

## Abstrak

### EVALUASI PELAKSANAAN RUJUKAN BERJENJANG PASIEN TUBERKULOSIS DI WILAYAH KERJA PUSKESMAS KEMBARAN II KABUPATEN BANYUMAS

**Latar Belakang:** Data yang diperoleh dari Puskesmas Kembaran II, pada Januari–September 2023, ditemukan sebanyak 42 kasus tuberkulosis di Desa Ledug. Berdasarkan petunjuk teknis pelayanan tuberkulosis bagi peserta JKN, tidak semua pasien tuberkulosis perlu dirujuk ke FKRTL. Namun, yang terjadi di Puskesmas Kembaran II, masih dijumpai beberapa pasien tuberkulosis paru tanpa penyulit yang seharusnya masih bisa dilakukan pengobatan di puskesmas tetapi dilakukan rujukan. Penelitian ini bertujuan untuk mengevaluasi pelaksanaan rujukan berjenjang pasien tuberkulosis di wilayah kerja Puskesmas Kembaran II Kabupaten Banyumas dari aspek *context*, *input*, *process*, dan *product*.

**Metodologi:** Penelitian ini merupakan penelitian kualitatif dengan desain studi kasus. Subjek penelitian ini terdiri dari 1 informan kunci, 3 informan utama, dan 3 informan pendukung dengan teknik *purposive sampling*. Pengumpulan data dilakukan dengan wawancara mendalam kepada informan dan telaah dokumen. Data dianalisis menggunakan analisis tematik.

**Hasil Penelitian:** Evaluasi *context* menunjukkan bahwa petugas kesehatan mengetahui dan memahami peraturan dan puskesmas telah menerapkan kebijakan yang mengacu pada peraturan yang berlaku. Evaluasi *input* mengenai keterlibatan SDM menunjukkan bahwa ketersediaan sumber daya sesuai kebutuhan, kompetensi tenaga kesehatan sudah sesuai, dan petugas kesehatan sudah memahami peran. Puskesmas memiliki sarana prasarana penunjang seperti komputer yang dilengkapi dengan jaringan internet tetapi masih terdapat sarana prasarana yang belum tersedia seperti mesin TCM, pemeriksaan foto toraks, dan pojok dahak. Alur rujukan pasien tuberkulosis sudah sesuai dengan petunjuk klinis pelayanan tuberkulosis tetapi belum tersedia SOP pelaksanaan rujukan berjenjang pasien tuberkulosis dan pelaksanaannya belum sesuai dengan prosedur rujukan. Evaluasi *process* menunjukkan bahwa alasan pasien dilakukan rujukan sesuai tetapi masih terdapat kendala baik secara internal maupun eksternal. Evaluasi *product* menunjukkan bahwa hasil dan capaian sudah baik dan terdapat rencana tindak lanjut yang dapat dilakukan agar pelaksanaan rujukan berjenjang pasien tuberkulosis berjalan sesuai dengan aturan yang telah ditetapkan.

**Kesimpulan:** Implementasi legislasi sistem rujukan berjenjang pasien tuberkulosis berjalan dengan baik. Keterlibatan SDM juga sudah sangat mendukung pelaksanaan rujukan berjenjang pasien tuberkulosis. Namun, ketersediaan sarana prasarana dalam pelaksanaan rujukan berjenjang pasien tuberkulosis masih belum mencukupi. Selain itu, pelaksanaannya juga belum memenuhi prosedur rujukan yang terdapat pada Pedoman Sistem Rujukan Nasional. Selama ini alasan pasien dilakukan rujukan tuberkulosis sudah sesuai meskipun masih terdapat hambatan dalam pelaksanaan rujukan berjenjang pasien tuberkulosis baik dari sisi internal maupun eksternal. Saat ini, ketercapaian rujukan berjenjang pasien tuberkulosis tidak melebihi ketentuan standar maksimum.

**Kata Kunci:** Rujukan berjenjang, tuberkulosis, CIPP

## Abstract

### EVALUATION OF THE IMPLEMENTATION OF TIERED REFERRAL OF TUBERCULOSIS PATIENTS IN THE WORKING AREA OF KEMBARAN II COMMUNITY HEALTH CENTER BANYUMAS DISTRICT

**Background:** Data obtained from the Kembaran II Community Health Center, from January to September 2023, found 42 cases of tuberculosis in Ledug Village. Based on the technical guidelines for tuberculosis services for JKN participants, not all tuberculosis patients need to be referred to FKRTL. However, at Kembaran II Community Health Center, there were still several patients with pulmonary tuberculosis without complications who could have been treated at the Community Health Center but were referred. This study aimed to evaluate the implementation of tiered referral of tuberculosis patients in the working area of Kembaran II Community Health Center, Banyumas Regency from the aspects of context, input, process, and product.

**Methods:** This research is qualitative research with a case study design. The subjects of this research consisted of 1 key informant, 3 main informants, and 3 supporting informants using the purposive sampling technique. Data collection was carried out by in-depth interviews with informants and document review. Data were analyzed using thematic analysis.

**Results:** Evaluation of context shows that health workers know and understand the regulations and the Community Health Center has implemented policies that refer to applicable regulations. The input evaluation regarding the involvement of human resources shows that the availability of resources is as needed, the competence of health workers is appropriate, and health workers understand their roles. Community Health Centers have supporting infrastructure such as computers equipped with internet networks but there are still infrastructure facilities that are not yet available such as TCM machines, thoracic photo examinations, and sputum corners. The referral flow of tuberculosis patients was in accordance with the clinical guidelines for tuberculosis services but there was no SOP for the implementation of tiered referral of tuberculosis patients and the implementation was not in accordance with the referral procedure. The process evaluation showed that the reasons for referring patients were appropriate but there were still obstacles both internally and externally. The product evaluation showed that the results and achievements were good and there was an action plan that could be done so that the implementation of tiered referral of tuberculosis patients was in accordance with the established rules.

**Conclusion:** The legislative implementation of the tiered referral system for tuberculosis patients is progressing well. The involvement of human resources has also been very supportive of the implementation of tiered referral of tuberculosis patients. However, the availability of infrastructure in the implementation of tiered referral of TB patients is still insufficient. In addition, the implementation has not fulfilled the referral procedures contained in the National Referral System Guidelines. So far, the reasons for referral of patients with tuberculosis have been appropriate, although there are still obstacles in the implementation of tiered referral of tuberculosis patients from both internal and external sides. Currently, the achievement of tiered referral of TB patients does not exceed the maximum standard.

**Keywords:** Tiered referral, tuberculosis, CIPP