

DIALYSIS CENTER BUSINESS PLAN DESIGN THINKING MARKETING STRATEGY IN HAEMODIALYSIS SERVICES

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Abstract:

Chronic kidney disease (CKD) is an important public and medical problem in the world because of the huge burden on the health care system. The prevalence of CKD has increased dramatically in the last three decades. The study was conducted at the RS X Dialysis Unit in February-March 2023. This research is descriptive-analytical. The type of data used is primary data and secondary data. The primary data used are the results of interviews. Identify internal factors based on indicators of strengths and weaknesses. The identification process aims to assess and evaluate the internal strategic factors that influence the success of hemodialysis services. Internal factors used in research are based on the state of the Dialysis Unit in terms of management, marketing, research and development, and information systems. The position of hemodialysis services at the Dialysis Unit of RS X Depok City is in a growth position. From the results of data processing using QSPM, alternative strategies are obtained, namely maintaining good service quality and facilities, increasing service time following the target achievement per day which is aligned with the availability of human resources, opening services for infectious spaces open for outpatients, utilizing Social Media for access socialization when the main access is closed during holidays, social media intervention in the marketing process related to the convenience of doing HD in RS X Depok City and education related to PGK-HD, make the HD RS X Depok City patient community a forum for sharing and educating patients and increasing the ease of access and HD facilities at RS X Depok City.

Keywords: *Business; Marketing; Strategy.*

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INTRODUCTION

Chronic kidney disease (CKD) is an important public and medical problem in the world because of the huge burden on the health care system (Radhakrishnan et al., 2014);(Torres et al., 2022). The prevalence of CKD has increased dramatically in the last three decades (Filipska et al., 2021). Based on Global Burden of Disease data in 2017, CKD is ranked as the 17th leading cause of death in the world. People with CKD were estimated at 845.6 billion worldwide in 2017 or 1 in 10 people will be at risk of developing CKD. The number of deaths due to chronic kidney failure continues to increase where during 1990-2017 the number of deaths increased by 41.5% and is predicted to be the 5th leading cause of death in the world (Kovesdy, 2022).

The number of people receiving renal replacement therapy (TPG) was more than 2.5 million in 2010 and is projected to reach 5.439 million by 2030. Li and Kwong (2017) stated that there were approximately 3.37 million patients with end-stage renal impairment (ESRD) in the world in 2014 compared to 2.3 million in 2008, while patients receiving TPG only increased slightly from 1.77 million to 2.67 million in 2008 to 2014. The increase in the number of patients receiving TPG is due to the expansion of the criteria for patients to receive TPG, increased survival in the general population, decreased mortality rate of dialysis patients, ease of access to dialysis therapy, especially in countries with lower-middle-income levels and an increase in the incidence of CKD (Filipska et al., 2021).

In Indonesia, CKD ranks fourth among eight catastrophic diseases and ranks fourth among diseases with the largest financing burden of BPJS. Based on Basic Health Research Riskesdas (2018), cases of chronic kidney failure continue to increase, where in 2013 the prevalence of CKD was 0.2%, or 2 people per 1000 population suffering from chronic kidney failure. However, in 2018, the number doubled by 0.38% or about 4 people per 1000 population experiencing CKD. The proportion of patients undergoing hemodialysis was only 19.33% of those diagnosed. Data from the Indonesian Renal Registry (IRR) in 2018 shows a dramatic increase in the number of new patients undergoing hemodialysis (HD) from 4,977 people in 2007 to 66,433 people in 2018, with 132,142 active patients or 50% of patients still actively undergoing hemodialysis.

However, there is a gap between the increasing need for hemodialysis therapy and the availability of hemodialysis facilities, where IRR 2018 data shows there is a shortage of 7,681 nurses and 1,0492 hemodialysis machines. Analysis of the availability of hemodialysis facilities based on the optimal calculation of service operations where services are carried out in 2 shifts per day, skilled / HD-certified nurses serve a maximum of 3 patients in shifts, and 1 machine is used for 6 actions per week.

West Java Province with a population of 48.68 million and IRR data transmission coverage of 98.8% in 2018, showed a significant growth in the number of hemodialysis patients. New hemodialysis patients in 2018 amounted to 14,771 people or an incidence crude rate (ICR) value of 306 cases per million population and active patients of 33,828 or an ICR value of 694

people per million population. The availability of hemodialysis facilities in West Java in 2018 still has a shortage of 882 skilled nurses and 3,137 HD machines.

