

Examine The Tiered Referral System At The Dok Ii Hospital In Jayapura City Papua Province

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Abstract: *The referral system is a health service that regulates the delegation of tasks and responsibilities of health services vertically and horizontally that can provide health services according to patients and a referral system that has not been optimally implemented, so the purpose of this study is to examine the tiered referral system at the Dok II Hospital in Jayapura City. Papua Province.*

This type of research is descriptive research with a qualitative approach. Informants in this study found 13 people from 7 people in Jayapura Hospital and 6 patients. The data was obtained using interview guidelines and qualitative analysis.

The results of the research on the input section of the number of workers in referral services are quite adequate according to the type B hospital and the presence of BPJS officers who assist in JKN services. The understanding of the officers is quite good, it is funded by BPJS, the Papua healthy card, and routine budget, the facilities are not optimal and the infrastructure in the diagnosis is not sufficient. The process part of the referral procedure is not following the established procedures because there are no standard operating standards by the hospital and it follows the requirements set by BPJS and KPS. Output The medical record referral procedure carried out at the Dok II Hospital in Jayapura City was not following procedures that were not needed due to the low understanding and awareness of the community in accessing health services with the unavailability of identity or the necessary conditions, this was also due to distant geographical conditions. from inadequate health services and other supporting infrastructure.

Keyword: *Referral System, Patien, Jayapura Hopsital*

I. BACKGROUND

The level of public health in Indonesia can be assessed using several indicators that reflect the condition of mortality (death), nutritional status, and morbidity (illness). Various efforts have been made by the government to reduce these conditions. One of the government's efforts is a guarantee in the form of health protection. This is as mandated by the 58th World Health Assembly (WHA) resolution in 2005 in Geneva which wants every country to develop Universal Health Coverage (UHC) for the entire population. UHC needs to be supported by a health system that can provide high-quality, affordable, accessible, and efficient health services.

In health services in the era of Nation Health Insurance (NHI), it was known as the referral system. Patients receive medical services in stages starting from the lowest level, namely the public health center. If the is unable to provide medical services, the patient is then referred to a hospital in the area or region. If the hospital is unable to provide the necessary medical services, the patient is referred to a regional referral hospital service facility or a hospital that has specialist facilities. At the highest level, very severe patients will be referred to a top referral hospital.

The success of referrals is that there must be readiness and investment in health services, especially in infrastructure and health workers who have good abilities in primary health

services, namely Puskesmas. Health referrals apply to public health services which are divided into three types, namely technology, facilities, and operational referrals. Nationally, BPJS Health data shows that in the first quarter of 2015 there were 14,619,528 visits to first-level health facilities. From this data, 2,236,379 visits were referred from primary care to secondary service level and 214,706 visits were non-specialist referrals, which means they do not need to be referred and can be completed at first-level health facilities (Public health center).

The referral system is an unresolved problem in the health system. One of the weaknesses of health services is the implementation of referrals that are not fast and precise. There are still many patients piling up in third-level referral hospitals with cases that could be resolved at the lower hospital. This is a problem that is not only financially detrimental but will also have an impact on the quality of health services and will affect the achievement of overall health performance.

Based on the Health Insurance, the Dock II Hospital accepts patients who are treated from outpatient and inpatient settings. Based on data in 2020, the number of patients treated from the Puskesmas amounted to 23,692 people. As for the patients who came from district hospitals as many as 2,965 people. Thus, the referral system for Doc II Hospital which is not optimal is following BPJS. This is the background for researching the study of the tiered referral implementation system at the Dok II Hospital, Jayapura City, Papua Province.

II. METHOD

The type of research used is qualitative research with a phenomenological approach. Qualitative research is a research method that intends to understand phenomena about what is experienced by research subjects such as behavior, perceptions, motivations, actions, and others holistically, and utilizing descriptions in the form of words and language, in a special context that naturally and by utilizing various natural methods. The qualitative method is a research method used to examine the condition of health services at the Doc II Hospital related to the Patient 8 referral system. The basic technique of this research is in-depth interviews with informants which aims to obtain more in-depth information about the Implementation of the Tiered Referral System at Home Sick Doc II.

III. RESEARCH RESULTS AND DISCUSSION

HOSPITAL HEALTH HUMAN RESOURCES DOCK II

The service management of the Jayapura Hospital is the main gate in receiving referral patients from the first health facility who is referred to the second health facility or so-called hospital. Jayapura Hospital accepts patients following applicable hospital terms and procedures following the provisions of BPJS. For health workers, interviews with personnel at the Jayapura Regional Hospital are sufficient in serving referral patients from first-level health facilities from Puskesmas and private patients. Meanwhile, the number of

personnel in BPJS services is 1 person and is a member of the BPJS.

This is in line with the opinion expressed by Rattu (2015) which explains that the availability of healthy human resources greatly affects the success of health development. Procurement of health human resources aims to determine the number and type of personnel following the needs. If the need for human resources is not planned properly, there will be a shortage of personnel which will affect service and patient comfort and result in an increased workload.

Based on the research conducted, it is known that those involved in the implementation of JKN referrals are from hospitals that receive and serve referral patients from first-level services and the Health Service and BPJS who are aware of the referral system in the Papua Province region. According to the Regulation of the Minister of Health of the Republic of Indonesia in 2013 states that health service providers who cooperate with BPJS Health are in the form of first-level services or the Health Service and advanced level referral health services. This can also assist the process of implementing advanced-level outpatient services for JKN participants at the Jayapura Hospital.

