

THE RELATIONSHIP BETWEEN AVAILABILITY OF FACILITIES AND INFRASTRUCTURE WITH REFERRAL SYSTEM IN KONAWE DISTRICT PUBLIC HEALTH CENTER

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Abstract

Background: Increasing the ratio of referral systems and referral systems Online referral systems for outpatients are still a problem in the work area of the Konawe District Health Center, Southeast Sulawesi Province. This study aims to determine the relationship between the availability of facilities and infrastructure with the referral system for the Healthy Indonesia Card Guarantee in Konawe Regency.

Methods: This type of research is a quantitative research with a cross sectional study design. The population is all public health centre that have health workers who have KIP and outpatients with Healthy Indonesia Cards in Konawe Regency who carry out examinations and outpatients as many as 87 people. The sample size in this study was 46 respondents, which were taken by simple random sampling. This research instrument uses a questionnaire that has been tested for validity and reliability. The data that has been collected, then analyzed using the chi square test and the test of the closeness of the relationship (phi coefficient).

Results: The results of this study indicate that there is a strong relationship between the availability of facilities and infrastructure and the referral system for the Healthy Indonesia Card Guarantee in Konawe Regency, where X^2 count $>$ X^2 count (31.843 $>$ 3.841).

Conclusion: Rehabilitative services have not been implemented properly at the public health center in Konawe Regency, because the facilities and infrastructure are not yet available to carry out these services. Therefore, it is necessary to procure facilities and infrastructure to support medical services at the public health center.

Key words: Referral, Health Center, Facility, Infrastructure.



INTRODUCTION

Health development is a very important part of overall national development. The purpose of health development is to achieve the ability to live a healthy life for each population in order to realize the degree of quality and equitable health services, which are able to achieve optimal health. Meanwhile, the target of health development is the implementation of strong, healthy, creative and productive human beings. To achieve this, the vision and mission of health development in 2020 outlines the vision and mission of the President for 2020-2024 in the health sector, namely: "Creating healthy, productive, independent and just people" with the mission of reducing maternal and infant mortality, reducing maternal and child mortality, stunting rate in children under five, Improving the management of the National Health Insurance, increasing the independence and use of domestic pharmaceutical products and medical devices. This results in 4 (four) Ministry of Health's Strategic Goals which will be implemented, namely Increasing the degree of public health through a life cycle approach, Strengthening basic health services and referral systems, Increasing disease prevention and control and managing public health emergencies, Increasing health resources (1).

The referral system is the answer to the realization of the ease and certainty of participants in obtaining services. Adapted to the competence, distance and capacity of the referral hospital based on the patient's medical needs. Referrals are applied due to the fact that there are several underlying conditions. The number of health centre is currently limited and the distribution is not evenly distributed, as well as the competence of each health centre is not the same, for example the number of doctors and infrastructure is not the same. While the challenge is the Healthy Indonesia Card Program (KIS) must provide health services

to participants according to medical needs based on available health facilities, Optimizing the KIS referral system is one of the important elements in the pillars of strengthening health services in Indonesia so that it can be used as a referral system system, included in the health development strategy (2).

The theoretical basis for the referral system is based on the statement of the Ministry of Health of the Republic of Indonesia that the activities of the referral system from First Level Health Facilities (FKTP) to Health Facilities Advanced Referral System (FKRTL) are carried out if the health service facility has limited resources (facilities, infrastructure, tools, equipment, etc.) manpower, budget or money) and competence and authority to deal with a situation, the situation is temporary or permanent. In addition, the referral system for patients is carried out because patients need specialist or sub-specialist health services, hospitalization, diagnostic and/or therapeutic equipment, additional services or different services that cannot be provided at the individual health care facility concerned, including cases with emergency conditions. (3).

Based on preliminary data obtained from the Konawe District Health Office, it shows that the number of outpatient visits in the health centre area in Konawe Regency in 2018 was 104,032 people, and 11,386 people were referred (9.14%). The maximum standard of a referral system that is categorized as normal if it does not exceed 15%, but the data found from 29 health centers there are 4 (four) health centers that exceed 15%, namely Unaaha Health Center as much as 24.35%, Wawotobi Health Center 18.65%, Uepai 17 Health Center, 01%, Wonggeduku Health Center 15.74%. Then it increased in 2019 (4).