The Depok City Health Profile in 2021 states that CKD is ranked second out of the top 10 most diseases in outpatient hospitals in Depok City. There were 12,533 new cases of CKD. Hemodialysis services in Depok City amounted to 26 units, out of a total of 1,202 units spread across Indonesia. If a simple calculation is carried out based on Depok Mayor Regulation Number 65 of 2012 which regulates the requirements for dialysis facilities, where the dialysis unit has at least 4 hemodialysis machines with 3 skilled nurses, 60 HD units are needed to meet the needs of 12,533 CKD patients in Depok City.

RS X is one of the hospitals in Depok City with B accreditation. RS X's dialysis unit began operations in October 2021 with 8 HD machines operating for outpatient and 6 skilled nurses working in 2 shifts. HD service is open Monday-Saturday with operating hours 07.00-13.00 WIB for a morning session and 13.00-20.00 WIB for the afternoon session, except Wednesday-Saturday only operates in the morning session. The increasing need for CKD patients for hemodialysis therapy can be seen in Figure 1, where the trend in the number of outpatient HD procedures at RS X Depok tends to increase from month to month since the beginning of the operation. In Table 1, there is a pattern of decreasing the efficiency of using HD machines in February, May, and October 2022, this is in response to management's significant increase in the number of actions by adding the number of HD machines and skilled nurses. However, throughout January and February 2023, there is a decrease in the number of actions which also affects the decrease in the efficiency of using HD machines. This fluctuating number of actions makes the average efficiency of using HD machines only reach 60.5% below the target of 80%.

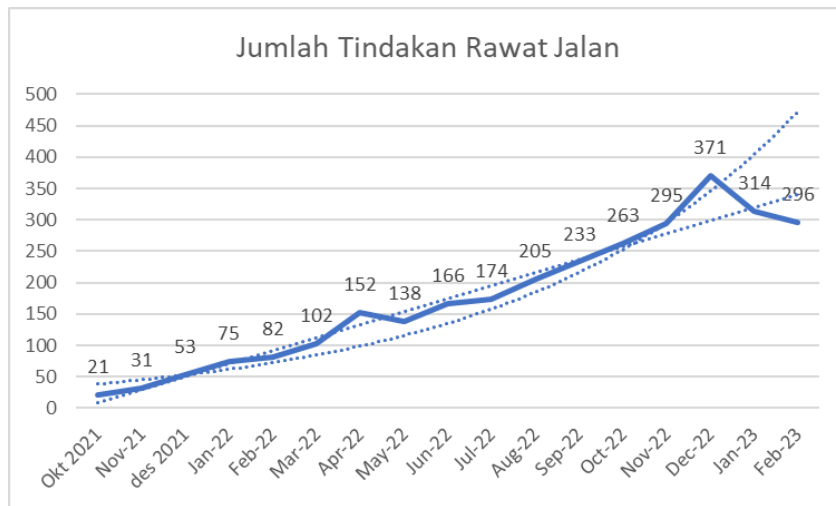


Figure 1. Trends in the Number of Outpatient Hemodialysis Patient Actions at Dialysis Unit of RS X Depok City

As of October 2022, there are additional HD machines and proficient nurses of 8 and 6 people, respectively, with these conditions expected to carry out a target of at least 341 actions

per month (Table 1). The formulation of a marketing strategy is needed to increase the number of patients and the number of HD actions along with the addition of machine capacity and proficient nurses (Lei et al., 2022).

Table 1
Use of Hemodialysis Machine at Dialysis Unit of RS X Depok City

Era	Total Actions	Number of Machines	Advanced Nurse	Efficiency (%)	Inefficiency			
					Action	Machin e	Proficie nt Care	
2021	Oct	21	4	2	17,0	0.000	0.226	0.000
	Nov	31	4	2	25,1	0.000	0.334	0.000
	Dec	53	4	2	42,9	0.000	0.571	0.000
2022	Jan	75	4	2	60,6	0.000	0.809	0.000
	Feb	82	4	3	44,2	0.000	0.000	0.000
	Mar	102	4	3	55,0	0.000	0.000	0.000
	Apr	152	4	5	81,9	0.000	0.000	1.639
	May	138	7	5	44,6	0.000	0.149	0.000
	Jun	166	7	5	53,7	0.000	0.179	0.000
	Jul	174	7	6	53,6	0.000	0.000	0.402
	Ags	205	7	6	63,1	0.000	0.000	0.474
	Sep	233	7	6	71,8	0.000	0.000	0.538
	Oct	263	8	6	70,9	0.000	0.000	0.000
	Nov	295	8	6	79,5	0.000	0.000	0.000
	Dec	371	8	6	100,0	0.000	0.000	0.000
2023	Jan	314	8	6	84,6	0.000	0.000	0.000
	Feb	296	8	6	79,8	0.000	0.000	0.000
Mean					60,5		0.133	0.180

METHOD

This study was conducted at the RS X Dialysis Unit in February-March 2023. This research is descriptive-analytical. The type of data used is primary data and secondary data. The primary data used were the results of interviews and filling out questionnaires (Goel, 2022). The sampling technique in this study with purposive sampling, the selected respondents are considered to know the condition of the HD unit thoroughly.

