

THE IMPLEMENTATION OF MINIMUM SERVICE STANDARDS IN THE FIELD OF HEALTH IN BAUBAU CITY REGIONAL HOSPITAL (RSUD): A CASE STUDY OF SPM REFERRAL SERVICES IN BAUBAU CITY REGIONAL HOSPITAL

Suranto*, Dyah Mutiarin*, and Rahmat Dedi Saputra**

*Lecturer, Graduate Program of Governmental Affairs
and Administration
Universitas Muhammadiyah Yogyakarta
E-mail: suranto_ummy@yahoo.com
dyahmutiarin@umy.ac.id

**Master of Government Affairs and Administration
Universitas Muhammadiyah Yogyakarta

Abstract

The hospital has a strategic role in the effort to accelerate the improvement of public health level. The new paradigm of health care requires hospitals to provide quality services according to the needs and wishes of the patient with reference to the code of ethics of profession and medical. The performance of health care organizations typically uses a minimum standard criterion of service in accordance with the Decree of the Minister of Health No. 741/Menkes/Per/VII/2008. The decree outline includes; a) basic health services, b) health care referrals, c) epidemiological investigation and prevention of outbreaks and d) health promotion and community empowerment. The purpose of this study is to investigate the implementation of the minimum service standards in the areas of health reference in Baubau City Regional Hospital and to determine the factors that affect the minimum service standards in the field of health reference in Baubau City Regional Hospital (RSUD). The method used in this research is descriptive qualitative. The data collection techniques in this research are interview and documentation. Meanwhile, the technique used to analyze the data in this research is descriptive analysis techniques. This analysis includes checking the data, the data grouping, data checking, data analysis and conclusion making. The results of this study showed that the implementation of the Minimum Service Standards in the field of health reference

in Baubau City Regional Hospital (RSUD) is already good. A minor lack of SPM implementation in the field of health reference Baubau City Hospital is in the amount of human resources required. The factors that affect the implementation of minimum service standard in the field of health reference in Baubau City Regional Hospital are; Communication, disposition, and bureaucratic structure. As for the factors of human resource, there is still a shortage of resources because there is only 80 percent sufficiency of human resources in Baubau City Regional Hospital.

Keywords: *Minimum service standards of health and referral services*

INTRODUCTION

Nowadays health problems have become the basic need of the society. With their increasing standard of living, the public demand of quality healthcare also increases. This requires health care providers such as hospitals to improve the quality of service better, not only the services of curing diseases but also covers preventive services to improve the quality of life and provide satisfaction to consumers as users of health services.

The hospital has a strategic role in the effort to accelerate the improvement of public health level. The new paradigm of health care requires hospitals to provide quality services according to the needs and wishes of the patient with reference to the code of ethics of profession and medical. In the rapid technological developments and the increasing competition, the hospital is required to make improvements to the quality of its service. Quality is at the core survival of an institution. Revolution of quality movement through integrated quality management approach becomes the demand that should not be ignored if an institution wants to live and develop. The recent increasing competition demanded an institution of service providers to always pamper the customers/consumers by providing the best services. The consumers will be looking for a product in the form of goods or services from companies that can provide the best service to them (Assauri, 2003: 25).

To provide the best quality of service is not an easy task for the manager of the hospital because the services provided by the hospital

is in regards to the patients' quality of life so that when an error occurs in the medical action, it can be a danger for the patient. The impact can aggravate patients' pain, disability and even death (Jacobalis, S. 1995: 68). Hospital, as part of the national health system is required to improve the quality of the provision of facilities, services and independence. Thus the hospital as one of the agents of a competitive health care should be managed by actors who have an entrepreneurial spirit which is capable of efficient and excellent quality and service, excellent innovation and excellent responsiveness to the needs of the patient (Jacobalis, S. 1995: 77).

