

DOI: <https://doi.org/10.38035/jlph.v4i5>

Received: 13 June 2024, Revised: 2 July 2024, Publish: 3 July 2024

<https://creativecommons.org/licenses/by/4.0/>

Implementation of An Integrated Referral System (Sisrute) In Improving Health Service Referrals at *Rumah Sakit Umum Pusat (RSUP) H. Adam Malik Medan*

Zulharryansah Mesir Siregar¹, Zoraya Alfathin Rangkuti²

¹ Sumatera Utara University, Medan, Indonesia, zulharryansahmesirsiregar@students.usu.ac.id

² Sumatera Utara University, Medan, Indonesia, zorayarankuti@usu.ac.id

Corresponding Author: zulharryansahmesirsiregar@students.usu.ac.id

Abstract: The Integrated Referral System (SISRUTE) is a service using internet-based information technology that can connect patient data from lower service levels to higher or equivalent service levels (horizontal or vertical) with the aim of simplifying and speeding up the patient referral process. Rumah Sakit Umum Pusat (RSUP) H. Adam Malik Medan is one of the hospitals that has implemented SISRUTE, namely in 2021. The method used in this study is a descriptive method with a qualitative approach. The data collection techniques are interviews, observations and documentation. The results showed that the Implementation of the Integrated Referral System (SISRUTE) in Improving Health Referral Services at H. Adam Malik Hospital Medan City is still not optimal seen from the miscommunication that occurs between regional hospitals and hospitals in Medan City. Furthermore, the resource parameters include human resources who run the Integrated Referral System (SISRUTE) at H. Adam Hospital Medan City is still not optimal because there is still a lack of BIMTEK training conducted by the Ministry of Health of the Republic of Indonesia (KEMENKES) and facilities and infrastructure resources are also still limited at H. Adam Malik Hospital Medan City. The disposition in the form of executive commitment can be improved for the better.

Keyword: Health Services, Policy Implementation, Integrated Referral System.

INTRODUCTION

In state life, the government has the function of providing various public services needed by the community, both in the form of regulatory services and in other forms in order to meet community needs. This is in accordance with Law Number 25 of 2009 that public service is an activity or series of activities in order to fulfill service needs in accordance with statutory regulations for every citizen and resident for goods, services and/or administrative services provided by service providers. public. In practice, the public service process in Indonesia cannot be separated from various problems that are still experienced and felt by the community.

One effort to improve services is through communication and information technology. Current advances in information technology certainly cannot be separated from society. In

today's sophisticated era, society demands that the government as a service provider be more open, more effective and efficient in carrying out government duties, providing easy access to information, especially information about government. The government is also required to provide community participation in public services. So this can encourage the government to implement the concept of good governance called good governance. Health is a priceless treasure. 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 hospitals

Regions in almost every level I and II region. Apart from the government, the private sector is also involved in efforts to improve the quality of public health by establishing health clinics and hospitals. As the need for health facilities and community needs develop, some patients with certain conditions and reasons must receive referrals to hospitals with better facilities. Considering that the facilities of one hospital are different from those of another hospital, when treating patients sometimes hospitals have to refer patients to other hospitals that have more complete facilities.

The government has regulated in detail the regulations regarding the Regulation of the Minister of Health of the Republic of Indonesia Number 001 of 2012 concerning the Individual Health Service Referral System in article 3 confirms that the health service Referral System is the implementation of health services which regulates the reciprocal delegation of duties and responsibilities for health services both vertically and vertically, horizontally. Regulation of the Minister of Health of the Republic of Indonesia Number 001 of 2012 concerning the Referral System for Individual Health Services and was followed by the publication of the National Referral System Guidebook issued by the Directorate General of Health Effort Development of the Ministry of Health of the Republic of Indonesia in 2012. In these two regulations there is an explanation of the referral system starting from organizing, procedures, recording and reporting, as well as monitoring and evaluation. Based on Law no. 36 of 2009 concerning Health states that to carry out effective and efficient health efforts, health information is needed and in Law no. 44 Years 2009 concerning Hospitals, it is stated that every hospital is obliged to record and report all hospital management activities in the form of a hospital management information system, hereinafter abbreviated to (SIMRS).

