



Implementation of Emergency Patient Services at Regional General Hospital Dr. Saiful Anwar Malang, Indonesia

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ABSTRACT

According to Regulation of the Minister of Health Number 47 of 2018 about Emergency Patient Services, the government's first priority is to provide services to the populace. When it comes to service delivery, the government's job is to act as a catalyst to move things along more quickly than they otherwise would. the degree to which services offered to the public are inexpensive, accessible, quick, and cost- and time-effective. A policy is a set of actions or activities that are suggested by an individual, a group, or a government in a situation where there are challenges and possibilities for enacting the proposed policy to achieve specified objectives. Descriptive research using a qualitative methodology was used in this study. Researchers utilize descriptive research because they attempt to capture occurrences as they happen; they do not offer treatment or manipulation but rather describe a state as it is. The George C. Edward III Model's proposed model for policy implementation was the subject of this study. The four factors that impact how policies are implemented are bureaucratic structure, disposition, resources, and communication. A descriptive strategy, or more particularly, an interactive method, was employed to examine the data in this study. The interactive model developed by Miles, Huberman, and Saldana (Miles et al., 2014) is the data analysis model employed by researchers. The findings of the study demonstrate that the Emergency Services Minister of Health Regulation Number 47 of 2018 has not yet been fully implemented. This is evident from the information about establishing emergency services at the Emergency Room of RSUD (Regional General Hospital) Dr. Saiful Anwar being distributed in an uneven manner.

Keywords: Communication, Emergency Patient Services, Implementation.

1. INTRODUCTION

The most important resource for creating prosperity is health, which is a right of every citizen (Ardinata, 2020). The government is in charge of making sure that these citizens' rights can be adequately exercised as a result. One of the provisions of Law Number 36 of 2009 Concerning Health indicates that the government is responsible for providing the Indonesian people with access to information, education, and health service facilities in order to enhance and maintain the maximum level of health. In order to facilitate access and offer health services to locals, efforts to establish health facilities were achieved by erecting hospitals at various regional levels. A hospital is a type of institution that offers all the services needed for personal health. Hospitals may be built by the state or by private organizations. According to Law Number 44 of 2009 Concerning Hospitals, the availability of inpatient, outpatient, and emergency care is what qualifies a health service facility as a hospital. A clinical situation in a patient qualifies as an emergency when it necessitates prompt medical intervention to save lives and stop worsening disability. The department in hospitals that deals with emergency patients is commonly referred to as the Emergency Room (IGD). Patients who need immediate, accurate, and responsive care are considered emergency patients. Accident victims, stroke sufferers, people having trouble breathing, people who have been poisoned, and other people with diseases that, if not treated right away, could harm the patient are examples of emergency patients. One of the reasons the emergency department cannot close and must be open around-the-clock service is due to this.

The role of the emergency room at the hospital is like a "spearhead" in health services. One study found that the quality of emergency room services influenced satisfaction with health services at certain hospitals. Vermasari, Masrul and Yetti (2019) also found several problems with emergency services in the emergency room of the hospital, based on the minimum service standards at the emergency room at RSUD Major General HA Thalib, Kerinci Regency, in the form of problems with ownership of emergency certificates, monitoring and evaluation in implementation, as well as slow response times. Quality management and fulfilment of particular criteria in the emergency room can also cause poor service delivery in a hospital (Qibtiyah et al., 2019). Widyocorapika (2017), in a study highlighting the implementation of the emergency room at Dr. Sobirin, Musi Rawas Regency, stated that there were several problems with emergency room service standards that were categorized as sub-optimal, including the level of compliance with standard human resource requirements, physical improvement of buildings and availability of medical facilities, emergency room supporting facilities and infrastructure such as triage rooms, resuscitation rooms and

observation room. Through the Ministry of Health, the government is trying to improve the quality of services in the emergency room by issuing the Republic of Indonesia Minister of Health Regulation Number 47 of 2018 concerning Emergency Services. The government is trying to standardize emergency services in every healthcare facility through this regulation

