



Research Article

Analysis of Public Service Center Service Innovation in Gresik Regency as a Health and Emergency Service

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ABSTRACT

In the realm of public service innovation, one significant government initiative is the establishment of Public Service Centers (PSCs). This qualitative-descriptive research is conducted at the Gresik PSC and the East Java Health Office. PSC 119 Gresik operates as an emergency service under the Health Office's jurisdiction, catering to the community's urgent needs. While the Gresik PSC has shown successful implementation, encompassing community outreach, emergency response tasks, and reporting to the Health Office, it faces challenges. Notably, the Gresik PSC receives only 70 calls, a figure deemed suboptimal compared to the local population. Hindrances include the non-readiness of call center workers during emergencies, inadequate community awareness about PSC, and reports still being directed to three different agencies. To enhance the efficiency of Gresik PSC, recommendations include training call center operators to enhance communication tools and skills, cross-sector collaboration, routine monitoring, and evaluation every 3-6 months on a unified application or report, and intensified community outreach through social and print media.

Keywords: Emergency, PSC, public service innovation

INTRODUCTION

Disability and mortality rates due to emergency cases in Indonesia are higher than in developed countries. One reason is that Indonesia is located in an area prone to disasters such as earthquakes, tsunamis, volcanic eruptions, and landslides. In addition, changes in the lifestyle of people in Indonesia due to technological advances have led to higher emergency cases, such as accidents and daily emergencies due to chronic diseases and injuries.

In an effort to deal with the number of emergencies in the country, it is necessary to create public services for the community. Public services exist as a relationship between the community and the government. The primary purpose of public services is to provide satisfaction to the



community. Public satisfaction can be measured by the presence or absence of complaints from the community (Mujiharjo and Basuki, 2019).

Recently, a shift in disease patterns has been observed, with the top three ranked diseases significantly burdening Indonesia's health sector. Cerebrovascular disease is ranked first, followed by traffic accidents in second place, and ischemic heart disease in third place (Yanuar, 2019). This trend, coupled with increased emergency cases and Indonesia's diverse geography, has spurred the Ministry of Health of the Republic of Indonesia to introduce innovative solutions to enhance health and emergency services. One such initiative is the Public Safety Center (PSC) 119, accessible throughout Indonesia, with current service availability in 276 out of 514 districts/cities.

Public services are instrumental in shaping the relationship between society and government (Amran & Yuliana, 2021). In Indonesia, the dynamics of public service implementation have become a strategic and compelling policy issue for study. The improvement of public services in the country tends to be static, yet its implications are far-reaching, impacting various aspects of economic, social, political, and cultural life (Kurniawansyah, 2018). The inherent static and rigid characteristics of the public sector's service system must be addressed through the infusion of an innovation culture (Yanuar, 2019).

The implementation of the PSC 119 health and emergency service innovation by the East Java Provincial Health Office is a pioneering effort to address the diverse challenges and needs of the community. PSC 119, akin to Emergency Medical Service (EMS) in other countries, operates on a similar concept—providing emergency services focusing on the emergency competence of transportation system officers and an integrated call center system (Prihanti et al., 2022). PSC 119 aims to deliver prompt, accurate, and careful emergency services to the community before hospital referral (pre-hospital). Additionally, in fulfilling its duties, PSC 119 collaborates with various cross-sector entities such as the police, fire service, transportation service, communication service, BNPB, clinics, and other relevant services based on regional needs. PSC 119 ensures swift responses to the community's emergency needs in districts or cities.

One of the implemented Public Safety Centers (PSC) in East Java is located in Gresik Regency. Gresik Regency, with its high population and proximity to Surabaya City, plays a crucial role as a buffer for Surabaya City and holds a significant position in emergency services for Gresik Regency. The preliminary survey and observations conducted by researchers in the field of PSC 119 services in Gresik Regency indicate that community utilization of PSC 119 remains limited due to insufficient socialization efforts. Moreover, there is a shortage of human resources available to cater to the community through PSC 119. Given these circumstances, the researcher is motivated to analyze the information system and the utilization of PSC in alignment with existing regulations.

