

## **Analysis of Internal Conditions Improvement of Hutumuri Inpatient Community Health Center to Primary Class D Hospital in Ambon City; Feasibility Study of Hutumuri Inpatient Health Center**

**Bony Pattipawaey<sup>1</sup>, Muhammad Alwy Arifin<sup>2</sup>, Darmawansyah<sup>2</sup>, Indar<sup>2</sup>, Lalu Muhammad Saleh<sup>3</sup>, Vonni Polopadang<sup>4</sup>, Muhammad Kardi Rais<sup>4</sup>, Muh. Yusri Abadi<sup>2</sup>**

<sup>1</sup>Masters Program in the Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia

<sup>2</sup>Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia

<sup>3</sup>Department of Occupational Health and Safety, Faculty of Public Health, Hasanuddin University, Indonesia

<sup>4</sup>Public Health Study Program, Institute of Health Science Baramuli Pinrang, Indonesia

### **ABSTRACT**

*Responding to community demands for optimal health services, Hutumuri Community Health Center is trying to improve health services by developing a Primary D class hospital. In developing a hospital, a feasibility study is needed. The feasibility study was used to provide an assessment in the form of recommendations regarding the suitability of the Hutumuri Health Center to be upgraded to a Primary D class hospital. The purpose of this study was to conduct a feasibility study on the plan to increase the Hutumuri Public Health Center to become a Class D Primary Hospital in Ambon City. This type of research is quantitative with a case study approach. The subject of this research is data and information about internal conditions in improving the Puskesmas (Community Health Center) to become a Class D Primary hospital in the form of personnel/human resources, facilities and infrastructure, and types of health services. This study collected data through direct observation and secondary data processing (document review). The results showed that the internal factors of Hutumuri Community Health Center in terms of human resources and infrastructure were not yet feasible to be continued as a class D Pratama Hospital. Meanwhile, the health service aspect is feasible enough to be continued as a Class D Primary Hospital. To the Hutumuri Community Health Center, it is hoped that the existing workforce will improve both in terms of quantity and quality, as well as complete infrastructure according to the standard Regulation of the Minister of Health No. 24 of 2014.*

*Keywords: Internal Conditions, Human Resources, Community Health Center, hospital*

### **1. Introduction**

Puskesmas (Community Health Center) is a basic health service facility that organizes efforts to maintain health, improve health (promotive), prevent disease (preventive), cure (curative), and restore health (rehabilitative) which are carried out in a comprehensive, integrated and sustainable manner. The concept of a unitary health effort is a guideline and guideline for all health service facilities in Indonesia, including health centers, which has been regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 concerning Community Health Centers (Pythaloka et al., 2019). In Indonesia, health services are still a problem in terms of financing, quality, and public access (Arifin et al., 2019).

Health development is an integral part of National development which aims to increase awareness, ability and willingness to live a healthy life for everyone so that the highest degree of public health can be realized (Bupala, 2015). In law No. 36 of 2009 on health, it explicitly mandates the government to be responsible for planning, regulating, organizing, developing and supervising the implementation of health efforts that are evenly distributed and affordable to the public. The implementation of health efforts currently prioritizes equality and affordability of people to access health services, especially referral services.

The needs and demands of society for optimal health services tend to continue to increase. This phenomenon requires health service providers to continue to develop service quality or improve service quality, including through the development of facilities and infrastructure, management systems, human resources, and so on (Palutturi&Ahri, 2018). Puskesmas as a health facility that provides health services to the community has a very strategic role in accelerating the improvement of public health status. The effect of population growth and economic improvement will certainly increase the need for quality services and reach all levels of society (Darmawansyah et al., 2013).

The problem of limited access and equal distribution of health service facilities is currently not only in the domination of underdeveloped areas, borders and islands but also in urban areas where the nursing capacity of the puskesmas (Community health Center) is not proportional to the number of the surrounding population. This condition often makes the Hospital unhealthy competition for service users in getting priority service opportunities, which in the end, the poor community becomes the difficult party to get health services with all their limitations (Palutturi et al., 2013). The implementation of health efforts currently prioritizes equality and affordability of people to access health services, especially referral services.

