



CAUSES OF REFERRAL OF NON-SPECIALIZED DISEASES TO ADVANCED HEALTH FACILITIES AT COMMUNITY HEALTH CENTERS IN POLEWALI MANDAR REGENCY

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ABSTRACT

Background: There were cases of referral for non-specialist diseases to advanced health facilities at the Community Health Center in Polewali Mandar Regency. **Objective:** This study aims to obtain information on the causes of referral for non-specialist diseases to advanced health facilities at the Community Health Center in Polewali Mandar Regency. **Methods:** This research uses a qualitative approach with a case study design. The key informant in this research is the head of the Community Health Center in Polewali Mandar, and the main informant in this research is the doctor who works at ten Community Health Centers in Polewali Mandar. Data validity using source triangulation method. **Results:** The research results show that the doctor's understanding of the function of the community health center as a gatekeeper has been optimal according to competency standards, standard operational procedure for patient referral are available in all health centers, the facilities and infrastructure at the health center in Polewali Mandar are not yet fully available, the factor of drug availability at the Community Health Center is the cause of referral of non-specialist diseases to advanced health facilities because the medicines are incomplete, and there is requests for patients to be referred without indication of referral to advanced health facilities but doctors do not provide referrals and provide education to patients. **Conclusion:** The results of the research show that the doctor's understanding of the Community Health Center as a factor gatekeeper, standard operational procedures that serve as referral guidelines, the availability of health workers at the Community Health Center, patient requests to be referred without indication of referral, are not the causes of referrals for non-specialist diseases to advanced health facilities from the Community Health Center in Polewali Mandar. Meanwhile, the availability of facilities and infrastructure at the Community Health Center and the availability of medicines at the Community Health Center are factors that influence referrals for non-specialist diseases to advanced health facilities from the Community Health Center in Polewali Mandar Regency.

INTRODUCTION

The Government of the Republic of Indonesia is participating in efforts to guarantee and facilitate the health of its people by establishing Community Health Centers in every village and establishing regional hospitals in almost every level I and II area. A community health center, hereinafter referred to as a Puskesmas, is a health service facility that carries out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest level of public health in its working area. One form of collaboration in carrying out services between hospitals and health centers is the health service referral system. (Zahrawi et al., 2021).

Community Health Centers function as gatekeepers or initial contacts in implementing referrals, but to date there are still Community Health Centers that have not carried out the gatekeeper function optimally, this is proven by the high ratio of non-specialist case referrals. In Oktaviani's (2019) research, it was stated that the referral ratio at Community Health Centers was influenced by the number of health workers which was not proportional to the population, as well as infrastructure which was not yet optimal (Dadus, Crishanta., 2023).

The existence of referrals that do not comply with procedures is an important finding, whether the non-compliance with procedures occurs due to policy factors, or operational standards for tiered referral

procedures that are not yet optimal, incomplete medicines, unavailability of facilities and infrastructure, or lack of referral information to patient so that the patient asks for referral without indication. In the Indonesian Doctor Competency Standards, it is known that from a list of 736 diseases there are 144 types of diseases that must be completed at a first level health facility (FKTP). If the doctor finds a diagnosis outside of these 144 diagnoses, the patient can be referred to an advanced referral health facility (FKRTL). to get further services (Hasibuan, 2020).

According to BPJS Health data in an evaluation study of the implementation of the tiered referral system in the era of national health insurance - Indonesia Health Card (2021), the results of the analysis showed that in Puskesmas referral activities in all provinces there were around 25% of diagnoses in the 144 diagnoses that should not be referred were in fact still referred to Hospital. According to referral data from Hj Andi Depu Hospital in Polewali Mandar in September 2022-April 2023 from 20 Community Health Centers in Polewali Mandar, there were 1108 referral patients, with 423 patients diagnosed with non-specialist diseases. Referral cases for non-specialist diseases are still quite high at Polewali Mandar Regional Hospital as the referral center hospital in Polewali Mandar Regency. Therefore, researchers want to obtain information on the causes of referrals for non-specialist diseases to advanced health facilities at the Community Health Center in Polewali

Mandar Regency.

METHODS

This research uses a qualitative approach with a case study design. The key informant in this research is the head of the Community Health Center in Polewali Mandar, and the main informant in this research is the doctor who works at ten Community Health Centers in Polewali Mandar. Simple random sampling technique was used to obtain informants from 10 Community Health Centers in Polewali Mandar Regency using interviews with an interview guide that had six question topic items and each topic had a different number of questions, with a total of 16 questions.