The characteristic of emergency services is that they do not use a queuing system. Emergency services apply the principle of triage, namely the implementation of a priority system by determining/selecting patients who must take precedence for treatment. Based on Permenkes No. 47 of 2018, prioritizing patients using the triage principle refers to the level of life threat that arises. Implementing triage in hospitals, part of Permenkes No. 47 in 2018, only sometimes goes smoothly. Several cases show that hospitals often face obstacles when implementing triage in the emergency room. One of the obstacles to implementing triage in the hospital emergency room is overcrowding (Oroh et al., 2017). Oroh's research (2017) stated that overcrowding in the Pancaran Kasih GMIM Manado Hospital caused anxiety in patients about the family conditions they brought to the emergency room. Several hospitals experienced obstacles in implementing emergency services. One of them is the Regional General Hospital, Dr. Saiful Anwar. RSUD Dr. Saiful Anwar is one of three Class A hospitals belonging to the East Java Provincial Government and the only one outside Surabaya (Hospital Accreditation Commission, 2022). As a class A hospital, RSUD Dr. Saiful Anwar has complete facilities and infrastructure. This makes this hospital often a referral for patients from various cities or other districts in East Java, including Malang, Batu City, Pasuruan, Probolinggo, Lumajang, Blitar, Kediri and Jember Regencies. Class category, status as a teaching hospital, and the number of patients who refer to this hospital indicate that RSUD Dr. Saiful Anwar needs particular attention, especially in emergency services. Obstacles often approach the RSUD Dr. Saiful Anwar when carrying out emergency services. These obstacles include, among others, the lack of human resources (HR), hospital management information systems (SIMRS) that are not yet integrated, and tiered communication, which is often carried out by PPDS (Specialist Doctor Education Program) to Doctors in Charge of Service (DPJP) when consulting. These constraints are intertwined and lead to overcrowded conditions. Overcrowding occurs when there is an imbalance between the availability of each installation and the number of patient visits. This inequality will have an impact on the service time of each patient. Even so, the constraints experienced by the RSUD Dr. Saiful Anwar are not only due to internal and external factors. Constraints originating from external factors are generally unexpected. This condition could be seen when the Covid-19 pandemic hit Indonesia. The impact of the COVID-19 pandemic on Dr. Saiful Anwar resulted in a decrease in the number of hospital visitors and sudden changes in policies, systems, facilities and infrastructure, so the concentration of services in the emergency room was divided.

As explained above, the government has made a policy to maintain the quality of emergency services through Permenkes No. 47 of 2018 concerning Emergency Services. However, in practice, several hospitals carry out emergency room services that could be more optimal. This shows a gap between the regulations made and the facts on the ground. RSUD Dr. Saiful Anwar is a class A hospital, in practice, it also shows symptoms that hinder the implementation of emergency services. Given that RSUD Dr. Saiful Anwar is responsible for providing quality health services for the community, especially emergency services, researchers need further diagnosis and problem identification. What researchers can do is find out how far the RSUD Dr. Saiful Anwar carried out the implementation of Permenkes Number 47 of 2018. The purpose of this study is to describe and analyze the implementation of emergency patient services in the Emergency Room and to describe and analyze the driving factors and inhibiting factors for the implementation of Minister of Health Regulation Number 47 of 2018 concerning Emergency Services in the Emergency Installation of RSUD Dr. Saiful Anwar. The benefits of this research are as evaluation material, as input to hospital policymakers in making improvements in the future, to contribute ideas for students of the Public Administration Masters Study Program in terms of public policy implementation, as well as a foothold and reference for further research that related to emergency patient services and the implementation of the Republic of Indonesia Minister of Health Number 47 of 2018 concerning Emergencies.

2. LITERATURE REVIEWS

2.1 Emergency Service Policy Based on Permenkes Number 47 of 2018

Public policy is any government decision that impacts shared life (Dwidjowijoto & Wrihatnolo, 2007). Implementation comes from English, namely, to implement, which means to implement. Implementation is the provision of means to carry out something that impacts or affects something. Something done to have an impact or effect can be in the form of laws, government regulations, judicial decisions and policies made by government agencies in state life. Abidin (Tahir, 2014) suggests that policy implementation is related to two main factors: internal factors, which include the policies to be implemented and supporting factors, and external factors, including environmental conditions and related parties. Agustino (2006) explained that public policy implementation has two approaches: top-down and bottom-up. The first approach (top-down) has values similar to the command and control approach. At the same time, the second approach (bottom-up) has a value similar to the market approach. In conducting a public policy implementation study, a researcher needs to understand the characteristics of the policy to be studied thoroughly. So that the selection of the analysis model can be done appropriately (Tachan, 2006). According to Hood and Gunn (1984: 199-206), specific requirements are needed to implement state policies perfectly (perfect implementation).

