



An Analysis Of The Implementation Of The Integrated Referral System (Sisrute) Policy at Harapan Dan Doa Hospital, Bengkulu City, 2025

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Abstract

The Integrated Referral System (SISRUTE) is an internet-based information system designed to connect patient data between healthcare facilities to expedite and simplify the referral process. Although it has been implemented nationally for more than six years, the utilization of SISRUTE has not been optimal. Data from the Ministry of Health in 2022 shows a high rejection rate for referrals, primarily due to bed limitations (68.03%), leading to patient congestion, delays in treatment, and increased mortality rates. Bengkulu Province has a very low referral response time of less than 5 minutes, at only 5.6% of a total of 5,891 referrals in the last eight months. Meanwhile, Harapan dan Doa Hospital in Bengkulu City shows the lowest response time of less than 5 minutes compared to other hospitals in the same class, at 2.5% or 21 referrals out of a total of 843 referrals, while Tiara Sella Hospital (6.8%) and RS Bhayangkara Bengkulu (6.18%) have higher rates. Common obstacles include technical issues with the application, unintegrated data, limited internet network infrastructure, lack of dedicated SISRUTE personnel, and patient refusals due to the availability of specialist doctors or full treatment rooms. This study aims to analyze the implementation of the SISRUTE policy at Harapan dan Doa Hospital in Bengkulu City in 2025. Specifically, this research analyzes the roles of communication, resources, disposition, and bureaucratic structure in the implementation of this policy. The study employs a qualitative method with a case study design. Data collection was conducted through in-depth interviews, direct observations with checklists, and document analysis. Research informants consisted of 3 key informants and 4 main informants at Harapan dan Doa Hospital in Bengkulu City. Primary data was obtained directly from interviews and observations, while secondary data came from statistics, policy circulars, and hospital SOPs. Data analysis was conducted inductively and iteratively, following the approach of Miles, Huberman, and Saldaña (2014). It is hoped that this study

can provide a scientific review of the implementation of the SISRUTE policy, identify specific obstacles and successes, and offer concrete recommendations for system improvements and enhancement of referral service efficiency at Harapan dan Doa Hospital in Bengkulu City.

Keywords

System, Referral, Integrated

Introduction

Indonesia's commitment as part of The WHO is also implementing the Sustainable Development Goals (SDGs). WHO provides guidance, coordinates, and supports cross-border efforts to achieve the third pillar of the SDGs for a healthy and prosperous life, namely ensuring all age own access to service base and achieve universal health service coverage (Ahkam & Muchlis, 2021). Given the diverse health challenges in Indonesia, access and quality of referral services are crucial. Developing communication mechanisms between referral services is an effort to strengthen referral management (Ministry of Health of the Republic of Indonesia, 2020). One way to utilize information technology to improve service quality is through the integrated recommendation system Sisrute. The use of the integrated referral system (SISRUTE) is expected to reduce patient waiting times for treatment, as data on hospital facility availability can be directly accessed by referring health facilities. (Ministry of Health, 2023). The Indonesian Ministry of Health integrates SDGs indicators into its Strategic Plan Ministry of Health Year 2020-2024 And set 6 pillar transformation 1 health (Ministry of Health Regulation Republic of Indonesia Number 21 Year 2020), among them is The transformation of referral services focuses on improving referral mechanisms and increasing the quality and equity of health services throughout Indonesia. Strengthening the referral system as a strategy to improve the quality of health services is being developed into an information technology-based referral system. The Integrated Referral System (Sisrute) is an internet-based information system that can connect patient data from health care facilities with lower levels of service to health care facilities with higher or equal levels of service (horizontally or vertically) to facilitate and expedite the patient referral process. Sisrute is useful for improving the quality of services for referral hospitals and hospitals. Referral by providing information about patient follow-up services, the Sisrute application is also a reference in the referral system in hospitals nationally (Directorate General of Health Services, Ministry of Health, 2019). SISRUTE is platform digital Which designed For make things easier and expedite the emergency patient referral process. Sisrute itself has four principles: Information Transparency, Integrated Communication, Efficiency and Speed, and Service Coordination. (Directorate General of Health Services, Ministry of Health, 2023). Sisrute was officially implemented nationally in accordance with the circular letter of the Directorate General of Health Services No. IR.01.04/I/4345/2016 dated December 20, 2016 concerning the Implementation Sisrute. However, use SISRUTE the used only limited to emergency cases when referring patients between health facilities (Directorate General of Health Services, Ministry of Health, 2021). The main principle of the Sisrute application is communication and initial information. Patients before being referred are assessed to determine the condition of the patient to be referred, the completeness of the facilities and infrastructure and staff involved (e.g., treatment rooms, medical personnel, facilities and infrastructure, medical equipment), and the response from the hospital to

