

SUPPORTING FACTORS AND BARRIERS TO IMPLEMENTING THE REFERRAL SYSTEM IN PRIMARY HEALTH CARE

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ABSTRACT

This study aims to identify the supporting and inhibiting factors for the implementation of the referral system in primary health care. This study used a scoping review design, using four databases namely PubMed, ProQuest, ScienceDirect, and Garuda, using keywords based on the PCC method (Population, Concept, Context). The results of this study identify a number of supporting and inhibiting factors for the implementation of the referral system in primary health care, showing that the supporting factors are human resources, facilities and infrastructure, medicines, medical devices, referral fees, referral information and support from various parties. While the inhibiting factors are knowledge/understanding of officers or patients, accessibility, SOP/regulation of referrals, information systems, completeness of the referral process and social culture of the community. In conclusion, with several supporting and inhibiting factors in the implementation of the referral system in primary health care identified, causing referral health services to not be optimal.

Keywords: Supporting Factors, Barriers, Primary Health Care, Referral Systems

INTRODUCTION

The referral system is a transfer of responsibility to health facilities that have adequate capabilities. According to WHO (World Health Organization), the referral system is a process of taking over the handling of patient cases where health workers have limited resources to handle clinical conditions (drugs, equipment and capabilities) at the same level of the health system or above (Michael, 2018). Primary health services are the backbone of providing basic health services for the community in the working area. In Indonesia, primary health services are also usually called Puskesmas, one of their functions is to organize individual health efforts (UKP), namely carrying out referral screening in accordance with medical indications and referral systems (Ministry of Health of the Republic of Indonesia No. 43, 2019).

Many people, patients or families understand that referral health services in primary health services are currently quite complicated and the referral flow that is applied is varied, so they think the service will be made more difficult. There are still many patients who immediately ask for referrals when they come to the health center, as a result referrals to secondary health services are still quite high and should be completed at first level health facilities (Umami et al., 2017). Another illustration of the implementation of referrals in primary health care is carried out when there are cases of diseases classified as specialist or sub-specialty which are within the competence of the hospital. There are 155 disease diagnoses that must be treated in primary health services, which are the basic competencies of doctors in the service (Nurhayani & Rahmadani, 2019).

The implementation of referral health services found a number of obstacles in carrying out the referral process as a result of which the quality of service was less than optimal. Some of the obstacles to the referral system are limited trained staff, double jobs, lack of staff understanding of SOPs, communication errors between health workers and the referral information system for Community Health Centers and Hospitals (Nestelita et al., 2019).

In several countries, there are still obstacles in implementing the referral system in primary health care. In Ethiopia and Uganda, referral systems to hospitals are still experiencing difficulties, this is due to inadequate infrastructure, communication tools, medicines and health equipment (Heryana, 2020). Apart from that, research by Daniels & Abuosi (2020) in Ghana found several obstacles faced in the referral process, namely the referral transportation system, communication barriers for referral recipients, inadequate infrastructure and supplies, and insufficient health personnel. Then in the Philippines, the delivery referral system for referred mothers still uses non-standardized referral forms, requiring assessment, revision and monitoring of compliance with its use (Laurito, 2022).

Previous literature reviews have been carried out, including to determine the implementation of the health service referral system in terms of regulations, health personnel resources and infrastructure (Rahayu & Hosizah, 2021), and to determine the factors that caused the high number of referrals at Community Health Centers in the JKN era (Shamira, 2021). However, no one has carried out mapping related to the analysis of supporting and inhibiting factors for the implementation of the referral system in primary health care, so it is not yet clear about the information conveyed explicitly and explored in more depth because the main basis for implementing the referral system is service quality standards and patient safety.

RESEARCH METHOD

Design

This review uses a methodology, namely a scoping review approach which aims to describe a particular topic more broadly and explore the basics of the research area, identifying and clarifying key concepts, theories, sources of evidence and gaps in research. This approach is considered to be in accordance with the aim of this review, namely to identify factors supporting and inhibiting the implementation of a referral system in primary health care so that it will provide explicit and comprehensive information to policy makers.