The performance of health care organizations typically uses a minimum standard criterion of service in accordance with the Decree of the Minister of Health No. 741/Menkes/Per/VII/2008. The decree outline includes; a) basic health services, b) health care referrals, c) epidemiological investigation and prevention of outbreaks and d) health promotion and community empowerment. The referral health service indicators include communication, resources, disposition and structure of bureaucracy.

During the period of 2003-2008, the City Government of Baubau has built a variety of health care facilities including: 6 healthcare centers, 10 non-treatment health centers, 17 sub-health centers, which are supported by motivating 138 Integrated Health Centers, 15 mobile health units as well as 187 medical and paramedics personnel in The Regional Hospital (RSUD) of Baubau City with curative and rehabilitative orientation. Meanwhile for the development of public health activities, it is supported by 19 medics and 232 paramedic's personnel at the health center and its networks.

With the limitations of existing health workers in health centers or hospitals, the health care needs should be referred to a hospital which has enough health facilities. Based on the information above, researchers are interested in conducting research with the title "The Implementation of Minimum Service Standards in the Field of Health in Baubau City Regional Hospital (A Case Study of SPM Referral Service in Baubau City Regional Hospital). This research is aimed for the study results to eventually be used as the groundwork for Baubau City in running one of its functions which is to provide services for the health of the society.

THEORETICAL FRAMEWORK

Public Policy

The scope of the study of public policy is very broad because it covers various fields and sectors such as economic, political, social, cultural, legal, and so on. In addition, if seen from the hierarchy, the public policy can be national, regional or local in forms of laws, government regulations, presidential decree, ministerial decree, local government/province regulations, the governor's decision, the district's/city's regulation, and the regent's/mayor's decision. Pressman and Widavsky as quoted by Budi Winarno (2002: 17) define public policy as hypothesis that contain initial conditions and predicted consequences. Public policy should be distinguished from other forms of policy such as private policy. It is influenced by the involvement of non-governmental factors. Robert Eyestone as quoted by Leo Agustino (2008: 6) defines public policy as "the relation between government units with its surroundings". Many people assume that the definition is too broad to be understood, because what is meant by public policy can include many things.

According to Nugroho, there are two characteristics of public policy, namely: 1) public policy is something that is easy to understand, because the meaning is "things which are done in order to achieve national objectives"; 2) public policy is something that is easily measured, because the size is clear that the extent to which progress towards the ideals has been taken. According to Woll as quoted by Tangkilisan (2003: 2), public policy is a number of government activities to solve problems in the community, both directly and through various institutions that affect people's lives.

There are some experts who define public policy as actions taken by the government in response to a public crisis or issue. As well as Chandler and Plano as quoted by Tangkilisan (2003: 1), who state that public policy is a strategic utilization of the available resources to solve the problems of the public or the government. Furthermore, it is said that public policy is a form of intervention which is done continuously by the government in the interests of the disadvantaged groups in society so that they can live, and participate in the development broadly.

The Definition of Policy Implementation

Implementation is one step in the process of public policy. Implementation is usually conducted after a policy has been formulated with clear objectives. Implementation is a series of activities in order to deliver the policy to the public so that the policy can bring results, as expected (Afan Gaffar, 2009: 295). The series of activities include the preparation of advanced set of rules which is the interpretation of the policy. For example, a statute appears with a number of Government Regulations, Presidential Decrees, and Regional Regulation, for the preparation of resources to move implementation including facilities and infrastructure, financial resources, and of course everyone who is responsible for implementing the policy, and how to deliver policy concretely to the public. The definition of implementation as proposed by Solichin Abdul Wahab is as follows: "Implementations are actions carried out by individuals or officials of government groups or private that are directed at achieving the goals which has been outlined in the policy decisions" (Wahab, 2001: 65).

Donald S. Van Meter and Carl E. Vanhorn stated "Policy implementation encompasses those actions by public and private individuals (or groups) that are directed at the achievement of objectives set forth prior to the policy decision. This includes both one-time efforts to transform decisions into operational terms, as well as continuing efforts to achieve the large and small changes mandates by policy decisions (Meter and Vanhorn, 1975: 447).