which they are referred regarding their readiness to receive the referred patient. In general, not all healthcare institutions in Indonesia utilize SISRUITE. The total number of SISRUITE users in 2018 was 1,944. Hospitals constitute the majority of the 1,655 SISRUITE users. active on year 2020, from total 10,983 users registered; the rest 1,483 users were inactive, and 7,800 users were inactive. With a response time of over 6 hours (representing 26% of all referrals) in 2020, SISRUITE clearly still has a long way to go before it can be considered a reliable recommendation-receiving method (PERSI, 2020). In 2021, SISRUITE saw an increase in users, with 11,319 healthcare institutions joining the platform. The breakdown is as follows: 2,552 general hospitals, 498 specialty hospitals, 8 treatment centers, 508 clinics, and 7,783 community health centers (Puskesmas) (Irianto et al., 2021). After more than 6 years of implementation, SISRUITE is still not can utilise its potential in a way maximum in Indonesia, so on date 31 March 2022, use application SISRUITE start required in The implementation of referral services is based on the Circular Letter of the Director General of Health Services Number HK.02.02/I/1161/2022 concerning the Implementation of the Use of the Integrated Referral System Application (SISRUITE) in the Implementation of Individual Health Service Referrals. However, Ministry of Health data in 2022 recorded the highest number of referrals with the reason for rejection due to limited beds (68.03%), the most referrals accepted were due to bed availability (48.75%), and the most needed room was the ICU (52.68%) with the majority of SISRUITE referral response times in the range of 1-5 minutes (59.73%) (Lubis et al., 2022). The impact is the accumulation of patients in one health facility due to overcrowding (Christian Susanto et al., 2023). Referrals to emergency rooms are often refused without a clear reason, making it difficult for the public to access available health facilities (Ahkam et al., 2021). The lengthy patient referral process in the emergency room results in delays in providing care, which also increases patient mortality. Government efforts in transforming referral services that focus on improving referral mechanisms and increasing the quality and equality of health services in all corners of Indonesia achieved. Many problems were still found in the implementation of SISRUITE. Several studies found obstacles and shortcomings in the features of the SISRUITE application system that had not been addressed. functioning in a way maximum between other: feature And function not enough details, No display Power capacity And facilities that There is, version android No compatible, the internet connection is unstable so that SISRUITE performance is not optimal, not all health facilities use SISRUITE, on The SISRUITE application is a new application for emergency referral menus; and there are no reporting facilities yet (Pratiwi et al., 2023). Research (Pratiwi et al., 2023;) found that many hospitals do not have written Standard Operating Procedures (SOPs) for The use of the SISRUITE application. There is no specific SISRUITE assignment and the referral consultation process is long, many SISRUITE referrals are rejected due to the lack of treatment rooms and facilities. Hospital resources do not yet have a SISRUITE Emergency Room team, there is no information media about SISRUITE, patients lack information so many complain about the long referral process, some Referring Hospitals are not committed to providing feedback in the System, and SISRUITE component data updates are not carried out routinely. Previous research conducted by Riyanti (2023) on the Obstacles to the Implementation of the Integrated Referral System (SISRUITE) in Indonesia stated that the obstacles to Sisrute implementation consist of three aspects: organization or governance, human resources (users), and application system features. The first obstacle related to the organization includes a lack of commitment from leaders and referring hospitals, the absence of a clear person in charge, and the lack of a good reporting and evaluation system. Furthermore, the standards operational procedure (SOUP) Which Not yet complete, No existence team special to manage

