
MODEL OF STRATEGIC PARTNERSHIP IN HEALTHCARE SERVICE INNOVATION AT HOSPITAL IN BANDUNG, WEST JAVA, INDONESIA

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Abstract

The study aims to describe the patient's response to healthcare service at the hospital, innovative strategies for healthcare service at the hospital, and model of strategic partnership in healthcare service innovation at a hospital. This research uses qualitative research method. Data analysis as consisting of three concurrent flows of activity: data reduction, data display and conclusion drawing and verification. Meanwhile, this research uses a data collection method that is the in-depth interview, observation and document study. The patient's response to healthcare service at hospital: (1) patients expect quality healthcare service, (2) patients want the ease and comfortable in healthcare service and (3) patients assume that hospitals have to be able to deliver better quality service to provide satisfaction. Innovative strategies of healthcare service: (1) investments in health facilities, (2) development of health human resources, (3) improving healthcare service mechanism, (4) the functioning of private clinics, (5) quality and cost control and (6) healthcare service should not only rehabilitative-curative, but also preventive-promotive. Model of strategic partnership in healthcare service innovation at hospitals, namely the involvement of stakeholders, such as local government, hospital, Health Social Security Agency or BPJS Kesehatan (Badan Penyelenggara Jaminan Sosial Kesehatan), and the community (patient).

Keywords: *healthcare service, innovative strategies, the model of strategic partnership.*

A. INTRODUCTION

Indonesia is a big country with a high complexity of the problems. Development in Indonesia affected by internal and external pressure. Internal pressure, such as the rate of growth of population, the big of an area, infrastructure and human resources. External pressure, such as high mobility of people and goods between countries, especially within the framework of the ASEAN Economic Community, 2015.

Health is one of the most important dimensions in strengthening and improving the quality of human resources. Problems of health, such as infant

mortality, malnutrition and degenerative diseases. National Health Insurance (*JKN/Jaminan Kesehatan Nasional*) in Indonesia starting from January 1, 2014, was gradually implemented to achieve Universal Health Coverage in 2019. In Indonesia, healthcare service still a serious problem, especially healthcare service at the hospital. Healthcare service at hospitals are still many complaints of patients, especially patients of the member of Health Social Security Agency or *BPJS Kesehatan (Badan Penyelenggara Jaminan Sosial Kesehatan)*

In general, the quality of healthcare service in Indonesia is low, not least in Bandung. The low quality of healthcare service due to the availability and quality of health facilities were an inadequate and unfulfilled amount, type, quality and distribution of human health resources, especially at the level of primary healthcare (community health centre or *Pusat Kesehatan Masyarakat*).

The study aims to describe the patient's response to healthcare service at the hospital, innovative strategies for healthcare service at the hospital, and model of strategic partnership in healthcare service innovation at a hospital.

B. LITERATURE REVIEW

1. Functions and Objectives of Health System

The WHO report (2000) defines a health system is to include all the activities whose primary purpose is to promote, restore or maintain health. Universally, health system functions according to the WHO (2000) are (1) stewardship; (2) health services; (3) health financing and (4) resources. Stewardship is a new concept which extends the old understanding, that regulation-set the rules-through two additional components, namely ensuring equality to guide decision making in the health system and provide.

The government acts as a regulator in a health system. Regulatory functions and the determination of health policy as stewardship function (regulation, direction, and supervision). Stewardship function on decentralized governance as well as in Indonesia, located in the area of a local government authority.

Boffin, mentions the concept of the performance of the health system centred on three main objectives, namely: (1) improve health; (2) improve responsiveness to societal expectations; and (3) ensure fairness in financial contribution. Then Sunjaya (2010: 7-8) explains that responsiveness can be achieved by developing a stewardship function which is a broader understanding of the function of regulation. Various complaints/grievances relating to the health community should be seen as the failure of this function. That is, there could be a weakness in the policy or health regulations. Including in the context of responsiveness is responsive to the expectations of society (non-medical), ensuring sufficient community and patient safety (Sunjaya, 2010:7).

