

Decreased Patient Visits In The Chemotherapy Unit Of Bangil District Hospital In Pasuruan: An Observational Study

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Abstract

Chemotherapy is a systemic therapy method for systemic cancer and cancer with clinical or subclinical metastases. In locally advanced cancer, chemotherapy is often the only choice of effective therapeutic strategies. A preliminary study through the FGD found that the main problem in Bangil Hospital services was the lack of optimal chemotherapy superior services. In the initial research, we had an interview with chemotherapy services staff at Bangil Hospital. A significant decrease in visits was found in August and September 2019. The fact is that the chemotherapy unit services marketing is absolute for the Pasuruan Regency and surrounding areas. Given the absence of chemotherapy services other than in Bangil District Hospital in Pasuruan and surrounding districts (Pasuruan City, Probolinggo, Sidoarjo, and Mojokerto). This study aimed to identify the cause of the decrease in chemotherapy service visits at Bangil Regional Hospital. The research method is descriptive. The study lasted approximately two months, from August 12, 2019, to October 30, 2019. The primary data was obtained by conducting an unstructured interview with the management, namely to all heads of departments and all section heads, and one section head or coconut sub-section in each field and section. Unstructured interviews were also conducted with oncology consultant physicians. Room heads and two chemotherapy unit officers at Bangil Regional Hospital look for factors that influenced the decline in chemotherapy service visits at Bangil Regional Hospital. Secondary data was obtained by studying documents and observations. Observations were made regarding services in the chemotherapy unit at Bangil Regional Hospital. The FGD was conducted with chemotherapy and management unit staff to compile a holistic root problem analysis. We used Ishikawa's fishbone diagram to find the main problems. From the results of determining the root of the situation through the FGD and Fish Bone method. The root cause of the problem is that there is no strategic plan for developing chemotherapy service units. It is recommended to include chemotherapy services in the Bangil Regional Hospital strategic plan.

Keywords: decreased visit, chemotherapy, Bangil hospital.

INTRODUCTION

The world of health never stops innovating to provide the best quality service to benefit customers who need help with illness and comfort in treating health (Julipriohadi, 2016). Hospitals and health systems will seek to be open to new processes, collaborations, and technologies as they enter a new era of healthcare. The fraught in radical movements in payments and cost underwriting. Demands for better financial governance and the growth needed to scale up data. To better understand costs and quality in service continuity

(Julipriohadi, 2016).

Continuous improvement also aims to develop the business cycle so that it continues to exist to serve the community, even though health care is a business that is full of risks (Verbano & Venturini, 2011). The healthcare industry has tried to apply various techniques and methodologies to improve efficiency, production, and customer satisfaction.

Cancer is a disease characterized by changes in normal cells into abnormal cells that are not controlled and can metastasize, invading nearby

or distant biological tissues. The World Health Organization estimates that in 2015 as many as 8.8 million people died from cancer. United Nations Against Cancer (UICC) data from the world body shows that cancer incidence will increase sharply by 200-300% in the next few decades. 60-70% of these cancers will be found in developing countries, including Indonesia (Kementrian Kesehatan RI, 2016).

Riskesdas data in 2013 shows that the prevalence of cancer in Indonesia is 1.4 per 1000. This figure is not much different from the 2012 Global Burden Cancer report, which stated that the incidence of cancer in Indonesia was 134 per 100,000. The increase in the incidence of cancer in Indonesia needs better attention. Every year, 12 million people worldwide are detected with cancer, and 7.6 million die or almost half survive. This figure is expected to increase twice in the next 20 years.

As previously explained, one form of cancer treatment is chemotherapy. In practice, chemotherapy uses cytostatic drugs. Cytostatics drugs (cytotoxic) are used to inhibit the growth of cancer cells. Cytotoxic drugs are drugs that kill or destroy propaganda cells. These drugs are genotoxic, carcinogenic, teratogenic, and cause fertilization damage (Donadear et al., 2012).

