

CHAPTER III

RESULT OF RESEARCH

3.1 Role of Bandung City Government in Supporting Layad Rawat Program

In running the program would have a set of groups that have the same purpose and goals. That is because to achieve optimal results and the achievement of a goal let alone the goal is related to the needs and rights of many communities, then must have the components that are aligned to achieve those goals. In this case, Layad Rawat Program under the responsibility of Health Department of Bandung performs health services which combined with the duties and functions of The Community Health Center in the area of Bandung. This explains that this program has been assembled and implemented in the realm of health with tools and members who are concerned in the health sector.

In addition, implementation and design of strategies by mechanism and principled are also required as a general overview of the program. It is a basic foundation where without the design of strategies and principles, the program will be difficult to develop, especially on aspects of health services that are considered important for the citizens. To that end, the clarity of the program requires a legal umbrella that regulates all aspects of the program's policies, ranging from understanding, intent and purpose to field mechanisms all guaranteed in the legal umbrella.

3.1.1 Form of Innovation and Program Policies

Layad Rawat program is also an innovation program which in it is a combination of several aspects and related health actors where the government tries to come down and present to the controlled citizens the cost and location. Where, this program is devoted to patients who are enrolled in health or non-BPJS programs. In addition to cost constraints that become a problem, Layad Rawat Program becomes a solution where the difficulty of the citizens in reaching and accessing health, especially people living in the remote area and village in the area of Bandung. In running the program, the legal umbrella becomes the guarantee, the scope and the pace of the innovation program. All arranged in order to provide flexibility for the party who run. It was in by Field Coordinator Tim Layad Rawat himself about Legal Umbrella Program.

"Yes, here. Layad Rawat program has its legal umbrella. There is a same Mayor's Regulation (Perwalkot) and Mayor's Decree (Kepwalkot)". (Interview with Andre Taufik, Coordinator of Layad Rawat Team Bandung, 19 January, 2018)

Layad Rawat program ruled in Mayor Regulation of Bandung (Perwalkot) No. 703 Year 2017 about Layad Service Rawat In Bandung. The presence of layout programs through various basic considerations and needs, one of which is to improve access to basic health services and referrals for quality, equitable and affordable society, it is necessary to regulate the standard criteria and mechanisms as the guidelines for efficient and effective Lay Service Rawat. Other than that, the

Mayor's Regulation (Perwalkot) Number 703 Year 2017 was based on considerations to improve the level of public health in a sustainable manner, as stated in the Local Regulation of Bandung No. 03 of 2014 which discusses the Medium Term Development Plan Bandung Area 2013-2018, then than that based on the rules that are made above, the government of Bandung City need to make efforts, among others, that is implementing Service Layad Rawat Program. In Article 2, it is stated that the principle adopted in the Layad Rawat Program arrangement is to adhere to the principles of humanity, justice, benefit for society and non-discrimination. The 3 points which become the objectives of Layad Rawat arrangement is discussed in the next article which is article 3 which are:

“Setting Services Layad Rawat aims to:

- a) Ensure the fulfillment of the basic rights of the citizens in basic health services in maintaining, improving, or maximizing the degree of independence, and minimizing the consequences of the disease to achieve optimal individual capability;*
- b) Enhancing the role and support of family, citizens, local government towards the success of health development; and*
- c) Providing protection to all communities and Health Officers in providing services”*

The three objectives of the arrangement can be said as the intention of Mayor's Regulation as a clear legal umbrella of the Layad Rental Service Program. In addition, the arrangement of the program did not rule out the principles adopted as the life of this service. It is clear that the Layad Rawat Program in Bandung City has a clear legal basis and is based on the arrangement.

Then, besides that also, regarding the provisions of Standard Operational Procedures both planned and unplanned service arranged in articles 11 and 12 in the Mayor's Regulation (Perwalkot). Standard Operational Procedures are described in more detail in Bandung Mayor Decree number 440. Then, an explanation of planned and unplanned services embodied in the planned Service is the service provided for the already registered patient. This is more clearly explained in Article 9 paragraph 2 which reads:

"Type of Service Layad Rawat Terawat as referred to paragraph (1) letter a is the service provided to Patients who have been recorded by The Community Health Center and have analyzed the risk factors so that the service can be defined required"

Then, for the Program Operational Standard described in Article 11 concerning the Service Layout Service Layout Procedure, it covers several aspects including:

"The procedure procedure of Service Layad Rawat Terawat, including:

a) Health Officers from the local Community Health Center will make home visits to Patients on an agreed timetable;

b) House visits conducted in the form of promotive, preventive, curative and rehabilitative services in accordance with standard operating procedures;

c) The patient's Layad Care service is declared complete if it meets the following criteria:

Patients want;

1) Patients are able to reach health care facilities independently;

2) Family Patient has been able to continue patient care independently;

3) The patient is declared cured: and

4) The patient is declared dead"

The above aspects are a procedure for carrying out the planned layout service. The article also explains that there are 4 services provided to Patient Layad Rawat Services; a) promotive; b) preventive; c) curative; and d) rehabilitative. Promotive service that is to improve health, then preventive effort or action in prevention of disease, while curative is disease treatment, and last rehabilitative that is health restoration after recovering from illness or disability.

In the meantime, the service procedure for the Service of Unplanned Care Plans is explained in Mayor's Regulation Perwalkot Article 12. This planned service is intended for clients who have not been registered by the Community Health Center. It is as described in Mayor's Regulation (Perwalkot) 703 Year 2017 Article 9:

"Type of Service Layad Unplanned Care referred to in paragraph (1) letter b is the service provided to the Client that has not been recorded by the Community Health Center and has not analyzed the risk factors so that the service cannot be determined and / or medical emergency cases"

Therefore, from that, systematic for unplanned there is an advanced aspect that is in the form of data collection for clients who have not registered as Patients for Team Layad Rawat Bandung. It can be possible for Team Layad Rawat to be able to serve the citizens in the city of Bandung. In addition, in running Layad Rawat program is detailed in the Decree of Mayor of Bandung (Kepwalkot) no. 440 Year 2017 namely the Establishment of Standard Operational Procedures Legalization Layad Rawat Service.

Figure 3.1

Operating Scheme Layanan Layad Rawat Services Planned

No.	ACTIVITIES	IMPLEMENTS				QUALITY OF RAW			
		Coordinator of Layad Rawat Service Program	KA. UPT PUSKESMAS	LAYAD RAWAT TEAM	LAYAD RAWAT TEAM / YANKESMOB	PATIENT	COMPLETENESS	DURATION	OUTPUT
1	Data from the Community Health Center Program. Healthy family data collection, referral back hospital	Medical Services					Report / Data	1 Day	
2	Establish Plan of Action based on results Analysis of risk factors for the disease							1 Day	Paln of Action
3	Implement service layad care according to Plan of Action that has been determined							1 Day	
4	Implementation of Monitoring							1 Day	Monitoring Report
5	Reporting							1 Day	Reporting
6	Evaluating:								
7	a. Program Evaluation								Activity Report
8	b. Evaluation of Care					Indepen dent		1 Day	Nursing Care Documents
9	Set a Follow-up Plan			Medical Service Completed				1 Day	Paln of Action









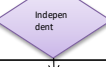

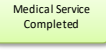
Source: Surat Keputusan Walikota Bandung No. 440 Tahun 2017

In operating the service program Layad Rawat refers to Standard Operating Procedures (Figure 3.1) listed in the Decree No. Mayor. 440 Year 2017 operated program in the first stage is done in the form of media services. The media services provided for the Layad Rawat service include 3 things; (1) data from the health program; (2) data collection of healthy families; and (3) referral back to the hospital. Of the three early indicators of the operation can be concluded that in the collection and collection of data must require clear coordination with several parties involved in the program.

