



Operational Strategy Analysis of Isolation Room Building and Observation of Covid-19 Patients Post-Pandemic at dr. Soegiri Hospital, Lamongan Regency, East Java

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Abstract: The aim of this research is to formulate structural relationships related to the implementation of K3 in isolation and observation rooms for infectious diseases (covid 19) as well as to analyze operational strategies for building isolation and observation rooms after the Covid 19 pandemic at RSUD dr. Soegiri, Lamongan Regency, East Java. This research uses a qualitative descriptive method, in more detail the ISM used is descriptive statistical analysis. The research population was 15% of the workers at Dr Soegiri in the infectious disease room. In the ISM method, the respondents were decision makers, so 3 people were taken, namely the hospital director, head of the infectious diseases room and head of HSE. Based on the results above, this research shows that A1, which consists of measures to prevent transmission, breaking the chain of transmission, and increasing body resistance, is a key element or elements that have an influence on implementing the K3 program in the isolation room for Covid-19 patients at RSUD dr. Soegiri, Lamongan Regency.

Keywords: Covid – 19, Qualitative, ISM Method, Dr. Soegiri Regional Hospital, Lamongan Regency

INTRODUCTION

Coronavirus Disease 2019 or better known as COVID-19 is a disease caused by the *Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov 2) virus*. The World Health Organization (WHO) categorized COVID-19 as a pandemic on March 11, 2020. In Indonesia, the first case of COVID-19 was found on March 2, 2020 and on April 10, 2020, the spread of this virus had spread to 34 provinces in Indonesia. A pandemic itself is an epidemic or spread of a disease that has occurred on a large scale or has covered international boundaries, so the disease does not only occur in one country but has spread to all countries and has resulted in many people being infected. The transmission process of this disease is quite fast, since people

make direct contact with suspects infected with the COVID-19 virus, transmission of this virus through direct contact with droplets is the main method of transmission of the virus.

Indonesia is a developing country, where we often face several challenges with quite high risks including health workers who are often exposed to infectious diseases in their work such as nurses, doctors and other health workers, lack of medical human resources and implementation of K3 which is still very lacking in the health sector.

East Java is one of the provinces in Indonesia with the second highest number of positive COVID-19 cases. Lamongan Regency is one of the cities or regencies with quite high positive COVID-19 cases in East Java Province. The spread of COVID-19 began in April 2020 through clusters of workers who commuted from areas in the red zone such as Gresik, Surabaya, and Sidoarjo, then there were clusters of hajj officers and clusters of fishermen who were on the Pantura coast. Lamongan itself does not yet have a hospital that has standards in handling COVID-19 patients. The lack of isolation rooms means that patients confirmed positive for COVID-19 are designated as referral patients with referral hospitals at Dr. Soegiri Lamongan Hospital and Muhammadiyah Lamongan Hospital.

RSUD dr. Soegiri is one of the referral hospitals for COVID-19 patients in Lamongan Regency, due to the lack of supporting facilities for COVID-19 patients, an emergency COVID-19 hospital was built as an Isolation and Quarantine Facility for Controlling Emerging Infectious Diseases in Lamongan which is located in Lamongan Regency which is located right across from RS dr. Soegiri Lamongan, Jalan Kusuma Bangsa, Beringin, Tumenggungan. The facilities built in this isolation room are Type C Hospitals in accordance with the standards of the Indonesian Ministry of Health which have a capacity for 82 patients consisting of 75 beds in the observation room and 7 beds in the ICU room. The existence of this hospital is expected to reduce the rate of transmission while increasing the recovery rate of COVID-19 patients in Lamongan.

The isolation room building is currently in an unoperational condition. This is in line with the end of the pandemic. The concerning condition of the isolation and observation buildings that have been built is something that must be resolved together immediately, considering the government's investment costs are not small to build the hospital.

The purpose of this study is to formulate structural relationships related to the implementation of K3 in isolation and observation rooms for infectious diseases (covid 19), as well as to analyze the operational strategy of the isolation and observation room building after the covid 19 pandemic at Dr. Soegiri Hospital, Lamongan Regency, East Java.

METHOD

The type of research in this study is descriptive using a qualitative approach, which aims to be able to explore the object being studied well. This study uses a qualitative descriptive method, in more depth ISM is used as a descriptive statistical analysis. While SWOT analysis is Qualitative research is research that produces findings – discovery without using statistical procedures.

The research population for observation provides an overview of the implementation of K3 and SWOT analysis was carried out on informants as many as 15% of workers at Dr. Soegiri for the infectious disease room, namely 12 people. While for the ISM method, the respondents were decision makers so that 3 people were taken, namely the hospital director, the deputy director of infectious services and support and the head of the service sector. In the study, the validity of the test with ISM on the professional ISM software / Eximpro can be seen. One of the modeling techniques developed for strategic policy planning is the Structural Interpretation Modeling Technique or abbreviated as ISM. The ISM technique is one of the system modeling techniques for habits that are difficult to change from long-term

planning that often directly applies operational research techniques and or descriptive statistical applications.

