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## LOW ANALYSIS OF COMMUNITY INTEREST MAINTENANCE IN SUKMAJAYA HEALTH COMMUNITY CENTRE KOTA DEPOK PROVINSI JAWA BARAT

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### ABSTRACT

According to the recapitulation of the utilization of Community Health Centre inpatient services in Depok in 2016-2018, it was very low. The results of an initial survey in October 2018 conducted by Community Health Centre 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 Community Health Centre 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 Community Health Centre. 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 Community Health Centre, Head of Administration, Responsible for Inpatients, Doctors and Nurses. As a result, Sukmajaya Community Health Centre was unable to compete with Private Hospitals because private hospitals had better health personnel and infrastructure than Sukmajaya Community Health Centre. 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 Centre; Strength; Weakness; Opportunity; Threat

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### INTRODUCTION

According to WHO Primary Health Care (PHC) is a whole community approach that includes health promotion, disease prevention, care, rehabilitation and palliative care including physical, mental and social welfare and it is centred on humans and not on disease. The three interrelated pillars of PHC are empowered people and the community involved; multisector 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.<sup>1</sup>

Primary health care has proven to be a very effective and efficient way to address the current underlying causes and risks of 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 multisector approach that integrates health promotion and prevention policies, community-responsive solutions, and community-centred 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 Public Health Centre in 1968, long before the World Health Organization (WHO) issued the Alma Ata Declaration in 1978 on Primary Health Care.<sup>2</sup>

From 1968 to 2000, community health centres were managed and fostered by the Central Government (Ministry of Health). Construction of facilities, placement of personnel, and procurement of medicines for community health centres is determined through a Presidential Instruction. With the Presidential Instruction system, the distribution of public health centres is evenly distributed in almost every district. Policies have changed since the implementation of decentralization in 2000. Management and fostering of community health centres are left to district / city governments. Since then, the development of community health centres has varied depending on regional fiscal commitments and capabilities. The prominent problem is the lack of human resources and not in accordance with the standards of the public health centre.

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 centres in providing front-line services.

Inpatient community health centre is a 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 centre 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.

Inpatient community health centers must be equipped with resources to support inpatient services, in accordance with the provisions. Have a maximum number of beds 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.<sup>3</sup>

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 accordance 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 Kelurahan which are, Mekarjaya and Tirtajaya, 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 population 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.

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 survive, all 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 term.<sup>4</sup>

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 statements 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. A mission statement that clearly illustrates the values and 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 visits		Amount
		Man	Woman	
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.

**MATERIAL AND 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.

**RESULTS**

**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 centre have a vision and mission?

"... The mission of the old community health centre ... 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 centre 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 centre ... 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 centre during monthly workshops, if cross-sectoral at the tribune workshop ..... " (R3)

"..... The socialization within the staff is ... if there is no community health centre 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 centre, 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 centre 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 centre for malnutrition treatment in the city is here, so other community health centres 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 cannot 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 centre, so that the quality of their services is better ... if the community is expected to improve their hygiene behaviour ..." (R1)*

*"..... The vision of the Sukmajaya community health centre 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*

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*severe conditions, we cannot work ... we all work together ... poly and Emergency Room Installation ... If the afternoon shift is Emergency Room Installation, poly ... and hospitalization .... "(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 worming programs and meetings, then the overwhelmed at nurse station services ... because we hold three polyclinic or even four polyclinics. ... general poly, elderly, toddlers, pacifiers, methadone and even hajj ..... moreover, the emergency room and actions of the Emergency Unit ... if a Dengue Haemorrhagic 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 polyclinics 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 centre for malnutrition treatment in the city is here, so other community health centres also refer here. .... .. "(R2)*

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*we all work together ... poly and Emergency Room Installation ... If the afternoon shift is Emergency Room Installation, poly ... and hospitalization ...* "(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 worming programs and meetings, then the overwhelmed at nurse station services ... because we hold three polyclinics or even four polyclinics. ... general poly, elderly, toddlers, pacifiers, methadone and even hajj ..... moreover, the emergency room and actions of the Emergency Unit ... if a Dengue Haemorrhagic 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 polyclinics 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)*

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 centre for malnutrition treatment in the city is here, so other community health centres also refer here. .... "* (R2)

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*"... If we work according to the standard operational procedure, we can ... so if we accept patients with severe conditions, we cannot work ...*



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*injection drug ... so it is very limited at all "(R5)*

### **Inpatient position in the organizational structure**

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

*"... The inpatient service unit is still running ... if we are close to the hospital, so it is competing ... while services at the community health centre are limited ... for example if there are Dengue Haemorrhagic 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)*

*"... According to the Minister of Health Regulation No. 43 of 2019, the priority of community health centres is promoted and preventive .... meaning that curative and rehabilitative treatments such as medical treatment and hospitalization are not necessary, especially with limited human resources ... Public health centres 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 haemorrhagic 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 Haemorrhagic 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 centres 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 centres 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 in-patient 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 cannot treat ... ..we 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 centre ... "(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 centre ..." (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 Haemorrhagic 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 cannot 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 counselling 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 centre ..... 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 centre is promoted and preventive. We don't know yet whether we want to continue hospitalization 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 centre 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 centres 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 centre 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 centres

#### 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 centre?

"... 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 Haemorrhagic 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 centre**

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

"..... We are, not too far from the hospital ..... under five kilometres, 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 centre 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 centres and inpatient services?

