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# Efficiency of Emergency Service for COVID-19 Patients in Indonesia: Management System, Public Policies, and Medical Action

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***Abstract*---**Since the implementation of physical distancing and Large-Scale Social Restrictions (PSBB) on March 20, 2020, there was a decrease in patients at Cicendo Eye Hospital as much as 67.9% from March to April 2020. Encouragement to the public to keep their distance, avoid crowds, and the advice to stay at home resulted in a flow the process of health care during the COVID-19 pandemic has changed, such as the implementation of standard precautions for all patients and ensure early identification and source control. The existence of COVID-19 policies in the form of screening, service procedures, and the changing flow of the service process is thought to also affect patient satisfaction and the quality of nursing services. To analyze the quality of nursing services during the COVID-19 pandemic at Cicendo Eye Hospital. Using the Importance Performance Analysis (IPA) method. Data collection is carried out in outpatient and inpatient settings. Cicendo Eye Hospital. Sources of data in the form of primary data through questionnaires Responsiveness, Assurance, Tangible, Empathy and Reliability (RATER) and secondary data in the form of patient satisfaction data and service quality in 2019.

***Keywords*---**COVID-19 patients, emergency services, hospital management, medical action, public policies.


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## Introduction

A pandemic is an epidemic that has spread to various continents and countries, generally affecting many people (Morens et al., 2009; Lakshmi Priyadarsini & Suresh, 2020; Alexander et al., 2020). While the epidemic itself is a term that has been used to determine the sudden increase in the number of cases of a disease in a population of a certain area. The reason is, the term pandemic is not used to indicate the high level of a disease, but only shows the level of its spread. Please note, in the case of the COVID-19 pandemic (Kirksey et al., 2021), this is the first and is caused by the coronavirus which has existed since the end of last year. Before the COVID-19 pandemic hit, in 2009 a virus called swine flu broke out. This disease can occur when a new influenza strain or H1N1 spreads to all parts of the world, including Indonesia (Ibrahim et al., 2010; Asyary & Veruswati, 2020).

The COVID-19 pandemic in Indonesia (Atmojo & Nugroho, 2020; Aliyyah et al., 2020), is part of the ongoing 2019 coronavirus disease (COVID-19) pandemic worldwide. The disease is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first positive case of COVID-19 in Indonesia was detected on March 2, 2020, when two people were confirmed to have contracted it from a Japanese citizen. On April 9, the pandemic had spread to 34 provinces with DKI Jakarta, West Java, and Central Java as the provinces most exposed to SARS-CoV-2 in Indonesia (Susilawati et al., 2020).

As of December 27, 2021, Indonesia has reported 4,261,879 positive cases, ranking first in the most in Southeast Asia. In terms of mortality, Indonesia ranks third in Asia with 144,063 deaths. However, the death rate is estimated to be much higher than the reported data because there are no cases of death with acute COVID-19 symptoms that have not been confirmed or tested. Meanwhile, it was announced that 4,113,320 people have recovered, leaving 4,496 cases currently being treated (Jetten, 2020). The Indonesian government has tested 41,832,992 people out of a total 269 million population, which means only around 155,165 people per one million population (Saxena, 2020).

In response to the pandemic, several regions have imposed large-scale social restrictions (PSBB) in 2020. This policy was replaced with the implementation of restrictions on community activities (PPKM) in 2021 (Putri, 2020; Tosepu et al., 2020; Syafrida & Hartati, 2020). On January 13, 2021, President Joko Widodo received the COVID-19 vaccine at the Palace State, as well as marking the start of the COVID-19 vaccination program in Indonesia. Currently, due to COVID-19, the world is facing unprecedented global health and socioeconomic crisis. In Indonesia, the lives of millions of children and their families seem to have stopped. Social restrictions and school closures have an impact on education, mental health, and access to basic health services. Since Indonesia confirmed its first case of COVID-19 (Mulyanti et al., 2020), UNICEF has led various efforts to respond to this pandemic together with the government, the World Health Organization (WHO) and other partners.