Operational Standards This procedure can be said to have depicted the coordination path for the supporting elements of program services. Various related parties such as railway Community Health Center (UPT Puskesmas), Tim Layad Rawat, and UPT Yankesmob made the coordination path in Layad Rawat service program concluded that the program is not owned by a certain party but cooperate with other parties. Stages on the railway Community Health Center (UPT Puskesmas) local that can be said very vital in the form of action plan from after collected data, monitoring of implementation, evaluation of program and the last that is determination and determination of follow up plan. Meanwhile, for the rest Tim Layad Rawat is the party who executes the action plan, after that prepare the report described to the patient as well as being the party related to the completion of medical services.

Figure 3.2

Operating Scheme Layanan Layad Rawat Services Unplanned

No.	ACTIVITIES	IMPLEMENTS				CLIENT	QUALITY OF RAW		
		CALL CENTER	KA. UPT PUSKESMAS	LAYAD RAWAT TEAM	LAYAD RAWAT TEAM/ YANKESMOB		COMPLETENESS	DURATION	OUTPUT
1	Client / Family / Cadre / Community						Telephone	5 minutes	connected to call center
2	Emergency screening						check list	5-10 minutes	document checklist
3	Distribution of Technical Implementation Unit of Puskesmas according to care service layad area						check list	5-10 minutes	document checklist
4	Implement Layad Rawat after informed consent							30 minutes	physical examination documents
5	Management Process							1-2 hours	Nursing Care Documents
6	Referral						car ambulance	30 minutes	referral form
7	Documentation and Follow-up Plan							15 minutes	report document
8	Hospital							1 hours	Referral

Sumber: Surat Keputusan Walikota Bandung No. 440 Tahun 2017

Then, the Standard Operating Scheme Procedures for the unplanned Layad Rawat service are also listed on the Mayor's Decree No. 440 of 2017. In the unplanned service SOP scheme (Figure 3.2) is very different from the planned service SOP. It can be seen in the client/cadre/family/citizens designation for unregistered parties as the patient makes a difference in terms of service access status.

Not only that, the first stage in the SOP describes the request for health services proposed by the client/cadre/family/citizens and the first stage is in the responsibility by the Call Center health service in Bandung. Then, the determination of the medical service was determined by Layad Rawat / Yankesmob Team. The above points indicate the clear coordination in operating Layad Rawat service program in Bandung.

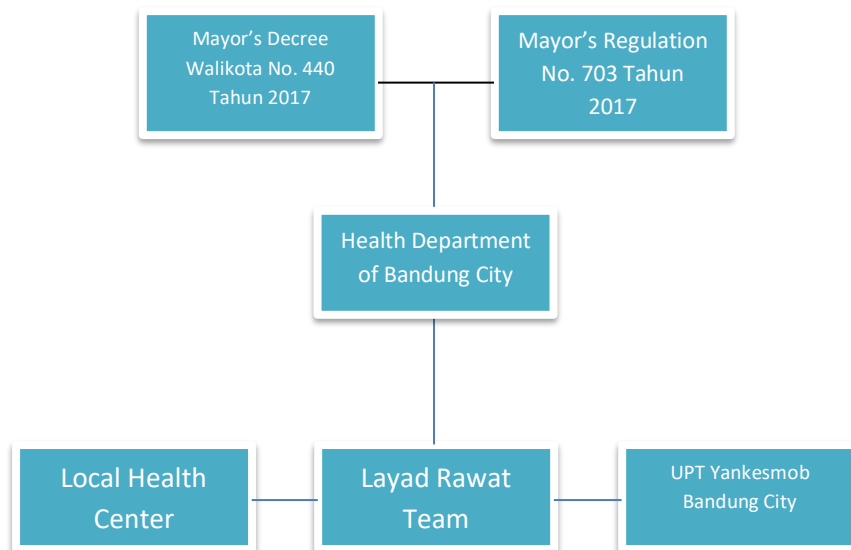
Both Layad Rawat service operations can be seen above operating scheme based on Mayor's Decree No. 440 Year 2017. The Scheme explained the Layad Rawat Planned program that is addressed to patients who in fact have been registered in the program. Layad Rawat service operation is implemented by interacting with Community Health Center in Bandung City area. It is mentioned as follows:

"The Layad Rawat service operation scheme has been coordinated with the local Community Health Center and in accordance with the mayor's decree as well". (Interview with Tantan, as Team Leader Contact Center PSC 119 Bandung City, Bandung, January 19, 2018).

Although Layad Rawat service program is quite new program emerged in the midst of society, this program can be regarded as PERKESMAS with wrapped with certain innovations that can support the needs of patients or clients in need. In addition, the Mayor's Decree describing the program's SOP is the support of a separate government for this service. Therefore, from the above statement that the form of innovation and program policies can be described as follows:

Chart 3.1

Role of Bandung City Government in Supporting Layad Rawat Program



3.1.2 Background and Purpose of the Innovation

Layad Rawat service program in the form of innovation is merger two service programs between the program PERKESMAS and ambulance motor Bandung. In running the program, Layad Rawat Service, must have the most important goal that

must be given service. The target is in stray for the society who cannot afford and have limitations in accessing health. This is said by Field Coordinator Tim Layad Rawat as follows:

"In essence, we carry out the service is basically a focus on the poor but, all who participate and need help Layad Rawat we surely serve. However, when entering the referral zone, it means that we should review further the health facilities accessible to such patients such as BPJS or similar things". (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, 19 January, 2018).

In the statement, explained that Team Layad Rawat in running the program has a fairly clear target. However, it is only as a service or assistance in the early stages or that can be served. That is, the follow-up of the service stage such as entering the referral zone, the layad care team should review what the patient has in accessing health. It is also contained in the Mayor's Regulation (Perwalkot) Article 1 paragraph (9) Nine regarding the definition of Layad Service Rawat:

"Layad Rawat Service is the basic health service provided to individuals and families in their residence aimed at improving, maintaining or maximizing the level of independence and minimizing the consequences of the disease"

Then in the type of recipient society is broadly divided into 2 categories namely the poor who are PBI and the non-PBI as poor citizens. It was explained as where the interview with Field Coordinator of Team Layad Rawat:

"In the Mayor's Regulation set up the services of Layad Rawat is given to the poor who are PBI, but for non-PBI it is based on tariff of Regional regulation (PERDA). We are also networked with the Community Health Center and there is a separate obligation from The Community Health Center that has a working area to serve health "(Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, 19 January, 2018).

From these interviews, it can be said that Layad Rawat Service is accessible to anyone, especially the poor who have access to PBI and the economically capable citizens in accessing health in this case non-PBI. The explanation on Layad Rawat service tariff is stated in Mayor's Regulation (Perwalkot) Article 23 paragraph (1) one and (2) two, which reads:

"(1) Patient who has received Layup Rawat Service subject to tariff with the provisions of laws and regulations, including:

a. health services; and / or

b. ambulance service. "

(2) The imposition of tariff as referred to in paragraph (1) shall be exempted for:

a. Poor clients as proven by SKTM;

b. BPJS Health participant is active; and

c. others stipulated by the mayoral regulation."

Then, more details can be seen in Table 3.1 which explains the amount of financing types for Layad Rawat service. After the previous, explain about the provisions of the target through the legal umbrella stipulated in Bandung Mayor Regulation No. 703 Year 2017. In addition, the provision of tariff is also a criterion for the non-PBI recipients. Therefore, the number of types of financing targets accessing Layad Rawat service can be said as a picture of most of the service lovers.

