

Evaluation of The Implementation of The Integrated Referral System (SISRUTE) In Material Services at DR. TC Hilers Maumere Hospital

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ABSTRACT

The study purpose was evaluated the implementation of the Integrated Referral System (Sistem Informasi Rujukan Terintegrasi/SISRUTE) in the referral process of pregnant women at dr. TC Hilers Maumere Hospital. The study is motivated by the persistently high maternal mortality rate and the challenges of implementing digital health systems in regions with limited infrastructure. Specifically, it seeks to explore how SISRUTE supports referral effectiveness and to identify barriers encountered during its implementation.

Materials and methods. This research employed a descriptive qualitative design. Data were collected through in-depth interviews with key informants, including the Head of the PONE Emergency Room, the Head of Medical Services, and Referral Management Staff at dr. TC Hilers Maumere Hospital. The collected data were analyzed thematically to capture experiences, implementation processes, and constraints related to the use of SISRUTE in maternal referral services.

Results. The findings indicate that SISRUTE enhances the effectiveness of maternal referrals by enabling real-time transmission of clinical information and improving coordination between referring and receiving health facilities. This system contributes to faster decision-making and better preparedness in handling emergency obstetric cases, which supports efforts to reduce maternal morbidity and mortality. Nevertheless, the implementation of SISRUTE faces several obstacles, particularly dependence on unstable internet networks, which often forces health workers to revert to manual referral procedures. Additional challenges include patient unpreparedness, incomplete administrative requirements at first-level health facilities (FKTP), disparities in health worker competencies, and limited transportation availability.

Conclusions. The study concludes that SISRUTE is a strategic instrument for strengthening the maternal and perinatal referral system. However, its optimal effectiveness requires improvements in digital infrastructure, stronger cross-sector coordination, and continuous capacity building of human resources.

Keywords: SISRUTE, maternal referral, digitization of health services, service quality, hospitals.

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INTRODUCTION

Maternal and infant mortality remains a major challenge in the global health system, especially in developing countries. About 99% of maternal deaths occur in developing countries, with about 800 women losing their lives every day due to pregnancy and childbirth-related failures. (Astari et al., 2018). Failure to detect or treat complications such as bleeding, infection, preeclampsia, and fetal growth disorders are still the leading causes of maternal and infant death. Although the global maternal mortality rate has declined sharply by around 34% from 2000 to 2020 and reached 159 deaths per 100,000 live births in 2021, achieving the SDGs targets still requires additional efforts, especially in ensuring equitable access to quality health services for safe childbirth,

as well as responsive referral systems to reduce maternal and perinatal mortality (Christiawan et al., 2023). However, the maternal mortality ratio in Indonesia is still at a high level, reaching 189 deaths per 100,000 live births. This figure is larger than several other countries in Southeast Asia and is still far from the Sustainable Development Goals target, which is 70 deaths per 100,000 live births (Rahmawati & Hsieh, 2024; Wenang et al., 2024). This condition shows a significant gap between the need for maternal services and the capacity of the health system to provide timely and quality treatment. Most of these deaths could have been prevented if the referral system was effective and health facilities had adequate response capabilities.

The cause of maternal death in Indonesia is not only related to direct clinical factors such as bleeding, infection, and gestosis, but also to delay factors. This includes delays in deciding to seek help, which is influenced by the estimated costs that must be borne by themselves (Nugraheni et al., 2020); delays in reaching a proper health facility due to high transportation costs (Astari et al., 2018), as well as delays in receiving appropriate care after arriving at health facilities, which often occur due to inability to cover medical and non-medical costs. In addition, limited infrastructure and difficult geographical access, especially in rural areas and low-income communities, are also the main factors causing the "second delay," as they hinder timely access to childbirth facilities and referral systems (Luluk, 2020). These three forms of delay are greatly influenced by the ability of the referral system to ensure coordination, transportation, and readiness of receiving facilities.