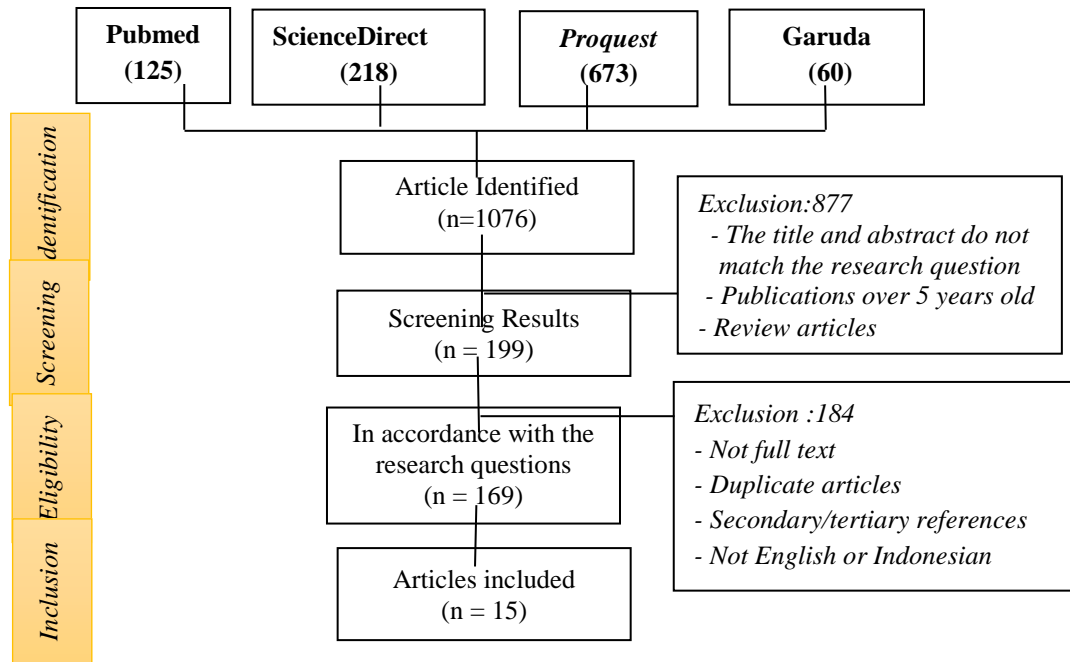
Search Strategy

The literature search was obtained by searching the results of scientific publications using four databases, namely PubMed, ScienceDirect, ProQuest, and Garuda using keywords based on the method e PCC (Population, Concept, Context). Population: Primary health care OR primary health center, Concept: referral system implementation, Context: facilitating factor OR supporting factor OR supporting factor AND barriers factor OR inhibiting factor OR obstacle factor.

Inclusion and Exclusion Criteria

The inclusion criteria set out in this review were: 1) studies conducted in primary health care; 2) the concepts discussed are supporting and inhibiting factors for the implementation of the referral system; 3) studies published in the last 5 years (2017-2022); and 4) studies conducted at home or abroad, in Indonesian or English. Studies were excluded if: 1) they did not have full text; 2) duplicate articles; 3) secondary and tertiary referrals; and 4) review articles.

In the initial search, we identified 1,076 relevant articles. After reviewing the title and abstract, year of publication, and review articles, 199 articles were screened. We screened 169 articles that met the research questions and generated 15 articles for inclusion in this review (Figure 1).