In the process of collecting data, researchers used interview guidelines to conduct interviews with informants. Primary data was conducted using in-depth interviews with research subjects, namely informants and direct observation. Meanwhile, secondary data collection techniques are obtained from patient referral documents, scientific journals, reference books, laws and regulations related to the referral system and JKN, government reports, hospital reports, and other sources that can be used to support the research process. Data validity using the source triangulation method. The first analysis technique starts from data collection which is carried out using interview guidelines, document review and observation, then data reduction is carried out by selecting, focusing attention and simplifying the data obtained when the research was carried out, then presenting the

data from the research data. The final stage is verification and confirmation of conclusions, drawing conclusions in the form of interpretation activities, finding the meaning of the data presented.

RESULTS

In this research, the causes of referrals are seen from several factors, such as the health workers' understanding of the function of the Community Health Center as a gatekeeper, the operational standards of referral procedures, the availability of health workers, the availability of facilities and infrastructure at the Community Health Center, the availability of medicines at the Community Health Center, and demand. patients to be referred to advanced referral service facilities (FKRTL).

The doctor's understanding of the function of the Community Health Center as a gatekeeper

The doctor's understanding of the function of the Community Health Center as a factor Gatekeeper is the knowledge of health workers about the concept of a first level health service system which acts as a provider of basic health services, this is known to health workers at the Community Health Center and functions optimally according to their competency standards and provides health services according to medical service standards. Below are the interview questions and excerpts.

"Puskesmas as a gatekeeper means that the Puskesmas is the primary service and front guard in providing direct services to the community. "So all people who come with health problems will be observed and receive services at the Puskesmas, then the disease will

be identified, if it cannot be treated at the Puskesmas then a referral will be made to an advanced health facility" (dr. Y, 28 years old)

"In my opinion, my Puskesmas has carried out its role as a gatekeeper, we can see from our efforts to always try to provide the best service to patients so that patients can be given treatment at the Puskesmas according to competency standards in services. primary or at least carry out initial management for patients with emergency conditions, before being referred to hospital" (dr. NF, 25 years old)

"I think the role of our PKM is very important as Gatekeeper, especially in its role as the first facility to receive all public health complaints in the sub-district area, which can be seen by the increasing number of Poly and Treatment visits at our PKM" (dr. J, 30 years old)

Based on the results of the interview above, it can be concluded that the function of the Community Health Center as a gatekeeper who can provide primary services or initial treatment to patients before going to advanced health facilities such as hospitals. This is already known to health workers and is carried out at the Community Health Center, where in its implementation all patients who come from several villages within the scope of the Community Health Center will be given initial treatment for specialist diseases, and complete treatment for non-specialist diseases.

Standard operational procedures of referral

standard operating procedures (SOP) referral are a guideline that contains operational stages and procedures in referring patients to the Puskesmas, along with excerpts from interviews of doctors at the Puskesmas regarding the availability of referral SOPs at

the Puskesmas and the knowledge of health workers regarding these referral SOPs.

"The SOP for the patient referral system here is adjusted to the referral SOP rules at the Community Health Center. Community Health Center has prepared reference SOPs that have been printed so that our health workers adapt them to those rules" (dr. Y, 28 years old)

"Yes, the referral SOP is at the Puskesmas, there is a paper SOP that is kept at the ER and POLI so it is easy for us to check the patient referral mechanism" (dr. NI, 27 years old)

"The referral SOP at our Community Health Center is the same as the referral SOP at other Community Health Centers, this referral SOP has been adapted to the Ministry of Health's regulations, the contents are such as how patient referrals flow, referral preparation, referral policies, etc., this referral SOP has been printed so it is easy to use. crosscheck when health workers want to refer" (Mrs N, 42 years old)

Based on the results of the interview above, it can be concluded that standard operating procedures (SOP) for the patient referral system are available at every Community Health Center, and health workers to refer patients follow the reference SOP rules for referrals at the Community Health Center.

The availability of health workers

The factor in the availability of health workers is human resources who work at the Community Health Center and have knowledge through education in the health sector and the authority to carry out health efforts. The following is an excerpt from an informant's interview regarding the availability of health workers and how to handle conditions if a doctor is unable to attend the Puskesmas.

