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STRATEGY FORMULATION FOR HOSPITALS IN REMOTE AREAS: CASE STUDY OF X HOSPITAL, WEST BORNEO PROVINCE, INDONESIA, 2019

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ABSTRACT

Background: Located in remote area, X Hospital is facing various challenges as a private non-profit class C hospital. Therefore, it needs to develop an appropriate strategic plan for the year 2020-2024 to overcome challenges and achieve its vision. This study is aimed at identifying the strengths, weaknesses, opportunities and threats from internal and external strategic factors, determine strategic positioning, and formulate alternative strategies for X Hospital.

Method: This is a preliminary study with qualitative - exploratory design. Data were collected through in-depth interviews, group discussions and observation. The interviews were conducted with 7 key informants holding strategic management positions. This study was conducted in two in-depth stages using Consensus Decision Making Group (CDMG) method to avoid bias. Data were analyzed using Internal Factor Evaluation (IFE) and External Factor Evaluation (EFE) matrixes at the input stage and Internal External (IE) and Threat Opportunity Weakness Strength (TOWS) matrixes at the matching stage. This study was conducted at X Hospital, West Borneo Province, Indonesia, from March to April 2019.

Results: The IFE final score was 2.38 with strength (1.68) greater than weakness (0.70) and EFE score of 2.16 with threats (1.10) greater than opportunities (1.06). Such input stage results indicate that X Hospital has average response in utilizing its internal and external strategic factors where strengths are more prominent than weaknesses but the threats are still overshadowing its opportunities. Consequently, the results of matching stage place X Hospital on the position of hold or maintain strategies and formulate 11 alternative strategies that focus on market or product development.

Conclusions: X Hospital is currently on a strategic position to develop its services as the basis for the five-year strategic planning. A new policy should be made to encourage the establishment of a network with private hospitals to promote healthcare in remote areas.

Keywords: strategic plan, remote area, hospital, IE matrix, TOWS matrix

INTRODUCTION

Southeast Asia's total health expenditures have been continuously increasing since 2012 to 2017 [1]. In Indonesia, they are mainly for curative purposes with an increase in funding sources from the government's social security even though it is still dominated by out of pocket [2]. The data also shows that Hospitals in Indonesia have also been increasing from 2012 to 2017 with profit-oriented private hospitals indicating the

highest growth [3]. This indicates that private investment is increasing rapidly in order to meet demands. The growth of healthcare organizations in Indonesia is faced with many new challenges in competition to provide quality of cares for patients. Facing these challenges, managers of healthcare organizations are using strategic tools and methods. Well-developed strategic planning will determine whether a hospital is able to see the opportunities amidst the existing various challenges, so that they would not only be able to survive but also to develop amid the dynamics of their external environment. Bryson (2015) states that strategic planning is an intentional approach and a discipline to produce fundamental decisions and actions that form and guide the organization in determining what and why the decision is made [4]. The SWOT (strengths, weaknesses, opportunities, threats)-analysis is a tool developed for strategic analysis and its popularity is growing in the healthcare sector [5,6].

This preliminary study focuses on a hospital in a remote area with respect to strategy formulation using SWOT analysis with case study in X Hospital. It is a private class C hospital, located in West Borneo Province, Indonesia. Currently, X Hospital is facing the era of universal health coverage or what is referred to in Indonesia as *Jaminan Kesehatan Nasional (JKN)*, national standards for hospital accreditation, class C hospital requirements and competition among healthcare facilities in the surrounding districts and neighboring countries. The purpose of this study is to identify the strengths, weaknesses, opportunities and threats from internal and external strategic factors, determine strategic positioning, and to formulate alternative strategies for X Hospital. This is aimed at providing recommendation for the top management to develop an appropriate strategic plan for the year 2020-2024 in order to achieve its vision as a hospital that delivers quality care and patient safety especially for the marginalized community in remote area.

