

LOW ANALYSIS OF COMMUNITY INTEREST MAINTENANCE IN CENTRAL HEALTH CENTER SUKMAJAYA KOTA DEPOK PROVINSI JAWA BARAT

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ABSTRAK

Menurut rekapitulasi utilisasi pelayanan rawat inap Pusat kesehatan masyarakat di kota Depok tahun 2016-2018 sangat rendah. Hasil survey awal pada bulan Oktober 2018 yang dilakukan oleh peneliti, Pusat kesehatan masyarakat yang masih melayani pasien rawat inap hanya 3 Kecamatan, sedangkan 1 Kecamatan sudah tidak melayani pasien rawat inap umum sejak satu tahun yang lalu. Dari tiga kecamatan tersebut hanya 1 kecamatan yang memiliki pasien rawat inap, sedangkan yang lain kadang-kadang dalam satu bulan tidak ada kunjungan pasien rawat inap. Pusat kesehatan masyarakat Sukmajaya ditunjuk untuk melayani rawat inap umum, pelayanan obstetri neonatal dasar dan merawat anak ³⁰ buruk. Oleh karena rendahnya jumlah kunjungan pasien rawat inap di kota Depok, maka peneliti tertarik **mengetahui kekuatan dan kelemahan serta peluang dan ancaman** Pusat kesehatan masyarakat Sukmajaya. Penelitian ini menggunakan metode kualitatif dilakukan pada bulan Februari 2020 dengan wawancara mendalam menggunakan pedoman wawancara dan alat perekam suara. Wawancara dilakukan terhadap Kepala Pusat kesehatan masyarakat, Kepala Tata Usaha, Penanggungjawab ²⁶ rawat Inap, Dokter dan Perawat. Hasilnya Pusat kesehatan masyarakat Sukmajaya kalah bersaing dengan **Rumah Sakit Swasta karena Rumah Sakit swasta memiliki** tenaga kesehatan **dan** sarana prasarana yang lebih baik dibandingkan Pusat kesehatan masyarakat Sukmajaya. Disamping itu jumlah Rumah Sakit swasta di Kota Depok banyak dan lokasinya mudah dijangkau, sehingga masyarakat lebih memilih Rumah Sakit yang fasilitasnya lebih nyaman.

Kata kunci: Pusat Kesehatan masyarakat; kekuatan; kelemahan; peluang; ancaman

ABSTRACT

According to the recapitulation of the utilization of Pusat kesehatan masyarakat inpatient services in Depok in 2016-2018, it was very low. The results of an initial survey in October 2018 conducted by Pusat kesehatan masyarakat researchers who only served inpatients in only 3 districts, while 1 sub-district had not served general inpatients since one year ago. Of the three sub-districts, only 1 sub-district has inpatients, while others sometimes do not have an in-patient visit within one month. Sukmajaya Health Center was appointed to serve general inpatient care, basic neonatal obstetric services and care for malnourished children. Because of the low number of inpatient visits in the city of Depok, the researchers were interested in knowing the strengths and weaknesses as well as the opportunities and threats of the Sukmajaya Health Center. This study used a qualitative method conducted in February 2020 with in-depth interviews using interview guidelines and voice recording devices. Interviews were conducted with the Head of the Pusat kesehatan masyarakat, Head of Administration, Responsible for Inpatients, Doctors and Nurses. As a result, Sukmajaya Pusat kesehatan masyarakat was unable to compete with Private Hospitals because private hospitals had better health personnel and infrastructure than Sukmajaya Pusat kesehatan masyarakat. Besides that, the number of private hospitals in the city of Depok is large and the location is easy to reach, so people prefer hospitals with more convenient facilities.

Keywords: Community Health Center; strength; weakness; opportunity; threat

PRELIMINARY

18 According to WHO Primary Health Care (PHC) is a whole community approach that includes health promotion, disease prevention, 14 e, rehabilitation and palliative care including physical, mental and social welfare and it is centered on humans and not on disease. The three interrelated pillars of PHC are empowered people and the community involved; multisectoral measures for health; and health services that prioritize the delivery of high-quality primary care and public health functions. PHC is the best strategy for providing health care and services to everyone everywhere and the most efficient and effective strategy for achieving health for everyone.¹

Primary health care has proven to be a very effective and efficient way to address the current underlying causes and risks 14 f poor health and well-being, and to address emerging challenges that threaten health and well-being in the future. This has also proven to be a good value investment, because there is evidence that quality primary health care reduces total health care costs and increases efficiency by reducing hospital admissions. Addressing increasingly complex health needs requires a multisectoral approach that integrates health promotion and prevention policies, community-responsive solutions, 2 and community-centered health services. Strengthening systems at the community level and peripheral health facilities contribute to building resilience, which is very important to withstand shocks to the health system.

For a long time, Indonesia has implemented a strategy of primary and essential health services to address population health problems, including the problem of inequality in health status and access to services between regions and between economic strata. The strategy began structurally with the introduction of the 24 blic Health Center in 1968, long before the World Health Organization (WHO) issued the Alma Ata Declaration in 1978 on Primary Health Care.²

From 1968 to 2000, community health centers were managed and fostered by the Central Government (Ministry of Health). Construction of facilities, placement of

personnel, and procurement of medicines for community health centers is determined through a Presidential Instruction. With the Presidential Instruction system, the distribution of public health centers is evenly distributed in almost every district. Policies have changed since the implementation of decentralization in 2000. Management and fostering of community health centers are left to district / city governments. Since then, the development of community health centers has varied depending on regional fiscal commitments and capabilities. The prominent problem is the lack of human resources 1 and not in accordance with the standards of the public health center.

The challenges of health development continue to increase. Demographic transition as indicated by the increasing proportion of productive population and the elderly population in the future and the epidemiological transition with increasing non-communicable diseases, demands the readiness of public health centers in providing front-line 17 services.