"Oh yes, if someone is unable to attend

duty, currently at the Puskesmas we have 4 general doctors and 4 Iship doctors. If there is one doctor who cannot attend due to his absence then one of us will replace that doctor. Usually also if you are unable to do so "Because of things that can be predicted in advance, such as training, we will adjust it when making the duty schedule so that the service will continue to run" (dr. Y, 28 years old)

"Ehm... in my community health center there are 4 general doctors, so if someone is unavailable, we back up each other, so they replace or in other words exchange duty with the doctor who is unavailable, basically we try to ensure that the service continues" (dr. U, 29 years old)

"Oh yes, there are often cases like this, but thank God, there are two doctors at the Community Health Center where I work, so if a doctor friend is unable to attend then I will fill the day on duty, basically we will just arrange the schedule" (dr. I, 32 years)

Based on the results of the interview above, it can be concluded that the average number of doctors at the Community Health Center is sufficient to provide services and if one doctor is unable to attend due to his absence then one of us will replace that doctor.

The availability of infrastructure at the Community Health Center

The factor in the availability of infrastructure at the Community Health Center is medical equipment and health facilities such as inpatient buildings that are used to support health services at the Community Health Center. The following is an excerpt from an informant's interview regarding the availability of facilities and infrastructure at the Community Health Center.

"Yes, it is enough to solve most of the basic diseases, only a few need to be added

and the equipment also needs regular maintenance and calibration" (dr. R, 31 years old)

"Oh, regarding the facilities and infrastructure at my Puskesmas, the existing tools are sufficient for basic services to patients, but yes, there are still things that need to be completed, such as blood tests, sometimes because there are no reagents so the examination is not carried out, there are also several facilities and the maintenance of infrastructure must also be given more attention so that it is suitable for continuous use in service" (dr. U, 29 years old)

"The availability of facilities and infrastructure comes from the health service, we make the procurement and then it will be reviewed by the health service, not all procurement of facilities is accepted, but most of it is given to support services at the Puskesmas. In the service there are usually equipment that is damaged and needs repair so "This could also be one of the causes of the lack of facilities and infrastructure at the Community Health Center" (Mrs. N, 42 years old)

Based on the results of the interview above, it can be concluded that the availability of facilities and infrastructure at the Community Health Center is currently good, although there are still some things that are lacking and need to be improved. Sometimes the equipment already exists but is damaged, so it needs to be repaired and maintained periodically. So the availability of facilities and infrastructure is one of the causes of referrals for non-specialist diseases to advanced health facilities from the Community Health Center in Polewali Mandar.

Drug availability factor

The drug availability factor at the Community Health Center is the availability of medicines at the Community Health Center in

accordance with the national formulary. The following is an excerpt from an interview with an informant regarding the availability of medicine staff, and the drug factors that cause referrals at the Community Health Center.

"The availability of medicines is around 90% which can provide treatment to patients. Shortages of medicines are usually caused by the unavailability of gold standard medicines for certain diseases or because the medicines have run out" (dr. A, 26 years old)

"If there are still medicines at the Puskesmas that need to be equipped so that non-specialist case services can be handled completely at the Puskesmas, such as when we need injection medicines, while at the Puskesmas there are no such drugs" (dr. T, 30 years old)

"We will look at the patient's condition. If medicines that meet the gold standard in theory do not exist then we can provide other medicines that have the same function and are available at the Community Health Center. However, if the patient's condition cannot do this then a referral will be made to an advanced health facility, such as for patients with fever, who need to be given paracetamol injection but there is no such drug at the Community Health Center" (dr. Y, 28 years old)

"If the medicine the patient needs is not available at the Puskesmas, we will educate the patient to buy medicine outside or will be referred to the hospital" (dr. D, 28 years old)

Based on the results of the interview above, it can be concluded that the availability of medicines at the Community Health Center is not yet complete, and if a patient needs a certain medicine but the medicine is not available at the Community Health Center, the health worker will look for another medicine with the same function as the medicine the patient needs or provide education to the patient. patients to purchase medicines outside

the Community Health Center by the patient's family, or patients referred to advanced health facilities.

Patient demand for referral to Advanced Referral Service Facilities

In this research, the patient's request factor to be referred to an Advanced Referral Service Facility (FKRTL) is an attempt by the patient or family to request that the patient be referred without an indication of referral to an Advanced Referral Service Facility (FKRTL). The following is an excerpt from a doctor's interview regarding this matter.

