

TEAM EMERGENCY SERVICE MODEL AS A HEALTH SERVICE MANAGEMENT STRATEGY IN WAKATOBI DISTRICT

Edi Hasan¹, Muhammad Nasir², Syamsir³, *Muhammad wajdi⁴

^{1,2,3} Poltekkes Kemenkes Makassar, ⁴Universitas Muhammadiyah Makassar,

Email: muh.wajdi@unismuh.ac.id

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ABSTRACT

Corresponding Author:

Muhammad wajdi

Universitas Muhammadiyah Makassar,

Email: muh.wajdi@unismuh.ac.id

Public services are closely related to the government, one of which is the concept of development and management with Information and Communication Technology (ICT). The differentiation of the emergency service model is the emergency service team program. The purpose of this study was to determine the feasibility of implementing the emergency service team model in the health care setting. The method used is mixed methods research, which is a combination of quantitative methods that uses quantitative data analysis with SWOT analysis.

Keywords: Information and Communication Technology, SWOT, Public Safety Center, Wakatobi Regency.

INTRODUCTION

Public service so closely and identically as government responsibilities, the quality of services provided to the community is an indicator in calculating the quality of the government. One of the responsibilities is quality health services. The main purpose of health management is the output of health service products with the benefit value obtained by the customer. The service track record obtained becomes the accumulation

of customer experience with the dichotomy of fulfilling customer expectations in the form of satisfaction or otherwise dissatisfaction. This assumption indicator is attached to every aspect of the service process, especially to the front-line health worker service contacts. The system is a micro service system known as a direct service system that is in direct contact with the target user of the service (Tjahyono

Koentjoro, 2007). The reality is that the services provided have not provided perfect expectations. The proactive service approach becomes the choice and reference, thus the expected service is not only a process but also the most important in seeking consistent health services (Gandhi, 2000 and Reid, 2008). The problem that becomes a complaint in the field is the absence of clear data on the availability of potential sources of health facilities that should be predictable and accessible. Starting from concern with proactive services that pay attention to aspects of needs, the expectation (expectation) of the benefits (value) that utilizes information technology, the choice of differentiation of the integrated service model that directly is the emergency service model as the embodiment of the Public Safety Center (PSC) which is actually the implementation of Presidential Instruction No. 4 of 2013. To identify the feasibility of the model, an analysis based on the current conditions of the health care institutions is required to identify the strategic position through a SWOT analysis. SWOT analysis is a total assessment of aspects of strength (Strength), aspects of weakness (Weakness), aspects of opportunities (Opportunity), and aspects of threats (Threats) on an object to assess competitive ability and efficient and effective goals (Kotler & Keller, 2009). So it

is important that the health services provided are in accordance with the latest and best professional criteria and standards, exceeding the needs and desires of customers with a maximum level of efficiency, so that strategic breakthroughs are needed that can support services which are defined not only as affordability of health services but also to fulfill efficiency and effectiveness as a service provider. Modern service management. One of the strategic breakthroughs in the form of an emergency service team is to see the feasibility and potential of its implementation based on the current conditions and health resources of Wakatobi Regency. So that a strategic breakthrough is needed that can support services which means not only the affordability of health services but also fulfills the efficiency and effectiveness of modern service management. One of the strategic breakthroughs in the form of an emergency service team is to see the feasibility and potential of its implementation based on the current conditions and health resources of Wakatobi Regency, that a strategic breakthrough is needed that can support services which means not only the affordability of health services but also fulfills the efficiency and effectiveness of modern service management. One of the strategic breakthroughs in the form of an

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emergency service team is to see the feasibility and potential of its implementation based on the current conditions and health resources of Wakatobi Regency.

Research methods

Research using mixed methods research, data collection was carried out through interviews and questionnaire located at the Wakatobi health office and the apparatus below with the reason for choosing the research site because there was no

emergency service team service as a service management approach by collecting data from April 4 to June 30, 2022. The selection of respondents was carried out disproportionately with an accidental sampling approach, the distribution of the questionnaire on 280 respondents while the interview on 5 respondents. Qualitative data analysis using content analysis (content analysis) while quantitative data using IFAS (internal strategic factor analysis summary) and EFAS (external strategic factor analysis summary) matrix analysis.

