between local government authorities (as policy implementers) and relevant stakeholders. The actual implementation of the web-based health information system in supporting homecare services in DKI Jakarta.

Data Analysis Techniques

Data analysis is the process of organizing and interpreting information gathered from interviews, field notes, and documentation by categorizing it, synthesizing, identifying patterns, selecting key data, and drawing conclusions. The analysis process in this research involves:

1. Data Reduction

Field data collected during the study is selected, summarized, and focused on aspects relevant to the implementation of the web-based health service information system supporting homecare. The researcher reduces the data by concentrating on the execution and usage of the system, including feedback from patients using the platform. This ensures a coherent and focused data set for analysis.

2. Data Display

After reduction, data is organized and presented to help the researcher examine all or specific parts of the study. In this research, data will be displayed primarily in the form of narrative text, with some supporting visual elements, all aligned with the goal of analyzing the implementation of the web-based system in homecare services.

3. Conclusion Drawing / Verification

Drawing conclusions involves continuously validating findings throughout the research process—from the beginning of data collection to the end. In this study,

data is analyzed for patterns, themes, similarities, and frequent occurrences. These are then synthesized into final conclusions that reflect the research objectives.

RESULT AND DISCUSSION

General Overview of Medicine Homecare

Medicine Homecare is a provider of healthcare and treatment services delivered directly to patients in their own homes. It was established on August 26, 2023. The services offered by Medicine Homecare include:

- Doctor Visits
- Caregiver Services
- General Medical Nurses
- Intensive Care Nurses
- ICU Nurses
- Physiotherapy
- Speech Therapy
- Acupuncture
- Occupational Therapy

The workforce at Medicine Homecare is organized into four divisions:

- Marketing Division: 1 staff member
- Homecare Service Division: 78 staff members
- Digital Specialist Division: 1 staff member
- Finance Division: 1 staff member

Design of a Web-Based Health Service Information System to Support Homecare Services

The design process of a web-based health service information system to support homecare services begins with a needs analysis, followed by system design. The needs analysis consists of both functional and non-functional requirements, while the system design is visualized through use case diagrams and flowcharts.

1. Functional Requirements Analysis

The design process begins with identifying the functional needs of all stakeholders involved in the system. These include the users (patients), administrators (admin), and the owner.

a. Patient Requirements

Patients need to be able to:

- View a brief profile of Medicine Homecare
- See the types of services offered
- Access profiles of available healthcare professionals (including brief information such as service coverage area of each professional)
- Get contact information and location details for further inquiries

b. Admin Requirements

Administrators should be able to:

- Edit and manage website content
- Configure or update available services
- Update data related to healthcare staff
- Manage promotional content and other relevant information

c. Owner Requirements
The owner should be able to access analytics, including:

- Website traffic data
- Number of WhatsApp clicks
- Number of phone call interactions
- Peak website visit times and days
- Conversion cost metrics
- Most popular services
- Average duration of service views
- Type of devices used by visitors
- Demographic insights (age and gender) of website users

2. Non-Functional Requirements Analysis

In addition to functional needs, the system design also requires non-functional requirements analysis, which outlines the technical specifications necessary to support the system, including hardware and software requirements. This ensures the system runs efficiently and meets performance, usability, security, and scalability standards essential for a reliable web-based healthcare platform.

Implementation of a Web-Based Health Service Information System to Support Homecare Services. The implementation of a web-based health service information system to support homecare services involves the transformation of previously analyzed requirements and system designs into an operational information system (in the form of a website). This system is developed with an intuitive and user-friendly interface, making it easy to navigate for users and stakeholders involved in homecare services.

To support the effective deployment of the web-based health information system, several digital platforms and tools are also utilized, including WordPress, Google AdSense, and Pancake (WhatsApp integration).

Below is an overview of how the system and its supporting platforms are implemented:

1. Website Visualization Interface

a. Homepage

The homepage contains several key menu options:

- Home
- Profile
- Services
- Blog
- Gallery
- Contact

The homepage features a brief preview of the content found in each of these menu sections. For example, it includes a short introduction to the organization's profile, a summary of available services, and teaser content for blog posts or gallery entries.

