Sistem Rujukan Pasien dalam Penanggulangan Bencana

Handoyo Pramusinto

RS Sardjito – FKKMK UGM Yogyakarta

"Prevention and preparedness is the heart of public health. Risk management is our bread and butter."

Dr Margaret Chan,
WHO Director-General,
30 October 2012

FROM	TO
Event-based	Risk-based
Reactive	Proactive
Single-hazard	All-hazard
Hazard-focus	Vulnerability and capacity focus
Single agency	Whole-of-society
Separate responsibility	Shared responsibility of health systems
Response-focus	Risk management
Planning for communities	Planning with communities

Globally, as of **9:19am CEST, 29 March 2023**, there have been **761,402,282 confirmed cases** of COVID-19, including **6,887,000 deaths**, reported to WHO.

ANTARA
KANTOR BERITA INDONESIA

HOME POLITIK HUKUM EKONOMI METRO SEPAKB

Tim penyelamat mencari korban hilang usai banjir bandang melanda Buner, Provinsi Khyber Pakhtunkhwa, Pakistan, Sabtu (16/8/2025). ANTARA FOTO/Xinhua/stringer/bar/aa.

Hospitals should **evaluate** their emergency plans to consider the implications of alternate **referral** patterns of patients during a disaster. Additional consideration should be given to **mass triage, site security**, and the potential need for **decontamination** after a major incident.

(Disaster Med Public Health Preparedness. 2010;4:226-231)

World Health Organization
Europe

Strengthening health-system emergency preparedness

Toolkit for assessing health-system capacity for crisis management

Table 5. Assessment-team expertise, by health-system function

Health-system function	Required expertise of assessment-team members
Leadership and governance	Policy-makers at national level
Health workforce	Health-sector professionals with knowledge of human resources' management
Medical products, vaccines and technologies	Health professionals involved in management of medical equipment, medical supplies, pharmaceuticals and laboratory services
Health information	Experts in surveillance, risk assessment and mapping Professionals responsible for IHR implementation Professionals with knowledge of information management and communication in crises
Health financing	An economist or other professional with knowledge of health financing
Service delivery	Health professionals with expertise in crisis management at the subnational level, experience in emergency medical services and hospital management in mass-casualty situations, and/or knowledge of logistics

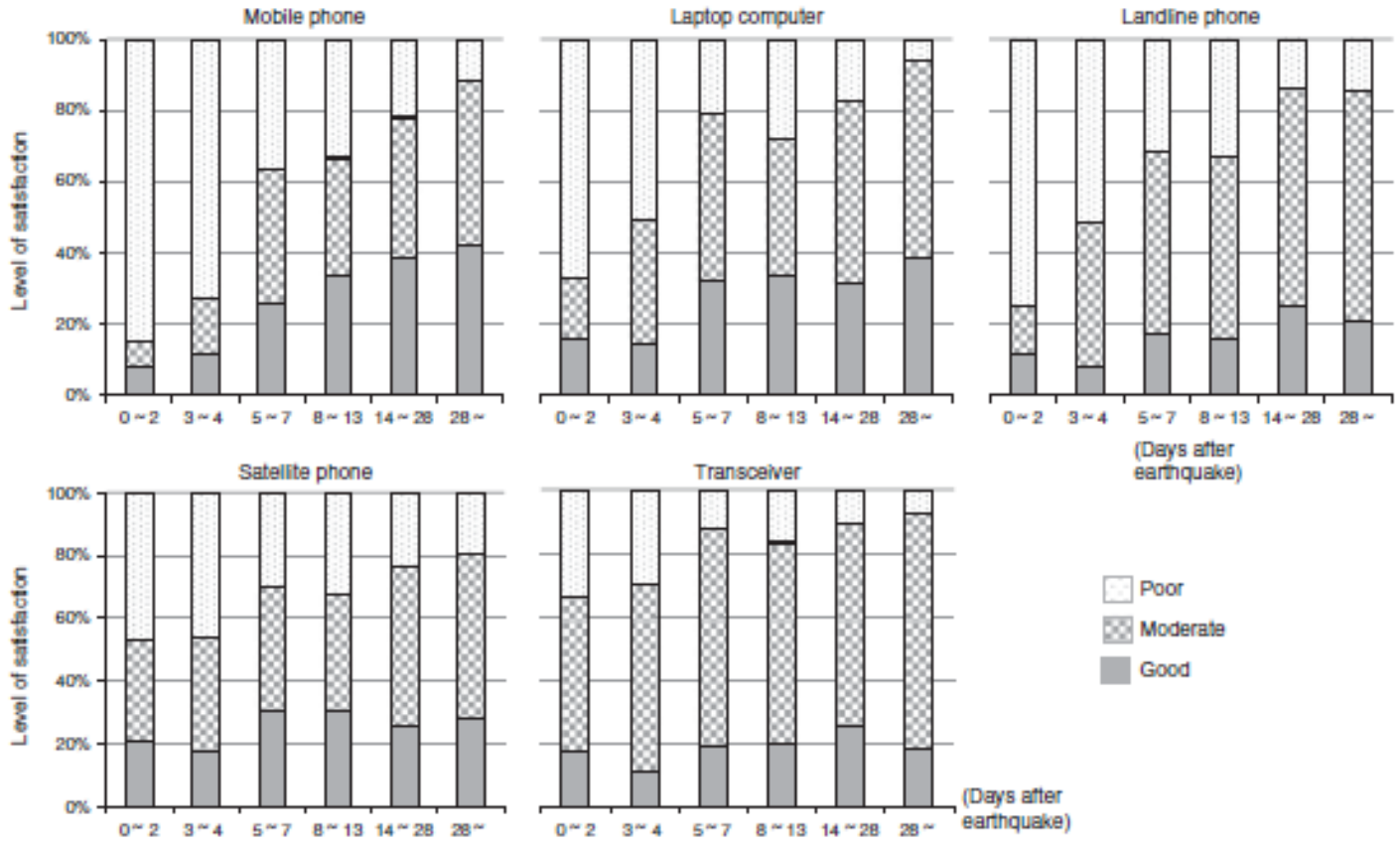
BRIEF REPORT

Communication Problems After the Great East Japan Earthquake of 2011

Hitoshi Yamamura, MD; Kazuhisa Kaneda, MD; Yasumitsu Mizobata, MD

FIGURE

Levels of Satisfaction With Mobile, Landline, and Satellite Phones; Laptop Computers; and Transceivers in the First 28 Days After the Earthquake.



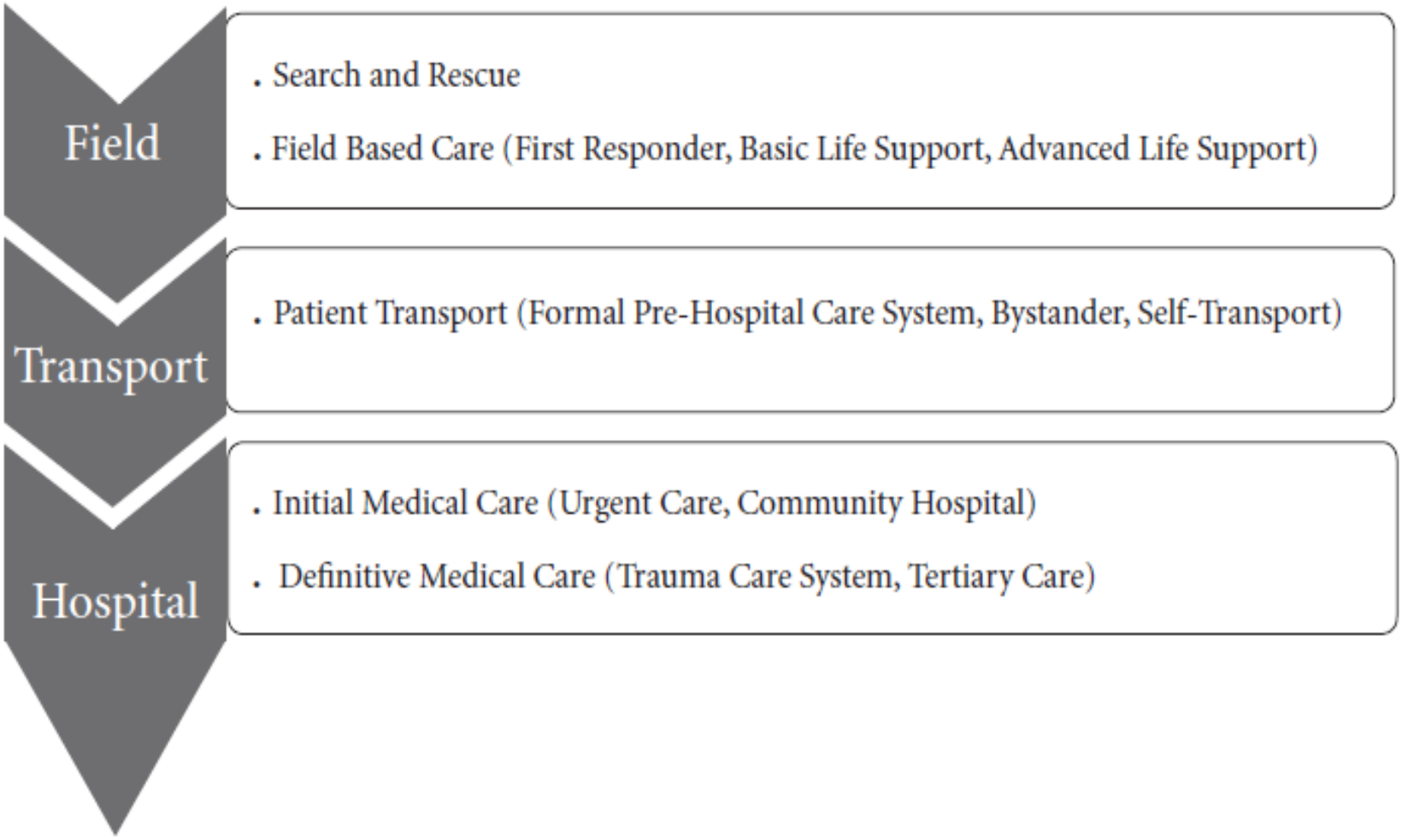


Figure 1. Health Care System (Adapted from Bissell et al. [5]).

