



Analysis of Outpatient Revitalization Plan of Geriatric Pavilion Services Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi

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Abstract

RSUP Dr. Kariadi Semarang Central Java Indonesia has geriatric services centralized in the Prof. Dr. R. Boedhi Darmojo Pavilion. Since the implementation of the tiered referral policy by the Government in 2014, there has been a change in the referral system which has led to a decrease in geriatric outpatient visits at the Prof. Dr. R. Boedhi Darmojo Pavilion significantly by 78.71% in 2014 and the average new patient visits by 1% every year. Qualitative method with data collection through in-depth

interviews and Focus Group Discussion (FGD) to informants consisting of consumers of the Geriatric Polyclinic of Prof. Dr. R. Boedhi Darmojo Pavilion and consumers of the Internal Medicine Polyclinic of the Garuda Pavilion, Dr. Kariadi, the Manager, the Head of the Integrated Geriatrics Services Team, and the Non-geriatric Patient Responsible Doctor (DPJP). The results obtained based on the SWOT analysis are in quadrant I, namely a position with a strong organization and the opportunity to continue to expand, enlarge growth and achieve maximum progress by revitalizing the concept of integrated geriatric services and building and increasing collaboration with stakeholders to improve geriatric services.

Keywords: Geriatric, Outpatient, Revitalization

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Introduction

Almost all countries in the world are experiencing the growth of the elderly population (United Nations, 2019). The success of health development is characterized by an increase in life expectancy. Based on data from the Central Bureau of Statistics (BPS) in 2020, the number of young elderly (60-69 years) 64.29 percent, middle elderly (70-79 years) 27.23 percent and old elderly (over 80 years) 8.49 percent (BPS, 2020)

Elderly (lansia) different from geriatric patients, geriatric patients are elderly with multipatological disease conditions (Pratama El *et al*, 2017), (Martono HH *et al*, 2010). Elderly based on the WHO category is someone who has reached the age of 60 or 65 years and above (World Health Organization, 1999). Minister of Health No. 79 of 2014 the elderly is someone who has reached the age of 60 years and above, while geriatric patients are elderly patients with multi-disease and/or disorders due to decreased organ function, psychological, social, economic and environmental that requires integrated health services with a multidisciplinary approach that works in interdisciplinary (Permenkes, 2014).

Pavilion Prof. dr. R. Boedhi Darmojo is a treatment building aimed specifically at geriatric patients and is the first integrated geriatric service building established in Indonesia. Before the JKN era outpatient services for elderly patients were centered in the Pavilion of Prof. dr. R. Boedhi Darmojo and is the flagship service in RSUP Dr. Kariadi. Since the enactment of the tiered referral policy by the Government in 2014, there have been changes to the patient referral system and the centralization of private services at Garuda Pavilion. The change had an impact on geriatric services at RSUP Dr. Kariadi with a decrease in geriatric outpatient visits of The Pavilion Prof. dr. R. Boedhi Darmojo.

Hospitals need to conduct an analysis of the changes that occur in the geriatric service process in order to achieve organizational goals. One of the efforts that can be done is to reactivate outpatient services that prioritize the concept of integrated geriatric services or *one stop service* so that geriatric patients will get services on one comfortable roof as an effort to revitalize the Pavilion Prof. R. Boedhi Darmojo. Revitalization is a process or way and deed to revive something that was previously rich so that revitalization means making something or deeds to become vital again (Saragi S, 2017). Revitalization is needed as an effort to increase the utilization of outpatient services of Prof. Dr. R. Boedhi Darmojo Pavilion so that geriatric services again become superior services at RSUP Dr. Kariadi.

In determining the outpatient revitalization plan of the Geriatric Pavilion Service Prof. Dr. R. Boedhi Darmojo RSUP Dr. Kariadi needs to know what factors can affect the development of the hospital both from the internal and external side of the hospital, so that the hospital becomes more optimal in utilizing the opportunities or strengths that exist to overcome weaknesses or threats faced by using SWOT analysis (Gurel E and Merba TAT, 2017), (Subaktilah Y *et al*, 2018).

The study aims to identify and analyze internal and external factors of the hospital to determine the outpatient revitalization plan of the Geriatric Pavilion service Prof. Dr. R. Boedhi Darmojo RSUP Dr. Kariadi.