Emergency services include handling emergencies: pre-health service facilities, intra-health service facilities and between health service facilities, which are carried out through an integrated emergency management system by statutory provisions. Emergency handling of pre-health care facilities is an act of medical assistance. Evacuation of patients carried out at the incident scene is an attempt to move the patient from the scene to a healthcare facility according to the patient's medical needs by using a transport ambulance or emergency ambulance accompanied by efforts to maintain resuscitation and stabilization. Handling between health service facilities is referring patients from a health service facility to another one more capable per statutory provisions.

2.2 Health and Emergency Services

Health, according to the World Health Organization (WHO), is defined as a condition of complete physical, mental, and social well-being, and does not only refer to the absence of illness or disability. According to Notoadmodjo (2012), health is a condition of being that enables everyone to live effectively, socially, and economically. It also refers to a person's physical, mental, spiritual, and social well-being. There are four facets of health. According to Supardi and Sudiby (2016), there are four dimensions: the physical dimension (body), the psychological/mental/spiritual dimension, the social dimension, and the economic dimension. These four factors interact with one another and work together to influence a person's health, a group, or a community. As a result, health is all-encompassing or holistic. Winslow (Notoadmodjo, 2007) defines public health as a science or art that aims to carry out health education for the specific community, improve environmental health, prevent and eradicate infectious diseases, and increase the efficiency of people's lives through the efforts of coordinated community groups. The field of science that studies public health is always changing. Public health research has two distinct development trajectories. The first strategy is a therapeutic/curative strategy. Doctors, dentists, psychologists, and other professionals who provide medical, mental, and social care typically make up this approach. Health services are a type of service work that is only done in the healthcare industry. Medical examinations, diagnostics, therapy, anesthesia, writing prescriptions for medications, hospital treatment and care, control, post-treatment services, providing medical information, providing information vertical cooperation of health service providers, and other services fall under the category of health services (Tengker, 2007). One of the initiatives of health care is emergency services.

Hospitals are accountable for providing services for patients with emergency situations, as was described in the previous section. The Emergency Room (IGD) is the common name for hospital emergency care facilities. An emergency is defined as a patient's clinical condition requiring rapid medical attention in order to preserve lives and avoid disabilities in Permenkes Number 47 of 2018. A patient who is admitted to the hospital with an urgent ailment that needs prompt treatment is referred to as an emergency patient. Emergency patients do not have to wait in line to receive services from service providers since they need quick treatment. Triage is a term used to describe the concept of emergency assistance. Health care providers use the triage/triage method for treating patients that require emergency care. Patients are chosen for triage not according to their place in line but rather according to the degree of their injuries or illness. According to Amri, Manjas, and Hardisman (2019), triage has patient safety standards, particularly for patients who are in an emergency. Typically, the START (Simple et al.) technique is used for this triage. According to three primary evaluations (respiration, perfusion, and mental status), this method is utilized to assist patients with a classification time of 30 seconds or less (Zimmerman, 2006). The accuracy of the initial diagnosis made by medical professionals and how long the patient remains in the emergency room are key factors in the triage application (Amri et al., 2019).

3. RESEARCH METHOD

3.1 Research Approach and Focus

This research uses a descriptive qualitative approach. According to Julian L. Simon (1978), the descriptive research method describes all research objects accurately. Sugiyono (2008) states, "Qualitative research method is used to examine the condition of natural objects". The reason for choosing this qualitative approach is because it can present the nature of the relationship between the researcher and the respondent directly, is more sensitive and more able to adapt to many sharpenings, shared influences and the patterns of values encountered, and is easier to adjust when later faced with reality. Double. The research will examine the form of emergency service implementation at the Emergency Room of RSUD Dr. Saiful Anwar and the driving factors and inhibiting factors for the implementation of the Minister of Health Regulation Number 47 of 2018 concerning Emergency Services carried out by the IGD RSUD Dr Saiful Anwar.

3.2 Research Locations

The research will be conducted in the emergency room of RSUD Dr. Saiful Anwar. Based on initial observations, the location of the emergency room at RSUD Dr. Saiful Anwar during the COVID-19 pandemic was divided into two, namely regular and special COVID-19. This research will place the two ER units into one department in emergency services. So, there is no

difference in treatment between the two. In addition, the data mining process will refer to time restrictions, where the data to be extracted and used in this research is from January to December 2022.