MATERIAL AND METHODS

The research methodology employed in this study is qualitative research, specifically using in-depth interviews. Qualitative research is characterized by an inductive thinking process aimed at gaining an understanding of reality. Researchers are expected to focus on the reality or events within the context under study (Adlini et al., 2022). This type of qualitative research prioritizes the accuracy and adequacy of data (Darmalaksana, 2020). The research was conducted between February and March 2023, with the primary research location being the East Java Provincial Health Office on Jl. Ahmad Yani No.118, Ketintang, Kec. Gayungan, Surabaya, East Java. The site under investigation was the Integrated Emergency Management System overseeing the PSC 119 service in Gresik Regency, located on Jl. Dr. Wahidin Sudirohusodo 245. The selection of informants for

this study utilized purposive sampling, where informants were chosen based on research objectives and specific considerations (Sugiyono, 2018). The object of study was the PSC 119 information system, with a total of 6 informants participating.

Data sources in this study consist of primary data obtained through interviews, observations, and documentation and are cross-referenced with documents/secondary data from PSC 119 Gresik Regency. Interviews were conducted with the person in charge of SPGDT at the East Java Provincial Health Office and five East Java Provincial Health Office workers overseeing the Gresik Regency PSC. Meanwhile, secondary data serves as a supporting source to complement the primary data collected, adjusting to the field data needs related to emergency conditions of PSC 119 in the Gresik Regency. Secondary data in this study was derived from the Referral Health Services Division data, with permission obtained from the relevant parties. The documents include PSC 119 reporting data in Gresik Regency from January to October. Validity assurance in the research involves using secondary data directly sourced from the East Java Provincial Health Office and the Gresik Regency PSC. Additionally, the informants in this study were workers at the relevant locations, ensuring their familiarity with the situation at the research site.

In this study, there are 3 (three) main components, according to Miles and Huberman (2005), among others:

1. Data Reduction

The data obtained in the field is quite a lot; therefore, it needs to be recorded carefully and in detail, as it has been stated that the longer the researcher is in the field, the more complex and complicated the data will be. Therefore, it is necessary to analyze the data immediately, which means summarizing, selecting the main things, focusing on important things, looking for themes and patterns, and discarding unnecessary ones.

2. Data Display (Presentation of Data)

Data presentation is an activity in which a set of information is organized so that it makes it possible to conclude. The presentation of qualitative data can be in the form of narrative and descriptive text.

3. Conclusion.

Conclusions in this study were obtained from the results of primary and secondary data and interview and observation data collection techniques.

RESULTS AND DISCUSSION

East Java PSC Service

Each local government is anticipated to establish an integrated emergency response system through PSC 119, aiming to optimize the responsiveness of community emergency services (Sylvana, 2020). Socialization efforts have been underway in East Java Province from 2018 to 2019, reaching out to District or City Regional Governments to establish PSC 119. Continuing into 2020 and 2021, an East Java Provincial Health Office team has been visiting PSC 119 locations. The PSC conducts monitoring, focusing on aspects such as support from the Regional Government, infrastructure facilities, availability of the PSC 119 secretariat, human resources or manpower, ambulances, and the functionality of the PSC 119 system. Deploying human resources involves providing administrative support within the organization (Hidayat, Rahmad & Ima F., 2023).



Picture 1. Map of East Java’s PSC 119 coverage in 2022

From 2018 to 2022, 34 out of 38 districts or cities in East Java have implemented PSC 119, leaving four regions without PSC 119, namely Madiun Regency, Lamongan Regency, Sumenep Regency, and Blitar City.

Regular monitoring and evaluation are essential to ensure the smooth and optimal functioning of PSC 119, as emphasized by Mochamad, Amad, Septo P., and Yuliani S. in 2019. Each PSC 119 must submit monthly reports to the Ministry of Health and the East Java Provincial Health Office. The East Java Provincial Health Office oversees reporting through the designated link filled in by each PSC 119, with the organization of reporting serving as an evaluation metric. Monitoring and evaluation conducted by the East Java Provincial Health Office extend to areas such as local government support, infrastructure, human resources or manpower, and the operational system of PSC 119.

PSC 119 reporting encompasses a wide range of categories, including traffic accident trauma calls, non-traffic accident trauma, non-trauma cases, fire incidents, rescue operations, nursing, referrals, ambulance services, education, BPJS-related calls, health facility inquiries, administrative consultations, wrong numbers, police calls, false calls, information guarding, COVID-19 information, vaccine information, maternal referrals, body deliveries, and others. Officers can monitor these reports online through health facility map monitors, ambulance GPS, and PSC 119 ambulance team reports that include data and images, as highlighted by Nurmalia, Pradita, and Irwan B. in 2020. Additionally, the reporting includes response times (in minutes).