Table 3.1
Number of Financing Type of Layad Rawat Service

FINANCING TYPE	JULY	AUGUS	SEP	OCT	NOV	DEC
JKN	55	81	63	51	41	58
SKTM	0	4	2	3	2	0
Non-JKN	22	27	28	16	16	7
Amount Per-Month	77	112	93	70	59	65
TOTAL	476					

Source: Layad Rawat Team Health Department of Bandung City

From the data above, we can conclude that access Layad Rawat service mostly comes from the type of JKN financing in each month. Then for the type of financing SKTM almost still counted fingers because each month is not more than 10 with when summed as a whole that amounted to 11 people. And for access to the cost of Non-JKN quite a lot under the type of financing JKN. The table above summarizes in total there are 476 people who have accessed Layad Rawat service with vulnerable time July to December in Year 2017.

Table 3.2

Number of Access Service Layad Rawat Viewed Age in Year 2017

Month of Operational Program	1-4 Yr	5-9 Yr	10-14 Yr	15-19 Yr	20-44 Yr	45-54 Yr	55-59 Yr	60-69 Yr	> 70 Yr
JULY	0	0	1	0	7	23	6	14	22
AUGUST	0	0	0	0	22	15	16	23	49
SEPTEMBER	1	0	0	4	10	12	8	23	45
OCTOBER	0	0	0	0	21	6	10	15	27
NOVEMBER	0	0	1	0	5	5	2	16	31
DECEMBER	0	1	1	2	8	5	8	15	26
Total	1	1	3	6	73	66	50	106	200

Source: Layad Rawat Team Health Department of Bandung City

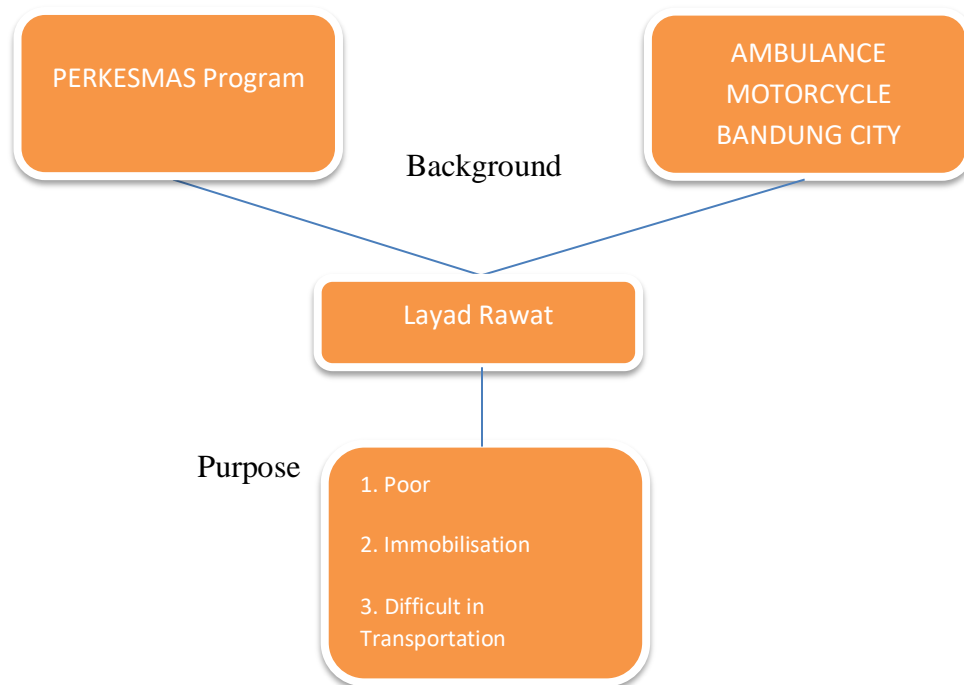
In the above table, it is known that the most vulnerable aged people who access Layad care service is in the range above the age of 70 years. That means most access service Layad Rawat is can be categorized as old age society. It can also be viewed from the limited access that is not only in the form of environmental conditions that are difficult to reach health access but the physical condition of the patient or client. Then if in amount there are 506 access service Layad Rawat in Bandung during July to December.

Then, the background of what makes this Layad Rawat Service become a program that can be accessed by all the citizens is because Layad Rawat program is different from the Mobile Health Public Center Service (PUSLING). That is, Layad Rawat service program has its own way or performance that can be differentiated from other health services programs in Bandung. It was conveyed in the interview:

"The difference with the mobile health center (Pusling) is that only closer the services and provide services such as simply moving the Community Health Center in an area and it can be said that the service provides free treatment at a time". (Interview with Andre Taufik, Coordinator of Layad Rawat Team Bandung, 19 January, 2018).

For that reason, some of the above reviews on the target of this program service that makes this program has its own place in the citizens of Bandung in accessing health services in order to realize the vision and mission Bandung Health Department itself. Therefore, based on the description above the background and purpose of the innovation can be described as follows:

Chart 3.2
Background and Purpose of the Innovation



3.1.3 Cooperate with Related Institution

Then, for the components involved in terms of employment and human resources, Layad Rawat team only employs nurses in the local health center and does not open recruitment in an attempt to get workers ready to serve in Layad Rawat Team. This was stated in the following interview:

"Our human resources recruit, but sometimes the jobdesk not only for Layad Rawat only. That is to say, they function as they are in the health center, but when we do the service Layad Rawat, the human resources must be ready. "(Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, 19 January, 2018).

From the above interviews can again we conclude that elements involved in Layad Rawat Team is an element that already exists and must be ready for duty. It is also aligned and embodied in the legal umbrella that regulates it, namely Mayor's Regulation (Perwalkot) no. 703 of 2017, set forth in Article (1) of one paragraph (13) thirteen and paragraph (14) fourteen regarding the definition of health workers as follows:

"(13) Health Personnel is any person who devotes himself in the field of health and has knowledge and / or skills through education in the field of health for certain types require authority to make health efforts."

"(14) The Health Officer is the health worker assigned to carry out the Layad Rawat Services."

In the above context there are words devoting themselves in the field of health, it means every health worker employed by Team Layad Rawat is a person who has sufficient knowledge and coverage in the health field, in addition to Team Layad Rawat coordinate with health centers in the city Bandung, there are health workers Community Health Center in Bandung in need in devoting himself. It is not without reason, if the recruitment of special health workers for Layad Rawat team will be very less effective in doing or devoting himself to government services. This was stated in the following interview:

"If we have a special recruitment program for layouts, then the existing read utility will not work. For example, if Layad Rawat does not have an incoming call, then the recruiting personnel who were recruited for Layad Rawat Service will not work optimally". (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, 19 January, 2018).

Then, to measure the level of its effectiveness, the health worker employed by the Layad Rawat team alone has the authority to perform its duties. This is because to provide flexibility in carrying out duties and obligations. The last two words can be used as an indicator in assessing the effectiveness of the performance of health personnel in the parent at the health centers in the city of Bandung is also coordinated by UPT Yankesmob Bandung, in the interview described as follows:

"It is very effective and very supportive for the scope of its movement there are separate parts." (Interview with Andre Taufik, Coordinator of Team Layad Rawat Bandung, 19 January, 2018).