Research Results and Discussion Results

Qualitative analysis

Strength	Weaknesses
<p>Facilities:</p> <p>Health center facilities as a reference are adequate. Peservices provided in accordance with the SOP. Laccessible to the public.</p> <p>Sourcer Human Resources (HR):</p> <p>Enough health workers</p> <p>There is an education or training program for medical and paramedical staff</p> <p>Cost/ Finance:</p> <p>Operational cost can be adjusted to the PKM budget</p> <p>Promotion</p> <p>Easy to introduce to the public.</p>	<p>Facility :</p> <p>Phone network sometimes lost.</p> <p>Sourcer Human Power</p> <p>There are still many health workers with honorary status.</p> <p>Cost/Finance:</p> <p>Commitment to financial management as a new cost, it takes time for identification and approval.</p> <p>Promotion:</p> <p>As something that will be programmed, there is no real support from the government and the community.</p>

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External environment analysis

Opportunity	Threats
Facilities/Operations Easy to reach Active 24 hours Finance Operational budget borne by the region Promotion People like the new program	Facilities/operations : Unstable telephone network Promotion: Compete with independent clinics, practice services for doctors/midwives/nurses

Potential Strategy

Internal actors (IFE)		
External actor (EFE)	Facilities/operations Peservices provided in accordance with standard operating procedures (SOP). Llocation can be reached. Sourcer Human power(HR): Adequate/adequate health personnel There will be an educational program aknow training for staff Cost/ Finance: Operational costs can be adjusted to the puskesmas	Sourcer Human Power(HR): There are still many health workers with honorary status. Cost/Finance: Financial commitment as a new cost, it takes time for approval. Promotion: As a new program, real support from the government and the community does not yet exist

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<p>Opportunity</p> <p>The health center is affordable and active 24 hours.</p>	<p>budget Promotion</p> <p>Easy to introduce to the public As an additional or new service</p>	
<p>The operational budget is borne by the regions.</p> <p>New innovations are theoretically more effective, efficient and integrated</p> <p>Threats (T)</p> <p>Unstable telephone network Compete with doctor/midwife/nurse practice clinics</p>	<p>SO strategy</p> <p>Implementing an integrated SOP. Connectivity network between health centers is centralized Mapping the procurement of special human resource workshops/training programs for the emergency department</p> <p>ST strategy</p> <p>Strengthen cross-sectoral collaboration</p> <p>Promotion of internal and external service excellence</p>	<p>SWO strategy Developing out-of- building/mobile services</p> <p>Optimization of local government support</p> <p>Intermittent promotion.</p> <p>WT Strategy</p> <p>Develop the basis for performance targets as a guide Identify service innovations</p>

Quantitative Analysis

IFE Matrix

No	Strength Indicator	Average Present condition	Weight	Score
	Facilities / Operations			
1.	Strategic location of health centers can reach the community	3.5	0.08	0.28
2.	The standard service provided is good with standard	3.0	0.08	0.24
3.	operating procedures (SOP)	3.3	0.07	0.231
4.	The availability of medical equipment used in	3.5	0.06	0.21
5.	providing emergency services at the current health center	3.5	0.06	0.21