Konawe Regency is located in Southeast Sulawesi Province with a mapping area of $\pm 5,858.33$ km², Konawe Regency is one of the oldest regencies on

the mainland of Southeast Sulawesi Province with administrative boundaries. In the north it borders Morowali Regency (Central Sulawesi) and East Luwu (South Sulawesi), in the east it is bordered by North Konawe Regency, Kendari City, Konawe Islands and the Banda Sea, in the west by Kolaka, North Kolaka and East Kolaka Regencies, in the south by South Konawe Regency. Especially for the Rounta sub-district, it can be reached by traveling across districts and across provinces. With a very wide area and long distance to FKTP, it does not dampen requests for patient referrals to continue examinations at the Advanced Referral System Health Facility (FKRTL). All of this can be caused by lack of information about services at FKTP, lack of health workers to serve or be ready at FKTP, lack of Health Care Facilities and medicines. With the number of health centers as many as 29 units that have the highest referral cases as many as 6 (six) health centers, namely Lalonggasumeeto Health Center with 2,406 patient visits and 421 referrals (17.50%), Pondidaha Health Center with 4,325 patient visits and 995 referrals (23.01%), Tawangana Public Health Center with 3559 patient visits and 549 referrals (15.43%), Uepai Public Health Center with 3763 patient visits and 609 referrals (16.18%), Unaaha Health Center with 8,476 patient visits and 2,606 referrals (30.75). %) and the Wawotobi Health Center with 6,592 patient visits and 1,566 referrals (23.76%) with an area of 5,781 Km², (BPJS Kendari City, 2021), did not prevent patients from making a request for a referral to a hospital by considering Time (the length of the course of the disease), Age (patient age), Complication (disease complications/difficulty level), Comorbidity (comorbidities), and Condition (condition of health facilities).

Based on empirical studies from previous studies, it can be seen that several factors that affect the Healthy Indonesia Card referral system include the availability of Human Resources (HR), medicines,

health facilities, regulations on the Healthy Indonesia Card, and diagnosis of disease and also the lack of patient knowledge. regarding the Healthy Indonesia Card, patient education and the role of the family in providing support in carrying out treatment through the use of the Healthy Indonesia Card. This is supported by the Ministry of Health of the Republic of Indonesia., (2012) which suggests that there are several reasons for a referral system to be carried out, namely the health service facility concerned has limited resources (facilities, infrastructure, tools, manpower, budget or money) and competence and authority to overcome a condition, whether temporary or permanent, certain patients require specialist/sub-specialist health services, additional services or different services that cannot be provided at the individual health facilities concerned, including cases with emergency conditions. Then the patient requires inpatient services and further management, while at the health facilities initially it was not available and in the care of patients with certain diseases, diagnostic or therapeutic equipment was needed, while at the health facilities in question it was not available.

This increase in the ratio of the referral system can be an indication that the implementation of the referral system has not been going well, this is because the Health Centre is supposed to be the gate keeper and must be able to handle 144 diagnoses and screen the referral system. The high number of this referral system will also have an impact on many parties, one of which is that the burden on the Advanced Referral System Health Facility (FKRTL) becomes heavier. In addition, there may be an increase in costs that must be paid by BPJS to Health Facilities.. Based on the above background, the researchers are interested in conducting a study with the title "Relationship of the Availability of Facilities and Infrastructure in Public Health Centers with the Healthy Indonesia Card

Referral System in Outpatients in Konawe Regency”.

METHOD

The type of research used is an observational study with a "Cross Sectional Study" design. This research will be conducted in all Health Centre in Konawe Regency. The population used in this study was all of the samples in this study were some outpatients at the Puskesmas whose referral rates exceeded the standard 15% and had a Healthy Indonesia Card in Konawe Regency. The sample size in this study was 6,746, calculated using the Lemeshow formula. The sample size is 95 respondents. The sampling technique in this study used systematic random sampling. This simple random sampling is done by drawing the members of the population (lottery technique) or lottery technique. Data were collected using a questionnaire. The questionnaire before being used has been

tested for validity and reliability and has been proven to be valid and reliable. After the data was collected, then the data were analyzed using the chi square test and Cramer's coefficient.

RESULTS

Figure 1 shows that most of the respondents answered that the availability of facilities and infrastructure was not available, namely 51.6% while the remaining 48.4% of respondents were not available.

Table-1 shows that, of the 49 respondents whose facilities and infrastructure were in the unavailable category, all of them (100%) used a referral system. Meanwhile, of the 46 respondents who have the availability of facilities and infrastructure in the available category, there are 6 respondents (13%) who use the referral system and 40 respondents (87%) do not use the referral system.



Figure 1 Distribution of Respondents Based on the Availability of Facilities and Infrastructure in Kab. Konawe

Table 1 Distribution of Facilities and Infrastructure Availability by System Reference for Healthy Indonesia Card Guarantee in Konawe Regency

Facilities	Referral System				Total	
	Do		Do Not		n.	%
	n.	%	n.	%		
Not available	49	100.0	0	0	49	100
Available	6	13.0	40	87	46	100
Total	55	57.9	40	42.1	95	100

DISCUSSION

Facilities and infrastructure can be interpreted as everything (both physical and financial) that can facilitate and expedite the implementation of a business. The implementation of the health centre requires facilities and infrastructure to support the success of health services. Good health services are health services that provide the necessary facilities and infrastructure, such as the availability of tools to treat illness, the fulfillment of drug needs in the community (acceptable) and sustainable (sustainable). This means that all types of health services needed by the community are found and their presence in the community is available at any time of need (5).