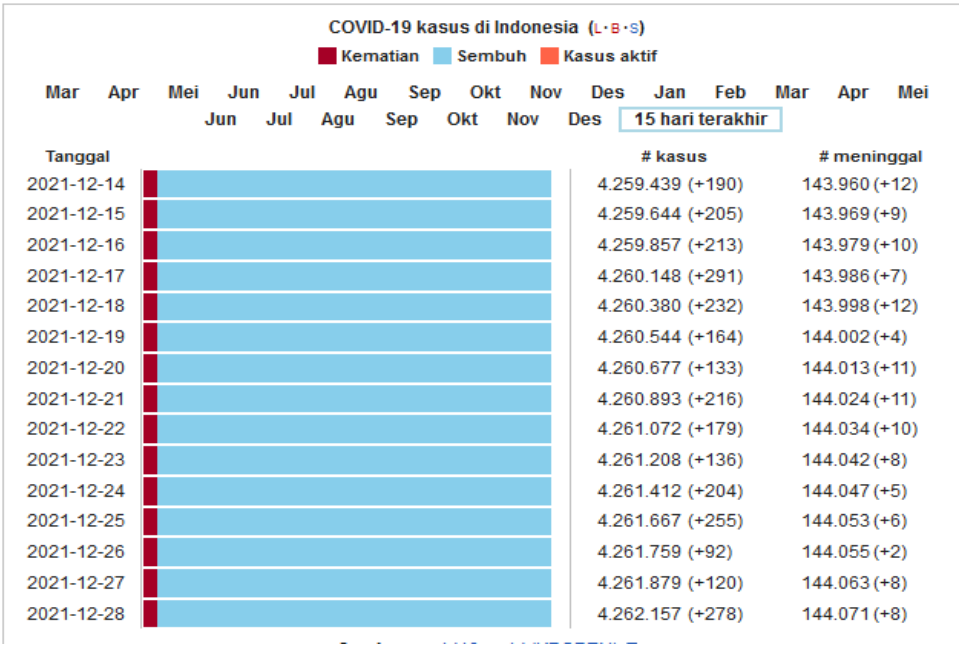


Figure 1. Data on COVID-19 cases in Indonesia

COVID-19 is an infectious disease caused by a new type of coronavirus with general symptoms of fever, weakness, cough, convulsions and diarrhea (WHO, 2020; Kusuda et al., 2016). In December 2019, a number of patients with mysterious pneumonia reported for the first time in Wuhan, (Lau et al., 2020; Chen et al., 2020; Xiong et al., 2021; Wang et al., 2020; Zhao & Chen, 2020). This virus has been named respiratory syndrome severe acute coronavirus 2 (SARS-CoV-2) and can move quickly from human to human through direct contact (Tinungki & Nurwahyu, 2020; PRAMANA et al., 2020). The COVID-19 incident has caused panic in the community and health workers. This disease must be watched out for because the transmission is relatively fast, has a non-negligible mortality rate, and has not have definitive therapy. 2019-nCoV infection can cause ARI symptoms mild to severe even to the point of acute respiratory distress syndrome (ARDS), sepsis and septic shock (WHO, 2020).

Signs and most of the reported clinical symptoms are fever, with some The case had difficulty breathing, and the X-ray showed an infiltrate extensive pneumonia in both lungs. In severe cases it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death (Ministry of Health RI, 2020). COVID-19 is called an emerging infectious disease (EIDs) of particular concern in public health because this disease in addition to causing death this disease also brings enormous social and economic impact in a world that has related at this time. So far, it has been confirmed that 215 countries have been infected with this one virus (Wikipedia, 2020). Based on WHO data on 31 August 2020 reported as many as 24,854,140 cases of COVID-19 including 838,924 deaths with a mortality rate of 3.4%.

Happenings in Southeast Asia 4,073,148 cases, 75,276 deaths with a figure of 1.8% mortality (WHO, 2020). Incidents in Indonesia have reported as many as 172,053 cases of COVID-19, 31,5858 people recovered and 7,343 people died with a mortality rate of 4.3% A total of 124,185 (72.2%) cases recovered and 40,525 (23.6%) cases in (Kemenkes RI, 2020). The incidence of COVID-19 cases continues to increase from day to day so that health workers as the frontline are increasingly under pressure due to increasing workload, worrying about their health (Guo et al., 2020), and their families (Chen et al., 2020). Health care workers involved in testing and treatment individuals with COVID-19 are more susceptible to infection than the public common and are more susceptible to spreading the infection to people they love and this can also result in psychological stress (Li & Xu, 2020).