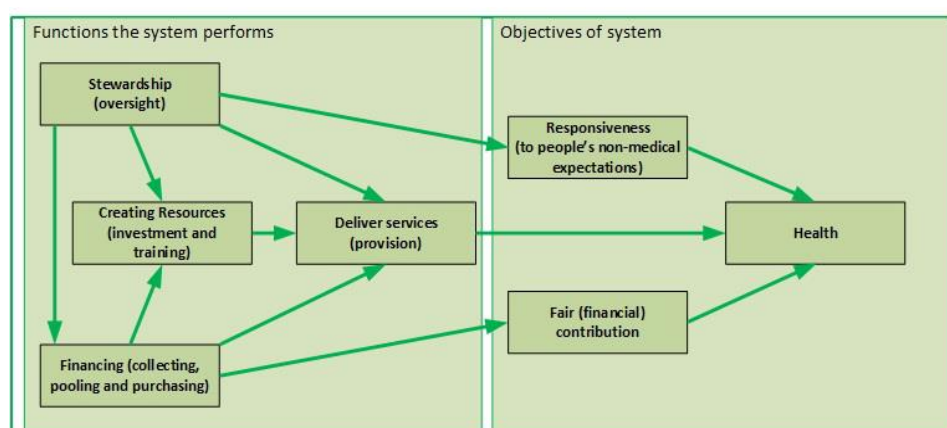


Figure 1 Relation Between Functions and Objectives of Health System
Source: World Health Report, WHO (2000)

2. The Concept of Innovation

Innovation itself is not a new concept. The term has made its way into healthcare as a concept adopted from other fields, with a similar definition to those used in business, technology, and marketing. Merriam-Webster in the dictionary definition of innovation is i) "a new idea, device, or method" and ii) "the act or process of introducing new ideas, devices, or methods." (Kimble and Massoud, 2017: 89). Schweitzer F et al. said that "innovations in healthcare fall under the broader umbrella of social innovations, which aim to solve social

issues (Kimble & Massoud, 2017:89). Dubé L et al. said that “social innovation encourages new approaches to tackle issues of poverty, education, health, and other human development problems by making system-level changes” (Kimble and Massoud, 2017).

The World Health Organization (WHO) explains that ‘health innovation’ improves the efficiency, effectiveness, quality, sustainability, safety, and affordability of healthcare. This definition includes ‘new or improved’ health policies, practices, systems, products and technologies, services, and delivery methods that result in improved healthcare (Kimble and Massoud, 2017: 89). Wutzke S et al. said that “improvements in research, patient satisfaction, education, and access to care are additional factors to keep in mind. Put, the ultimate goal of health innovation is to improve our ability to meet public and personal healthcare needs and demands by optimising the performance of the health system” (Kimble and Massoud, 2017). In theory, innovations in healthcare should yield scalable solutions and improvements in health policies, systems, products, technologies, services, and delivery methods, in order to improve treatment, diagnosis, education, outreach, prevention, research quality and delivery, and access to healthcare (Kimble and Massoud, 2017).

The ability to develop new ideas and innovation has become a priority for many organisations. Intense global competition and technological development have made innovation be a source of competitive advantage. Research on innovation has addressed several ways, such as using levels of innovation in individuals, teams/projects or organisations (Drucker, 1999). And then, Neo dan Chen (2007), said dynamism is characterized by new ideas, fresh perceptions, continual upgrading, quick actions, flexible adaptations and creative innovations. Dynamism implies continuous learning, fast and effective execution, and unending change.

C. RESEARCH METHODS

This study used a qualitative research design. Creswell (1998:14) says that “qualitative research in a natural setting where the researcher is an instrument of data collection”. Sampling method in this study purposive sampling. As said Bryman (2008), purposive sampling is a non-probability form of sampling. Determination of the subjects in this study is the use of non-probability sampling with purposive manner. Bryman (2008) said: “most sampling in qualitative research entails purposive sampling of some kind”. The results of this research are then analysed, using data analysis workflow model of Miles and Huberman. According to Miles and Haberman (1994) analysis as consisting of three concurrent flows of activity: data reduction, data display, and conclusion drawing and verification. This research uses data collection method, that is an in-depth interview, observation, document study.

In detail, related to the analysis of the data, especially the interview, involves four types of coding, namely: the initial coding, focused coding, axial coding and coding theoretical (Charmaz, 2006). Initial phase coding, the researchers do the coding manually, by looking at the transcript of the interview word for word, line-by-line, sentence-per-line, per-incident or incidents to define what is happening and what it means. So, at this stage, researchers attempt to capture a variety of codes, abstract ideas, or concepts that are emerging (Charmaz, 2006).

Then, the next phase is focused coding; according to Glaser, the coding is done more focused, selective, and conceptual (Charmaz, 2006). Furthermore, the axial stage coding, researchers link between categories and sub-categories, detailing the dimensions or attributes of a theme or category, and synthesising various narrative or excerpt of the data to be fit or coherence with a framework of analysis that appears (Charmaz, 2006). Lastly, theoretical phase coding, according to Charmaz (2006), aims to make a more specific range of possible relationships between categories are created on a dedicated stage coding. Or by

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D. RESULT AND DISCUSSION

1. Patient's Response

Patients expect quality healthcare service. Hospital as a healthcare service providers should have a competitive advantage. Hospitals must have competitiveness in the quality of healthcare provided. Consumers are increasingly intelligent and educated cause desires and expectations concerning the quality of healthcare service have increased. The fulfilment of the expectations of consumers is the main priority in healthcare service. The advantages of hospital services depend on the quality shown by the hospital.

