

Analisis Implementasi Sistem Rujukan Terintegrasi Selama Pandemi COVID-19 Di RSUD Siti Aisyah Lubuklinggau = Analysis of Integrated Referral System Implementation During COVID-19 Pandemy in Siti Aisyah General Hospital Lubuklinggau

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Abstrak

Pandemi COVID-19 di Indonesia berdampak pada implementasi Sisrute RSUD Siti Aisyah sehingga memengaruhi morbiditas dan mortalitas pasien. Penelitian ini bertujuan untuk menganalisis implementasi Sisrute yang meliputi kebijakan, kapasitas petugas, sistem jaringan, komunikasi dan pelayanan rujukan. Penelitian ini merupakan studi kasus dengan pendekatan kualitatif melalui observasi lapangan, telaah dokumen dan wawancara mendalam 13 informan RSUD Siti Aisyah. Penolakan rujukan lebih dari 80%. Response time kurang dari 60 menit terbanyak pada rujukan keluar non-COVID-19 (64%). Alasan penolakan meliputi ketidaktersediaan ruangan isolasi COVID-19-19, ketidaklengkapan berkas, kendala sistem jaringan, petugas lambat merespons dan lainnya. Informan mengatakan tidak terdapat kebijakan Sisrute dan dokumentasi sosialisasi; kapasitas petugas rujukan cukup adekuat.; Sistem Jaringan pada komputer dan konektivitas internet, SIMRS dan infrastruktur penunjang belum adekuat; Komunikasi rujukan melalui aplikasi Sisrute dan dibantu telepon dan Whatsapp; RSUD tidak memiliki SOP Sisrute, akan tetapi mengikuti prosedur klinis, administratif, dan operasional. Kendala pada implementasi Sisrute yaitu komitmen petugas, kecepatan penyampaian informasi, rangkap tugas, situasi faskes penerima, penerimaan keluarga, permasalahan biaya dan ketersediaan infrastruktur. Monitoring dan evaluasi tidak dilakukan pada implementasi Sisrute. Dengan demikian, implementasi Sisrute di RSUD Siti Aisyah Lubuklinggau perlu perbaikan dan peningkatan pada variabel diatas dapat mempercepat proses rujukan.

.....The Pandemy of COVID-19 in Indonesia has a major impact in integrated referral system (IRS) implementation of Siti Aisyah (SA) General Hospital Lubuklinggau influencing patient morbidity and mortality. 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 suggested that Sisrute referral rejection was more than 80%. Referral response time suggest less than 60 minutes only occurring in outward non-COVID-19 referral (64%). Reasons for rejection were unavailability of COVID-19 Isolation room, incomplete referral documents, network system issue, late response, etc. Informants stated that there was no referral policy and dissemination documents; officer capacity was considered adequate enough; Network system in computer and internet connectivity, hospital management information system and supporting infrastructures remained inadequate; referral communication through IRS and assistance of phone calling and Whatsapp were performed; SA General Hospital had no standard operating procedures, but it follows clinical, administrative and operational procedures. Challenges in IRS implementation were commitment, information delivery speed, multi-tasking, current situation in referred facility, family reception, extra fee and infrastructures issue. Monitoring and evaluation had not been performed in IRS implementation. Thus, SA General Hospital needs to improve and increase IRS implementation in aforementioned variable to accelerate referral

process.