Inpatient community health center is a 1 health facility that provides inpatient services at the level of authority of the first-level health facility and additional authority granted in accordance with applicable laws and regulations. Inpatient treatment at a public health center is only intended for cases where the length of stay is 5 days. Patients who need treatment for more than 5 days should be referred to the hospital, planned.

I 16 tient community health centers must be equipped with resources to support inpatient services, in accordance with the provisions. Have a maximum number of 23 ds of 10 (ten) beds, and provide inpatient services 24 hours a day and 7 days a week for inpatient services. Inpatient activities in community health centers include caring for patients who require hospitalization, caring for emergency patients in order to stabilize the condition before being referred, observing, normal delivery services and or

deliveries with complications according to the guidelines or regulations.³

The Sukmajaya community health center has a vision of realizing primary health care towards health, independence and religion and has a mission to improve the quality of health services, drive community independence for healthy and religious life and establish cross-sectoral cooperation in the health sector. The program of activities in 2018 is basic and inpatient health services, 24-hour health services and basic neonatal obstetric services and improvement of public and individual health.

The Organizational Structure and Work Procedure of the Sukmajaya community health center refer to the Urban Area public health center in accordance¹ with the Republic of Indonesia's Ministry of Health Regulation No. 75 of 2014 concerning Community Health Centers. For health human resources in 2018, it consists of 87 employees, of which 27 are Civil Servants, and 60 are Non Civil Servants.

The community health center has supporting facilities, namely the Laboratory. The examination that can be done at the Laboratory is a simple examination. Such as blood sugar testing, widal examination, platelet examination.

The community health center has a working area of around 55.14 or 27.53% of the city area and was established in 1981. The work area of this unit covers 2 Mekarjaya and Tirtajaya kelurahans with a distance of 1 km and 5 km from the community health center. The population in the working area of the Center for public health in 2018 was 96,534 people with a population of productive age group (0-14 years) of 8,255 people, productive age group (15-64 years) amounting to 56,512 people and an advanced age group (> 65 years) of 68,796 inhabitants. In 2018, the population based on the most dominant age structure was the age group of 30-34 years with 9,615 or 9.96%. Followed by the age group, namely 35 -39 years, 9,041 people or 9.36%. For productive age population (15 - 64) in 2018, there will be 66,860 people or 69.260% of the total population in the community health center area. This means that the population of productive

age is more than half the population¹ in the area of public health centers and still dominates the population in general. Health facilities and facilities in the work area Community health centers are also quite adequate.

¹³ In the strategic management process the organization should continuously monitor events in the internal and external environment and trends so that quick changes can be made when needed. The level and magnitude of the changes affecting the organization increase dramatically. To survive¹² organizations must be able to precisely identify and adapt to change. The strategic management process is intended to enable organizations to adapt effectively to changes in the long term¹²

In the strategic management process, some members of the organization do not understand informal tasks. Many organizations make one or more of the three fundamental mistakes: they don't know what they have to do, they believe that they are more difficult to press and press on in their activities than they really are and they assume that if they don't speak explicit in doing something, they are not allowed to do that

Many companies now develop vision statement⁷ that respond, "What do we want to be?" Developing a vision statement is often seen as the first stage in strategic planning, even preceding the making of a stated mission. Many vision statements are single sentences. A mission statement is a statement of long-term goals that distinguishes one company from other similar companies. The mission statement identifies the scope of the company's operations in products and markets. The statement answers the basic statements faced by all strategic makers. A¹² vision statement that clearly illustrates the values and⁸ priorities of an organization.

External opportunities and threats refer to economic, socio-cultural, demographic, environmental, political, legal, government, technological, and competition trends that

can significantly benefit or harm the organization in the future. Opportunities and threats are largely beyond the control of the organization, so they are called external.

Internal strengths and weaknesses are controllable organizational activities that are carried out very well or very badly. They appear in the management, marketing, financial / accounting, production / operations, research and development activities and management information systems of a business. Identifying and evaluating organizational strengths and weaknesses in the functional area of a business is an important management activity. The organization tries to carry out strategies that utilize internal strengths and eliminate internal weaknesses.

According to the recapitulation of the utilization of health services in Depok City public health centers in 2016-2018, there were 4 public health centers providing public inpatient services, namely Sukmajaya, Cimanggis, Pancoran Mas and Cinere. Initial survey results in October 2018 conducted by community health center researchers who still serve inpatients only 3 districts namely Sukmajaya, Cimanggis and Cinere, while 1 district namely Pancoran Mas has not served general inpatients since one year ago. Of the three community health centers, only 1 community health center has inpatients, while the other sometimes in one month there are no inpatient visits. The Sukmajaya community health center is appointed to serve general inpatients, basic neonatal obstetric services and care for malnourished children. The Sukmajaya community health center has a strategic location and a fairly good inpatient room, but the number of patients admitted to the public is less than targeted. Even when researchers conducted interviews in mid-February 2020, 2020 general inpatients did not yet exist.

Cimanggis community health center has a strategic location and inpatient rooms that are quite good compared to Pancoran Mas, but information obtained by the number of general inpatients every month is sometimes absent. Cinere community health centers have strategic locations and have inpatient services and rooms, but monthly inpatients are often absent.

The Pancoran Mas community health center has a strategic location, but is very close to the Private General Hospital. According to the Head of the Pancoran Mas community health center in October 2019, one of the low numbers of general inpatients was the location of nearby and many private public hospitals in the city of Depok, so that the Social Security Administering Agency patients chose to be admitted to the public hospital. The Pancoran Mas community health center has a birthing room that is claimed as a Betawi cultural preserve, so building renovations are rather difficult. The last general inpatient room is inadequate and general inpatient services have not existed since one year ago. Emergency patients who come to the public health center and are indicated to be admitted directly are advised to the hospital.

The results of the initial interview with the head of the health service section that all inpatient community health centers in the city of Depok have adequate facilities and infrastructure, but the number of inpatient visits did not reach the target.

Below the number of inpatient visits at the Sukmajaya Community Health Center in 2016-2018.