Health workers are at risk for psychological disorders in treating COVID-19 patients due to feelings of depression, the main cause is self-protection that is still less than the needs of health workers (Mohammed et al., 2021). Nursing is the largest healthcare profession in the world, with approx 27.9 million nurses worldwide (WHO, 2020). Together with the nurse other health care providers, nurses play an important role in the setting health care in the prevention, infection control, isolation, continuous monitoring of patients and because of its unique nature in dealing with patients (Duncan, 2020), there are occupational risks to providing care during the COVID-19 outbreak and it was also reported that possible occupational exposure relatively higher in nurses (Schwerdtle et al., 2020). Not only have to be ready facing the large number of patients exposed to the COVID-19 pandemic every day by day, but the number of medical personnel who died is also increasing (d'Aquin, 2020).

Nurses are more susceptible to infection because of direct interaction with the sick man. Due to its contagious nature, death and no cure appropriate, it is a risk to the health and life of the nurse and impacts on their psychological health. Nurses are not only at risk infected but in severe cases it can cause death and similar incidents may occur with their family members or the people around them (Figueroa et al., 2020). This kind of situation is challenging for nurses to cope with anxiety, stress, and depression, not only for their health and life but for safety family members.

## Literature Review

### Emergency service

The terms "emergency" and "emergency" are a condition that serious, who must get help immediately (Kihlgren et al., 2005; Kapucu et al., 2009; Davis, 2007). In handling emergency cases, determining the main problem (diagnosis) and rescue action must be done quickly, appropriately, and calm (not panicking), even though the patient's family atmosphere or the delivery may be in a panic. Everything is done quickly, precisely and clearly (Honig, 2009). Emergency criteria are: life-threatening, endangering self and other people/environment; the presence of disturbances in the airway, breathing, and circulation; there is a decrease in consciousness; the presence of hemodynamic disorders; and/or require immediate action (Perry & Lindell, 2006; Bullock et al., 2017).

Hospital is a health service institution (faskes) that provides complete individual health services (Balaraman & Kosalram, 2013), Kusuda provides inpatient, outpatient, and emergency services or emergency units (IGD). Services in the Hospital Emergency Department must be able to provide services 24 hours a day and seven days a week; means non-stop. Every Emergency Unit (IGD) in a hospital must be based on multidisciplinary, multi-professional and integrated criteria, with leadership and implementing elements, who are responsible for implementing services to patients with a doctor in charge of full authority in the case of emergencies (Ungke, 2018; Pratama et al., 2015).

Patients who enter the emergency department of a hospital certainly need fast and appropriate help for that there is a need for standards in providing emergency services according to their competence and ability so that they can guarantee an emergency treatment with a fast response time and appropriate treatment (Rivett, 1986). Hospitals can function as a place of final service in handling patients according to their abilities. Therefore, the facilities, infrastructure, and resources of the Emergency Room (IGD) must be adequate (Lewis & Pflum, 2015), to be able to cope with the patient ("to save life and limb"). If an evacuation is needed, the hospital that is part of the SPGDT (Integrated Emergency Management System) can carry out the evacuation using Ambulance transportation.

Furthermore, the hospital must be able to carry out triage services, primary surveys, secondary surveys, definitive management and referrals. Triage is a special process of sorting patients based on the severity of injury or illness to determine the type of emergency treatment/intervention, at this stage no medical intervention is carried out (Smith & Larimer, 2018). The primary survey is to assess the situation and provide intervention as soon as possible. The secondary survey is an analysis, a physical examination to obtain information, it is necessary to carry out a supporting examination; e.g. laboratory, radiology, etc (Jacques et al., 2014). Definitive management is the handling / giving the last action to solve the problem of each patient.

Referral is to transfer the patient to a higher level of health care facility or to a health service facility that has the medical facilities and infrastructure as well as the experts needed to provide definitive therapy to the patient (Silber et al., 1995). Before the patient is referred, coordination is carried out with the designated health care facility regarding the patient's condition, as well as the medical actions required by the patient. Then it must be ensured that the intended Health Service Facility is ready to receive and serve the referred patient (Banerji et al., 2014).

**Public policies**

Public policy refers to the policies taken by the government on how to run society in general (John, 2013; Dye, 2013; Dunn, 2015). The scope of public policy is enormous and includes everything from taxes to education, industry regulation, healthcare, entertainment, etc. Policymakers play an important role in running the state because they set the policies that govern how society should be run and in what way it will function (Jenkins-Smith & Sabatier, 1993). These policies are

the basis of public policy and its implementation, therefore the importance of public policy analysis (Smith & Larimer, 2018; Taylor, 2011).