METHODS

This is a preliminary study with qualitative - exploratory design conducted at X Hospital, West Borneo Province, Indonesia, from March to April 2019. This study was conducted in two in-depth stages by applying different scoring tools as presented in the conceptual framework below (figure 1) [7]. Data were collected through in-depth interviews, group discussions and observations. The interviews were conducted with 7 key informants holding strategic management positions at X Hospital who were considered as capable of providing research-related information. The informants included the hospital director, head of administration-finance-general affairs, coordinator of human resources – training and education, coordinator of hospital information system (HIS), and coordinator of public relations – marketing. The proposed framework will be helpful in formulating alternative strategies without personal biases because each stage applied the Consensus Decision Making Group (CDMG) method. The group consisted of 7 members who hold top strategic management positions at X Hospital, including the author, namely the hospital director, head of medical service, head of diagnostic service, head of administration-finance-general affairs, head of nursing, and secretary of the board.

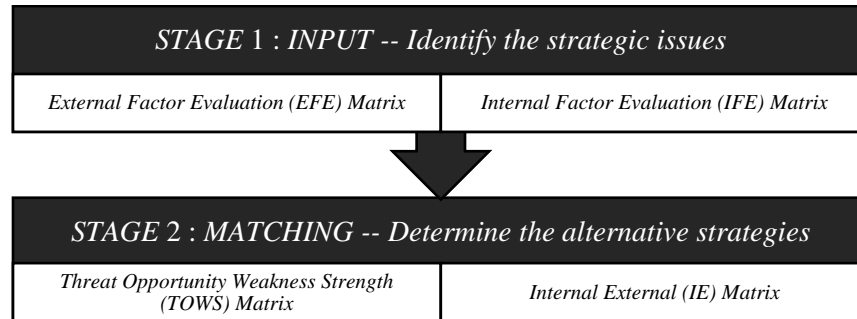


Figure 1. Conceptual Framework

Input Stage

At this stage, data were collected and the critical factors from both the internal and external environment of the hospital were analyzed. CDMG identifies 10 critical factors respectively in strengths and weaknesses, opportunities, and threats from the environment data. The data were analyzed using IFE and EFE matrixes. These tools assigned weights and ratings to the concerned qualitative factors based on inputs from group discussions in order to avoid biases. The weight indicates the relative importance of those factors to the success of the organization in the industry. The greater the impact on organizational performance, the higher the value given to each factor. The weights were set with values ranging from 0.00 (not important) to 1.0 (all important) to each factor with the total value of weight of 1.0. The present status of each factor was defined using a rating score of 1 to 4, as follows [7,8]:

- Internal factors:
major weakness (1), minor weakness (2), minor strength (3), or major strength (4).
- External factors:
The rating of each factor illustrates how effective the organization's strategy currently responds to these factors; where rating 4 = response is superior, 3 = response is above average, 2 = response is average, and 1 = response is bad. Rating is based on the effectiveness of the organization's strategy. Both opportunities and threats can get a rating of 1, 2, 3 or 4.

The rating was determined based on the organization, while the weighting was based on the industry. The weights were multiplied by the rating scores of the present status to obtain weighted scores. The sum of weighted scores was calculated to determine the current SWOT status of the organization.

Matching Stage

The organization's positioning stage was determined and alternative strategies were formulated at this stage. At this stage, data were analyzed using IE and TOWS matrixes. IE matrix uses a weighted total score that has been obtained from the previous input stage of the IFE matrix on the X axis and EFE matrix on the Y axis. The results of comparing IFE and IFE scores will position the hospital in one of the nine available cells. Those nine cells have three different strategy implications. TOWS matrix formulates alternative strategies based on the inputs obtained from group discussions. It consists of two-dimensional coordinate tables and each of the four regions represents the strategy group [7,8]:

- SO: strategies that use strengths of an organization to maximize opportunities
- WO: strategies that minimize weaknesses by using potential benefits of opportunities
- ST: strategies that use strengths of an organization to minimize or prevent threats

- WT: defensive strategies to minimize losses by minimizing weaknesses and avoiding threats

RESULTS

Tables 1 and 2 presented below were SWOT analysis scored in IFE EFE matrixes through CDMG process.