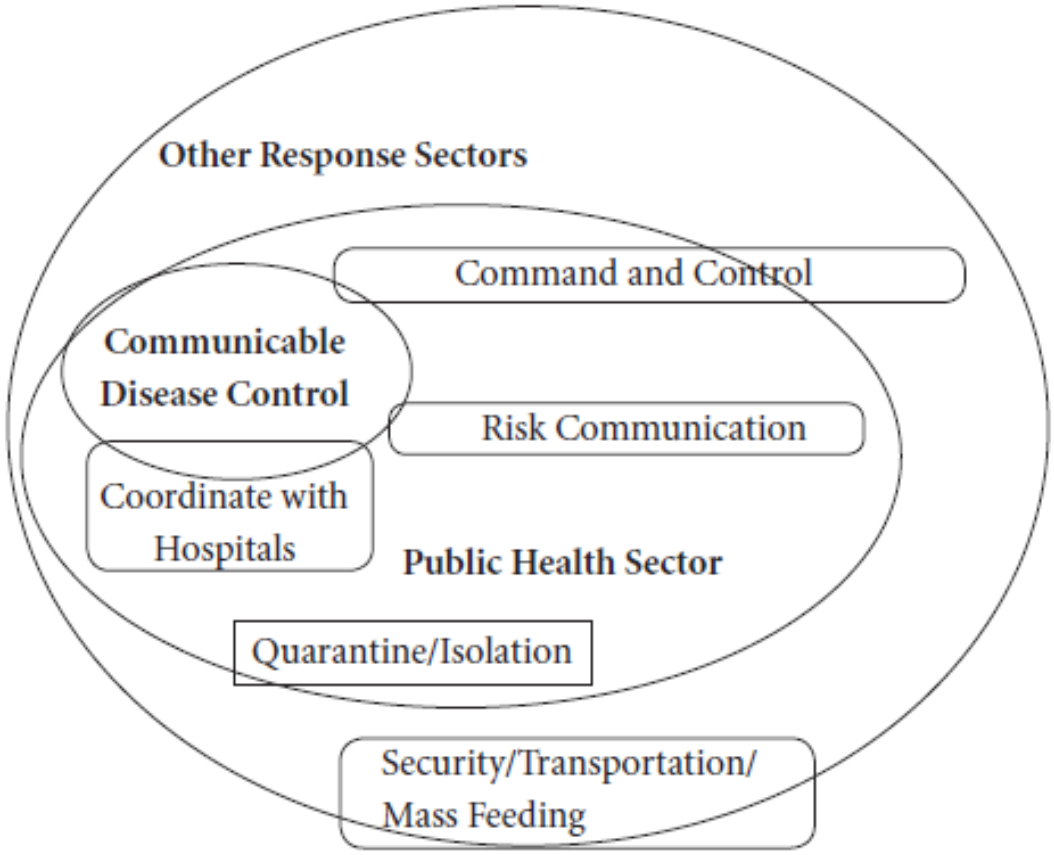
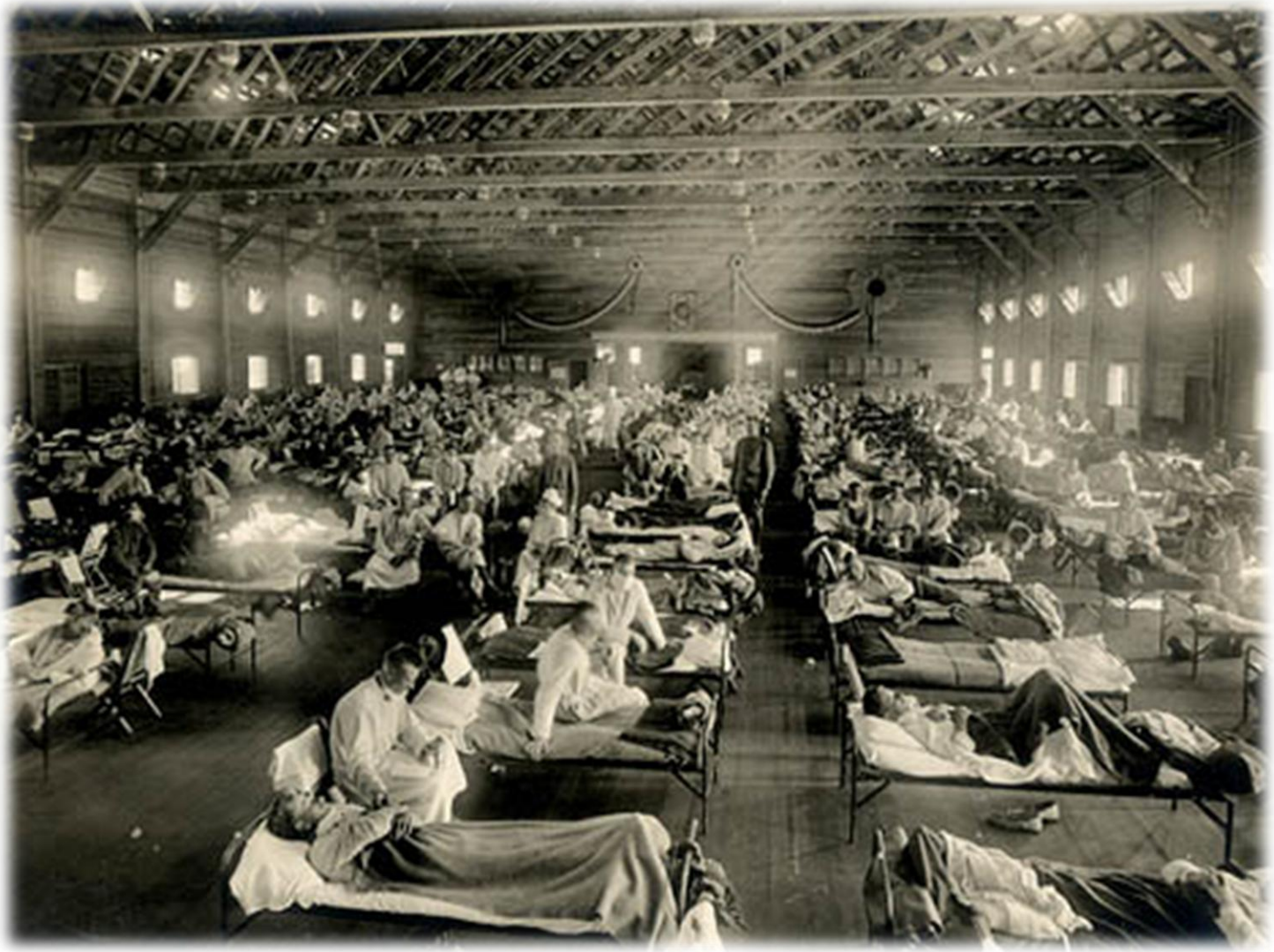


Figure 3. Responsibilities of the Public Health Sector vis a vis Hospitals and other Response Sectors (adapted from Communicable disease alert and response for mass gatherings, WHO 2008[49]).



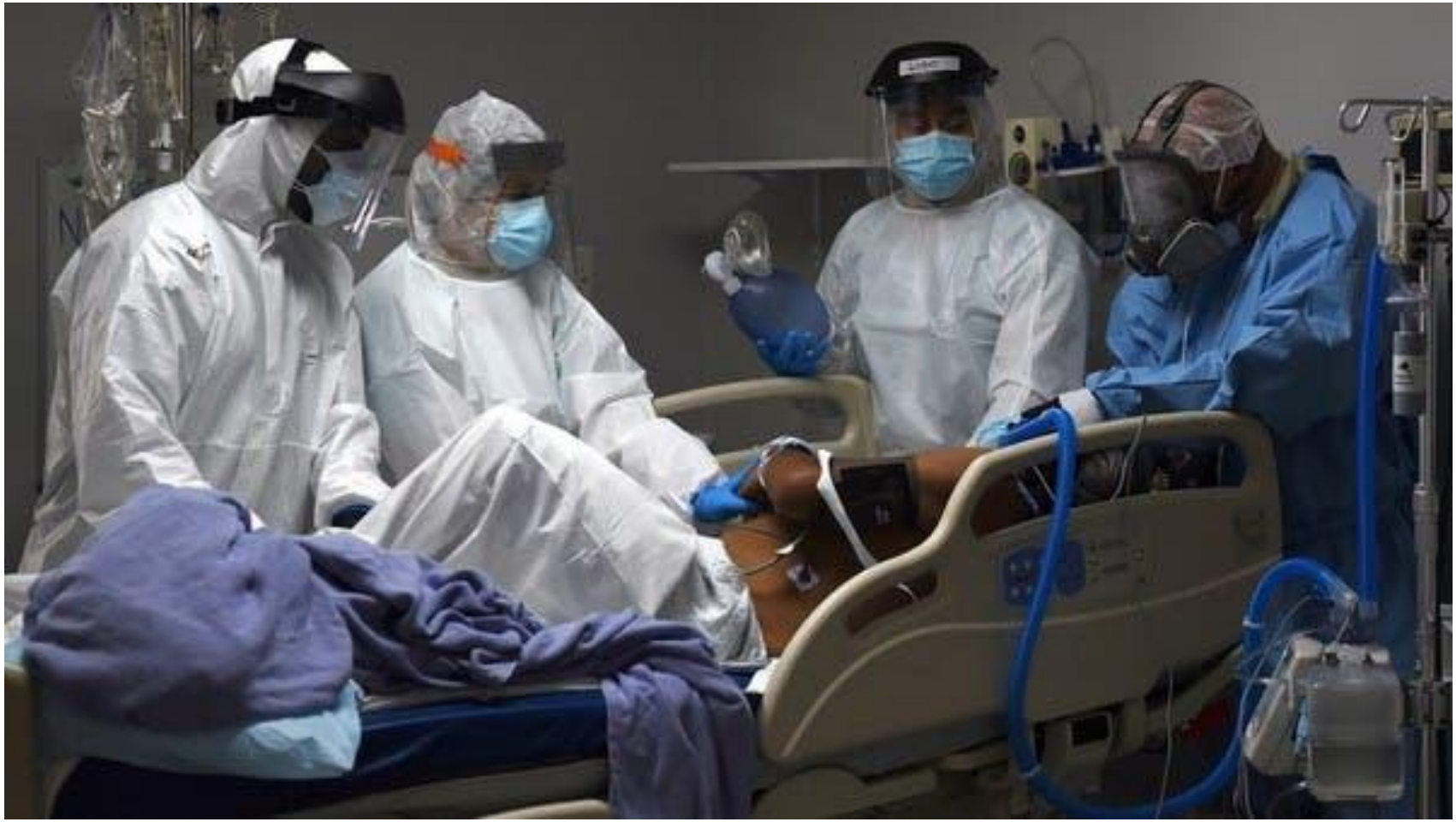
Spanish Flu: 1918-1920

500 juta terinfeksi, 50 juta mati

From 1918 to 1919, the Spanish flu **infected an estimated 500 million people globally**. This amounted to about 33% of the world's population at the time. In addition, the Spanish flu killed about 50 million people. About 675,000 of the deaths were in the U.S.