Picture. 1
Flowchart of Study Search and Selection Process

RESULT

Tabel. 1
Sintesis Grid

Author's Name, Article Title, Type of Literature	Year	Aims	Finding
Ardiyansyah et al., Implementation Of The Health Social Security Administering Agency (Bpjs) Health Social Security Administering Agency (Bpjs) Patient Referral System Policy At The Lunyuk District Puskesmas, Sumbawa District, Qualitative descriptive to obtain more in-depth information	2022	To determine the implementation of policies and supporting and inhibiting factors in implementing the tiered referral policy for BPJS Health patients at the Lunyuk District Health Center, Sumbawa Regency	Supporters: Availability of sufficient health personnel Availability of adequate medicines Facilities and infrastructure are inadequate Inhibitor: Low patient knowledge of the referral system There is no SOP for the non-emergency referral system yet
Nurhayani & Rahmadani, Analysis of the Implementation of the BPJS Health Patient Referral System at Mamasa Community Health Center, Malabo Community Health Center and Balla Community Health Center, Mamasa Regency, Case Study Design	2019	To analyze the supporting and inhibiting factors for implementing the BPJS patient referral system at Mamasa, Malabo and Balla Health Centers	Supporters: Availability of human resources Availability of medication The availability of health facilities is inadequate Some officers do not understand the referral system Inhibitor: Puskesmas does not yet have regulations regarding the referral system Low patient understanding of the

			referral system Need for advanced medical services
(Hidayati et al., Analysis of Tiered Referral Implementation on Maternal Emergency Cases for National Health Insurance Participants In 3 Phc Bengkulu City, Qualitative 2017)	2017	To analyze the implementation of FKTP tiered referrals maternal emergency cases of BPJS Health participants at 3 health care centers in Bengkulu City.	Supporters: Availability of human resources is inadequate Availability of medicines is still lacking Availability of medical equipment is incomplete Inadequate availability of health facilities Inhibitor: Severity level aspect Access to referral hospitals
(Nestelita et al., Referral System Process in Obstetric and Neonatal Emergency Services at Sayung 2 Community Health Center, Demak Regency, Qualitative	2019	To analyze the implementation of the obstetric and neonatal emergency referral system at the Sayung 2 Community Health Center, Demak Regency.	Supporters: Availability of sufficient health personnel Puskesmas can support PONE There is a PONE team at the puskesmas Inhibitor: Limited number of trained officers Double jobs Lack of officer understanding of SOP Communication errors between health workers - the referral information system between Community Health Centers and hospitals is not optimal
Hada et al., Review Of The Bpjs Referral System In North Cimahi Health Center In Supporting Coverage Of Bpjs Services In Cimahi City, Qualitative Approach	2020	To find out referral procedures, factors that hinder referrals and find out how to overcome referral problems at the North Cimahi Community Health Center.	Supporter Lack of health workers Inhibitor: Lack of communication between the referring health facility and the referral destination Socio-cultural conditions in the community that can slow down the referral process are: a culture of negotiation, fear of being referred and seeking treatment and the process is carried out with the help of a shaman The public does not yet understand the referral system - Distance constraints are geographical factors
Safitri et al., Factors for the High Referral Rate at Sukatani Community Health Center, Depok City in 2018, Quantitative	2021	To find out the factors for the high number of referrals at the Sukatani Community Health Center, Depok City.	Supporters: Availability of adequate facilities and infrastructure Information about references is not good Inhibitor: Good attitude of officers Good knowledge for BPJS participants

Lahay et al., Analysis of Referral Numbers in Ampara Regional General Hospital Analysis of High Reference Numbers in Ampara Hospital, Qualitative	2018	To analyze the high number of BPJS patient referrals in terms of 6 characteristics of referrals from PPK I to PPK II in Tojo Una-Una Regency.	Supporters: Transportation of referring patients Communication between health facilities Inhibitor: Collaboration between health facilities Compliance with referral SOPs Completeness of the referral form Pre-referral communication with the referral destination facility Reverse referral provisions
Rahmadani et al., Analysis of the Use of the Integrated Referral System (SISRUTE) in Makassar City Health Centers, Quantitative	2021	Analyzing factors related to the use of the Integrated Referral System (SISRUTE) application at the Makassar City Health Center.	Supporters: Support from the head of the Community Health Center Availability of facilities such as computer equipment Internet Network Special room for the SISRUTE application Inhibitor: Rarely have serious or emergency patients referred to hospital Delay in hospital response Sometimes the information on the availability of treatment rooms is invalid Internet connection instability
Amissah-Arthur et al., Health-Seeking Behaviour, Referral Patterns and Associated Factors among Patients with Autoimmune Rheumatic Diseases in Ghana: A Cross-Sectional Mixed Method Study, Cross-Sectional	2022	To determine health seeking behavior, patient referral patterns and factors that influence autoimmune rheumatic diseases.	Supporters: Type of facility visited Socioeconomic status Inhibitor: Cultural beliefs Knowledge and perception Use of complementary and alternative medicine Care seeking behavior Strategy for overcoming problems
Harris et al., Identifying Important Health System Factors That Influence Primary Care Practitioners' Referrals for Cancer Suspicion: A European Cross-Sectional Survey, Cross-Sectional	2018	To analyze the factors that influence decision making at the time of referral by primary nurse practitioners.	Supporters: Primary care practitioner's ability to refer Cost Inhibitor Level of patient access to hospitals Perception of primary care practitioners as being under pressure Primary care practitioner role expectations
Dalal et al., Referral Care for High-Risk Pregnant Women in Rural Rajasthan, India: A Qualitative Analysis of Barriers and Facilitators, Qualitative	2022	To assess barriers and enablers in using referral services among high-risk pregnant women in rural Rajasthan.	Supporters: Lack of transportation Level of education Social support Other female family members who share their experiences Inhibitor: Household responsibilities Limited awareness