Strengths (table 1)

Strong vision statement and staff commitment are considered to have important contribution to the success of the organization, therefore the CDMG gives a weight of 0.06. Hospital's vision and mission are still relevant to the community's needs and are fully supported by the top management and medical staff. These internal factors are considered to be major strength and are given a rating of 4.

National accreditation standard establishes a strong patient safety culture that further enhances the quality of care. The increasing number of outpatient visits in the internal medicine, neurology and dental units has generated income. These factors are assigned with a weight of 0.06 for their contribution to organizational success and a rating 3 as minor strength.

Weaknesses (table 1)

The development of X Hospital's infrastructure has been hampered by limited fund. Currently, HIS is non-integrated and single operator dependent. Human resources department has not been doing its management function and the quality and quantity did not meet the staff standards of Class C hospitals which can affect the quality of care. General practitioners are dominated by temporary staff. These internal factors are considered as major weaknesses (rating 1) with important role in the organization's success (weight of 0.06).

Staff were assessed with a qualitative scoring rather than a performance-based assessment. Quality and cost control were assessed by clinical pathways only for limited cases. Staff in charge of marketing were only functioning as information center without any directed and data-based strategy. Current diagnostic facilities were unable to meet the standards due to limited funds. Most of the board members stay far from X Hospital area, making it difficult to be fully involved in hospital strategic decisions. These were considered minor weaknesses (rating 2) and not important for the hospital's success compared to the previous factors (weight 0.04).

Based on table 1, the final score for internal factors on the IFE matrix was 2.38 (average) with strengths of 1.68 and weaknesses of 0.70. These analysis results indicate that X Hospital has an average response in utilizing its internal strategic issues although the current strengths still exceed its weaknesses. Top management should be able to explore more from the strengths and optimize them while minimizing the weaknesses to promote better growth.

Table 1. IFE Matrix

A Strengths				
1		0.06	4.00	0.24
2		0.06	4.00	0.24
3	Strategic vision mission statement	0.04	3.00	0.12
4	Committed top level management	0.06	3.00	0.18
	One door system of pharmaceutical services			
5	Increasing outpatient visits in internal medicine, neuro and dental	0.04	3.00	0.12
6	Improved compliance of Clinical Pathway	0.04	3.00	0.12
	Excellent services: Eye clinic, Endoscopy, Child Cancer, HIV			
7	Holistic services: Home visits / Home care / Rural health services	0.04	3.00	0.12
	Donation for underprivileged patients			
8	Patient safety as organizational culture	0.04	3.00	0.12
9	Committed medical staff	0.06	3.00	0.18
10		0.06	4.00	0.24
	Total Weigthed Score of Strengths	0.50		1.68
B Weaknesses				
1	Non-standard quality and quantity of human resources	0.06	1.00	0.06
2	Non-standard infrastructure	0.06	1.00	0.06
3	Non-integrated HIS	0.06	1.00	0.06
4	Limited number of Clinical Pathway	0.04	2.00	0.08
5	Non-optimal marketing strategy	0.04	2.00	0.08
6	Non-optimal human resources management	0.06	1.00	0.06
7	General practitioners' high turn over	0.06	1.00	0.06
8	Non-standard diagnostic facilities	0.04	2.00	0.08
9	Non-effective performance-based assessment systems of staff	0.04	2.00	0.08
10	Lack of involvement and commitment from the hospital board	0.04	2.00	0.08
	Total Weighted Score of Weaknesses	0.50		0.70
	IFE Total Score	1.00		2.38
Abbreviation				
HIV : Human Immunodeficiency Virus				

Opportunities (table 2)

National accreditation standard is a good opportunity because of its relevance to X Hospital vision. In April 2019, X Hospital accepted its accreditation certificate from the accreditation committee. Therefore, in table 2, accreditation is given a weight of 0.06 and a rating of 4, indicating that this factor is considered to contribute greatly to the organization and its strategy responds effectively to the accreditation.