Different from surgery and radiotherapy, chemotherapy is a method of systemic therapy for systemic cancers. In locally advanced cancer, chemotherapy is often the only effective treatment option. However, modern chemotherapy has emerged since the introduction of nitrogen mustard in World War II. It has only been running for 50 years because the types of anticancer drugs are increasing rapidly. Up to now, more than 70 types have been clinically used. Combined chemotherapy has been widely used under tumor cytobiology and cytokinetics guidance. Since the 1970s, cancer chemotherapy has moved from palliative to curative therapy. Until now, there are more than ten types of cancer that can be cured by chemotherapy, or 5% of all cancer patients, accounting for 10% of cancer deaths each year, including high-grade malignancies such as trophoblastic cancer, childhood acute lymphocytic leukemia, Hodgkin's lymphoma and non-cancerous lymphoma Hodgkin's, testicular terminal cell cancer, ovarian cancer, pediatric nephroblastoma, embryonic rhabdomyosarcoma, Ewing's sarcoma, and adult acute granulocytic leukemia (Anwar et al., 2013).

With the enactment of the national social security system as of January 1, 2014,

throughout Indonesia, all financing for health services, especially government health services, uses the INACBGs, a diagnostic group-based financing system. Following the Minister of Health's mandate, the National Health Insurance benefits package must also cover the diagnosis and treatment of cancer in hospitals.

A report by Jamkesmas in 2012 stated that cancer patients had spent around Rp. 144,700,000,000, which makes cancer rank 2nd after hemodialysis. Data from the Social Security Administration (BPJS) reveals that in the first year of implementation for the January-June 2014 period, outpatient cancer services cost Rp. 124.7 billion for 88,106 cases, making outpatient cancer the 2nd place. Meanwhile, cancer has killed scan funds around Rp for hospitalized cancer cases. 313,100,000,000 for 56,033 cases (Julipriohadi, 2016; Kementrian Kesehatan RI, 2016).

Following the decision of the Minister of Health of the Republic of Indonesia, one daycare is a patient service for observation, diagnosis, treatment, medical rehabilitation, and or other health care efforts and occupying a bed for less than 24 hours. Many cancer patients are served, and the limited number of facilities available makes the service queue longer, so the waiting time for chemotherapy is longer (Julipriohadi, 2016)

In the management of cancer treatment, which is currently divided into primary, secondary, and tertiary referral systems, it is hoped that every health service facility can perform according to their respective functions and roles so that cancer treatment can be carried out quickly, precisely, and appropriately, and there is no long queue for handling oncology cases (Kementrian Kesehatan RI, 2016).

Bangil General Hospital already has an oncology room as an intensive service for patients with special needs and has had a chemotherapy service unit since 2016. The chemotherapy service unit is the flagship unit of the Bangil Hospital, with six beds (Bidang Yanmed RSUD Bangil., 2016a, 2016b).

From secondary data on patient visit reports, it was found that the number of patients treated in chemotherapy service units from year to year, from 2016 to July 2019, relatively increased. Most chemotherapy patients came from internal hospital referrals from the Surgery and Gynecology Clinics. Less than 3% of chemotherapy patients also come from other hospital referrals (Bidang Yanmed RSUD Bangil, 2018).

The results of a preliminary study through a

Focus Group Discussion (FGD) found that the main problem in Bangil Hospital services was the lack of optimal chemotherapy services. In the initial research, unstructured interviews were also conducted regarding chemotherapy services at the Bangil Hospital. They found a significant decrease in the number of visits in August and September 2019, where the facts are that the marketing of this chemotherapy unit service is

absolute for the Pasuruan Regency and surrounding areas, given that there are no chemotherapy services other than Bangil Hospital in Pasuruan and surrounding districts (Pasuruan City, Probolinggo, Sidoarjo, and Mojokerto). The decrease that occurred in chemotherapy service visits is illustrated in table 1.

Table 1. Number of Surgical Chemotherapy Actions, Obgyn Chemotherapy, and Chemotherapy Poly Visits Year 2018 to September 2019

No	Months	Surgery Chemotherapy Actions		Chemotherapy Obgyn		Visits Chemotherapy Poly	
		2018	2019	2018	2019	2018	2019
1	January	55	70	27	31	231	221
2	February	42	64	27	29	181	233
3	March	56	64	23	29	224	269
4	April	47	75	24	28	206	280
5	May	58	69	33	30	242	271
6	June	40	70	12	30	201	227
7	July	60	57	30	32	230	281
8	August	46	51	25	20	191	223
9	September	38	38	22	16	214	207
10	October	55		24		198	
11	November	48		23		198	
12	December	53		29		248	
Total		598	469	299	209	2564	1782

This study aimed to identify the cause of the decrease in visits to chemotherapy services at Bangil Hospital.