Table 3.3**List of Nominative Health Personnel of Bandung for Layad Rawat Program**

NO	TYPE OF WORKERS	APBD CONTRACT	BLUD
1	General practitioners	85	3
2	Dentist	26	5
3	Nurse	183	
4	Midwife	187	23
5	Financial administration	32	
6	Accountant	27	
7	Sanitarian	23	
8	Nutritionist	23	
9	Nutrition Program Manager		
10	Health analyst	44	
11	Health Laboratory Institute		
12	Pharmacist	31	
13	pharmacist assistant	61	
14	Dentist	28	
15	Medical records	47	
16	SKM	178	
17	Elektromedis	2	
18	Legal Analyst	1	
19	Bachelor of Communication	2	
20	General Administration		24
21	Radiographers		1

22	Cleaning Service		8
23	Driver		14
24	Security		6
25	IT	3	8
26	Cook		5
27	Laundress		1
	Amount	983	98

Source: Layad Rawat Team Health Department of Bandung City

From the table above, Bandung City Health Office has several human resources are employed as an employee element of service program Layad Rawat Bandung. Noted there are a total of 1081 health personnel who are ready to use for service Layad Rawat anytime and anywhere. All health workers recorded in the table were scattered throughout health centers in the city of Bandung. From the table, there are recorded 983 health personnel who contracted with APBD. While the remainder, 98 health workers including the regional public service agency (BLUD)

In marketing strategy, to attract interest and attention is needed also a marketing strategy that feels telling. Interest in the public interest will be seen where the citizens is present in the launching held on June 26, 2017 yesterday. In the launching, the Grand Ambassador Layad Rawat can be said enough to attract the attention of the public. Not only through the interesting by good looking but also the task to invite interest in health care and introduce Layad Rawat service. As the following interview:

"It was only the Grand Ambassador, she was a doctor in Cimahi still in school and still doing doctor practice. That let me attract enthusiasts as an effort marketing strategy". (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, January 19, 2018).

The involvement of various parties becomes its own thing in running Layad Rawat service program in Bandung City. Cooperating with various fields as an effort to take care of the program was shown. There are separate fields that are responsible for the elements of Layad Rawat service program. It was shown in the following interview session:

"Human Resources and Finance are in the General and Personnel section and the Finance, IT and equipment sections are in the Progdatin's section. We just how to run the system work." (Interview with Andre Taufik, as Coordinator Tim Layad Rawat, Bandung, January 19, 2018).

The involvement of various elements makes this program continues and its hope is able to realize the vision and mission of Bandung Health Department. Without its elements related to Layad Rawat service program will be difficult to operate in Bandung. Under the authority of Bandung City Health Office, Layad Rawat program is a partial program that is able to unify various elements for one purpose that is in accordance with the vision and mission of Bandung City Health Office.

"The element that makes this program interesting and important is the health and budget support, without it will be very difficult to move." (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, January 19, 2018).

In the course of the program, all the need for cooperation and clear support in this case in addition to political support in the form of funding or others, support the trust of the program also needs to be felt. Because it means that the program is not only recognized but will be accepted among the community. To that end, the above matters explain the various parties and elements involved in running the program.

In its call service procedure, the people who call it in will go through the screening stage by the call center officer by identifying the emergency condition received by the patient. Then the screening call will follow up the call to the local health center in the area with the need.

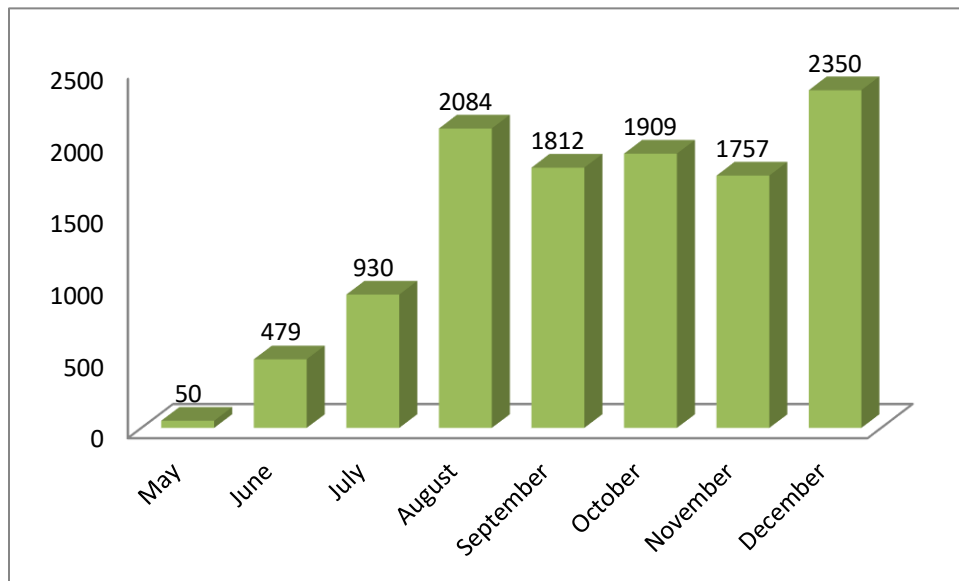
"We have CWC as well, namely Contact Worldwide Center. All transaction calls are recorded there. Later CWC managed by this operator will determine what kind of category, relevant or not Relevant, what kind of diagnosis, then what kind of emergency". (Interview with Tantan, as Team Leader Contact Center PSC 119 Bandung City, Bandung, January 19, 2018).

In the management of incoming calls, all connect to one center to be transferred to the local health clinic closest to the client or the patient. It can show the integrity of Layad Rawat service program. In addition, Layad Rawat service is also in the call access has a call center. UPT Yankesmob also as a call center from the Public Safety Center 119 The city of Bandung always screening relevant and irrelevant calls, disease diagnoses, and emergency indicators complained by clients / local patients.

The following new data can be obtained during the year 2017 in May to December about the relevant and irrelevant calls in the city of Bandung.

Figure 3.3

Total Call Performance PSC (May-December) Year 2017



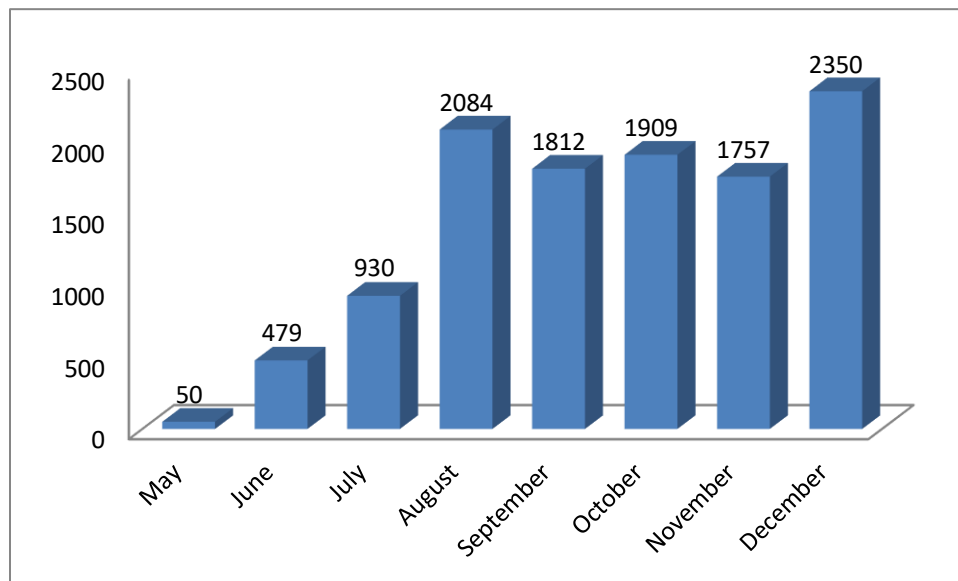
Source: Team PSC 119 UPT Yankesmob Bandung City

In the beginning of Layad Rawat service program, PSC 119 collected data related to the number of incoming calls to the PSC Team 119 UPT Yankesmob Bandung. This is aimed at measuring how big the people who access the service 119 City of Bandung. Then from the above data we can conclude related to the number of calls received by the PSC 119 Team UPT Yankesmob Bandung, that in November 2017 there was a significant increase of the previous number was in October of 2.782 total calls become 6.661 total calls on the month November.