In response to these challenges, Indonesia developed the National Health Insurance System (JKN) through Law No. 40 of 2004 and implemented BPJS Kesehatan to improve access to maternal services (Rinaldo et al., 2022). However, despite the increased scope of financing, the effectiveness of the referral system remains a significant obstacle. One of the main problems is the lack of optimal coordination between primary, secondary, and tertiary health facilities, as well as the uneven readiness of information technology infrastructure. To overcome these barriers, the government introduced the Integrated Referral System (SISRUTE) as a digital innovation that aims to speed up the referral process, improve the accuracy of medical data, minimize duplication of examinations, and enable real-time communication between healthcare facilities. The development of SISRUTE is specifically directed to improve the referral system between First-Level Health Facilities and Advanced Referral Health Facilities (Sudra, 2021). This is in line with the Ministry of Health's strategic plan for 2020-2024, which places the application of SISRUTE as a core component of the IT-based integrated health service implementation information system (Sudra, 2021). SISRUTE is designed to improve lines of coordination that were previously manual, slow, and error-prone. However, the adoption of new technologies in the healthcare system often faces challenges, including network quality, the competence of medical personnel in the use of applications, and the consistency of service flows.

The results of the initial survey conducted on April 11, 2025 at the emergency room of dr. TC Hilers Maumere Hospital confirm that the implementation of SISRUTE has not been fully optimal. Officers reported obstacles such as applications that often experienced errors so that referrals from the health center entered the public emergency room instead of directly to the PNEK emergency room. In addition, referral workflows require manual reporting to the physician in charge for referral patient validation, which indicates an overlap of manual and digital processes. A comparison with manual referrals shows that SISRUTE actually offers the advantages of real-time information, data security, and better clinical readiness, but these benefits are not fully realized due to operational issues in the field.

The literature shows that the effectiveness of the referral system is largely determined by communication between facilities, resource readiness, and data integration (Luluk, 2020). In various countries, integrated referral systems have been proven to reduce maternal patient waiting times, improve emergency efficiency, and improve clinical outcomes. However, empirical evidence on the effectiveness of SISRUTE implementation for maternal cases in Indonesia, especially in areas with

limited infrastructure such as Sikka Regency, is still very limited. This gap is what drives the need for in-depth research.

Considering the high burden of maternal mortality, the importance of rapid response in obstetric cases, and the challenges of implementing a digital referral system, this study has a strong urgency to evaluate the implementation of SISROUTE in the referral of pregnant women at dr. TC Hilers Maumere Hospital. The findings of this study are expected to make an empirical contribution to strengthening the maternal referral system in Indonesia, both in terms of policy, governance, and optimization of health technology.

METHOD

This study uses a qualitative design with a descriptive approach to explore in depth the application of an integrated maternal perinatal referral system in the hospital environment. The qualitative approach was chosen because it is appropriate to understand contextual experiences, processes, and dynamics that cannot be captured through quantitative methods. The descriptive design allows researchers to identify patterns, constraints, and mechanisms for the implementation of the reference system as experienced by key actors in the field. (Harahap, 2020).

Meanwhile, the research was conducted at dr. TC HILERS Maumere Hospital on July 22-24, 2025. Participants were recruited through purposive sampling, taking into account their strategic position and direct experience in the implementation of maternal-perinatal referrals. Key informants include:

1. Head of Poned Emergency Room
2. Head of Service
3. Referral Management Staff

This selection allows for the collection of comprehensive perspectives regarding SISROUTE implementation, operational challenges, and referral practices in the field.

The research focuses on four main constructs relevant to the evaluation of the implementation of maternal perinatal referral as following:

Study Focus	Main Parameters	Methods/ Instruments
Implementation of the Maternal-Perinatal Referral System	Flow of procedures, identification of risks, coordination between facilities, follow-up	Structured interviews
Obstacles to Using SISROUTE	Technical and non-technical barriers, infrastructure readiness, user competence	Structured interviews
Factors Affecting the Referral Process	Service availability, process speed, data completeness, communication, digital access	Structured interviews
Benefits of Using SISROUTE	Time efficiency, data accuracy, service quality improvement, collaboration between facilities	Structured interviews
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In this context, primary data were obtained through structured interviews designed to stimulate in-depth narratives from informants regarding respondents' experiences using SISRUTE and running maternal–perinatal referrals. Therefore, interview guides and documentation tools act as auxiliary instruments that ensure the consistency of the data collection process so that researchers can conduct data excavation, clarification, and initial interpretation.

Data were analyzed using a qualitative analytical framework that included:

1. Data Reduction

Filtering, categorization, and simplification of interview data to identify key themes.