3.3 Types and Sources of Data

In a study, the data source is essential in determining the data collection method. Sources of research data that researchers will conduct come from informants, events, and documents. Informants in this study were selected using a purposive sampling technique. Purposive sampling is a data source sampling technique based on specific considerations related to the case studies studied and research objectives (Sugiyono, 2014). In this study, the determination of informants took into account the criteria that matched the formulation of the problem, namely the implementer of the policy. Furthermore, on the event data sources, researchers obtain data by observing events or activities related to research problems so that researchers can cross-check the verbal information provided by the subjects studied. The last data source, namely documents, comes from written materials, documents and archives that are written and relevant to the research focus. This document is related to the focus of the research, such as guidelines, SOPs or daily reports from the emergency room.

3.4 Data Collection Techniques

Data collection techniques are a way for researchers to collect data. The first technique will be used in this study, namely interviews. This study uses semi-structured interviews. Researchers will conduct interviews based on a list of questions compiled based on the implementation model of George Edwards III. In practice, the questions asked can be developed according to the facts found during the interview. The second technique is observation, a data collection technique carried out by researchers by observing events in the field. This study used participatory observation, in which the researcher observed closely and was involved in the activities of the parties/groups being studied. Saiful Anwar, such as the implementation of triage, communication between service providers, communication with service users, and other things that may occur unexpectedly when the research is carried out. The last technique is documentation study. Documentation study is a data collection technique by collecting and analyzing documents, both in written, graphical, and electronic form (Sukmadinata, 2007). In this study, the documents used as data were hospital accountability reports, technical guidelines for emergency services, results of internal studies, and other documents that could be collected and analyzed.

3.5 Data Analysis Techniques

Data analysis for qualitative research was done both during and after a predetermined amount of time for data gathering. A descriptive strategy, or more particularly, an interactive method, was employed to examine the data in this study. The interactive model developed by Miles, Huberman, and Saldana (Miles et al., 2014) is the data analysis model employed by researchers. Data condensing, data presenting, and conclusion are the elements of Miles, Huberman, and Saldana's (2014) data analysis. The interactive model developed by Miles, Huberman, and Saldana (Miles et al., 2014) is the data analysis model that researchers employ. Data analysis components Miles, Huberman, and Saldana (2014). Data presentation (data display) is the organization, unification, and inference of data. The data's presentation here aids comprehension of the research's context as it does a more thorough examination. From the beginning, the researcher will conduct the conclusion. The researcher gathers data by, among other things, looking for understandings devoid of patterns, noting the regularity of explanations and causal flows, and finishing with all of the information gathered.

4. RESEARCH RESULTS

4.1 Implementation of emergency services at the Emergency Room (IGD) of the Regional General Hospital (RSUD) Dr. Saiful Anwar

The literature on George C. Edward III's implementation model is used by researchers. According to the study's findings, implementation will go smoothly if the people in charge of carrying out the measures and attaining the goals of the policy are aware of them. Therefore, it is important to appropriately communicate with implementers the clarity of policy measures and objectives. So that implementers are aware of the precise scope and goals of the policy, consistency or uniformity of fundamental measurements and objectives must be communicated. The process of communication within a company is extremely difficult and convoluted. Additionally, various information sources will result in various interpretations. Effective implementation requires that persons in charge of carrying out a decision are aware of their level of ability. In fact, the execution of the policy must be approved by all implementers, who must also comprehend the policy's goal and purpose precisely. Policy implementers won't get the best results if they are uncertain about what to do and feel pushed. In the discussion of the outcomes of the communication variables that occur in implementing emergency services in the Emergency Room of RSUD Dr. Saiful Anwar, more communication with implementers has a significant impact on policy implementation. In the communication factor, researchers will also characterize it in terms of 3 (three) indicators. The first of these communication components is the transmission, which will be discussed. In order for the policy for implementing emergency services at the Emergency Room at RSUD Dr. Saiful

Anwar to be transformed precisely, the government undertook the process of submitting information on the implementation of emergency services at the Emergency Room at RSUD Dr. Saiful Anwar to policy implementing agencies and then forwarded to the team at the Emergency Room of RSUD Dr. Saiful Anwar.

At the meeting, this information is submitted. Dr. Saiful Anwar had meetings with the IGD RSUD team and explained emergency services to them all in order to gather this information. It was deemed appropriate based on the way that informants presented the material and their claims that transmission took place through meetings. During meeting activities, the Head of the Emergency Room provides the team with information pertaining to regulations or emergency care standards. The statement of George C. Edward III states that public policy is communicated to policy target groups and other interested parties, as well as to policy implementers, both directly and indirectly, in order to policies and with good delivery. The researcher came to the conclusion that policy implementation uses a transmission indication. Dr. Saiful Anwar is doing well with the emergency services implementation at the RSUD Emergency Room. This direct delivery, which is supplied to the target or target object such that there is direct notification, is thought to be the proper technique to carry out socialization. This is in accordance with George C. Edward III's opinion that for policies to be implemented as intended, the implementation guidelines must not only be followed by policy implementers but also be clearly communicated to the policy objectives.