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	Sourcer Human Resources (HR)			
6.	Avilability of medical personnel such as doctors and nurses in each health center	3.5	0.08	0.28
7.	There is an education or training program for medical and paramedical staff	2.8	0.07	0.196
8.	The quality of medical workers such as (doctors, nurses, midwives) in each currently	3.0	0.06	0.18
9.	Skill requirements that must be possessed by medical workers (such as (doctors, nurses, midwives)) that are in accordance with the current needs of the puskesmas	3.1	0.05	0.155
	Finance			
10.	Setting the appropriate tariff and having connectivity with health insurance	3.5	0.06	0.21
11.	Revenue and expenditure budget for puskesmas in support of current puskesmas services	3.3	0.05	0.165
12.	The current health center financial internal control system	2.7	0.05	0.135
	Promotion			
13.	The quality of puskesmas services that are in accordance with the current vision and mission of the puskesmas	3.1	0.08	0.248
14.	The current development of the relationship between the puskesmas and the local community	3.2	0.07	0.224
15.	An opportunity to take advantage of various media to socialize the importance of the emergency service team with consistent promotional efforts so far	3.5	0.08	0.28
Total		48.5	1.00	3,244
No	Weakness Indicators	Average Present condition	Weight	Score
	Facilities/Operations			
1.	Mobile shutters and infrastructure are not complete	2.0	0.08	0.16

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2.	There are no kebsyetlaw enforcement policydan the set of laws and regulations needed in the management of the emergency service team	1.0	0.06	0.06
3.	The lack of optimal coordination between relevant agencies in determining policies in the field ofhealth services	1.8	0.07	0.126
4.	Utilization of health advice has not been implemented properly by the community, especially when sick	2.0	0.08	0.16
5.	Information Systems and Information Technology infrastructure is still lacking in the health department and its staff	1.2	0.08	0.096
6.	Different/not the same health center status	2.0	0.05	0.1
	Sourcer Community Power (HR)			
7.	Existing health human resources are still less than the level of education	1.8	0.08	0.144
8.	Personnel limitation have technical knowledge and skills that support service optimization.	1.5	0.07	0.105
9.	Education background partly large profession in accordance with the field of duty / expertise	2.0	0.07	0.14
	Cost/ Finance			
10.	Health budget is not optimal yetdan has not been effective.	1.2	0.06	0.072
11.	Limitation funding parta prime service management program has not yet become a priority development program so that investment in the health sector is generally still low.	2.0	0.05	0.1
12.	The current system of allocation and amount of funds to each unit in the puskesmas	2.0	0.07	0.14
	Promotion			
13.	Promotions have not been programmed routinely and information has not yet reached the public	1.8	0.05	0.09
14.	Consciousnessd an public knowledge of the importance of seeking prompt treatment in health facilities	1.2	0.06	0.072

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15.	Adequate socialization regarding the importance of utilizing health facilities in the community	1.8	0.07	0.126
Total		25.3	1.00	1,691

EFE Matrix

No	Peleisure (opportunity)	Average Present condition	Weight	Score
	Facilities/Operations			
1.	Prospective service development is supported as a flagship program by the government as a policy maker	0.10	0.34	0.10
2.	The state of development of health technology for the development of puskesmas services	0.10	0.32	0.10
3.	Central government program so that legal support is in place	0.10	0.35	0.10
4.	Advances in technology and services that must be fast	0.09	0.306	0.09
5.	Availability of transportation facilities needed to reach the community	0.10	0.31	0.10
	Sourcer Community Power (HR)			
6.	The state of the workforce in the medical field (doctors and nurses and midwives) towards puskesmas services	3.5	0.08	0.28
7.	24-hour service allows to be done from the aspect of manpower	3.4	0.10	0.34
	Finance			
8.	There is support and cooperation with BPJS	3.2	0.07	0.224
9.	Trends the budget issued by the local government for public health for puskesmas services continues to increase	3.5	0.10	0.35
	Promance			
10.	The state of public education for the development of puskesmas services is getting better	3.4	0.07	0.238
11.	The state of the population according to the population census	2.5	0.08	0.2