The Input Stage is the first stage where internal and external strategy factors are identified in the HD unit. This stage produces a matrix of internal factor evaluation (IFE) and external factor evaluation (EFE). The IFE Matrix will identify and evaluate strengths and weaknesses in HD units in various functional areas, while the EFE Matrix will identify and evaluate opportunities and threats in HD units in macro and micro environments (David, 2009);(Pasaribu, 2008).

The second stage is The Matching Stage where analysis is carried out with IE (Internal-External) and SWOT (Strength- Weakness- Opportunity- Threat) matrices. The IE matrix consists of nine cells that are useful for mapping the position of HD services, the IFE matrix on the X axis,

and the EFE matrix on the Y axis. SWOT matrix is a decision-making formulation tool to determine the strategy taken based on the strategic factors of the company/business entity to develop effective strategic steps in utilizing strengths and opportunities and minimizing weaknesses and threats (David, 2009);(Pasaribu, 2008).

The third stage is The Decision Stage with QSPM (Quantitative Strategic Planning Matrix) analysis which helps evaluate the results of strategies that have been identified in the previous stage based on the level of the relative attractiveness of various alternative strategies that have been identified from the matching results on the SWOT Matrix (David, 2009);(Pasaribu, 2008).

RESULTS AND DISCUSSION

A. Internal Environmental Analysis

Identify internal factors based on indicators of strengths and weaknesses. The identification process aims to assess and evaluate the internal strategic factors that influence the success of hemodialysis services. Internal factors used in research are based on the state of the Dialysis Unit in terms of management, marketing, research and development, and information systems. The variables of strength and weakness in the internal environment are described in Table 2.

Table 2
Identification of Internal Factors of Hemodialysis Services Dialysis Unit of RS X Depok City

Internal Factors	Strength	Debilitation
A. Management		
<i>Planning</i>	Always scheduled HD actions	The existence of HD cito actions that are difficult to predict
<i>Organizing</i>	1 nurse handles a maximum of 3 patients	Lack of energy when there is illness / leave / HD cito action, so nurses can handle > 3 patients
<i>Actuating</i>	Briefing before taking action	For the day shift, the briefing is done through the coordination unit WAG
<i>Controlling</i>	- Daily IRR report - Monthly unit performance quality report	Absence of dialysis unit performance assessment indicators
A. Pemasaran		
<i>Product</i>	- Receiving HIV, Hepatitis B, and Hepatitis C patients both outpatient and inpatient - Have a special isolation room for hepatitis B, and infectious patients (COVID, TB) - Providing the best service without differentiating	The isolation room for infectious patients is only intended for inpatients

	payment guarantees either with JKN or with General / Insurance	
<i>Price</i>	- Price Compete for General Guarantee/Insurance - Receive payment with JKN guarantee	- There are no promotional banners related to HD tariff socialization outside JKN
<i>Place</i>	- The location of the unit in the hospital is strategic as it is close to the emergency room and ICU	- Location is not strategic - Remote access especially on Saturday, Sunday, and Holiday
<i>Promotion</i>	- RS actively creates articles, newsletters, and creative content that is shared through social media and websites	- The content of promotional materials is lacking about CKD and HD
<i>Process</i>	- <i>One-step service</i> - Officers monitor every hour during the HD process - If there is a complaint during HD, the officer immediately responds - JKN administration process is easy	- The payment process for General guarantee patients is still different counter
<i>Person</i>	- HD-certified medical personnel - Friendly and communicative attendants - The establishment of collaboration between good professions	lack of coordination Permission settings Leave and delegation of duties on leave
<i>Physical evidence</i>	- HD room comfortable and clean - Complete facilities in the form of Wifi, TV per patient bed, patient lockers, standardized HD machines, <i>trolley emergency</i> complete with defibrillators	Lack of educational media
<i>Productivity and Quality</i>	Have recommendations for standardization of hemodialysis services from Professional Organizations (PERNEFRI), Dinkes, BPJS, and the Ministry of Health	Lack of assessment feedback from patients to customer satisfaction assessments
B. Research and Development	RS facilitates health workers who do not have HD certification	Irregular internal training
C. Information System	- Actively use IG social media and the official website of RS - The existence of a WAG with patients/families to facilitate monitoring after HD action	There is no community of kidney patients