Clarity is the second communication component. Emergency services have not yet been implemented at the RSUD Dr. Saiful Anwar Emergency Room to their full potential. Saiful Anwar so that communication of information on socialization activities has not yet been made to all teams. Dr. Saiful Anwar of the hospital emergency team was already aware of this emergency service. According to PPDS, the lecturers also provided information regarding these rules. They believed that in order to communicate his goal for implementing emergency services at the Emergency Room at RSUD, Dr. Saiful Anwar would need a fair amount of time. Consistency is the third component of communication. Based on information regarding the consistency of communication in the delivery of emergency services at the Emergency Room of RSUD Dr. Saiful Anwar, the researcher concluded that it was not good that there was still an emergency room team at RSUD Dr. Saiful Anwar that had not yet received direct instruction. This incident raised questions for those in the field who were implementing emergency services at the Emergency Room of RSUD Dr. Saiful Anwar. George C. Edward III once said that in order to implement an effective policy, the directives must be consistent and transparent (to be carried out or carried out). The circumstances that occurred did not follow this statement.

In the discussion regarding the results of the resource factors contained in the implementation at RSUD Dr. Saiful Anwar, researchers will also describe the 4 (four) indicators contained in the resource factor. The first indicator is equipment resources. Edward III in Widodo (2010: 102) states that equipment, facilities, or resources are the means used to operationalize the implementation of a policy, which includes buildings, land, and facilities, which will all facilitate the provision of services in policy implementation. Facilities in implementing emergency services at the Emergency Room of RSUD Dr Saiful Anwar still need to be improved, especially in several health facilities. The availability of ambulances and supplies of infusion pumps, syringe pumps and other things are essential. Emergency Services. A program or policy can be implemented successfully if the necessary facilities are provided. The human resources are the second indicator. Only with the help of appropriate number and quality of human resources will policy implementation be successful. The quantity of human resources refers to the number of people and whether it is enough to cover the Emergency Room team at RSUD Dr. Saiful Anwar, whereas the quality of human resources refers to the skills, devotion, professionalism, and competency in their sector. Because effective policy implementation will be facilitated by dependable human resources, human resources have a significant impact on implementation success. Therefore, Dr. Saiful Anwar needs adequate resources and is skilled in his area of implementing the policy in order to implement emergency services at the Emergency Room of RSUD. The entire IGD team of RSUD, led by Dr. Saiful Anwar, the policy's executor, is referred to as the "human resources" in the delivery of emergency services in the Emergency Room of the university. Given the above justification, it can be inferred that resources are a crucial component in the implementation of sound policies, which in turn require adequate and mature readiness, starting with readiness in terms of qualifications, competence, and readiness in terms of understanding and paradigm (mindset) towards the policy.

Lastly, consider budgetary resources. In order to ensure the implementation of a policy, the budget must be in accordance with the amount of capital or investment required by the program or policy. This is because, with proper budgetary support, a policy will be successful in fulfilling its objectives. According to the study's findings, there wasn't enough money in the budget to implement emergency services at the Dr. Maximum Saiful Anwar Emergency Room. The authority's source is the final indicator. In addition to being crucial for policy execution, information must be both highly relevant and sufficient. The authority has a crucial role to play, particularly in assuring and insuring that the implemented policies are what was intended. Dr. Saiful Anwar has the authority to direct the provision of services at the RSUD Emergency Room in the form of emergency services. Ratna contends that although the authority is restricted to recommendations and comments, there must be authority over whether the service is of high quality. The implementor's attitude is one aspect that affects policy implementation, according to the discussion

of the results of the disposition factor. The ability of policy implementers to realize the goals or objectives of the policy depends critically on their behavioral tendencies or traits. Policy implementers need to have certain qualities, such as honesty and dedication. The informant's assertion that the attitude of implementation in the implementation of emergency services at the Emergency Room of RSUD Dr. Saiful Anwar is fairly good may be inferred from the research results. On the basis of the aforementioned, the researcher comes to the conclusion that if implementers have a positive attitude toward a certain policy, in this case, there is support, and they are likely to carry out the policy as desired by the policymakers. Implementing a policy becomes more challenging if the actions or viewpoints of implementers diverge from those of decision-makers. However, before a policy can be put into effect, it must first be well planned and the implementation challenges must be taken seriously. This is what George C. said.

