# Analisis Implementsi Sistem Rujukan Terintegrasi Selama Pandemi Covid-19 Selama Pandemi Covid-19 Di RSUD Siti Aisyah Lubuklinggau

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Abstrak

Pandemi COVID-19 di Indonesia berdampak pada implementasi Sisrute kasus rujukan ke rumah sakit. Sisrute RSUD Siti Aisyah pada rujukan dalam dan keluar memengaruhi morbiditas dan mortalitas pasien. Penelitian ini bertujuan untuk menganalisis implementasi Sisrute meliputi kebijakan, kapasitas petugas, sistem jaringan, komunikasi rujukan dan pelayanan rujukan yang berdampak pada keterlambatan respons rujukan. Penelitian ini merupakan studi kasus dengan pendekatan kualitatif melalui observasi lapangan, telaah dokumen dan wawancara mendalam 13 informan yang berkerja di RSUD Siti Aisyah. Penelitian menunjukkan bahwa penolakan rujukan Sisrute dalam dan keluar baik pada kasus COVID-19 dan non- COVID-19 lebih dari 80%. Response time rujukan kurang dari 60 menit paling banyak pada rujukan keluar non-COVID-19 (64%). Alasan penolakan rujukan meliputi ketidaktersediaan ruangan isolasi COVID-19, ICU-COVID-19, ketidaklengkapan berkas rujukan, ketidaktesediaan ruangan perawatan, kendala sistem jaringan, petugas lambat merespons, ketiadaan dokter spesialis, ketiadaan fasilitas kesehatan, kebijakan Dinas Kesehatan lokal terkait penanganan kasus COVID-19 dan lainnya. Pada kebijakan rujukan, tidak terdapat kebijakan Sisrute dan dokumentasi sosialisasi kebijakan dan dilakukan secara lisan dan Whatsapp. Pada kapasitas petugas rujukan, secara umum cukup adekuat untuk aplikasi Sisrute, petugas sudah mendapatkan pelatihan dari RSUD. Kendala kapasitas petugas meliputi kurangnya pengetahuan medis, rendahnya komitmen, kecakapan dan rangkap tugas sehingga berdampak pada lambannya respons rujukan. Pada sistem jaringan rujukan, didapatkan bahwa jaringan komputer dan konektifitas internet yang sama digunakan pada semua layanan yang ada di rumah sakit, SIMRS yang tidak terintergrasi dan infrastruktur penunjang belum adekuat. Komunikasi rujukan dilakukan melalui aplikasi Sisrute dan dibantu telepon dan Whatsapp grup Sisrute se-Sumsel pada sebelum, selama dan setelah rujukan dilakukan. Komitmen petugas, kecepatan penyampaian informasi dan situasi faskes penerima dalam komunikasi rujukan berdampak pada keterlambatan respons Sisrute. Pelayanan rujukan menggunakan pedoman rujukan nasional, tidak memiki pedoman Sisrute, mengikuti alur rujukan, mengikuti prosedur klinis, administratif, dan operasional. Kendala pelayanan rujukan yaitu tidak terpenuhinya persyaratan rujukan, rujukan tidak prosedural, penerimaan keluarga, permasalahan biaya, ketersediaan infrastruktur dan SDM pendamping. Monitoring dan evaluasi tidak dilakukan pada masing-masing variabel. Dengan demikian, Pada implementasi Sisrute di RSUD Siti Aisyah Lubuklinggau perlu adanya perbaikan dan peningkatan pada kebijakan rujukan, kapasitas petugas rujukan, sistem jaringan rujukan, komunikasi rujukan dan pelayanan rujukan serta dilakukan monitoring dan evaluasi rutin dapat mempercepat proses rujukan guna menekan morbiditas dan mortalitas pasien rujukan. <hr /> The Pandemy of COVID-19 in Indonesia has a major impact in referral system implementation of referred cases to hospitals. Integrated Referral System (IRS/Sisrute) both inward and outward referral influence morbidity and mortality cases. This study was conducted to analyse policy, officer capacity, network system, referral communication, and referral services resulting in referral system implementation. It was a case study with

qualitative approach through observation, documents research, in-depth interview with 13 informants working at Siti Aisyah General Hospital. The study suggests that Sisrute referral rejection of inward and outward referral to COVID-19 and non-COVID-19 cases was more than 80%. Referral response time suggest less than 60 minutes only occurring in outward non-COVID-19 referral (64%). Reasons for rejectios were unavailability of COVID-19 Isolation dan ICU room, incomplete referral documents, unavaibility of inpatient room, network system issue, late response, health facilities shortage, local government policy against COVID-19 referral cases and other. In referral policy, there is no IRS policy and policy dissemination documentation through spoken and Whatsapp. In officer referral capacity, generally it is sufficient enough to excute IRS application, officers have been acquired trainings from hospital. Challenges in officer capacity resulted from lack of medical knowledges, low commitment, proficiency, double job so that they give impact in later referral response. In referral network system, it found that computer network and internet connectivity used similar system to other services in this hospital, unintegrated hospital information and management system as well as inadequate infrastructure. Referral communication is performed with Sisrute and assisted with calls and Whatsapp South Sumatera group in pre-, whilst, and post-referral. Officer commitment, information delivery rate and local situation may also result in Sisrute late response. Referral service occupy national referral protocol, referral flow, clinical procedures, administrative procedure and operational procedure. The challenges found in referral service were unfulfillment of referral inquiries, unprocedural referral, family acceptance, service cost, infrastructure and health officer companion. Monitoring and evaluation were not performed to each variable in the study. Thus, the implementation of intergrated referral system in Siti Aisyah General Hospital is in the need of improvement in referral policy, officer capacity, referral network capacity, referral communication, and referral service, as well as routine monitoring and evaluation to accelerate the referral process to decrease morbidity and mortality referral cases.