Furthermore, in Minister of Health Regulation no. 1171 of 2011 concerning Hospital Information Systems (SIRS), it is stated that every hospital is obliged to implement SIRS. As well as in Minister of Health Regulation no. 82 of 2013 concerning hospital information systems, in article 2 it is stated that "the regulation of hospital management information systems (SIMRS) aims to improve efficiency, effectiveness, professionalism, performance as well as hospital access and services." Implementation of health services requires the use of information and communication technology (ICT) to improve access and quality of health services.

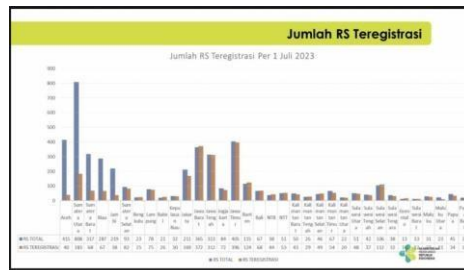
The increasingly rapid development of information technology and computerization has become the basis for the Indonesian Ministry of Health to develop the Integrated Referral System (SISRUTE) application. The Integrated Referral System (SISRUTE) is a health service organization that regulates the reciprocal delegation of duties and responsibilities for health services, both vertically and horizontally, where the entire referral process is carried out in an integrated manner. SISRUTE is expected to be able to overcome delays in the process of treating patients because adequate health service facilities are only in big cities and the limited capacity of places to treat these patients.

Nationally, it has been implemented in accordance with the circular letter of the Director General of Health Services No.IR.01.04/I/4345/2016 dated 20 December 2016 concerning the Implementation of Sistrute (Directorate General of Health Services, Ministry of Health, 2017) for use in making patient referrals between Health Service Facilities (Fasyankes) With limited cases, namely emergency cases, the implementation of

competency-based referrals with the SISRUTE application is expected to be carried out quickly, precisely, effectively and efficiently so as to improve the quality of individual health service referrals. The existence of various referral problems such as unavailability of treatment rooms, slow initial service in the ER, no information on the condition of patients being referred, and reports of patient refusals were the reasons for the development of SISRUTE. SISRUTE is a service realization using the E-Government concept which is expected to provide convenience in terms of health services.

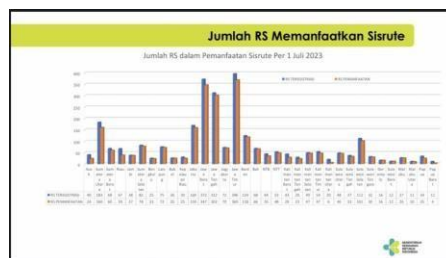
However, in reality the implementation of SISRUTE is still not optimal and there are still obstacles that occur. The problem that occurs is similar to what happened at the South Tangerang City Health Center, namely that there are still officers who do not understand the use of SISRUTE, the supporting conditions, the quality of the SISRUTE application, and there is no policy that requires health facilities to use SISRUTE in the referral process. Medan City is one of the cities that has implemented SISRUTE.

The percentage of realization of SISRUTE implementation in North Sumatra is around 70 percent. (https://erenggar.kemkes.go.id/file_performance/1-466080-06-4tahunan-614.pdf). There are 114 hospitals that have registered SISRUTE accounts in North Sumatra in 2022 and in July 2023 the number of hospitals that have registered is 183 out of 808 hospitals, and those that have utilized SISRUTE are 160 hospitals.



Source: RSUP H. Adam Malik Medan City

Figure 1. Number of Integrated Hospital as of July 2023.