Gempa bumi, Jogja, 27 Mei 2006

Longsor di Purworejo, 06-02-2016

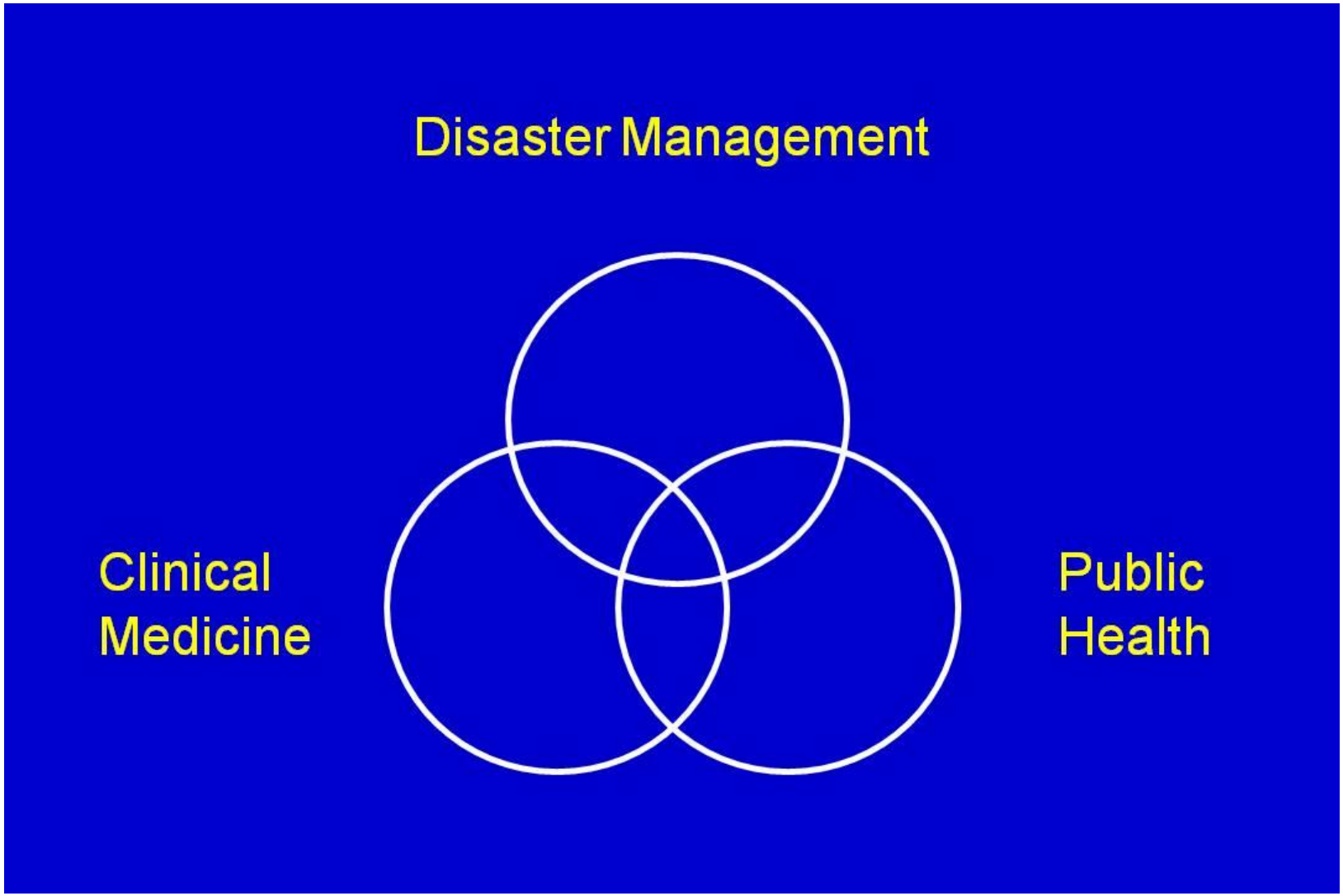


Covid-19: 2019 - 2023

2016 - 2030

17 Program, 169 Target

Domain yang berkaitan dengan bencana

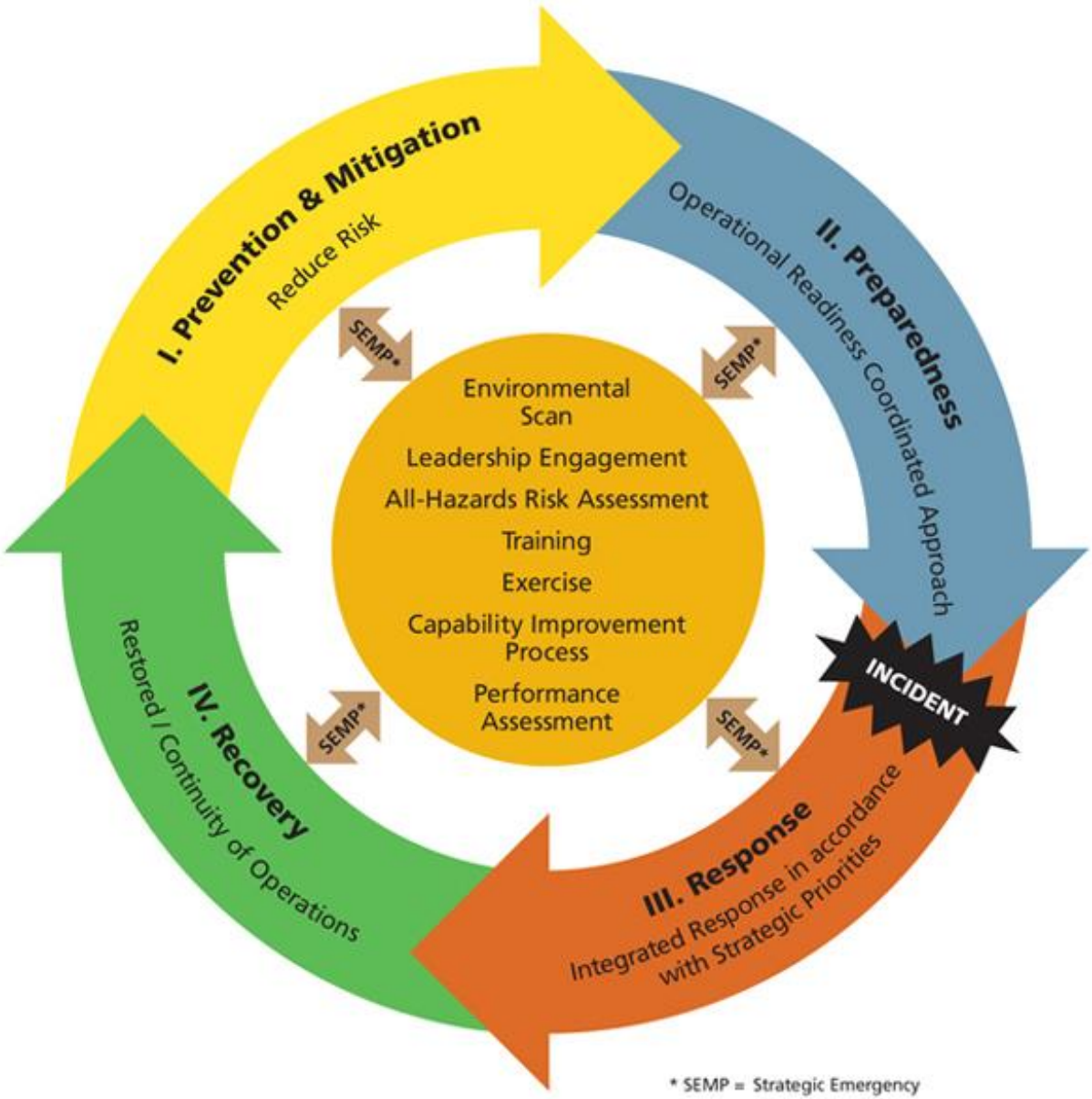


Possibly the greatest factor which would lead to reduced morbidity and mortality as a result of disasters is a strong public health system

Kimberley I. Shoaf, Dr PH
UCLA Center for Public Health and Disaster Relief
Box 951772
Los Angeles, CA 90095-1772

Australian Journal of Emergency Management

Emergency Management Continuum



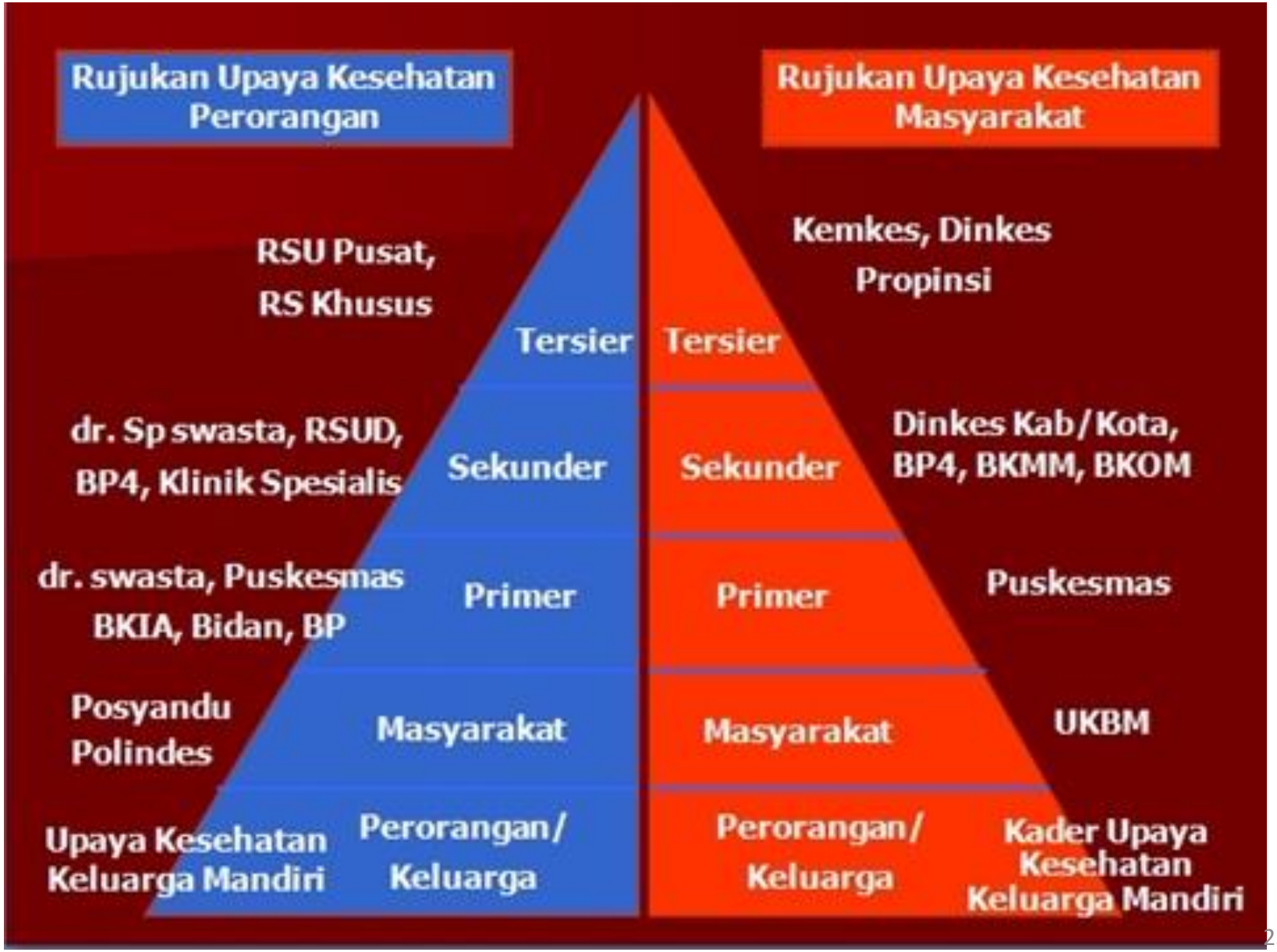
REFERRAL :

A **referral** can be defined as a **process** in which a health worker at a one level of the health system**, having insufficient** resources (drugs, equipment, skills) **to manage** a clinical condition, **seeks the assistance** of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case.