Table 1
Number of inpatient visits Sukmajaya community health center 2016-2018

No	Year	Amount of Amount		t
		visits Man	Wom an	
1	2016	12	8	20
2	2017	3	6	9
3	2018	5	6	11

Source: Health Services Section Depok City Health Department

Because of the low number of inpatient visits in the city of Depok, researchers are interested in knowing the strengths and weaknesses and opportunities and threats of the Sukmajaya community health center which is still open for inpatient services, has

a strategic location and a good inpatient room.

RESEARCH METHODS

This study used a qualitative method conducted in February 2020 with in-depth interviews using interview guidelines and voice recording devices. Interviews were conducted with the heads of the public health centers, heads of administration, in charge of inpatients, doctors and inpatients and given the codes R1, R2, R3, R4 and R5 respectively.

RESEARCH RESULT

Observation results

The Sukmajaya community health center is in a strategic location. The area of community health centers is quite broad compared to inpatient community health centers such as Cinere and Pancoran Mas. Community health centers have an unconnected room between one service and another. The two-story community health center building. Emergency Installation is located on the ground floor and is a general inpatient on the second floor and is not connected. There are 3 inpatient rooms. One room for malnourished children and two rooms for general male and female patients. The room area is quite good and clean and each one has a bathroom. Bed in the room of malnourished pediatric patients there are 6. Three beds for malnourished children and three beds for waiting. There are 3 (three) general inpatient rooms for male and female patients. The poly building is separate from the Emergency and Inpatient Installation building, located on the lower floor.

Interview result

Internal strengths and weaknesses of the community health center

Vision and mission

1. Does the community health center have a vision and mission?

"... The mission of the old community health center ... improving ... realizing excellent health services towards healthy, independent and religious ..." (R1)

"... There is a mission division that performs a comfortable and religious service" (R2)

"... there ... I forgot ... if I memorized the exam ..." (R3)

"... There is ... the vision of the mission refers to the vision and mission of the city ... so if the City embodies the superior, comfortable and religious ... the Sukmajaya community health center embodies the superior, comfortable and religious too ..." (R4)

"... There is ... the main thing is to realize public health services that are excellent, independent and religious ... referring to the vision and mission of the city ..." (R5)

2. Does the general inpatient service have a vision and mission?

"... Nothing, ... usually as a whole ..." (R1)

"... vision. serve with excellent service ..." (R2)

"... It's the same ..." (R3)

"... Nothing ..." (R4)

"... Nothing ..." (R5)

3. What is the effort to socialize the vision and mission?

"..... Usually the socialization to the staff at morning apple. If going to the community at the time of the tribunal training session" (R1)

"... Socialization of the new mission vision to internal first ... internal means within the Community health center ... the new mission revision since 2018 or 2019 ... the mission revision is different from the first" (R2)

".... If the vision and mission is taken from the vision and mission of the City to provide religious services ... at the community health center during monthly workshops, if cross-sectoral at the tribune workshop" (R3)

"..... The socialization within the staff is ... if there is no community health center outside ..." (R3)

"... Socialization through brochures ..." (R5)

4. What changes are expected from the socialization of the vision and mission?

"..... if it is expected that staff will change their work culture ... feel they

have a community health center, so that the quality of service is better ... if it is expected that the community's clean lifestyle will be improved ..." (R1)

"..... The vision of the Sukmajaya community health center is to improve the service of Sukmajaya to become a healthy, independent and religious Sukmajaya ..." (R3)

"... Nothing ..." (R4)

".... There are ... changes towards independence, prime and religious patients have now started the online system, used to scramble queue numbers, now they want to follow procedures ... if they come last, they want to be served quickly ... now with online systems, they will start queuing." (R5)

Human Resources

1. What do you think is the current condition of human resources in general inpatient services?

"... there are enough human resources ... I think there are not enough patients yet ..." (R1)

"... If there is an inpatient in charge. If human resources are said to be lacking ... yes ... lacking ... but we have to be enough sufficient ... because we have to see the availability of paying them so yes ... yes ... we are enough ... doctors and nurses there are civil servants and self-management. There are eight doctors. Civil Servants 4 and self-management 4. Doctors Civil Servants all work in rice. Starting in February 2020, one self-managed doctor will work in the morning, two in the afternoon and one in the evening. Nurses have civil servants and self-management. Civil Servants Nurse 4 and self-management 8. All Nurses of Civil Servants on morning duty. Two self-managed nurses on duty in the morning, two in the afternoon, two in the evening and two off the holidays. If there are laboratory staffs who are Civil Servants and self-administers, one Civil Servant and three Self-Managers. Morning Civil Servants. One self-management morning and two

afternoon self-managers. We have general inpatient care and in-patient care for malnourished children. The only center for malnutrition treatment in the city is here, so other community health centers also refer here." (R2)

"... If human resources are lacking ... doctors and nurses are lacking ... Laboratories are also not on standby 24 hours ..." (R3)

"... If we work according to the standard operational procedure, we can ... so if we accept patients with severe conditions, we can not work ... we all work together ... poly and Emergency Room Installation ... If the afternoon shift is Emergency Room Installation, poly ... and hospitalization" (R4)

2. What changes are expected from the socialization of the vision and mission?

"... If it is expected that staff can change their work culture ... they feel they have a community health center, so that the quality of their services is better ... if the community is expected to improve their hygiene behavior ..." (R1)

"..... The vision of the Sukmajaya community health center is to improve the service of Sukmajaya to become a healthy, independent and religious Sukmajaya ..." (R3)

"... Nothing ..." (R4)

".... There are ... changes towards independence, prime and religious patients have now started the online system, used to fight over queue numbers, now they want to follow procedures ... if they come last, they want to be served quickly ... now with online systems, they will start queuing." (R5)

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(R4)

"... There are 8 non-Civil Servant nurses and 4 Civil Servant nurses. If the assignment is in accordance with its function, God willing, it is enough ... if in the morning four Civil Servants ... non Civil