It shows that the Layad Rawat service program launched in July increased the number of incoming calls. Although 3 months earlier, August, September and October have decreased the number of calls, but in November can be said to be the escalation point of the number of calls after the Layad Rawat service program.

Figure 3.4

Number of PSC Calls Served in 2017 (May-December)



Source: Team PSC 119 UPT Yankesmob Bandung City

The percentage of calls served during the period of May to December has fluctuated. Where the largest number of undersigned calls is in November, the numbers are similar to the previous figure explained. In November, there were a total of about 6.098 calls served, after the previous 3 months in a row only in the range of approximately 2,000 an only, namely August with the number of 2.343, September with the number of 2.333, and November with the number of 2.591 calls served.

Table 3.4
Percentage of PSC Call Served in 2017
(May-December)

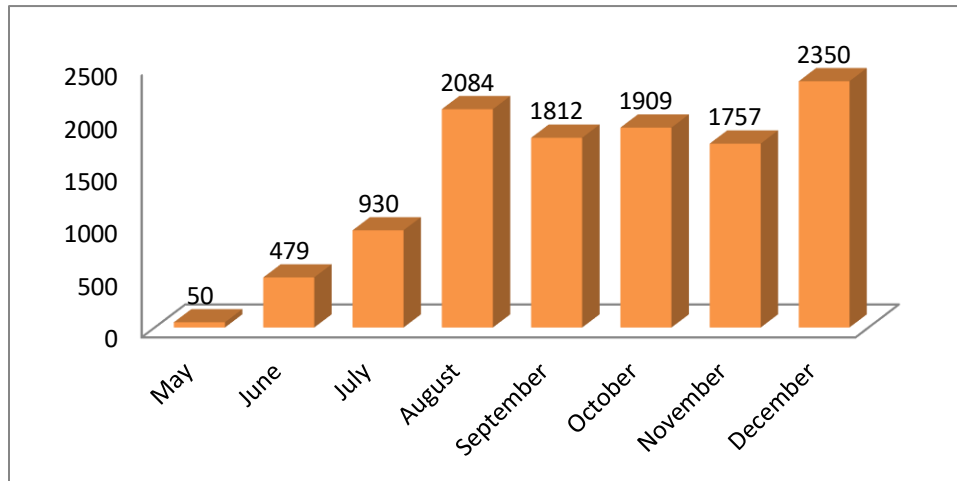
Percentage of PSC Call Served	
May	86.63%
June	95.17%
July	94.35%
August	94.02%
September	95.73%
October	93.13%
November	91.55%
December	91.44%

Source: Team PSC 119 UPT Yankesmob bandung City

Number of Percentage of Call PSC Served when the percentage will produce a clearer conclusion. In table 3.4 the average number of successful calls served reaches 90%. Only in May reached 86.63% of calls. While the highest percentage was in September with 95.73% of calls. The above percentages can explain that in the service of all served calls shows the amount of public confidence in health services in the city of Bandung.

Figure 3.5

Number of Failed PSC Calls (May-December)



Source: Team PSC 119 UPT Yankesmob Kota Bandung

In addition to having an underserved call, there are also calls that cannot be served. The number of calls that cannot be served is very small compared to previously served calls. This explains that the amount of calls managed by the PSC 119 Team UPT Yankesmob Bandung City most can be categorized served well. Because when viewed from the total calls that are not served during the vulnerable time of May to December 2017 only a fraction of it. We can see in November, there are 563 calls that are not served. Even so with the month of December onwards in the range of number 533 the number of calls that are not served. The rest, for May to October are all in the range of unserved 100 digits.

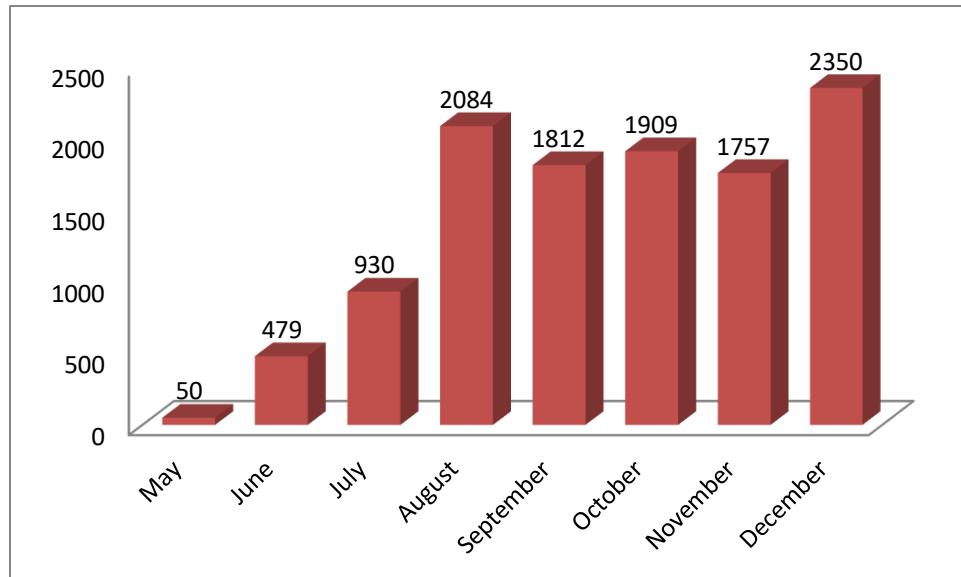
Table 3.5
Percentage of Undocumented PSC Call in 2017
(May-December)

Percentage of Undocumented PSC Call	
May	13.37%
June	4.83%
July	5.65%
August	5.98%
September	4.27%
October	6.87%
November	8.45%
December	8.56%

Source: Team PSC 119 UPT Yankesmob Kota Bandung

Table 3.5 above shows the percentage of underserved calls, meaning this percentage indicates the number of unsuccessful or unserved calls. In the table, the month of May shows the number 13.37%, which became the largest percentage in the Year 2017 in the context of the call being served. While the smallest percentage was in September with 4.27% of unserved calls, it can be explained as a call that failed to enter the PSC 119 Team of Bandung City.

Figure 3.6
Amount of Relevan Call



Source: Team PSC 119 UPT Yankesmob Kota Bandung

From the data obtained on the call center call PCS 119, the graph above (Figure 3.6) describes the number of relevant calls during the month of May to December. It can be concluded that there are about 11.371 relevant calls received by PCS Team 119 UPT Yankesmob Bandung. Of the amount earned in December is the highest number of calls relevant to the number of 2.350 calls. And in May there were only 50 relevant calls.

In summing up the relevant call rates, there are some indicators that are of value to the relevant call category itself. The relevant call received by Team PCS 119 UPT Yankesmob Bandung is also a description of the number of incoming calls on the call center. In the relevant category, there are several indicators that become the relevant

call assessment itself, including: (1) reservation, (2) referral, (3) transfer call, (4) emergency accident, (5) health, (7) Layad Rawat, and (8) others.