Responding to community demands for optimal health services, Hutumuri Community Health Center is trying to improve health services by developing a Primary D class hospital. In developing a hospital, a feasibility study is needed. The feasibility study is basically a study that will examine the needs and expectations of the community for better health service facilities, especially hospitals. The feasibility study is used to provide an assessment in the form of recommendations (in this case the development/construction of a hospital) is feasible or not (Ekel&Sugianto, 2014).

In order to improve public access to optimal health services in underdeveloped areas, borders, islands, areas with health problems, new division areas and areas with a high population density, where there are no health facilities such as the hospital or the existing service facilities. In order to fulfill the regional needs of the hospital, there is cooperation between the government and local governments to provide quality health service facilities and serve all levels of society. Pratama Hospital is one of the efforts of the Ministry of Health in collaboration with local governments to increase access to health services in the hospital area. The development of the Hutumuri Health Center into a Primary Class D Hospital is an appropriate strategic plan.

The Primary Class D Hospital is expected to participate in development in Ambon City to anticipate the development of globalization and be prepared to accommodate the fulfillment of some of the needs for procurement and improvement of health facilities, improving the quality and capacity of health workers and health support personnel, and meeting the needs of health services optimal.

To provide an overview of the feasibility of upgrading the Hutumuri Community Health Center into a Primary Class D Hospital, a feasibility study is necessary. To meet standardization, this feasibility study was prepared with reference to the Guidelines for the Implementation of Class D Primary Hospitals issued by the Director General of Health Efforts at the Ministry of Health in 2012 and Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2014 concerning Class D Primary Hospital. The purpose of this research is to conduct a feasibility study on the plan to increase the Hutumuri Health Center to become a Class D Pratama Hospital in Ambon City

## 2. Methods

This type of research used in this research is quantitative research with a case study approach. The subjects of this research are data and information about internal conditions in improving the Puskesmas (Community Health Center) to become a Class D Primary hospital in the form of personnel/human resources, facilities and infrastructure, types of health services at Hutumuri Community Health Center. Meanwhile, the object of research is the Hutumuri Community Health Center related to its eligibility indicators to become a Class D Primary hospital. Data collection techniques are data collection through direct observation and secondary data processing (document review).

## 3. Results and Discussion

The internal condition in this study is the condition of everything that is owned by a hospital that is material or non-material, which in this study is measured from the aspects of health personnel/human resources, infrastructure and health services.

**Table 1. Distribution of Feasibility of Upgrading Hutumuri Community Health Center to Primary Class D Hospital Based on Location Aspects**

No	HR	Available	Not Available	Eligibility Standards
1	<b>Medical Personnel</b>			
	Doctor / doctorwithAdditionalAuthorities	2	2	4
	Dentist	0	1	1
2	<b>Nursing Personnel</b>			
	Nurse	17:15	0	2:3
	Midwife	8	0	2

3	<b>Other Health Workers</b>			
	Pharmacist	1	0	1
	Pharmaceutical Technical Staff	0	2	2
	Radiographer	0	1	1
	Health Analyst	2	0	1
	Nutritionist	4	0	1
4	Non-Health Supporting Staff, Administration and Management	15	0	Adjusted
<b>Total</b>		<b>49</b>		

From table 1 above, it can be seen that the increase in the Hutumuri Public Health Center in terms of the personnel aspect is that there are 49 medical and non-medical personnel, but there are still shortages in several sectors, such as 2 doctors, 1 dentist, 2 pharmaceutical technical personnel and a radiographer 1 person.

**Table 2. Distribution of Feasibility for Upgrading the Hutumuri Health Center to become a Primary Class D Hospital based on the Aspects of Facilities and Infrastructure in 2020**

No	Facilities and Infrastructure	Available		Not Available		Eligibility Standards	
		n	%	n	%	n	%
1	Polyclinic Room	4	5.1	2	2.5	6	7.6
2	Dental Polyclinic	3	3.8	0	0.0	3	3.8
3	Emergency room	10	12.6	0	0.0	10	12.6
4	Inpatient Room	7	8.8	0	0.0	7	8.8
5	Action Room	0	0.0	10	12.6	10	12.6
6	Ulin Hospital Room	4	5.1	0	0.0	4	5.1
7	Laboratory Room	4	5.1	1	1.3	5	6.4
8	Radiology Room	3	3.8	5	6.3	8	10.1
9	Pharmacy Room	5	6.3	0	0.0	5	6.3
10	Sterilization Room	3	3.8	3	3.8	6	7.6
11	Laundry / Laundry Room	3	3.8	1	1.3	4	5.1
12	Kitchen Room and Nutrition	6	7.6	0	0.0	6	7.6
13	Secretariat and Management Room	3	3.8	0	0.0	3	3.8
14	The mortuary	1	1.3	1	1.3	2	2.6
<b>Total</b>		<b>56</b>	<b>70.9</b>	<b>23</b>	<b>29.1</b>	<b>79</b>	<b>100</b>

