

Phenomenological Study of Emergency Ambulance Transport Referral Process at RSUD Raden Mattaher Jambi Province

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ABSTRACT

As a regional general hospital, Raden Matthaer Regional Hospital is of course the main destination for people to go for treatment. Limited facilities are one of the obstacles to patient service, quite a few patients who have received treatment at Raden Mattaher Hospital are referred to other hospitals to continue treatment. Referrals are not only made within the city but also to hospitals outside the city. Referral of patients to hospitals outside the city when services are not available at hospitals in Jambi. During the referral process, of course, ambulance transportation is required. Using an ambulance also depends on the patient's needs. The aim of this research is to analyze the referral process for emergency ambulance transportation at Raden Mattaher Regional Hospital, Jambi Province. This research is descriptive qualitative research. There were four participants. The verbatim transcript interview results were processed and produced 3 main themes, namely the referral process, transportation and Integrated referral information system. From this research it can also be seen how the referral process, use of ambulances, and use of SISRUTE are.

Keywords: Referral Process, Ambulance Transportation, Integrated Referral Information System

1. INTRODUCTION

In 2021, there are 3,120 hospitals in Indonesia consisting of 2,522 general hospitals and 521 specialised hospitals. There are 1,150 hospitals covering the central government, provincial, district/city, TNI/POLRI, and 953 private hospitals. %. There are 144 hospitals consisting of 14 national referral hospitals, 20 provincial referral hospitals, and 110 regional referral hospitals whose service quality needs to be continuously developed and improved in the future. One of the hospitals that make referrals is Raden Mattaher Jambi Hospital. The cooperation between RSUD Raden Mattaher Jambi and other hospitals can be accessed through the SISRUTE online site, where it can interact with the destination hospital if a referral will be made [1]–[3].

The referral process occurs because there are facilities and infrastructure that are not available for patient treatment, referrals in each patient are different depending on the level of need.^{2,3} Being a regional public hospital, Raden Mattaher Hospital is certainly the main destination for the community to go for treatment. Limited facilities are one of the obstacles to service to patients, not a few patients who have been treated at Raden Mattaher Hospital are referred to other hospitals to continue treatment. Referrals are not only made within the city but also to hospitals outside the city. Referral of patients to out-of-town hospitals when services are not available at hospitals in Jambi. During the referral process, of course, ambulance transport is needed. The use of ambulances also depends on the needs of the patient [4]–[6].

At the time of the interview it was also said that often in referring patients from the RSUD to the RSUP due to the facilities and infrastructure at the Raden Mattaher Jambi Hospital which were damaged or unavailable, usually in 1 month there were two to three patients with different routes. During the referral process there are procedures that must be known in the sense of referral SOPs,

but at Raden Mattaher Hospital there is no SOP for referral using an emergency ambulance, there is only a general referral SOP. Based on the background that explains the referral and transportation procedures, the authors took the initiative to examine more deeply the referral procedures for emergency ambulance transportation at the Raden Mattaher Jambi Hospital.

2. METHODS

This research is qualitative research, this type of research is phenomenological through a descriptive approach. Researchers made a phenomenological study of the emergency ambulance transport referral process at Raden Mattaher Jambi Hospital. Qualitative research usually processes descriptive data, which can be in the form of pictures, videos, sounds, or field notes.

Informants in this study were the head of the ambulance management at Raden Mattaher Jambi Hospital, nurses who usually participated in the implementation of referrals from Raden Mattaher Jambi Hospital to the destination hospital, emergency ambulance drivers at Raden Mattaher Jambi Hospital, patients/families who had made referrals using emergency ambulances at Raden Mattaher Jambi Hospital.

Tools and instruments that can be used by researchers in data collection are researchers as instruments. In qualitative research, the main data collector and instrument in this study is the researcher himself. According to [7] humans, in this case researchers, are considered loyal data collection instruments. For tools in research, namely by using a recording device (android-based voice recorder), small notes of researchers as notes for points that are considered important, and interview guides that are not standardised.