The identification results based on strengths and weaknesses are followed by creating an IFE matrix. The Entry Stages using the IFE matrix aim to assess and evaluate internal strategic factors that affect the success of hemodialysis services at the Dialysis Unit of RS X Depok City (Table 3). IFE matrix analysis based on rating and weighting each strength and weakness variable. The results of the IFE matrix show that factors that influence the development of hemodialysis services in terms of strength (2.36) have a greater cumulative value than in terms

of weakness (0.64). This condition shows that the development of hemodialysis services at the Dialysis Unit of RS X Depok City relies on strength factors rather than weakness factors that hinder service growth. A key strength of dialysis services is a comfortable and clean HD room (Score 0.17). Cleanliness in the hospital environment is not only to prevent nosocomial infections of patients which is closely related to the quality of patient safety and health workers working in the hospital (Peters et al., 2018). This is very crucial in providing patient experience during treatment at the hospital. Patients who have positive experiences during treatment will provide a good satisfaction assessment that can affect the image of the hospital (Wan Nawawi et al., 2022). Patient satisfaction also has an impact on the quality of service of a hospital (Wiyono, 2006).

Table 3
IFE (Internal Factor Evaluation) Matrix for Dialysis Unit Dialysis Services RS X Depok City

Strength	Average Rating	Rata- Rata Bobot	Skor Total
1. Always scheduled HD actions	3,00	0,02	0,06
2. 1 nurse handles a maximum of 3 patients	3,00	0,03	0,09
3. Briefing before taking action.	2,67	0,02	0,07
4. Daily IRR report	2,33	0,03	0,06
5. Monthly unit performance quality report	2,33	0,03	0,06
6. Receive HIV, Hepatitis B, and Hepatitis C patients both outpatient and inpatient.	4,00	0,04	0,15
7. Have a special isolation room for hepatitis B, and infectious patients (COVID, TB).	4,00	0,04	0,15
8. Providing the best service without differentiating payment guarantees either with JKN or with General / Insurance.	4,00	0,03	0,11
9. Competitive price for general guarantee/insurance.	3,00	0,02	0,06
10. Receive payment with a JKN guarantee.	4,00	0,02	0,10
11. The location of the unit in the hospital is strategic as it is close to the emergency room and ICU.	4,00	0,02	0,09
12. RS actively creates articles, newsletters, and creative content that is shared through social media and websites.	3,00	0,03	0,08
13. One-step service.	3,67	0,03	0,11
14. Officers monitor every hour during the HD process.	3,67	0,02	0,08
15. If there is a complaint during HD, the officer responds quickly.	4,00	0,03	0,12
16. JKN administration process is easy.			
17. HD-certified medical personnel.	4,00	0,03	0,13
18. Officers are friendly and communicative	3,67	0,03	0,09
19. Establishment of collaboration between professions.	3,67	0,03	0,09
20. HD room is comfortable and clean.	4,00	0,02	0,10
21. Complete facilities in the form of Wifi, TV per patient bed, patient lockers, standardized HD machines, and <i>trolley emergency</i> complete with defibrillators.	4,00	0,02	0,10
22. Have recommendations for standardization of hemodialysis services from Professional Organizations (PERNEFRI), Dinkes, BPJS, and the Ministry of Health.	3,67	0,02	0,09
23. RS facilitates health workers who do not have HD certification.	4,00	0,03	0,10
24. Using IG social media and RS official website.	4,00	0,02	0,10
25. The existence of a WAG with patients/families to facilitate	4,00	0,02	0,10

monitoring after HD action	3,33	0,03	0,08
Debilitation			
1. The existence of HD cito action is difficult to predict.	2,00	0,02	0,05
2. Lack of energy when there is illness / leave / HD cito action, so that nurses can handle > 3 patients.	2,00	0,03	0,05
3. For the day shift, the briefing is done through the WAG coordination unit.	3,00	0,02	0,06
4. There is no performance assessment indicator for the dialysis unit of RS X Depok City.	1,67	0,03	0,04
5. The isolation room for infectious patients is only intended for inpatients.	3,00	0,02	0,07
6. There are no promotional banners related to HD tariff socialization outside JKN.	2,00	0,02	0,04
7. Location is not strategic.	1,00	0,03	0,03
8. Remote access especially on Saturdays, Sundays, and Holidays.	1,00	0,01	0,01
9. The content of promotional materials is lacking regarding CKD and HD.	2,00	0,02	0,05
10. The payment process for General guarantee patients is still different counter.	2,00	0,01	0,03
11. lack of coordination of leave permit arrangements and delegation of duties while on leave.	1,33	0,02	0,03
12. Lack of educational media.	2,00	0,02	0,05
13. Lack of assessment feedback from patients to customer satisfaction assessments.	2,00	0,02	0,02
14. Non-routine internal training.	1,00	0,02	0,05
15.No kidney patient community	2,00	0,02	
Total Score IFE		1,00	3,00
Strength-Weakness Difference (X)			1,72

B. External Environment Milieu

Identification of external factors based on opportunities and threats from outside the company that affect the operation of hemodialysis services at the Dialysis Unit of RS X Depok City. The external environment is divided into two, namely the macroenvironment and the microenvironment (Kotler & Keller, 2016). The variables of external factors of hemodialysis services are described in Table 4.