According to Edward III, executors can make the most of their time and standardize the actions of their officials throughout the company by adopting SOPs. The Emergency Room at RSUD Dr. Saiful Anwar is implementing emergency services, and better services are hoped to be realized. According to the informant's explanation, this can be accomplished by using technical implementation techniques that follow the Standard Operational Procedure (SOP) and are well known. This leads to the conclusion that the SOP for implementing emergency services at the Emergency Room at RSUD Dr. Saiful Anwar is fairly effective in terms of the SOP aspect, which contains the duties and responsibilities of each executor of implementing emergency services at the Emergency Room of RSUD Dr. Saiful Anwar. The whole SOP for implementing emergency services at the Dr. Saiful Anwar Emergency Room at RSUD outlines the bureaucratic structure from the highest level, which is the province, to the lowest level, which is the region. Due to the existence of these institutions, each designated institution has certain responsibilities and powers when executing emergency services at the RSUD Dr. Saiful Anwar Emergency Room. Because each agency's workload and obligations are clearly defined, it is simple for other agencies to carry out their responsibilities, and official behavior throughout the organization becomes standardized and consistent.

4.2 Supporting and Inhibiting Factors in the Implementation of Emergency Services at The Emergency Room of RSUD Dr Saiful Anwar

Several supporting and inhibiting factors influence the course of a policy. Researchers will explain the supporting and inhibiting factors based on the implementation model of George Edwards III. In the first case, namely communication, there is a supporting factor: holding a meeting with the Dr. RSUD IGD team. Saiful Anwar consistently. In addition, consistency in carrying out this meeting is also a supporting factor in implementing emergency services at the Emergency Room of RSUD Dr. Saiful Anwar. RSUD Dr. Saiful Anwar is also a teaching hospital, so in carrying out services assisted by students, in this case, is PPDS so that the communication is tiered. As for the inhibiting factor in communication, namely the delivery of information that is carried out indirectly, there is still an emergency room team at RSUD, Dr. Saiful Anwar, who does not understand this regulation. Information should be conveyed directly so that it is right on target.

Furthermore, the supporting factors in resources are several employees who are competent in their fields. However, some officers needed help understanding the contents of the meeting. This will undoubtedly become an obstacle in implementing emergency services at the Emergency Room at RSUD Dr. Saiful Anwar. In addition, a lack of budget is needed for facilities and infrastructure to implement emergency services at the Emergency Room at RSUD Dr. Saiful Anwar. The facilities and infrastructure in question are the absence of an Emergency Observation Room (ROE), which should have existed. At RSSA, there used to be one, but because of an urgent need, it has now switched functions so that the RSSA IGD does not have ROE. Even though with the increasing number of emergency patients, ROE is needed. As a buffer when the inpatient room is still full. Next, after resources, there are dispositions. The effectiveness of implementing this policy is supported by the excellent attitude of its implementers so that it can accelerate the issuance of regulatory recommendations regarding emergency services. This is undoubtedly a supporting factor in implementing emergency services at the Emergency Room at RSUD Dr. Saiful Anwar. On the other hand, an emergency room team at RSUD, Dr. Saiful Anwar, needed to understand this policy and hampered the implementation of this regulation.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The implementation of emergency services at the Emergency Room of RSUD Dr. Saiful Anwar, the indicators in communication, specifically the transmission indicator, and the implementation of policies in providing information have all been carried out in the form of meetings regarding the implementation of emergency services at the Emergency Room of RSUD Dr. Saiful Anwar, it can be concluded based on the findings of the research that has been described. The implementation hasn't, however, fully performed to its best. The informational disparities surrounding the implementation of emergency services in the Emergency Room demonstrate this. Dr. Saiful Anwar presented information in accordance with rules when conducting emergency

services at the Emergency Room of RSUD. The delivery of emergency services at the Emergency Room operates consistently based on reliable indicators. By having a meeting with the IGD team, this was demonstrated.

Additionally, there are a number of indicators for resources, such as the Equipment Resources indicator and the execution of emergency services at the Emergency Infrastructure is one of the key components in ensuring the quality of policy delivery services. Installation, equipment, facilities, or resources are the means used to operationalize the implementation of a policy. This includes buildings, land, and facilities. All of these will make it easier to provide services in policy implementation. As a result, when it will be employed, the infrastructure needs to be properly prepared. Several of the meeting's officers still didn't fully comprehend the SOP's contents when it came to the Human Resources indication, the execution of emergency services at the Emergency Room. While waiting for emergency services to be implemented at the Emergency Room at RSUD Dr. Saiful Anwar, officers in this situation must be prepared meticulously to provide information and comprehension.