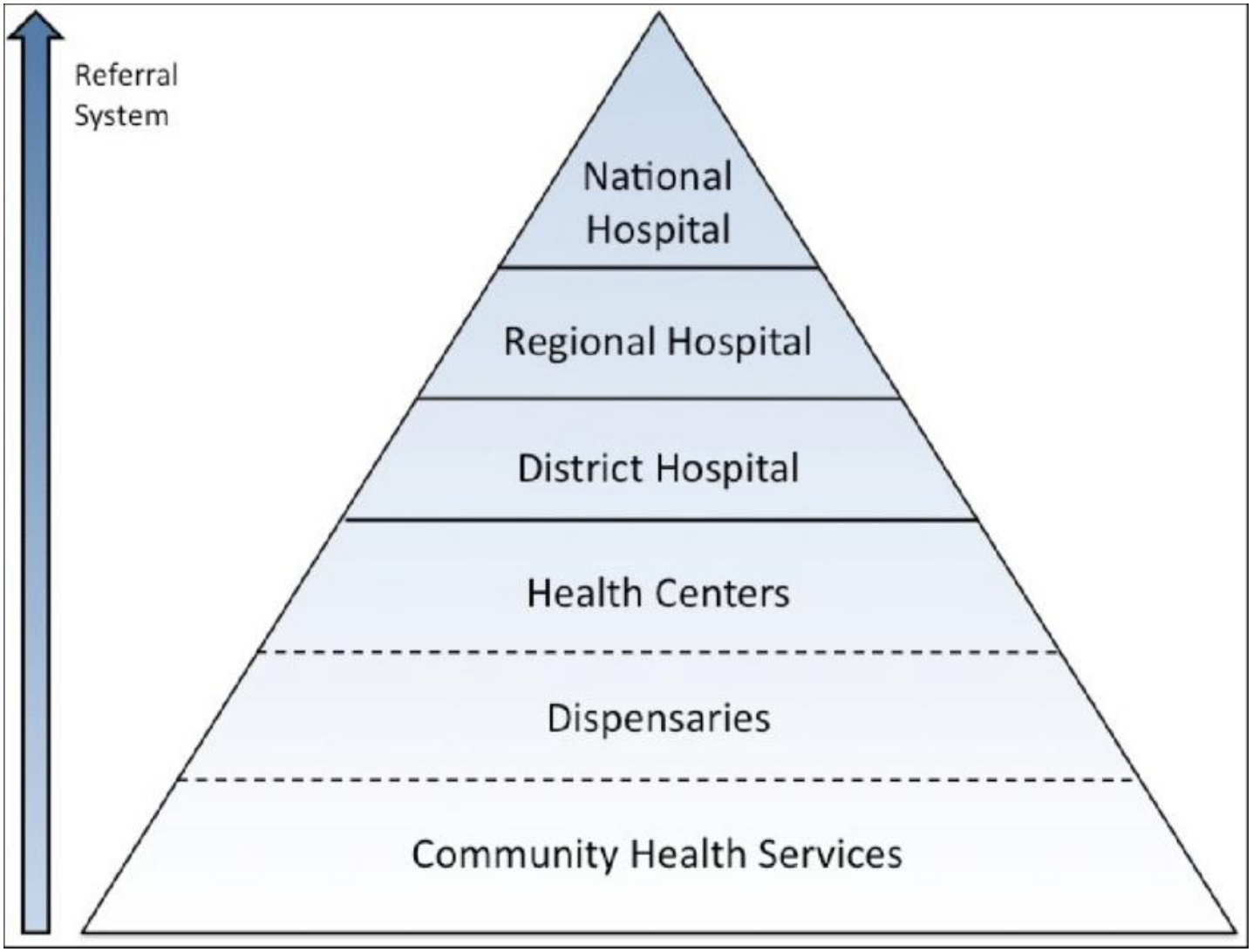
DISASTER :

A disaster is an occurrence **disrupting** the normal conditions of existence and causing a level of suffering that **exceeds the capacity** of adjustment of the affected community.