Source: RSUP H. Adam Malik Medan City

Figure 2. Number of Hospitals Using SISRUTE

Several hospitals in Medan City, one of which is the *Rumah Sakit Umum Pusat (RSUP) H. Adam Malik* Medan which is the object of this research. SISRUTE itself began to be implemented at H. Adam Malik Hospital Medan in 2021 in accordance with the Decree of the Main Director of H. Adam Malik Hospital No YR.01.01/XV.I.4.8/2882/2020 concerning Service Policy at RSUP. H. Adam Malik. The following is the number of referrals admitted to H. Adam Malik General Hospital for the period January 2021- July 2023:

Table 1. Number of Incoming Referellas	
Number of hospitals Referrer	Jumlah Pasien
194	9351

Source: RSUP H.Adam Malik Medan (8 Agustus 2023)

In the implementation of SISRUTE at H. Adam Malik General Hospital, Medan, there are still obstacles that occur. Based on the results of pre-research conducted by researchers at

the *Rumah Sakit Umum Pusat (RSUP) H. Adam Malik* Medan, such as problems in accessing SISRUITE, this is in accordance with what was explained by the Head of Services at RSUP H. Adam Malik Medan and also based on a Circular Letter number: 441/Dinkes/42884/X/2022 Regarding Maximizing the Use of SISRUITE in Individual Referral Services in Health Service Facilities in the province of North Sumatra that in the implementation of SISRUITE there are still communication problems which often become a problem. The communication in question is between referring hospitals in the area and referral hospitals. Miscommunication often occurs, such as inappropriate patient diagnoses. The existence of obstacles in automatic communication can hinder the running of SISRUITE, even though clear and precise communication in SISRUITE is expected to shorten the time in processing referrals from previous health service providers and create effective services.

Another obstacle that still occurs in the implementation of SISRUITE is the lack of training for human resources (HR) who implement SISRUITE who have not yet mastered the operation of the SISRUITE Application. In implementing SISRUITE, human resources are an important aspect so that existing human resources must have basic knowledge regarding computer operations in running SISRUITE. If the human resources who carry out have minimal knowledge and mastery of using SISRUITE then this will become an obstacle in implementing SISRUITE. By running E-Government, existing human resources must be competent to realize the SISRUITE application. Furthermore, there are still problems with existing facilities and infrastructure in the implementation of SISRUITE, namely that there are limited computers, which only have one set, so this causes a buildup of patients in the service facility.

Therefore, service becomes less than optimal. Another problem that occurred at H. Adam Malik General Hospital was that the response time problem was found to be quite long because the patient data from the previous health facility did not match the form in the system correctly, resulting in a delay in response in referring patients. The same problem also occurs at the Labuang Baji Regional General Hospital (RSUD) Makassar, where problems occur such as users who are usually hampered by the limited availability of computer equipment. The author uses the implementation theory of George C. Edwards III (2014: 61) who suggests that "In our approach to study of policy implementation, we begin in the abstract and ask: What are the preconditions for successful policy" which means in the implementation study approach policy, the abstract question is starting from what are the preconditions or initial conditions for the success of public policy, and what are the main obstacles to the success of public policy". The model put forward by Edward III refers to 4 variables in implementing public policy, namely communication, resources, disposition and bureaucratic structure.

Based on the background explained above, the researcher formulated the problem, namely "How is the Implementation of the Integrated Referral System (SISRUITE) in Increasing Health Service Referrals at H. Adam Malik Hospital Medan?".

The research carried out must have a goal to be achieved. The aim of this research is to find out and describe in detail the implementation of the Integrated Referral System (SISRUITE) in increasing health service referrals at H. Adam Malik General Hospital, Medan.

According to Thomas R. Dye (2008:01) "Public policy is whatever the government chooses to do or not to do." In this quote, Dye explains that public policy is whatever the government determines to do or not to do. Policy implementation is a very important stage in the overall policy structure. The implementation stage determines whether the policies taken by the government can actually be implemented in the field, and succeed in producing output and results according to plan. To achieve certain outputs and results, public policies need to be implemented. If not implemented, this policy will only become an elite record that Udogi emphasized in Time (Sasmito, Cahyo, 2019). Van Meter and Van Horn (in Leo Agustino, 2016: 126) define the implementation of public policy as an action in making previous

decisions. At the policy implementation stage, there are several implementation models that can be used so that the policy objectives that have been set can be achieved effectively and optimally.