Table 2. EFE Matrix

No	Critical Success Factors	Weight	Rating	Weighted Score
A	Opportunities			
1	Networking with non-profit organizations	0.04	2.00	0.08
2	Some healthcare areas have not been developed by competitors	0.06	1.00	0.06
3	Networking with public and private primary health facilities	0.06	1.00	0.06
4	Market segments of marginalized communities	0.06	3.00	0.18
5	Support from faith-based organizations	0.06	3.00	0.18
6	National Standards for Hospital Accreditation	0.06	4.00	0.24
7	Hospital as a center for training and education	0.04	1.00	0.04
8	Infrastructure and information technology development	0.04	2.00	0.08
9	JKN referral system that benefits Class C hospitals	0.04	2.00	0.08
10	The only private hospital in the remote regency	0.06	1.00	0.06
	Opportunities Total Weighted Score	0.52		1.06
B	Threats			
1	Human resources support for government hospital	0.06	1.00	0.06
2	Infrastructure support for government hospital in border area	0.04	1.00	0.04
3	Low socioeconomic status	0.04	1.00	0.04
4	Demographics impact on JKN referral system	0.06	2.00	0.12
5	Marketing strategies from competitors	0.04	1.00	0.04
6	Government policy for class C hospital requirements	0.06	4.00	0.24
7	Financial support for government hospital	0.04	2.00	0.08
8	Inappropriate use of information technology	0.04	3.00	0.12
9	Low membership coverage of JKN in the regency	0.04	3.00	0.12
10	Late payments by the JKN	0.06	4.00	0.24
	Threats Total Weighted Score	0.48		1.10
	EFE Total Score	1.00		2.16

Currently, X Hospital is developing several superior healthcare services specialized for marginalized community, such as HIV, geriatrics, child cancer, and patients with disability. In addition, X Hospital also has the opportunity to build network with faith-based and non-profit organizations to support its vision and mission. Some collaborations could come in the form of health administration, healthcare socialization, donations or skill training and education as needed. These two opportunity factors were considered important for X Hospital and various strategic responses had been pursued so that their utilization was more effective, thus it was given a weight of 0.06 and rating of 3.

JKN referral system would be a benefit to X Hospital because theoretically class C hospitals will accommodate large volume and cases with moderate difficulty. Therefore, X Hospital must build networks with nearby public or private primary health facilities. However, some of these opportunities still cannot be utilized effectively due to the lack of staffing and management strategy. Therefore, even though the CDMG gives a weight value of 0.04 to 0.06, the rating given is low, which varies between 1 and 2.

Threats (table 2)

Government requires class C hospitals to employ 8 pharmacists and 2 doctors each in the four major specialists is a threat for hospital in remote area [9]. Management also striving with quality and cost control because of JKN prospective payment system. Hospital formed a special team to manage delayed claim payment. CDMG provides a weight of 0.06 and rating 4 for this threat.

Various existing policies tend to support government-owned health facilities in terms of staffing, funds and infrastructures. Funding support allows public hospitals to develop and operate more flexible than private in JKN era. Being a nonprofit private hospital, X Hospital turned to collaborate with other nonprofit networks for various donations, although it is certainly not routine and smaller scope than the government. CDMG provides a weight of 0.04 in order of importance compared to the previous factor and rating 2 for the effectiveness of the strategy response.

The demography in this remote area is divided into coast and mountainous regions. Being positioned in a mountainous region with a smaller population, it is less favorable for X Hospital due to the JKN region-based referral system. So far, there has been no significant strategic effort made by X Hospital to minimize the impact of the threat, therefore CDMG gives a weighting value of 0.06 with a rating of 2.