Servants two ... afternoon two ... afternoon two ... if there is no outside service ... Inshallah enough if there are nurses outside services such as morning programs and meetings, then the overwhelmed at nurse station services ... because we hold three poly or even four poly. ... general poly, elderly, toddlers, pacifiers, methadone and even hajj moreover the emergency room and actions of the Emergency Unit ... if a Dengue Hemorrhagic Fever patient enters with one hundred and fifty thousand platelets, we can still accept it but we don't know, if a nosebleed patient falls in the bathroom, because it has to be monitored especially if there is no family while we are in the position of service polyclinics it is very risky if the patient falls. From the poly to the inpatient room it takes time because the inpatient room above ... the condition is that there are only kitchen staff and it is not the duty of the kitchen staff to monitor Laboratory laboratories do not last night Laboratory staff are four ... one Civil Servant and three not Civil Servants the service is morning and evening ... if in the morning sometimes the Laboratory staff are three times sometimes together ... if in the afternoon the Laboratory staff themselves are up to nine in the evening ... if there are many Child Health Patients in the Laboratory examination ... if the Laboratory staff two people are overwhelmed ... for inpatient services are still limited. If there is only oral medication and fluid infusion here ... if there are inpatients vomiting ... the medicine is only oral and there is no injection drug ... so it is very limited at all "(R5)

2. In your opinion, how is the current condition of human resources in general inpatient services?

"... there are enough human resources ... I think there are not enough patients yet ..."
(R1)

"... If there is an inpatient in charge. If human resources are said to be lacking ... yes ... lacking ... but we have to be enough sufficient ... because we have to see the availability of paying them so yes ... yes ... we are enough ... doctors and nurses there are civil servants and self-management. There are eight doctors. Civil Servants 4 and self-management 4. Doctors Civil Servants all work in rice. Starting in February 2020, one self-managed doctor will work in the morning, two in the afternoon and one in the evening. Nurses have civil servants and self-management. Civil Servants Nurse 4 and self-management 8. All Nurses of Civil Servants on morning duty. Two self-managed nurses on duty in the morning, two in the afternoon, two in the evening and two off the holidays. If there are laboratory staffs who are Civil Servants and self-administers, one Civil Servant and three Self-Managers. Morning Civil Servants. One self-management morning and two afternoon self-managers. We have general inpatient care and in-patient care for malnourished children. The only center for malnutrition treatment in the city is here, so other community health centers also refer here." (R2)

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3. What do you think is the current state of human resources for inpatient services?

"... there are enough human resources ... I think there are not enough patients yet ..."
(R1)

"... If there is an inpatient in charge. If human resources are said to be lacking ... yes ... lacking ... but we have to be enough sufficient ... because we have to see the availability of paying them so yes ... yes ... we are enough ... doctors and nurses there are civil servants and self-management. There are eight doctors. Civil Servants 4 and self-management 4. Doctors Civil Servants all work in rice. Starting in February 2020, one self-managed doctor will work in the morning, two in the afternoon and one in the evening. Nurses have civil servants and self-management. Civil Servants Nurse 4 and self-management 8. All Nurses of Civil Servants on morning duty. Two self-managed nurses on duty in the morning, two in the afternoon, two in the evening and two off the holidays. If there are laboratory staffs who are Civil Servants and self-administers, one Civil Servant and three Self-Managers. Morning Civil Servants. One self-management morning and two afternoon self-managers. We have general inpatient care and in-patient care for malnourished children. The only center for malnutrition treatment in the city is here, so other community health centers also refer here. "(R2)

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Inpatient position in the organizational structure

1. What is the position of general inpatient services in the organization of public health centers?

"... The inpatient service unit is still running ... if we are close to the hospital, so it is competing ... while services at the community health center are limited ... for example if there are Dengue Hemorrhagic Fever patients who require blood tests every six hours ..." (R1)

"... The inpatient room in building C ... above ... there are two bedrooms for men and women there are three beds specifically for the malnutrition room there is one room that's three beds for children and three beds for their mothers who are waiting ... so it is for general inpatient rooms for men there are three beds for each woman and woman ... if in Poned to give birth there are four beds ... "(R2)

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"... According to the Minister of Health Regulation No. 43 of 2019, the priority of community health centers is promotive and preventive meaning that curative and rehabilitative treatments such as medical treatment and hospitalization are not necessary, especially with limited human resources ... Public health centers are also close to the Home Pain ... "(R3)

"... The lowest priority is hospitalization ... the thing is we want to take a difficult action Our inpatient treatment is ... the medicine is oral and just Intravenous ... continue if there is a suspected Dengue Fever that has signs of fever to the hemorrhagic direction also cannot ... because emergency equipment is also limited. We accept inpatients such as typhus, diarrhea. If there is a fever patient in the direction of Dengue Hemorrhagic Fever we dare not accept it. The patient was also infused with a record of no vomiting. If there is vomiting to the hospital. Here the medicine is oral and just Intravenous. If there is an accident patient, for sewing, lidocaine is there here if for wound action there is ... here if the patient is infused there is no improvement, inevitably still sent to the hospital "(R4)

"... If the conditions are now, hospitalization is not a priority because there are many priority programs in public

health centers that must go to the field ... such as worming programs that require officers to be inside and outside the building ... it must be balanced ... so plus hospitalization so it has not been a priority ... only community health centers have inpatients only to treat patients with certain conditions. Hospitalization is not a priority yet ... because every month there are many Poly ... so hospitalization is not a priority at this time ... "(R5)

2. Do you think that the existing inpatient care organization can accommodate the tasks and responsibilities that are carried out?
".... Yes if working according to standard operating procedures. So if there are patients with severe conditions we can not treatwe have a lot of tasks here poly, sometimes to the Emergency Room Installation if the afternoon shift Emergency Room Installation, afternoon outpatient services and inpatients (R4)
"... If there is a problem in the hospital, we submit it to the person in charge. Later, the responsible doctor will deliver it to the Head of Administration or head of the community health center ... "(R5)

Facilities and infrastructure

What do you think about the condition of the physical facilities for general inpatient services when it comes to tools and treatment facilities for general inpatient services?