Table 4
Identification of External Factors for Hemodialysis Services Dialysis Unit of RS X Depok City

External factors	Chance	Threat
A. Microenvironment		
Supplier	Distribution of medical consumables on demand and arrival on time	Using a second party (vendorf) in meeting the needs of consumable medical materials use

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Customer	Public Trust in RS X	Switch patients to same-sex competitors with easy access
Competitors	RS X's Reputation in Depok City	The number of hemodialysis clinics and hemodialysis units in surrounding hospitals
B. Industrial Environment		
Competition between Companies	RS X's Reputation in Depok City	Many HD clinics and hospitals with HD facilities around the hospital offers easy access and attractive facilities
New Arrivals Threat	The life expectancy of CKD patients increases	The switch of HD patients to CAPD
C. Microenvironment		
Demographics	An increasing number of kidney failure patients	Lack of knowledge of TPG on CKD
Economics	The policy of having JKN	Lack of socialization of JKN to the community
Socio-Cultural	The majority of people have JKN	Certain religious beliefs against HD actions
Politics	<i>Universal Health Coverage</i> (UHC) policy to equalize access and quality of health services	There is a policy of opening CAPD services in health facilities that have HD
Technology	The number of social media users	Lack of educational content about CKD and HD

The results of external factor identification are followed by conducting an EFE matrix analysis. The EFE matrix analysis contains the result of the multiplication between the weighted mean and the rating. The purpose of the EFE matrix analysis is to assess and evaluate external strategic factors that influence service success. Table 4 describes the results of the EFE matrix analysis where the cumulative value of the opportunity side (2.10) is greater than the threat side (0.91). This condition shows that the opportunity factor that has the potential to develop hemodialysis services is greater than the threat factor that hinders it. The main opportunity is the policy of owning JKN. JKN participation in 2021 is compared to the total population of Indonesia of 86.07%. RS X Depok City provides hemodialysis services for patients with JKN guarantee so this policy is a great opportunity for the Dialysis Unit to develop its services.

Table 5
EFE (External Factor Evaluation) Matrix for Hemodialysis Services Dialysis Unit RS X Depok City

Chance	Average Rating	Rata- Rata Bobot	Total Score
1. Distribution of medical consumables on demand and arrive on tim Public trust in RS X.	3,00	0,03	0,09
3. RS X's Reputation in Depok City.	4,00	0,07	0,29
4. Life expectancy of CKD patients increases,Increasing number of kidney failure patients.	4,00	0,07	0,29
	3,67	0,05	0,19
5. Policy of having JKN.	4,00	0,05	0,21
6. Mayoritas masyarakat memiliki JKN.	4,00	0,08	0,30
7. Kebijakan Universal Health Coverage (UHC) in an effort to equalize access and quality of health services	4,00	0,08	0,30
The number of social media usersin an effort to equalize access and quality of health servicesThe number of social media users.	4,00	0,08	0,30
	2,67	0,05	0,14
Threat			
1. Using a second party (vendor) in meeting the needs of medical consumables.	2,00	0,03	0,08
2. Switching patients to similar competitors with easy access, The number of hemodialysis clinics and hemodialysis units in surrounding hospitals.	3,00	0,05	0,15
	3,00	0,04	0,09
3. Many HD clinics and hospitals with HD facilities around the hospital offers easy access and attractive facilities.	2,00	0,03	0,03
4. Switch of HD patients to CAPD.	1,00	0,04	0,04
5. Lack of knowledge of TPG on CKD.	2,67	0,05	0,14
6. Lack of socialization of JKN to the community	2,67	0,05	0,13
17. Certain religious beliefs against HD actions.	1,00	0,05	0,05
7. There is a policy to open CAPD services in health facilities that have HD	2,00	0,05	0,10
8. Lack of educational content about CKD and HD	2,00	0,05	0,10
Total Skor EFE		1,00	3,01
Opportunity Difference- Threat (Y)			1,20

Matriks IE (Internal-Eksternal)