RESULTS AND DISCUSSION

1. ISM Analysis

The basis of classification used is “*driving power*” and “*dependence power*” calculated in the final reachability matrix. “*Driving power*” is the driving force and “*dependence power*” is the dependency. So, based on “*driving power*” and “*dependence power*”, the elements in this study are classified into four groups, as shown and explained below:

- Autonomous Variables:** These variables do not have high influence or high dependency. They are independent of the system, where they have some links that may be very strong. Quadrant I represents autonomous variables. In this study, the elements of the K3 Program and Prevention Strategy do not have variables included in the autonomous variables.
- Dependent Variable:** Quadrant II is a dependent variable that has low influencing power and high dependency. In this study, element 6 is the dependent variable, namely the K3 sign variable.
- Linkage Variables:** Quadrant III Variables that have high influence and high dependency. Their characteristics are that any action on them can have an effect on variables above their level and a feedback effect on themselves. In this study, elements 2, 4, 1, 5, 7, and 8 are linkage variables, namely the variables causing infection, prevention of transmission, increasing body resistance, K3 communication media, measuring the work environment, and emergency response.
- Independent Variables:** Quadrant IV is These variables have high influencing power and low dependency. In this study, element 3 is included in the independent variable, element 3 is breaking the chain of transmission .

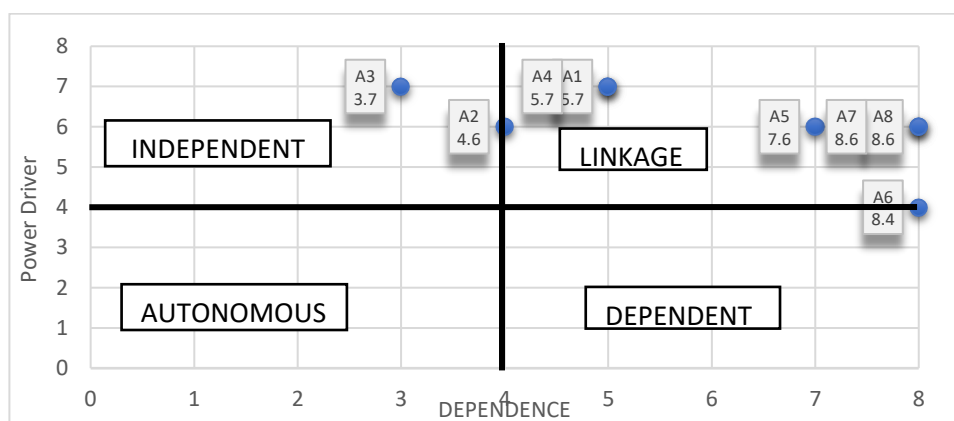


Figure 1. ISM Quadrant Graph of K3 Program and Prevention Strategy

Of the several elements required in preparing the structural K3 Program and Prevention Strategy at Dr. Soegiri Hospital, the elements are: (a) Prevention of Transmission, (b) Breaking the Chain of Transmission, and (c) Increasing Body Resistance at level 1 (key element), (d) Emergency Response, (e) Work Environment Measurement, (f) OHS Communication Media, and (g) Causes of Infection at level 2, and (h) OHS Signs at level 3.

