

Efektivitas Manajemen Kesehatan Terhadap Kapasitas Fasilitas Kesehatan Primer Dalam Layanan Rujukan Komplikasi Maternal Di Provinsi Lampung

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Abstrak

Latar belakang: Semua ibu hamil memerlukan akses cepat ke perawatan emergensi obstetric melalui sistem rujukan yang efektif. Fasilitas Kesehatan Primer sebagai lini pertama sistem rujukan memiliki peran dalam keputusan merujuk dan mengantarkan ibu mendapatkan perawatan emergensi obstetric dengan aman dan tepat waktu. Kelemahan dalam manajemen kesehatan beresiko meningkatkan keterlambatan yang mengancam keselamatan ibu hamil. Metode: Desain penelitian Explanatory sequential mixed methods dengan populasi yaitu Puskesmas dan Praktek Bidan. Pada tahap kuantitatif menggunakan desain cross sectional dengan pendekatan studi ekologi untuk menilai kapasitas deteksi dini komplikasi dan pengiriman rujukan, membuat pemetaan antar Kabupaten/Kota dan mengidentifikasi faktor manajemen yang mempengaruhinya. Pengumpulan data melalui telaah dokumen, wawancara, dan observasi. Data dianalisis menggunakan regresi logistik berganda. Tahap kualitatif dilakukan wawancara mendalam pada Bidan dan Pasien yang dirujuk untuk mengali informasi tentang proses rujukan. Validitas data melalui triangulasi sumber dan dianalisis secara tematik. Hasil: Kapasitas layanan rujukan maternal dalam kategori baik sangat rendah yaitu 19,7%, kapasitas deteksi dini komplikasi sebesar 48,7%, kapasitas perawatan stabilisasi sebesar 35,3% dan kapasitas pengiriman rujukan sebesar 43,6%. Penyebabnya staf kurang kompeten, kekurangan obat-obatan essensial, lemahnya pendokumentasian, rendahnya kepatuhan staf pada standar pelayanan, dan kurangnya komunikasi antar fasilitas. Penggunaan sistem informasi rujukan, pengembangan kompetensi staf, dan akreditasi menjadi faktor penentu manajemen kesehatan yang dapat meningkatkan layanan rujukan serta di dukung kesiapan pasien dan keluarga dalam mempersiapkan persalinan. Kesimpulan: Potensi kematian ibu di Provinsi Lampung tinggi karena sekitar 80% pasien dengan komplikasi maternal yang dirujuk beresiko mengalami keterlambatan tipe I dan II. Fasilitas Kesehatan Primer belum memiliki kapasitas yang baik dalam melakukan deteksi dini komplikasi, perawatan stabilisasi dan pengiriman rujukan. Diperlukan intervensi yang terarah untuk mengatasi masalah kompetensi staf, ketersediaan sumber daya essensial, perbaikan sistematis dalam pendokumentasian dan pengawasan terhadap kepatuhan staf pada standar serta meningkatkan komunikasi yang efektif antar fasilitas kesehatan. Pemanfaatan teknologi informasi dan penguatan akreditasi menjadi pendorong utama yang didukung persiapan persalinan yang baik dan pemberdayaan masyarakat di wilayah pedesaan

Background: All pregnant women need rapid access to emergency obstetric care through an effective referral system. Primary Health Facilities as the first line of referral systems have a role in the decision to refer and deliver mothers to receive emergency obstetric care safely and on time. The weakness of Primary Health Facilities in health management is at risk of delays that threaten the safety of pregnant women. Method: An explanatory sequential mixed-methods research design was used, with the population consisting of Primary Health Care Centres (Puskesmas) and Midwife Practices. In the quantitative phase, a cross-sectional design with an ecological study approach was used to assess the capacity for early detection of complications and referral

processes, create a mapping between districts/cities, and identify management factors influencing these processes. Data collection was conducted through document review, interviews, and observations. Data were analysed using multiple logistic regression. The qualitative stage involved in-depth interviews with midwives and referred patients to explore information about the referral process. Data validity was ensured through triangulation of sources and analysed thematically.

Results: The capacity of maternal referral services in the good category is very low at 19.7%, the capacity for early detection of complications is 48.7%, the capacity for stabilization care is 35.3% and the capacity for sending referrals is 43.6%. The causes are incompetent staff, lack of essential medicines, weak documentation, low staff compliance with service standards, and poor communication between facilities. The use of a referral information system, staff competency development, and accreditation are determining factors in health management that can improve referral services and are supported by patient and family readiness in preparing for childbirth.

Conclusion: The potential for maternal mortality in Lampung Province is high because around 80% of patients with maternal complications who are referred are at risk of experiencing type I and II delays. Primary Health Facilities do not yet have good capacity in carrying out early detection of complications, stabilization care and referral delivery. Targeted interventions are needed to address issues of staff competence, availability of essential resources, systematic improvements in documentation and supervision of staff compliance with standards and improving effective communication between health facilities. The use of information technology and strengthening accreditation are the main drivers supported by good preparation for childbirth and community empowerment in rural areas.