"During my time working at this Community Health Center, there were many patients who asked to be referred without indication, such as dyspepsia patients. If there are cases like this, we health workers will educate the patient and family about the condition of the patient's disease which is still being treated at the Community Health Center and explain the existing rules. " (dr. Y, 28 years old)

"If a patient asks for a referral even though there is no indication for referral, they cannot be referred. I usually educate patients and the patient's family about the patient's condition, and we try to convince the patient that it can be treated at the Puskesmas, so that the patient will still be given treatment and services" (dr. U, 29 years old)

"In the BPJS regulations, we are not allowed to refer patients with certain diseases, so if a patient with competency 4 disease asks to be referred, we will still not refer, and we are trying to educate the patient and family about the referral requirements" (dr. A, 26 years)

Based on the results of the interview above, it can be concluded that continuing to establish a diagnosis first, as well as enforcing referral criteria, if there is no indication of referral then no referral will be made, and

health workers will educate patients and families about the condition of patients who do not need to be referred.

DISCUSSION

The discussion in the research regarding the causes of referral for non-specialist diseases to advanced health facilities at the community health center in Polewali Mandar, as for the factors that are thought to be the cause of the referral, namely the doctor's understanding of the function of the community health center as a gatekeeper, the standard operational procedure for referrals at the community health center, the factors availability of health workers at the Puskesmas, factor in the availability of infrastructure at the Puskesmas, factor in the availability of medicines in the Puskesmas, and factor in patient demand to be referred to the Advanced Referral Service Facility (FKRTL).

The factor of doctors' understanding of the function of the Community Health Center as a Gatekeeper is the knowledge of health workers about the concept of the first level health service system which acts as a provider of basic health services, which is known to health workers so that the function of the Community Health Center as a gatekeeper functions optimally according to their competency standards and provides health services according to service standards. medical. Based on the interview results, it can be concluded that the function of the community health center as a gatekeeper can

provide primary services or initial treatment to patients before going to advanced health facilities such as hospitals that are already run at the community health center. The role of Puskesmas employees in Polewali Mandar Regency regarding the referral system is very important and has been implemented well, as evidenced by the minimal obstacles encountered when referring patients to hospitals, both in terms of patient services and coordination between puskesmas and hospitals to carry out patient referral.

The results of this research are in line with the results of Firdiah's research (2017), it can be seen that the understanding of the Neglasari Health Center as a gatekeeper is quite good, where the health center is the first contact in providing services to patients, the health center is a provider of continuous service by re-controlling patients, the health center is a complete service providing promotive, preventive, curative and rehabilitative services.

Standard operational procedures for referrals are a guideline that contains operational stages and procedures for referring patients to community health centers. Based on the results of the interview, it can be concluded that the SOP for the patient referral system is adjusted to the reference SOP rules for referrals at the community health center and is adjusted to the regulations of the Ministry of Health. The knowledge of health workers at the health center regarding the referral system is sufficient, because previously the health center had provided training regarding referral SOPs

and SISRUITE, so this provides convenience and harmony for each health worker in carrying out their duties, as well as preventing referrals from occurring due to lack of knowledge about SOPs and competency standards disease.

This is in line with research by Rut, Febri., et al, (2021) that Standard Operating Procedures (SOP) are very important because standard operating procedures are a series of standardized written instructions regarding various administrative processes, how and when they must be carried out, where and by whom it was done. In its implementation, officers must always comply with all procedures stated in the standard operational procedures, because if officers forget one of the processes or instructions stated in the standard operational procedures, it can result in a referral system that does not comply with the rules, which can be detrimental to patients and the health center.

The factor in the availability of health workers is human resources who work at the Community Health Center and have knowledge through education in the health sector and the authority to carry out health efforts. Based on the results of the interview, it can be concluded that there are sufficient numbers of health workers at the health center to provide services to patients and have an educational background in accordance with their profession so that health workers have proven abilities and are competent in providing services to patients and to improve

their skills, Almost every year the local government holds training for health workers. This is in line with research by Fitriyani, A Rezki, M Khidri (2023) that the availability of health workers in providing services is something that must be present in a series of health services because it has an important role in improving the maximum quality of health services to the community so that they are able to achieve high levels of health. maximum health as an investment for the development of socially and economically productive human resources.

