

HEALTH SERVICE DEVELOPMENT STRATEGY BASED ON SERVICE DELIVERY SYSTEM (Case Study at Puskesmas Cilongok I, Banyumas Regency)

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ABSTRACT

The development of health services for health organizations, especially Public Health Center is important, this is because the Public Health Center is the first level implementing unit as well as the spearhead of health development in Indonesia which benefits the community greatly. With the many requests from the community to use this first level health facility, Public Health Center are required to provide excellent service so that there is the development of outpatient and inpatient Puskesmas as was done by Puskesmas Cilongok I, Banyumas Regency, but there are problems such as the geographical area of the Puskesmas coverage and terrain that is difficult to reach as well as the lack of medical personnel such as doctors and nurses who are in charge of handling patients coming to the Puskesmas Cilongok are still problems that have not found a solution.

The research method used in this research is a qualitative method. The data were collected by means of questionnaires, in-depth interviews, observation, documentation and Focus Group Discussion (FGD). The data analysis method used in this study is the SWOT analysis. The location of this research was conducted at the Puskesmas 1 Cilongok Banyumas Regency.

The results of this study analyzed internal factors consisting of strengths and weaknesses and external factors consisting of opportunities and threats from the Puskesmas 1 Cilongok, which then by using the SWOT matrix it was found that SO (strength-opportunities), WO (weakness-opportunities)), ST (strength-threats) and WT (weakness-threats). Furthermore, by using the SWOT analysis model, a development strategy that is relevant to the development of health services will be found based on the service delivery system at Puskemas Cilongok I.

Keyword: Service, Healthy, Development, Strategy, Service Delivery System, Analysis SWOT

1. Introduction

Public Health Center is a public organization that is provided to serve public health which is greatly benefited. The Puskesmas is also the technical implementation unit of the District or City Health Office which is responsible for carrying out health development in a work area. According to Sulastomo (2007) Public Health Center is the first level implementing unit as well as the spearhead of health development in Indonesia.

Puskesmas Cilongok I, Banyumas Regency is one of the government institutions of Banyumas Regency which implements efforts to develop puskesmas to become two service functions,



namely non-nursing and nursing (inpatient) puskesmas. Increasing the status of a health center to a health center is one of the efforts to expand access to health services to the community, especially care and treatment services. In addition, health care centers are also designed to be points of development for health organizations.

No.	Regency / City	2014			2017			
		Inpatient	Non Inpatient	Total	Inpatient	Non Inpatient	Total	
1.	Cilacap	14	24	38	14	24	38	
2.	Banyumas	14	25	39	14	25	39	
3.	Purbalingga	11	11	22	11	11	22	
4	Banjarnegara	12	23	35	15	20	35	
5.	Kebumen	9	26	35	10	25	35	
6.	Purworejo	12	15	27	12	15	27	
7	Wonosobo	8	16	24	8	16	24	
8	Magelang	3	26	29	3	26	29	
9	Boyolali	14	15	29	14	15	29	
10	Klaten	15	19	34	15	19	34	
11	Sukoharjo	10	2	12	10	2	12	
12	Wonogiri	5	29	34	5	29	34	
13	Karanganyar	13	8	21	13	8	21	
14	Sragen	10	15	25	10	15	25	
15	Grobogan	13	17	30	13	17	30	
16	Blora	10	16	26	10	16	26	
17	Rembang	10	6	16	11	5	16	
18	Starch	6	23	29	6	23	29	
19	Kudus	6	13	19	6	13	19	
20	Jepara	14	7	21	14	7	21	
21	Demak	12	15	27	13	14	27	
22	Semarang	11	15	26	12	14	26	
23	Temanggung	3	21	24	5	20	25	
24	Kendal	11	19	30	11	19	30	
25	Batang	5	16	21	5	16	21	
26	Pekalongan	7	19	26	7	19	26	
27	Pemalang	4	18	22	4	18	22	
28	Tegal	8	21	29	10	21	29	
28	Brebes	18	20	38	18	20	38	
30	Kota M agelang	0	5	5	0	5	5	
31	Surakarta City	4	13	17	4	13	17	
32	Salatiga City	1	5	6	1	5	6	
33	Semarang City	13	24	37	13	24	37	
34	Pekalongan City	2	10	12	4	10	14	
35	Tegal City	1	7	8	1	7	8	