			lack of assistance to the referral center for both family and health workers
Teklu et al., Referral Systems for Preterm, Low Birth Weight, and Sick Newborns in Ethiopia: A Qualitative Assessment, Qualitative	2020	To assess barriers to the functioning of an effective referral system for premature, low birth weight, and sick newborns across primary health care units in 3 different regions of Ethiopia.	Supporters: Inadequate transportation Expensive referral fees Inhibitor: Referral communication is not coordinated between the referrer and the referral recipient Unavailability of referral form Non-compliance with referral protocols Family rejection of referrals
Ofori et al., Assessing the Functionality of An Emergency Obstetric Referral System and Continuum of Care Among Public Healthcare Facilities in A Low Resource Setting: An Application of Process Mapping Approach, Cross-Sectional	2021	To assess the referral system process and barriers to emergency obstetric referral in an urban district of Ghana.	Supporters: Transportation system Resources (space, equipment and physical structure) Staffing (number and attitude) Financing for referrals Knowledge of health care providers Inhibitor: Referral communication is not coordinated between the referrer and the referral recipient - Compliance with referral guidelines
Bugomola et al., Effectiveness of Maternal Referral System in Tanzania: A Mixed Method Study, Cross-Sectional	2022	To determine the reasons for referral, delays in referral and communication barriers that influence referral of mothers with obstetric complications.	Supporters: Lack of equipment and inadequate supplies No blood available Inhibitor: Management of the referral system in health facilities is not good Referral recipient communication via telephone is inconsistent before referral Referral form documentation is unsatisfactory Inadequate feedback mechanisms
Give et al., Strengthening referral systems in community health programs: a qualitative study in two rural districts of Maputo Province, Mozambique, Qualitative	2019	To explore barriers and enablers of referral in complex health systems.	Supporters: Transportation costs Out of stock of medicine Inhibitor: Long distance Accessibility and affordability of referral services Satisfaction with the referral service received does not meet expectations Some referral clients do not go to health facilities High workload

Main findings

Based on the results of a review of fifteen studies, we identified factors supporting and inhibiting the implementation of referral systems in primary health care both at home and abroad.

Availability of Funds/Referral Fees

Availability of funds or referral fees is very important. In this review five studies report the availability of funds as one of the supporting factors for implementing referral systems in primary health care. Community constraints are felt when referring to financial factors that have to cover the costs of transportation, food, accommodation and other costs that they must have the ability to do so they choose other treatments.

Availability of Medicines

Medicines are materials that must be available at all times in health facilities. This review of four studies reports the availability of medicines as a supporting factor in implementing a referral system in primary health care. One of the factors that supports health services at Community Health Centers is the availability of medicines. However, there are still shortages in the quantity, type of drugs needed and delays in drug distribution.

Availability of Medical Equipment

Medical devices are used to prevent, diagnose, cure and alleviate disease. In this review, three studies convey that the availability of medical equipment is very much needed in health services related to the implementation of referral systems in primary health services. The availability of medical equipment is very important in health facilities to support health services but there is still a shortage of health equipment and inadequate supplies so patients are encouraged to be referred.