When policymakers form governments, they need to formulate public policies that they believe will help the nation. They do this by consulting various experts on the subject. These experts have a lot of knowledge and are in a position to advise them on various aspects that concern the nation. These public policies form the basis of the nation's social structure and public policies are implemented accordingly. They are promulgated into law by state legislatures and enforced by courts that interpret them into practice (Sabatier & Mazmanian, 1980; Freeman, 2006).

There are two forms of public policy analysis. One is known as economic theory and the other is known as social science theory Hill; Colander. In economic theory, public policy is analyzed based on the effect it has on the economy as a whole. On the other hand, in social science theory, analysts look at the long-term effects of public policy in terms of its effect on society as a whole (Knoepfel et al., 2007). The main difference between the two is that in economic analysis, the long-term effects of policies are considered and they look at the effects of those policies on the average person (Cairney, 2019; Knill & Tosun, 2020).

**Hospital management**

In communicating with patients, in addition to knowledge and sincerity, a health worker must be enthusiastic. High spirit of life can affect the spirit of the patient. As for the disease suffered by the patient, the patient will recover more quickly if the patient's advice and suggestions, as well as the doctor's recommendations, are fully complied with (Clarkson, 1972; Cleverley & Harvey, 1992; Moghissi & Hirsch, 2005). For example about diet and adequate rest, then you can also train the patient's body parts that are not functioning (mobilization) with a chair wheels, crutches and so on according to the rehabilitation unit's instructions. With the spirit that continues to be pumped by health workers, the patient's confidence to recover is even greater (Cleverley & Harvey, 1992).

In addition, Calvert et al. (2018), as a cause of the patient's inability to cooperate because his feelings are constrained and difficult to remove, this situation can be caused by a lack of attention from health workers so that the patient feels isolated. Facing such a situation, a health worker with maternal instincts must be wise, especially in changing the patient's feelings of restraint by encouraging (Lesho, 2003). So, in addition to health workers must be enthusiastic in working also encourage patients.

The hospital as one of the subsystems of health services provides two types of services for the community, namely health services and administrative services. Health services include medical services, medical support services, medical rehabilitation and care services. These services are carried out through emergency units, outpatient units, and inpatient units. In its development, hospital services cannot be separated from the economic development of the community (Houlden et al., 2013). This development is reflected in the change in the classic function of hospitals which initially only provided curative services (curative) to patients

through inpatient care. Hospital services then shifted due to advances in science, especially medical science, increased income and public education (Buchanan et al., 1997).

Health services in hospitals today not only curative (healing), but also recovery (rehabilitative). Both are carried out in an integrated manner through health promotion (promotive) and preventive (pre-entive) efforts. Thus, the target of hospital health services is not only for individual patients. , but also develop for the patient's family and the general public (Hill & Hupe, 2002). The focus of attention is indeed on patients who come or are treated as individuals and part of the family. Based on such an attitude, health services in hospitals are complete (comprehensive and holistic) health services.

**Result and Discussion**

The management of services in hospitals will certainly be different from the service management system implemented by other health facilities. The differentiating aspects between hospitals and other health facilities are the types of services provided, financing, marketing, ethical and legal aspects as well as administrative aspects. Likewise, the understanding and basic concepts of the service itself will be different. In the management of hospital services, we will be faced with more of a service measure unit. According to the Indonesian Ministry of Health (2003) states that service quality is the level at which patient care achieves the expected results and minimizes unwanted factors. Based on this statement, we then develop the quality of service where the quality of health services is the compatibility between the health services provided and the standard terms of use that indicate the satisfaction of the patients who receive them (Velázquez et al., 2020; Urinov et al., 2021).

According to the Institute of Medicine, the definition of service management is a step towards improving health services both for individuals and for the population in accordance with expected health outcomes and in accordance with current professional knowledge. Based on this definition, it directs us to an effort that can be made by management in order to adjust the service results to the desired target. Indeed, basically the unit of measure for service quality in hospitals has many indicators that are interrelated with each other so that as a manager it does not only focus on one aspect.

Hospital service management must at least have several aspects including medical services (Outpatient Installation, Emergency Room Installation, Inpatient Installation), Medical Support Services (laboratory, radiology, rehabilitation, pharmacy and nutrition) as well as general support services (logistics, maintenance, Finance and IT). Based on this statement, it is clear that hospital service management has the aim of managing various service interests in order to improve quality. Because we will discuss in more depth about quality management or clinical quality (Clinical governance), we will first discuss what clinical quality management is (Konwar et al., 2022; Pincay & López, 2021; Widana et al., 2021).