RESEARCH METHODS

The research was conducted using a descriptive method. The research was carried out for approximately two months, from August 12, 2019, to October 30, 2019. We obtained primary data by conducting unstructured interviews with management, namely with all heads of fields and sections and one of the section heads or subdivisions in every area and section. Unstructured interviews were also conducted with the oncology consultant doctor, the head of the room, and two chemotherapy unit officers at Bangil Hospital to look for factors that influence the decrease in visits to chemotherapy services at

Bangil Hospital. Secondary data is obtained by reviewing documents to obtain visit data, service regulation documents, and service implementation documents. The document review includes patient visit reports, new patient visit reports, old patient visit reports, work programs, organizational guidelines, service guidelines, and strategic planning of Bangil Hospital. Observations were made regarding services in the chemotherapy unit of Bangil Hospital, which aimed to discover the description of the services in the field by implementing regulations and existing constraints. A Focus Group Discussion (FGD) was conducted with the chemotherapy unit staff and management to develop a holistic root cause analysis in the form of an Ishikawa fishbone diagram so that the main problems were found.

RESEARCH RESULT

The results of interviews with management and service officers regarding the factors influencing the decline in chemotherapy service visits at Bangil Hospital concluded that there were several problems obtained: 1. Limited human

resources for chemotherapy services; 2. Chemotherapy services are still simple (limited); 3. Limitations of chemotherapy drugs; 4. Sampras is still incomplete; 5. The development plan is still not in place; 6—regulatory service

constraints; 7. Bangil Hospital was unable to issue a chemotherapy protocol; 8. Referrals for chemotherapy cases are limited.

Observations were made by comparing the standards obtained from existing regulations and comparing them with those in the service, as described in table 2.

Table 2. Comparison between standards and those in service from the results of observations

NO	INDICATOR	STANDARD	REALITY	DESCRIPTION
PERMENKES NO. 30 THE YEAR 2019 CONCERNING HOSPITAL CLASSIFICATION AND LICENSE				
1.	Oncology services to basic subspecialty at Class B Hospital			
a.	Surgical Oncology Subspecialty Services	+/-	+	Limited
b.	Subspecialty services in internal medicine Hematology oncology	+/-	-	-
	Pediatric Subspecialist Services Hematology-Oncology	+/-	-	-
	Gynecology Oncology Subspecialty Service	+/-	+	Limited
2	Availability of sub-specialist doctors			
a.	Surgical Oncology Subspecialist	+/-	+	PRACTICAL LICENSE -
b.	Subspecialist Hematology Oncology	+/-	+	PRACTICAL LICENSE +
	Pediatric Oncology Hematology Subspecialist	+/-	-	-
d.	Gynecological Oncology Subspecialist	+/-	+	PRACTICAL LICENSE -
KKI DECISION NO. 28 THE YEAR 2016 CONCERNING APPROVAL OF THE WHITE BOOK OF CHEMOTHERAPY COMPETENCY IN DIFFERENT MEDICINE SPECIALIZATIONS				
1.	There is a doctor who has additional competence	+	-	
PERMENKES NO. 10 THE YEAR 2015 CONCERNING STANDARDS OF NURSING SERVICES IN SPECIAL HOSPITAL				
1.	Chemotherapy Nursing Management			
.	Signed informed consent by related parties (patient, doctor, family)	+	+	
	The doctor in charge makes a protocol (Instructions for giving chemotherapy)	+	+	Waiting for protocol from the Consultant
	The pharmacy department carries out the preparation and mixing of chemotherapy drugs.	+	+	
1.	There is a particular room for chemotherapy administration.	+	+	
e.	Provided by a certified nurse	+	+	
f.	The nurse giving chemotherapy wears complete personal protective equipment	+	+	
	Administration of chemotherapy according to SOP.	+	+	
h	During chemotherapy there was no extravasation.	+	+	
	There were no spills/splashes of drugs during chemotherapy administration.	+	+	
j.	The administration of chemotherapy is documented.	+	+	
k.	There was no extravasation or allergy after chemotherapy.	+	+	