Monitoring and evaluating PSC 119 can be executed through various mechanisms, including direct visits to district or city PSC locations, virtual sessions through Zoom, or bringing the person in charge of the PSC 119 team to the East Java Provincial Health Office. However, not all PSC 119 Districts or Cities are orderly in reporting to the East Java Health Office. This is due to ineffective reporting by reporting three times, namely reporting to the Ministry of Health application, bit.ly East Java Provincial Health Office, and the internal PSC 119 application. The following is the reporting data of PSC 119 District or City during January to October 2022.

Table 1. East Java PSC Routine Reporting Data in 2022

No.	City	%
1	Lumajang	100,0%
2	Bondowoso	100,0%
3	Situbondo	100,0%

4	Jombang	100,0%
5	Nganjuk	100,0%
6	Magetan	100,0%
7	Ngawi	100,0%
8	Bojonegoro	100,0%
9	Bangkalan	100,0%
10	Pamekasan	100,0%
11	Malang	100,0%
12	Mojokerto	100,0%
13	Batu	100,0%
14	Pacitan	90,0%
15	Trenggalek	90,0%
16	Tulungagung	90,0%
17	Blitar	90,0%
18	Banyuwangi	90,0%
19	Tuban	90,0%
20	Gresik	90,0%
21	Ponorogo	80,0%
22	Jember	80,0%
23	Sidoarjo	80,0%
24	Madiun	80,0%
25	Probolinggo	70,0%
26	Mojokerto	70,0%
27	Surabaya	70,0%
28	Kediri	60,0%
29	Pasuruan	60,0%
30	Sampang	20,0%
31	Kediri	20,0%
32	Probolinggo	10,0%
33	Malang	0,0%
34	Pasuruan	0,0%
35	Madiun	0
36	Lamongan	0
37	Sumenep	0
38	Blitar	0

From the table above, it can be seen that each city still lacks activity in reporting the PSC. It is known that only 13 out of 38 active cities consistently report the PSC. For data that is red means that these cities only report 1x report data and are incomplete in providing reports that enter the PSC, which consists of Sampang Regency only filling reports in October, Kediri City only filling reports in January and February, and Probolinggo City only filling reports in April. As for the data in order 33-38, the PSC 119 of these cities did not fill out reports in January - October 2022, consisting of Malang, Pasuruan, Madiun, Lamongan, Sumenep, and Blitar districts.

Gresik is included in an area that complies with reporting every month. However, based on reporting data, the number of incoming calls at PSC 119 Gresik Regency is only 70. Therefore, the PSC 119 service in Gresik Regency was evaluated by looking for the cause of the low number of incoming calls.

Implementation of PSC 119 in Gresik Regency

People facing an emergency can call PSC 119 to get emergency assistance. Each region is given the freedom for the community to contact the PSC 119, either via telephone 119 or through the application. Gresik Regency uses a third party through an application for the community to access PSC 119. The duties of the Gresik PSC are to carry out emergency services using the emergency algorithm in the Integrated Emergency Management System application, provide ambulance services, provide information about the nearest health facilities, provide information about the availability of hospital beds, and other information related to health.