The second stage is matching. The first step in this stage is to perform an analysis with the IE matrix based on EFE and IFE analysis. The IE matrix describes the conditions of the hemodialysis service strategy. The total result of the strength and weakness factor score in the IFE matrix was 3.00 and the total opportunity and threat score in the EFE matrix was 3.01 (Figure 2). The position of the hemodialysis service strategy is in cell strategy 1, namely growth strategy with concentration through vertical integration. The focus of the strategy with a concentration on vertical integration is to strengthen the supply chain to increase production at lower costs. The chain system starts from procurement, production of goods/services, distribution, and sales/services. This chain system consists of suppliers, manufacturers,

distributors, vendors, retailers, and customers. Based on the supply chain, vertical integration is divided into three, namely (David, 2009): (a) Forward integration when the company has a business that was originally in the procurement of raw materials / raw materials, moving forward / developing to the distribution center/retail. (b) Backward integration when companies initially engaged in retail expand their trading business to the procurement stage of raw materials/production. (c) Balanced integration is when the company uses a combination of forward-backward integration in expanding its trading business.

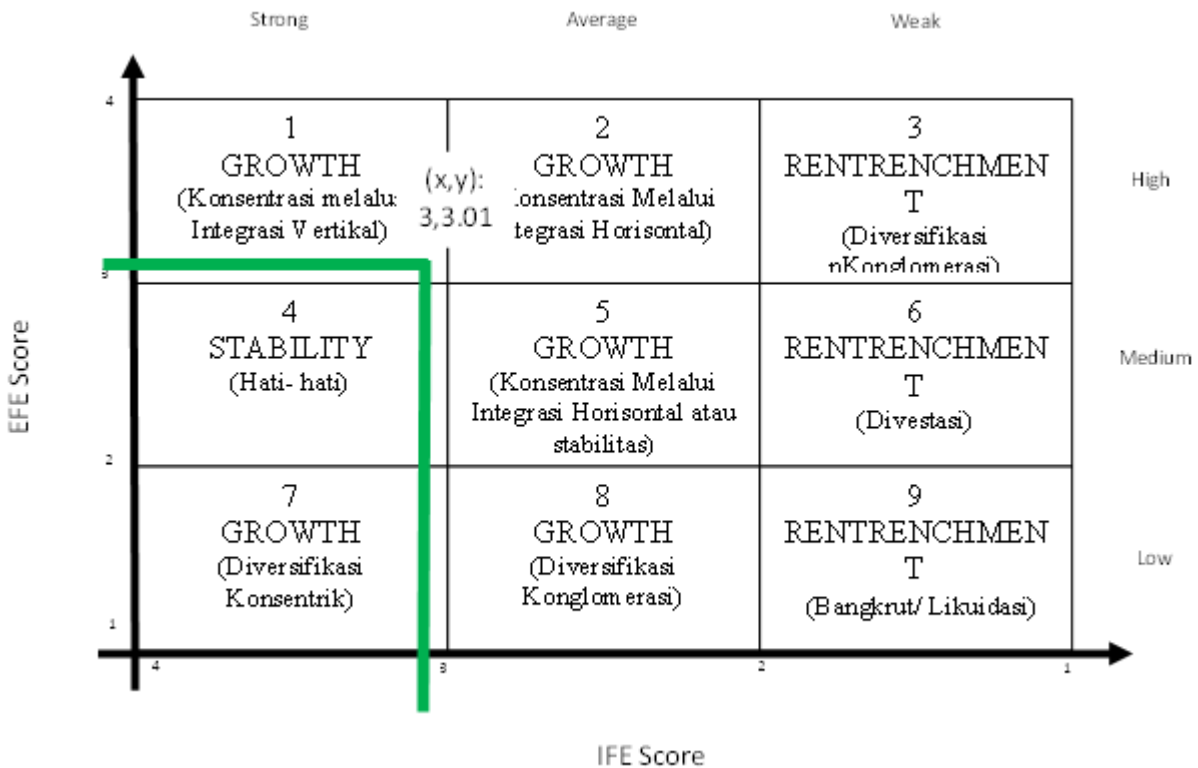


Figure 1 IE Matrix of Hemodialysis Services Dialysis Unit RS X Depok City

C. Analysis SWOT

The second step in the matching stage is with a SWOT (Strengths-Weaknesses-Opportunities-Threats) Analysis. SWOT analysis based on quadrants shows that hemodialysis services are in quadrant 1 (Figure 3), namely the difference between the strength subfactor with weakness of +1.72 (X) and the difference in the opportunity subfactor with the threat subfactor of +1.20 (Y). This condition shows that hemodialysis services at RS X Depok City are in a very favorable situation where service opportunities and strengths are dominant. The strategy that must be applied in this condition supports an aggressive growth policy (growth-oriented strategy). Alternative strategies that can be taken care of are market development, market penetration, product development, forward integration, backward integration, horizontal integration, and related diversification (Assauri & Assauri, 2011).