From table 2 above, it can be seen that the improvement of the Hutumuri Health Center is not feasible to be continued to become a Class D Pratama Hospital in terms of infrastructure, where of the 79 types of facilities from 14 units of space/service which are the standard assessment of the feasibility aspects of infrastructure aspects only 56 (70.9% ) are fulfilled.

**Table 3. Distribution of Feasibility for Upgrading the Hutumuri Health Center to a Primary Class D HOSPITAL Based on Service Aspects in 2020**

No	Type of Service	Available		Not Available		Eligibility Standards	
		n	%	n	%	n	%
1	General medical services	1	16.66	0	0.0	1	16.66
2	Emergency services	1	16.66	0	0.0	1	16.66
3	Nursing services	1	16.66	0	0.0	1	16.66
4	Pratama laboratory service	1	16.66	0	0.0	1	16.66
5	Radiology services	0	0.0	1	16.66	1	16.66
6	Pharmacy services	1	16.66	0	0.0	1	16.66
<b>Total</b>		<b>5</b>	<b>83.3</b>	<b>1</b>	<b>16.7</b>	<b>6</b>	<b>100</b>

From table 3 above, it can be seen that the improvement of the Hutumuri Puskesmas is feasible to be continued into a Class D Pratama Hospital in terms of the type of health service provided, where of the 6 types of services that are at least a standard of eligibility according to Regulation of the Minister is fulfilled. The only type of service that is not yet available at the Hutumuri Community Health Center is radiology services.

In establishing or developing a health service, it takes systematic steps by conducting a proper and correct feasibility study. Feasibility study or feasibility study is the result of analysis and explanation of the feasibility of various aspects that will underlie the establishment or development of a health service facility (Lestari et al., 2013). This is related to the determination of the new health service Work Plan that will be built as well as the continuation of the existing improvements. Hutumuri Public Health Center is a health care center that was established to provide optimal health services for the surrounding community, especially in the South Leitimur sub-district, Ambon City. The plan to develop the Hutumuri Community Health Center into a Class D Pratama Hospital will be carried out after knowing the feasibility of its improvement from the results of a feasibility study.

The importance of meeting workforce standards has an impact on performance effectiveness in meeting service quality (Said & Palutturi, 2018). According to Nadeak et al (2019) in their research, it is said that the performance of nurses has a significant effect on improving service quality. Based on the SWOT analysis on the strategy analysis (quadrant), the need for health personnel is a strategy to overcome weaknesses at Hutumuri Public Health Center. The form of hospital analysis is through increasing the number of human resources and increasing the quality of health human resources. The 2019 Hutumuri Public Health Center profile data shows that for most of the workforce indicators have met the minimum standard of workforce at the Primary Class D Hospital based on Regulation of the Minister of Health No. 24 of 2014. The condition of the hospital shows that from the aspect of workforce, the Hutumuri Puskesmas deserves to be upgraded to become a Class D Primary Hospital.

The need for infrastructure and technology facility information systems is absolutely necessary. Both medical and non-medical equipment, facilities and infrastructure that support hospital functions must meet the hospital requirements in accordance with applicable standards According to Sudirman et al (2020) to become technical guidelines for the facilities, infrastructure and health equipment for class D Primary hospitals, which are used. in the hospital development planning process (Palutturi&Ahri, 2018). Various types of investment can be made at the health center, including: replacement of old medical equipment with newer technology, expansion of existing capital equipment, for example adding capacity by adding ward space, expanding or adding new products by purchasing new machines or equipment that have not ever owned. One of the needs for hospital facilities is the need for beds to develop the capacity of the treatment room (Martafari, 2009).

