

Analisis Implementasi SITEGAR (Sistem Informasi Tempat Tidur Ruangan Rujukan Rumah Sakit) Pada Pelayanan Rujukan Maternal di Kabupaten Bogor

ABSTRAK

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Tujuan: Penelitian ini bertujuan untuk mengeksplorasi hambatan dalam implementasi SITEGAR untuk kasus ibu di Kabupaten Bogor.

Metode: Kami melakukan penelitian kualitatif dengan mewawancarai bidan yang bekerja di puskesmas dan rumah sakit. Informasi yang terkumpul dianalisis dengan menggunakan konten analisis.

Hasil: Hambatan utama dalam memanfaatkan SITEGAR adalah komunikasi, standar dan pemantauan, dan kualitas pelayanan. Keterlambatan respon dari operator dalam berkomunikasi dengan bidan untuk merujuk kasus ibu menyebabkan bidan tidak menggunakan SITEGAR atau memilih aplikasi berbasis web lainnya. Kurangnya standar tentang definisi kasus yang perlu dirujuk dan fasilitas kesehatan yang dituju juga menyebabkan terjadinya kesalahan rujukan. Sejak diperkenalkan, hanya satu kali pertemuan pemantauan yang dilakukan untuk meninjau implementasi SITEGAR. Dalam hal kualitas layanan, belum banyak bidan di puskesmas terpilih yang telah mendapatkan pelatihan tentang manajemen kasus kegawatdaruratan maternal.

Kesimpulan: Penggunaan SITEGAR perlu diperkuat dengan menugaskan lebih banyak staf sebagai operator untuk meningkatkan komunikasi, pemantauan dan evaluasi yang lebih rutin, dan pelatihan staf yang lebih sering tentang penggunaan SITEGAR dan penanganan kegawatdaruratan maternal.

Kata kunci: Sistem rujukan, Angka Kematian Ibu dan Anak, Rujukan elektronik

Barriers In Implementing SITEGAR Referral System For Maternal Cases In Bogor District, Indonesia

ABSTRACT

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Background: Bogor district, with one of the highest maternal mortalities in Indonesia, introduced SITEGAR, system that connects all facilities in the district to improve patient referral primary care facilities to hospitals, including maternal cases.

Methods: This study aim to explore barriers in implementing the SITEGAR for maternal cases in Bogor District. We applied an exploratory qualitative research method, this study was conducted from March to June 2023. Involving 8 respondents. We selected the participants using purposive sampling. In-depth interviews were conducted in Bahasa. The study used inductive approaches for analysis. The interviews were recorded verbatim, coded, and analyzed with the content analysis. Data analysis was performed using NVivo v.14.23. We interviewed midwives working in public community health centers (*puskesmas*), midwives in regional general hospital receiving referrals with the most cases, referral team in regional general hospital which is a doctor, obstetrics and gynecology specialist, head of field health services at district health office (its main tasks and functions referral system), and SITEGAR team at district health office to explore health systems factors that could have influenced the SITEGAR implementation.

Results: The study identified barriers, Key barriers in utilizing SITEGAR were communication, standard and monitoring, and quality of care. Delayed response in communicating with the operators to refer maternal cases caused midwives to not use SITEGAR or chose another web-based application. Lack of standard on definition of cases for referral and the destination facilities also caused mis-referral. Since its introduction, just one monitoring meeting was conducted to review the implementation of SITEGAR. Regarding quality of care, not many midwives in the selected *puskesmas* had recently received training on management of emergency maternal cases.

Conclusion: The use of SITEGAR should be strengthened by assigning more staff as the operators to improve communication, more routine monitoring and evaluation, and more frequent staff training on both the use of the SITEGAR and treatment for maternal emergency.

Keywords: Referral system, Maternal mortality rate, Barrier, E-referral