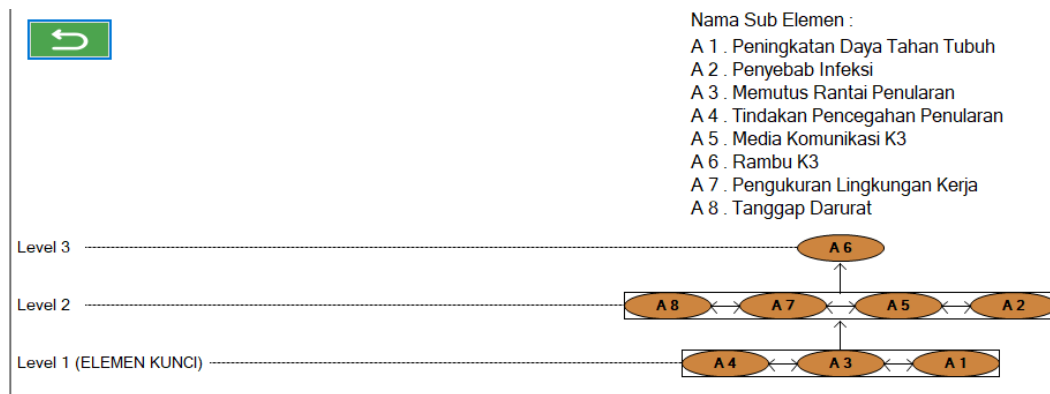


Figure 2. Priority Level of K3 Program and Prevention Strategy

Based on the results above, this study shows that A1 consists of prevention of transmission, breaking the chain of transmission, and increasing body resistance are key elements or elements that have an influence on the implementation of the K3 program in the isolation room for Covid-19 patients at Dr. Soegiri Hospital, Lamongan Regency. The results of this study are in line with the results of a study conducted by Noer Triyanto, Trihoni Nalesti and Inge Hartini entitled Occupational Health and Safety Program in Efforts to Fulfill Nurses' Rights in Isolation Rooms During the Covid-19 Pandemic with a case study at Charitas Hospital Palembang. Based on the Internal Regulation of Charitas Hospital Palembang, Instruction of the President Director of Charitas Hospital Palembang No. 0229 / Ch-DIRUT / INST / IV-20 Concerning Prevention of *Corona Viruses Disease* (COVID-19) Transmission in the Charitas Hospital Palembang Environment which states that in order to reduce the spread of COVID-19 which is increasing in South Sumatra, preventive measures and discipline are needed in implementing government instructions regarding *physical distancing* and a Healthy Living Culture.

2. SWOT Analysis

SWOT analysis can be done by forming a matrix that can make it easier to create and formulate various strategies. In the SWOT matrix, there are several groups of alternative strategies in maximizing *strengths* and *opportunities* and reducing or eliminating *weaknesses* and *threats* , namely SO strategy (*Strength - Opportunity*), ST strategy (*Strength - Thread*), WO strategy (*Weakness - Opportunity*), and WT strategy (*Weakness - Thread*). This SWOT matrix can also provide an overview of the opportunities and threats from the organization's external environment that can be anticipated with the strengths and weaknesses that the organization has.

The subject of the study is a source of data in the study or an informant who is considered to understand, master, and understand information or data according to the research topic. The technique for determining the subject or resource person in this study is the purposive sampling technique. Purposive sampling is a technique that goes through certain considerations first in taking data sources, for example the subject or person is considered the ruler or knows the most about the expected data, so that it can make it easier for researchers when researching existing objects or social situations (Erliningtias, 2020).

NO.	FAKTOR INTERNAL		FAKTOR EKSTERNAL	
	Kekuatan	Kelemahan	Peluang	Ancaman
1	Fasilitas yang memadai untuk pasien Covid di ruang isolasi	Fasilitas peralatan medis masih kurang lengkap sehingga memengaruhi totalitas layanan medis dan perawatan untuk pasien penyakit menular	Pola hidup masyarakat berpotensi menimbulkan resiko penyakit yang perlu dikelola dengan cara multi sektoral	Kebijakan Pemerintah yang tidak menentu
2	Kerjasama RS dengan pihak asuransi atau instansi	Sarana parkir terbatas	RS Soegiri telah banyak dikenal oleh masyarakat dan terbesar karena namanya telah menjadi <i>Brand Image</i> bagi masyarakat Surabaya	Sistem nilai tenaga medis yang berubah karena adanya perubahan kebijakan internal rumah sakit
3	Tarif fasilitas RS yang terjangkau	Kurangnya komitmen internal mengoperasikan ruangan isolasi secara optimal	Bekerjasama dengan BPJS (Badan Penyelenggara Jaminan Sosial)	Di Lamongan dan sekitarnya semakin banyak rumah sakit yang memiliki peralatan medis canggih untuk memenuhi pelayanan kesehatan sesuai kebutuhan masyarakat saat ini
4	Promosi yang berkesinambungan dengan memperkuat kerjasama dengan Klinik PPK (Pemberi Pelayanan Kesehatan) I, Puskesmas dan RS lain	Waktu respon pelayanan yang cukup lama	Terdapat sugesti masyarakat yang mendukung dan akan tetap menggunakan fasilitas pelayanan kesehatan yang telah disediakan	Rumah sakit lain memiliki pelayanan medis yang semakin baik untuk pasien Covid
5	Memiliki pangsa pasar yang jelas	Kurangnya anggaran untuk pengelolaan ruang isolasi Covid – 19	Peluang pasar BPJS (Badan Penyelenggara Jaminan Sosial) yang masih besar	Jumlah RS pesaing yang semakin banyak di Lamongan
6	Tenaga SDM (Sumber Daya Manusia) telah berpengalaman dan terus mengembangkan kompetensi dibidangnya masing-masing baik pengetahuan, sikap, dan keterampilan	Kurangnya anggaran operasional ruang isolasi	Tuntutan inovasi dari masyarakat	Anggaran tidak memadai untuk pengembangan SDM dan tuntutan Masyarakat.

Table 1. Identification of Internal and External Factors of the Isolation Room of Dr. Soegiri Hospital

CONCLUSION

Internal factors Strengths of RSUD dr Soegiri Adequate facilities in the isolation room, Hospital cooperation, Affordable hospital rates, Continuous promotion, Having a clear market, and Human Resources. Weaknesses are Incomplete facilities, Limited parking facilities, Lack of internal commitment to operate the isolation room, and a fairly long service response. External factors opportunities Community lifestyles pose a risk of disease that needs to be managed in a multi-sectoral manner, becoming a Brand Image for the people of Surabaya, Collaborating with BPJS, There is a suggestion that the community continues to use health facilities, BPJS market opportunities, Demands for innovation. While the challenges are Uncertain policies, Systems that change due to changes in policies.

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