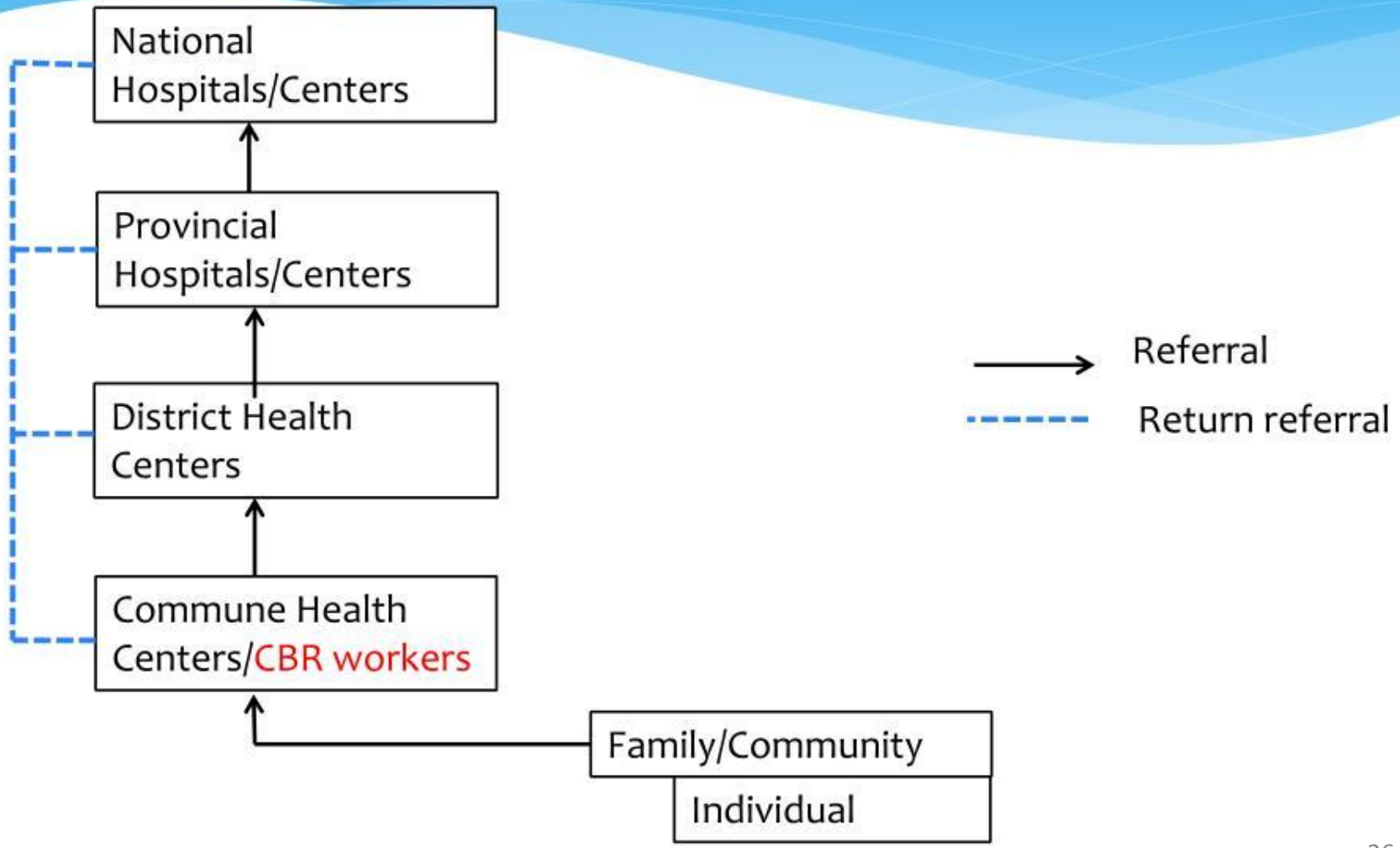
Piramida Sistem Rujukan



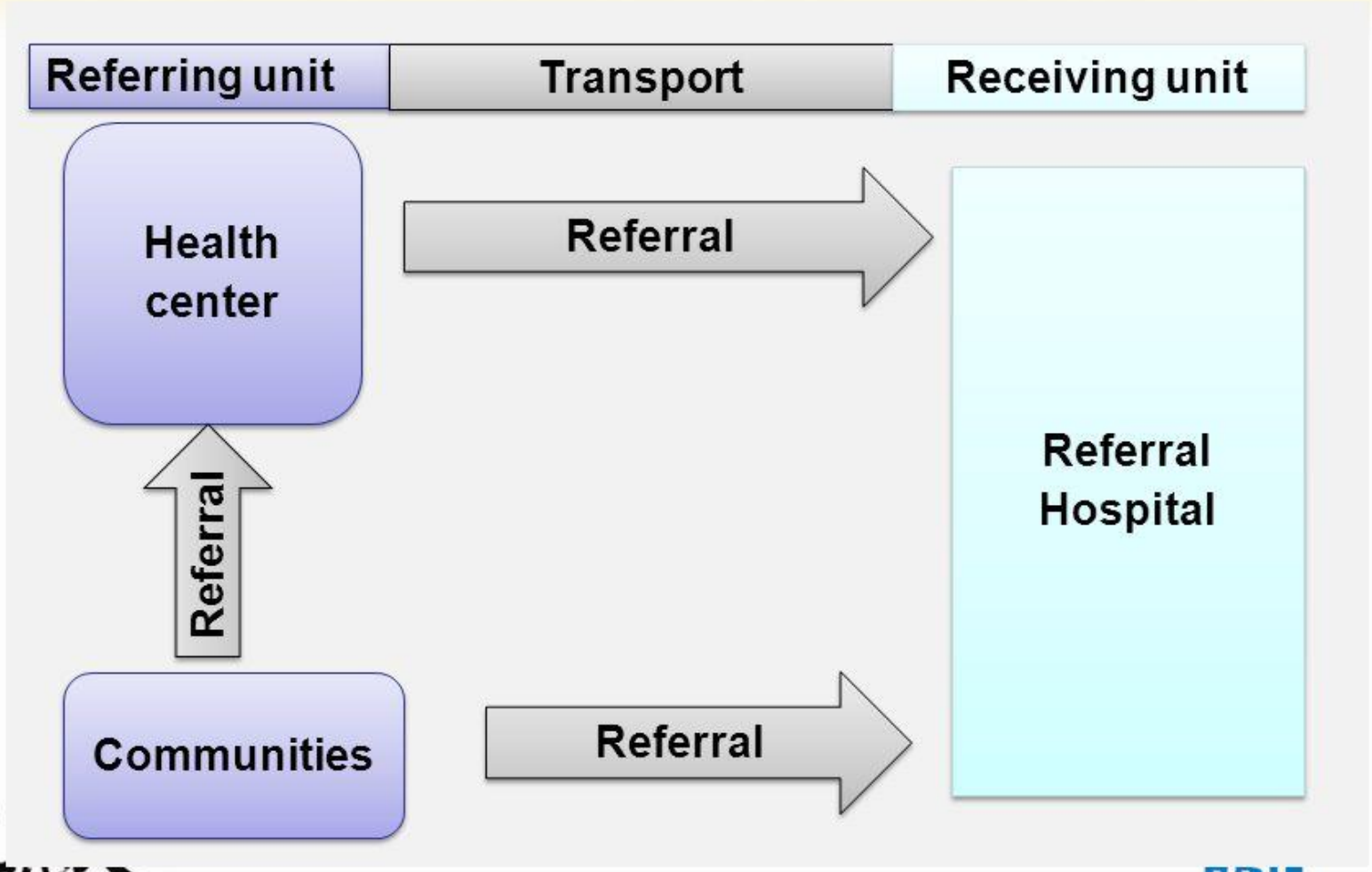

Sistem Rujukan Berjenjang
Kasus yang sudah ditegakkan diagnosis & rencana terapi, merupakan pelayanan berulang dan hanya tersedia di faskes primer
Tingkat Ketiga
Pelayanan kesehatan sub spesialistik oleh dokter sub spesialis di Faskes tingkat lanjutan
Tingkat Kedua
Pelayanan kesehatan spesialistik oleh dokter sub spesialis di Faskes tingkat lanjutan
Tingkat Pertama
Pelayanan kesehatan dasar oleh Faskes tingkat Pertama


Referral
System
National
Hospital
Regional Hospital
District Hospital
Health Centers
Dispensaries
Community Health Services

Referral System Model



The Referral Linkage



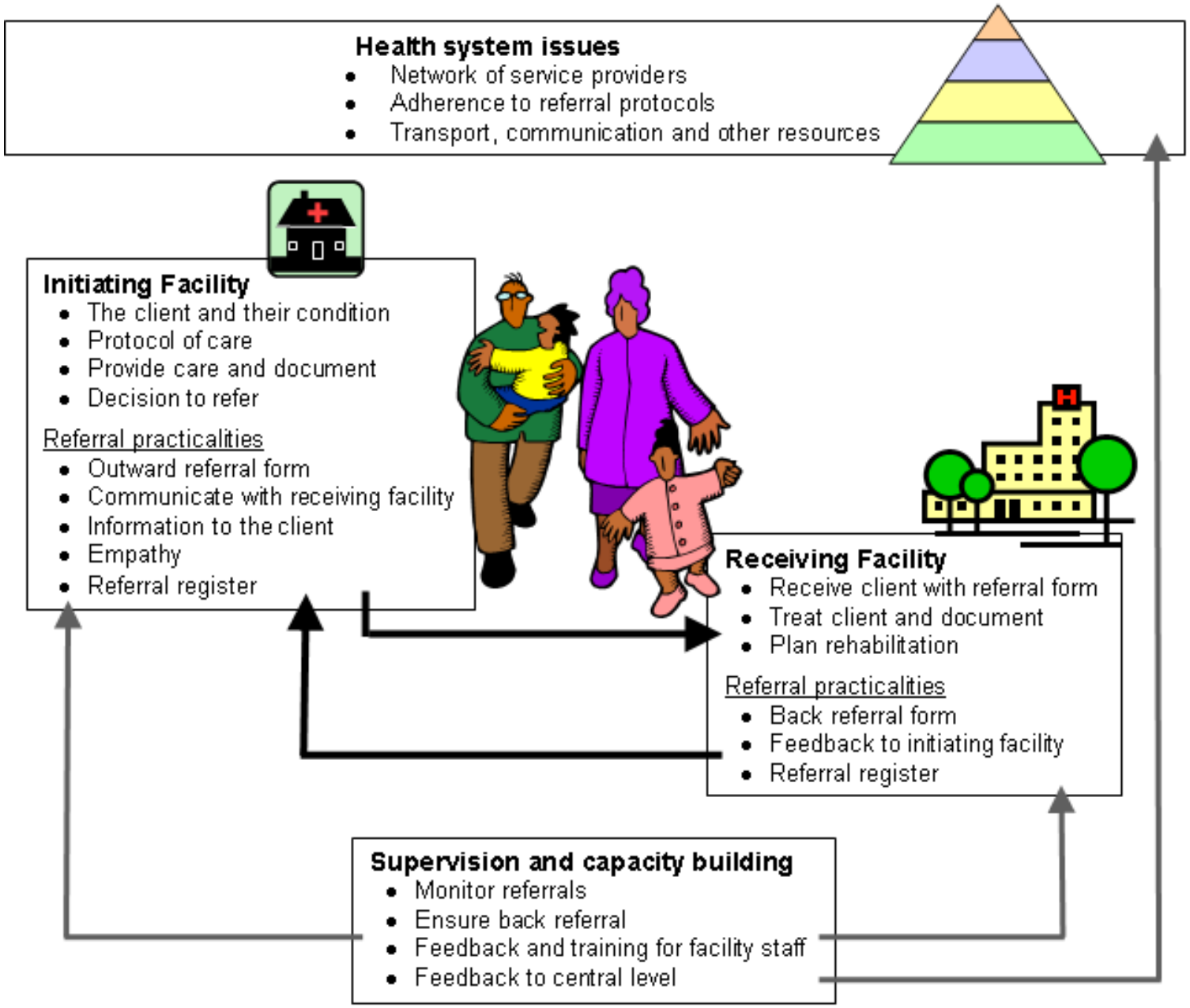
The Last Ten Kilometers Project

JSI Research & Training Institute, Inc.

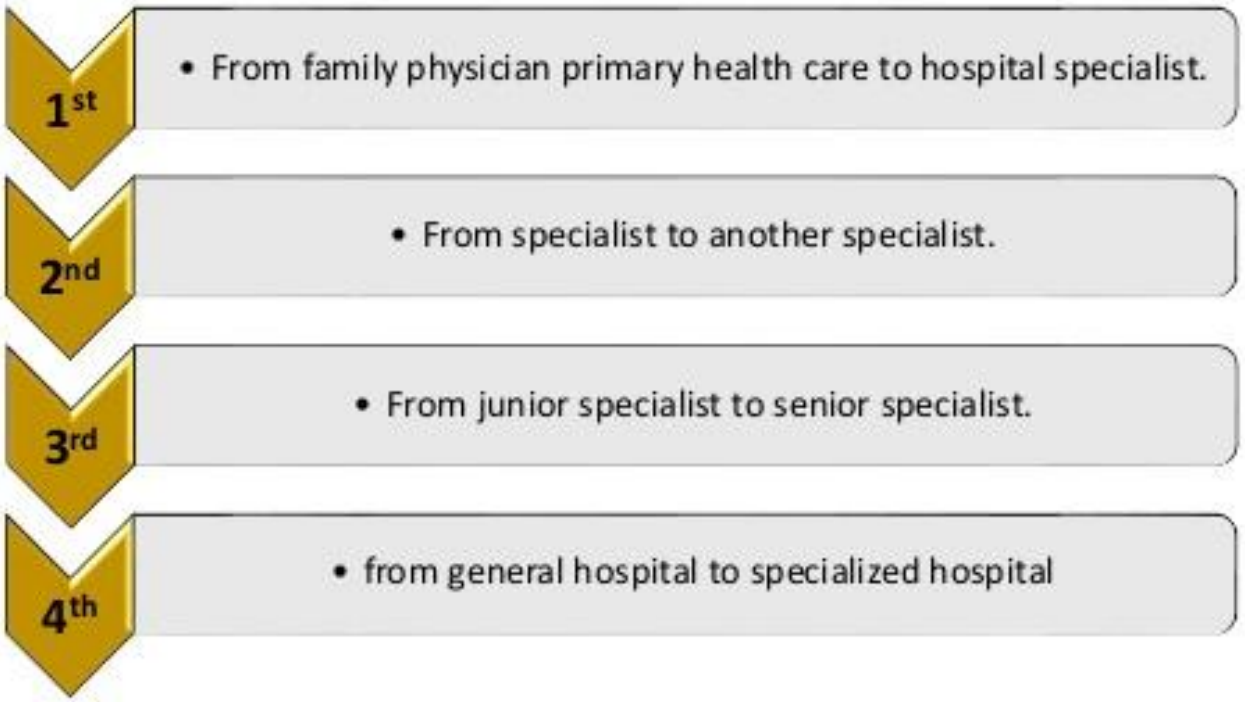
Components of a referral system

1. Health System
2. Initiating facility
3. Referral practicalities
4. Receiving facility
5. Supervision and capacity building