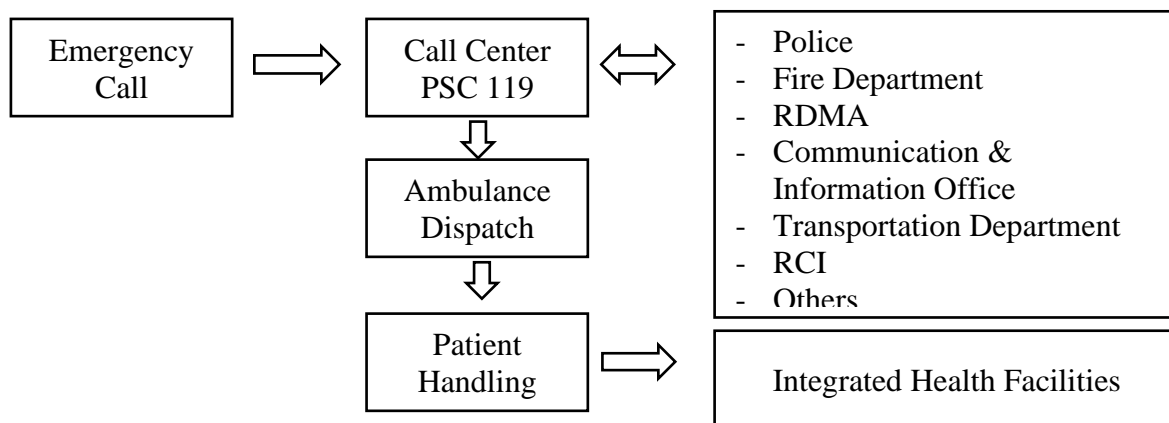


Figure 2. PSC (PSC) 119 Workflow

The flow of PSC services in Gresik is that when a call comes in through the application, the call center will contact the nearest prehospital team to go to the scene. The medical team will conduct triage to analyze whether the victim needs referral or treatment on the spot. The team will provide assistance and assessment of the victim. If treatment can be done at the scene or does not require further assessment, the case can be resolved immediately. However, if the victim needs a referral, the PSC team will refer to the nearest healthcare facility, such as the Hospital or Public Health Center Emergency Room.

However, if a referral is necessary, the flow of the integrated referral system that needs to be carried out by the Gresik Regency PSC is as follows: PSC will communicate with the public health center or hospital that receives the referral (pre-health care facility), then the patient will be taken to the referring health care facility, where information is needed on the patient's clinical condition such as biodata, vital signs, general condition, medical actions, supporting examinations, and medicines. When choosing a hospital, the hospital will be adjusted to the patient's medical needs. Integrated referral system reporting can be found at <https://sisrute.kemkes.go.id>. Then, the referral-receiving hospital will respond to the referral request in Sisrute. The hospital will prepare health facilities according to the patient's clinical needs, ensure the availability of human resources in serving, and prepare other supporting facilities. The integrated referral system will serve emergency room referrals, outpatient referrals, PSC referrals, maternal referrals, and neonatal referrals.

Factors Affecting the Implementation of PSC 119 in Gresik Regency

1. Human Resources

The manpower factor is the main factor in running the PSC 119 program. In accordance with the Minister of Health Regulation No. 19 of 2016, the manpower in PSC 119 consists of (1) coordinators who have the task of organizing teams in carrying out tasks and communicating emergency services with cross-sectors, (2) health workers, namely doctors, nurses and midwives who are in charge of carrying out technical services in the field, (3) call center operators who have the task of organizing calls and applications at call center 119, (4) other officers, namely officers who support the implementation of PSC 119 such as ambulance drivers.

Gresik Regency PSC has implemented human resources in accordance with the Regulations. However, workers' performance at the Gresik Regency PSC is still not optimal. For example, the call center workers are not fast and alert in receiving calls, causing the number of callers at the Gresik PSC to be smaller than the number of residents in the Gresik Regency. Therefore, it is necessary to carry out emergency competence of health workers obtained from training such as training in advanced trauma life support (ATLS), advanced cardiac life support (ACLS), general emergency life support (GELS), basic trauma life support and basic cardiac life support (BTCLS). In addition to health workers, call center operators and ambulance drivers must also be competent in carrying out their duties, such as medical first responder (MFR) training. Emergency ambulance drivers must also have special skills compared to other car drivers, obtained through defensive driving training (Khaerah, et al., 2019).

2. Infrastructure

Infrastructure is a supporting factor that affects the implementation of PSC 119 (Amalia, et al., 2021). The main infrastructure in implementing PSC 119 in Gresik Regency is an emergency transportation system with the availability of ambulances with special emergency specifications and emergency medical equipment. Another infrastructure that must be available is the PSC 119 building and its service rooms, call center equipment (computers, telephones, LAN and wifi networks), medicines and medical consumables (BMHP), office equipment, stationery, and household equipment. The Gresik Regency PSC building is still merged into one with the Gresik Health Office. However, it does not reduce the performance of the Gresik PSC.

3. Community Knowledge and Response

The community uses PSC 119 services both as victims of emergencies and as the closest person to victims of emergencies who respond to call PSC 119. In implementing PSC, the Gresik community still lacks socialization or does not know the existence and function of PSC 119. In addition, some still make prank calls to PSC Gresik. Some people are less aware of giving road access to ambulances. So, it is necessary to increase information about PSC to the public in accordance with Article 9 of Minister of Health Regulation Number 19 of 2016 (Indonesian Minister of Health, 2016).