l. There is discharge planning (planning to go home).	+	+	
2. Access and service integration			
Access to integrated cancer nursing services	+	+	Not yet integrated
b. Emergency/Cancer Emergency Services	+	+	Not yet integrated
c. Inpatient Registration and Admission	+	+	
d. Intensive and Specialty Services	+	+	Not yet integrated
e. Laboratory Diagnostic Services	+	+	Limited
f. Pain Management Services	+	-	
g. Chemotherapy Services	+	+	
h. Radiation Service	+	-	
i. Cancer Wound Care Services	+	+	
j. Cancer Palliative Services	+	-	
PERMENKES NO. 24 THE YEAR 2016 CONCERNING TECHNICAL REQUIREMENTS FOR HOSPITAL BUILDING AND INFRASTRUCTURE			
Cytostatic Preparations Handling Room (Aseptic Dispensing Room in pharmaceutical services)			
1. Clean Room	Optional	+	
2. Intermediate Room	Optional	+	
3. Production Medicine Storage Room	Optional	+	
4. Changing room	Optional	+	

The analysis was carried out by finding the root cause of the decrease in visits to chemotherapy services at Bangil Hospital. The root of the problem is determined by using a fishbone diagram to be used as a reference in finding solutions to the problems at hand. The search for the root of the problem was carried out through field observations, interviews, and Focus Group Discussions (FGD) with officers at the chemotherapy unit services. Focus Group Discussion (FGD) is a group discussion to determine the focus of the problem, which a moderator usually guides. Focus Group Discussions (FGDs) are usually preceded by brainstorming to express suggestions from each participant, which is carried out in a systematic and structured manner. Fishbone diagram on the problems found in RSUD Bangil uses 6M variables: man, method, material, management, mother nature, and money.

The root of the problem is based on the human aspect, namely competence and the limited number of officers. This problem is caused because only one consultant oncology doctor (KHONK) has SIP at Bangil Hospital. This is due to the difficulty of recruiting consultant doctors, the absence of specialists who have been trained

to become oncology consultants, and the absence of specialist doctors participating in training or fellowship training programs. Problems in this aspect are also caused by the limited number of trained or competent officers due to the limited number of officers participating in the training. All of these problems have the same root cause: the absence of a strategic plan regarding chemotherapy services at Bangil Hospital.

The root of the problem is based on the method aspect, namely the simple oncology chemotherapy service method. This is due to 4 things, namely

- The service network is still minimal due to limited facilities and personnel,
- Then due to the service is still not a priority, there is no service innovation,
- Integration services do not exist, and
- There is no "branding" program in indonesia.

Chemotherapy services. A typical root cause of the problem in this method aspect is the absence of a strategic plan regarding chemotherapy services at Bangil Hospital.

From the material aspect, the root cause of the decrease in visits to chemotherapy services at Bangil Hospital is the incomplete availability of chemotherapy drugs. In this case, the procurement of chemotherapy drugs is limited to gynecological and surgical cases. For cases of malignancy in the field of internal medicine, no medicine is available. This is because drugs for chemotherapy other than gynecological and surgical cases are not yet available in the pharmaceutical formulary at Bangil Hospital. This is because there is no strategic plan regarding chemotherapy services at Bangil Hospital.

In addition, the root cause of the decrease in visits to chemotherapy services at Bangil Hospital from the material aspect is the lack of facilities and infrastructure in the chemotherapy unit. The causes of the lack of infrastructure are, among others, due to the completeness of the service room, which is caused because there is no room development. The position of the service room is less strategic due to the less integrated service room site plan. The limited number of beds due to the limited service room site plan and the lack of existing infrastructure is due to the incomplete medical equipment due to the absence of the required medical equipment being included in the planning list for medical equipment procurement at Bangil Hospital. All of these problems have the same main root problem: the absence of a strategic plan regarding chemotherapy services at Bangil Hospital.