"..... Limited means, not enough if the patient wants a lot, we have to improve the facilities we accept the patients being treated according to the conditions of the community health center ... "(R1)

"... Actually, the physical facilities are enough ... but to meet the full hospitalization is not enough ... because the conditions are limited or not enough. According to the rules, maybe something must be improved ... "(R2)

".... Inpatient conditions are limited ..." (R3)
'.... Our laboratory here is not twenty-four hours if there is a Dengue Hemorrhagic Fever patient it cannot be because it requires supervision every six hours. For inpatients there is only infusion and oral. Inpatients are limited to mild-moderate diarrhea. If it's hard to be referred to the hospital. We accept patients as typhus. ... "(R4)

"... If inpatient services are limited ... here only oral drugs and infusions ... inpatients have to rest sometimes nausea, vomiting and can not enter oral medication while here there is no injection drug ... so very limited ... officers in the inpatient room do not stand by because we are tasked with serving outpatients, so that if the patient suddenly becomes weak does not know if there are inpatients examined after the service at the polyclinic is finished ... "(R5)

Inpatient care products

What is the current general inpatient service product?

"... good" (R1)

"... If the quality of inpatient services is generally sufficient ... we are general inpatient services not hospitals ... in the direction of observation ... twelve hours huh ... if observed twelve hours they can improve go home similarly with Poned ... if twelve hours don't improve, we refer because we have first-rate inpatient services ... so we can't handle outside of it ... so it's only twelve hours ... "(R2)

"... If a child with severe malnutrition is adequate ... if inpatients are in general like typhoid bleeding cannot be because the laboratory is not twenty-four hours ... "(R3)

"... If we have patients, we will all handle it ... according to the conditions that we can handle here, we try if you can't ... inevitably we motivate to reconcile "(R4)

"... If the quality is good ... "(R5)

2. How do you respond to current in-patient care products?

"..... actually there are a lot of things to fix" (R2)

"... If the quality of the human resources is improved again, medical devices are still far from perfect ... there must also be an

update on the training of nurses and doctors ... so more knowledge updates ... "(R5)

Marketing of inpatient services

1. Do general inpatient services have their own marketing?

"... Not yet ... "(R1)

"... If there is counseling in the morning ... if there are inpatients ahead of the info ... information boards ... that there are inpatients ... we will let you know ... if there is an inpatient observation ... the public knows that we have inpatients inpatient then besides there is an information board in the future it also reads ... if we have a meeting with the sub-district head, our network will always tell you ... the status of the Sukmajaya community health center poned ... "(R2)

"... For malnutrition hospitalization, there is ... if there is malnutrition, the consul will go to the nutrition division ... later if there is an improvement in nutrition, you can go here "(R3)

".... The new regulation of the public health center is promotive and preventive. We don't know yet whether we want to continue Ranap or outpatient treatment for 24 roads. Marketing does not yet exist. Our position in the middle of the city. Our facilities are also modest. Our community health center is near the hospital. Patients choose to go to hospital because they are closer ... "(R4)

"... The marketing itself is not yet ... for the promotion, the human resource must be prepared. "... Not yet for now ... "(R5)

Effect of accreditation on inpatient services

What effect does accreditation have on public health centers that you lead, especially inpatient services?

"... Yes, there is the effect of accreditation as standardization instruments I think there is" (R1)

".... The influence is that in some accreditation standards there must be fulfilled such as minimum service standards, infrastructure must be met, the staff also there are many benefits to accreditation, so we can know what the actual standards are ... performance we will be improved ... if we have accreditation, there must be an improvement in the accrual from nothing to nothing ... the performance will be encouraged ... "(R2)

".... not yet" (R3)

"... Accreditation The new community health center is going to be complete ... if the effect of accreditation is the existence of Standard Operating Procedures ..." (R4)

"... The influence ... there is accreditation ... children 's rooms are better ... children 's rooms are given wall papers to make them more comfortable. One of the requirements for accreditation of physical facilities according to standards ... "(R5)

External opportunities and threats Public health centers

Policy

What policies affect the development of inpatient services?

"... Referring to Permenkes Number 75 if the Regional Government declared the Integrated Services Unit if there could be hospitalization in eleven districts ..." (R1)

"... Minimal inpatient services according to the minimum service standards of the city of Depok and inpatient service standards of the Social Security Administration Agency" (R2)

"... If the tariff is in accordance with the Regional Regulation ..." (R3)

"....There is no.... .." (R5)

Overview and technological progress

What is your response to the description and progress of the development of technology for general inpatient services at the current public health center?

"... Infrastructure means limited. ... "(R1).

"..... If the laboratory is enough, the supporting equipment. ... "(R2)

"... Medications are limited. ... we don't have injection drugs ... we only have oral drugs and Intravenous ... "(R3)

".... If at the Paperless Hospital ... medical records ... all by computer. If we haven't arrived there yet. Inpatient services for infusion. Our laboratory is not 24 hours. Our condition is limited by human resources, medical devices ... if Dengue Hemorrhagic Fever has only two implementers, the analysts only take two shifts until the afternoon until nine at night ...the disease that is received is most typhus, moderate mild diarrhea ... if most hospitals are severe.. "(R4)

"... Still limited ... Laboratory tests for Ig G and Ig M dengue fever do not exist ..." (R5)

Population of community working area Public health center

How does the population influence the community's interest in general inpatient care?

"..... We are, not too far from the hospital under five kilometers, there is a hospital.to the west, east, south, north so ... so ... maybe if in the countryside maybe ok ... maybe you want it or not the public health center as a place for more hospitalization ... I think ... "(R1)

"... In terms of population, ... back to the middle and lower social scale ... there are many migrants here. ... Thank God, in general, the population treated here a lot" (R2)

"... Influenced if we are promoting ..." (R5)

Socioeconomic Effects

How does the community's current socioeconomic impact on community health centers and inpatient services?