4. Information Technology

Presidential Decree No. 3 of 2003 on national policies and strategies for e-government development and Law No. 25 of 2009 mandate local governments to utilize technology in providing public services to develop e-government. The utilization of information technology is a must in the implementation of PSC 119. In its implementation, PSC Gresik provides

emergency services through a technology-based call center supported by applications that assist officers, such as information on the availability of beds/emergency room installation / ICU, information on blood availability at Red Cross Indonesia (RCI), information on road access for ambulances (digital map application) and service request applications. PSC Gresik has also utilized social media, which is widely used by the community; this is one of the efforts to introduce the existence and function of PSC Gresik to the community. However, maximum efforts still need to be made to improve the weak signal capture network. This obstructs services, both information from the community and information to the team providing services, thus slowing down service response time (Rizkita & Meirinawati, 2020).

5. Team and Cross-Sector Communication

The relationship between individuals in the team in the PSC 119 organizational structure is mutually supportive to achieve the organization's goals (Yuliana, et al., 2020). PSC Gresik's bureaucratic structure is still under the District Health Office. This causes the management of PSC 119 Gresik to be less than optimal because it is not fully focused on managing services, including internal coordination within the team. However, the implementation of communication within the team has been categorized as quite good because the Gresik PSC has done its job well, from promoting/socializing the PSC to the community, serving the community, and even reporting monthly to the East Java Health Office. Communication between sectors has also been carried out, especially in emergencies.

Implementation Issues of PSC 119 in Gresik Regency

PSC 119 in Gresik Regency is a health and emergency service using the 119 call center service that is integrated with the center. This program originated from Presidential Instruction No.4 of 2013, then continued with Government Regulation No.1 of 2022 concerning the National General Plan for Traffic and Road Transport Safety. In addition, Minister of Health Regulation No. 19/2016 on Integrated Emergency Management System, Minister of Health Regulation No. 47/2018 on Emergency Services, Decree of the Minister of Health of the Republic of Indonesia No. 882/Menkes/SK/X/2009 on Guidelines for Medical Evacuation Handling, and Decree of the Minister of Health No. HK.01.07/MENKES/796/2019 on Emergency Algorithm Guidelines.

PSC 119 Gresik Regency workers include the coordinator, secretariat, call center, and response unit. The head of the field holds the coordinator of the Gresik District PSC at the agency in charge of referral of health emergencies; the secretariat consists of one Junior Expert Health Administrator who handles referrals assisted by administrative and operational support officers of PSC 119. The call center unit consists of call takers and dispatchers. The response unit consists of doctors, nurses, midwives trained in emergency care, ambulance drivers, and consultant doctors if needed. Response units with a health background are beneficial in providing first aid to patients while waiting for the medical team to arrive at the location. PSC 119 operates 7x24, non-stop, with operators working five days a week and 8 hours per day with a morning and night shift system unless there is an emergency condition. Emergency conditions are meant here if PSC 119 is mandated to handle victims of natural disasters, victims of riots or brawls, and other conditions related to emergencies that force PSC 119 to work overtime. The services provided by PSC 119 Gresik Regency are 1) First aid guidance by the call center, 2) First aid at the scene, 3) Referral assistance to hospitals for cases of medical emergencies that occur in the community, 4) Providing medical treatment services for cases of medical

emergencies that occur in the community before getting medical services at the hospital; 5) Improving coordination of medical emergency services between agencies involved in handling medical emergencies; 6) Information on the availability of beds in hospitals 7) Accelerate the response time of victims/emergency patients and reduce the risk of death and disability; 8) Increase community participation in the handling of medical emergencies.

Implementing the PSC 119 service in Gresik Regency is not without obstacles. Based on the results of interviews, researchers found several factors as obstacles to this PSC 119 service innovation. The workflow in Gresik Regency cannot run optimally, as seen from the data on PSC 119 services in Gresik Regency, with only 70 calls from January to October. Gresik Regency is a large area with a population of approximately 1,311,215 people. Based on that large population, it shows the less-than optimal utilization of the PSC 119 in Gresik Regency. The reporting results showed 30 traffic-accident trauma calls, one non-traffic-accident trauma call, eight non-trauma calls, seven referral calls, one educational call, one administrative consultation call, one wrong number call, 13 false calls, three other calls, and five funeral delivery calls.