Data processing is used to answer research questions. Data processing involves searching and systematising data collected from questionnaires, interviews, field notes, and documentation.⁴ In qualitative research, data processing is carried out simultaneously with data collection. Because the researcher acts as the main instrument in data collection and analysis, data processing in qualitative research tends to be subjective.⁵ The researcher used the Colaizy approach in data analysis. After interviewing one participant, the researcher analysed the data thoroughly before continuing the interview with the next participant.

3. RESULTS AND DISCUSSION

The results and discussion explain three themes found in this research. These themes are as follows: 1) Referral process; 2) Ambulance use; 3) Use of SISRUITE.

3.1 Theme 1. Referral Process

From the results of the interviews, the theme of the referral process was obtained, within the theme of the referral process there are sub-themes and several categories as follows:

1. Limited facilities and patient indications

The occurrence of a referral due to limited facilities, with indications of patients who need services but the desired services are not available and there can also be damage to the facilities to be carried out, so that in order to continue treatment the patient must be referred to another hospital where the desired treatment is available. Based on the Regulation of the Minister of Health of the Republic of Indonesia number 001 of 2012 concerning the referral system article 9 which states that the referrer cannot provide health services in accordance with the patient's needs due to limited facilities, equipment and / or personnel.

2. Providing education and the need for consent to be referred

When a patient is indicated to be referred, the doctor will provide an explanation to the patient and / or family regarding the reasons why the patient is being referred. Based on Permenkes

RI No.001 of 2012 article 12, the explanation given at least includes the diagnosis and therapy and / or medical action needed, the reasons and objectives of the referral, the risks that can arise if the referral is not made, referral transportation and risks or complications that can arise during the trip.

3. Completeness of documents as a condition of the referral process

After obtaining approval from the patient and / or his family, the room requests patient documents such as identity, health insurance. A referral cover letter is required as patient data at the referring hospital and needs to be attached to the destination hospital, this is in accordance with the regulations of the minister of health which states that the referrer before making a referral must make a referral cover letter to be submitted to the recipient of the referral.

4. Entering SISRUITE

After that, the room also needs to use SISRUITE as a means of communication with the destination hospital. The doctor will enter patient data and find hospitals that have the services the patient needs. On the other hand, the health worker or head of the room will contact the ambulance administration to make an ambulance request and determine the nurse who will accompany the patient.

5. Health workers who participate in referring patients

Health workers who participate in accompanying patients during referral are not necessarily selected based on service time, but rather who are willing individuals, but in the case of patients who require intensive care, it is not allowed for low-level health workers to accompany them, but experienced health workers, as explained by participants.

6. Provision of nursing care

Providing nursing care during the referral process is given based on the patient's condition, if the patient is under observation or the patient is in post control, for example, the patient is in degree 1 or 2 where the patient is unconscious, the nurse will monitor the vital signs by paying attention to the monitor and then recording them. The administration of therapy is carried out according to a predetermined schedule. If there are other complaints during the journey, the nurse will provide care according to the patient's condition.

7. Barriers

In a referral process, of course, there have been obstacles experienced by one of the cases when the patient died on the way, when referring a nurse patient companion so that when the patient died on the way it was difficult to find other health services to declare the patient dead even though the officer knew but it was not the portion of the nurse in terms of declaring death, therefore he had to look for the nearest hospital. This is supported by Permenkes RI No37 of 2014 concerning the determination of death article 5, namely (1) the determination of death in health care facilities must be carried out by medical personnel, (2) medical personnel as referred to in paragraph (1) are preferably doctors.

8. Handover of the patient at the destination hospital

Patient handover at the destination hospital is the final part of referring patients where the handover is carried out as a transfer of responsibility and authority to provide the care needed by the patient. When the handover is carried out verbally by the officer explaining the patient's condition, what therapy has been given, the reason why the patient is referred.

3.2 Theme 2. Ambulance Usage

From the theme of ambulance usage, there are the following categories:

1. The room contacts the ambulance coordinator

The ambulance is also used during the referral process, the ambulance will be contacted by the room that will refer the patient. As happened in RSUD Raden Mattaher Jambi, there was a patient from the ICCU room who wanted to be referred out, the room contacted the ambulance coordinator and determined the type of ambulance used and determined the driver.