SISRUTE, and the ineffective referral process are also obstacles. The second obstacle concerns the lack of skills and training for users as well as perception users to convenience use, benefits, and other supporting factors are also important factors that influence success. implementation SISRUTE. Whereas, constraint third about The application system includes technical issues such as server or network disruptions, as well as the lack of important features, as well as system features on the mobile version. Similarly, research by Arkam et al. (2019) found that informants rated system usage training and obstacles to use as poor. For the system usage training indicator, the majority of informants stated there was no training for SISRUTE users. Meanwhile, for the user obstacles indicator, informants stated that there was no training. Accessing SISRUTE requires an internet connection; if the network is unstable, referrals can be delayed. Another related study, conducted by Arifah et al. (2021), stated that the Integrated Referral System (SISRUTE) helps the referral system work better, but unstable internet connections remain a problem. It is known that Bengkulu province is one of the provinces where the response time percentage for incoming referrals is less than 5 minutes very low, in the last eight months In the period from August to April, 330 references (5.6%) were obtained with a response time of less than 5 minutes from a total of 5,891 references. references, whereas data from three House Sick class C Which There is in city Bengkulu found that the Hope and Prayer General Hospital in Bengkulu City had the lowest response time for incoming referrals of less than 5 minutes compared to two hospitals in the same class. We can explain the initial survey data as follows, in the last eight months in three class C hospitals in Bengkulu, namely at Tiara Sella Hospital, data was obtained that the response time was less than 5 minutes on the route was 6.8 percent or as much as 64 references from total references 941, Then 126 references or 13.4 percent of the referral response time was >5 minutes – 1 hour, 129 referrals or 13.7 percent of the referral response time was >1 hour – 6 hours, and 662 referrals or 66.1 percent response time references > 6 O'clock. On House Sick comparator Which other namely Bhayangkara Bengkulu Hospital, it was found that the response time of less than 5 minutes on Sisrute was 6.18 percent or as many as 11 referrals from a total of 178 referrals received on Sisrute, 19 referrals received or 10.7 percent. Of the referrals with a response time of >5 minutes to 1 hour, 22 referrals, or 12.4 percent, had a response time of >1 hour to 6 hours, and 126 referrals, or 70.8 percent, had a response time of >6 hours. Meanwhile, at Harapan and Doa Hospital in Bengkulu City, preliminary data showed that only 2.5 percent, or 21 referrals, had a response time of >1 hour to 6 hours. less than 5 minutes of the total number of incoming referrals, which was 843, then 12.5 percent or 105 referrals had a response time of > 5 minutes – 1 hour, while 161 referrals or 19 percent received a response of > 1 hour – 6 hours and the remaining 556 references or 66 percent of the response time was > 6 hours. From the data above, it can be seen that the achievement of a response time of less than 5 minutes at the Harapan and Doa Regional Hospital in Bengkulu City is still the lowest compared to other hospitals in the same class, namely Tiara Sella Hospital and Bhayangkara Hospital. Bengkulu city. Since 2019, Harapan and Doa Regional Hospital, Bengkulu City has implemented an integrated referral system both horizontally and vertically based on IT using the Integrated Referral System or SISRUTE in accordance with the director's policy regarding the Formation of a Referral Management Team at Harapan Hospital And Bengkulu City Prayer Number 143 of 2019 and revised with a new policy in 2022. The implementation of this sistrate has advantages to support health referral services, namely fast and complete patient medical information can be known before the patient arrives, the referrer can know the purpose of the Hospital according to the patient's needs, the referrer can get certainty about the patient to be referred. planning of medical equipment, availability of

rooms and Human Resources in helping patient care become more focused and patient safety can be further improved. Will but even though SISRUTE own excess, There is a number of The obstacles faced by Harapan and Doa Regional General Hospital in Bengkulu City, based on previous surveys, include problems with the use of the SISRUTE application, loading errors still occur when accessing SISRUTE, data information in the SISRUTE application is not yet integrated, and the availability of device computer limited, from aspect management implementation among other things, there is no special officer to input SISRUTE, what happens is that the officer on duty also inputs SISRUTE, checks patients and referring other patients. It was also found that errors and delays were still occurring in referring patients. Other obstacles such as Patients cannot be served by specialist doctors due to constraints on the availability of doctors, patients are rejected because the treatment room is full, apart from that, there are also constraints on the internet network, and the telephone number of the vertical referral hospital is busy, which is an obstacle for SISRUTE. become hampered. Based on from survey beginning here it is need Research was conducted to obtain a scientific study regarding the Analysis of the Implementation of the Integrated Referral System Policy (SISRUTE) at Harapan Dan Doa Regional Hospital, Bengkulu City.