Based on table 2, the final scores for external factors on the EFE matrix were 2.16 (average) with opportunities of 1.06 and threats of 1.10. These analysis results indicate that X Hospital has an average response in utilizing its external strategic issues with the current threats still overshadowing its opportunities. Top management should see this as a wake-up call to seize more of the opportunities and optimize it to limited the impact from the threats.

Strategic Positioning

Based on the final scores of the internal and external factors, IE matrix put X Hospital in cell 5 which falls in the hold or maintain region (see figure 2). Alternative strategies suitable for this position are market penetration and product development strategies. Accordingly, 11 alternative strategies focus on market and product development have been developed in the TOWS matrix (see table 3).

Alternative Strategies presented in table 3 were developed from strength (S), weakness (W), opportunity (O) and threat (T) at the input stage. WT strategies are focused on improving the human resource management system, increasing quality and cost control, establishing a fully integrated HIS. WO strategies are focused on developing a continuing education and training program especially in marginalized healthcare through network to increase staff competence and commitment. Consequently, X Hospital would be able to achieve human resources quality according to class C hospital standard while referring to hospital vision and budget. WO strategies are focused on improving infrastructure and marketing system through updated facilities, collaborative efforts, and conducting research on potential market development. A good and integrated HIS will support this strategy. ST strategies will optimize customer retention and attract new customers. SO strategies are focused on developing the hospital's role as a center for training and education in quality of care and strengthening JKN referral network.