If patients or their family members wish to obtain more detailed information, they can simply click on the respective main menu to access full content tailored to their needs.

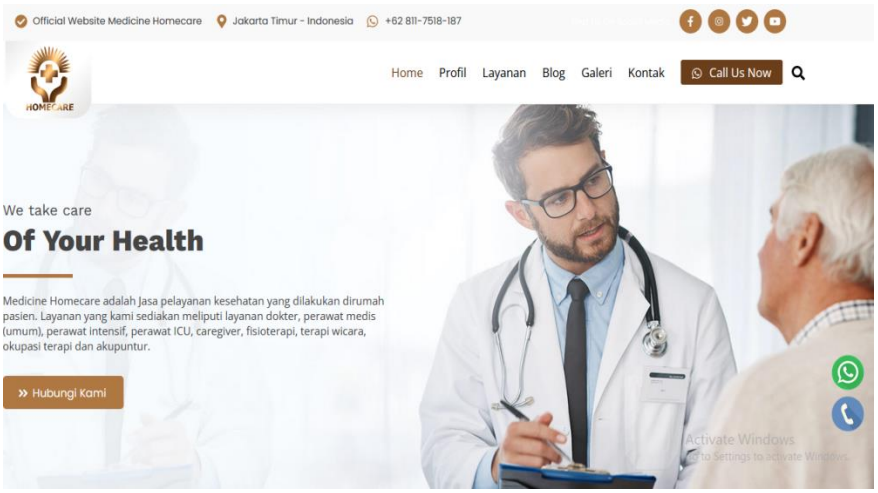

Figure 1, Homepage

Variables Influencing the Usefulness of the Information System

Based on interviews conducted with service users (three clients) and the owner of Medicine Homecare, it was found that the key variables influencing the perceived usefulness of the information system are:

- Ease of access to the system
- Relevance of the information to users' needs

These two factors play a significant role in increasing users' interest in accessing information related to homecare services and in making service bookings.

The ease of access is largely influenced by the type of information system used, which in this study is a web-based system. According to interviews with users (patients or their families), the implementation of a web-based health service information system makes it easier for them to obtain information and request healthcare services. They can simply access the system using a web browser on their smartphone, laptop, or tablet with an internet connection. This process is efficient, as there is no need to install additional applications, given that browsers like Mozilla Firefox or Google Chrome are typically already installed on users' devices.

Furthermore, for users with limited mobility due to health conditions, this system is extremely helpful. Patients or their families can browse services on the Medicine Homecare website and contact the listed phone numbers or messaging options without needing to visit a hospital or health clinic. The website is accessible anytime and anywhere, as long as there is an internet connection.

This accessibility has shaped user behavior toward utilizing the web-based information system for booking homecare services. This is evident from user feedback during interviews:

- User 1: "I first searched on Google and found several homecare services."
- User 2: "I already had a nurse, but I needed another to help me. So, I searched online for nursing services, just like I did before."
- User 3: "I searched for acupuncture services online."

This accessibility aligns with the system planning strategy described by the owner, who emphasized designing an easily accessible system for all user groups:

- Owner:

"We planned a web-based information system instead of an app.

1. The aim was to make the website accessible for all users—whether using mobile phones, laptops, or MacBooks.
2. We built the site using WordPress.
3. The landing pages were designed to be understandable for users of all ages, from young to elderly.

The key point is that people can understand it. With just the website, they can be attracted to use our homecare services."

The interviews also explored whether the information provided on the website met users' needs. The users primarily required:

- Details on available services
- Lists and profiles of service providers

They wanted to access this information without needing to visit the healthcare facility in person.

- User 1: "My father and mother are both bedridden, and I have work, so some relatives recommended homecare. I searched for it on Google and found Medicine Homecare."
- User 2: "As I mentioned, I needed an extra nurse to help me take care of health matters."
- User 3: "My grandmother can't go to the hospital—it's complicated for us."