Methods

This research uses qualitative research methods, i.e. research that produces descriptive data through in-depth interviews and document studies. Data collection through in-depth interviews and Focus Group Discussion (FGD) to each informant is conducted at the same time. The population in this study is patients who have certain characteristics that are in accordance with the criteria of the study, namely elderly patients aged 60 years and above with multi-disease who visited the Geriatric Clinic Pavilion Prof. dr. R. Boedhi Darmojo and Polyclinic Diseases in the Garuda Hospital Pavilion Dr. Kariadi and the hospital management. The main informant in this study consisted of consumers of Geriatric Polyclinic Pavilion Prof. dr. R. Boedhi Darmojo and Polyclinic Diseases in Garuda Pavilion and the hospital manager, while the triangulation informant is non geriatric DPJP. The stages carried out by researchers are in-depth interviews and FGD. After in-depth interview, data processing and data analysis was conducted by researchers to formulate hospital strategies based on FGD results so that hospitals are able to compete and achieve goals effectively and efficiently.

Results and Discussion

1. Analysis of Interview Results with Geriatric Service Consumer

Table 1. Characteristic Description of Geriatric Service Consumer Informants

Variable	Category	n	%
Gender	Man	6	100
Age	70 - 79 years (elderly)	4	66,7
	60 - 69 years (young elderly)	2	33,3
Education	Intermediate	1	16,7
	Above	1	16,7
	Strata 2	3	50
	Strata 3	1	16,7
Work	Self employed	1	16,7
	Retired civil servants	5	83,3
Financing	JKN	6	100

Based on the table above, the majority of studies are male with the age of the elderly. Based on the educational characteristics of most highly educated informants, namely level 2 as many as 3 informants and level 3 as many as 1 informant. Most of the informants are retired civil servants and the majority of financing uses JKN.



a. Geriatric Service Consumer Needs Analysis

Consumer needs are the medical needs of geriatric services. The need of all informants to health services due to chronic diseases such as hypertension, diabetes mellitus, pain that has long been felt and the presence of disorders of the organ system that must be taken action. The average informant has at least two chronic diseases so needs regular control to get medical care. This is in accordance with the statement of Pratama EL *et al* (2017) that geriatrics will undergo changes in the shape and function of various organs in the body, therefore in geriatric patients often found chronic diseases more than one or multipatology (Pratama El *et al*, 2017). All informants stated that they had undergone changes since getting good treatment from the treating doctor, as one of the following infroman statements:

"After coming to regular control and getting good treatment, the disease I felt was much reduced and I became healthier."

b. Analysis of Consumer Desire for Geriatric Services

Consumer desire is a need more in the utilization of geriatric services to:

1) Officer's attitude

Informants give an impression of the attitude of officers (registration officers, doctors and nurses) as follows:

- a) The impression of informants on the attitude of registration officers, which gives a good impression of the registration officer such as friendly, patient, giving a good explanation and reminding the expiration of the referral letter.
- b) The informant's impression of the doctor's attitude, five informants gave a good impression of the attitude of all doctors and one informant gave a different impression on each doctor but in general had a good impression, such as the following statement:

"Doctor x he is firm and disciplined for me no problem. Doctor y good but communication is lacking Mrs. Doctor z more can serve, more solutions, there is some kind of alternative."

- c) The informant's impression of the nurse's attitude, five informants stated that all nurses were very good and one informant stated that there was one nurse who had a tough attitude, such as the following statement:

"The nurse are chaging Mrs., if Mr x the person is hard, Ma'am is a good person, Mrs. z is also good....."

Consumer desire for the attitude of officers who are already good to remain can be maintained and improved.

2) Infrastructure Facilities

The desire of informants related to patient waiting rooms is diverse, such as TV channels to be more propagated, waiting rooms that are open and can see the park. One informant hopes that the Doctor can arrive on time so that not many patients wait, such as the following statement:



"The waiting room is clean and comfortable but if the doctor arrives late so many patients are waiting, so it's not comfortable because a lot of people...."

From the informant's statement in accordance with research conducted by Ariesanty BA (2009) which states that of all the variables of perception of the quality of doctor's services such as perception of medical technical skills, attitude, information delivery and service timeliness turned out to have an influence on the interest of patient re-visits is punctuality in providing services (Ariesanty BA, 2009).

The informant's desire for the doctor's examination room states to be maintained and improved both cleanliness and comfort while one informant has a desire for the doctor's examination room to be wider, more comfortable and neater, as the following statement:

"My hope is that the doctor's examination room is wider, more comfortable and tidy."

The desire of informants related to outpatient service facilities can be centralized in one building into an integrated service/one stop service. One informant hopes for an independent bridge in the Polyclinic so that there is no need to go to the registration section, such as the following statement:

"...If you have registered online if you can go directly to the Polyclinic so there is no need to register, you can directly print in the Polyclinic like the one at the airport."