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	and the morbidity rate			
12.	Dynamic sociopolitical conditions in accepting change and improving services	3.6	0.08	0.288
13.	Services can be improved as a new innovation of local government.	3.6	0.10	0.36
Total		43.3	1.00	3,906
No	Threath	Average Present condition	Weight	Score
	Facilities/Operations			
1.	Region spacious health centers with different topography require land and sea mobile access and Coverage	2.0	0.10	0.2
2.	The specific collaboration that will be carried out by the Health office and its staff and other sectors does not yet have	1.8	0.06	0.108
3.	Regulation the service of the emergency service team as a legal umbrella	2.0	0.10	0.2
4.	Differentiation and management of the unit itself is needed which has the potential to disrupt the current unit	1.8	0.10	0.18
5.	The current service system is centralized in each puskesmas and is not integrated.	1.6	0.08	0.128
	Finance			
6.	Technological facilities as a liaison cost a lot	1.4	0.10	0.14
7.	Current condition of Funding allocationto meet the additional operational costs of the innovation program	1.8	0.08	0.144
	Sourcer Human Resources (HR)			
8.	Human resources must be professional for the operation of technology supporting activities	1.8	0.07	0.126
9.	Staff training not available locally			0
10.	Human resource capacity building programs require large costs	2.0	0.09	0.18

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11.	The bureaucratic system that tends to be static/bureaucratic	2.0	0.09	0.18
	Competitive			
12.	There are competitors in health services, private doctor practices, midwives and nurses, clinics	1.7	0.08	0.136
13.	Service can be improved with new innovation Not easily trusted by the public	2.0	0.10	0.2
Total		21.9	1.00	1,922

a. MIE matrix

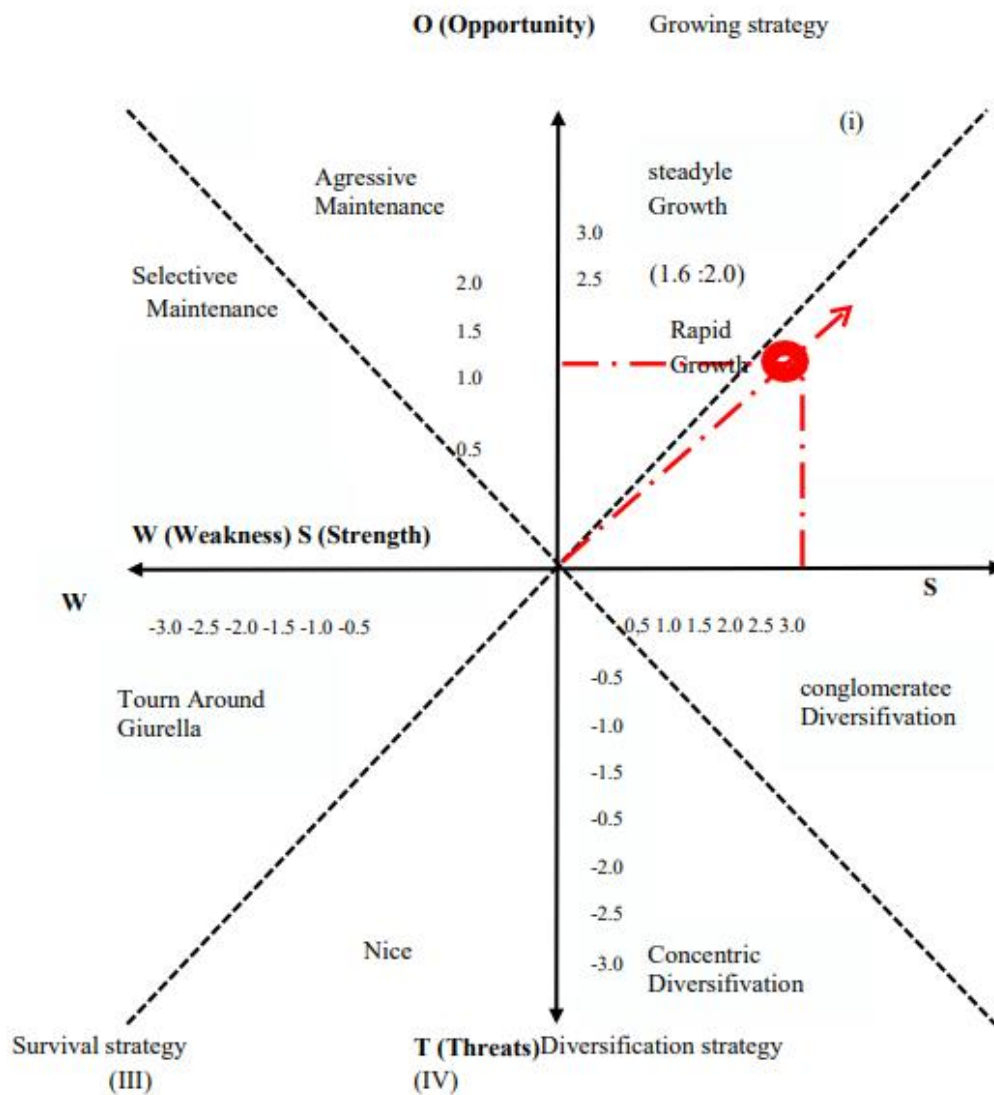
Coordinate Internal and External Conditions