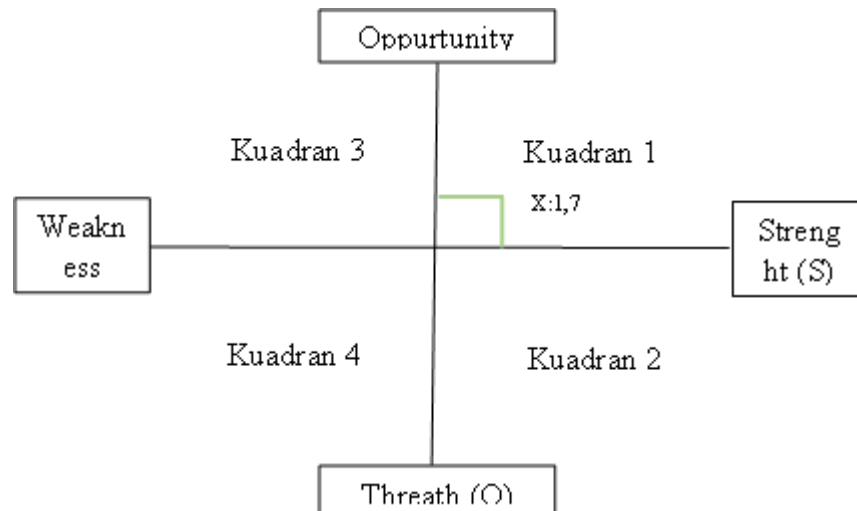


Figure 3 SWOT Analysis Diagram of Hemodialysis Services Dialysis Unit of RS X Depok City by Quadrant

Alternative results of hemodialysis service development strategies are obtained as follows:

1. The S-O strategy consists of (a) Maintaining a good quality of service and facilities. (b) Increase service time following the target achievement per day which is aligned with the availability of human resources.
2. The W-O strategy consists of (a) Opening services for infectious rooms open to outpatients. (b) Utilize Social Media for access socialization if the main access is closed during Holidays.
3. The S-T strategy consists of (a) Social media intervention in the marketing process related to the convenience of doing HD at RS X Depok City and education related to PGK-HD. (b) Creating a patient community of HD RS X Depok City as a forum for patient sharing and education.
4. W-T Strategy, Improving the ease of access and HD facilities at RS X Depok City.

Table 5
SWOT Analysis based on Internal Factors and External Factors of RS X Depok City

Strength (S)	Debilitation (W)
<ol style="list-style-type: none"> 1. Have a special isolation room for hepatitis B, and infectious patients (COVID, TB). 2. Accepting HIV, Hepatitis B, and Hepatitis C patients both outpatient and inpatient. 3. JKN administration process is easy. 4. If there is a complaint during HD, the officer immediately responds to follow-up. 5. One-step service. 6. Provide the best service without distinguishing payment guarantees either with JKN or with General / Insurance. 7. Have recommendations for standardization of hemodialysis services from Professional Organizations (PERNEFRI), Dinkes, BPJS, and the Ministry of Health. 8. HD room is comfortable and clean. 9. RS facilitates health workers who do not yet have HD certification. 10. Using IG social media and RS official website. 11. Receive payment with a JKN guarantee. 12. Good collaboration between professions. 13. HD-certified medical personnel. 14. Officers are friendly and communicative. 15. Complete facilities in the form of Wifi, TV per patient bed, patient lockers, standardized HD machines, and emergency trolley complete with defibrillators. 	<ol style="list-style-type: none"> 1. The location of the unit in the hospital is strategic as it is close to the emergency room and ICU. 2. 1 nurse handles a maximum of 3 patients. 3. The existence of a WAG with the patient/family to facilitate post-HD monitoring. 4. Officers monitor every hour during the HD process. 5. RS actively creates articles, newsletters, and creative content that is shared through social media and websites. 6. There is a briefing before taking action. 7. Competitive prices for general guarantees/insurance. 8. Daily IRR report. 9. Unit performance quality report every month. 10. HD actions are always scheduled. <ol style="list-style-type: none"> 1. There is no community of kidney patients. 2. The isolation room for infectious patients is only intended for inpatients. 3. Lack of educational media. 4. Lack of feedback assessment from patients to customer satisfaction assessments. 5. The content of promotional materials is lacking in CKD and HD. 6. There are no promotional banners related to HD tariff socialization outside JKN. 7. For the day shift, the briefing is done through the WAG coordination unit. 8. There is no performance assessment indicator for the dialysis unit of RS X Depok City. 9. Lack of coordination of leave permit arrangements and delegation of duties while on leave. 10. Lack of energy when there is illness / leave / HD cito action, so that nurses can handle > 3 patients. 11. The payment process for general guarantee patients is still different counters. 12. Location is not strategic. 13. The existence of HD cito action is difficult to predict. 14. Non-routine internal training. 15. Remote access especially on Saturdays, Sundays, Holidays

