Analisis Efektivitas Sistem Informasi Rujukan Terintegrasi (SISRUTE) dalam Kasus COVID-19 di Semen Padang Hospital Periode April 2020-Oktober 2021 = Analysis of The Effectiveness of Integrated Referral Information System (SISRUTE) in The Case of COVID-19 at Semen Padang Hospital Period April 2020-October 2021

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Abstrak

Pandemi COVID-19 menjadi tantangan dalam kapasitas sistem kesehatan dimana sistem kesehatan yang ada harus memastikan pasien COVID-19 dapat mengakses layanan kesehatan sekaligus menangani pandemi di masyarakat. Rekomendasi yang dikeluarkan WHO dalam menghadapi tantangan kapasitas sistem kesehatan diantaranya menambah jumlah rumah sakit rujukan dan mengupayakan sistem rujukan yang memadai terhadap lonjakan kasus COVID-19. Di Indonesia, pemerintah menggunakan Sistem Informasi Rujukan Terintegrasi (SISRUTE) dalam rujukan kasus COVID-19, meski dalam praktiknya masih bervariasi di berbagai daerah. Penggunaan SISRUTE sebelum COVID-19 dinilai masih belum optimal, sementara saat pandemi sangat sedikit pasien COVID-19 yang diterima melalui SISRUTE. Oleh karena itu, penelitian ini bertujuan memperoleh gambaran terkait efektivitas penggunaan SISRUTE dalam kasus COVID-19 di Semen Padang Hospital sebagai rumah sakit swasta pertama di Kota Padang yang menjadi rumah sakit rujuikan COVID-19 selama periode April 2020 hingga Oktober 2021. Penelitian ini merupakan penelitian kualitatif dengan proses pengumpulan data dilakukan dengan analisis data sekunder, wawancara mendalam kepada tujuh orang informan yang dipilih secara purposive sampling dan telaah dokumen. Dari penelitian ditemukan bahwa SISRUTE digunakan oleh dokter umum di UGD dan isolasi COVID-19 dan terdapat penggunaan SISRUTE berulang pada pasien yang sama karena penolakan dan rujukan yang tidak direspon. Selain itu, respon time rujukan via SISRUTE sangat lama disebabkan tidak adanya dokter yang khusus bertugas mengecek SISRUTE dan panjangnya alur konsultasi penerimaan rujukan. Banyaknya penolakan rujukan via SISRUTE disebakan oleh penuhnya ruangan, tidak tersedianya fasilitas seperti kamar operasi dan persalinan khusus COVID, ventilator mekanik dan alat hemodialisa. Selain itu, kendala dari kualitas SISRUTE yang tidak menampilkan kapasitas dan fasilitas yang tersedia, versi mobile yang tidak mudah, perlunya penambahan beberapa fitur serta belum tersedianya pencarian otomatis menyulitkan dalam melakukan rujukan. Dapat disimpulkan bahwa penggunaan SISRUTE dalam kasus COVID – 19 tidak efektif karena kemungkinan pasien diterima lewat SISRUTE jauh lebih kecil dibandingkan dengan pasien datang sendiri ke UGD.

......COVID-19 pandemic is a challenge in the capacity of the health system where the existing health system must ensure that COVID-19 patients can access health services as well as handle the pandemic in the community. Recommendations issued by WHO in facing health system capacity challenges include increasing the number of referral hospitals and seeking an adequate referral system for spikes in COVID-19 cases. In Indonesia, the government uses the Integrated Referral Information System (SISRUTE) in referring cases of COVID-19, even though in practice still varies in different regions. The use of SISRUTE before COVID-19 was considered not optimal, while during the pandemic very few COVID-19 patients were accepted through SISRUTE. Therefore, this study aims to obtain an overview regarding the effectiveness of

using SISRUTE in cases of COVID-19 at Semen Padang Hospital as the first private hospital in Padang City to become a referral hospital for COVID-19 during the period April 2020 to October 2021. This research is a qualitative, data collection process was carried out by secondary data analysis, in-depth interviews with seven informants selected by purposive sampling and document review. From the study it was found that SISRUTE was used by general practitioners in the ER and COVID-19 isolation and there was repeated use of SISRUTE in the same patient due to rejection and referrals that did not respond. In addition, the response time for referrals via SISRUTE was very long due to the absence of a doctor who was specifically tasked with checking SISRUTE and the long flow of consultations for receiving referrals. Many rejections of referrals via SISRUTE are caused by full rooms, unavailability of facilities such as special COVID operating and delivery rooms, mechanical ventilators and hemodialysis labs. In addition, the constraints of the quality of SISRUTE which do not display the available capacity and facilities, the mobile version which is not easy, the need to add several features and the unavailability of automatic search make it difficult to make referrals. It can be concluded that the use of SISRUTE in the case of COVID-19 is not effective because the possibility of patients being admitted via SISRUTE is much smaller compared to patients who come alone to the ER.