"..... Socioeconomics here are diverse those who seek treatment here are socioeconomic varies ... so people still seek treatment at community health centers ... the population here is high so it has an impact on outpatients and inpatients if socioeconomic The height of treatment here is lacking ... but here many people are capable, but because there are many migrants here, so those who seek treatment here have varied socioeconomics ... so that

it affects outpatients and inpatients. well that newcomer "(R2)

"... If there are two villages in Mekarjaya and Tirtajaya. Mekarjaya tends to be upper middle class. They tend to go to hospitals. If you go to the public health center, just ask for a referral. If Tirtajaya, the lower middle class still wants to seek treatment here ... "(R4)

"... If here are treated by middle to lower socioeconomic ..." (R5)

Competitors Community health centers

In your opinion, who are the competitors of the inpatient services at the current public health center?

"... Many hospitals ... inpatient clinics are usually available ..." (R1)

"... Because we are only the first service and only observation ... especially here there are a lot of private hospitals ... so they chose to go to the hospital ... because they need comfortable facilities ... if inpatient only observes fever they still want to , but if for the continuation of treatment they choose the Hospital "(R2)

"..... In my opinion, it's not a competitor, but a partner ..." (R3)

"... If there are many competitors, private hospitals ..." (R4)

"... There are a lot of private hospitals here. We are surrounded by private hospitals with affordable access. The priority level in Bojongsari and Tapos is because the Regional General Hospital is far away ... Private hospitals are far away ... if Sukmajaya has strategic access ... if middle and upper patients prefer Hospitals compared to public health centers. If middle to lower patients with a community health center, Ranap is very helpful especially if the patient does not have health insurance ... "(R5)

Referring health service provider or facility

Who do you think is the supplier for inpatient services now?

"..... Don't know huh I'm only a month ..." (R1)

"... Lots of them anyway ... they refer here to the closest first ... if handled need more levels ... we refer back ... I mean referring to the hospital ... in the clinic there is no hospitalization ...

referred to because of fever like in the maternity clinic ... they don't have an ambulance ... they refer here ... we can see them with complications ... we refer again ... "(R2)

"... Usually clinics know that there are a lot of hospitals here ... so usually they won't refer here ..." (R3)

"Right now, the Kelurahan community health center can go directly to the hospital... based on the health facilities... Mandiri practice can go directly to the hospital... if in a small area, yes... there is an auxiliary community health center. we are the Urban Community Health Center. The village community health center goes straight to the hospital ... "(R4)

"There are no suppliers ..." (R5)

10

Location of community health centers

What is the effect of the location of the community health center on community interest in general inpatient care?

"... Yes, it must be influential, yes ..." (R1)

"... Our location is more strategic like their Eternal Health facilities are here, Ma'am ... Eternal Healthcare as an outpatient ... they are more happy ... if they are pregnant they are also more happy to come here ... why don't they go to independent or independent midwives ... then they often seek treatment here ... besides them ...for parturition ... when they are pregnant they prefer to check here ... "(R2)

"... the location is very strategic to be referred to the hospital ... if people come here close ..." (R3)

".... Interests of the community want to go directly to the Hospital Patients of the Social Security Organizing Agency prefer Hospitals for hospitalization ... if the patient guarantees prefer Hospitals If the general patient if motivated, still want to be treated here {R4)

".... If the location is strategic, but the strategic location is in the hospital. If for the urban environment is close and access is close. For the lower middle class is still affordable. Only oral and infusion can be

used here. So the patients choose the hospital. Unless the drugs are updated for injection, for example if there is a Sanmol drip fever. If the oral treatment of patients prefers the Hospital "(R5)

Advice from community health centers

Is there anything else I want to say?

"... People sometimes don't understand ... why are they being referred again ... because we do have standards ... have rules ... Community health centers treat according to conditions ... if there are diseases that are difficult to handle we should not hold patients ... so we have to refer again ... so people sometimes feel rejected ... rejected ... even though we do not refuse ... even though we have told them ... what kind of status of a community health center making the community look after health is more important than already sick ... thirdly that the government doing that rule immediately looked to the bottom so that we at the public health center had no difficulty when the regulation had to be carried out in accordance with our conditions because it involved with infrastructure for example Poned rules ... rather made easier ... for example rule A in accordance with not in the Community Health Center ... "(R2)

"... If it is to be improved, human resources are added and specialized training for care is added. If with the current condition of human resources to go out and inside the building is heavy ... I am afraid that the patient will not be able to hold his arms ... "(R3)

"... If there is no better hospitalization because inpatient services need to prepare human resources, tools ..." (R4)

"... The human resources are increased, training, facilities, medical devices ... so the community health center is not inferior to the hospital ... with medical equipment as we have limited space ..." (R5)

DISCUSSION

Internal strengths and weaknesses

Vision and Mission Center for public health

The community health center has a vision of realizing prime health services towards healthy, independent and religious Sukmajaya and has a

mission to improve the quality of health services, drive the independence of the community to live healthy and religious life and establish cross-sectoral cooperation in the health sector.

Most of the respondents know the vision of the Center for public health, only a small portion cannot answer. All respondents cannot answer the mission of the community health center detail, but all respondents know the mission of the community health center is to make the community live healthy and religious and most know its mission to establish cooperation with cross-sectoral. For the vision and mission of inpatient services, all respondents answered there was nothing but vision and mission of the community health center.

Most of the respondents explained the effort to socialize the vision and mission through the internal environment when morning staff all were reminded of the vision and mission of the community health center and the monthly mini workshop of the community health center. There were also respondents who explained their socialization efforts through brochures and when preparing for accreditation for public health centers. Besides socialization in the internal environment, most explained that the socialization was carried out in the external environment through counseling at community health centers and mini-quarterly cross-sector workshops.

In the effort to socialize the vision and mission, it is hoped that there are internal and external changes. Internally, as there is a change in work culture, all staff are expected to feel they have Puksemas, so that the quality of service becomes better. While the expected external changes are promotive and preventive efforts at the public health center, which is prioritized as inviting people to behave in a clean and healthy life. Since the socialization effort, there have been changes felt by respondents such as patients starting to change and following online register procedures, so that they do not fight over queue numbers.