SWOT	Total Score
Internal Condition:	
Strength	3,244
Weakness	1,691
Difference :	1.553
External conditions:	
Opportunity	3,906
Threat	1,922
Difference :	1,984
Coordinate point (xy)	(1.6 :2.0)

With diagram that describes the coordinates of internal and external conditions as follows:

Table strategy (i)

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Matrix Internal and External Coordinates

Discussion

In the analysis of the internal environment on the aspect of facilities, it shows that the services at the puskesmas under the Wakatobi health office are to meet the needs of patients when it is felt that they are good enough to support health services. This is confirmed by the following statement: "The facilities and infrastructure here are good

and can support operations because all the buildings and equipment needed have been provided by the department".(Source: interview with informant 3, April 4, 2021)In connection with this, it is also reinforced by the results of interviews about the operational services owned which are also in the adequate category in supporting 24-hour services in accordance with SOP procedures

or provisions. the following statement: "With the existing facilities, we can provide services based on the existing SOPs because of the preparation of tools because there are 24-hour shifts here." (Source: interview with informant 1, April 2, 2022) The facilities in the form of moving equipment as service aids are quite adequate, as well as the strategic location and supporting aspects are quite representative, with the statement: "Our building is complete and representative, located in the middle of the community, close to areas that are difficult to reach by the main health center. The community here will find it easier to get treatment" (Source: interview with informant 2, April 3, 2022) However, from the facilities that must be a concern is the telephone network which sometimes has problems from the network side, here is the statement: "The facilities and infrastructure are quite complete, sir, only sometimes in terms of communication, sometimes the network is lost, there is no certain location, so we need a stable communication tool, especially when we are a bit far from the center or referral, by sea again" (Source: interview informant 4, April 5, 2022) Thus, the current operational support facilities in the form of infrastructure such as buildings and facilities in the form of equipment, SOPs and strategic locations are quite adequate.

although it still needs improvement on the communication side due to the distance and mobile capability between health service centers and the land-sea field which of course requires planning and emphasizes good coordination for the sake of quick and precise handling of health problems (early diagnosis and prompt treatment). One of the dimensions of the facility is a strategic location considering that in an emergency the first contact time dimension, the first action becomes a priority because operational accumulation accumulates in response time. As described by Bahrami, MA et al (2011) Service time (response time) is the main standard in emergency situations. The results of his research in Iran obtained Response Time at Yazd, a pre-hospital emergency medical service, as a subsystem of Emergency Medical Services (EMS), the majority of service calls have been responded to within the appropriate time interval compared to reference standards and response time targets according to the specified protocol. Although there is still room for intermittent improvement and improvement, the fulfillment of standards is a must. In line with this, Sultan Zayed (2010) that the response time in emergency services should be considered as one of the indicators for evaluating service performance. Likewise,