Support from Various Parties

The support factor from various parties in health services is very important both internally and externally. In this review two studies convey the support needed regarding the implementation of referral systems in primary health care. Success in making a referral requires social support such as a husband, family members and the environment. During the referral process, assistance is needed so that the patient feels safe and comfortable.

Information about Referrals

In this review, one study suggests that information about referrals is very necessary in primary health care. Lack of information or special outreach regarding the BPJS referral program to patients will result in low utilization of health services at Puskesmas, they are more likely to choose to utilize advanced health facilities.

Accessibility and Affordability of Referral Services

One of the factors that influence community referral services is the accessibility and affordability of referral services. In this review, four studies identified obstacles to the process of implementing referrals related to the accessibility and affordability of referral services in primary health care. The referral system process is not running well because there are obstacle factors such as distance constraints, geographical location and availability of transportation which affects people's access to hospitals.

Socio-Cultural Conditions of the Community Regarding References

In this review, two studies put forward the socio-cultural conditions of society regarding referrals as an obstacle to the implementation of referrals in primary health services. The socio-cultural conditions of society that can slow down the referral process include a culture of negotiation, fear of being referred as well as seeking treatment and help from shamans.

DISCUSSION

The main aim of this review is to identify and map the supporting and inhibiting factors for the implementation of the referral system in primary health care both at home and abroad. Based on the results of a review of fifteen articles, we identified several supporting and inhibiting factors in the implementation of the referral system in primary health care, but in this review there were three supporting factors and three inhibiting factors that emerged most frequently. Supporting factors, namely the availability of facilities and infrastructure, were reported in eleven studies (Ardiyansyah et al., 2022; Nurhayani & Rahmadani., 2019; Hidayati et al., 2017; Nestelita et al., 2019; Lahay et al., 2018; Dalal et al. , 2022; Teklu et al., 2020; Celso et al., 2019; Ayu Safitri et al., 2021; Rahmadani et al., 2021; Ofosu et al., 2021), the availability of human resources was reported in seven studies (Ardiyansyah et al., 2021); al., 2022; Nurhayani & Rahmadani., 2019; Hidayati et al., 2017; Nestelita et al., 2019; Suhada et al., 2020; Harris et al., 2018; Ofosu et al., 2021) and availability of funds/referral fees were reported in five studies (Amissah-Arthur et al., 2022; Harris et al., 2018; Teklu et al., 2020; Ofosu et al., 2021; Celso et al. ., 2019). Meanwhile, the inhibiting factor, namely the referral information system between Community Health Centers and Hospitals, has not been optimal, reported in seven studies (Nestelita et al., 2019; Lahay et al., 2018; Suhada et al., 2020; Teklu et al., 2020; Rahmadani et al. , 2021; Ofosu et al., 2021 Bugomola., 2022), low knowledge/understanding of references was reported in six studies (Ardiyansyah et al., 2022; Nurhayani & Rahmadani., 2019; Nestelita et al., 2019; Suhada et al. , 2020; Ayu Safitri et al., 2021; Dalal et al., 2022) and compliance with SOPs and regulations regarding referrals were reported in five studies (Ardiyansyah et al., 2022; Nurhayani & Rahmadani., 2019; Lahay et al., 2018; Teklu et al., 2020; Ofosu et al., 2021).

The availability of health facilities and infrastructure is very important for health facilities in supporting the health services provided to the community. One of the supporting factors in implementing a referral system in primary health care is the availability of adequate health facilities and infrastructure. Therefore, it is necessary to provide complete facilities and infrastructure in order to obtain optimal quality health services. Ramadhani (2021) stated that the completeness of facilities and infrastructure at the Community Health Center plays an important role in improving the quality of health services in the form of carrying out examinations, providing security and comfort and providing appropriate measures so that the quality of service is maintained. This review is in line with previous research reporting that the availability of facilities and infrastructure at the Community Health Center is sufficient, such as medical equipment and transportation infrastructure, which makes it easier to carry out referrals (Ristanti & Zuwariyah, 2020).