The Medicine Homecare website contains all the necessary information, particularly under the "Services" menu, which includes 9 types of services:

- Doctor Visits, Caregiver Services, General Medical Nursing, Intensive Nursing, ICU Nursing, Physiotherapy, Speech Therapy, Acupuncture, and Occupational Therapy.

Each service includes detailed submenus explaining the duties of each healthcare provider and listing available personnel along with their service areas. This helps clients select services and providers that match their health conditions and personal preferences.

The alignment between user needs and the available information is also supported by interview responses:

- User 1: "First, the service information, and second, the profiles of the homecare staff."
- User 2: "Information about available services and staff."
- User 3: "Quite a lot—services, documentation, and the homecare team."

In conclusion, the information available on the Medicine Homecare website largely aligns with user needs. Most users found it helpful:

- User 1: "It's quite helpful."
- User 2: "Not entirely—some things are still lacking."
- User 3: "Very helpful indeed."

DISCUSSION

Design of a Web-Based Health Service Information System to Support Homecare Services

The design of the web-based health service information system to support homecare services begins with requirements analysis and system design, following the Waterfall model—a sequential development methodology. According to Hanafi (2022), the Waterfall method involves a step-by-step process where system development begins with requirement analysis followed by system design. During the requirements analysis stage, information is gathered to define the system's purpose, required features, and user needs. This is followed by the system design phase, in which functional requirements are translated into system components and their interactions.

The first step is the functional requirements analysis, which identifies the needs of the main system users: patients, administrators (admin), and the owner of Medicine Homecare.

- Patients' needs include access to information about the types of services offered, available healthcare personnel, and contact or address details. These needs serve as the foundation for determining what content must be included on the website to ensure the system meets patient expectations.

This implementation reflects the broader use of technology in improving healthcare delivery, as recommended by the WHO, which suggests that electronic health systems should facilitate data exchange and make health information accessible without requiring in-person visits (Azizah, 2017).

- Admin needs include the ability to manage and update website content. Therefore, a user-friendly software platform is essential for enabling non-technical staff to operate the system efficiently. This aligns with findings by Waralalo (2019), which emphasize the importance of ensuring that system features are functional and easy to implement.
- Owner needs focus on business analytics—such as website traffic data—that can be used for business evaluation and strategic decision-making. For example, if visitor numbers decline, the owner might choose to increase advertising efforts. Thus, it's critical that the system provides owners with access to such key performance indicators.

Next is the non-functional requirements analysis, which evaluates the hardware and software specifications necessary to support the system. According to Andreas (2014), non-functional analysis prior to design helps ensure that the selected technical infrastructure aligns with the needs of the information system being developed.

In the system design phase, the architecture is represented using use case diagrams and flowcharts:

- The use case diagram illustrates the roles and interactions of each system user:

  - Patients can browse information and initiate consultations via WhatsApp.
  - Admins can update website data, configure ads, and manage consultations.
  - Owners can view analytics through Google AdSense.

This approach is supported by Rumbaugh (2014), who explains that use case diagrams provide a user-perspective view of a system by describing typical interactions between users and the system in the form of functional narratives.

- The flowchart diagram visualizes activities performed by each actor:
  - Patient: Access website → View services → Consult via WhatsApp
  - Admin: Log in to WordPress → Update content → Save to database
  - Owner: Log in to Google AdSense → Monitor analytics

According to Rumbaugh (2014), activity flowcharts show control flow between actions and are effective for modeling the dynamic aspects of a system.

Implementation of the Web-Based Health Service Information System to Support Homecare Services

The implementation of the web-based health service information system is based on the prior design and adjusted to meet user needs through accessible and practical hardware and software platforms. Users—patients, families, admins, and owners—can access the system using smartphones, laptops, or tablets with internet access via a web browser. Given the high rate of internet usage in Indonesia, this approach ensures broad accessibility.

This aligns with data from the Indonesian Internet Service Providers Association (APJII), which reported that internet users in Indonesia reached 215.63 million during the 2022–2023 period (Kandou & Munawarah, 2023).