The author uses the implementation model proposed by George C. Edwards III as a guide in this research. In Edwards III's theory, there are 4 variables that influence implementation, namely communication, where Edwards III in (Widodo 2010:97) explains that policy communication means the process of conveying policy information from policy makers to policy implementers. Later this information will be conveyed to the target group to obtain responses from related parties. Then, the second variable is resources. Edwards III (Tahir 2014: 66-67) said that important resources include staff of the right size with the necessary expertise, sufficient and relevant information on how to implement the policy and on other adjustments involved in implementation; authority to ensure that this policy is carried out as intended; and facilities (including buildings, equipment, land, and supplies). The next variable is the attitude of the implementer (disposition), disposition is the character and characteristics possessed by the implementer, such as commitment, honesty, democratic nature. The last variable is the bureaucratic structure, the existence of standard operating procedures, namely standard operating procedures (SOP).

E-Government is the use of information and telecommunications technology in the government environment. Generally used for government administration to make it more effective and efficient, the implementation of e-Government is considered a solution so that relying on the use of information and communication technology (ICT) is a strategy to improve government performance in serving the community. The development of e-Government is intended to increase efficiency, effectiveness, transparency and accountability of government management by using the internet and other digital technologies.

METHOD

The research was conducted using a descriptive research form with a qualitative approach. According to Steven Dukeshire and Jennifer Thurlow in (Sugiyono 2021:3) qualitative research methods deal with non-numerical data, collecting and analyzing narrative data. Qualitative research methods are used primarily to obtain rich data, detailed information about the problem or problem to be solved. Qualitative research methods, namely interviews, observation and documentation, participated in collecting data. Thus, this research will describe and describe how the implementation of an integrated referral system (SISRUTE) has increased referrals for health services at H. Adam Malik General Hospital, Medan, by collecting data and then analyzing it.

The informants in this research were 13 people consisting of 1 Director of Medical, Nursing and Support Services as the key informant, 1 Head of the Medical Services Division of H. Adam Malik Hospital, Medan City, 6 Emergency Room Triage Doctors at H. Adam Malik Hospital, City Medan, 3 employees/nurses at H. Adam Malik General Hospital, Medan City as the main informants, and 1 Secretary of the Medan City Health Service and 1 person from the Health Services Sector of the Medan City Health Service as supporting informants. Informants were selected using purposive sampling and snowball sampling techniques. The data collection that the author uses is interview, observation and documentation techniques. The data that the author has collected will then be analyzed using data analysis techniques.

According to Bogdan (Sugiyono 2021:130) data analysis is the process of systematically searching and compiling data obtained from interviews, field notes and other materials, so that it can be easily understood, and the findings can be informed to other people. Then, the data validity techniques used by the author are technical triangulation and source triangulation. Technical triangulation is carried out by verifying data on the same source/subject using different techniques, namely through interviews, observation and

documentation. Meanwhile, source triangulation is done by obtaining data from different sources using the same technique.

RESULTS AND DISCUSSION

Kettani and Moulin (2014:45-46) say that e-government is a reform process in the way government works by utilizing information and communication technology (ICT) to increase the effectiveness and efficiency of organizational activities to meet the informational and transactional needs of citizens wherever and whenever. Like SISRUTE, it is a service using internet-based information technology that can connect patient data from a lower service level to a higher or equivalent service level (horizontal or vertical) with the aim of simplifying and speeding up the patient referral process. With this referral system, it can run more effectively and efficiently through the use of information technology systems, namely through the Integrated Referral System Application (SISRUTE).

SISRUTE is an integrated system that can be interconnected with each other in various ways according to needs, where the referral process is carried out using only one application for vertical and horizontal referrals. The applications integrated in SISRUTE include SIRANAP, RS ONLINE, ASPAK, KOMDAT.

SISRUTE nationally has been implemented in accordance with the circular letter of the Directorate General of Health Services No.IR.01.04/I/4345/2016 dated 20 December 2016 concerning the Implementation of Sistrute (Directorate General of Health Services, Ministry of Health, 2017) for use in making patient referrals between Health Service Facilities (Fasyankes) With limited cases, namely emergency cases, the implementation of competency-based referrals with the SISRUTE application is expected to be carried out quickly, precisely, effectively and efficiently so as to improve the quality of individual health service referrals.