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optimizing the location of the ambulance base, in this case the location of affordable facilities, can increase response time. There are still opportunities for improvement while considering economic and operational changes (Nogueira, 2016). One of the models offered is based on the available facilities and field conditions, for example the zoning model, as stated by Hamrun, et al, (2020), that emergency calls and disaster alerts in Banteang district use zoning in determining the response time for mobilizing services. In the analysis of the internal environment on the aspect of human resources, related to this the following excerpts: "There are already a lot of employees on duty, that's enough, only one health center here is 70-80 people, so that our service activities can be handled by members both inside and outside the building, for types of professions according to need".(source: interview with informant 3, April 2022) Similarly, reinforced by other interview results, namely: "If the number of our employees is sufficient, all of them are more or less the same in each puskesmas, at least the difference is a little. There are no complaints from this amount of power."(source: interview with informant 1, April 2022) This shows that in the aspect of human resources currently owned is not an obstacle and is quite adequate. Aspects of the quantity and quality of human resources

are important in their distribution because it is assumed that emergency services have connection service points that must be balanced to avoid queues (Shian, 2015). Of course, changing community needs and demands requires an education or training development system in order to update, strengthen, increase knowledge (conceptual skills) and skills (technical skills), as stated as follow "Our employees are from D3 to S1, even in all professions, it's tabe but if you continue your education, you definitely want all schools because you work in a profession to increase your knowledge".(source: interview with informant 4, April 2022) "This training is what we hope for, because the number is sufficient, the agency said it has made a map, that's why a report was made on who will take part in the training, it's important for the skills of the students ... hopefully it will be available soon".(source: interview with informant 5, April 2022) The view on human resources to continue to adapt to change must continue to grow with the support of comfort in work, a good work climate including support for scientific improvement to become the target of job satisfaction which increases the motivation of personnel in the emergency service team or organization. As Fallon (2011) described that in emergency units job satisfaction mediates intention to stay, also

supports the idea of tailored employee development programs that increase job satisfaction and become a major motivator of ongoing commitment to the organization..Another aspect that is inherent in these human resources which becomes an important capital that forms professionalism is knowledge which is the standard and work criteria of officers. This aspect can be in the form of guidelines, guidelines, modules, theoretical models used, as described by Shan. S (2012) A case study with 10 functional modules of the emergency response decision support system (ERDSS) Shanghai, shows that it can provide theoretical and practical guidance for designing and developing an effective emergency response system. Here, aspects of education, training during evacuation are the flow and standards that are ideally taken by all emergency team personnel. In line with this David, ES and Annemarie, S (2009) describe that various factors contribute to injury and death in emergencies, one of which is at the risk stage during transportation when providing critical patient care in a moving ambulance, so it is recommended that education improvement strategies are needed, Specific technologies, regulations, and behaviors to reduce these risks are offered with the hope of improving safety practices in patient

mobilization. In the analysis of the internal environment on the financial aspect, because of this aspect, all financing is allocated by the local government through the health office for the puskesmas program so that it does not become a problem because the allocation is routine. This condition is reinforced by the results of interviews as follows“...Ya... I don't think there's a problem because based on the planned program, of course, if the funding allocation is approved, the funds will decrease, so far it's been routine.”(source: interview with informant 3, April 4, 2022)

In the analysis of the internal environment on the promotion aspect of its potential because the new health services that will be implemented will not be an obstacle because networks with the community have been formed so far. This is illustrated in the following interview results:"There are many ways to socialize services. This integrated emergency team program is very good. Surely people will take advantage of it, especially if it looks fast, so that it becomes effective and efficient. This is what they are looking for, it's interesting. will be successful. the term is this model ball pick-up service that is in demand”(source: interview with informant 1, April 2, 2022)

Education in the context of the promotion of this new emergency service, socialization

can be done by personnel. Musyarofah. S (2019) stated that education to the community can be carried out by a team or staff through services according to assignments, requests or events in addition to being published in print media, billboards, pamphlets, and brochures. Also the bureaucratic path can also be taken. Likewise Rosen stock (2005) describes the relationship of health information communication with individuals in choosing actions on health problems with the role of the media. with communication, understanding sufficient information about the benefits of service programs allows the community to be more motivated to take advantage of the services in question.