The informant's statement is in accordance with research conducted by Norbert S and Herve K (2016) which stated that elderly health innovation has occurred in five key areas which include technological innovation, medical innovation, education and communication innovation, environmental and economic innovation and managerial innovation. Technological innovation is central to most other health innovations (Norbert S and Herve K, 2016).

3) Service Costs

All informants use JKN financing so that they do not feel burdened and quite helped.

2. Analysis of Interview Results with the Manager

In-depth interview was conducted to the Director of Medical, Nursing and Support, Kapala Geriatric Installation and Medical Rehabilitation, Quality Accountability and Geriatric Service, Chairman of integrated Geriatric Team and Chairman of KSM Internal Medicine. All informants stated that the manager had provided support to geriatric services with the issuance of an integrated geriatric service policy, the establishment of an Integrated Geriatric Team and treatment with geriatric patients with geriatric specialists but socialization and implementation have not run optimally. As in the following statement:



"Bringing together in collaboration. SK is already supportive but socialization and implementation of has not gone well."

Revitalization can work well if the implementation of existing policies can be implemented optimally, it is in accordance with the results of research conducted by Aris M (2017), the better the implementation of policies, the better the revitalization of service facilities (Aris M,2017).

The hospital manager has also done geriatric service planning with the inclusion of geriatric service programs into the hospital's priority program in 2021. All informants said that Intergrated Geriatric Team had not run optimally. As in the following statement:

"It has not gone well, there needs to be an evaluation from the hospital to run well. each can release the ego so that geriatric patients get the rules in accordance according to the plenary geriatric level."

All informants from the manager have a desire for integrated geriatric services in the Pavilion Prof. dr. R. Boedhi Darmojo, namely geriatric services can run optimally with a multidisciplinary integrated team that works interdisciplinarily so as to provide convenience and comfort for geriatric patients oriented to the quality of service and patient safety by providing geriatric services according to the needs of the elderly.

The wishes of the hospital manager are in line with the wishes of the non-geriatric DPJP, namely the services provided oriented to the quality of service and patient safety, such as the following statement:

"The integrated geriatric team delivers a comprehensive geriatric team program, especially involving other disciplines so that services for geriatric patients will be better."

3. SWOT Analysis of Geriatric Services

After the reduction, presentation of data and conclusion withdrawal from the results of in-depth interviews with geriatric patient informants and hospital managers, the next stage is to conduct Focus Group Discussion (FGD) to conduct discussions in resolving outpatient problems of geriatric services in the Pavilion prof. Dr. R. Boedhi Darmojo based on SWOT analysis.



**Matrix SWOT Geriatric Services Pavilion Prof. dr. R. Boedhi Darmojo RSUP
Dr. Kariadi**

Table 2. Matrix SWOT Geriatric Services Pavilion Prof. dr. R. Boedhi Darmojo
RSUP Dr. Kariadi

INTERNAL FACTOR EXTERNAL FACTOR	STRENGTHS: 1. The building has facilitated for integrated geriatric services 2. Easy to reach, support parking available 3. National Referral Center 4. Plenary geriatric service level 5. Passed the kars international accreditation plenary in 2019 (there is a geriatric service component) 6. Good hospital image in the community 7. Have a remuneration policy	WEAKNESS: 1. Understanding DPJP remuneration that is not yet the same 2. Geriatric consultant's human resources have not been fulfilled 3. The referral system is still based on polyclinic specialists have not yet been specialist persub 4. Lack of ongoing promotion and publication
	OPPORTUNITIES: 1. Integrated geriatric service pioneer 2. The elderly population in Central Java is high (13.36%) 3. Dr. Kariadi Hospital patient is quite high 4. Policies based on geriatric service competence	SO STRATEGY: 1. Revitalization of integrated geriatric service concept /<i>One stop service</i> 2. Building and enhancing cooperation with <i>stake holders</i> for the improvement of geriatric services
		WO Strategy: 1. Addition of non-geriatric consultant doctor practice schedule in geriatric clinics as needed 2. Building a culture of professional collaboration for the implementation of geriatric services 3. Continuous promotion and publication scheduling 4. Separation of Integrated Geriatric Team SK into Sk Medical Technical Team and Geriatric Managerial Team SK 5. Socialization of remuneration policy
THREATS :	ST STRATEGY:	WT Strategy:



1. Referral policy for geriatric patients has not been supported	1. Building and enhancing cooperation with <i>stake holders</i> for the improvement of geriatric services	1. Regular meetings of geriatric medical technical teams to discuss the evaluation of geriatric patients
2. Understanding of medical personnel to the needs of geriatric patients is still low		2. Policy socialization on integrated geriatric services
3. Each hospital seeks to provide geriatric stewardship in accordance with Permenkes number 79 of 2014 and the fulfillment of hospital accreditation standards 2017		3. HR Control Policy