Communication

Communication is a very important factor and influences the success or failure in program implementation. An implementor must understand what must be done and what the goals and objectives of the policy must be transmitted to the target group. Therefore, good and appropriate communication plays a role in reducing implementation distortion.

SISRUTE is implemented by all health facilities with direction from the Ministry of Health. In implementing policies there is a need for communication which is also an aspect of e-Government applications. This communication process can be carried out in the form of orders, directions and explanations through coordination meeting forums, outreach, dissemination, training or other forms of meetings. Communication regarding the implementation of SISRUTE was carried out through outreach in the form of webinars and meetings held by the Directorate General of Health Services via zoom which was attended by the Provincial and Regency/City Health Services, then existing health service facilities. So, there is no miscommunication between the parties involved in implementing SISRUTE, in fact the implementation of SISRUTE at H. Adam Malik Hospital, Medan City, there are still communication problems between the referral hospital and the referring hospital regarding patient data and diagnoses.

Communication carried out in the socialization regarding SISRUTE was carried out through webinars via the zoom platform to discuss matters related to SISRUTE so that it could be implemented properly and optimally. Communication was also carried out during the launching of the SISRUTE V.1 Mobile Application via zoom which was organized by the Ministry of Health of the Republic of Indonesia through the Directorate General of Health Services Number TK. 01.01/D.IV/916/2023 Invitation to the Launch of the SISRUTE V.1 Mobile Application which was attended by the Provincial Health Service, District/City Health Service and health service facilities in Indonesia. In implementing SISRUTE,

communication is not only carried out directly from the central government but also outreach is carried out by the Medan City Health Service. Communication must be carried out so that implementers can understand matters related to the program. With communication, everything important in the program can be conveyed.

Communication in the implementation of SISRUTE is also carried out internally at the H. Adam Malik General Hospital, Medan City with implementors involved in the implementation of SISRUTE, namely by holding meetings to discuss the implementation of SISRUTE. This is like a statement from a doctor regarding communication carried out by internal parties at H. Adam Malik Hospital, Medan City. It can be concluded that communication between implementers in the implementation of SISRUTE internally and externally has gone well. Judging from the distribution of communication between implementing agencies, then also the clarity and consistency in the communication that is established. Implementors involved in implementing SISRUTE can be said to already understand what must be implemented and what the objectives are with the communication carried out.

Resource

A policy implementation will not be successful without support from human resources that are adequate in quality and quantity. The quality of human resources is related to skills, dedication, professionalism and competence in their field. Meanwhile, the quantity of human resources is related to numbers

human resources, which are sufficient to cover the entire target group. The human resources contained in the implementation of SISRUTE at H. Adam Malik Hospital, Medan City are the people who are involved and carry out activities in the implementation of SISRUTE. In implementing SISRUTE at H. Adam Malik Hospital, Medan City, the existing human resources include all doctors and staff in the Emergency Department.

Implementation really requires the ability of human resources. Human resources are and have an important role in running SISRUTE. Based on the results of studies and research according to the Harvard JFK School of Government (Indrajit, 2004: 15), to apply digitalization concepts in the public sector, there are three elements of success that must be possessed and taken seriously, namely support, capacity and value. The capacity element is a resource needed in the construction and development of e-government so that the concept that has been created can become a reality. One of them is human resources who have the competencies and expertise needed so that the implementation of E-Government can be in accordance with the principles of expected benefits. However, in running SISRUTE there is still minimal training carried out to increase the ability of human resources in mastering the operation of the SISRUTE application.

The quantity of human resources is related to the adequacy of the number of human resources carrying out implementation. In the implementation of SISRUTE, the existing human resources in terms of quantity are said to be limited because they only consist of attending physicians and are not human resources who specifically carry out SISRUTE. Limited manpower resulted in triage general practitioners doubling as SISRUTE officers, this slightly hampered SISRUTE services when the intensity of patient visits to the ER increased.