Meanwhile, the analysis of the external environment on the facilities/operational aspects of the puskesmas in the position of handling the emergency service team program is considered very likely. This can be seen from the number of health centers and strategic locations. This is stated in the interview results as follows, “There are 20 health centers here, in the sub-district 2-3 health centers, which are located close to the community, moreover 24 hours receiving sick or emergency services. So this emergency team program..people will definitely like it. I'm glad there is this

service”(source: interview with informant 1, April 2, 2022)However, in terms of service support facilities, because integrated and integrated communication relies on information technology, which is identified as sometimes experiencing problems, it is not stable. As the following interview results:

“If the ball pick-up service in this integrated emergency team program is completed, there are other aspects beyond our control the telephone is sometimes slow in certain areas and there are several points here, although not continuously. It means that there is a network of reinforcements, or people who are given the task of helping specifically there. Even though it's not a big problem, people need noodles to be acted on quickly” (source: interview with informant 5, April 2022). Because the communication network plays an important role in the service of the emergency service team, the provision of both soft and hard equipment in the arrangement of communication tools needs correction and improvement through cross-sectoral collaboration. This is confirmed by NurFarhani(2019) the use of communication in disaster risk management has many contributions in reducing the impact of disaster or emergency risk. In the analysis of the internal environment in the promotion aspect of new programs, the

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emergency service team has a great opportunity to be used by the community because development programs like this tend to be effective and efficient. As revealed from the following interview results, "Usually if the program is new, it will be better because it will be better, moreover it has been tested in several areas and research results are also, so it must be more effective, we are also very helpful staff, it makes it easier for us and the people we serve, hopefully this will be implemented" (source: interview with informant 2, April 2022)

"This program must be better, superior because there are many competing treatment options, but I'm sure with the ball pick-up model, the mobile is good, people will use the services of this emergency team ... there are many doctors, nurses, midwives and no clinics yet some standing."(source: interview with informant 3, April 2022)The quantitative description above explains that the aspects of the internal and external environment currently owned in assessing the feasibility of implementation The health service model of the emergency service team at the Wakatobi District Health Office has good potential and is very worthy of being followed up as a new innovation in health services, although there are aspects that need to be addressed but do not

contribute greatly to the overall program if implemented, this can be because it can be handled with a strategy. In quantitative analysis, it shows the same principle that it has potential shading that supports implementation emergency service team model health services, where the total weight of the power factor 3,244. have situational support capital in terms of facilities, human resources, finances and strong promotions in an effort to provide health services with an emergency team model. Weaknesses of 1,691 which indicate that there are aspects of weakness that are owned but contribute less to the overall program. On the other hand, the total weight of the opportunity factor is 3,906 which shows the implementation of the emergency service team has a very large opportunity with potential support, which means that the implementation of this service will greatly affect the performance of health workers by adapting, improving and improving existing conditions, this service will be in demand. and its benefits can be felt by the community. For threat factor 1, 922 which shows the threat it has as a new program with social conditions and patterns of seeking community treatment is relatively low in competition with other independent health facilities and has no overall effect on the implementation of the emergency

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service team program to be realized. The above factors indicate that the feasibility of implementing the emergency service team model of health services as a new innovation in health services is in quadrant 1 (1.6: 2.0) where the support for strength and opportunity is greater than other aspects and precisely in the position of Rapid Growth which means a strategy in the form of support for an aggressive growth policy (growth oriented strategy). Thus, for the existence of health services, the emergency service team model becomes a necessity, even very prospective and its existence in the current situation is very possible. Implementing institutions are very feasible and can take advantage of existing opportunities based on the condition of facilities, human resources, financial or budgetary aspects as well as current promotions. In interpreting this situation, it will encourage strategies related to how health institutions maximize all their strengths in taking advantage of opportunities while avoiding threats that may occur in the future in health service innovations that are their field. Implementing institutions are very feasible and can take advantage of existing opportunities based on the condition of facilities, human resources, financial or budgetary aspects as well as current

