

INTISARI

Latar belakang: Perkembangan teknologi informasi dan komputerisasi menginisiasi Kementerian Kesehatan Indonesia untuk mengembangkan aplikasi rujukan berbasis web yaitu Sistem Rujukan Terintegrasi (Sisrute). Alasan pengembangan Sisrute di Kemenkes untuk memudahkan komunikasi sehingga rujukan antar layanan kesehatan lebih cepat dan optimal, salah satunya di RSUP Dr. Sardjito Yogyakarta.

Tujuan penelitian: Mengetahui gambaran implementasi Sisrute di Instalasi Gawat Darurat (IGD) RSUP Dr. Sardjito Yogyakarta.

Metode: Penelitian ini merupakan penelitian deskriptif kuantitatif dengan rancangan *cross sectional* yang dilaksanakan pada bulan September-Oktober 2022. Pengambilan sampel penelitian ini menggunakan data sekunder pada aplikasi Sisrute dalam *personal computer* (PC) di IGD RSUP Dr. Sardjito Yogyakarta. Sampel diambil menggunakan teknik *convenience sampling* dengan cara *sorting* data menggunakan *microsoft excel*. Analisis univariat digunakan untuk menganalisis jumlah dan tipe rumah sakit perujuk, karakteristik dan demografi responden pasien rujukan, gambaran diagnosa medis yang dirujuk, identifikasi jumlah rujukan yang diterima dan ditolak, gambaran alasan rujukan diterima atau ditolak dan identifikasi respon time dalam menjawab Sisrute.

Hasil: Hasil penelitian menunjukkan bahwa 48% rujukan pasien berjenis kelamin laki-laki dan berusia >65 tahun sebanyak 31%. Rujukan terbanyak ditujukan pada Kelompok Staff Medis (KSM) Bedah dan Penyakit Dalam sebanyak 21%. Untuk data rujukan penggunaan jaminan kesehatan 75% diantaranya menggunakan Badan Penyelenggara Jaminan Kesehatan (BPJS). Sebanyak 65% rujukan yang diterima maupun 35% rujukan yang ditolak semuanya berasal dari RS tipe C. Rujukan menggunakan Sisrute paling banyak pada shift pagi sebanyak 24% dan berdasarkan tingkat kegawatan sebagian besar pasien yang dirujuk berada pada level 2, yakni sebanyak 33%. Sedangkan alasan rujukan diterima dengan adanya ketersediaan tempat adalah 31% dengan penolakan akibat kebutuhan ruangan intensif sebanyak 30%. *Respon time* dalam menjawab Sisrute dengan persentase < 5 menit sebanyak 57%.

Kesimpulan: Implementasi Sisrute di IGD RSUP Dr. Sardjito Yogyakarta pada umumnya sudah dilakukan dengan baik dengan *respon time* yang cepat. Rujukan sebagian besar diterima dengan alasan ketersediaan ruang rawat inap, sedangkan alasan rujukan yang ditolak disebabkan keterbatasan ruang Intensif. Hasil dari penelitian ini dapat digunakan sebagai rujukan untuk membuat kebijakan selanjutnya terkait implementasi Sisrute.

Kata kunci: IGD, Rujukan, Sisrute,

ABSTRACT

Background: The development of information technology and computerization has initiated the Indonesian Ministry of Health to develop a web-based referral application, namely Sisrute. The reason for developing the system is to facilitate effective communication between health services so that referrals receive faster and optimal services, one of which is at Dr. RSUP. Sardjito Yogyakarta.

Research objectives: To understand the description of Sisrute implementation in the Emergency Department at Dr. RSUP. Sardjito Yogyakarta.

Methods: This research was a quantitative descriptive study with a cross sectional design. The research was carried out in September-October 2022. Secondary data of Sisrute was derived from Sisrute application on a personal computer (PC) at the Emergency Department Dr. RSUP. Sardjito Yogyakarta. Samples were taken using convenience sampling technique. Data retrieval was done by sorting data using Microsoft Excel. Univariate analysis was used to analyze the number and type of referring hospitals, characteristics and demographics of referred patient respondents, description of referred medical diagnoses, identification of the number of accepted and rejected referrals, description of reasons for receiving or rejecting referrals and identification of response time in answering the system.

Results: The results showed that 48% of the patient referrals were male and aged >65 years as much as 31%. Most of the referrals were directed to the Surgical and Internal Medicine Medical Staff Group (KSM) 21%. For reference data on the use of health insurance, 75% of them use BPJS. 65% of accepted referrals and 35% of rejected referrals were also all from type C hospitals. The most referrals using Sisrute were on the morning shift 24% and based on the emergency level most of the patients referred were at level 2, which was 33%. The most reason for the referral was accepted with the availability of space 31% and the unavailability of the room was 30% because of lack number of intensive rooms. Response time in answering Sisrute was fast with a percentage of < 5 minutes 57%.

Conclusion: Implementation of the system in the Emergency Department Dr. RSUP. Sardjito Yogyakarta in general has done well with a fast response time. The reason of the most of the accepted referrals were space availability of inpatient rooms, while the reasons for rejected referrals were due to limited space of intensive rooms. The result of the study can be used to inform the policymaker in assisting and developing strategic plan to improve Sisrute implementation.

Keywords: Emergency Room, Referral, Sisrute,