

The Effectiveness of the Integrated Referral System (SISRUTE) on Obstetrics and Neonatal Referral Indicators at RSUD dr. Doris Sylvanus Palangka Raya

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ABSTRACT

This study aims to assess the effectiveness of SISRUTE on obstetric and neonatal referral indicators, at RSUD dr Doris Sylvanus Palangka Raya. The research method used in this study is the *mix method (qualitative and quantitative method)*. Data collection techniques are carried out by observation, *in-depth interview*, *Focus Group Discussion (FGD)*, documentation and *triangulation*. This research will be conducted at RSUD dr Doris Sylvanus Palangka Raya and RSUD Mas Amsyar Kasongan. The study was conducted for 3 months (August to October 2023). As result, Obstetrics and Neonatal Referral Indicators can be assessed from *the response* of obstetrician and neonatal referral cases received treatment at the hospital. The Integrated Referral System (SISRUTE) has not made obstetry and neonatal referral cases a priority, so it still gets the same treatment (in response time).

INTRODUCTION

Maternal and child mortality rates are one of the parameters of a country's health development. One of the efforts made to reduce MMR and AKB through improving the quality of health services for pregnant women. The Indonesian Ministry of Health in 2022 released maternal mortality data at 183/100 thousand live births, but this figure is still greater than several other countries in the ASEAN region, for example Malaysia with a maternal mortality rate of 20/100 thousand live births. The maternal mortality rate in Central Kalimantan Province is 146/100 thousand live births. The infant mortality rate decreased by 16.85 per 1000 live births nationwide. However, the infant mortality rate in Central Kalimantan Province is still higher at 22.63 per 1000 live births.

The cause of death of the mother and baby is influenced by many factors. It may be caused due to individual factors of pregnant women as well as other factors. Some of the factors that cause maternal and infant mortality rates in Indonesia to increase include low access and quality of health facilities, lack of reproductive knowledge, delays in detecting health complications to overlapping regulations which are all problems in improving the quality of care and health services. One of the reforms of the national health system, the second pillar, regulates the transformation of referral services, namely by improving referral mechanisms and improving access and quality of health services and laboratories. One way to reduce maternal and infant mortality in Indonesia is the improvement of the integrated referral system (*SISRUTE*). The Integrated Referral System (*SISRUTE*) application is one form of referral service transformation.

Various policies to strengthen the *SISRUTE* program have been carried out by the Ministry of Health of the Republic of Indonesia so that *SISRUTE* runs optimally is the stipulation of the Indonesian Ministry of Health Hk.01.07 / Menkes / 179/2019 concerning Hospitals Organizing Trials of the Integrated Medical Record Program. In the Referral System, 17 national referral hospitals and 43 regional referrals have been appointed to carry out Hospital Management Information Systems (*SIMRS*) or other Referral System Applications that integrate medical records and medical resumes electronically into the Integrated Referral System (*SISRUTE*) in health care facilities. Another policy to strengthen the implementation of *SISRUTE* is the Circular Letter of the Director General of Health Services number HK.02.02/I/1161/2022 concerning the Implementation of the Use of Integrated Referral System Applications (*SISRUTE*)

Dr Doris Sylvanus hospital Palangka Raya which stated that a is one of the Provincial Referral Hospitals that has implemented this system since 2016, sometimes there are still technical problems such as unstable internet networks causing difficulties in accessing the SISRUTE application, so a policy was added to add messaging via the Whatsapps application. Although it is still allowed to fill in SISRUTE after the patient is at the referral location. This condition, in the opinion of some health workers who make referrals from PONEC health centers, is impractical and adds to the work of health.

THEORETICAL REVIEW

Measuring and providing good data on maternal and child health will be useful for decision makers in designing policies to improve health. Monitoring the health of children in particular can also be useful in order to increase awareness about the complex needs of mothers and children. This makes data collection regarding maternal and child health need to be carried out regularly.

The Integrated Referral System (SISRUTE) is an application for the implementation of health services between health facilities. One of the primary health facilities that can be a matter of concern in the implementation of the Integrated Referral System (SISRUTE) is the public health center. Public Health Center is assumed to be able to serve the community quickly and more easily in health referral. The SISRUTE application has been developed in SISRUTE Version-2 to answer the needs of referral services based on the competence of health facilities and improve data security. The SISRUTE Version-2 application is an application that can be used to support an integrated referral system with the concept of competency-based referral of health facilities starting from first-level health facility services to advanced referral health facilities according to the patient's medical needs.