2. Data Presentation

Organizing information in the form of thematic narratives and matrices to help identify patterns and relationships.

3. Conclusion Drawing and Verification

Interpretation of findings through inter-informant comparisons and consistency checks.

This research follows applicable ethical principles, including:

1. Informed consent

All participants were given an explanation of the research objectives and signed an agreement.

2. Confidentiality and anonymity

The identity of the participants is disguised and the data is kept confidential.

3. Non-maleficence

The study ensured that there were no physical or psychosocial risks for participants.

4. Respect for persons

Researchers uphold the dignity, rights, and autonomy of participants.

5. Reflexivity

Researchers reflect on their position, potential biases, and influence on data interpretation.

FINDING AND DISCUSSION

This discussion interprets qualitative findings regarding the implementation of the Maternal Perinatal Integrated Referral System (SISRUTE) at dr. TC HILERS MAUMERE Hospital, by linking the field results to the theoretical framework of the referral system.

Overview of The Implementation of The Maternal Perinatal Referral System

The implementation of the maternal-perinatal referral system at dr. T.C. Hillers Maumere Hospital shows that digitalization through the Integrated Referral Information System (SISRUTE) has played an important role in accelerating and standardizing the referral process. As an internet-based platform, SISRUTE allows real-time exchange of patient information between healthcare facilities, so that continuity of service is better maintained and the referral process becomes more efficient.

The findings of the study show that SISROUTE has been used consistently since 2022 as part of the routine referral flow from the First Level Health Facility (FKTP) to the Advanced Referral Health Facility (FKRTL). Informant I explained that this system helps speed up the transfer of patient data from a lower facility to a facility with more complete services, "The SISROUTE application has been running since 2022... connecting patient data from a lower-level facility to a higher level to simplify and speed up the referral process." This view is reinforced by Informant II who affirms SISROUTE's contribution in supporting efforts to reduce maternal and infant mortality. "SISROUTE is used to help reduce maternal and infant mortality."

In addition to helping accelerate referrals, this system also strengthens clinical and administrative standardization. Informant III emphasized that the success of referrals is highly dependent on the completeness of the data entered by FKTP and the speed of FKRTL's response, "The referring health facility must input the identity, condition of the patient, and the actions that have been taken... We have an obligation to respond as quickly as possible" The referral flow takes place starting from the submission of clinical data and examination results by FKTP through SISROUTE, then verified by FKRTL which ensures the availability of rooms and service readiness before the patient is referred to him.

In practice, SISROUTE not only accelerates communication between facilities, but also improves clinical coordination, resource readiness, and patient safety by reducing the risk of treatment delays. Thus, the implementation of SISROUTE at dr. T.C. Hillers Maumere Hospital has supported the effectiveness of maternal-perinatal referral services through data integration, rapid response, and a more structured referral process.

Obstacles to Using the SISROUTE Application

The findings of the study show that the main challenge in the implementation of SISROUTE is closely related to the system's dependence on the stability of the internet network. As an online-based application, SISROUTE can only function optimally when the digital infrastructure is available and stable. This condition is a significant issue in areas that still face network limitations, as revealed by the informants.

Informant I explained that the performance of the application is greatly influenced by the strength of the network. When the connection is weak, the referral process cannot proceed according to the set time standard, "Because SISROUTE is internet-based, if the network is not good, the system will not run well. The response should be less than 5 minutes, but sometimes much longer," (Midwife V, Informant I, Pj Pondk, 2025).

Informant II added that network disruptions do not only occur occasionally, but can last for a long time. In these conditions, health workers are forced to bypass the system by using alternative communication media such as WhatsApp or telephone, "The network has been problematic for months. If the network does not exist, we immediately use the WhatsApp group 5H3Center or telephone," (Midwife A, Informant II, Staff of the Pondk Emergency Room, 2025).

From a managerial perspective, network barriers also have an impact on the irregularity of referral flows, including the emergence of cases of patients who come without a digital referral first. This suggests that technical glitches can hinder compliance with standard procedures and affect overall referral coordination. Informant III confirmed this by stating, "Some suddenly came without a referral. In addition, the network is often unstable so that the referral confirmation process is hampered," (Dr. S, Informant III, Head of Medical Services, 2025).