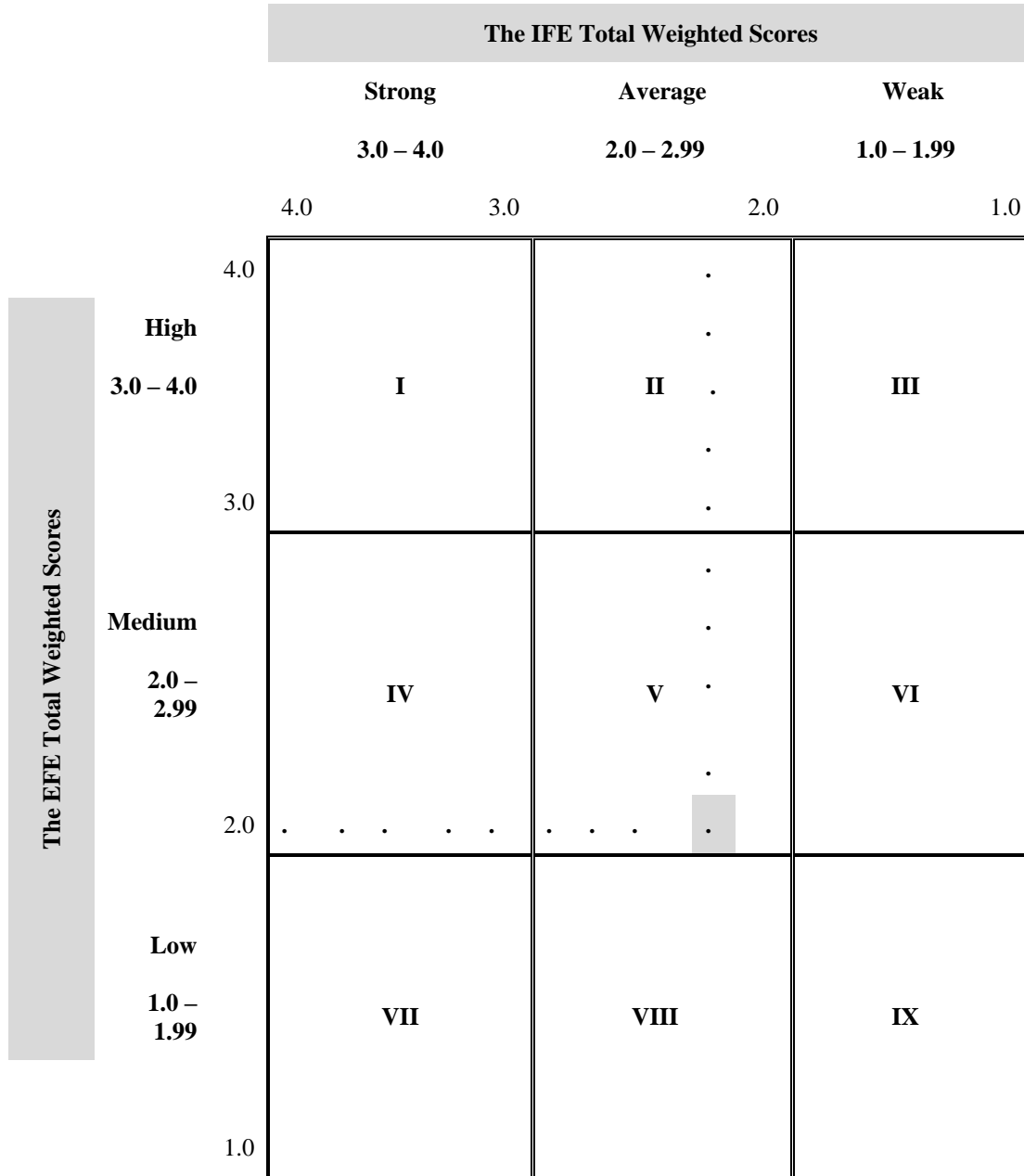


Figure 2. IE Matrix

Table 3. SWOT strategies

A	WT Strategies
1	(W1.W2.W6.W7.W10.T1.T2.T5.T6.T10) Implement zero growth policy in human resource planning Improve human resource management system
2	(W2.W4.W8.T3.T4.T10) Cost control
3	(W3.W5.W9.T1.T2.T4.T6.T10) (in line with WO4 strategy) Integrated HIS
B	WO Strategies
1	(W1.W4.W5.W6.W7.W10.O1.O2.O5.O8) Improve human resources quality and quantity
2	(W7.W9.O1.O5.O6.O8.O10) (in line with SO2.WO1 strategies) Increase staff commitment and performance
3	(W2..W8.O3.O4.O5.O6.O7) (in line with SO1.SO3 strategies) Develop diagnostic and therapeutic facilities
4	(W3.W5.O1.O5.O6.O8) Integrated HIS Improve marketing management system
C	ST Strategies
1	(S1.S2.S5.S8.S10.T3.T4.T5.T9) Customer-oriented system
2	(S3.S5.S9.S10.T4.T6.T10) Quality and cost control
3	(S2.S10.T1.T2) (in line with WO1 strategies) Improve human resources quality and quantity
D	SO Strategies
1	(S1.S2.S4.S8.O1.O2.O4.O5.O8.O9.O10) Develop health care for marginalized communities
2	(S2.S3.S9.S10.O1.O5.O6.O7.O8.O10) Center for training education in quality of care
3	(S1.S2.S4.S10.O3.O5.O6.O9.O10) Collaboration with surrounding primary health facilities

DISCUSSION

Based on the results of the study, strategic vision statement supported by committed top level management and medical staff is considered as major strengths. High performance organizations are linked to strong vision mission statement. Vision driven employees will produce higher productivity levels and resulted in long-term commitment [10]. Major weaknesses include non-integrated HIS, non-standard infrastructure and non-optimal human resource management. Integrated HIS will increase the quality of care by enabling provider to deliver healthcare in a more effective way. Thus, it plays an important role in improving health processes and outcomes [11]. A study by Gennimata et al in 2019 conducted in several hospital pharmacies concluded that the availability of strategic human resources in combination with the appropriateness of infrastructure had a major impact on time allocated at every task [12]. Hospital's ability to be resilient requires an advanced planning when formulating human resources strategy that is supposed to be integrated into the hospital's strategy [13].