Referral system flows



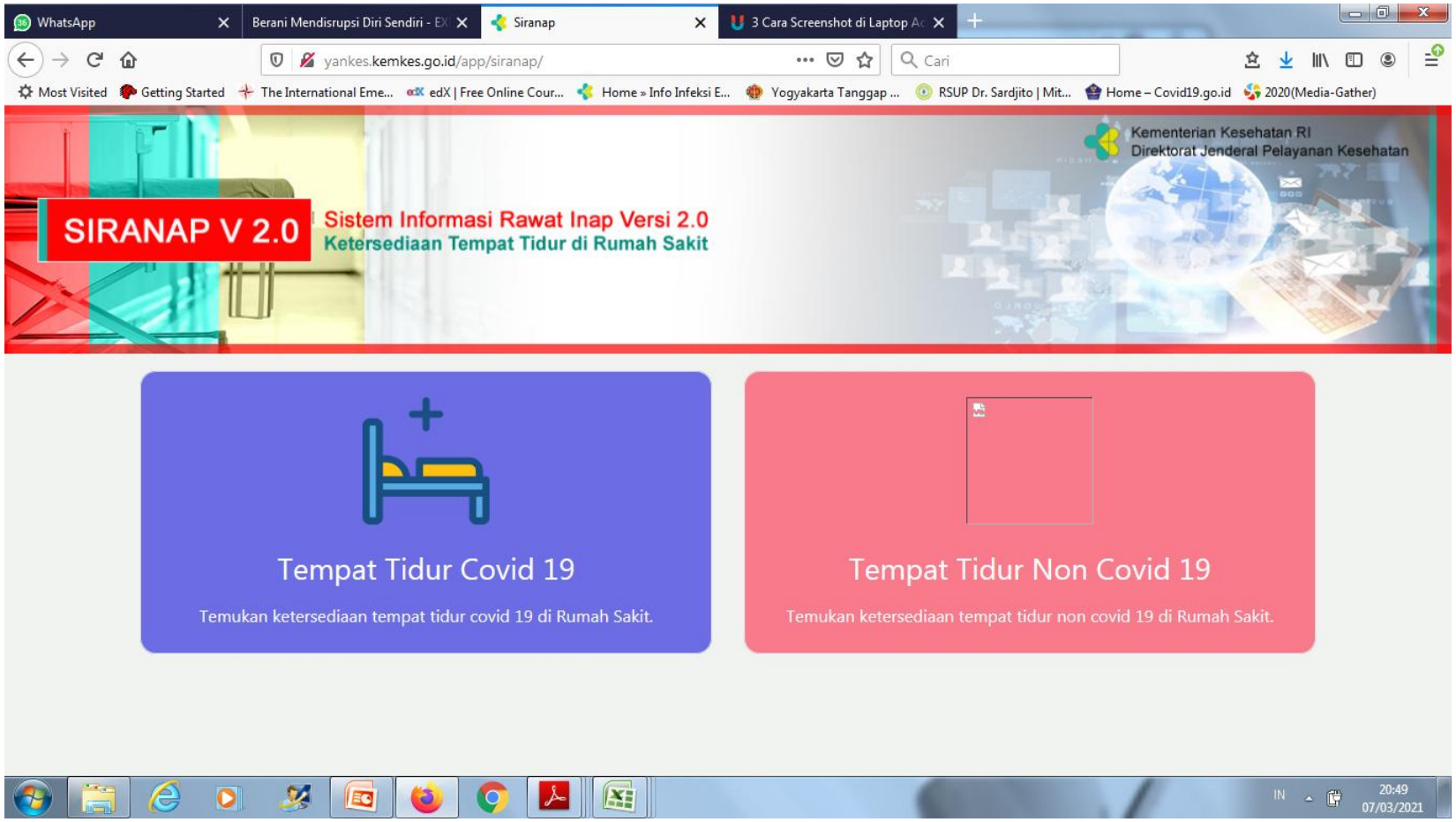
4 Levels of Referral



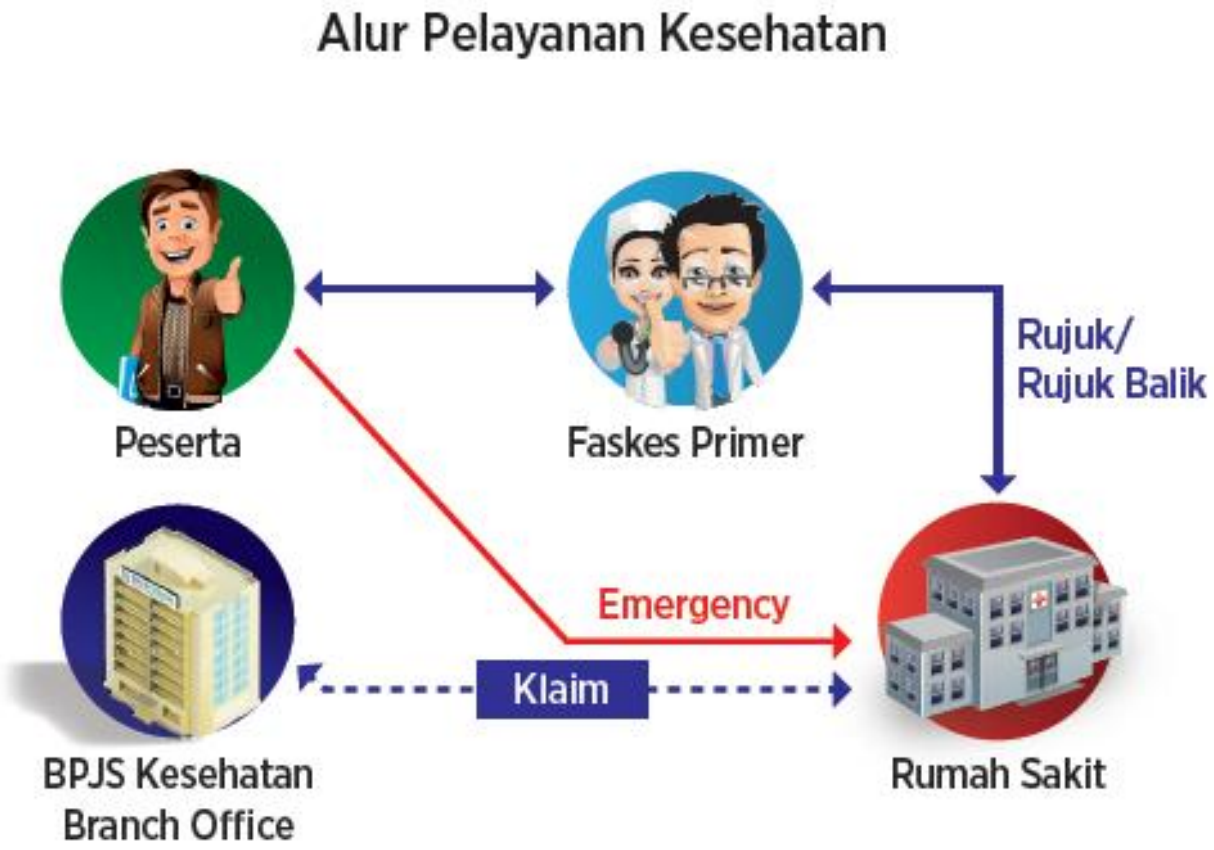
KEY POINTS TO EFFECTIVE REFERRAL SYSTEM

1. • Mutual understanding of each others role.
2. • Mutual respect
3. • Mutual cooperation

Aplikasi Sistem Rujukan Kemenkes RI


WhatsApp
Berani Mendisrupsi Diri Sendiri - EX
Siranap
3 Cara Screenshot di Laptop A
yankes.kemkes.go.id/app/siranap/
Cari
Most Visited
Getting Started
The International Eme...
edX | Free Online Cour...
Home » Info Infeksi E...
Yogyakarta Tanggap ...
RSUP Dr. Sardjito | Mit...
Home – Covid19.go.id
2020(Media-Gather)
Kementerian Kesehatan RI
Direktorat Jenderal Pelayanan Kesehatan
SIRANAP V 2.0
Sistem Informasi Rawat Inap Versi 2.0
Ketersediaan Tempat Tidur di Rumah Sakit
Tempat Tidur Covid 19
Temukan ketersediaan tempat tidur covid 19 di Rumah Sakit.
Tempat Tidur Non Covid 19
Temukan ketersediaan tempat tidur non covid 19 di Rumah Sakit.
IN
20:49
07/03/2021

Manual Rujukan BPJS Kesehatan



Pelayanan rujukan dapat dilakukan
secara horizontal maupun vertikal.

Rujukan **horizontal** adalah rujukan yang dilakukan antar pelayanan kesehatan dalam **satu tingkatan** apabila perujuk tidak dapat memberikan pelayanan kesehatan sesuai dengan kebutuhan pasien karena **keterbatasan** fasilitas, peralatan dan/atau ketenagaan yang
sifatnya sementara atau menetap.

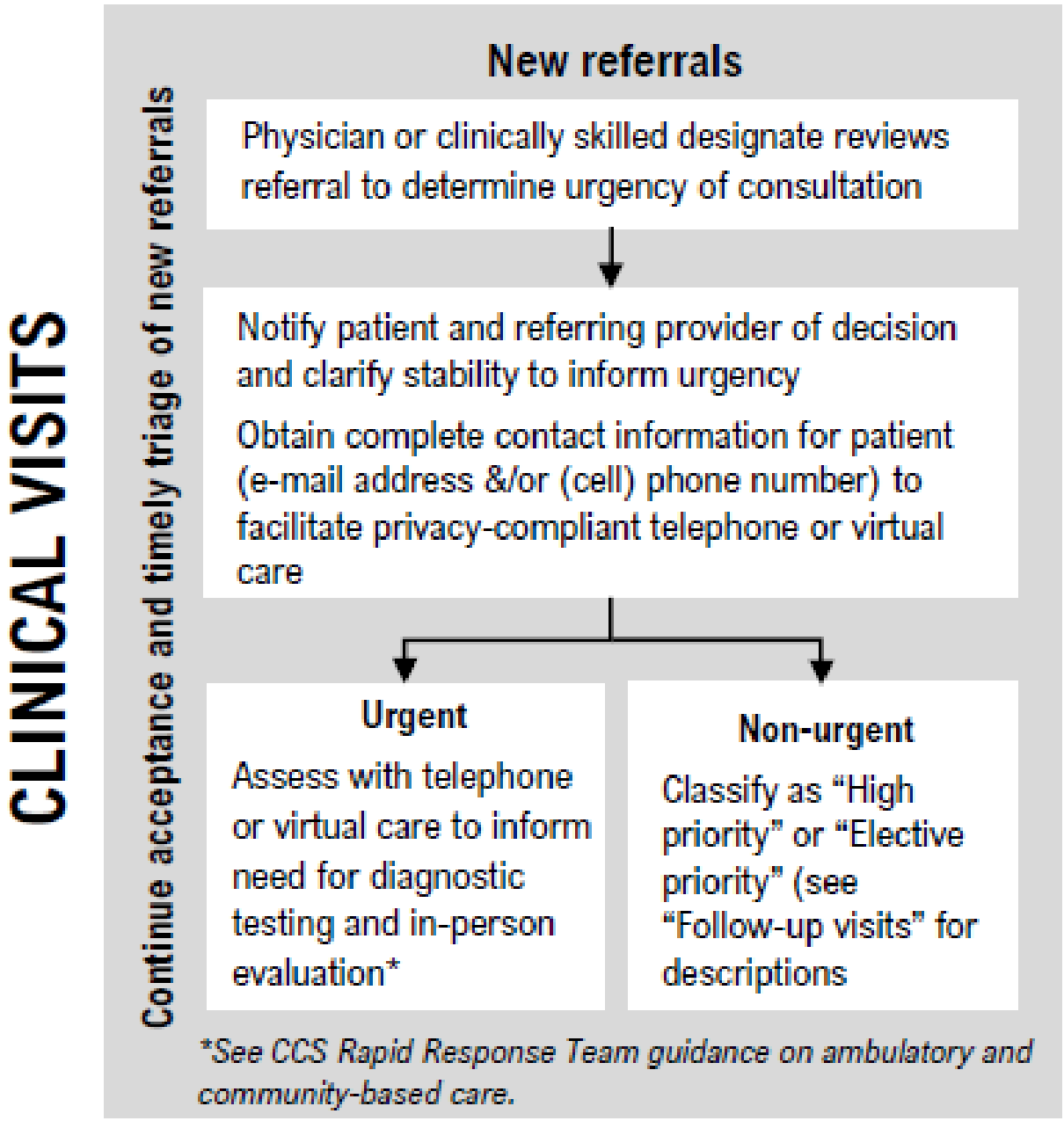
Studi Kasus Sistem Rujukan di masa pandemi Covid-19