Sharing the organization's mission and vision for staff and acting according to those rules will be far more important in today's competitive environment. Especially, considering the production sector, developing staff efforts to contribute to the organization's mission and vision for staff is a situation desired by managers. The perception of the organization for staff is closely related to the work that they operate in the organization. The balance between job demands and the controls or resources provided to balance demands can affect attitudes toward the organization and work for staff working in labor intensive jobs.⁶

Globalization and the accompanying technological development have increased competition. Organizations easily monitor the activities of other organizations and copy competitors' products and services. Now consumers are finding a little information about products and organizations, thus influencing consumers to choose criteria for decision making. But intense competition offers organizations opportunities for strategic change through various means. In today's rapidly changing conditions which has a strong strategic plan in maintaining competitive advantage. As the first step in strategic planning, mission statements and vision become important communication tools for businesses. The mission statement and vision reflect the organization's strategy and express themselves clearly to customers and stakeholders. These statements influence the formation of customer and community attitudes.

According to Aykan (2013) some organizations cannot find clear differences / definitions between mission and vision statements. This organization misstated mission and vision statements. The same organization uses very similar mission and vision statements. Also though mission and vision statements should provide clues and information about the organization and their differences compared to their competitors.⁷ According to Vito (2020) organizational culture is the center of organizational effectiveness and performance considering the context of government increases accountability and efficiency, and leaders are key players in building culture in

their institutions. Research shows significant variation between institutions regarding mission, vision, values; organizational structure; trust and security; communication and information sharing; staff recognition and health; performance management and discipline. Contributing internal and external pressures are noted as contextual influences. Practical implications for leaders in children's service organizations are highlighted: living mission, vision, values in practice; creating a flexible organizational structure; fostering trust and security; information sharing and open communication; meaningful staff recognition and health activities; and consistent performance evaluation based on strength.⁸

Human Resources

The Sukmajaya community health center has a dense population, so the number of outpatient visits is quite high. The high number of patients affects the workload of doctors, nurses and analyst officers. A small number of respondents answered that the health workforce resources at the community health center were sufficient, a small number answered that enough as long as there were no health workers outside the community health center and a small number answered that it was not enough.

The number of doctors is 7 (seven), 4 (four) morning service, 1 (one) evening and 1 (one) night. The doctor is in charge of concurrently serving at the Polyclinic, Emergency Installation and hospitalization. There are nurses 12 (twelve), 6 (six) morning service, 2 (two) evening, 2 (two) nights and 2 (two) off holidays. During morning and evening assignments, all nurses work at the Poli so there is no one specifically on duty in the inpatient room. There are 4 laboratory staff, sometimes 2 or 3 people in the morning service, especially when there is a Mother and Child Health Polyclinic because there are many laboratory examinations, so that if there are only 2 laboratory staff, the laboratory staff will be overwhelmed.

The results of previous MoU research between the Social Security Organizing Agency and the Depok City Health Office, only 126 types of diseases that can be treated at the Depok City community health center out of a number of 144 diseases that should be handled at the community health center. Diseases that cannot be treated include Dengue hemorrhagic fever and myopia (nearsightedness). The results of an interview with the head of the referral field of the Depok City Health Office stated that Dengue Hemorrhagic Fever could not be handled because there were no supporting facilities and infrastructure available for supporting the diagnosis of Dengue Hemorrhagic Fever, namely laboratories. High referral at the Depok City community health center is influenced by the ability of the community health center to provide services. The public health center in Depok City is currently only able to serve 126 types of diseases out of 144 diseases that should be able to be handled at the community health center. The ability of the service is related to the availability of facilities and health workers who do not meet the standards. What is lacking in the Depok City community health center is a laboratory. Not all community health centers have Laboratory services. The availability of facilities needs to be accompanied by the fulfillment and improvement of the capacity of health workers as the driving force. At present only 25 percent of public health centers have the standard amount of energy. Midwives, nurses, medical laboratory technology experts and pharmacy staff are still lacking.⁹

According to Shofiah (2019) the availability of analysts is very much needed at the public health center, considering the community health center is the first level facility for health services in the community. There are several types of health services in the Puger community health center that require collaborative collaboration with analysts such as pregnancy services, outpatient care, inpatient care, routine STI examinations, and when conducting a mobile inspection.¹⁰

Inpatient position in the organizational structure

All respondents explained that hospitalization was still ongoing but not yet a priority and the community health center was also a center for the treatment of malnutrition children. Both the doctor and the nurse explained that the public health center only accepts fever observation patients who are not suspected of dengue fever because Laboratory Laboratory workers only arrive at 9 (nine) nights. The availability of drugs in the hospital is only oral drugs and infusions, so if the patient vomits, the drugs given are oral only. According to Peter Drucker in Djoko (2000) that in fact the risk can hardly be prevented or eliminated. Therefore the risk should be understood and accepted as is, then managed (risk management) so as not to cause more losses and be used to stand in the direction of future progress.¹¹

One doctor was appointed to be responsible. If a patient is referred from the Polyclinic, the Polyclinic doctor first makes the status of the inpatient and the schedule of visits according to the schedule. The general inpatient room on the second floor has three rooms, each a special room for malnourished children, in-patient care for male and female patients. For children with malnutrition, there are 3 (three) beds for children and 3 (three) beds for mothers or gatekeepers. For inpatients men and women each have 3 (three) beds.

Facilities and infrastructure

The observations of the infrastructure researchers were quite clean and each room had a bathroom. All respondents explained that infrastructure was physically sufficient and Laboratory equipment was sufficient. All of them also explained that the lack of inpatient services was because Laboratory Laboratory staff were not 24 hours. so that if there are patients with suspected dengue it is risky for patients and health workers. Availability of drugs according to the rules of the Social Security Organizing Agency for inpatients only oral and infusion.