Literature Review

Understanding Implementation Policy

General implementation in the Big Language Dictionary Indonesian (KBBI) means to implement or apply. The implementation deadline is usually related to activities carried out to achieve a specific goal. Implementation is an action or Implementation of thorough and detailed planning. Implementation usually occurs after the plan has been reviewed. Symmetrical implementation can be defined as activities related to the completion of work. utilizing funds to lead or achieve the intended goals desired. one implementation The process of interaction between goal setting Steps to achieve goals The basic essence is Implementation is "building" Relationships and chains Policies can influence politics (Nugroho, 2019)

Public Policy

According to Anderson Muhammad Sawir's book, the concept of policy is a direction of action with a purpose determined by an actor or group of actors to overcome problem or issue, and according to Carl Friedrich Muhammad Sawir, policy is an action or activity proposed by an individual, group or government in a particular environment, with the obstacles and opportunities that a policy proposes to address to achieve the intended goals (Muhammad Sawir, 2021)

Methods

Data analysis in this qualitative study was conducted inductively and iteratively, following the interactive data analysis approach proposed by Miles, Huberman, and Saldaña (2021). The data analysis process was not carried out linearly, but rather concurrently with data collection. And its processing, started since data early collection until drawing final conclusions.

Results and Discussions

The informants in this research are people who actually have it broad and in-depth knowledge of the problem being researched and the people directly involved in the phenomenon being researched. The data collection technique in this study used in-depth interviews. Where researchers interact direct with subject For understand their perspectives and experiences, observation involving direct observation of research subjects in their environment and using Documentation data involves collecting data from written or visual sources, such as documents and photographs. The following will present the research results.

Communication

Based on interview documents, communication in the implementation of the Integrated Referral System (SISRUTE) at Harapan dan Doa Regional Hospital in Bengkulu City can be explained as follows: Coordination and communication between RSHD and referring health facilities are generally considered quite good, as indicated by a reduction in complaints related to SISRUTE. However, Emergency Room doctors noted that the response from the destination hospitals varied, with some being quick and others being slow.

Table 1. Communication

Criteria	Can Answer	Can not Answer
Technique Socialization	7	0
Coordination between health facilities (to what extent the hospital Sick communicate with referrer in use sisrute)	7	0
Communication media	7	0
Understanding to information received	7	0
Material about policy	7	0
Similarities perception/ information between policies and implementer	7	0
Amount	42	0

Harapan and Doa Regional General Hospital in Bengkulu City uses various outreach techniques to ensure the implementation of SISRUTE. Outreach is not a one-time event but is ongoing, particularly through staff rotation. The outreach is delivered by Management/Medical Services, as illustrated in the interview excerpt below: *"Socialization was carried out by management and the service department and then the medical service department helped facilitate the preparation of the draft into an SOP that was ready for use"* (A2)

Source Power

Based on the interview documents, the resources on Integrated Referral System (SISRUTE) at Harapan and Doa City Regional Hospital Bengkulu consists of several elements, implementing officers, authority, facilities or infrastructure, data or information. In detail, we can explain the resources in this research as shown in table 2.

Table 2. Sources Power

Criteria	Can Answer	Can not Answer
Adequacy amount staff/ executors	7	0
Competence implementing staff	7	0
Convenience system usage	7	0
Use authority make policies	7	0
Facility infrastructure	7	0
Readiness infrastructure And technology	7	0
Convenience access And use sharing system	7	0
power medical And patient		
Speed And accuracy in referral process	7	0
patient		
Completeness data patient And references	7	0
Understanding officer in accordance applicable	7	0
technical guidelines		
Amount	70	0

Attitude/Disposition

Table 3. Attitude/ Disposition

Criteria	Can Answer	Can not Answer
Compliance officer in ensure the success of the policy implementation	7	0
Resistance to change (refusal or discomfort of health workers in adapting to digital systems)	7	0
Amount	14	0