Table 3.6
Amount of Relevant Call Based on Indicator

	RESERVASI	REFUGEE	TRANSFER CALL	ACCIDENT	BIRTH	OTHERS	CONSULTATION	LAYAD RAWAT
May	10	15	0	1	0	24	0	
June	30	169	194	6	0	77	3	
July	43	293	484	4	0	106	0	
August	103	365	986	6	0	360	0	264
September	94	331	981	8	0	235	0	163
October	54	237	1,058	5	0	431	0	124
November	79	206	1,035	7	1	307	0	122
December	97	277	1,477	11	0	364	0	124
Total	11.371							

Source: Team PSC 119 UPT Yankesmob Kota Bandung

From the above data it can be seen that the relevant call received by the Team PSC 119 UPT Yankesmob Bandung obtained the number of relevant calls. It is seen from various indicators that can be categorized as relevant. So far, the largest number of relevant calls comes from Transfer Call, it means that the call received by PSC 119 Team of Bandung City originally addressed to the National Comand Center of Bandung City, the number reached 1.477 in December. Meanwhile, the most rarely relevant service call indicator is the emergency obstetric delivery. Then, on 8 months periode of (May-December) recorded there is only 1 client/patient access for emergency delivery.

Table 3.7
Amount of Not Relevan Call Based on Indicator

	SHABBY	NO RESPON	DESIRED CALL	WRONG NUMBER	UNDEFINED
May	55	75	0	42	0
June	1,239	610	0	96	2
July	2,341	1,107	0	155	1
August	530	340	38	54	5
September	558	274	41	29	5
October	624	302	50	26	4
November	3,108	863	89	74	0
December	3,193	779	140	66	0
Total	16.915				

Source: Team PSC 119 UPT Yankesmob Kota Bandung

In call access, there were a number of irrelevant calls with a total of 16.915 calls. The number of some irrelevant calls is seen from some of the indicators as written above. In December, the number of calls with idle indicators was the highest among several indicators with 3.193 calls. This idle call is interpreted as an incoming call but has not been responded by the PSC 119 team or the local health center. Then, in this call service only covers the area of Bandung City only. That means outside of Bandung City calls cannot be served by the service team. As explained in the following interview:

"For the District is not, because we are only limited to the area of Bandung alone. For Bandung highway too, still diverted to the respective Health Office". (Interview with Tantan, as Team Leader Contact Center PSC 119 Bandung City, Bandung, January 19, 2018).

Tabel 3.8
Client / Patient Emergency Level

No.	Type of Level	Information
1.	Level 1	Emergency and immediate relief needs and have a 10 minute travel time immediately in place
2.	Level 2	Disaster and have 15 minutes immediately on the spot
3.	Level 3A	A workable service with 24 hours waiting time
4.	Level 3B	A workable service with 24 hour waiting time and patient can get the medicine by itself
5.	Level 4	Unnecessary service is carried out on the grounds that the patient / client can go alone to the health location without having to be visited by the Layad Rawat team.
6.	Level 5	Patients are not classified as emergency and do not require health care workers, but are encouraged to rest

Source: Interview with Andre Taufik, as a Coordinator of Team Layad Rawat. Bandung, 19 Januari, 2018.

Meanwhile, table 3.8 shows the level category information. In the implementation, in the categorization of the patient / client will be known in terms of leveling through the screening process conducted by the health center or team PSC 119 Kota Bandung according to how patients / clients contact health services in the local area. As explained in the following interview:

"Seeing when they entered 119 will be screened based on emergency level, level 1, 2, and 3." (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, 19 January, 2018).

The most commonly obtained level must be visited by Layad Rawat service team from level 1 to level 3A. and the remainder, level 3B below is a level that does not need to be visited by Layad Rawat service team. In fulfilling the respond time, all forms of effort are deployed and not necessarily the PSC 119 team of Bandung City who only bears it. However, the local of Community Health Center must also be alert to meet the respond time, as in the interview:

"To meet the respond time, anyone who most quickly come first. This means that everything must be mobilized to provide first aid as well as being passed on to Team 119, also be borne by The Community Health Center that has a working area with the incoming call ". (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, January 19, 2018).

It shows the integrity of the proclaimed program has been in accordance with what is done in the field. Emergency patient / client can be said to determine how fast service team program Layad Rawat able to attend in response to the need of help in the areas of Bandung in need. That means, the right of service owned by anyone by the people of Bandung who really need immediate help because of emergency level or require health care because of the limited access it has.

Table 3.9

Number of Client / Patient Emergency Levels 2017

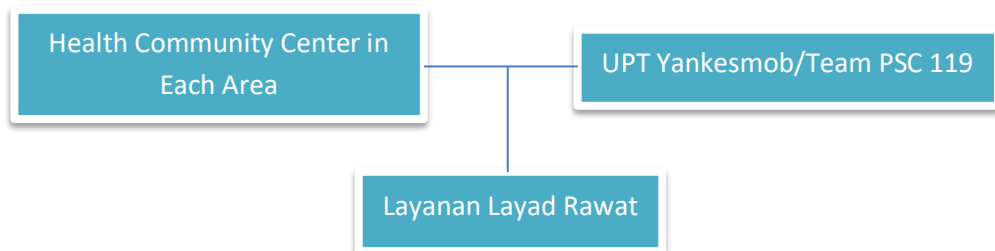
No.	CATEGORY OF LEVEL	YEAR 2017
1	LEVEL 1	55
2	LEVEL 2	95
3	LEVEL 3A	262
4	LEVEL 3 B	48
5	LEVEL 4	18
6	LEVEL 5	4

Source: Dinas Kesehatan Kota Bandung

In table 3.9, it was noted that the highest emergency level in 2017 was at level 3A with 262 clients / patients categorized by those levels. Then, for the lowest level is level 5 with 4 clients/patients. From these low levels the conclusions can be drawn is that even if the emergency level is low, the community can access the service without exception. That's where the government's role is present to always make sure every citizens gets good servants and also fulfills the needs of the citizens itself. Therefore, based on the above description of cooperation with related institution can be described as follows:

Chart 3.3

Cooperate with Related Institution



3.1.4 Political Support from the Government

If viewed in terms of political support Bandung city government must be very supportive once the side of the program from the Mayor, it can also be seen from how the Mayor campaign this Layad Rawat program. In addition, political support from various parties involved in this case all the UPT Health Center integrated by this program can be said is the aspect of support obtained by Team Layad Rawat. This program is not partial with the need to involve the full element but this program is integrated with services, elements, and procedures that already exist, then packaged into a new form.

"If in terms of government support Bandung yes certainly support once, this is the program Mayor. It can be seen in campaigning service Layad Rawat in social media. And also, specifically he budgeted for his energy needs and the ingredients. "(Interview with Andre Taufik, Coordinator of Team Layad Rawat Bandung, 19 January, 2018).

In terms of budgets that support the infrastructure of Layad Rawat team itself does not have a definite budget it is conveyed by Field Coordinator Tim Layad Rawat Andre Taufik in an interview on Layad Rawat. Then the recruitment of human resources only involved elements that have been related both from The Community Health Center or the UPT Yankesmob as the call center 119. Then, to access the transparent budget for Layad Rawat itself is very difficult to obtain, where the severity of information about the budget is sentimental and also sensitive in the middle of the political year. On the other hand, accessing budget information was felt

still confusing after getting the results of interviews from different related parties.

Here are the results of an interview about the budget:

"If asked how much does the budget for Layad Rawat? Actually no, we only collect human resources recruited for this program so, then for call center as well and so forth, because we only integrate existing services and not partial. "(Interview with Andre Taufik, as Coordinator of Layad Rawat Team. Bandung, January 19, 2018).

When asked about the infrastructure that supports the program, more details about the accommodation facilities, Layad Rawat Service team presented information about the infrastructure in use. Without the existing infrastructure, the Layad Rawat team is only assisted by the infrastructure of local public health officials. As described below:

"Layad Rawat it is the name of the program for medical activities in the city of Bandung, while the ambulance motor is auxiliary vehicle program. Motor Ambulance Nmax it is a different program as well as procurement over daari winner contest trustee. But when launched the program ambulance motor merged service layad care". (Interview with Tantan, as Team Leader Contact Center PSC 119 Bandung City, Bandung, January 19, 2018).