2. Requesting patient documents for fulfilment of the checklist sheet.

Furthermore, the assigned ambulance driver visits the patient's room to ask for files that must be completed. The files requested are used to fulfil the checklist sheet as a condition for BPJS claiming. The ambulance service guide states that the ambulance driver comes to the room to fill out an ambulance request form that has been signed by the head of the room, but in contrast to what happens in the field, the driver reveals that the form is no longer used and only requires patient files.

3. Taking care of SPPD and SPT

As a working employee, of course, every time you want to go on a business trip, you take care of a business travel order (SPPD) and a duty order (SPT), the letter as proof that the individual is assigned to travel on business, guarantee during the trip and also with the SPPD the costs during the official trip are borne by the hospital office. The time needed to take care of SPT and SPPD is about 1 hour. This was expressed by participants and supported by the regulation of the minister of finance of the republic of Indonesia No.113 / PMK.05 / 2012 article 8 which states that the cost of official travel is charged to the budget of the office / work unit / project / project section that issued the SPPD concerned.

4. Driver prepares ambulance before leaving

Next, the ambulance driver prepares the ambulance equipment, such as filling oxygen, turning on the electricity in the ambulance, and checking the ambulance to anticipate that there will be no damage during the trip. This takes about less than 1 hour. After all the preparations are complete, the driver just waits for confirmation from the room and then can leave.

5. Operational costs

Financing during the referral process is borne by the patient's health insurance, but the costs are paid by the health insurance after completing the referral, therefore the costs are obtained from the hospital's financial bailout fund, if after completing the referral and the checklist sheet is fulfilled, the funds can be disbursed.

6. Selection of ambulance drivers

There are eight ambulance drivers at Raden Mattaher Hospital, with two drivers per shift. The selection of drivers to make out-of-town referrals is done in shifts.

3.3 Theme 3. Use of SISROUTE

The categories of the SISROUTE usage theme are as follows:

1. Used to ensure service

The Integrated Referral Information System (SISRUTE) is an application as a means of communication that can provide individual health service referral information that functions to ensure service at the destination hospital.

2. There must be confirmation from the destination hospital

Referrals can be made when the destination hospital has responded and accepted, if the destination hospital does not accept it, it will be transferred to another hospital.

3. Contents of the SISRUTE application

Based on the decision of the directorate general of health services No HK.02.02 / D/1131 / 2023 concerning technical instructions for using SISRUTE, which in the application there are several menus such as home, our account, outgoing referrals, telemedicine, monitoring incoming referrals, monitoring ambulances, hospital resources, patient medical resume menu, back referrals, SISRUTE contacts, reports and dashboards, bridging submission menu, info updates. In the SISRUTE menus there are their respective uses according to what is needed.

CONCLUSION

1. The referral process occurs from indications of patients who need more service facilities but Raden Mattaher Hospital does not have the services needed so that it requires the patient to be referred to a hospital that provides, giving an explanation to the patient and / or his family about the reasons for the patient being referred and signing the consent form if the patient agrees to be referred, continued asking for patient files to complete the data, continued filling out the referral letter by the doctor and entering data and sending SISRUTE to the destination hospital, waiting for SISRUTE to be answered by the room to contact the ambulance coordinator, if SISRUTE has been answered and the availability of the services needed by the patient then the patient can leave for the destination hospital.
2. The use of the ambulance begins with the room contacting the ambulance coordinator, followed by the determination of the ambulance seen from the condition of the patient and the ambulance driver by the ambulance coordinator, after which the driver comes to the room to ask for patient files as a requirement for BPJS claims, the driver returns to the ambulance administration department to make SPT and SPPD, followed by preparing ambulance equipment and checking by the driver, after all the preparations are complete, just waiting for confirmation from the room for the departure schedule.
3. SISRUTE is used to determine the certainty of service at the destination hospital, without sisrute being received, the patient cannot be referred. In the SISRUTE application there are various menus that can be opened and with different functions.

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