Table 3. Matrix *Internal Factor Evaluation* (IFE) Outpatient Geriatric Services Pavilion Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi

No.	Key Factors	Weight	Rating	Weighting Score
Strengths				
1	The building has facilitated for integrated geriatric services	0,10	4	0,38
2	Easy to reach, support parking available	0,10	4	0,39
3	National Referral Center	0,09	3	0,27
4	Plenary geriatric service level	0,10	4	0,40
5	Passed the kars international accreditation plenary in 2019 (there is a geriatric service component)	0,08	2	0,16
6	Good hospital image in the community	0,07	2	0,14
7	Have a remuneration policy	0,09	2	0,18
	Sub Total	0,62		1,74
Weaknesses				



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1	Understanding DPJP remuneration that is not yet the same	0,09	2	0,19
2	Geriatric consultant's human resources have not been fulfilled	0,09	2	0,18
3	The referral system is still based on polyclinic specialists have not yet been specialist persub	0,10	1	0,10
4	Lack of ongoing promotion and publication	0,09	3	0,27
Sub Total		0,37		0,74
TOTAL		1,00		2,48

Table 4. Matrix *External Factor Evaluation* (EFE) Outpatient Geriatric Services Pavilion Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi

No	Key Factors	Weight	Rating	Weighting Score
Opportunities				
1	Pioneers of integrated geriatric services	0,12	2	0,24
2	The elderly population in Central Java is high (13.36%)	0,15	4	0,60
3	Dr. Kariadi's geriatric patients are quite high	0,15	4	0,60
4	Policies based on geriatric service competence	0,14	2	0,28
Sub Total		0,56		1,72
Threats				
1	Referral policy for geriatric patients has not been supported	0,15	1	0,15



2	Understanding of medical personnel to the needs of geriatric patients is still low	0,15	2	0,30
3	Each hospital strives to provide geriatric services in accordance with Decree No. 79 of 2014 and the fulfillment of kars hospital accreditation standards 2017	0,14	2	0,28
Sub Total		0,44		0,73
TOTAL		1,00		2,45

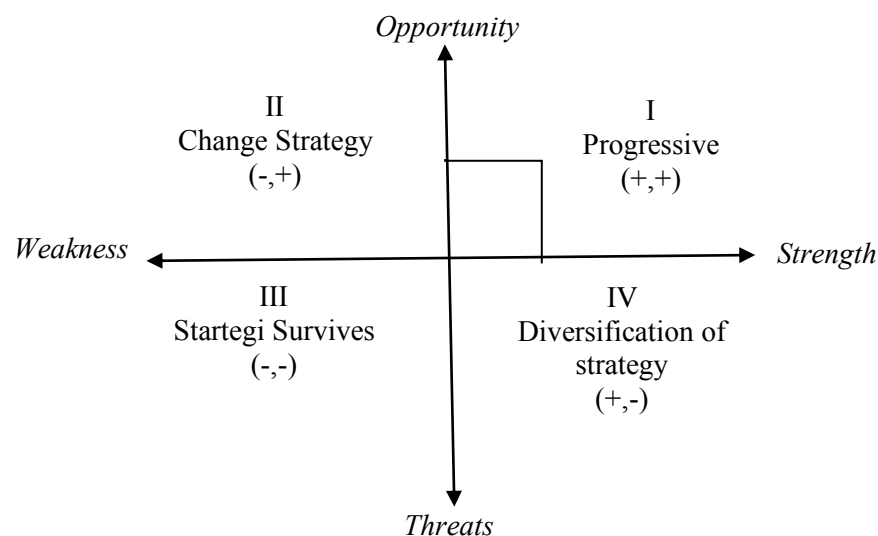
Diagram of Kartesius Outpatient Geriatric Services Pavilion Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi

Summation of SWOT outpatient analysis of Geriatric Pavilion Services Prof. dr. Boedhi Darmojo RSUP Dr. Kariadi.