Later, the infrastructure of Layad Rawat service support has spread to several Community Health Center (Puskemas) including UPT Yankesmob. In the search for information related to the infrastructure, still some of The Community Health Center that have the supporting tools of the program, the rest of Community Health Center that have not have the facilities using the existing health center facilities. As the result of the following interview:

"For the motor at this time there are 12 units of N-Max spread, 8 units in health center 24 hours, while 4 units in UPT Puskesmas Yankesmob. Community Health Center that are available 24 hours are Community Health Center, such as Garuda Padasuka, Puter, Pagarsih, Cipamokolan, Ibrahim Adjie, Kopo and Sukarasa ". (Interview with Tantan, as Team Leader Contact Center PSC 119 Bandung City, Bandung, January 19, 2018).

However, to ask for clarity regarding budget support from the government is considered not enough because the program is integral which must always coordinate with related parties which means that the funds are not kept in one body alone will remain the budget is in some elements related cooperation. This is explained in the following interviews:

"To ask for a detailed budget, will never meet. Because this program is an integrity program of some elements and also run what is already there". (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, January 19, 2018).

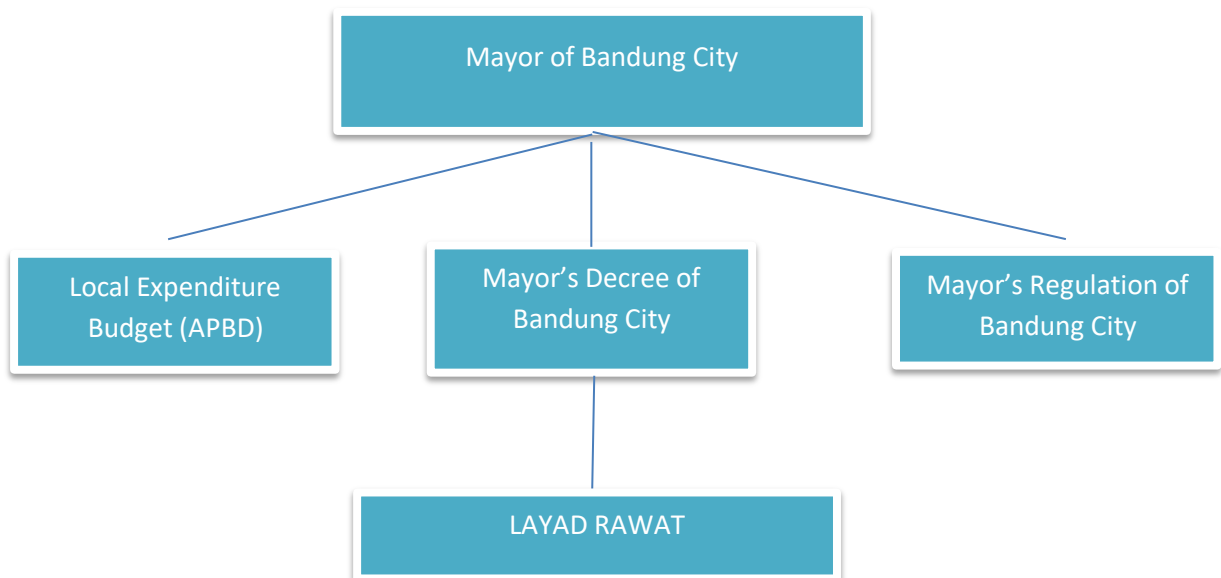
In the management of its services, the Layad Rawat service program is an integrated program. Medical outreach programs present in the citizens help to alleviate access. The source of support gained in the service of this program cannot be informed in detail because of the limitations of information obtained. Therefore, this program only runs in mid-2017 and takes time in its development.

In its call service procedure, the people who call it in will go through the screening stage by the call center officer by identifying the emergency condition received by the patient. Then the screening call will follow up the call to the local health center in the area with the need.

"We have CWC as well, namely Contact Worldwide Center. All transaction calls are recorded there. Later CWC managed by this operator will determine what kind of category, relevant or not Relevant, what kind of diagnosis, then what kind of emergency level ". (Interview with Tantan, as Team Leader Contact Center PSC 119 Bandung City, Bandung, January 19, 2018).

Political support from the government both in the form of policy and budget is the life of a program including health care program which is urgency related to the livelihood of the citizens. In practice, without the government's political support the service program will not be able to touch the citizens. Therefore, based on the description above political support from government can be described as follows:

Chart 3.4
Political Support from the Government



3.1.5 Performance of Innovation

The performance of innovation of Layad Rawat service is like a benchmark of health innovation itself. The performance of Layad Rawat Service it can be measure from how the health department run this program and also what the impact tha have been given by this service the citizens. The program with the support of Mayor of Bandung City, Layad Rawat should give the best performance to the citizens actually on the health scope. Health Department as the institutions which has a responsibility to run this program it should be based on what the citizens needs. Health Department of Bandung City has answered some problems in Bandung. It is shown in Layad Rawat's performance that does answer all needs in accordance with the time.

This explanation is the result of the essence of how the government especially the health service as the party who has the authority and responsibility in running the program. Therefore, Innovation in health, especially in the service itself is very determining the next steps for Bandung Health Department.

So far, analysis obtained from health services especially Layad Rawat program runs well and answer all the needs and responsive in solving health problems in the city of Bandung. It is summarized in the previous sub-chapter that also answers how this innovation performance takes place. Then, apart from that the performance of innovation of Layad Rawat Service is proved by the receipt of this program in the midst of society. Therefore, the measurement for a performance innovation of Layad Rawat can be said to run according to the rules under the responsibility of Health Department of Bandung City.

3.2 Layad Rawat Affect the Citizen in Bandung City

In answering how much influence the service Layad Rawat, need to do the survey itself. Benefit can ensure a program is acceptable to the citizens and acknowledged that the program exists. However, Layad Rawat's own service team does not yet have data that can explain how far the program can be useful and how it can be received in the citizens. This was explained in the following interview session:

"If in terms of usefulness we see from the evaluation of incoming calls and services provided." (Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, January 19, 2018).

In addition, the enthusiasm of citizens in the city of Bandung can also serve as a benchmark of Bandung society attitude towards Layad Rawat service. The amount of enthusiasm can be categorized as the level of interest of Bandung citizens to this service. Magnitude of public interest in Bandung can be concluded also that the public trust to access the service began to emerge even though it is only a try. This is as expressed in the following interview:

"At the beginning of launching the citizens enthusiast and want to try to use Layad Rawat service" (Interview with Diah Ernawati, As Nursing Section in UPT Puskesmas Puter, Coblong Sub-District, Bandung City, Bandung, January 19, 2018).

The response obtained by the service team in addition to the number of enthusiasm, is also seen from the number of incoming calls to the service. The citizens actually makes use of the service call layup service as needed to service.

Therefore, the call of the citizens are a picture of enthusiasm and sufficient knowledge of this program in the citizens.

The impact received by Team Layad Rawat itself after seeing and receiving a good response from the citizens is very positive impact. Along with incessant Mayor of Bandung, M. Ridwan Kamil who always share and publish the service program Layad Rawat this, the various responses were not only coming from citizens of Bandung around but will also be seen citizens outside the city of Bandung in response to the service program, as described below:

"The impact felt for Tim Layad Rawat, a lot. It was seen from the respondents who considered good for the service. There are a lot of requests to be developed not only in Bandung but also in local areas that require innovation "(Interview with Diah Ernawati, Nursing Section in UPT Puskesmas Puter, Coblong Sub-District, Bandung City, Bandung, 19 January, 2018).