Total	309	564	873	322	554	876
Source: Basic Data o	f Central Java Provin					

Based on data from the Ministry of Health (2017) until 2017 the number of health centers in Central Java Province was 876 units consisting of 322 inpatient health centers and as many as 554 non-care Puskesmas stay. For Banyumas Regency, a total of 39 health centers and 14 of them are inpatient health centers while the other 25 are non-inpatient health centers. There was an increase in the number of inpatient Public Health Center (Puskesmas) who were originally in 2014 as many as 309, while in 2017 there were 322 Public Health Center. This shows that the District / City Government in Central Java has developed the status of the p Public Health Center to become an inpatient community health center with a wide variety of services, such as specific health centers for childbirth referrals or PONED (Basic Emergency Neonatal Obstetric Service), Public Health Center plus by presenting specialist doctor consultations and services. another excellent.

Community needs for outpatient and inpatient Public Health Center are getting higher, not only economically disadvantaged people, but also people who are able to benefit from inpatient services at Puskesmas. Meanwhile, the resources at the Public Health Center level are inadequate, such as the number of doctors, the number of dentists and even specialist doctors who do not yet practice at the Puskemas. This condition causes inpatient health center services to be less than optimal. Based on these problems, it is deemed necessary to analyze the health service strategy at the Cilongok I Community Health Center, Banyumas Regency based on the concept of a *service delivery system service delivery system* ().

This research was conducted to provide solutions and descriptions related to problems that occurred in the Cilongok I Community Health Center, Banyumas Regency. The purpose of this study was to analyze external and internal factors consisting of strengths and weaknesses as well as opportunities and threats from the Cilongok I Community Health Center to formulate a-based health service development strategy *service delivery system* in Puskemas Cilongok I, Banyumas Regency.

2. Literature Review

Literature review that will be discussed in this paper regarding the definition of health service development strategies and health service development strategy models used in research.

2.1 Based Health Service Development Strategy Model Service Delivery System

According to Rangkuti (2005: 3) says that strategy is a tool to achieve goals. From the explanation above it can be concluded that a strategy is one of the things needed to create or develop something so that it is known more deeply about the competitive advantages of a product or service in order to compete in society and create competitiveness. As stated by Rangkuti (2005: 3) that the strategy is carried out to overcome external threats and seize existing opportunities.



Providing high quality service is an important endeavor for service providers who strive to create and provide value to their customers (Groonros and Ravald, 2011). In the context of service delivery system management, the Service Delivery System is defined as structure (facilities, equipment, etc.) and infrastructure (job design, skills, etc.). And processes for providing services (Goldstein, et all. 2002, p. 132).

In this study, researchers used a SWOT analysis as a strategic model for health service development. According to Rangkuti (2005: 18) SWOT analysis is the identification of various factors systematically to formulate a company strategy. Strategy formulation, which is usually referred to as strategic planning, is a long-term planning formulation process, therefore the process uses more analysis (Rangkuti: 2005).

The reason for using SWOT analysis in this research is that it can conduct an in-depth analysis of the strengths, weaknesses, opportunities and threats as well as the competitive advantages possessed by the Cilongok I Community Health Center in Banyumas Regency which is carried out through an analysis of internal conditions, as well as an analysis of the opportunities and threats faced by companies that have done through analysis of the company's external conditions. SWOT analysis consists of 4 components, namely Strength (strength), Weakness (weakness), Opportunity (opportunity) and Treath (Threat). There are several stages to determine the strategy, according to Rangkuti (2005: 21) these stages are as follows (1) The data collection stage, which consists of evaluation of external factors, evaluation of internal factors and a competitive profile matrix. (2) The analysis stage, which consists of several options, namely the TOWS matrix, the BCG matrix, the Internal External Matrix, the Space Matrix, the Grand Strategy Matrix and (3) the decision-making stage, namely the strategic planning matrix. From the stages of determining the strategy, it can be seen that a SWOT analysis must be carried out in stages to find in depth the right strategy to be applied for a company. Starting with a deeper examination of internal strengths, internal weaknesses, external opportunities and external threats.

3. Research Method

This research uses qualitative methods. The research focus is to analyze the health service development strategy by analyzing internal and external factors at the Cilongok I Community Health Center, Banyumas Regency.