The factor in the availability of infrastructure at the Community Health Center is that the facilities and facilities available in health services are one of the important factors in supporting the provision of quality services for the community. The availability of health facilities and facilities in health services is an important factor in achieving diagnosis and supporting quality services for the community. Based on the results of the interview, it can be concluded that the availability of facilities and infrastructure at the health center is currently incomplete, sometimes the equipment is already there but damaged, so it is necessary to repair and maintain the equipment periodically. This is what will be the cause in the implementation of the referral system because it will disrupt the patient diagnosis process which will result in the patient being referred to the hospital.

The results of this research are in line with research by Ali (2018) that the availability

of medical equipment facilities is incomplete so that when patients come to the community health center and want to receive health services, the community health center makes referrals to advanced level facilities because of limited medical equipment facilities. Based on this, it can be seen that the availability of equipment at the puskesmas greatly influences the puskesmas in providing services.

The drug availability factor at the Community Health Center is the availability of medicines at the Community Health Center in accordance with the national formulary. Based on Minister of Health Regulation No. 28 of 2014, drug services for JKN participants at FKTP are carried out by pharmacists in the pratama clinical pharmacy installation/ pharmacy room at the Puskesmas/ pharmacy in accordance with statutory provisions. Procurement of medicines at Community Health Centers refers to the Decree of the Minister of Health of the Republic of Indonesia Number 159/Menkes/Sk/V/2014 concerning the National Formulary. Based on the results of the interview, it can be concluded that the availability of medicines is not yet in accordance with the national formulary, however the medicines for initial treatment of emergency conditions are quite adequate, although there are still things that need to be completed. So this is the reason why patients are referred because the patient needs medication that is not available at the Community Health Center, for example a patient with a fever that does not go down with

oral paracetamol so he needs a paracetamol injection to prevent seizures.

The results of this study are in accordance with research by Aras, Utami., et al (2017) that of the various problems encountered in making referrals at FKTP, the main thing is the availability of drugs, some drugs are not available at the health center and are only available at the hospital making doctors refer disease, so this will increase referrals of non-specialist cases and increase health service costs.

The patient's request factor to be referred to an Advanced Referral Service Facility (FKRTL) is an attempt by the patient or family to be referred to an Advanced Referral Service Facility (FKRTL). Based on the results of the interview, it can be concluded that the diagnosis must be made first, as well as enforcement of the referral criteria, if there is no indication of referral then they will not be referred, and health workers will educate patients and families about the condition of patients who do not need to be referred. This can minimize the number of Puskesmas referrals and non-specialist illnesses will not be referred to the hospital.

The results of this study are in line with research by Nur Azizah, et al (2023) that the high referral ratio caused by the implementation of referrals that are not in accordance with the flow of levels will cause a buildup of patients in one health facility which will have an impact on patient safety in hospitals and financial losses in Public health

center.

The role of FKTP doctors is very important in a tiered referral system where FKTP doctors will provide referrals to specialists to patients according to the patient's medical needs. Primary health services and a good referral system are the keys to achieving better quality health services, but of course improvements are needed in the various factors that cause referrals which become obstacles for doctors at FKTP in carrying out the function of Puskesmas as gatekeepers.

CONCLUSION

The results of this study indicate that the factors in doctors' understanding of community health centers as gatekeeper has been known by health workers and carried out optimally, standard operational procedure factors as a reference in referring patients are available at the health center and understood by health workers in carrying out the patient referral system, and the availability of health workers at the health center is sufficient to provide services to patients, so that These factors are not the cause of referral for non-specialist diseases to advanced health facilities from the Community Health Center in Polewali Mandar. Meanwhile, the availability of facilities and infrastructure at the Community Health Center is still incomplete and there are several health equipment requires maintenance because it has been damaged which causes limitations for doctors to examine patients and make a definite diagnosis

so that doctors will refer patients to hospitals so that patients can get the facilities and infrastructure that patients need. And the availability of medicines at the community health center is still not in accordance with the national formulary, so when a patient needs medicine but the medicine is not available at the community health center, the doctor will decide to refer the patient. It can be concluded that the availability of facilities and infrastructure, as well as the availability of medicines are factors that influence the referral of non-specialist diseases to advanced health facilities from the Community Health Center in Polewali Mandar district.

SUGGESTION

It is recommended that the Community Health Center in Polewali Mandar district be more active in providing outreach to the community regarding the tiered referral system in health services so that patients have knowledge about the Community Health Center as a gatekeeper, and so that the government and the Community Health Center synergize to be able to complete the facilities and infrastructure as well as medicines in Public health center.