Furthermore, the availability of human resources (HR) is a vital aspect for all people who work actively and professionally in their field of expertise, both in terms of quality and quantity in primary health services, as a supporting factor for implementing a referral system in providing optimal services. Therefore, it is very necessary to have sufficient human resources to provide public health services in the form of medical personnel, nurses, midwives and other health personnel to support the optimization of services in order to improve the quality of health services. Ramadhani (2021) shows that the availability of sufficient human resources will influence the implementation of health services, contributing to the quality of services from the input and process aspects of health services in the form of factors that will influence the patient referral rate at the Community Health Center. Other research shows that the availability of human resources in the form of general practitioners and dentists at Community Health Centers has met the standards of competent human resources that influence the provision of optimal health services and are able to meet community expectations.

Apart from the availability of infrastructure and human resources, the most common supporting factor found in this review is the availability of funds/referral fees. This is very important to simplify and expedite the implementation of the referral system in primary health care, because all activities carried out related to referrals require a budget or costs in the form of transportation costs, living costs during the referral process and other accommodation costs. {Formatting Citation} conveys that the regional government's commitment to the health sector is quite high in allocating 17% of the total PBD to ensure the population can access health services, especially in the referral process.

However, apart from that, there are factors inhibiting the implementation of the referral system in primary health care, the referral information system between Community Health Centers and Hospitals is not yet optimal, which is one of the most common inhibiting factors in primary health care which greatly influences the optimal implementation of the referral system. This condition is caused by the online information system not yet running, there are no human resources who can use the SISROUTE application, there is a delay in getting information early so that there is preparation and provision of care according to their needs and they rarely use the SISROUTE application for referrals because they rarely have emergency patients. Daniels & Abuosi (2020) reported various obstacles faced in the implementation of the referral system, one of which was that communication between referring facilities and referral recipients had not been carried out because there were no available numbers to call, sometimes telephone calls were ignored due to limited beds. Similar results were reported.

Apart from the referral information system between health centers and hospitals not being optimal, the most common obstacle found in this review is low knowledge/understanding of the referral system in primary health care. This is due to a lack of socialization regarding the referral system in the community, a lack of training for health workers regarding the referral system and there are still officers whose work does not comply with their main duties and functions. Nurrizka & Setiawati (2020) stated that patients' low knowledge about the referral system will cause problems in services in the form of many patients asking for referrals for things that can be handled at the Community Health Center.

Apart from that, there are other inhibiting factors in implementing the referral system, many obstacles found in this review are compliance with SOPs and regulations regarding referrals in primary health care. This is due to a lack of awareness among officers regarding the importance of implementing referrals according to the SOP, not having SOPs/regulations regarding referrals and a lack of information/knowledge of SOPs/regulations regarding referrals. The results of this review are in line with previous research which states that the implementation of patient referrals regarding standard SOPs for implementing referrals has not been determined and is still flexible.

COUNCLUSION

There are several factors supporting and inhibiting the implementation of the referral system, but the most common supporting factors are the availability of facilities and infrastructure, the availability of human resources, and the availability of funds/referral costs, while the inhibiting factors for the referral information system between Community Health Centers and Hospitals are not yet optimal, low knowledge/understanding of referral system and compliance with SOPs and regulations regarding referrals.

SUGGESTION

It is hoped that the government will increase resources, improve the referral system through training and socialization of referral SOPs, increase collaboration between primary

health services and hospitals and establish regulations that make it easier to implement the referral system.