Table 2. Number of Human in the Emergency Department (SISRUTE)

Amount	Field
Main Director	1
Director of Medical, Nursing and Support Services	1
Head of Medical Services Division	1
ER Triage Doctor	3
Head of Emergency Installation	1
Deputy Head of Installation	1

Head of Room	1
Nurse	3

Source: H. Adam Malik Hospital, Medan City

Table 3. Division of Tasks in SISRUTE

Officer	Job description
ER Nurse	Checking referrals entered into the SISRUTE Hospital account then checking patient data and completeness of disease diagnosis, type of disease, etc.
ER Triage Doctor	Processing patient referrals such as suitability of patient diagnosis, type of disease, room availability, etc.
Director of Medical Services	Accept the referral and the patient can come.

Source: Results Processed by Researchers, 2023

Based on the results of the researcher's observations at the research location, namely RSUP H. Adam Malik, Medan City, it can be seen that the human resources available in the implementation of SISRUTE are three general triage doctors on duty and one nurse. Due to limitations in the section that carries out checks at the H. Adam Malik Hospital in Medan, the speed of responding to referrals by the referring hospital is slow due to the large number of referrals coming in. Meanwhile, there is only one operator. Based on the results of interviews, observations and documentation in the implementation of SISRUTE at H. Adam Malik General Hospital, Medan City, the existing human resources are said to be quite supportive and adequate in terms of quality, although there is a need for training to support the ability to master matters related to SISRUTE . In terms of quantity, there are still obstacles in the form of limitations or lack of existing human resources.

Apart from adequate and supportive human resources in the implementation process, facilities and infrastructure are also an important element in the implementation process. Facilities and infrastructure such as adequate buildings, land and office equipment will support the successful implementation of a program or policy. If the implementation is not equipped with adequate facilities or infrastructure, the implementation will not be able to run and be successful. Likewise, with the implementation of SISRUTE at H. Adam Malik General Hospital, Medan City, facilities and infrastructure are very necessary. Existing facilities and infrastructure are said to be sufficient. The supporting facilities that are owned and available at the H. Adam Malik Hospital, Medan City for implementation are in the form of a PC (personal computer), standard mouse and keyboard, internet network connection, electronic applications and other tools. Facilities and infrastructure are one of the resources that support success in implementing SISRUTE and achieving the goals that have been set.

Based on the results of the researcher's observations, the facilities and infrastructure at H. Adam Malik General Hospital, Medan City, such as adequate buildings, tools that support SISRUTE activities and implementation such as PCs, mice and keyboards as well as internet network connections and communication tools such as telephones are already owned by H. Adam Malik Hospital. The existence of constraints on existing facilities and infrastructure can hinder the optimal implementation of SISRUTE. The lack of facilities and infrastructure in terms of quality and quantity will cause problems in the implementation of SISRUTE, such as network problems and computers that have not been updated.

Then, budget implementation is an important thing in policy implementation. The budget is related to the adequacy of capital or investment in a program to ensure the implementation of the program, because without adequate budget support, policies will not run effectively in achieving goals and targets. The budget used in implementing SISRUTE is using the central budget. The budget is very important in the implementation of a policy/program. As the implementer of SISRUTE, the H. Adam Malik Hospital, Medan City,

is only the implementer or user and the budget is already available. In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/

Minister of Health/178/2019 concerning Trials of the Integrated Medical Record Program in the Referral System that the financing of the trial of the integrated medical record program is borne by the State Revenue and Expenditure Budget (APBN), Regional Revenue and Expenditure Budget (APBD), and/or other non-binding sources in accordance with the provisions of statutory regulations.

Regarding budget resources that are related to state finances, the implementation of SISRUTE is said to be quite adequate and good for each implementation process. The existing budget also does not cause obstacles or problems in the SISRUTE implementation process.