The top 3 most important opportunities were hospital accreditation, support from faith-based organizations, and marginalized communities as a potential market. A cross-sectional study by Aboshaiqah et al published in 2016 concluded that organizational commitment, healthcare practitioners' commitment and consistent follow-through of accreditation were vital internal factors to improve and maintain high standards in safety and quality of care [14]. A study by Hwang and Chung published in 2018 stated that while general hospitals work on quality controls and periodically measure social performance to prevent moral hazard, small- and medium-sized hospitals with a low survival rate must create innovative social events to gain public attention and improve short-term performance [15]. They concluded that the positive interaction between market orientation and hospital social responsibility can increase a hospital's long-term sustainability. As a non-profit hospital, X Hospital seize marginalized communities as its potential market to differentiate from other competitors. A study by Rachel et al published in 2016 stated that faith-based organizations was one of the most valuable partners by providing greater number of resources to their networks [16].

The most important threats were JKN delayed claim payment and class C hospitals staff standard. By mid-2019, nearly 222 million individuals in Indonesia (82% of the total population) were covered by JKN [17]. By end-2017, JKN participants in this remote area have only reached 50.07% [18], but it is expected to increase continuously. This means that most of patients in hospitals are JKN participants. However, there have been tendencies of delays in claim payment which resulted as a major threat to hospital cash flow [19, 20].

The final score of internal factors was 2.38 with strength (1.68) greater than weakness (0.70). While the final score on external factors was 2.16 with threats (1.10) greater than opportunities (1.06). Both of the scores were considered average or medium (2.0-2.99) but lower than the mean score (2.50). In other words, the current threats are still overshadowing its opportunities although its strengths exceed its weaknesses.

The matching stage puts X Hospital in the position for market penetration and product development strategies. To reach this objective, there are 11 alternative strategies, including improving the human resource management system, improving integrated information management system, developing infrastructure, increasing quality and cost control, improving marketing system, strengthening customer-oriented system, building network for JKN referral system, and developing superior service products.

A previous study had been conducted to identify X Hospital environmental factors in 2014 as a preparation to join JKN system using SWOT analysis. It did not use IFE EFE IE matrixes and CDMG method. This previous study also recommended growth strategies [21]. More comprehensive study was conducted in Iran by Hadadian et al in 2014 using Delphi method to determine the number of expert participants. This research attempted to identify strategies for a general and governmental subspecialist hospital using three in-depth stages as a framework, consist of input-matching-decision stage [7].

There were several limitations in this study. This was still a preliminary study and did not use any statistical approach. In addition, due to differences in hospital characteristics, the results of this study cannot be generalized to all hospitals in remote regions. This study had not included third stage in strategy formulation framework as a decision-making stage. Therefore, it is recommended that future researches should include statistical analysis methods and compare several hospitals with almost similar characteristics so that the results concluded can be more representative. The management of X Hospital also needs to continue the third stage of the strategy formulation process, namely the selection of the most appropriate strategy in accordance with the scale of priorities out of the available 11 alternatives. Policy makers should also develop a policy that encourages private hospital growth in remote areas to promote healthcare for

marginalized community. A strong collaboration between public and private sectors is needed to promote healthcare.

CONCLUSION

Based on the environmental analysis on X Hospital, a strong vision statement supported by staff's commitment becoming the major strength; hospital management and information systems as the major weaknesses; while accreditation policies and networking are the most important opportunities that can be explored; and staff standard for class C hospital along with the JKN payment system are the most important threats. Based on the results of this study, the management of X Hospital must develop and prioritize the most appropriate strategies as a basis for future strategic planning. Recommendations for future research is to conduct statistical approach, comprehensive conceptual framework and benchmarking to obtain more representative result. For policy developers, we hope that this preliminary study can describe challenges faced by health facilities in remote areas so that they can develop a policy that support collaborative network with private hospitals in improving the health status of marginalized communities.

CONFLICTS OF INTEREST

None

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