Overall, the informants' attitudes were very positive and supportive towards existence and objective SISRUITE. However, There is also attitude realist and critical of the challenges in its implementation. Recognizing the Importance and Benefits of SISRUITE, Almost all informants consistently stated that SISRUITE is very important and simplifies/speeds up the referral process. They see real benefits for patients, referring hospitals, and receiving hospitals. This is reinforced by the following interview results. "It is very important, because it really helps a lot from the patient's side and the staff's side. will refer, Also for House Sick recipient" (A1) "Umhh..it's important yes.., Because sisrute This help simplify and speed up referrals..." (A2) "This is how it is... in my opinion, the implementation of this integrated referral system... very important, because it is very help make things easier for both the patient and the home Sick Which referring to and House Sick Which accept, from the patient becomes more certain because there has been a referral before the patient sent, from House Sick referrer Already Certain Also objective hospital Which Can accept patient Which referred to And from House The receiving hospital can prepare the room and facilities needed by the patient before the patient arrives so there is no rush" (A3) "Yes ma'am.. very important This Because Can express lah yes... No too long on the road..." (A4) "It's important, sis... because the route is our initial

coordination before the patient arrives at the destination hospital, similar to booking, but this is clearer." (A5) "I think it's very important... because with this referral system, it becomes more focused and the claims system can be directly online..." (A6) "Very good, because it can assess the readiness of patients who want to be referred" (A7) The commitment from the management itself is quite good regarding support for this system, such as the response from the informant medical services head (A3) Which state that House Sick support in integrated referral system application, this shows that there is support from the leadership level, as in the following interview excerpt. "We from management are quite supportive in providing services to the route. so Also Mother director involved direct in matter This "(A3) Meanwhile from implementer in field Alone or officer sistrute There is no denial of use of the system, this indicates disposition to accept and be willing to use this technology. This is supported by the interview excerpt below. "There are no rejections, ma'am... all officers use this application and are all familiar with this route, ma'am " (A6) "No one would refuse, ma'am... and everyone can use this application." (A7) While supportive, informants also maintain a realistic attitude towards the obstacles and challenges in the field. They do not gloss over shortcomings and provide constructive feedback. obstacle and Obstacles, The informants honestly revealed that obstacles such as response time Which slow, problem double job HR, initiative Which Lack of workload, problematic networks, and lack of consistent compliance with SOPs still occurs, which is supported by the following interview excerpts. "There are many, yes... among them we haven't done evaluation and monitoring and evaluation routinely. Monitoring and evaluation are usually done if there are obstacles in implementation, then sometimes there are still some human resources who don't comply with the SOP" (A1) "The officers are not focused on responding to the emergency response because it is at the same time as carrying out patient services, because the doctor holding the emergency response is also the doctor serving patients in the ER..." (A4) "It's still not very effective in my opinion... because it's often hampered by network problems..." (A6) This critical attitude is accompanied by a desire to make improvements from all informants involved in the use of the system at Harapan and Doa Regional Hospital, supported by the following interview results. "It's been going well... but it needs to be evaluated/monitored so that its implementation is consistent and adhered to..." (A1) "Among other things, we haven't done evaluation and monitoring and evaluation routinely. Monitoring and evaluation are usually done if there are obstacles in implementation." (A1) "Evaluation is carried out but it is situational... especially if there are problems with this route... in the future we will try to make evaluations routine and periodic... (A3) "needs to be evaluated / monitored so that implementation is consistent and adhered to..." (A2) "Ideally, there should be 1 special officer on standby to respond/check the route..." (A5) Improving the Quality of Information was also input from informants (A5), Feedback for inappropriate references shows a proactive attitude to improve communication standards. The suggestion that patients' families can access the system demonstrates a rationale for improving the system from the patient's perspective. This is reflected in the input from the informant quoted below. "It would be good if this application could be directly accessed by the patient's family so that they also know the progress of the referral being carried out..." (A4) The overall conclusion from the interviews was that the attitudes and dispositions of informants at Harapan and Doa Regional Hospital in Bengkulu City toward SISRUITE were very positive and pro-implementation. They fully understood the

importance of this system and demonstrated a commitment to its implementation.