**Service management concept**

Management is a management process consisting of planning, organizing, implementing and controlling activities that are used for both scientific and professional fields of expertise in sequence to achieve predetermined targets. One of the experts who stated about this management concept is Stanely Vance where his writings are quoted in Syamsi (1994), stating that management is a decision-making process in company management and control of various activities carried out to achieve predetermined targets. Another opinion according to Shafritz et al. (2016), reveals that management is concerned with the people who are responsible for running the organization, as well as the process of running the organization by using resources to achieve organizational goals. So that it can be concluded that management is the process of achieving organizational goals by not ruling out the use of available resources.

Quality is a condition or level that is very dynamic and not easily defined related to products, services, people, processes and the environment that have met or exceeded expectations. Quality is a measure that shows that everything is able to meet customer wants or needs when implemented in business. Quality consists of a number of features or advantages of a product or service, both direct value and attractive value (indirect) that fulfills the wants and needs of customers as consumers so as to provide satisfaction for the use of these products or services. In the opinion of Yamit Yulian, states that quality can be achieved consistently and continuously by improving the services provided to consumers. Based on some of these statements, it can be concluded that the concept of quality in total quality management is everything that is able to meet the desires or needs of customers (Desai et al., 2020; Bai et al., 2021; Riecher, 2019).

Service is a process carried out to fulfill needs through activities and activities of service providers directly. Services are non-standard entities that are carried out in business processes that use services as their products. Service is a series of invisible activities that occur as a background for interactions between consumers and service providers in the form of service officers, employees or other things provided by the service provider company to solve consumer/customer problems.

**Factors that support Hospital services**

Service management plays an important role in hospital management, where the service is one of the leading instruments in attracting public interest in making their choices. After we understand the fundamental concept of the definition of each word in hospital service management, we must also be able to understand what are the factors that can encourage the quality of the service. In simple terms the factors that drive the quality of these services include. First, the awareness factor of officers who directly interact with hospital patients also provides services. The awareness of these officers will greatly support the occurrence of high quality services. Hospital management should pay attention to this aspect because the presence of officers and health workers who have an awareness of concern for services cannot be replaced by anything. Second, factors rules and regulations that regulate officers in carrying out service work. With the applicable

regulations, it can significantly improve hospital services. This is useful to protect patients from poor service from the hospital staff themselves. In addition, with regulations from the hospital management, it will increase what authorities are clearly owned by the officers.

Third, organizational factors as the management who designed the hospital service system from start to finish. The better the quality of a hospital's managerial organization, the better it will be to create an effective and efficient service system. A good system is able to reflect the service objectives as the target to be achieved. Fourth, the hospital's financial health factor or the financial quality of a good hospital so that it is able to provide adequate service facilities. In my opinion, income is not the main thing in determining the health quality of financial management. Because in managerial terms it will always be based on sound financial management which is always balanced between the costs incurred and the results obtained (Zheng et al., 2020; Milbrett & Halm, 2009).

Fiftgh, the ability and skill factor of officers in communicating and understanding how to provide good service. The quality of good service from health workers is not only seen from the final result, but the process is also the main assessment of the health service. This is a determinant of the quality of hospital services provided. Management must be able to direct officers to develop service capabilities and skills.

**Quality of health services**

The quality of health services cannot be seen as something that is measured like goods or services in general. The quality of health services has an exclusive characteristic which sees a service process from before the service is given even until after the service is finished. However, to make it easier for hospital management to carry out measurements for evaluation that are useful for determining strategic policy directions, they generally use service quality standards to do so.

Every communication relationship that occurs between hospital staff and patients is a picture of a moment of truth, namely a satisfactory or unsatisfactory opportunity for health services to. Basically the quality of health services focuses on efforts to meet the health needs and expectations of customers as well as accuracy. To measure the quality of health services, it can be done by knowing the quality of services based on the assumptions of the service recipients themselves, which in this case are hospital patients. According to Zeithmal, Berry and Parasuraman (1985) there are five characteristics that customers use in evaluating the quality of services they receive, including.

Tangibles, including available physical facilities, equipment, employees or health workers who provide health services, and means of communication. Reliability, namely the ability of officers to provide the promised service quickly, on time and satisfactorily. Responsiveness, namely the desire of officers, staff and ranks of hospital employees to help patients and provide health services with good and responsive responses. Assurance, which includes the ability, skill, ethics, courtesy, and trustworthy nature of Health workers, is also free from danger, risk

or doubt. Empathy, including easy access to good and positive communication, and understanding the needs desired by the patient.