Factors Affecting Policy Implementation

Based on the theory of George C. Edwards III (A.G. Subarsono, 2008: 90-92), the implementation of the policy is influenced by four variables:

1. Communication. Effective communication processes is needed within the framework of the implementation of the policy. Leaders must communicate the policies to be implemented to the field that are responsible in order to understand the intention and purpose of the policy. Communication is something which connects the organization and coordination is the origin of teamwork as well as the formation of synergies and integration. Communication between components of the EDS implementer should be done intensively so that the performance can be optimized.

2. Resources. No matter how well the communication process of implementing the policy to the policy implementer and how well the command and authority has been given but if the resources available do not support, then it can hinder the implementation of the policy. The importance of resource issues in the implementation of EDS include: the number of teachers involved, the necessary teacher skills, information from principals and supervisors and various other adjustments.
3. Disposition. Disposition or attitude in question is the attitude of the policy implementer; in this case the EDS program implementers. It is associated with the presence of a strong stance for implementer that has the capacity to implement the program. Component program implementers need to be wholeheartedly committed in carrying out its functions so that it will produce a balanced view that the program is to be implemented for self- and school development towards the better.
4. Bureaucratic Structures. In the implementation of the policy, it involves many people, fields and environments that may affect the smoothness and success of the policy. Problems of coordination between bureaucratic structures may be from the inhibitor of the implementation of the policy. It requires a permanent procedure or standard operating procedure (SOP) for the smoothness of the policy.

According to Merilee S. Grindle (Subarsono, 2005: 93) there are two major variables that affect the implementation of the policy, namely the content of policy and the context of implementation. Each of these variables is broken down into several items. It is mentioned by Subarsono (2005: 93).

The content of policy variable include (1) the extent to which the interest of the target groups is included in the content of the policy; (2) the type of benefits received by the target group; (3) the extent of the desired change from a policy; (4) whether the location of a program is appropriate; (5) whether a policy has mentioned the implementer in detail; (6) whether a program supported by adequate resources.

While the context of policy variable includes: (1) how much power, interests, and strategies that are owned by the actors are involved in the policy implementation; (2) the characteristics of the institution and the regime in power; (3) the level of compliance and responsiveness of the target group.

This Grindle model is described by Suwitri (2008: 86-89). Content variable is further detailed again into six elements, namely:

1. Parties whose interests are affected (*interest affected*). Theodore Lowi (in Grindle, 1980) describes that the type of public policy created will bring a certain impact on the kinds of political activity. Thus, if the public policy is intended to lead to changes in social relations, politics, economics, and so on, it will be able to stimulate the emergence of resistance from those whose interest are threatened by the public policy.
2. Types of benefits that can be obtained (*type of benefits*). Programs that provide benefits collectively or to many people are easier to gain support and a high level of compliance of the target groups or the public at large.
3. The range of changes that can be expected (*extent of change envisioned*). Programs that are long-term and demanding change people's behavior and not directly or as soon as possible can benefit the public (target groups) are more likely to experience difficulties in implementation.
4. The position of decision makers (*site of decision making*). The more spread out the position of decision-makers in public policy implementation, both geographically and organizationally, the more difficult it is in implementing the program. It is because more and more units of decision makers are involved in it.
5. Program implementers. The ability of the program implementer will affect the successful implementation of the program. Bureaucracy which has an active staff, qualified, skilled and dedicated to the performance of duties strongly supports the successful implementation of the program.
6. Sources that can be provided (*resources committed*). The availability of adequate resources will support the successful implementation of the program or public policy.