REFERENCES

- Agusniar, Rizka. 2019. *Praktik Pelayanan Publik: Puskesmas Sebagai Garda Terdepan Pelayanan Kesehatan*. Jurnal Administrasi Publik. Vol 1(2). Pp 71-79. DOI: <http://dx.doi.org/10.23969/decision.v1i2.1802>
- Ahmad Zaki, H., Reza Aril, A., Haeruddin. (2023). *Strategi Peningkatan Kinerja*

- Rumah Sakit Umum Daerah Arifin Nu'mang Kab. Sidrap. *Journal of Muslim Community Health (JMHC)*. 4(3). Pp 187-199. (<http://pasca-umi.ac.id/index.php/jmch/article/view/1144/1377>)
- Alawi. 2017. Analisis Faktor-Faktor Yang Berhubungan Dengan Tingginya Rujukan Kasus Non Spesialistik Pasien Jaminan Kesehatan Nasional Pada Puskesmas Di Kabupaten Sukabumi. *Jurnal Ekonomi Kesehatan Indonesia*, Vol 2 No 1.
- Ali, F. 2018. Pelaksanaan Rujukan Rawat Jalan Tingkat Pertama Peserta Program Jaminan Kesehatan Nasional (JKN) Di Puskesmas Siko Dan Puskesmas Kalumata Kota. *Jikmu*, Pp. 221–237.
- Amalia Rizkiani, 2022. Hubungan Diagnosis Penyakit Dengan Pemberian Rujukan Pasien Bpjs Di Puskesmas Pringgasela Utama Tahun 2022. *Nusadaya Journal of Multidiciplinary Studies*. Volume 1 No. 2 Pp 1-6
- Andi Nur, A., Arni, Rizqiani., Een, Kurnaesih., Wardiah, Hamzah., Sumiaty., Reza Aril, A. 2023. Implementasi Permenkes Nomor 11 Tahun 2017 Tentang Keselamatan Pasien di UPT Rumah Sakit Umum Daerah Lamaddukelleng Sengkang Tahun 2022. *Journal of Muslim Community Health (JMCH)*. Vol 4(3). Pp 81-92. (<http://pasca-umi.ac.id/index.php/jmch/article/view/1127/1278>)
- Aras Utami, 2017. Persepsi Dokter Dalam Merujuk Penyakit Non Spesialistik Di Layanan Kesehatan Primer Dalam Jaminan Kesehatan Nasional (Studi di Daerah Istimewa Yogyakarta). *Media Medika Muda*, Vol 2 No 1, Pp. 27 -34
- Astrie. Z., Nurmiati., & Samsualam. 2021. Implementasi Sistem Rujukan Terintegrasi (SISRUTE) di RSUD Labuang Baji Kota Makassar. *Journal of Muslim Community Health (JMHC)*. Volume 2(2) Pp 98-103. (<https://pascaumi.ac.id/index.php/jmch/article/view/509/561>).
- Badan Penyelenggara Jaminan Sosial Kesehatan. 2019. Studi Evaluasi Penyelenggaraan Sistem Rujukan Berjenjang Era JKN-KIS. <https://data.bpjs-kesehatan.go.id/bpjs-portal/action/blog-detail.cbi?id=a32ee377-061d-11ec-9744-47198527e193>. Diakses pada tanggal 28 Agustus 2023
- Bathari, 2022. Determinan Rujukan Non Spesialistik Dengan Kriteria TACC di FKTP Kabupaten Batang Hari Tahun 2022. *Jurnal Jaminan Kesehatan Nasional* Vol 3 No 1, Pp. 1-14
- Bramantoro. 2017. Pengantar Klasifikasi Dan Akreditasi Pelayanan Kesehatan: Penjelasan Praktis. <https://books.google.co.id/Books?Id=4UV7DwAAQBAJ&Pg=PA1&Dq%0A=Sistem+Rujukan+Bramantoro+2017&Hl=En&Sa=X&VED=2ahukewi6pq-%0AGkshuahxfw3wkhu dDOAQ6AEwAXoECAQQAg#V=One page&Q=Siste%0AmRujukan Bramantoro 2017&F=False>. Diakses pada tanggal 28 Agustus 2023
- BPJS Kesehatan. 2018. 'Gate Keeper Concept', 2938, Pp. 1–27.
- Dadus, Crishanta, dkk. 2023. Implementasi Sistem Rujukan Pasien Peserta Jaminan Kesehatan Nasional di Puskesmas Werang Kabupaten Manggarai Barat. *Pancasakti Journal of Public Health Science and Research*, Vol 3 No 1, 39–47.
- Diana Sinulingga, 2019. Faktor yang Memengaruhi Pasien Pengguna JKN-PBI ke Fasilitas Kesehatan Tingkat Lanjut di Puskesmas Pancur Batu Kabupaten Deli Serdang Tahun 2019. *Jurnal Penelitian Kesmas*, Vol 2 No 1, Pp 84-92
- Faulina, A. C., Khoiri, A. And Herawati, Y. T. 2018. Kajian Pelaksanaan Sistem Rujukan Berjenjang Dalam Program Jaminan Kesehatan Nasional Di UPT. 127 Pelayanan Kesehatan Universitas Jember. *Jurnal Ikesma*, 12(2), Pp. 91–102
- Fitriyani., Andi Rezki, A., & Muh Khidri, A. 2023. Pengaruh Beban Kerja dan Lingkungan Kerja Terhadap Kecemasan Tenaga Kesehatan dalam Menghadapi Pasien Tuberkulosis di Puskesmas Batua Kota Makassar. *Journal of Muslim*