Thus, although SISROUTE offers speed, accuracy, and standardization of the referral process, its effectiveness remains highly dependent on the internet network infrastructure. When networks are inadequate, officers must revert to non-digital communication methods that have the potential

to reduce the quality of clinical coordination, increase the risk of delays, and weaken the security of referral data.

Factors Affecting the Referral Process

The analysis of the results of the study shows that the effectiveness of the maternal perinatal referral process through SISRUITE is not only influenced by technical aspects such as network stability, but also by clinical, administrative, human resources, and communication patterns between health facilities. These factors contribute significantly to the smoothness or bottlenecks in the referral process.

a. Patient Unpreparedness and Education Limitations (KIE) at FKTP

One of the substantial findings is the lack of readiness of patients before being referred from FKTP, especially related to early education and counseling (KIE). The informant said that in many cases, the patient's family did not understand the urgency of the maternal condition so they did not prepare for the essential needs for treatment at the referral facility. This condition resulted in delays in intervention in the emergency phase.

As conveyed by health workers:

"Patients come without a dear KIE. For example, in the case of bleeding the family has not prepared a donor. Finally getting here just started looking for blood."

(Midwife V, Informant I, Pj Ponek, 2025).

In addition to clinical readiness, administrative aspects are also often not met, such as inactive BPJS cards or incomplete documents that are not previously informed:

"There are those whose BPJS is inactive and has not been confirmed from the beginning. But we still prioritize the safety of mothers and babies," (Midwife V, Informant I, 2025).

These findings show weaknesses in the pre-referral process at the FKTP level, which has the potential to extend the processing time at the referral facility.

b. Human Resources and Facility Readiness Factors

The effectiveness of the referral process is also influenced by the capacity of human resources and the readiness of supporting facilities, such as ambulances and the availability of drivers. The informant emphasized that the quality of human resources is the main determinant of whether the referral process runs quickly and according to procedures.

As stated:

"The inhibiting factors depend on human resources: midwives, manpower, ambulances, and drivers," (Midwife A, Informant II, Ponek Emergency Room Staff, 2025).

This confirms that the success of referrals does not only depend on the digital system, but also on the logistical readiness and competence of health workers in the field.

c. Inter-Facility Communication Factors

Communication is a critical component in the maternal referral process. However, the findings of the study show that non-optimal communication between FKTP and FKRTL still occurs frequently. Some sending health facilities do not confirm through SISRUITE or other

communication channels before patients arrive at the referral hospital, thus disrupting clinical and administrative preparations.

An informant from the management described the situation:

"There are health facilities that do not contact through SISROUTE first. Suddenly the patient has come" (Dr. S, Informant III, Head of Medical Services, 2025).

This lack of coordination has an impact on non-optimal patient acceptance and has the potential to increase clinical risk, especially in cases of maternal emergencies.

Thus, administrative factors, family unpreparedness, and human resource capacity are the main factors causing the "second delay" in the maternal referral system. This shows that non-technical constraints have as much contribution as technical constraints such as the internet network, especially in the context of areas with limited infrastructure.

Benefits of Using SISROUTE

Informants consistently emphasized that the implementation of the Integrated Referral Information System (SISROUTE) has a significant positive impact on improving the quality of the maternal and perinatal referral process. These benefits are most visible in accelerating referral flows, strengthening coordination between health facilities, and contributing to efforts to reduce maternal and infant mortality rates.

SISROUTE speeds up the referral process through real-time exchange of clinical information. Patient identity data, obstetric conditions, results of supporting examinations, and stabilization measures can be sent and received quickly by referral facilities, thus accelerating clinical decisions. Midwife V (Informant I, Pj PONEK) confirmed this with his statement: "SISROUTE simplifies and speeds up the referral process and improves coordination between health facilities."

In addition to speeding up the process, SISROUTE strengthens coordination between health facilities, especially in obstetric and neonatal emergencies. Communication that previously relied on informal channels has now become more structured, documented, and standardized. Midwife A (Informant II, PNEK Emergency Room Staff) said that service integration is indeed the main goal of using SISROUTE in the referral chain.

The informant also stated that SISROUTE has the potential to contribute to a reduction in maternal and neonatal morbidity and mortality. Faster referrals and reduced treatment delays are important factors in the safety of mothers and babies. This was confirmed by Midwife A (Informant II) who stated, "The goal is clear: to reduce maternal and infant mortality."