According to Warda (2017) the development of types of health services especially community health centers makes the quality of health services in community health centers easily overlooked. The first factor of quality perception is doctor and nurse service and the second factor is drug service and completeness of facilities. There is a positive correlation between these two factors with patient satisfaction.¹²

Inpatient care products

Some respondents answered that the quality of service was good and some answered that it was sufficient. Some expect the quality of human resources and medical devices to be improved and some also expect additional training for nurses and doctors so as not to miss the development of science and skills.

According to Donabedian, quality is a normative behavior suitable for the health profession, built based on tradition and its use is almost sacred. A good doctor only does what is known or believed best for the patient, leaving the consequences in the hands of a god or someone who believes in God.¹³

Marketing of inpatient services

Most of the answers do not yet exist, some of them answered there were for malnourished pediatric patients and a small portion answered through morning counseling by doctors, information boards in front of the community health center and at meetings with the sub-district head and networks.

According to research conducted by Scientific (2014) the low interest of the community in conducting voluntary HIV counseling and testing is due to the suboptimal social marketing planning.¹⁴

Effect of accreditation on inpatient services

A small portion explained that accreditation has an influence on inpatient services, so that community health centers must have minimum service standards, meet inpatient infrastructure standards and improve the performance of community health center staff. A small part also explained although not standard, with the accreditation of inpatient rooms plus wallpaper

so that the child was comfortable being treated. But there are also some who say that there is no influence.

According to the Yousefinezhadi study accreditation programs are considered successful in increasing patient safety, patient compliance, and error reduction. An effective accreditation program requires reducing the number of standards and making it clearer and the infrastructure for the application of accreditation such as adequate and sustainable funding, adequate human resources and equipment must be provided.¹⁵

External opportunities and threats Public health centers

Policies that affect inpatient services

A small number answered the Minister of Health Regulation No. 75 of 2014 concerning community health centers, a small part answered the Mayor Regulation regarding tariffs and small tariffs for hospitalization. A few also explained the minimum inpatient service standards and the Social Security Organizing Agency's policy on non-capitation capitation. If the rules of the Social Security Organizing Body are met, as is standard, each doctor is required to have a valid Registration Certificate. The existence of the rules of the Regional Public Service Agency for community health centers provides an opportunity for community health centers to manage the expenditure of goods needed by the community health centers. Some also answered Minister of Health Regulation No. 43 of 2019 concerning community health centers. At present inpatient services are no longer intended for community health centers in urban areas. The urban community health center is functioned to prioritize promotive and preventive services.

Overview and technological progress

Some of them said that limited infrastructure, limited medicines, Ig M examination of dengue fever were not yet available and medical equipment was still

manual and a small part answered that support was sufficient.

According to Mote (2008) patient complaints about the convenience of the service environment are primarily about the supporting facilities expertise. Most people consider the community health center to have facilities and infrastructure that are outdated because the Puskesmas is a place for treatment for marginal people so that it does not support excellent service efforts.¹⁶

Influence of the population of the community working area Community health centers

All of them explain that people prefer hospitals for hospitalization

Socioeconomic Effects

Most explained that the community prefers hospitals for hospitalization and a few explained that for observing fever patients still wanted to be observed in public health centers even though the patients were socioeconomically capable because the work area of the public health center was many migrants so that the patient socioeconomics varied. According to Wibowo (2019) the results of an external environmental analysis of the development of inpatient services at the Public Health Center in East Java showed that all indicators of economic, legal, socio-cultural and technological variables were opportunities in developing inpatient services for the public health center in East Java.¹⁷

Location of community health centers

Strategic community health center location, located on the side of the road, many means of transportation and in a densely populated environment. But within a distance of less than five kilometers many private hospitals.

All respondents explained that all patients chose the Hospital for general hospitalization.

Utilization of community health centers outside the work area is influenced by internal and external factors. Internal factors include strategic location, price, completeness of equipment, quality and service process for community health centers. While external factors include easy accessibility, topography of

the area, building conditions and road conditions. Therefore, the community prefers to use community health centers that are close to their place of residence and easily accessible, making it easier to reach the community health centers that they want to reach.

Competitors Community health centers

Most explained that the competitor of the public health center was a private hospital and only a small portion explained that the private hospital as a partner was not a competitor. In addition to its hospital competitors, most of them explained that in the work areas of most outpatient clinics, there were also added that in the work area there were inpatient clinics.

Referring health service provider or facility

A small number answered that there were no suppliers, a small number answered that patients came alone and a small number added that in the work area there was a midwife practice that often referred patients giving birth to community health centers.

CONCLUSION

At present the general inpatient services of the Sukmajaya community health center in Depok City are unable to compete with hospitals, especially private because private hospitals have health workers and infrastructure that are better than Sukmajaya community health centers. The Sukmajaya community health center also has limited human resources, especially Laboratory Laboratory analysts and infrastructure facilities such as the availability of oral drugs and injections due to binding regulations such as the rules of the Social Security Administration Agency. An inpatient community health center is a first-level health service that has limited inpatient service authority. Public health centers are public health service facilities that prioritize promotive and preventive and budget sourced from the Regional

Government. Besides that, the number of private hospitals, especially in the Depok City area is very large and the location is very easy to reach by the community. People who have national health insurance can determine their own referral hospital.

Suggestion

Promotive and preventive efforts are encouraged more, such as people's behavior to live clean and healthy, especially since the beginning of 2020 the epidemic of corona virus infection 19 began and the beginning of 2020, especially starting in February, the Dengue fever outbreak appeared. At present the number of health workers at the Sukmajaya community health center in Depok City in serving the community is not proportional to the number of patients visiting the Sukmajaya community health center. Researcher's suggestion in an effort to improve the performance of inpatient services is to provide laboratory staff in accordance with the workload and promotive and preventive extension workers in the public health center, so that doctors and nurses are prioritize on duty in the building to serve patients. In accordance with Permenkes No. 43 of 2019 general inpatient services are no longer intended for community health centers in urban areas, so the Health Office needs to examine more deeply related to inpatient services. It is hoped that both the Central and Local Governments will know firsthand the situation and conditions at the public health Center.

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