Efforts to Overcome Policy Barriers

Legislation is a means for the implementation of public policy. A policy will be effective when in the making and implementation supported by adequate means. The elements that must be met in order for a policy to be implemented well are as follows:

1. The laws or the policy itself, where there is the possibility of a mismatch between policies with unwritten law or custom prevailing in society.
2. The mentality of officers who implement the law or policy. The legal officer (formally) which includes judges, prosecutors, police, and so must have good mentality in implementing (applying) a legislation or policy. For if there were otherwise, there will be disturbances or obstacles in implementing the policy/legislation.
3. The facility, which is expected to support the implementation of a rule of law. If the legislation is aimed to be done well, it should also be supported by adequate facilities so as not to cause disturbances or obstacles in its implementation.
4. The citizens as objects, in this case, require the public legal awareness, legal compliance, and behavior as required by legislation (Bambang Sunggono, 1994: 158).

Public Service

Services are often viewed as a complex phenomenon. The term service itself has many meanings, ranging from personal service to service as a product. Various concepts regarding the services are proposed by the experts as Haksever et al. (2000) state that the service is defined as an economic activity that generates time, place, form and psychological usability. According to Edvardsson et al. (2005), the service is also an activity, processes and interactions as well as a change in the condition of a person or thing in the possession of the customer.

Sinambela (2010: 3) states that basically every human being in need of service, even in the extreme it can be said that the service cannot be separated from human life. According to Kotlern in Sampara Lukman, the service is any activity that is beneficial in a collection or entity, and offers a satisfaction even though the results are not tied to a physical product. Furthermore Sampara argues that service is an activity that occurs within interpersonal direct interaction with others or physical machines, and provide customer satisfaction.

Meanwhile, the term *publik* is derived from the English 'public', which means the general, community, and state. The word 'public' has actually been accepted into Bahasa Indonesia Baku and became 'publik', which means common, crowd, crowded. Inu et al. define 'public' as

a number of man who has a unity of thinking, feeling, expectations, attitudes or actions which are right and good based on values and norms are being owned. Therefore, the public service is defined as any activity undertaken by the government towards a number of human beings which has every profitable activity within a group or unity, and offer satisfaction even though the results are not tied to a physical product.

Further it is said that public service can be defined as service providers to (to serve) the purpose of the person or people who have an interest in the organization in accordance with the basic rules and procedures that have been established.

Health Services

Of the various forms of service, health service is one form of services which, according to Levey and Loomba (1973) in Anwar (1999), is any organized effort, alone or jointly, within an organization to maintain and promote health, prevent illness and cure disease as well as the recovery of health of individuals, families, groups, and communities.

According to Brotosaputro (1998), health services are all activities that directly seek to produce health services needed or demanded by society to deal with their health. Another source states that the definition of health services is something whose main purpose is preventive and is for the promotion of services (improvement of health) to the target of community. Health services also perform curative services (treatment) and convalescence (Notoatmodjo, 2003).

The purpose of health service is to improve the health and ability of society as a whole in maintaining their health in order to achieve optimal health status independently so that health services should be available, accessible, acceptable by everyone; health policy-making should involve the recipient of health service, the environment which influence the health of the population, groups, families and individuals. Disease prevention is needed to improve health. Health is the responsibility of the individual and the client is a permanent member of the health team (Anwar, 1999). According to WHO (1984) in Juanita (2001) it is mentioned that behavioral factors that influence the use of health care services are:

1. Thoughts and Feelings. It is in the form of personal knowledge, perceptions, attitudes, beliefs and assessments toward an object, in this case the object of health.

2. Important people as reference (*Personal Reference*) A person is more influenced by someone who is considered an important or major influence on the encouragement of the use of health services.
3. Resources. It includes facilities, money, time, energy, and so on. Sources also affect the behavior of a person or group of people in the use of health services. The influence can be positive and negative.
4. Culture. It is in the form of norms that exist in society in relation to the concept of healthy and sick.