<p>Chance (O)</p> <ol style="list-style-type: none"> 1. Policy of having JKN 2. The majority of people have JKN. 3. Universal Health Coverage (UHC) policy to equalize access and quality of health services. 4. Public trust in RS X. 5. RS X's reputation in Depok City. 6. Increasing number of patients with renal failure. 7. Life expectancy of CKD patients increases. 8. The number of social media users. 9. Distribution of medical consumables on demand and arrive on time 	<p>Strategy S-O</p> <ol style="list-style-type: none"> 1. Maintain good service and facilities. 2. Increase service time following the target achievement per day which is aligned with the availability of human resources. 	<p>Strategy W-O</p> <ol style="list-style-type: none"> 1. Open services for infectious rooms open for outpatients. 2. Utilize Social Media to socialize access if the main access is closed during holidays
<p>Threat (T)</p> <ol style="list-style-type: none"> 1. Lack of knowledge of TPG on CKD. 2. Lack of socialization of JKN to the community. 3. Certain religious beliefs against HD actions. 4. Switch patients to similar competitors with easy access. 5. The number of hemodialysis clinics and hemodialysis units in surrounding hospitals. 7. Switch HD patients to CAPD. 8. Many HD clinics and hospitals with HD facilities around the hospital offers easy access and attractive facilities. 9. There is a policy of opening CAPD services in health facilities that have HD. 10. Using a second party (vendor) to fulfilling the needs of medical consumables. 11. Lack of educational content about CKD and HD 	<p>Strategy S-T</p> <ol style="list-style-type: none"> 1. Social media intervention in the marketing process related to the convenience of doing HD at RS X Depok City and education related to PGK-HD. 2. Creating a patient community of HD RS X Depok City as a forum for patient sharing and education 	<p>Strategy W-T</p> <ol style="list-style-type: none"> 1. Improving ease of access and HD facilities at RS X Depok City

Quantitative Strategy Planning Matrix (QSPM)

The third stage is the decision stage where the selection of a suitable strategy that can be carried out by the Dialysis Unit. QSPM analysis uses the relative attractiveness of various alternative development strategies that have been formulated based on the results of the matching stages.

Table 6
QSPM Analysis of Hemodialysis Services Dialysis Unit of RS X Depok City

No	Strategy	Total TAS	Peringkat
1	Maintain good service quality and facilities	19,10	2
2	Increase service time following the target achievement per day which is aligned with the availability of human resources	20,59	1

3	Opening services for infectious rooms open for outpatient care Utilizing Social Media to socialize access if the main access is closed during	15,15	5
4	Holidays Social media intervention in the marketing process related to the convenience of	14,85	6
5	doing HD at RS X Depok City and education related to PGK-HD Creating a patient community of HD RS X Depok City as a forum for <i>patient</i>	17,83	3
6	<i>sharing</i> and education	15,16	4
7	Improving the ease of HD access at RS X Depok City	12,90	7

The main priority result of QSPM is to increase service time following the target achievement per day which is aligned with the availability of human resources. Based on IPDI 2019 recommendations, with human resources owned by the dialysis unit of RS X Depok City, the calculation of effective days is carried out in at least 2 shifts. This can be a consideration for the unit to increase operating hours so that the target action is achieved.

CONCLUSION

The position of hemodialysis services at the Dialysis Unit of RS X Depok City is in a growth position. From the results of data processing using QSPM, alternative strategies are obtained, namely maintaining good service quality and facilities, increasing service time following the target achievement per day which is aligned with the availability of human resources, opening services for infectious spaces open for outpatients, utilizing Social Media for access socialization when the main access is closed during holidays, social media intervention in the marketing process related to the convenience of doing HD in RS X Depok City and education related to PGK-HD, make the HD RS X Depok City patient community a forum for sharing and educating patients and increasing the ease of access and HD facilities at RS X Depok City. The main priority result of QSPM is to increase service time following the target achievement per day which is aligned with the availability of human resources.

The results of the study can be utilized by the Dialysis Unit of RS X Depok City in planning marketing strategies to increase the number of outpatient hemodialysis services. Subsequent research can be conducted with the consideration of patients as respondents in marketing strategies.

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