The budget resource indicator relates to the appropriateness of capital or investment in a program or policy to ensure policy implementation because policies cannot be effective in accomplishing goals without proper budget support. It is improper to implement emergency services in the Emergency Room, especially given the cash required to finish the infrastructure, which is frequently expensive. Knowledge is a crucial component in the authority resource indicator; it is very pertinent and sufficient knowledge about how to implement a policy. Emergency services are well-implemented at the Emergency Room in terms of implementation. In this situation, policy executors are in charge of implementing emergency services in the Emergency Room in accordance with expectations set by the center. Because the current system can work systematically or by the regulations for executing emergency services in the Emergency Room, the attitude of activity executors is required to interact fairly with connected authorities. Dr. Saiful Anwar is operating in accordance with the rules as seen from the Standard Operational Procedure (SOP) aspect in the form of technical guidelines that have been understood and implemented in detail the duties and responsibilities. This is indicated by the Standard Operational Procedure (SOP) indicator in the implementation of emergency services at the Emergency Room at RSUD. By meeting with the Dr. Hospital Emergency Installation team, supporting and inhibiting factors in the implementation of emergency services at the emergency room of RSUD Dr. Saiful Anwar were discussed. Saiful Anwar consistently has a number of employees who are experts in their domains, and the outstanding attitude of the implementers supports the efficacy of the implementation of this strategy in order to hasten the release of recommendations for the use of medical devices. The dissemination of information is done indirectly, there is still an emergency installation team that needs to comprehend the policy, and there is not enough funding for facilities and equipment to perform emergency services.

5.2 Suggestions

Based on the conclusions above, the researchers suggest that information about Emergency Services should be improved again by providing more adequate facilities and infrastructure to implement policies on target. Providing input to all departments to standardize policies related to the provision of services in the emergency room, including policies regarding the assignment of PPDS to carry out services in the emergency room, is expected to be able to socialize all the Emergency Installation teams at RSUD Dr. Saiful Anwar better to understand the contents of the SOP for Emergency Services, and immediately provide an Emergency Observation Room (ROE) as a buffer for inpatient care.

REFERENCES

- Agus Dwiyanto. (2005). *Realizing Good Governance Through Public Service*. Yogyakarta: Student Libraries.
- Agustino, L. (2006). *Politics and Public Policy*. Bandung: AIPI Bandung and Research Center for KP2W Lemlit Unpad.
- Amri, A., Manjas, M., & Hardisman, H. (2019). Analysis of Implementation of Triage, Accuracy of Initial Diagnosis with Length of Patient Treatment at Prof. Hospital. Dr. MA Hanafiah SM Batusangkar. *Andalas Health Journal*, 8(3), 484. <https://doi.org/10.25077/jka.v8i3.1031>
- Aminullah, M., Hariyanto, T., & Widjajani, R. (2022). Study on the Implementation of Waste Management Policies in Probolinggo Regency. *Cross Current Int J Econ Manag Media Stud*, 4(5), 72-80.
- Ardinata, M. (2020). State Responsibility for Health Insurance in the Perspective of Human Rights (HAM). *Human Rights Journal*, 11(2), 319. <https://doi.org/10.30641/ham.2020.11.319-332>
- Dunn, W. (2003). *Introduction to Public Policy Analysis* (M. Darwin, Ed.; Second Edition). Yogyakarta: Gadjah Mada University Press.
- Dwidjowijoto, RN, & Wrihatnolo, RR (2007). *Empowerment Management: An Introduction and Guide to Community Empowerment*. Jakarta: Elex Media Komputindo.
- Dye, TR (1981). *Understanding Public Policy* (4th Editions). New Jersey: Prentice-Hall.