Table 2. Reporting Data of PSC Gresik Regency January-October in 2022

Traffic Accident Trauma	Non-Traffic Accident Trauma	Non-trauma	Referral	Education	Administrative Consultation	Body delivery	Incorret Number	Fake Calls	Others
30	1	8	7	1	1	5	1	13	3

Compared to the average call at PSC 119 in other districts or cities, Gresik has fewer calls. After being traced, it turns out that there are problems at the health service facility, which is the secretariat of the PSC 119 Gresik Regency. Gresik uses an application for the flow of incoming calls. However, when there are incoming calls from the public, no call center workers from PSC 119 Gresik Regency stand on the application. This causes many incoming calls that cannot get emergency help. Based on the Minister of Health Regulation Number 29 of 2016 Article 10 paragraph 2, PSC is continuously organized 24 (twenty-four) hours a day. This shows that the implementation of PSC in Gresik Regency is not appropriate.

Call center operators at the Gresik District PSC do not carry out their duties fully. Based on the Minister of Health Regulation Number 29 of 2016 Article 17 Paragraph 3, call center operators have the following duties: (a) Receive and answer incoming calls to the call center, (b) Operate the computer and its applications. (c) Inputting in the Call Center 119 application system for emergency calls. As a call center team, they should have optimal abilities related to communication skills and operating devices. Low employee loyalty is a major factor in poor service quality. If workers have high loyalty and perform community service, they will pay more attention to incoming calls to the PSC 119 Gresik Regency and can provide services to victims. Synchronizing the vision and mission within the internal PSC 119 Gresik Regency is also needed to create a sense of mutual support between teams.

In addition, there are prank calls or prank callers to the PSC 119 Call Center. Some people are still curious about this service, so not a few calls just for fun and ask about the function of PSC services. Therefore, it is necessary to socialize with the community so that they are more aware of the function of the PSC service so that the community can appropriately use the PSC service.

The most important thing that must be done to minimize obstacles in PSC services in Gresik Regency is integrating PSC and hospitals in patient referrals, which still takes time.

Although the PSC medical team's handling can be fast and swift, it will take more time if the patient needs to be referred. This is due to the search for room availability at the network hospital. So, it can be done to optimize integration with all related agencies to minimize the risk of victims and losses and increase synergy between service providers, which will get a positive response from the community and become a quality service.

In addition, in minimizing problems, it can do 1) training for call center operator workers so that they can optimize devices and communication skills, 2) cooperation with health care facilities so that there is ease when making referrals, 3) involvement of cross-sector synergy, mutual support, and synchronization, 4) the PSC team is committed to providing services and service to the community and obeying leaders and institutions, 5) health workers have the ability to evacuate victims, 6) internal PSC conducts regular monitoring and evaluation.

CONCLUSION AND SUGGESTION

The PSC of Gresik Regency uses an application for an incoming call system that comes from the community to enter the PSC 119 call center team. However, based on reporting data, the PSC of Gresik Regency has a small number of incoming calls, namely 70 during January-October. The call center team is unavailable for 24 hours, so many incoming calls go unanswered. It is necessary to improve the work system at the Gresik Regency PSC because it is not in accordance with existing regulations. Therefore, it is necessary to integrate the information system between the Ministry of Health and the Provincial Health Office to be more efficient in reporting PSC 119 events every month. The ease of integrated applications will reduce the workload of the PSC 119 team in reporting. In addition, monitoring and evaluation need to be carried out every 3-6 months internally in the PSC in each region and throughout the PSC in East Java. The evaluation results of each region can be a lesson learned for other regions to improve service quality. It is necessary to increase human resources and provide training, especially in the call center section, so that no incoming calls are missed. Then, socialize PSC services to the public through mass media with easy-to-understand content, socialization at all levels of community elements, and activities that involve the community.

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CONFLICT OF INTEREST

This research was conducted independently by researchers, but the results will be useful not only for the Gresik PSC but for PSCs in other cities. It can even help the Provincial Health Office and other agencies improve public services to the community. This research can increase cooperation between the Faculty of Public Health, Airlangga University, and the East Java Health Office.

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