REFERENCE

- Amissah-Arthur, M. B., Gyaban-Mensah, A., Boima, V., Yorke, E., Dey, D., Ganu, V., & Mate-Kole, C. (2022). Health-Seeking Behaviour, Referral Patterns and Associated Factors among Patients with Autoimmune Rheumatic Diseases in Ghana: A Cross-Sectional Mixed Method Study. *PLoS One*, 17(9 September), 1–16. <https://doi.org/10.1371/journal.pone.0271892>
- Ardiyansyah, A., Saputra, I., & Wijaya, D. (2022). Implementasi Kebijakan Sistem Rujukan Berjenjang Pasien Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Puskesmas Kecamatan Lunyuk Kabupaten Sumbawa. *Jurnal Kapita Selekta Administrasi Publik*, 3(1), 132–138. <https://doi.org/10.58406/kapitaselekta.v3i1.908>
- Bugomola, M. A., Leshabari, S., Mkoka, D., & Mbekenga, C. K. (2022). Effectiveness of Maternal Referral System in Tanzania : A Mixed Method Study. *Research Square*, 1–18. <https://doi.org/10.21203/rs.3.rs-1799859/v1>
- Dalal, S., Nagar, R., Hegde, R., Vaishnav, S., Abdullah, H., & Kasper, J. (2022). Referral Care for High-Risk Pregnant Women in Rural Rajasthan, India: A Qualitative Analysis of Barriers and Facilitators. *BMC Pregnancy and Childbirth*, 22(1), 1–16. <https://doi.org/10.1186/s12884-022-04601-6>
- Daniels, A. A., & Abuosi, A. (2020). Meningkatkan Sistem Rujukan Obstetrik Darurat di Negara Berpenghasilan Rendah dan Menengah : Studi Kualitatif di Fasilitas Kesehatan Tersier di Ghana. *BMC Health Services Research*, 3, 1–10. <https://doi.org/10.1186/s12913-020-4886-3>
- Give, C., Ndima, S., Steege, R., Ormel, H., McCollum, R., Theobald, S., Taegtmeier, M., Kok, M., & Sidat, M. (2019). Strengthening Referral Systems in Community Health Programs: A Qualitative Study in Two Rural Districts of Maputo Province, Mozambique, *Mozambik*. 3(702), 1–11. <https://doi.org/10.1186/s12913-019-4076-3>
- Hada, E., Suharto, S., Rohaeni, N., & Hendarti, A. (2020). Tinjauan Sistem Rujukan BPJS di Puskesmas Cimahi Utara dalam Mendukung Cakupan Pelayanan BPJS di Kota Cimahi. *TEDC*, 14(2), 1–6. <https://ejournal.poltektedc.ac.id/index.php/tedc/article/view/624/469>
- Harris, M., Vedsted, P., Esteve, M., Murchie, P., Aubin-Auger, I., Azuri, J., Brekke, M., Buczkowski, K., Buono, N., Costiug, E., Dinant, G. J., Foreva, G., Babić, S. G., Hoffman, R., Jakob, E., Koskela, T. H., Marzo-Castillejo, M., Neves, A. L., Petek, D., & Taylor, G. (2018). Identifying Important Health System Factors That Influence Primary Care Practitioners' Referrals for Cancer Suspicion: A European Cross-Sectional Survey. *BMJ Open*, 8(9). <https://doi.org/10.1136/BMJOPEN-2018-022904>
- Heryana, A. (2020). *Sistem Rujukan Berjenjang pada Pelayanan Kesehatan*. Universitas Esa Unggul. <http://dx.doi.org/10.13140/RG.2.2.16793.65126>
- Hidayati, P., Hakimi, M., & Claramita, M. (2017). Analisis Implementasi Rujukan Berjenjang Kasus Darurat Ibu pada Peserta Jaminan Kesehatan Nasional di 3 Phc Kota Bengkulu. *Jurnal Kebijakan Kesehatan Indonesia*, 6(2), 94–102. <https://jurnal.ugm.ac.id/jkki/rt/printerFriendly/28904/0>
- Kementerian Kesehatan RI No 43. (2019). *Peraturan Menteri Kesehatan tentang Pusat Kesehatan Masyarakat Nomor 43. 2*
- Lahay, F. J., Kusumo, M. P., & Permana, I. (2018). Analisis Angka Rujukan Di Rumah Sakit Umum Daerah Ampara Analysis of High Reference Number in Ampara Hospital. *Jurnal Admmirasi*, 3(2), 52–64.