- Community Health (JMHC). 4(4). Pp 1-10. (<http://pasca-umi.ac.id/index.php/jmch/article/view/1397/1599>)
- Firdiah, Et All. 2017. Analisis Pelaksanaan Rujukan Rawat Jalan Tingkat Pertama Pada Peserta Badan Penyelenggara Jaminan Sosial Kesehatan (Studi Kasus Di Puskesmas Neglasari Kota Tangerang). *Jurnal Kesehatan Masyarakat (E-Journal)*, 5(3), Pp. 19–25
- Hasni, J., Samsualam., Andi Rizki, A., 2020. Upaya Pencegahan dan Pemberantasan Demam Berdarah Dengue di Wilayah Kerja Puskesmas Baebunta Kab. Luwu Utara. *Journal of Muslim Community Health (JMHC)*. Vol 1(2) Pp 1-12. (<http://pasca-umi.ac.id/index.php/jmch/article/view/240>)
- Hartini., Septo, Pawelas., Ayun, Sriatmi. 2018. Analisis Pelayanan Rujukan Pasien Bpjs Di Rsud Chatib Quzwain Kabupaten Sarolangun Provinsi Jambi. *Jurnal Kesehatan Masyarakat*. Vol 4(4). <https://ejournal3.undip.ac.id/index.php/jkm/article/viewFile/13940/13476>. Diakses pada tanggal 29 Agustus 2023
- I Nyoman, 2022. Faktor-Faktor Yang Berhubungan Dengan Tingginya Rujukan Kasus Non Spesialistik Oleh Fasilitas Kesehatan Tingkat Pertama Di Era Jaminan Kesehatan Nasional: Systematic Review. *Jurnal Administrasi Rumah Sakit Indonesia*, Vol 8 No 3, Pp.84-93.
- Irza, Fari., Dadan, Kurniansyah., Evi, Priyanti. 2021. Analisis pelayanan pusat kesehatan masyarakat (puskesmas). Vol 1 (4). <http://journal.feb.unmul.ac.id/index.php/KINERJA>
- Jihan, Friska., Wardiah, Hamzah., Nurmiatis, Muchlis. 2022. Job Analysis Tenaga Kesehatan Di Dinas Kesehatan Kota Gorontalo Tahun 2022. *Window of Public Health Journal*. Vol 3 (4). (https://scholar.google.co.id/citations?view_op=view_citation&hl=id&user=AeE8ZccAAA&AJ&cstart=20&pagesize=80&citation_for_view=AeE8ZccAAA&AJ:Wp0gIr-vW9MC)
- Lestari, T. R. P. 2017. Analisis Ketersediaan Tenaga Kesehatan Di Puskesmas Kota Mamuju Provinsi Sulawesi Barat Tahun 2014. *Kajian*, 21(1), Pp. 75– 88
- Mujiati, M. And Yuniar, Y. 2017. Ketersediaan Sumber Daya Manusia Kesehatan Pada Fasilitas Kesehatan Tingkat Pertama Dalam Era Jaminan Kesehatan Nasional Di Delapan Kabupaten- Kota Di Indonesia. *Media Penelitian Dan Pengembangan Kesehatan*, 26(4), Pp. 201–210
- Purwati, E. I. I., Nuryadi And Herawati, Y. T. 2017. Pengambilan Keputusan Dalam Pelaksanaan Rujukan Puskesmas Sebagai Fasilitas Kesehatan Tingkat Pertama. *E-Jurnal Pustaka Kesehatankesehatan*, 5(2), Pp. 231– 238.
- Puspitaningtyas, A., Indarwati And Kartikasari, D. 2019. Pelaksanaan Sistem Rujukan Di Rsud Banyudono. *Gaster Jurnal Ilmu Kesehatan*, 11(2), Pp. 25–36
- Rahma, A., Arso, S. And Suparwati, A. 2018. Implementasi Fungsi Pokok Pelayanan Primer Puskesmas Sebagai Gatekeeper Dalam Program Jkn (Studi Di Puskesmas Juwana Kabupaten Pati). *Jurnal Kesehatan Masyarakat (EJournal)*, 3(3), Pp. 1–11.
- Rahmadani. 2019. Sistem Rujukan Pelayanan Kesehatan Primer Era JKN. <https://books.google.co.id/Books?Id=Whaveaaaqbaj&Pg=PA12&Dq=Sis%0Atem+Rujukan&Hl=En&Sa=X&Ved=2ahukewio0vknp8duahwo7xmbhemk%0Aarkq6aewbnoecakqag#V=Onepage&Q=SistemRujukan&F=False>. Diakses pada tanggal 28 Agustus 2023
- Ramadhani, dkk. 2020. Studi Literatur: Analisis Faktor Penyebab Tingginya Angka Rujukan di Puskesmas pada Era JKN. *Media Gizi Kesmas*, Vol 9 No 2, 57–66.
- Rahmah, F. 2018. Perencanaan Dan Pengadaan Obat Di Puskesmas “X” Berdasarkan Permenkes Nomor 74 Tahun 2016. *Jurnal Administrasi Kesehatan Indonesia*, 6(1), P. 15
- Raharni, R., Supardi, S. And Sari, I. D. 2018. Kemandirian Dan Ketersediaan Obat Era