GUIDANCE FROM THE CCS COVID-19 RAPID RESPONSE TEAM

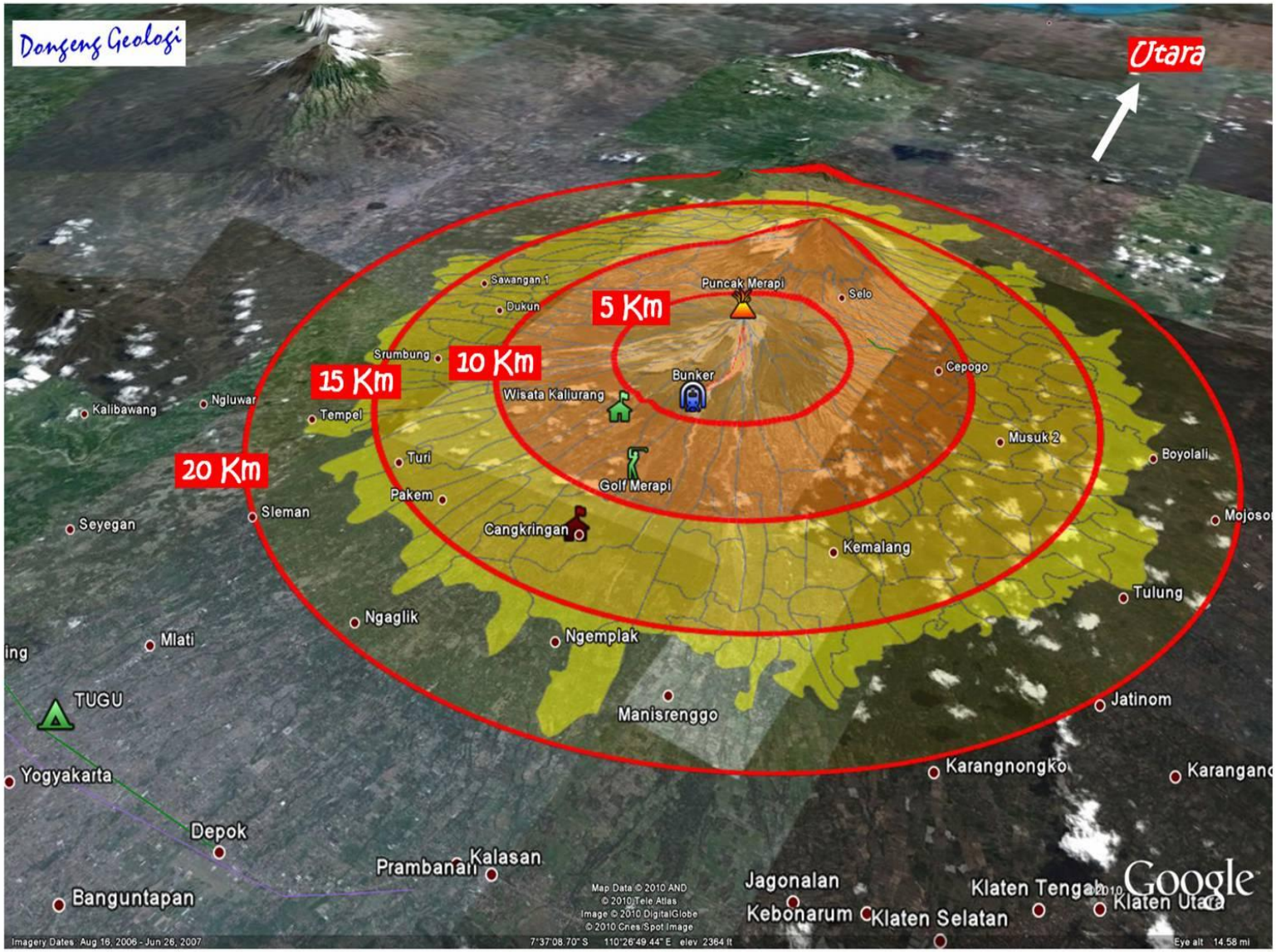
Management of referral, triage, waitlist and reassessment of cardiac patients during the COVID-19 pandemic

April 7, 2020

Rujukan kasus Covid-19


CLINICAL VISITS
Continue acceptance and timely triage of new referrals
New referrals
Physician or clinically skilled designate reviews referral to determine urgency of consultation
Notify patient and referring provider of decision and clarify stability to inform urgency
Obtain complete contact information for patient (e-mail address &/or (cell) phone number) to facilitate privacy-compliant telephone or virtual care
Urgent
Assess with telephone or virtual care to inform need for diagnostic testing and in-person evaluation*
Non-urgent
Classify as "High priority" or "Elective priority" (see "Follow-up visits" for descriptions
*See CCS Rapid Response Team guidance on ambulatory and community-based care.

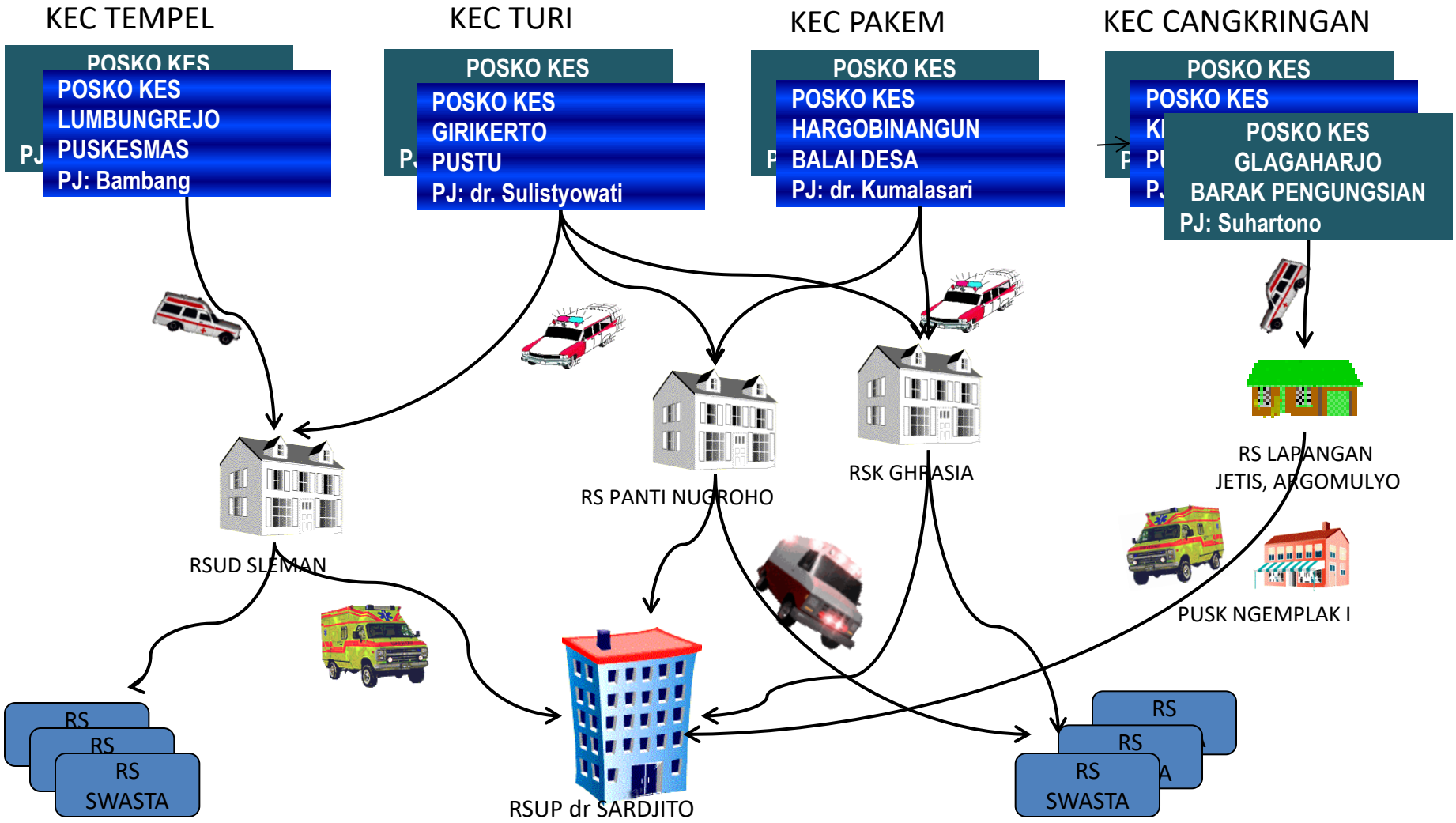
Studi Kasus sistem rujukan saat erupsi Gunung Merapi 2010