#### 4. Conclusion

This study concluded that the internal factors of Hutumuri Public Health Center in terms of human resources and infrastructure were not yet feasible to be continued as a Class D Primary Hospital. Meanwhile, the health service aspect is feasible enough to be continued as a Class D Primary Hospital. To the Hutumuri Community Health Center, it is hoped that the existing workforce will improve both in terms of quantity and quality, as well as complete infrastructure according to the standard Regulation of the Minister of Health No. 24 of 2014.

#### References

1. Pythaloka, A. D., Abadi, M. Y., & Darmawansyah, D. (2019). Performance Assessment of Public Health Center Madising Na Mario Parepare, South Sulawesi, Indonesia. *International Journal of Applied Biology*, 3(1), 30-35.
3. Arifin, A., Arifin, M. A., Abadi, Y., Marzuki, D. S., Rahmadani, S., & Fajrin, M. A. (2019). Accessibility of Availability of Public Health Services Dayak Tribe in Samarinda “Qualitative Study”. *Indian Journal of Public Health Research & Development*, 10(10), 1514-1518.
4. Bupala, M. (2015). *Studi Kelayakan Teknis dan Ekonomi Rencana Pembangunan Rumah Sakit Tipe D Pratama di Kecamatan Seririt Kabupaten Buleleng*. Thesis, Universitas Udayana.
6. Palutturi, S., & Ahri, R. A. (2018). Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Umum Instalasi Rawat Inap RSUD La Temmamala Soppeng Tahun 2018. *Jurnal Mitrasedhat*, 8(2).
7. Darmawansyah, D., Indar, I., & Tanan, L. (2013). Analisis Tingkat Kepuasan Pasien di Puskesmas Bara Permai Kota Palopo. *Jurnal Administrasi dan Kebijakan Kesehatan Indonesia*, 2(03), 8230.
8. Palutturi, S., Rutherford, S., Davey, P., & Chu, C. (2013). Comparison between healthy cities and

- Adipura in Indonesia. *Malaysian Journal of Medicine and Health Sciences*, 9(1), 35-43.
9. Ekel, R. D. M., & Sugianto, S. (2014). *Studi Kelayakan Pengembangan Rumah Sakit Umum Daerah Amurang Kabupaten Minahasa Selatan*. Thesis. Yogyakarta: Universitas Gadjah Mada.
  10. Lestari, N. S., Kartasurya, M. I., & Mawarni, A. (2013). *Studi Kelayakan Pendirian Intensive Care Unit (ICU) ditinjau dari Aspek Manajemen SDM dan Aspek Pasar di Rumah Sakit Islam Nahdlatul Ulama Demak*. Thesis, Universitas Diponegoro.
  11. Said, M., & Palutturi, S. (2018). Increasing inpatient service quality of using quality function deployment method in nene mallomo hospital of sidrap regency, Indonesia. *Indian Journal of Public Health Research & Development*, 9(4), 287-291.
  12. Nadeak, B., Simanjuntak, D. R., Naibaho, L., Sormin, E., Juwita, C. P., & Pardede, S. O. (2019). Analysis of Nursing Quality Services. *Indian Journal of Public Health Research & Development*, 10(6), 1380-1384.
  13. Sudirman, A. M. A., Abadi, M. Y., Rahmadani, S., & Al Fajrin, M. (2020). Technology and Development Facility Information System Integration in Improving the Integrated Recording and Reporting in the Department of Health District South Buru. *Medico Legal Update*, 20(2), 424-429.
  14. Palutturi, S., & Ahri, R. A. (2018). Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Umum Instalasi Rawat Inap Rsud La Temmamala Soppeng Tahun 2018. *Jurnal Mitrasehat*, 8(2).
  15. Martafari, C. A. (2009). *Analisis Kelayakan Pengembangan Ruang Rawat Inap VIP Di RSUD Meuraxa Banda Aceh Tahun 2007-2008*. Master's thesis, Universitas Sumatera Utara.
  16. Yuniantini, U. . (2020). Postpartum Care Impact on Malayan Mothers in Pontianak, Indonesia. *Journal of Scientific Research in Medical and Biological Sciences*, 1(1), 47-52. <https://doi.org/10.47631/jsrmb.v1i1.25>