Therefore, the various responds and attitudes of the citizens towards this program is a lighter than the affect felt by the citizens itself. In general, it cannot be denied that health is a priority that is needed by the citizens, including people in Bandung, therefore the various government programs related to health services must be easily accepted by the citizens.

3.2.1 Conventional Needs with the Community

In addition, Layad Rawat Service of the utility is said to be quite supportive and accessible. Supporting that although not accessing BPJS but tariff that is worn not so burdensome as shown in Regional Regulation (PERDA) itself. The conclusions were obtained from interviews not only to the health team but to the people who received the services as follows:

No	Reponden	Result of Interview
1.	Andre Taufik, as Coordinator of Layad Rawat Team. Bandung, January 19, 2018	"Assumptions Tim Layad Rawat this program is very supportive for the economy because this service is not burdensome and accessible to the poor. Then, socially, it is very supportive because there is Bandung government involvement in this program "(Interview with Andre Taufik, as Coordinator of Layad Rawat Team, Bandung, January 19, 2018).
2.	Mrs. Eti Rohaeti	Yes Alhamdulillah very helpful, very easy. Because mothers do not use BPJS yes, mothers pay Rp. 15,000. it does not object to mother (Interview with Eti Rohaeti, citizen coblong, 68 years)
3.	Mrs. Kiki (As Respondent Patient Mrs. Cacih	Yes very helpful, especially we use BPJS services so there is no burden baseball term (Interview with Kiki, resident puter, 50 years)

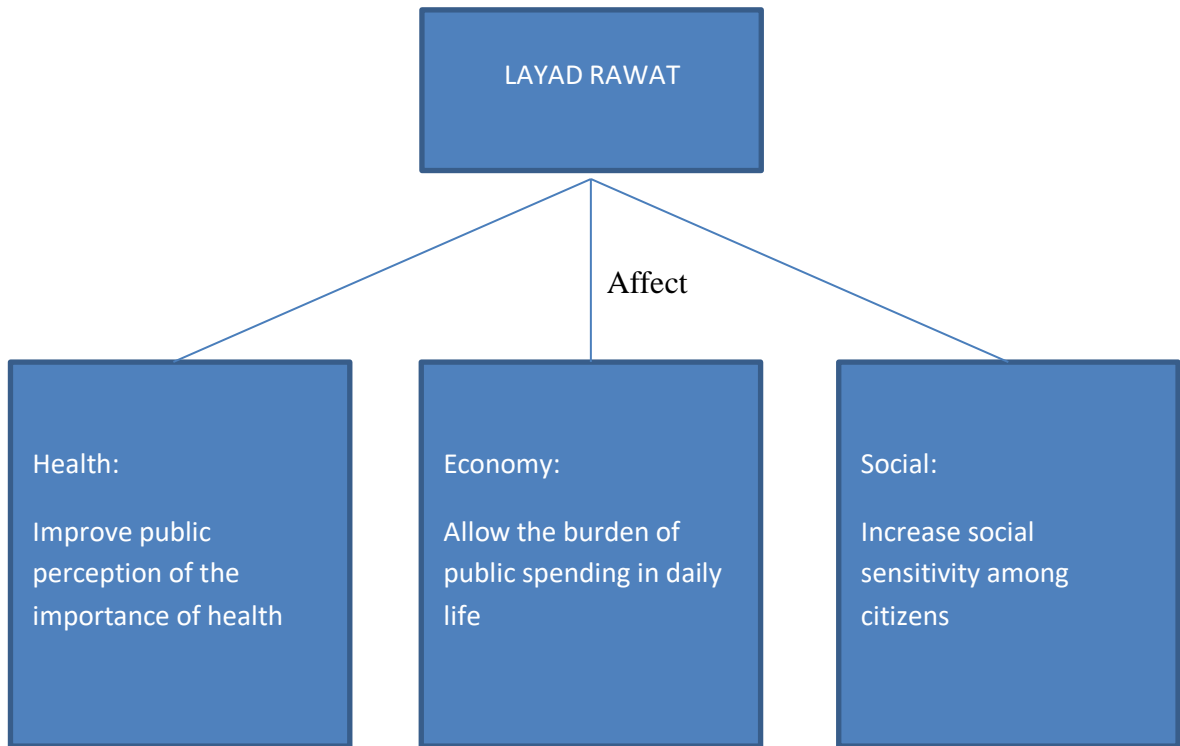
Source: Observation and interviews with citizens and Bandung Health Department

Giving more roles and making it a dedication in the midst of society can be linked as a useful factor that the health team owns. These factors make it a task that is carried out which is mandatory to handle the citizens with responsiveness. This is seen from the response effort with a long time of 24 hours can be said to be an extra service that must be met by the service team Layad Rawat service. Not necessarily, this service supports the social sensitivity felt by the citizens itself. The responsiveness of the need for health care becomes a catalyst for each of its citizens, as is the following interview:

"The other responders can also be seen from the incoming call which is considered that the people's trust in the service is really well utilized. For the Health Team its impact we can give more role to give service directly to place of society itself. Only from us should there be more extra effort, let alone our service for 24 hours. And also, the citizens are responsive to health it is seen from the emergency response urgent. Moreover, the citizens will help each other if there are neighbors who need health services "(Interview with Andre Taufik, as Coordinator Tim Layad Rawat Bandung, January 19, 2018).

Therefore, the needs of citizens covered such as supporting the economy associated with innovation program Layad Rawat is very helpful and can be said to facilitate the access. Besides that, Layad Rawat program also supports social sensitivity around the citizen that is responsive to the importance of health, be it personal health, family, and the surrounding citizens. Therefore, based on the description above conventional needs with community can be described as follows:

Chart 3.5
Conventional Needs with the Community



3.2.2 Programatic Program by the Community

A good program should be transferable and can be channeled into a flagship program. The interest of other areas with Layad Rawat service program must be a strong reason that this program is a program that is ready to transfer to various areas outside Bandung City to create health services that are easily accessible by the community or citizens. As explained in the following:

"Transferable, because this is a generic program. Many of the areas studied here, some are from Bali, Sumatra, Kalimantan, and Sulawesi and other areas. We integrate health programs because the Generic name of the Service was previously named PERKESMAS. Just how do we manage our program. "(Interview with Andre Taufik, Coordinator of Layad Rawat Team, Bandung, January 19, 2018).

As a good program can be a pilot program for other areas, especially this program concerning the livelihood of human health where the initial gate in supporting the economy and its health response in the midst of society. It is semi generating good service by the government itself. But in the management of the program, the community has no authority to manage this innovation program. Because this innovation program is a whole idea of the city of Bandung itself. So far, the emergence of the idea of Layad Rawat service itself can be said to be the latest package of the PERKESMAS program which is in accordance with the needs and environmental conditions in the city of Bandung. So far, programmatic programs undertaken by the community related to this program are limited to raising the attitude of health response in the citizens.

Layad Rawat service innovation program is quite new although in its emergence is a similar program with Health Center. Data collected related to accessing this health service is not so much and still spelled out cannot fully explain the course of service innovation program of Layad Rawat. Therefore, the program is transferable but will still be delegated to the government as the authorities of the community.

It can be said that the program is fully run by the government while the community only enjoys the service of this program. Attitudes emergence of the response to health can be said quite helpful to support the vision and mission goals of Bandung City Health Office. Fully this program is not down to the community to manage it, but still under the auspices of Bandung Health Department in cooperation with UPT particular Community Health Center according to the working area.