Furthermore, in implementation there is information which is one of the things that is very important and supports the implementation of the program. The information in question is about how to implement a program that has been created. An implementor must know how to carry out the program to be implemented. Information about SISRUTE is important so that implementers can know the steps in implementing it. Likewise, information regarding creating a SISRUTE user account is also provided and also explained in depth regarding the SISRUTE Application which has several menus that can be used by health facilities both in making individual medical referrals or in terms of receiving medical referrals in accordance with Decree of the Director General of Health Services Number HK.02.02./D/1131/2023 Regarding technical instructions for using the Integrated Reference Information System Application via zoom webinar. Submission of information to SISRUTE implementers within the H. Adam Malik Hospital, Medan City, was also carried out in meetings.

Authority resources are also important in implementation. The power of institutions to make adequate decisions influences policy implementation. This authority is important when a problem arises and a decision needs to be taken immediately to resolve the problem. Empowerment enables policy implementers to fulfill their obligations to achieve the stated policy goals.

In the implementation of SISRUTE at H. Adam Malik Hospital, Medan City, the main authority in providing health services belongs to H. Adam Malik Hospital, Medan City. Therefore, SISRUTE, which is an online-based service referral process, is carried out at H. Adam Malik Hospital, Medan City. SISRUTE is implemented based on a Letter from the Director General of Health Services regarding Applications for Using the Integrated Referral System to all district/city/provincial Health Offices. As for the implementation of SISRUTE, the authority also belongs to the Health Service, namely in terms of validating users when creating SISRUTE Fasyankes User Accounts.

Disposition

According to Edwards III, the attitude of the implementer is an important factor in policy implementation. Program implementers must have the will and commitment to carry out activities related to the policy so that implementation can run. However, if not, this will cause obstacles in program implementation. In implementing SISRUTE, the implementers at H. Adam Malik General Hospital, Medan City continue to try to do their best and as much as possible in serving patients through SISRUTE even though obstacles still occur in reality so that implementation goals can be achieved successfully. In connection with the implementor's understanding and response to the implementation of SISRUTE in carrying out their duties, employees have a good understanding of this policy both in terms of their duties and responsibilities as implementers of the SISRUTE policy created by the government. This is in accordance with an important aspect of e-Government, namely the attitude of the implementer, where ideally every policy is responded to well by the implementers. If implementers implement E-Government policies consistently, the response will be positive.

Based on the results of observations made by researchers at H. Adam Malik General Hospital, Medan City, it can be seen that SISRUTE implementers such as Emergency Room Triage Doctors carry out services through SISRUTE well and try to always be updated with incoming referrals. Likewise, the Medan City Health Service staff who also have duties in SISRUTE carry out their duties and responsibilities to the maximum, this is also in order to support the acceleration of SISRUTE implementation in Medan City.

Bureaucratic Structure

The bureaucracy that implements policies has important implications for implementation. One of the important structural aspects in an organization is the existence of standard operating procedures or standard operating procedures (SOP). SOP is a guideline for all implementers. Existing SOPs can standardize the actions carried out by implementers during program implementation. The implementation of SISRUTE in services in the form of a digital-based referral process is carried out based on and in accordance with existing standard operating procedures (SOP). With the existing SOP, it is hoped that implementers can carry out SISRUTE services in accordance with established standards so that performance effectiveness and efficiency can be achieved. The existence of service standards and clear procedural mechanisms can influence and determine the success of implementation. Edward III in Widodo (2010: 107) stated that: "Similarly, whether operating standards are clear, both regarding mechanisms, systems and procedures for implementing policies, the division of main tasks, functions and authority, and responsibilities between actors, and the lack of harmony between Implementing organizations and each other also determine the success of policy implementation."

The bureaucratic structure at H. Adam Malik Hospital, Medan City, based on the Regulation of the Minister of Health of the Republic of Indonesia Number: 46 of 2019 dated 18 October 2019 and Number: 73 of 2020 has the following Organizational Structure: 1. Directorate of Medical, Nursing and Support Services 2. Directorate of Planning, Finance and State Property; 3. Directorate of Human Resources, Education and General Affairs; 4. Non-structural units. Each Directorate is led by a Director who is under and responsible to the Main Director with supervision. This organizational structure divides the tasks of each individual or human resource in the organization. There is a division of tasks and functions for each individual so that all activities in the organization can run according to what has been determined. However, in practice there is still overlap in duties and functions.