Anwar (1999) describes a variety of health service which should have the basic requirements, namely: the essential requirements that give effect to the public in determining the choice of the use of health care services in this case Integrated Health Care (*Puskesmas*), namely:

1. The Availability and Sustainability of Services. Good service is the health services that are available in the community and are sustainable. This means that all kinds of health services that are needed by the community can be found as well as its presence in the community and are available at every time of need.
2. Appropriateness and Public Acceptance. Good health service is to be made appropriate and acceptable by the public. This means that health services coping with the health problems dealt with, is not contrary to the public customs, culture, and beliefs. If it is not inappropriate, it is not a good health service.
3. Easily Reached by Community. The definition of reached here primarily from the location which is easily accessible by the public, so that the distribution of health facilities becomes very important. The range of facilities supports the determining of the effective demand. When the facility is easy to reach by using the means of transportation available, the facility will be widely used. User level in the past and the trend is the best indicator for long and short term changes of demand in the future.
4. Affordable. Good health service is a service that is affordable by the public, which means that the cost of the service should be in accordance with the economic ability. Expensive health care may only be enjoyed by some people.
5. Quality. Quality indicates the level of perfection of health services are organized and showed cure diseases as well as security measures that can satisfy the users of services in accordance with established standards

RESEARCH METHODS

In this study, the writers used a qualitative descriptive study. According to Sukmadinata, descriptive study is aimed to describe the events in the present moment as it is. This research was conducted in Baubau City Regional Hospital (RSUD). Baubau City Regional Hospital (RSUD) was chosen because of the limitations of existing health workers in health centers or hospitals, so that the health care needs should be referred to a hospital that has enough health facilities. Meanwhile, the increasing needs of people in Baubau to quality health service continue to rise. With such circumstances, it is necessary for referral service to hospitals that have sufficient facilities. In this case, Baubau City Regional Hospital (RSUD), according to the researchers, has adequate health facilities. The type of data used is primary data and secondary data. Primary data used in this study is the result of interviews conducted with hospital's president director, chairman and patient in the Baubau City Regional Hospital (RSUD). While the secondary data in this study are: General description of Baubau City area, the profile of Baubau City Regional Hospital (RSUD), and the Baubau City Regional Hospital (RSUD)'s annual report. The unit of analysis in this study can be seen in Table 4 below:

Table 2.18.Data Analysis Unit

Unit Analysis	Informants Research	Subtotal
From the side of Baubau City Regional Hospital (RSUD)	1. Hospital's director	1
	2. Hospital's Public Relations	1
	3. Staff	4
Hospital's referral patient	Patient	5
Total		11

RESULTS AND DISCUSSION

The Implementation of Minimum Service Standards in the Field of Health Reference in Baubau City Regional Hospital (RSUD)

The results obtained in the field, the implementation of the minimum service standards in the field of health reference in Baubau City Regional Hospital are as follows.

Table 2.19. The Achievement of SPM in Baubau Regional Hospital

Achievement	2011	%	2012	%	2013	%
Achieved	77 indicators	85.56%	78 indicators	86.67%	81 indicators	90.00%
Not achieved	13 indicators	14.44%	12 indicators	13.33%	9 indicators	10.00%
Total	90 indicators	100%	90 indicators	100%	90 indicators	100%

Source: Baubau Regional Hospital, data processed in 2014.

Based on the above table, it can be seen that the implementation of SPM in Baubau City Regional Hospital is quite good. This is because in 2011 the indicator of SPM measurement which is not achieved is only 13 items from 90 items of SPM indicators, meaning that it is only 14.44 percent. In the following year of 2012, there is an increase in the achievement which is only 12 indicators or 13.33 percent. Then in 2013, it can be seen that it is only 9 indicators or 10 percent which is not achieved. Based on these results it can be seen that the Baubau City Regional Hospital had made improvements to improve the quality of health care in the community or the patient. The implementation of the minimum service standards in health based policy is as follows.

The Results of Data Analysis in Dimension of Content of Policy

1. Parties whose interests are affected (*interest affected*)

Minimum service standards policy in the field of health affect some other interests including the public welfare, the protection of the right for health, and the ease of access to health and health services.