- Jaminan Kesehatan Nasional (JKN): Kebijakan, Harga, Dan Produksi Obat. Media Penelitian Dan Pengembangan Kesehatan, 28(4), Pp. 219–228.
- Ripki, Ahmad, dkk. 2022. Tinjauan Rasio Rujukan Non Spesialistik Peserta Bpjs Di Puskesmas Kelurahan Pondok Bambu Periode 2021. *Journal of Innovation Research and Knowledge*, Vol 1 No 1, 1393 – 1396.
- RSUD Hajjah Andi Depu. 2023. Data pasien rujukan dari puskesmas ke RSUD HJ Andi Depu Polewali Mandar Periode September 2022 – Mei 2023.
- Rut, Febri., Effi, Daniati., Silvia, Sumarda. 2021. Implementasi Standar Operasional Prosedur (SOP) Di Puskesmas Simpang Tiga Pekanbaru. *Jurnal Rekam Medis*. Vol 01(03). <https://jom.htp.ac.id/index.php/rmik/article/view/377/136>. Diakses pada tanggal 30 agustus 2023
- Setiawan. 2019. Pendekatan Pelayanan Kesehatan Dokter Keluarga (Pendekatan Holistik. https://books.google.co.id/Books?Id=Y_C_Dwaaqbaj&Pg=PA103&Dq=%0ASistem+Rujukan+Notoatmodjo&Hl=En&Sa=X&Ved=2ahukewi2vnl728lua%0Ahuiibcahv s7cpcq6aewaxoecayqag#V=Onepage&Q=SistemRujukan%0ANotoatmodjo&F=False. Diakses pada tanggal 28 Agustus 2023
- Sucipto, dkk. 2019. Faktor- Faktor yang Mempengaruhi Komitmen Dokter di Puskesmas untuk tidak Merujuk Kasus Non Spesialistik Pasien Peserta BPJS di Kota Semarang. *Jurnal Manajemen Kesehatan Indonesia*, Vol 7 No 2, 102 – 107.
- Wardiah, Hamzah., Surahman, Batara., Nasruddin, Syam. 2023. Pemberdayaan Petani Melalui Penyuluhan Kesehatan dan Keselamatan Kerja (K3) Di Desa Pucak, Kec. Tompobulu, Kab. Maros. *Jurnal Idea Pengabdian Masyarakat*. Vol 3 No 01, 21 - 27.