Specific service must present the needs and desires of the patient, as perceived and enjoyed directly by the patient will be assessed by the patient. Patients always meet the needs of the service by selecting a hospital that has good quality service. Patients assume that the hospital has a good range of services that can provide satisfaction. This should be a consideration for the hospital to provide customer-oriented service to provide satisfaction as well as efforts to create loyalty to the patient. The realisation of loyalty based on satisfaction perceived. Satisfied patients will be encouraged to make use of the healthcare service hospital that will eventually make the patient loyal. Patients who will be loyal to enable the realisation of a long-term relationship with the hospital. The relationship between patients as consumers and hospitals as a healthcare provider will provide many benefits for the hospital.

Patients want ease and comfortable in healthcare service. Patients are expecting to get ease and comfortable in healthcare service. There timeliness in service and not the longest wait for the diagnosis by the doctor and nurses. And also the availability of medicine. If there is dissatisfaction or complaints can quickly respond or be served as well as possible. Thus, to improve the quality of healthcare service should be and continue to be done on an ongoing basis, both from the aspect of health provision and development of human resources, the provision of health facilities, and the availability of prescription medicine. Such efforts need to be done, especially for primary healthcare service facilities, namely in *Pusat Kesehatan Masyarakat (Puskesmas)* and clinics. Health resources, namely health human resources, health facilities, and funding needs to be improved, especially to strengthen the health facilities at the primary level, such as *Pusat Kesehatan Masyarakat (Puskesmas)*

Hospital, as providers of healthcare, should have a competitive advantage. Hospitals must have competitiveness in the quality of healthcare provided. Consumers are increasingly intelligent, and educated cause desires and expectations concerning the quality of healthcare services have increased. The fulfilment of the expectations of consumers is a top priority in healthcare

services. Fulfilment of patient expectations is the key to satisfaction, i.e. if the performance of the quality of hospital services in line with expectations, then the patient will be

Patients assume that hospitals have to be able to deliver better quality services to provide satisfaction. The hospital should have a competitive advantage in the quality of the healthcare service provided. Patients increasingly clever and well-educated cause expectations to quality healthcare service are increasing. Fulfilment of patient expectations should be the main priority in healthcare service. Patients assume that hospitals have quality care services can provide satisfaction. Thus, the hospital should be considered to provide the best healthcare service in the context to achieve satisfaction as well as efforts to create loyalty to the patient.

2. Innovative Strategies for Healthcare Service

Innovation is the key to improving the quality of healthcare service. Innovation is not always associated with the creation of a sophisticated product, but rather on how to make the job easier, faster, more comfortable, and cheaper. Healthcare service also should be created to make it easier, faster, more comfortable and cheaper anyway. Therefore, measures of healthcare innovation that needs to be done, namely, first, health facility investment. Necessary investments made local governments and the private sector to provide and develop health facilities. The community needs to quality healthcare service is increasing. This is in line with the increasingly high public awareness of the importance of health facilities as well as one of the health resources.

Second, the development of human health resources. Health human resources is also an important component to improve optimal healthcare service. The issue of human health resources is becoming increasingly strategic in line with the enactment of the National Social Security System or *SJSN (Sistem Jaminan Sosial Nasional)* Indonesia to fulfil the basic needs of living. National Health Insurance implementation requires the availability of human

health resources in the amount, type, and quality of adequate and properly distributed.

Third, improve the mechanism of health care service. Several hospitals in the city of Bandung has implemented innovative ways to improve health care service, among others, by opening the patient registration service via SMS (Short Message Service) and telephone service, so in addition to the patient can utilise the time at home as well in health care service facilities are not crowded. Other hospitals should follow forms of innovation such as this in the regions.

Fourth, the functioning of private clinics. Private clinics to participate in the of health care service and can ease the work of community health centre or *Pusat Kesehatan Masyarakat*. However, it must continue to make quality improvement of health services, so as not to be abandoned patients.

Fifth, quality and cost control. Quality control is done to improve the technical competence, access to healthcare service, effectiveness, human relations, the sustainability of healthcare service and comfortable. Meanwhile, cost control is necessary for efficiency and prevent extravagantly.

Sixth, orientation is not curative-rehabilitative, but preventive-promotive for healthcare service. We need to appreciate the steps the government of Bandung in building and revitalising city parks. Beautiful city park and comfortable is a form of preventive-promotive healthcare services that can prevent or reduce stress. To that end, healthcare service should not only rehabilitative-curative but also preventive-promotive.