NATIONAL HEALTH INSURANCE FOR DOC II HOSPITAL

All patients in Papua Province have several models or financing systems. Most of them are covered, especially those who are native Papuans, which are covered by the BPJS or the Healthy Papua Card. For people who don't have a healthy Papuan card, but mostly for Papuans it's okay. But for immigrants who don't have BPJS or kps in the past, we used to allow free treatment, but recently it means that for their benefit it also means that we give concessions, for example once or twice they haven't taken care of BPJS, we give them concessions but next time we ask them to pay. This means that it is also for learning so that they have to take care of BPJS. Because that's not only useful here but also useful in other places outside Papua Province (Informant 1)

For the Jayapura Regional Hospital, the funding comes from routine funds and then with the healthy Papuan card funds. Kps funds are intended for native Papuans, but there are also non-Papuans but the economy is very poor, so we use PPP funds because, in technical guidelines, KPS funds can be used for 2.5% for non-Papuan patients (Informant 2)

Here, when patients come, sometimes some bring two kps and JKN cards. or no ID card, we can know. because people here usually change their names, today Mison's name is sick tomorrow, the name Ekiton is sick so that the card and status are not doubled, we use the parents' names too, so if the patient comes, we serve a double card or no cards are still served while giving information but later their status will be re-arranged or separated again if it fits the diagnosis and there is an ID card or there is a JKN clamp but if you don't have a JKN card or ID card you don't have it, it's normal kps who is responsible for the cost of patient clamps (Informant 3)

According to Yuliyanto, BPJS can provide a certain budget to a hospital in an area to serve several participants or pay a certain fixed amount per capita per month (capitation). the use of the details is regulated by the hospital leadership.

HEALTH FACILITIES AND INFRASTRUCTURE AT DOC II HOSPITAL

The facilities for medical services for this type of hospital are by existing standards, if for referral facilities there is an ambulance and forms for referrals for patients (Informant 1) The facilities are adequate for referrals, there are forms and other supporting facilities, such as examinations and so on according to type B hospital standards (Informant 2),...

Here there is a medical record form, there is also a referral form for patients who receive referrals (Informant 3),... The facilities are quite adequate because there is a form for a referral from the hospital if the patient wants to be referred (Informant 4)... Complete enough for referral facilities, especially for supporting the administration in referral services, there are forms needed for referrals. (Informant 5) if the hospital transportation equipment is also ready, sometimes it becomes a problem if for example, the ambulance runs out of fuel, or the patient wants to be picked up in a field that is not possible to be picked up, or if for example, the patient needs a nurse, communication problems often occur, so if there is a communication problem, that is the problem. so the main problem is if for example there are patients who want to be picked up by themselves, sometimes the patient's family comes asking for an ambulance, if it can be picked up, pick up if it's not customary to ask a motorcycle taxi or members who give information there are patients who need to be picked up who live in the hospital ready or not to pick up, can the field or not, uh, return it to the patient (Informant 6), Forms for medical referrals exist and are quite available, there are computers, printers, networks are also available, it's just that sometimes the network is slow and this hinders verification, so we verify here and later take it to the destination for completeness of other files at BPJS at home referred sick (Informant 7)

Based on the results of the interviews, it was concluded that the existing facilities to support referral patients from both the first health facility and the advanced health facilities were adequate with the presence of computers and forms as well as the availability of referral transportation facilities including ambulances from the first health facility to Jayapura Hospital. The problems that BPJS officers complain about are slow network connections to verify patient data to be referred to advanced health facilities to get more adequate services.

Based on the results of the interview, it was concluded that one informant stated that the equipment for diagnosis was adequate and the three informants stated that the equipment was not adequate so that in the future it is hoped that the equipment can be further improved so that action and treatment can be carried out immediately, especially for patients who are already in critical condition and currently lack equipment. resolved by referring the patient to an advanced health facility.

This is in line with the opinion expressed by Sabrina (2015) which states that the completeness of health facilities is more of a burden on the state in fulfilling them. The state has a big role in providing social security for all class people, one of which is to complete the completeness of health facilities and infrastructure.

The availability of adequate facilities can improve the performance of hospitals in conducting examinations of patients and is a must for the referral process due to limited facilities that can hinder the process of implementing care referrals, especially patients who are in an emergency condition at the Jayapura Hospital.

IV. CONCLUSION

A. HUMAN RESOURCES FOR HEALTH DOK II JAYAPURA HOSPITAL

The implementation of the National Health Insurance referral implementation has a separate division of tasks in managing the referral system and those involved in implementing referrals, Each organization has a structure, which means that there is a hierarchical division of tasks and positions from top to bottom. This is useful so that every individual in the organization knows the responsibilities that each has. This can also help the role of each task in handling the implementation of Health Insurance referrals.10

B. NATIONAL HEALTH INSURANCE FOR DOK II JAYAPURA HOSPITAL

According to Yuliyanto, BPJS can provide a certain budget to a hospital in an area to serve many participants or pay a certain fixed amount per capita per month (capitation). the use of the details is regulated by the hospital leadership.

. For the Jayapura Regional Hospital, the funding comes from routine funds and then with the healthy Papuan card funds. Kps funds are intended for native Papuans, but there are also non-Papuans but the economy is very poor, so we use PPP funds because, in technical guidelines, KPS funds can be used for 2.5% for non-Papuan patients (Informant 2)

C. FACILITIES AND INFRASTRUCTURE OF JAYAPURA DOCK II HOSPITAL

Based on the results of the interviews, it was concluded that the existing facilities to support referral patients from both the first health facility and the advanced health facilities were adequate with the presence of computers and forms as well as the availability of referral transportation facilities including ambulances from the first health facility to Jayapura Hospital. The problems that exist are complained by officers of the Social Security Management Agency (BPJS), namely the slow network connection to verify patient data to be referred to advanced health facilities to get more adequate services, and there is no specially trained staff.

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