promotions. In interpreting this situation, it will encourage strategies related to how health institutions maximize all their strengths in taking advantage of opportunities while avoiding threats that may occur in the future in health service innovations that are their field. Implementing institutions are very feasible and can take advantage of existing opportunities based on the condition of facilities, human resources, financial or budgetary aspects as well as current promotions. In interpreting this situation, it will encourage strategies related to how health institutions maximize all their strengths in taking advantage of opportunities while avoiding threats that may occur in the future in health service innovations that are their field. strategy as a crystallization of all adequate aspects into a framework and strategic planning (framework and strategic planning) encourages opportunities to implement emergency service team services as a public innovation in the health sector, which is very open to embody the regional government program known as Smart City. As stated by (Widuri, 2020) In order to improve public services, implementing Smart City is an alternative where local governments must work creatively and innovatively to increase accountability,

transparency, and responsiveness by utilizing information technology. health In this context, it takes a deep commitment from the local government to arrive at the implementation stage as a solution to create good governance and make improvements in various aspects of public health services. Health service innovation in the primary health line as a demand for service improvement and community satisfaction is a real, continuous effort. As described by Stokes.J, et, al, (2015) that the Turkish government has introduced a major health system change, the health transformation program (HTP) by making changes to the health system in terms of organization, financing, resource management, and service delivery, As a result, this responsive change in the health system led to a nearly 20% increase in the use of health services reported with indicators of increased satisfaction with public primary care services and an increase in seeking first contact health care providers. user satisfaction in Turkey. In fact, according to Akinci F, et, al (2012) the Health Transformation Program (HTP) with the progress achieved so far is the largest in the health information system that encourages providing cost-effective health care services and progress in implementation aspects, even so far in line with developments. And

overall economic growth in Turkey. Currently, every public service arrangement continues to receive demands in meeting customer needs and satisfaction. The solution is to be consistent in improvisation and innovation such as the ability to adapt so that the initiative of a number of facility strategies in planning potential new emergency facilities is implemented with a modest capital cost (Arch.D, 2008). Every service in the public order as an innovation, of course, has excellent service quality, so that each new service model is identical with a special feature that becomes an identity that distinguishes it from other services so that it becomes a new thing with new breakthroughs. In this case it is not only different from other services (characteristics) but also new service innovations (novelty). Me have specificity, 2) have renewal, 3) have a specific program, and 4) have a specific goal. Like wise Fajarria. A, (2018) The innovation of Command Center 112 services seen from its attributes has many advantages, including one-stop integrated services (One Stop Service), sophisticated technology, and response time so that the handling will be faster, precise and responsive. It is not surprising that the innovations carried out were able to reduce the number of emergency events and other disasters that

occurred in the city of Surabaya. Furthermore, the existence of emergency services through the feasibility of implementing an emergency service team is an urgent need in regional situations where the threat of disasters and emergencies is frequent. So that natural disasters and technology are inseparable and the practice of emergency management reinvents itself where public participation is expected. Thus this hazard and risk reduction becomes a decision that considers emergency management like any other major social issue. (Britton.N ,2001) Feasibility of implementing the emergency service team to contribute and support the Smart city program as a concept of city development and management with Information and Communication Technology (ICT) to better connect, monitor, and control various resources in the city.effective and efficient in maximizing services to its citizens and supporting the potential for sustainable development.

Conclusion

Qualitatively based on the current internal and external environment in assessing the feasibility of implementation The emergency service team model of health services is in a strategy that has good potential and deserves to be followed up as a

new innovation in health services, although there are aspects that need to be addressed but do not make a major contribution to the overall program if implemented. This is also supported by the qualitative results in quadrant 1 (1.6 : 2.0) where the support for strength and opportunity is greater than other aspects and precisely in the position of Rapid Growth which means a strategy in the form of support for an aggressive growth policy (growth oriented strategy) so that very feasible and has great potential to be implemented that need to be followed up with a study of adaptable models according to the specifics of demography and geography as an archipelago.

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