"..... Socioeconomics here are diverse ..... those who seek treatment here are socioeconomic varies ... so people still seek treatment at community health centres ... 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 centre, 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 centres**

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

"... Many hospitals ... inpatient polyclinics 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 centres. If middle to lower patients with a community health centre, hospitalization 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 polyclinic there is no hospitalization ... referred to because of fever ... . like in the maternity polyclinic ... they don't have an ambulance ... they refer here ... we can see them with complications ... we refer again ... " (R2)

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

"Right now, the Kelurahan community health centre 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 centre. we are the Urban Community Health Centre. The village community health centre goes straight to the hospital ... " (R4)

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

**Location of community health centres**

What is the effect of the location of the community health centre 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 happier ... if they are pregnant they are also happier 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 centres**

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 centres 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 centre .... 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 centre 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 Centre ... " (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 centre 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 in 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 that 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 staff 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 belong to Health Centre, so that the quality of service becomes better. While the expected external changes are promoted 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.<sup>6</sup>

Globalization and the accompanying technological developments 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 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 offer 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.<sup>7</sup> 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.<sup>8</sup>

### **Human Resources**

The Sukmajaya community health centre 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 centre were sufficient, a small number answered that enough as long as there were no health workers outside the community health centre 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 polyclinic 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 (Memorandum of Understanding) 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 centre out of a number of 144 diseases that should be handled at the community health centre. Diseases that cannot be treated include Dengue haemorrhagic fever and myopia (near-sightedness). The results of an interview with the head of the referral field of the Depok City Health Office stated that Dengue Haemorrhagic Fever could not be handled because there were no supporting facilities and infrastructure available for supporting the diagnosis of Dengue Haemorrhagic Fever, namely laboratories. High referral at the Depok City community health centre is influenced by the ability of the community health centre to provide services. The public health centre 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 centre. 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 centre is a laboratory. Not all community health centres have Laboratory services. The availability of facilities needs to be accompanied by the fulfilment and improvement of the capacity of health workers as the driving force. At present only 25 percent of public health centres have the standard amount of energy. Midwives, nurses, medical laboratory technology experts and pharmacy staff are still lacking.<sup>9</sup>

According to Shofiah (2019) the availability of analysts is very much needed at the public health centre, considering the

community health centre is the first level facility for health services in the community. There are several types of health services in the Puger community health centre that require collaborative collaboration with analysts such as pregnancy services, outpatient care, inpatient care, routine STI examinations, and when conducting a mobile inspection.<sup>10</sup>

### **Inpatient position in the organizational structure**

All respondents explained that hospitalization was still ongoing but not yet a priority and the community health centre was also a centre for the treatment of malnutrition children. Both the doctor and the nurse explained that the public health centre 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.<sup>11</sup>

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, inpatient 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 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 in community health centres makes the quality of health services in community health centres 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.<sup>12</sup>

### **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 behaviour 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.<sup>13</sup>

### **Marketing of inpatient services**

Most of the answers do not yet exist, some of them answered there were for malnourished paediatric patients and a small portion answered through morning counselling by doctors, information boards in front of the community health centre 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 counselling and testing is due to the suboptimal social marketing planning.<sup>14</sup>



### **Effect of accreditation on inpatient services**

A small portion explained that accreditation has an influence on inpatient services, so that community health centres must have minimum service standards, meet inpatient infrastructure standards and improve the performance of community health centre 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.<sup>15</sup>

### **External opportunities and threats Public health centres**

#### **Policies that affect inpatient services**

A small number answered the Minister of Health Regulation No. 75 of 2014 concerning community health centres, 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 centres provides an opportunity for community health centres to manage the expenditure of goods needed by the community health centres. Some also answered Minister of Health Regulation No. 43 of 2019 concerning community health centres. At present inpatient services are no longer intended for community health centres in urban areas. The urban community health centre is functioned to prioritize promoted 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 centre to have facilities and infrastructure that are outdated because the Community Health Centre is a place for treatment for marginal people so that it does not support excellent service efforts.<sup>16</sup>

### **Influence of the population of the community working area Community health centres**

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 centres even though the patients were socioeconomically capable because the work area of the public health centre 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 Centre 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 centre in East Java.<sup>17</sup>

### **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 polyclinics, there were also added that in the work area there were inpatient polyclinics.

### **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 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 promoted 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.

Promoted and preventive efforts are encouraged more, such as people's behaviour 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 centre in Depok City in serving the community is not proportional to the number of patients visiting the Sukmajaya community health centre. Researcher's suggestion in an effort to improve the performance of inpatient services is to provide laboratory staff in accordance with the workload and promoted and preventive extension workers in the public health centre, so that doctors and nurses are prioritized 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 centres 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 first hand the situation and conditions at the public health Centre.

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