Here are the delivered parties which have interest in the SPM in the field of health.

Table 2.20. Parties which Have Interest with the SPM

No.	Party of Interest	Type of Interest
1.	Regional Hospital	Meet the demands of SPM implementation.
2.	Patient	Get standardized (good) service.
3.	Community in general	Get a guarantee of good health.

2. Types of benefits that can be obtained (*the type of benefits*)

The type of benefits of minimum service standard policy in the field of health covers providing health care standards.

Related to the rights of patients, in Act No. 36 of 2009, some include:

- a. The rights to accept or reject some or all of the treatment (except of being unconscious, severe infectious diseases, severe mental disorders).
- b. The rights to personal secret (except on the orders of the Act, the court, the relevant permit, the relevant interests, public interests).
- c. The rights in demanding compensation due to error or negligence (except for life-saving action or disability prevention).

Meanwhile some patients' obligations are set in Act No. 29 of 2004 regarding Medical Practice, especially Article 53 of the Act, which include:

- a. Provide complete and truthful information about their health issues.
- b. Adhere to the advice and instructions of doctors and dentists.
- c. Comply with regulatory requirements in health facilities and infrastructure.
- d. Giving fee for the services received.

With the minimum service standards, it will bring various benefits to parties related to the SPM. Among these benefits are; good service, there is a certainty on the rights and obligations of patients, which in turn allows people to obtain needed services. In addition, for the hospitals, with the implementation of SPM, the hospitals can certainly comply with the rules issued by the government on Minimum Service Standards.

Resources that can be provided are defined as the adequacy of human resources and financial resources and facilities and infrastructure. The following is the HR data of Baubau City Regional Hospital.

Table 2.21. Total Employees in Baubau Regional Hospital

No.	Type of Employee	Sub total
1	Doctor	23
2	Nurses	139
3	Pharmaceutical Workers	9
4	Community Health Workers	15
5	Nutrition & Physical Therapist Workers	14
6	Medical Technician Workers	22
Total		222

Source: Data processed from the 2013 year-end report of Baubau City Regional Hospital.

Based on the table above, it is known that the number of employee in Baubau City Regional Hospital is still lacking, especially doctors. This is because doctors have a very vital role in health care. The number of doctor available which is only as many as 23 people would result in service that less than the maximum. Based on the information that has been described above, it can be concluded that the implementation of SPM in the field of health reference in Baubau City still needs to be improved. This deficiency lies in the human resources in the Baubau City Regional Hospital.

The Result of Data Analysis in the Dimension of the Context of the Policy

The dimension of the context of the policy is built based on several indicators as follows:

1. Power, Interests and Strategies of Actors Involved. The Regional Hospital is the actor involved and has interests in the policy of minimum service standard in the field of health reference. The implementation of SPM in Baubau City Regional Hospital has been done well.
2. The Characteristics of the Institutions and the Rulers. The minimum service standard policy in the field of health reference is implemented by Baubau Regional Hospital. The existence of SOP is one proof of the seriousness of the hospitals in implementing SPM in Baubau City Regional Hospital.
3. Compliance and Responsiveness. Minimum service standards in the field of health are implemented properly by Baubau City Regional Hospital. In general, the implementation of SPM has met the minimum standards according to the Decree of the Minister of Health. However, if the parameter is type C hospital then Baubau City Regional Hospital has not fully implemented them. Based on the analysis conducted, it can be said that the implementation of the Minimum Service Standards in the field of health reference in the Baubau City Regional Hospital is already good.