Bureaucracy / SOUP

Based on the results of interviews with all informants regarding the Bureaucracy/SOP for the integrated referral system, it can be explained that the SOP for the integrated referral system at Harapan and Doa Regional Hospital already exists. The following are the results of interviews regarding the SOP for the Integrated Referral System. in

Table 4. Attitude/ Disposition

Criteria	Can Answer	Can not Answer
Instruction technical	7	0
Speed of referral process (is the referral time faster than manual method)	7	0
Amount	14	0

Discussion

This analysis of the implementation of the integrated referral system (SISRUTE) policy at Harapan and Doa Regional General Hospital in Bengkulu City is based on data collected through in-depth interviews with informants and observations, as well as literature sources or various writings, and previous research related to policy implementation and SISRUTE. The policy implementation analysis was conducted using a model or theory proposed by George C. Edward III (in Agustino, 2014). The hope that we want to achieve in this analysis is to find out whether the implementation integrated referral system (SISRUTE) policy at Harapan and Doa Regional Hospital, Bengkulu City has conformity with the implementation concept put forward by Edward III (in Agustino, 2014: 150)

Communication

According to George C. Edward III (in Agustino, 2014:150) that transmission is a role that The first requirement for effective policy implementation is that policy implementers must know what they are supposed to do. Policy decisions and orders must be transmitted or passed on to implementers before they can be followed. Therefore, before an official can implement a policy decision, he or she must be aware that a decision has been made and an order has been issued to implement it. implemented. The more careful something decision And order implementation is transmitted or passed on to those who must carry it out, the higher the probability of decisions and order implementation the done. (Mukhlis, Ferizone And Ismayati, 2021) As research conducted by Nursalim that communication is very important for the success of general policies, effective execution occurs when decision makers make it known what they are doing. knowledge of what they are doing can work when communication is taking place. Any policy and execution order must be reported to the human resources department correctly. In addition, policies that include communication must be concise, to the point, and consistent (Nursalim, 2017) According to Edward III in (Winarno, 2005:127) There are several common obstacles that are shared in the transmission of communication, namely: First, there is a contradiction in

enforcing policies with orders issued by policy makers, such opposition causes distortion and direct obstacles in communication practices. Second, the data is transported through layers of bureaucratic hierarchy. Communication distortion can occur due to the length of the information chain that may mislead information. Third, the problem of storing knowledge also comes from the observation and inability of implementers to the conditions of policy demands (Budi, 2007). In this study, the transmission aspect in communication of the implementation of the integrated referral system policy (sisrute) at Harapan and Doa City Regional Hospital was examined. Bengkulu by the Harapan and Doa Regional Hospital of Bengkulu City to all related parties, both hospitals and FKTP is communicated well and effectively.

Source Power

According to Edward III, resources are also one of the most important factors in the success of policy implementation. Human resources implementing the policy must be sufficient and possess the capabilities and skills to implement the policy. authority Which owned by source Power man in Implement mandated policies and avoid misuse. The facilities and infrastructure available to implement the policies will be used to directly support their successful implementation (Aneta, 2012). Staff source Power main in policy implementation is personnel. Repeated failures are often caused by insufficient, inadequate, or incompetent staff. Simply increasing the number of staff and implementers is not enough to resolve policy implementation issues; sufficient experienced and competent staff (qualified and capable) are needed to implement the policy or fulfill the obligations required by the policy itself. In policy implementation, information comes in two forms: First, information related to how to implement a policy. Implementers must know what they should do when they are ordered to take action. Second, information regarding the compliance of implementers with established government rules and regulations. Implementers must know whether others involved in implementing the policy are complying with the law. In general, authority must be formal so that order can implemented in a way effective. So Authority It is the authority or legitimacy for all implementers in carrying out politically determined policies. When authority is absent, the power of implementers is not legitimate in the eyes of the public, which can also thwart the process of implementing public policy. However, in In another context, when formal authority is available, mistakes often occur in seeing the effectiveness of an authority. In Wrong One party, effectiveness authority required in policy implementation; but on the other hand, effectiveness will decrease when authority is misused by implementers for their own or their group's interests. Physical facilities are an important factor in policy implementation. Implementers may have sufficient staff, understand what he must do, and has the authority to carry out his duties, but without supporting facilities (means and infrastructure) the implementation of the policy will not be successful (Hasibuan and Yusnadi, Purba, 2016) The results of this study indicate that the implementation of the Integrated Referral System (SISRUTE) at Harapan dan Doa Regional General Hospital (RSHD) in Bengkulu City is highly dependent on the availability and effectiveness of resources. Interviews concluded that RSHD faces significant challenges in terms of human resources and infrastructure, despite its strengths in staff competence and the ease of use of the application. The most prominent crucial factor is the shortage of dedicated staff to handle SISRUTE. These are doctors and nurses. Emergency departments currently face a double