Total Power Value = 1,74	Total Opportunity Value = 1,72
Total Weakness Value = 0,74	Total Threat Value = 0,73
Summation (x) = 1,00	Summation (y) = 0,99

Cartesius diagram can be seen in the following diagram:

Diagram 1. Diagram of Kartesius Outpatient Geriatric Services Pavilion Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi





Outpatient geriatric services Pavilion Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi based on SWOT Analysis is in quadrant I which is this position signifies a strong and opportunity organization. The strategy recommendations provided are progressive, meaning that outpatient geriatric services in the Pavilion of Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi are in excellent and complete condition so that it is possible to continue to expand, increase growth and achieve maximum progress by revitalizing the concept of integrated geriatric services/*one stop service* and building and increasing cooperation with stake *holders* (Medical Staff Group, networking hospitals, Non-Governmental Organizations/Social Communities, patient guarantor insurance and Profesional Organization) for the improvement of geriatric services.

The position of the hospital in quadrant I is in accordance with the statement of the chairman of the integrated geriatric services team that stated dr. Kariadi has the most complete facilities and infrastructure in Indonesia and competent human resources. The results of research conducted by Bayu AP (2017), cartesius diagram is in the first quadrant with the value of strength is above the value of weakness and the value of opportunity is above the threat value, then the company is in a favorable position by having strengths and opportunities so as to take advantage of existing opportunities to increase sales (Bayu AP, 2017).

Conclusion and Recommendation

1. The need for consumers to get treatment for diseases suffered by regular control at dr. Kariadi. Konsumen has a desire for the attitude of officers, facilities and infrastructure to maintain and improve existing services and facilities.
2. Manager side has provided support to geriatric services with the issuance of an integrated geriatric service policy, the establishment of an Integrated Geriatric Team and treatment with geriatric patients with geriatric specialists, but socialization and implementation have not run optimally.
3. Based on the results of SWOT analysis of geriatric services, obtained the results that geriatric services Pavilion Prof. dr. R. Boedhi Darmojo RSUP Dr. Kariadi is in quadrant I which is this position signifies a strong and opportunity organization.
4. It is expected that the hospital is able to revitalize the concept of integrated geriatric services/*one stop service* and build and increase cooperation with stake *holders* (Medical Staff Group, network hospitals, Non-Governmental Organizations/Social Communities, patient guarantor insurance and Profesional Organization) for the improvement of geriatric services.



References

- World Health Organization. (1999). *Men Ageing And Health*. Geneva
- Badan Pusat Statistik (2020). Statistik Penduduk Lanjut Usia. Indonesia
- Pratama, E. L., Martini, R. D., & Pertiwi, D. (2017). Gambaran Multipatologi Pasien Geriatri di Poliklinik Khusus Geriatri RSUP Dr. M Djamil Padang Periode Januari-Desember 2014. *Jurnal Kesehatan Andalas*, 6(3), 536-545
- Martono., H.H., & Pranaka K. (2010). Geriatri (Ilmu Kesehatan Lanjut Usia) (4th ed). Fakultas Kedokteran Universitas Indonesia. Indonesia
- United Nation. (2019). *World Population Ageing*. New York.
- Menteri Kesehatan Republik Indonesia. (2014). Peraturan Menteri Kesehatan Republik Indonesia Nomor 79 Tahun 2014 tentang Penyelenggaraan Pelayanan Geriatri di Rumah Sakit.
- Saragi, S. (2017). Tinjauan Revitalisasi Pelayanan Kesehatan Dasar Tentang Sistem Rujukan Pelayanan Kesehatan Terhadap Peserta BPJS Di Puskesmas Biru-Biru. *Jurnal Undhar Medan*, 2(2), 59-70
- Gurel., E & Merba. (2017). *SWOT Analysis: A Theoretical Review*. The Journal of Internastional Social Research, 10(51), 994-1006
- Subaktilah., Y, Kuswardani, N., & Yuwanti, S. (2018). Analisis SWOT: Faktor Internal dan Eksternal pada Pengembangan Usaha Gula Merah Tebu. *Jurnal Agroteknologi*, 12(2), 107-115
- Ariesanty, B.A. (2009). Analisis Pengaruh Persepsi Pasien tentang Mutu Pelayanan, Biaya Pelayanan, dan Reputasi Dokter terhadap Minat Kunjungan Ulang Pasien di Poliklinik Spesialis Instalasi Rawat Jalan Rumah Sakit Panti Wilasa Citarum Semarang tahun 2009. Tesis
- Norbert., S & Herve, K. (2016). *Helath Innovation in Elderly Care*. Laurea University of Applied Sciences. Otaniemi
- Aris, M. (2017). Faktor-Faktor yang Mempengaruhi Revitalisasi Puskesmas di Kabupaten Bangkalan. *DIA:Jurnal Adminstrasi Publik*, 5(1), 43-68
- Bayu, A. P. (2017). Penetapan Strategi Pemasaran Dengan Analisis SWOT. *Jurnal Manajemen dan Kewirausahaan*, 2(2), 89-102



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