Factors Affecting the Implementation of Minimum Service Standards in the Field of Health Reference in Baubau City Regional Hospital

The service to the community should be the optimal service, meaning service which the quality can be justified and in accordance with the needs and expectations of service users. It should be noted also

that the development goals organized by the hospital is to support the achievement of national health development that is raising awareness, willingness and ability to live a healthy life for everyone who lives in the working area of the hospital in order to realize the highest health status in order to realize a healthy Indonesia. Based on the Decree of the Minister of Health No. 741/Menkes/PER/VII2008 related to health service referrals, it must contain two elements, namely; referral patient of 100 percent health service coverage of the poor in 2015 and coverage of emergency services level 1 that should be provided 100 percent by health facilities (hospitals) in Regency/City in the year 2015. Based on the data obtained in Baubau City Regional Hospital is as follows:

a. The Coverage for the Poor Patients

Here is the data coverage of the poor who look for treatment in Baubau City Regional Hospital with a wide range of health cards owned by the patients.

Table 2.22. The Coverage of the Poor Patients

Year	2011		2012		2013		Total
	Askes	JPS	Askes	JPS	Askes	Jamkesmas	
Poor patients	950	1,356	832	1,306	620	957	6,021
Total Hospital's Patient	3,174		2,931		2,103		8,208

Source: Data from Baubau City Regional Hospital processed in 2011-2013.

Based on the table above, it can be seen that the number of patients with poor category is as much as 6,021 patients from a total of 8,208 patients of Baubau City Regional Hospital for three years (2011-2013). With this amount it means that coverage of the poor patients in Baubau City Regional Hospital is 73 percent only. Based on this result, it can be said that the coverage of the poor patients have not comply with the Decree of the Minister of Health No. 741/Menkes/PER/VII2008 which requires the patient's poor coverage of 100percent.

b. The Coverage of Emergency Services

Below is presented the data on coverage of emergency services in Baubau City Regional Hospital.

Table 2.23. The Coverage of Emergency Services

Types of Patients Payment	2011	2012	2013
Askes	950 (29.93%)	832 (28.39%)	620 (29.48%)
General	779 (24.54%)	724 (24.70%)	471 (22.40%)
Jamkesmas	25 (0.79%)	22 (0.75%)	21 (1%)
JPS	1,356 (42.72%)	1,306 (44.56%)	957 (45.51%)
Bahteramas	42 (1.32%)	43 (1.47%)	31 (1.47%)
Jasa Raharja	22 (0.69%)	4 (0.14%)	3 (0.14%)
Total	3174 (100%)	2931 (100%)	2103 (100%)

Source: Data from Baubau City Regional Hospital processed in 2011-2013.

Based on the table above, it is know that every year from 2011-2013 the coverage of emergency services in Baubau City Regional Hospital reached 100 percent. With the result, it can be said that the scope of the emergency services performed in the hospital have been able to comply with the Decree of the Minister of Health No. 741/Menkes/PER/VII/2008. While the factors that affect the implementation of the minimum service standards in the field of health reference of Baubau City General Hospital are as follows:

The Result of Dimensional Analysis of Communication

The dimension of communication in Baubau City Regional Hospital was built by some indicators as follows:

1. Transmission. The communication support by hospitals is in the form of socialization for referrals patient to assist the delivery of communication. One form of the services that should be provided by a public servant is socialization. Baubau City Regional Hospital has been carrying out this function well. It is proven with the socialization into polies or part of hospital services.
2. Consistency. The Regional Hospital carries out the supervision on the implementation of the policy of minimum service standard in the field of health reference. With the supervision of the management it would improve the performance of hospital staff. SPM can eventually be implemented well in Baubau City Regional Hospital.
3. Clarity. The hospital provides information media in the form leaflet, brochures, information flow, and an information board for referrals patient. The information media is provided by the Regional Hospital

through the service flow mounted in the hospital's wall. There is no printed media such as brochures, leaflet etc. The reason given is there are lacks of hospitals that implement the use of information media in the form of brochures and leaflet. This need is a concern from the hospital, because the printed media can also help hospitals in terms of publications to the society. Based on the above information, it can be seen that the services provided by the Baubau City Regional Hospital is already included in good category or already meet the minimum standards of health care reference. There is a bit of lack in the use of information media which is not yet optimal. It is shown in the absence of the role of printed media such as brochures, banners and leaflet.