CONCLUSION

Based on the results of research conducted by researchers and the results of the discussion above, it can be concluded that the Implementation of the Integrated Referral System (SISRUTE) in Increasing Health Service Referrals is not yet optimal. This can be seen from communication that is not yet optimal, there is still miscommunication that occurs in the implementation of SISRUTE and it is not in accordance with the respective duties and authorities that have been determined. The supporting human resources already have the appropriate capabilities but there is still a lack of SISRUTE BIMTEK training for existing human resources, and there is also still a limited number of human resources in terms of quantity, namely the absence of human resources who specifically handle SISRUTE services. Judging from the resources of the facilities or facilities and infrastructure owned by RSUP H. Adam Malik, Medan City, it is quite adequate, but there are still problems with internet network connections and computer limitations. The budget used in SISRUTE is a budget taken from the existing APBN/APBD and there is no special budget.

REFERENCE

Ahkam, Z. A., Muchlis, N., & Samsualam. (2021). Implementasi Sistem Rujukan Terintegrasi (SISRUTE) di RSUD Labuang Baji Makassar, 2(2), 2774-4590.

- Arif, Y. H. (2016). *Pemahaman manajemen sumberdaya manusia*. Yogyakarta: Center for Academic Publishing Service.
- Azis, H. A. (2008). *Integrasi e-Government: Tantangan, Kebijakan dan Implementasi*. Jakarta: Seminar Pelayanan Publik dan E-government, Bappenas, 19 Desember 2008.
- Bancin, L. J., Putri, N. A., Rahmayani, N., & Kharisma, R. Purba, S. W. (2020). Gambaran Sistem Rujukan Terintegrasi (Sisrute) Di RSUD Dr. RM Djoelham Binjai Tahun 2019, 5(1), 16-19.
- Boediono. (2003). *Pelayanan Prima Perpajakan*. Jakarta: PT. Rineka Cipta.
- Budiharto, W. (2010). *Robotika – Teori dan Implementasinya*. Yogyakarta: Penerbit Andi.
- Dye, T. R. (2005). *Understanding Public Policy*. New Jersey: Pearson Education Inc.
- Hardiansyah. (2010). *Metode Penelitian Kualitatif untuk Ilmu-ilmu Sosial*. Jakarta: Salemba Humanika.
- Indrajit, R. E. (2006). *Electronic Government: Konsep Pelayanan Publik Berbasis Internet dan Teknologi Informasi*. Academia Education.
- Irianti, S. E., Djamil, A., & Aryono, A. C. (2021). Pembelajaran Implementasi Sistem Rujukan Terintegrasi (SISRUTE) di Rumah Sakit Umum Daerah X, 3(4).
- Iskandar. (2013). *Metodologi Penelitian Pendidikan dan Sosial*. Jakarta: Referensi.
- Kettani, D., & Moulin, B. (2014). *E-Government for Good Governance in Developing Countries*. ANTHEM PRESS.
- Moleong, L. J. (2017). *Metode Penelitian Kualitatif (cetakan ke-36)*. Bandung: PT. Remaja Rosdakarya Offset.
- Rianto, B., & Lestari, E. C. T. (2012). *Aplikasi Electronic Government dalam Pelayanan publik*. Surabaya: CV. Putra Media Nusantara (PMN).
- Riyanti, Y. (2023). Kendala Implementasi Sistem Rujukan Terintegrasi (Sisrute) di Indonesia. *JKKI*, 3(2), 162-173.
- Sinambela, L. P. (2006). *Reformasi Pelayanan Publik*. Jakarta: Bumi Aksara.
- Sugiyono. (2021). *Metode Penelitian Kualitatif*. Bandung: CV. Alfabeta
- Tangkilisan, H. N. S. (2003). *Implementasi Kebijakan Publik*. Yogyakarta: Lukman Offset YAPPI.
- Widodo, J. (2001). *Etika Birokrasi dalam Pelayanan Publik*. Malang: CV. Citra Malang.
- Winarno, B. (2008). *Kebijakan Publik*. Jakarta: Pt. Buku Kita.