The website interface was also designed to suit each user role:

- Profile Page: Provides an overview of Medicine Homecare, its vision, mission, goals, and the benefits of homecare services. This builds trust among patients and families.
- Services Page: Contains submenus for each of the 9 homecare services, including detailed information such as:
  - Description of each service
  - Duties of service providers
  - Benefits of using the service
  - Staff directory and service coverage area
    This helps users identify the services that best meet their healthcare needs.
- Blog Page: Features articles related to homecare and general health topics. Besides educating and engaging patients, this content also serves as a digital marketing strategy, increasing the likelihood of website traffic via search engines. This is especially relevant given the modern tendency to search for

health-related information online. When blog content appears in search results, it can direct new users to the Medicine Homecare site.

This is supported by a 2016 global survey by New Global Social Media Research, which found that of the 7.396 billion global population, 3.419 billion used the internet. 51.06% searched for health information online, and 14.05% consulted healthcare professionals via the internet (Wahyu, 2023).

- Gallery Page: Displays documentation of homecare staff delivering care. This visual content increases patient and family confidence in the services provided.
- Contact Page: Lists contact information and includes clickable features that connect directly to WhatsApp, making it easy for users to reach out to Medicine Homecare for consultation, registration, and payment processing.

Variables Influencing the Usefulness of the Information System

This study identifies two primary variables that influence the usefulness or effectiveness of the information system:

1. Ease of Access to the System
2. Relevance of Information to User Needs

These findings align with the theory proposed by Pertiwi (2014), which states that the key indicators determining the quality of an information system include:

- Accessibility – the system must be easy to access
- Coverage – the system must provide information that aligns with user needs

Thus, both ease of access and informational relevance are critical in enhancing user engagement and satisfaction with the web-based health information system, especially in the context of supporting homecare services.

Benefits of Implementing a Web-Based Health Service Information System to Support Homecare Services

This study reveals that the implementation of a web-based health service information system in support of homecare services brings multiple benefits, specifically for service users (patients/families), the owner, and medical or healthcare personnel. Benefits for Service Users The primary benefit for users is the ease of access to health service information. Users can simply use a smartphone or any internet-connected device to access the Medicine Homecare website and obtain essential information—such as types of services, lists of healthcare personnel, and other relevant details. This process can be carried out from home or any location and is available 24 hours a day.

These findings are consistent with the study by Mujiani and Mardhiyah (2019), which states that one of the advantages of web-based information systems is that they can be accessed anytime and anywhere without the need for installation. Websites can be accessed through web browsers, which are available on all operating systems. Users with high mobility needs only a mobile phone to access the website.

Another major advantage is that not only can information be accessed online, but registration and service bookings can also be completed directly through the website by clicking the contact link, which connects users to Medicine Homecare's WhatsApp service. This eliminates the need to queue or visit a healthcare facility in person.

Such accessibility is particularly beneficial for:

- Users who live far from healthcare facilities
- Elderly individuals
- Patients with limited mobility due to conditions such as stroke, fractures, post-surgery recovery, or physical disabilities

Additionally, this system helps reduce transportation costs, making healthcare services more affordable and practical for users in remote or underserved areas.

CONCLUSION

Based on the research findings, it can be concluded that the implementation of a web-based health service information system to support homecare services at Medicine Homecare began with a structured design phase. This included:

1. Functional requirements analysis, focusing on the needs of patients, administrators, and owners.
2. Non-functional requirements analysis, addressing software and hardware specifications.
3. System design, which involved creating use case diagrams and flowcharts to map out processes.

The subsequent implementation phase involved developing a website with interfaces aligned with the design specifications. This process was supported by platforms and applications such as WhatsApp, Pancake, WordPress, and Google AdSense, which enhanced the functionality and reach of the web-based health service information system.

Interviews revealed two key variables influencing the system's effectiveness and utility:

- Ease of access to the information system.
- Relevance of information to user needs.

The implementation of this system yielded significant benefits for stakeholders:

- Service users gained easier access to healthcare-related information.
- Owners expanded their business reach and improved operational monitoring.
- Homecare staff benefited from increased job opportunities, higher visit rates, and improved income streams.

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