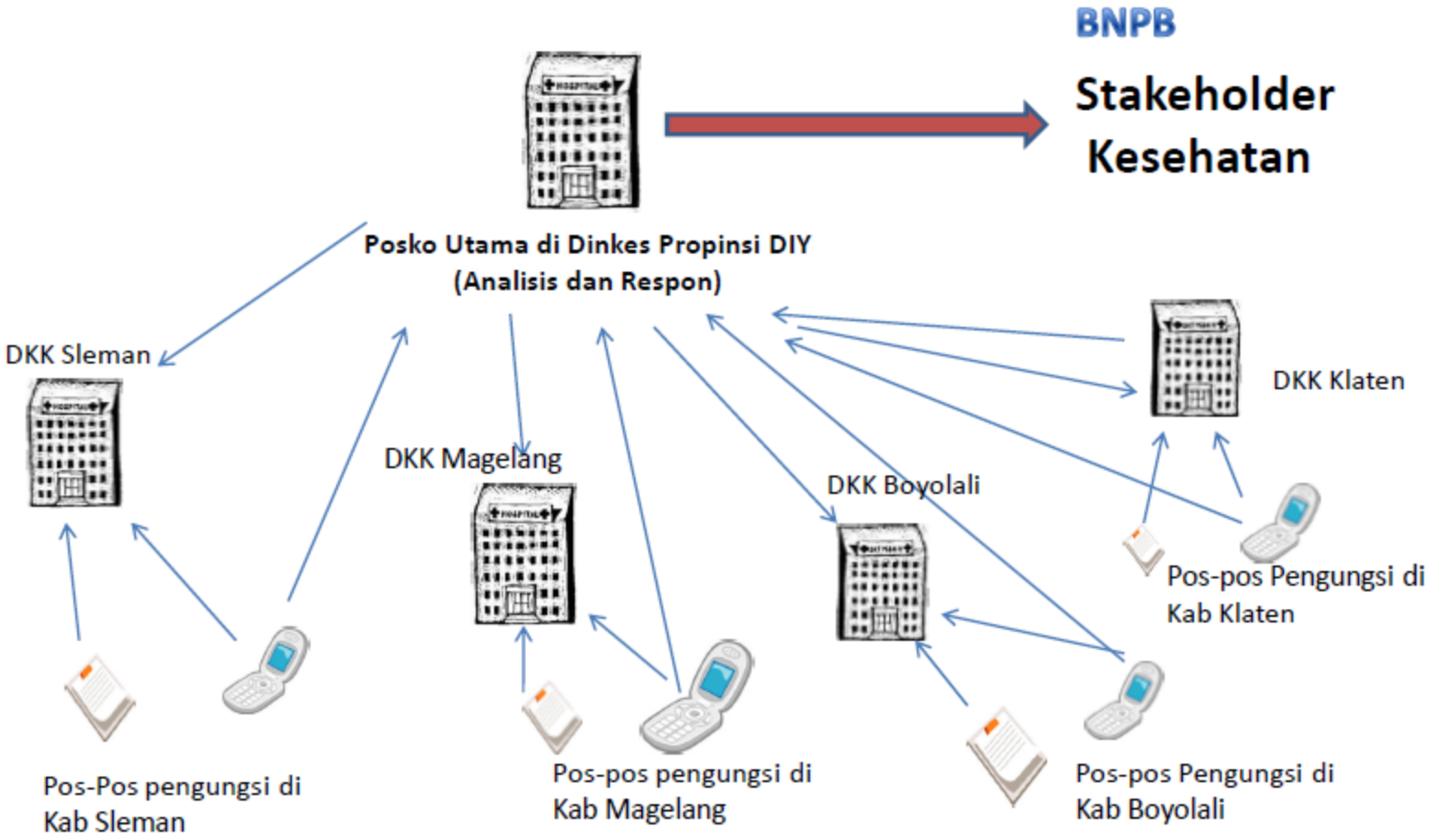
Rujukan kasus korban erupsi G. Merapi 2010

ALUR RUJUKAN PASIEN BENCANA

Erupsi G. Merapi 2010



Alur pelaporan surveilans (manual + elektronik)



Eskalasi di Instalasi Kedokteran Forensik

Health System Priorities in All-Hazards Disaster Management WHO

1. Leadership and governance
- International, national and cross-boundary systems of governance, coordination and response for all hazards disasters

2. Health workforce
- Public health training in disaster management and evaluation

3. Medical products, vaccines and technology
- Stockpiling disaster-related medications and equipment, and their distribution

4. Health information
- Communications – inter-agency, two-way with the public and the role of the media as part of disaster management strategy

5. Health financing
- Health finance system and disaster management funding issues

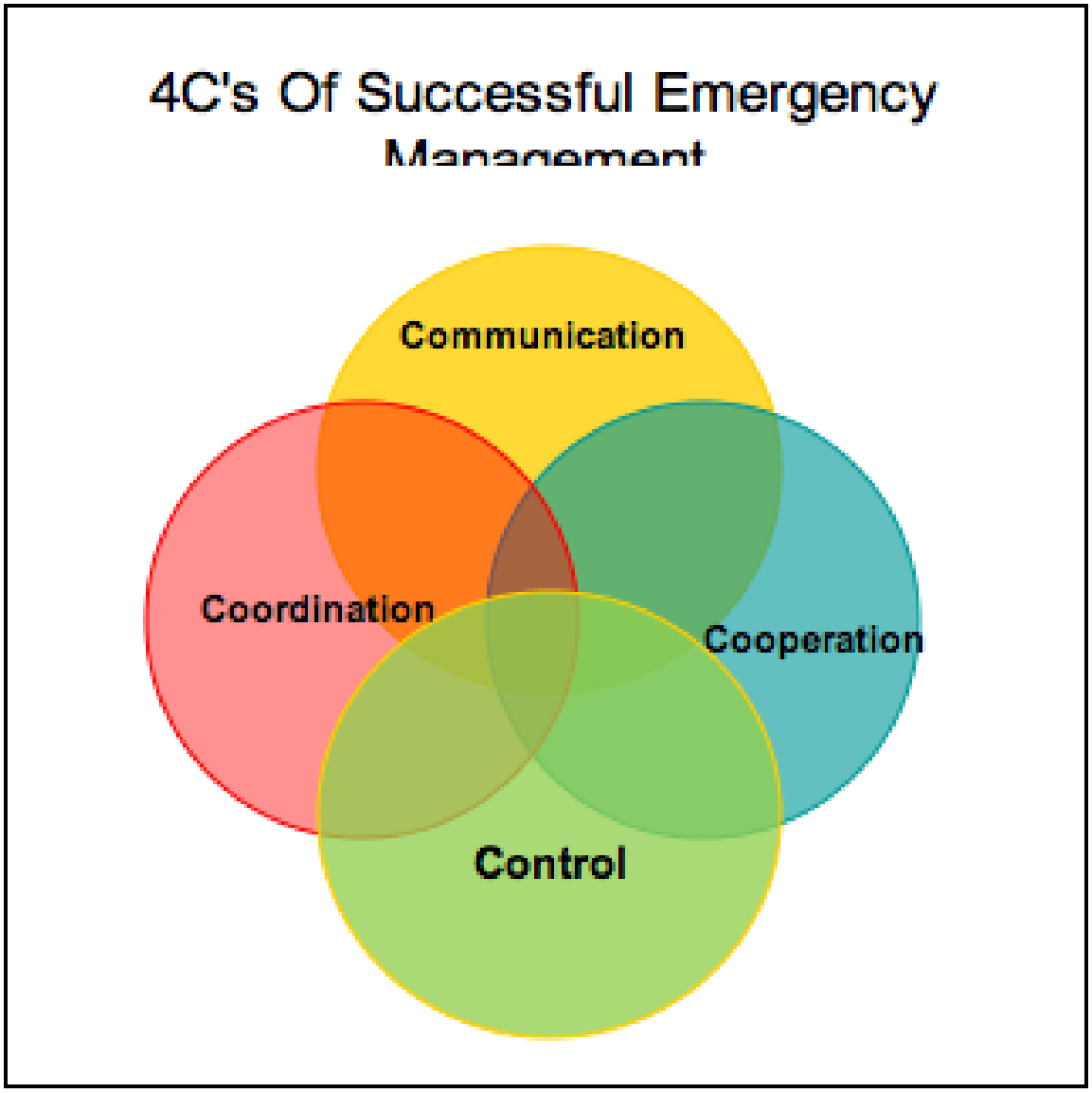
6. Service delivery
- Community preparedness strategies to increase community resilience

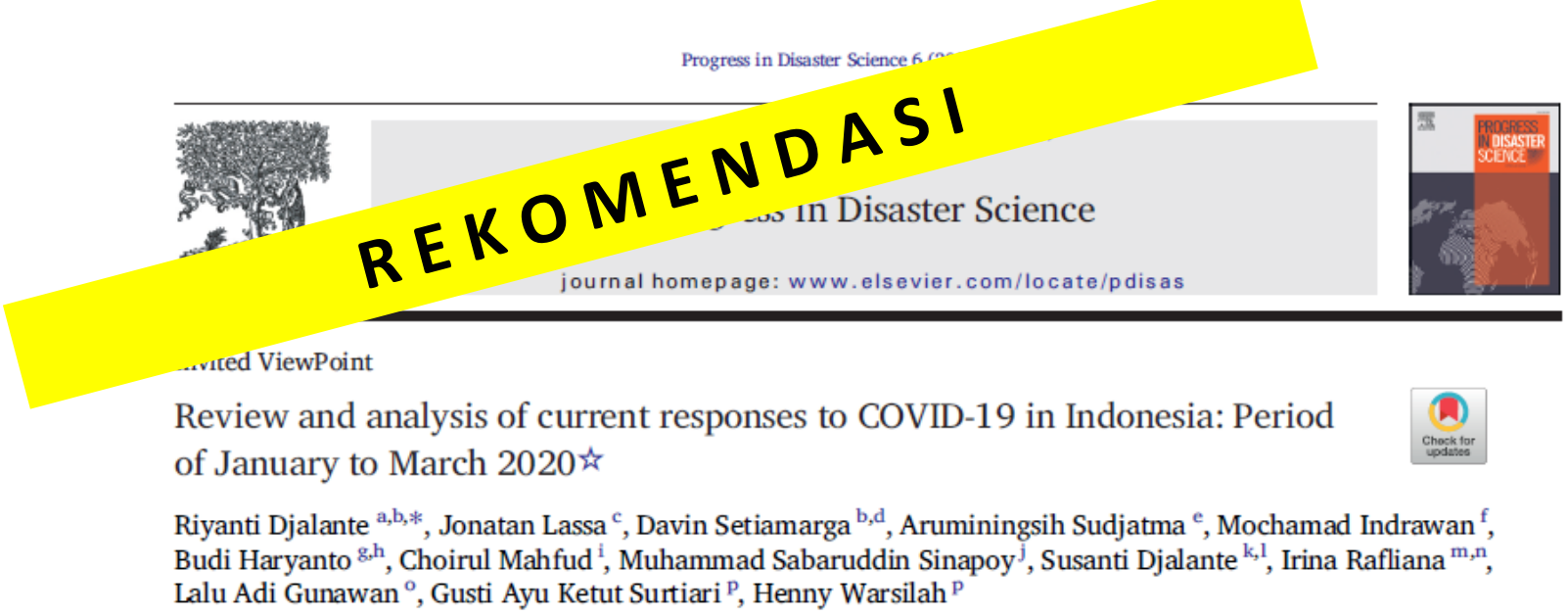
Disaster Response is
bussines as usual
but

- **Needs exceeds the Capacities**
- **Shortage of Suplies**
- **Damages of Infra-structures**

Responses problems were far more likely to result from inadequate management than from any other single reason.

ICS for Health Care, Hospitals Course


4C's Of Successful Emergency
Communication
Coordination
Cooperation
Control



Develop proper health infrastructure including a proper government **health laboratory system**, whichmight include, not limited to, resources of private diagnostic labs, research institutes, and universities, in all provinces, to allow local COVID-19 testing without delays. We suggest that the **MoH and DoHs** at local levels should be **more aggressive to expand** the coverage of the health system.

Health emergency and disaster risk management is everybody's business.

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Interprofessional collaboration in emergency departments: The importance of teamwork among nurses, pharmacists, medical records, and physicians

Terima Kasih