- Fachriza, D. (2019). Emergency Room Service Quality: Patient and Management Perspectives at Prima Inti Medika Hospital in 2018. Thesis. Medan: University of North Sumatra.
- Hallan, MEM (2013). The Influence of Service Quality on Customer Satisfaction - Case Study of Larantuka Hospital Emergency Room. Master Program Final Project. Jakarta: The Open University.
- Herawati, T., Gustina, DS, & Utami, DS (2019). Implementation of Triage by Nurses in the Emergency Room at the Lembang Hospital. *Journal of Aeromedical Health - Ciumbuleuit Poltekes Bandung*, V(1), 59–64.
- Imam Sujono. (2015). Quality of Emergency Service Installation at RSUD BLUD Dr. H. Soemarno Sosroatmojo Tanjung Selor 2015. Final Project Masters Program. Jakarta: The Open University.
- Irwan. (2017). Health Ethics and Behavior. Yogyakarta: CV. Absolute Media
- John M. Ivancevich, Peter Lorenzi, Steven J. Skinner, & Philip B. Crosby. (1997). *Management: Quality and Competitiveness*. 2nd Edition (PB Crosby, Ed.; 2nd ed.). Illinois: Richard D. Irwin Publisher.
- Keban, Y. (2004). Six Strategic Dimensions of Public Administration, Concepts, Theories and Issues. Yogyakarta: Gava Media.
- Komariah, A., & Satori, D. (2010). *Qualitative Research Methodology*. Bandung: Alfabeta.
- Hospital Accreditation Commission. (2022). List of Accredited Hospitals. Hospital Accreditation Commission Official Website. Accessed on January 25 2022, at 16.00 WIB.
- Kurniawan, A. (2005). *Public Service Transformation*. Yogyakarta: Renewal Publisher.
- Maryam, NS (2016). Realizing Good Governance Through Public Service. *Journal of Political Science and Communication*, VI (1).
- Miles, MB, Huberman, AM, & Saldana, J. (2014). *Qualitative data analysis, A Methods Sourcebook* (TR Rohidi, Ed.; 3rd ed.). California: Sage Publications.
- Mulyadi, D. (2015). *Study of Public Policy and Public Service*. Bandung: Alfabeta.
- Nofriandi, R. (2016). Implementation of Langsa Mayor Regulation Number Reg.800/1/I/227/2016 Concerning the Implementation of Electronic Attendance (E-Discipline) in the Regional Secretariat of Langsa City. Thesis. Medan: University of Medan Area.
- Oroh, AC, Mulyadi, & Hamel, R. (2017). Relationship Between Overcrowded Conditions and Provision of Information with Anxiety of Patient Families in the Emergency Room at Pancaran Kasih GMIM Hospital Manado. *E-Journal of Nursing*, 5(1).
- Minister of Health of the Republic of Indonesia (2018). Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018 concerning Emergency Services.
- Ratmino, & Winarsih, USA (2006). *Service Management*. Yogyakarta: Student Libraries.
- Rahmandany, FW, Sadhana, K., Wiyani, W., & MerdekaMalang, RW Policy of the Mayor of Surabaya, Indonesia Regarding Health Protocols in the Context of Preventing Covid-19
- Sadhana, K. (2011). *Public Policy Reality*. Malang: UM Press.
- Sugiyono. (2008). *Administrative Research Methods*. Bandung: Alfabeta.
- Surahman, & Supardi, Sudiby. (2016). *Print Teaching Materials Module for Pharmacy Public Health Sciences PKM*. Jakarta: Agency for the Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia.
- Supriadi, B. (2018). Poncokusumo Ecotourism Development through Grand Strategy Matrix Analysis. *Pesona Tourism Journal*, 3(2), 119-133.
- Syahida, BA (2014). Implementation of Regional Regulation No. 14 of 2009 concerning Waste Management in Tanjungpinang City. Thesis. Tanjung Pinang: Raja Ali Haji Maritime University.
- Tachan, H. (2006). *Public Policy Implementation*. Bandung: APII Bandung and Research Center for KP2W Lemlit Unpad.
- Tahir, A. (2014). *Public Policy and Transparency in the Implementation of Local Government (First Edition)*. Bandung: Alfabeta.
- Tarigan, J. (2013). Implementation of Regional Health Insurance Service Policy in Sukamara District. Thesis. Jakarta: The Open University.

Tengker, F. (2007). Health Law Now and Here. Bandung: Mandar Maju.

Waluyo. (2007). Public Management (Concept, Application, and Implementation) in the Implementation of Regional Autonomy. Bandung: Mandar Maju.

Widyocorapika. (2017). Implementation of Emergency Installation Service Standards at Dr. Sobirin, Musi Rawas Regency. Thesis. Jakarta: The Open University.

Wiratha, IM (2006). Guidelines for Writing Research Proposals, Thesis, and Thesis. Yogyakarta: ANDI Publisher.

Zimmerman, B. (2006). Development and Adaptation of Expertise: The Role of Self-Regulatory Processes and Beliefs. The Cambridge Handbook of Expertise and Expert Performance. <https://doi.org/10.1017/CBO9780511816796.039>