New ideas are needed to bring innovation to improve the quality of healthcare service to citizens. They are improving the quality of healthcare service into hope and demand for the citizens. Health as one element of the human development index is an important thing to be filled with every citizen. Indeed, the local government (provincial, city and district), Health Social Security Agency or *Badan Penyelenggara Jaminan Sosial Kesehatan*, and private clinics engaged in the field of health care service to formulate and implement

the development program of innovative health care service. Thus, health care service easier, faster, more comfortable and cheaper can be achieved.

3. Model of Strategic Partnership of Healthcare Service Innovation

Model of strategic partnership of health care service innovation at the hospital, involving stakeholders, namely local government, Social Security Agency - Health or *BPJS Kesehatan* (*Badan Penyelenggara Jaminan Sosial Kesehatan*), hospital, and society (patient).

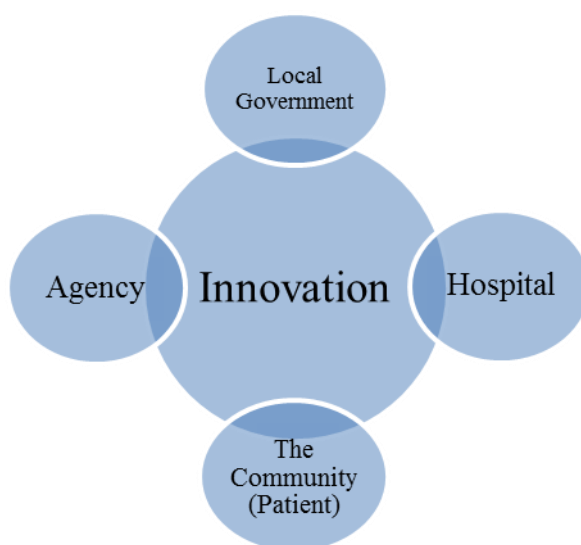


Figure 2 Model of Strategic Partnership of Healthcare Service Innovation at Hospital

The Government of Bandung as a regulator has the steps of innovation of healthcare service as follows: (1) investing in health facilities, (2) provide and develop human resources health, (3) improve the mechanism of health care service, (4) functioning private clinics, (5) controlling quality and cost, and (6) conducting rehabilitative-curative and preventive-promotive service orientation

Tasks of Health Social Security Agency or *BPJS Kesehatan* (*Badan Penyelenggara Jaminan Sosial Kesehatan*) are conducting and/or receiving registration of members, collect and collect contributions from participants and employers, receive contributions from the Government, managing Social Security Funds for the benefit of participants, collecting and managing data of

social security program participants, paying benefits and/or financing healthcare service in accordance with the provisions of social security programs, provide information on the implementation of social security programs to participants and communities.

Tasks of the hospital improve the quality of healthcare service quickly, easily, conveniently, and cheaply and society (patient). And, the community (the patient) has loyalty as the recipient of healthcare service that has the expectation and demands on the quality of healthcare service.

Barrientos and Hulme (2008) said the future of social protection programs, especially in low-income countries, is determined in part by the success of finding innovative ways to reduce the financial constraints in the medium and long term. Gaia et al. (2011): in the long run, social policy need political support and is based on a sustainable funding mechanism should be instituted. Guy and Chris (Normand and Weber, 2009) describes the management of health insurance that covers three important elements, namely raising funds, cooperation and efficiency in health spending.

Adams, et al (2013) said a post-Millennium Development Goals agenda for health in Bangladesh should be defined to encourage the second generation of health-system innovations under the clarion call of universal health coverage. This agenda should draw on the experience of the first generation of innovations that underlie the country's impressive health achievements and creatively address future health challenges. Central to the reform process will be the development of a multipronged strategic approach that: responds to existing demands in a way that assures affordable, equitable, high-quality health care from a pluralistic health system; anticipates health-care needs in a period of rapid health and social transition; and addresses underlying structural issues that otherwise might hamper progress.

E. CONCLUSION

The patient's response to healthcare service at the hospital are (a) patients expect quality healthcare service, (b) patients want the ease, and comfortable in healthcare service and (c) patients assume that hospitals have to be able to deliver better quality service to provide satisfaction. Innovative strategies of healthcare services are (a) investments in health facilities, (b) development of human health resources, (c) improving healthcare service mechanism, (d) the functioning of private clinics, (e) quality and cost control and (f) healthcare service should not only rehabilitative-curative, but also preventive-promotive. Model of strategic partnership in healthcare service innovation at the hospital, there are stakeholders, namely local government, Health Social Security Agency or *BPJS Kesehatan*, hospital and society (patient).

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