The Result of Dimensional Analysis of Resources

In the implementation of a policy, the implementer is of course necessary in order to support the good implementation of the policy. Without any personnel to carry out a program, then any policy cannot be implemented and only remains a document without any realization. Therefore, the availability of sufficient competence implementer can encourage the success of the policy (Mangaro, 2013). Here are the results of the dimensional analysis of resources in Baubau City Regional Hospital.

1. Staff

The regional hospital has sufficient human resources according to their educational qualifications.

Based on the information above, the sufficiency of human resources in Baubau City Regional Hospital is on midwives and nurses. Workers such as general practitioners and specialist are not sufficient. Below is the data of HR owned by the hospital:

Table 2.24. Hospital Staffs of Baubau City Regional Hospital

No.	Health Workers	Number
1.	Doctor	7 People
2.	Dentist	3 People
3.	General Practitioners	13 People
4.	Nurses	139 People
5.	Pharmacist	9 People
6.	Nutritionists	14 People
7.	Medical Technician Personnel	22 People

Source: Hospital Report 2013.

Based on the table above, it appears that the number of doctors is still very few which are 7 people only. This needs serious attention of the manager of the hospital. Because the doctor is one of the main elements that are needed to provide health services to the community. It also needs additional hospital staff, because the existing staffs now are not considered sufficient to provide maximum service to patients. This is associated with the arrival of the number of referral patients as many as 3,577 people in 2013 and the availability of doctors is only 7 people.

2. Information

Mass media, electronic and printed give pretty easy access to information for referral patient to get the services. The information media in Baubau City Regional Hospital already exists in the form of billboards and flow of information. While for other media such as mass media, printed and electronic have not been used maximally. In the future, it needs attention from the hospitals, because these media also help people in obtaining health services.

3. Authority

The staff carries out the minimum service standard referral health field as mandated by the hospital.

4. Facilities

The hospital facilities are proper and have the funds to manage the policy of minimum service standard in the field of health reference. With the adequacy of the needs on hospital facilities, it will certainly be able to support the performance of Baubau City Regional Hospital. The adequacy of hospital facilities has also explained that Baubau City Regional Hospital has implemented a minimum service standard in the field of health reference. The results of the dimensional analysis of the human resources in Baubau City Regional Hospital can be said to have already been good. The weakness is related to personnel belonging to the hospital. The number of staff is too few compared to the expected needs. In the future, it is supposed to be noted by the hospitals to add more hospital staff or employees so that the implementation of SPM in the field of health could be better.

CONCLUSION

Based on the results of the study and discussion that has been done *in previous chapters* related to the implementation of the minimum service standards in the field of health in Baubau City Regional Hospital, it can be concluded as follows:

It can be said that the implementation of the Minimum Service Standards in the field of health in Baubau City Regional Hospital is already good. A slight lack of the implementation of SPM in the field of health reference Baubau City Regional Hospital is in the number of human resources required.

Factors affecting the implementation of minimum service standard in the field of health reference in Baubau City Regional Hospital, are; Communication, Disposition and Bureaucratic Structure. While for the resources factor, there is still a shortage of resources because the sufficiency of human resources of Baubau City Regional Hospital only covers 80 percent.

Based on the above conclusion, the researchers proposed suggestions as follows:

Additional human resources in Baubau City Regional Hospital are needed associated with the minimum service standards provided. This suggestion is based on the results of the study that there is a shortage of human resources in Baubau City Regional Hospital. If the financial situation will be better, it allow hospitals to increase the number of human resources of Baubau City hospitals and medical facilities and infrastructure, because the existing infrastructure currently, is only about 80%.

For other researchers who want to investigate the same issue, namely the implementation of minimum service standards of hospital, it is suggested to refer to the previous research.

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