METHODOLOGY

The research method used in this study is the qualitative method. Qualitative research design is used to examine natural subject conditions, where the researcher is the key instrument. Data collection techniques are carried out by observation, in-depth interview, Focus Group Discussion (FGD), documentation and triangulation. This research will be conducted at Dr Doris Sylvanus Palangka Raya and Mas Amsyar Kasongan hospital. The study was conducted for 3 months (August to October 2023). Research informants consisted of key informants, Head of Referral Services and Head of SMF Dr Doris Sylvanus Palangka Raya hospital and Mas Amsyar Kasongan Hospital) and general informants. This research received ethical permission from the

ethics commission of the Poltekkes Kemenkes Palangka Raya Number. 268/VIII.KE. PE/2023.

RESULTS AND DISCUSSION

Based on the results of in-depth interviews (*indept interviews*) and focus group discussions (FGDs) to selected informants, several statements were obtained based on the coding of interview transcripts obtained, the SISRUTE Application was used publicly and on all types of referrals, and there was no priority for obstetric and perinatal referral cases. However, because obstetric and perinatal referral cases are not as many as general patient referrals, it facilitates the process of handling obstetric and perinatal emergency referral cases. Health workers in the obstetrics and neonatal department, have more time flexibility. For response time for handling obstetric and perinatal referral cases, depends on the response from the sysrute account holder administ. For now, the handling of obstetric and perinatal referral cases does not depend on filling out the Sisrute Application, because to facilitate referrals, officers in the Maternal and Perinatal Section, require health workers who will make referrals by first confirming via WA and telephone to Dr. Doris Sylvanus Hospital Palangka Raya (WA format is provided by officers at Dr. Doris Sylvanus Hospital). The response time of the officer in the midwifery department is faster because the officer is on standby.

This is in accordance with the quote presented below:

" The response time for referral handlers based on filling out the SISRUTE application will not match the minimum time, so we complete it by filling in data using the WA application or telephone, all data and test results (laboratory) are sent (format equipped with pictorial photos ..." (N2_2_II)

" ... As far as I know there is no priority for maternal and neonatal cases, the same for response time. The most important thing is to fill and confirm via WA and telephone ..." (N2_1_II)

Ministry of Health of the Republic of Indonesia to optimize the implementation of an integrated referral system that facilitates recording and reporting as well as follow-up in this referral process.^{10,11} Integrated referral is one of the steps taken by the government to improve the referral system, especially maternal and neonatal referrals which aim to reduce maternal mortality and infant mortality rates. These two health problems are one of the

important indicators and are included in the strategic plan for health improvement. Integrated referral is one of the steps taken by the government to improve the referral system, especially maternal and neonatal referrals which aim to reduce maternal mortality and infant mortality rates. These two health problems are one of the important indicators and are included in the strategic plan for health improvement.² There is a special policy for the implementation of integrated referral and RSUD dr Doris Sylvanus Palangka Raya is one of 43 hospitals that are required to conduct integrated referral service trials.⁸ This integrated reference has been running since 2016, but the COVID-19 pandemic in 2020-2021, made changes to the policy for using this SISRUTE application. In 2022, the government is again concerned about implementing integrated referrals so that it is hoped that the referral process will improve and optimizel.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the study, it can be concluded that there is no difference in the priority of obstetric and neoanalytic referrals compared to general referrals, this condition is caused by the policy of using telephone and whatsapp facilities in assisting the implementation of the referral process. The SISRUTE application is not mandatory for filling, because communication through other applications will be prioritized. In some conditions, filling out the SISRUTE Application will be done after the referral process, this condition is caused by several limitations such as unstable internet signal, limited number of active SISRUTE accounts and admission staff or double-duty account holders. Some recommended things such as the addition of SISRUTE accounts, active SISRUTE account holders are divided into several shifts, official schedules, and recapitulation of the number of obstetric and neonatal referral cases is carried out regularly (monthly, quarterly or yearly).

FURTHER STUDY

Further research is the analysis of the effectiveness of the Integrated Referral System (SISRUTE) in primary care facilities (community health centers, Private Hospitals and Private Clinics including Midwives' independent practice).

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