workload. They must divide their attention between serving busy emergency department patients and responding to and inputting SISRUITE data. This situation directly contributes to slow SISRUITE response times and sometimes causes the system to be "overlooked." This condition shows that there is a gap between capacity The available human resources with the operational demands of SISRUITE that require dedication And focus. Suggestions from Doctor Executor in Having a dedicated officer on standby to respond to/check SISRUITE is highly relevant. Adding dedicated staff or restructuring clearer task allocations are urgent solutions to ensure SISRUITE can run optimally without compromising emergency room patient care. In terms of staff competency, interview results were positive. The majority of staff were familiar with and capable of operating the SISRUITE application, and there was no resistance to its use. This indicates that socialization and adaptation to the digital system have been successful. In his research Dwi Nurani wrote that human resources as implementer policy, Where source Power man The human resources are sufficient in number and qualified to implement the policy. The definition of sufficient and qualified human resources is that there are sufficient implementers and they possess the necessary abilities and skills to implement the established policy. A large number of implementers does not automatically lead to successful implementation if they do not have adequate skills. On the side other lack of personnel who does not own skills will also hinder the implementation of the policy (W Retuvianti, 2021) The existence of variations in discipline shows that Procedural understanding needs to be strengthened through refresher training or closer supervision. Furthermore, given the nature of staff rotation , ongoing socialization and training are crucial to maintaining the competency level of all personnel to prevent a decline in performance when team members change. In policy implementation, the budget is related to the adequacy of capital or investment in a program or policy to ensure the implementation of the policy, because without adequate budget support, the policy will not run effectively in achieving its objectives. Edward III in Widodo (2010:100) concluded that the limited source Power budget will influence success implementation policy. Beside program No Can implemented optimally, budget limitations cause the disposition of policy actors to be low (A Ferianto, 2022) Although the SISRUITE application itself is considered easy to use and hardware such as computers is adequate, ease of access and operational use are hampered by infrastructure issues. main is a network the internet No stable Frequently hampered by network problems or slow application systems when accessed by many parties simultaneously, directly reducing the efficiency of SISRUITE. This underscores that no matter how good an application system is, the quality of its supporting infrastructure is a key determinant of its success. Investment in improving internet network stability and SISRUITE server capacity (if the problem is on the central application side) is crucial to ensuring smooth operations. Data and information are also crucial resources. Although RSHD staff strive to input complete data, significant challenges arise from inaccurate or incomplete information from referral providers. Referrals that are inaccurate or require additional documentation prolong the process and increase the workload of receiving staff. This is an external challenge that requires a collaborative approach. Harapan dan Doa Regional Hospital needs to be more proactive in establishing communication and standardizing data exchange with referring healthcare facilities. Outreach efforts that emphasize the importance of accurate and complete initial data can reduce miscommunication and expedite the overall referral process. Conclusion Overall, Harapan and Doa Regional

General Hospital in Bengkulu City has made efforts to implement SISRUTE effectively, particularly in terms of staff competency and ease of use. However, limited human resources (especially dedicated staff), infrastructure constraints (internet network), and challenges in data accuracy from referring parties are the main obstacles. To achieve optimal SISRUTE implementation, focus needs to be placed on increasing the number of dedicated staff, improving the quality of network infrastructure, and strengthening external coordination for standardization and accuracy of referral data.