- <https://garuda.kemdikbud.go.id/documents/detail/1266796>
- Laurito, A. A. (2022). Assessment of Referral System on Maternal Services in Cagayan De Oro City. *Assessment of Referral System*. <https://doi.org/10.1101/2022.03.31.22273250>
- Michael, M. (2018). *Reviving the Functionality of the Referral System in Uganda*. <https://www.udn.or.ug/udn-media/news/147reviving-the-functionality-of-the-referral-system-inuganda.html>
- Nestelita, D., Suryoputro, A., & Kusumastuti, W. (2019). Proses Sistem Rujukan dalam Pelayanan Kegawatdaruratan Obstetri dan Neonatal di Puskesmas Sayung 2 Kabupaten Demak. *Media Kesehatan Masyarakat Indonesia*, 18(4), 159-163. <https://doi.org/10.14710/mkmi.18.4.%p>
- Nurhayani, N., & Rahmadani, S. (2019). Analisis Pelaksanaan Sistem Rujukan Pasien Bpjs Kesehatan di Puskesmas Mamasa, Puskesmas Malabo dan Puskesmas Balla Kabupaten Mamasa. *Jurnal Publikasi Kesehatan Masyarakat*, 7(2), 15–22. <https://ppjp.ulm.ac.id/journal/index.php/JPKMI/article/view/10168>
- Nurrizka, R. H., & Setiawati, M. E. V. (2019). Evaluasi Pelaksanaan Sistem Rujukan Berjenjang dalam Program Jaminan Kesehatan Nasional. *Jurnal Kebijakan Kesehatan Indonesia*. 08(01), 35–40. <https://doi.org/10.22146/jkki.43843>
- Ofosu, B., Ofori, D., Ntummy, M., Asah-Opoku, K., & Boafor, T. (2021). Assessing the Functionality of An Emergency Obstetric Referral System and Continuum of Care Among Public Healthcare Facilities in A Low Resource Setting: An Application of Process Mapping Approach. *BMC Health Services Research*, 21(1), 1–15. <https://doi.org/10.1186/s12913-021-06402-7>
- Rahayu, S., & Hosizah, H. (2021). Implementasi Sistem Rujukan Layanan Kesehatan : Systematic Literature Review. *Indonesian of Health Information Management Journal (INOHIM)*, 9(2), 138–152. <https://doi.org/10.47007/inohim.v9i2.312>
- Rahmadani, S., Muflihah, A., & Hamka, N. A. (2021). Analisis Penggunaan Sistem Rujukan Terintegrasi (SISRUTE) Di Puskesmas Kota Makassar. *Jurnal Manajemen Kesehatan Yayasan RS Dr. Soetomo*, 7(2), 321–333. <http://dx.doi.org/10.29241/jmk.v7i2.651>
- Ramadhani, N. S. (2021). Studi Literatur : Analisis Faktor Penyebab Tingginya Angka Rujukan di Puskesmas pada Era JKN. *Media Gizi Kesmas*, 9(2), 57-66. <https://doi.org/10.22146/jkki.43843>
- Ristanti, A. D., & Zuwariyah, N. (2020). Penerapan Manajemen Rujukan Kegawatdaruratan Obstetri dengan Insiden Kegawatdaruratan Obstetri di Pusat Pelayanan Primer. *Jurnal Kebidanan*, 7(2), 239–246. <https://doi.org/10.26699/jnk.v7i2.ART.p239>
- Safitri, R. A., Chotimah, I., & Pujiati, S. (2021). Faktor-Faktor Tingginya Angka Rujukan di Puskesmas Sukatani Kota Depok Tahun 2018. *Promotor*, 4(4), 369. <https://doi.org/10.32832/pro.v4i4.5604>
- Teklu, A. M., Litch, J. A., Tesfahun, A., Wolka, E., Tuamay, B. D., Gidey, H., Cheru, W. A., Senturia, K., Gezahegn, W., Hailu, T., Jebessa, S., Kahsay, A., Kuti, K. A., Levine, G., Robb-Mccord, J., Tadesse, Y., Tariku, A., Usman, A. K., & Weldetsadik, A. Y. (2020). Referral Systems for Preterm, Low Birth Weight, and Sick Newborns in Ethiopia: A Qualitative Assessment. *BMC Pediatrics*, 20(1), 1–13. <https://doi.org/10.1186/s12887-020-02311-6>