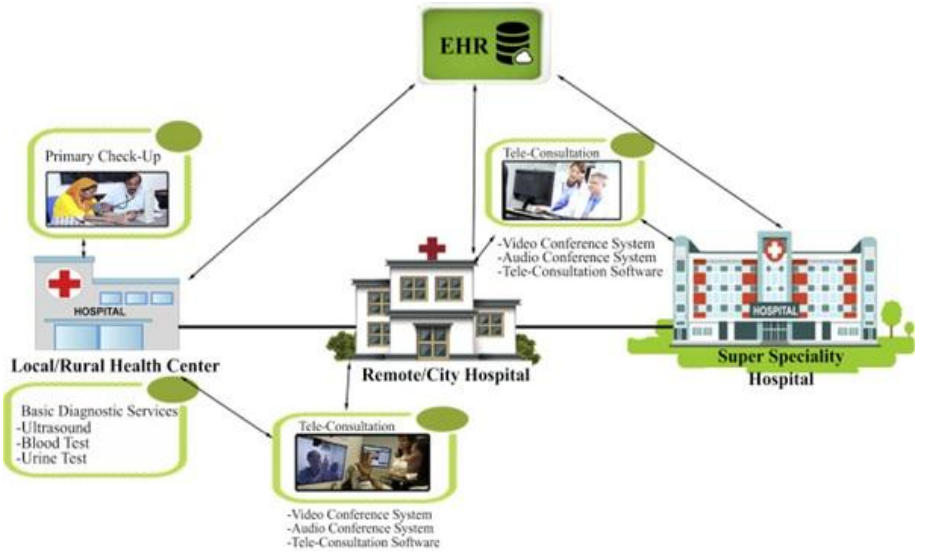


Figure 2. The process of service and development processes in hospitals in Indonesia

While the methods that can be used to measure the satisfaction felt by patients at each visit, according to Kotler et al. (1994), several methods can be used as follows. Complaint system. According to Kotler, a good complaint system can provide an opportunity for patients to express what they feel so that it helps the hospital to obtain suggestions, complaints, and other forms of uncertainty that must be corrected. Every suggestion and criticism that comes in must be the attention of every service provider organization which in this case is a hospital. Because these suggestions can be the basis for management for future improvements. Customer surveys. Customer surveys are a commonly used method of measuring patient satisfaction, this method can be done by conducting interviews in person or can also be done by mail. customer panels. The customer panel is a method used to measure hospital patient satisfaction by conducting discussions between health care workers and patients. In this way it will be known the existing shortcomings of the organizational management of service providers so that in the future it can be improved.

**Conclusion**

Hospital services in Indonesia are currently capital-intensive, labor-intensive, and technology-intensive in the face of global competition. In terms of medical referrals, hospitals are also relied on to provide medical protection (referral centers) for service centers in their working area. The nature of the care is closely related to the classification of hospitals. There are four types of hospitals based on the classification of hospitals in Indonesia, namely class A and D.

The higher hospital class A protects the lower hospital class and has a wider area of coverage. Protection is carried out through two referral systems, namely the health referral system (related to promotive and preventive efforts) such as technical assistance, facilities and operational assistance, and medical referrals (related to services that are curative and rehabilitative in nature), and the transformation of class $ and 'hospitals into makeshift hospitals, some have even become maintenance companies (Perjan), classical management of hospitals in Indonesia has changes in terms of increasing staff professionalism, availability of more sophisticated equipment, and 1 a more perfect hospital administration system that will be useful for improving the quality of hospital health services.

The hospital is one of several public facilities that provide services in the health aspect for the community. Therefore, good and satisfying service for the community, especially patients, is the main thing and needs to be considered. Because if the services provided to patients make patients satisfied and feel treated well (appreciated), this will have a good impact in the future where the community (patients) will entrust their health services to the hospital.

The 2009 law on public services requires that every institution, both government and private, is obliged to provide good services to the community. Hospitals are no exception, as the center of health services for the community, they must also provide the best possible health services. For this reason, synergistic cooperation from various components is needed. Thus, it is a must for hospitals, namely to create a hospital health service management system that includes all aspects needed for the implementation of an efficient service system and in accordance with the needs of the community. Public.

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