Disposition

Disposition is the character or characteristics possessed by an implementer. Disposition determines the success of a policy implementation. If an implementer has a good disposition, he or she will be able to run policy with Good like What is wanted by maker policy. Disposition hold Wrong One role important in success A implementation policy. Matter This due to in operate his duties, somebody must understand And own good views regarding the policy (Ade Roring, 2021) The disposition in this study is about commitment. Commitment is demonstrated by examining the implementer's reasons for carrying out the implementation. goals/changes Which want to achieved, And change which has achieved for implementor For implementation policy referral system integrated (sisrute) in HOSPITAL Hope And Prayer City Bengkulu is Overall, the informant's attitude is very positive and supportive towards existence And objective SISRUTE. However, There is Also attitude realist And critical to challenges in its implementation. Recognizing the Importance and Benefits of SISRUTE, Almost all informants consistently stated that SISRUTE is very important and simplify/speed up the referral process. They see real benefits for patients, referring hospitals, and receiving hospitals. Overall, attitude or disposition for informant in Harapan Regional Hospital And Bengkulu City's response to SISRUTE is very positive and pro-implementation. They fully understand the importance of this system and demonstrate a commitment to implementing it. However, this attitude is not naive. They are also very realistic and critical of the operational challenges that exist, especially those related to resources. Power man (burden Work double, consistency compliance) And infrastructure (network). This disposition is demonstrated through the willingness They identify problems and provide constructive suggestions for improvement. This is a healthy disposition for policy implementation, as it supports system adoption while encouraging continuous improvement. 4.

Bureaucracy. According to Edward III in Leo Agustino, 2012, in the execution of policies must be implemented with the division of responsibilities for each activity and the availability of standard operating procedures by default. These standard operating procedures contain routines that They are designed in such a way that typical situations from before can interfere with policy changes because they do not respond to new situations or programs. SOPs tend to hinder the implementation of new policies, requiring new work methods or new organizations to implement strategies. The greater policies that require changes in organizational processes, the greater the likelihood that operational standards will make them difficult to implement (E Kaedung, 2021).

Conclusion

1. **Communication:** Internal communication regarding SISRUTE at Harapan dan Doa Regional Hospital has been quite good, marked by ongoing outreach and a good understanding from all informants regarding the importance, flow, and regulations of SISRUTE (Ministry of Finance Regulation No. 16 of 2024 and internal SOPs). However, the main challenge lies in communication between healthcare facilities. Responses from target hospitals are still varied, and often the information provided is incomplete. The information sent by the referring provider (FKTP) was inaccurate, leading to inefficiency and slow response times. The use of WhatsApp as a supporting medium also indicates that SISRUTE is not yet a fully effective and robust communication channel between healthcare facilities.
2. **Resources:** Resources are a significant constraint. The number of staff is considered inadequate, particularly because there is no dedicated SISRUTE officer. This creates double workloads and high workloads for emergency room doctors and nurses, disrupting their focus on responding to SISRUTE. Limited internet network infrastructure and system vulnerabilities SISRUTE's vulnerability to errors when accessed by multiple parties simultaneously is also a crucial technical hurdle. Even with competent staff using the system, these resource limitations hinder consistent implementation.
3. **Disposition:** In general, there was no objection from implementing officers to the use of SISRUTE, and they understood the importance of this system. However, dispositional issues emerged in the form of consistency and adherence to SOPs (especially the target response time of less than 5 minutes). This was not due to intrinsic unwillingness, but rather due to overlapping workloads (double jobs) and the crowded emergency room, which indirectly forced officers to lose focus or delay SISRUTE responses. This suggests that disposition is strongly influenced by resource availability and work structure.
4. **Bureaucratic Structure:** Although Harapan and Doa Regional Hospital has a formal structure (Referral Management Team, SOPs, and Director's Decrees), the bureaucratic structure does not fully support optimal SISRUTE implementation. Unclear division of tasks (the absence of dedicated SISRUTE officers) leads to systemic duplication of work. Although SOPs are developed based on input from implementers, consistent implementation in the field remains a challenge. Existing corrective mechanisms (alerts via WhatsApp groups) tend to be reactive rather than proactive in addressing the root causes of structural and resource issues.
5. In short, the implementation of SISRUTE at Harapan and Doa Regional General Hospital in Bengkulu City is still hampered by suboptimal inter-agency communication and information accuracy, limited human resources and infrastructure, and a bureaucratic structure that is not yet adaptive to support the dedicated SISRUTE workload, despite the basic understanding and willingness of the implementers.

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