Overall, the findings of the study show that SISROUTE improves the efficiency, accuracy, and speed of the referral process, while strengthening the maternal and child health care network. In areas with a high burden of obstetric and neonatal complications, these digital systems contribute to improved patient safety through better clinical coordination and faster service response.

Discussion

The results of the study show that the implementation of the Integrated Referral Information System (SISROUTE) at dr. T.C. Hillers Maumere Hospital has a positive impact on the effectiveness of maternal-perinatal referrals, although it still faces obstacles in network aspects, pre-referral coordination, and human resource capacity. Digitization of referrals through SISROUTE has been proven to speed up the information transfer process, improve coordination between facilities, and support patient safety.

The Effectiveness of SISROUTE in Strengthening the Referral Mechanism

SISROUTE increases the speed of referral flows through the provision of real-time clinical data so that FKRTL can anticipate service needs faster. The system also strengthens coordination between facilities through more structured documentation, reducing reliance on phone or instant messaging. Accelerating referral flows have a direct impact on reducing the risk of maternal and infant mortality because it shortens the "time to action," which is an important component of the maternal survival framework.

Technical Constraints and Dependence on Digital Infrastructure

The findings of the study show that the effectiveness of SISROUTE is greatly influenced by the stability of the internet network. Network disruptions can slow referral responses for months, leading healthcare workers to revert to manual communication such as WhatsApp and telephone. This dependency shows that the success of digitalization is highly dependent on infrastructure readiness, as affirmed in the theory of e-health readiness. Network constraints also have an impact on the completeness of referral procedures; Hospitals sometimes accept patients without electronic referrals so triage is not optimal.

Clinical and Administrative Factors Affecting Referral Performance

In addition to technical factors, clinical and administrative barriers also affect the effectiveness of referrals. The lack of pre-referral education at FKTP causes patients to come without important preparations such as blood donors. In addition, the inactivity of BPJS or incomplete referral documents slows down the administrative process even though hospitals continue to prioritize patient safety. This shows the need to strengthen SOPs and pre-referral education.

Human Resource and Transportation as Determinants of Referral Success

The readiness of human resources and transportation facilities, including ambulances and drivers, is a crucial component in the smooth referral. Although SISROUTE is able to coordinate information, the referral process still requires a rapid field response and trained personnel. Thus, increasing the capacity of human resources is an integral part of digital transformation.

Implication for The Maternal-Perinatal Health System

Overall, SISROUTE has a strategic role in strengthening the maternal-neonatal referral network. However, its effectiveness requires strong ecosystem support, ranging from internet networks, improving human resource competencies, to family readiness and improving administrative flows. The hybrid approach combines digitalization with strengthening basic infrastructure necessary for digital transformation to be comprehensive and sustainable. With this support, SISROUTE has the potential to be an important component in reducing maternal and infant mortality.

CONCLUSIONS

This study shows that the implementation of the Integrated Referral Information System (SISROUTE) in maternal-perinatal services at dr. TC Hillers Maumere Hospital contributes significantly to increasing the effectiveness of the referral process. SISROUTE is able to accelerate referral flows through the provision of real-time clinical information, strengthen coordination between health facilities, and support the readiness of referral facilities in handling emergency cases. This makes SISROUTE a strategic instrument in an effort to reduce maternal and infant morbidity and mortality.

However, the effectiveness of SISROUTE is still constrained by the high dependence on the stability of the internet network, which in some periods has led to disruption of digital referral flows. In

addition to technical constraints, the referral process is also influenced by non-technical factors such as patient unpreparedness, administrative incompleteness of FKTP, limited education (KIE), variability in human resource capacity, readiness of transportation facilities, and communication between health facilities. These factors are key determinants of the occurrence of a second delay in the maternal referral system.

Overall, this study confirms that the digitization of referrals through SISROUTE has great potential in strengthening the maternal-perinatal referral system, but its success requires a strong supporting ecosystem, including stable digital infrastructure, improving human resource competencies, improving pre-referral mechanisms at the FKTP level, and more effective cross-sector coordination. Optimizing these supporting factors is important to ensure the sustainability of SISROUTE implementation and improve maternal and infant safety in areas with geographical and infrastructure challenges.

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