The research location is at the Cilongok I Health Center, Banyumas Regency. The data types in this study are primary data and secondary data. The data sources were obtained by means of questionnaires, observation, interviews, documentation and FGD (Focus Group Discussion). The research instrument in this qualitative approach includes the researcher himself, interview guidelines, documentation guidelines and media or supporting devices. The targets of this study were the Head of the Banyumas District Health Office, the Head of the Cilongok I Community Health Center, Banyumas Regency, the Head of the Public Administration Division at the Cilongok I Health Center, Banyumas Regency, the staff of the Cilongok I Community Health Center, Banyumas Regency, and the parties who supported this research. Based on the data that was found and collected in the field, the researchers then analyzed the data using a SWOT



analysis by identifying internal and external factors at the Cilongok I Community Health Center, Banyumas Regency.

4. Results And Discussion

The results of this study are some of the recommended strategies for Puskemas Cilongok I, Banyumas Regency by analyzing the internal and external environment and analyzing them through the SWOT matrix.

4.1 Internal and External Factors of Puskemas Cilongok I, Banyumas Regency

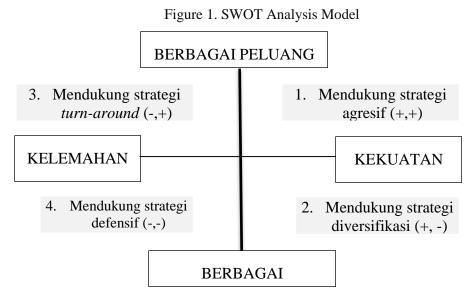
Internal factors are factors that include the strengths and weaknesses of the Cilongok I Health Center, Banyumas Regency. Internal factors come from the Cilongok I Community Health Center, Banyumas Regency. which consists of the quality of human resources, *physical evidence* and processes. Internal factors of Puskesmas Cilongok I, Banyumas Regency, consist of strengths and weaknesses found in the field.

External factors are factors that include opportunities and threats faced by the Cilongok I Community Health Center, Banyumas Regency. External factors come from outside the Cilongok I Community Health Center, Banyumas Regency. which consists of economy, law, socio-culture and technology.

4.2 Development Strategy of Puskesmas Cilongok I, Banyumas Regency based on Service Delivery System.

Various alternative development strategies can be formulated based on the SWOT matrix analysis model. The development strategy is based on a combination of strength, weakness, opportunity and threats. The SWOT matrix is for the development of the Cilongok I Community Health Center in Banyumas Regency. is as shown in the SWOT Matrix table. From the calculation of the SWOT matrix, it can be concluded that the total IFAS score is positive or negative, which can be seen more likely to the existing strengths or if it is negative, it tends to the weaknesses that exist at the Cilongok I Community Health Center, Banyumas Regency. Meanwhile, the total score between opportunities and threats, which can be seen positively or negatively, is more likely to exist or if it is negative, tends to the threats that exist at Puskesmas Cilongok I, Banyumas Regency. Factor Analysis Strategy (IFAS) and External Factor Analysis Strategy (EFAS), it can be concluded that the IFAS number tends to be strong if it is positive, while it tends to be weakness if the result is negative and EFAS is more likely to opportunity, which is positive. Meanwhile, if it is negative, it tends to be the threat that occurs in the Cilongok I Community Health Center, Banyumas Regency. So the final position of the total IFAS and EFAS total scores is in the quadrant position I, II, III or IV. The model used in the study is as follows:





Source: Rangkuti (2005: 19)

From the analysis techniques that have been carried out, it will be concluded that the total positive IFAS score is more likely to existing strengths, or negative tends to weaknesses. that is, while under chance and threat, will result in a total score that is more likely to chance if the result is positive and more likely to threaten if the result is negative. From the results of these calculations the IFAS and EFAS figures are then sought for alternative strategies using the SO strategy (strong-opportunities). WO (weakness-opportunities), ST (strength-threats) or WT (weakness-threats).

5. Conclusion

Based on the results of research and discussion of the development of health services based on *service delivery systems* at the Cilongok I Community Health Center, Banyumas Regency, it is concluded that strategies can be applied to achieve excellence and organizational goals based on the results of the SWOT analysis that has been conducted.

5.1 Suggestions

From the results of the research that has been done, the suggestions are given in order to overcome problems and implement strategies in Puskemas Cilongok I, Banyumas Regency.

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