The results of this study indicate that there is a strong relationship between the availability of facilities and infrastructure with the JKN KIS referral system in Konawe Regency. Where based on the results of statistical tests using the chi square test, at = 0.05 and $df = 1$, the value of $X^2 \text{ Count} > X^2 \text{ Count}$ ($70.073 > 3.841$), the results of the close relationship test obtained a phi coefficient value of 0.880. This is in line with the research of Masykur Alawi, et al (2015), which states that there is a significant influence between the availability of facilities and infrastructure ($p = 0.024$) with a reference that the availability of facilities and infrastructure in conducting health checks is very important in order to achieve

diagnosis and diagnosis. taking appropriate action. This is also in line with research conducted at the Tanah Tinggi Health Center, East Binjai District, Binjai City in 2018, where the p-value ($0.001 < 0.05$) and = 0.05, meaning that there is a significant influence between the availability of facilities and infrastructure with the referral of patients participating in KIS (6,7).

The results above illustrate that without adequate facilities and infrastructure, medical services will not run well. This can be seen from the 49 respondents whose facilities and infrastructure were in the unavailable category, all of them (100%) using a referral system. Based on the researcher's in-depth interview with the respondent, it is known that when the respondent comes for treatment with a complaint of the disease he is suffering from, the doctor cannot diagnose or take medical action on the patient on the grounds that there is no equipment. Several cases were informed by respondents, among others, patients were referred to the hospital due to the unavailability of dental care facilities and infrastructure at the Health Centre.

Based on the observations, the researchers found that most of the puskesmas in the operating room and emergency room did not have a pediatric collar brace/neck collar, adult collar brace/neck collar, doppler, alligator forceps, bayonet forceps, guidel airway (oropharyngeal airway), laryngeal



glass handle, handle nasopharyngeal mirror, hooked probes, laryngeal mirror, nasopharyngeal mirror, cerumen hook and courier, paediatric nasal cannula, adult nasal cannula, pediatric laryngoscope, adult laryngoscope, straight blade neonatal laryngoscope, Magill forceps, eyelid opener retractor, glycerine syringe, and stalk scalpel operating knife. Almost all health centre in the examination room generally do not have an anemoscope, tuning fork, laryngeal glass handle, nasopharyngeal glass handle, laryngeal glass, nasopharyngeal glass, magnifying glass for diagnostics, trial lens for refractive examination, binocular lens, skinfold calliper, ophthalmoscope, otoscope, vaginal speculum (medium duck cocor), and schiottz tonometer. The unavailability of these tools will hamper the process of medical services at the health centre and result in patients being referred to the Referral Health Facilities.

This is in line with what is recommended by the Indonesian Academy of Sciences (AIPI), to improve health facilities and infrastructure to reduce maternal and infant mortality; such as improving the quality of delivery services in hospitals by referring to PONEK regulations, Implement the policy that the place of delivery must be in health facilities and Accreditation of all health facilities to assess compliance with regulations regarding health services for pregnant women, childbirth, and newborn care.

The results of this study also show that, of the 22 respondents who have the availability of facilities and infrastructure in the available category, there are 6 respondents (13%) who use the referral system. This is more due to other factors, including the absence of doctors when they come for treatment at the health centre, there are also doctors and referral officers who do not know clearly about what types of diseases can be referred to the Referral Health Center, to the factor of public trust

that treatment at the hospital better than the health center.

Based on the researcher's observations, it is known that many medical equipment in the health centre are not used, due to the unavailability of skilled personnel to use them. For example, there is a health centre that has a TB screening tool, but it cannot be used because there are no skilled workers who can operate the tool. As a result, patients who come for treatment at the health centre with complaints similar to TB symptoms are referred to hospitals with skilled personnel.

Fulfilment of health facilities, infrastructure and equipment (SPA) must coincide with the improvement of good governance. Competence of health service facilities must be met and managed with the existence of SPA, Human Resources (HR), fulfillment of accreditation, financing, service systems and referrals.

CONCLUSION

There is a strong relationship between outpatient facilities and the referral system for the Healthy Indonesia Card Guarantee in Konawe Regency. It is expected to be able to carry out the procurement and improvement of facilities and infrastructure at the health centre. And the researcher hopes that there will be further researchers to examine other variables including the presence of a doctor, the completeness of medicines and the distance between the house and the health centre.

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