The fourth aspect is management. In the management aspect related to the decrease in visits to chemotherapy services at Bangil Hospital, there is no strategic plan regarding

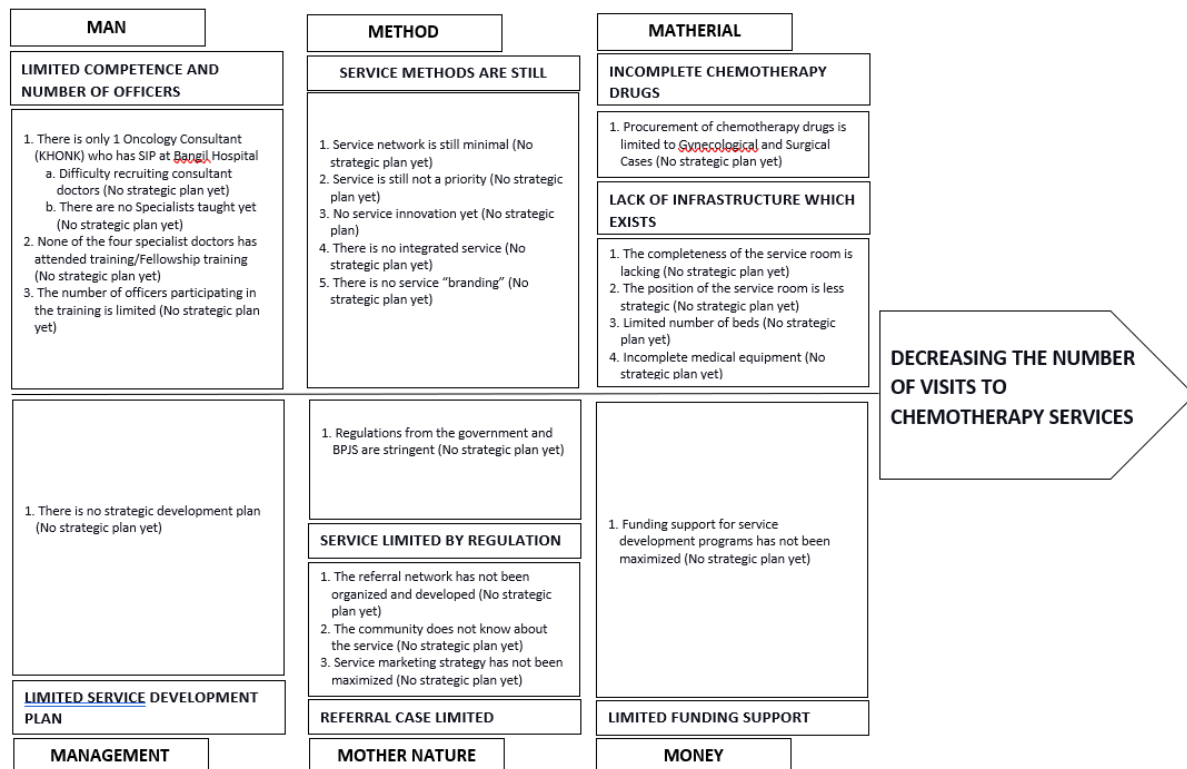
chemotherapy services at Bangil Hospital. The 5-year strategic plan of the Bangil Hospital does not include the chemotherapy service provider.

The next aspect is mother nature or the environment. The main problem in this aspect is that chemotherapy services are very limited by existing government regulations and very strict regulations from BPJS. The problem, in this case, occurs because there is no strategy for adjusting chemotherapy services to follow these regulations.

In addition to the above problems, in terms of the environment, another problem is that the referral of chemotherapy cases is very limited to the internal network through surgery and obstetrics polyclinics. This is because the destination network with Type D and C hospitals, including FKTP in the Pasuruan district, has not yet been formed. Including the marketing strategy of services that have not been maximized so that people do not know about chemotherapy services at Bangil Hospital. This problem has the exact root cause as the previous aspect, namely the absence of a strategic plan regarding chemotherapy services at Bangil Hospital.

The last aspect is oh money. In this aspect, the tabulation of problems obtained from the FGDs that have been carried out is limited funding support. This is because the available funding for chemotherapy unit services has not been maximized. After all, service development has not become a priority. The results of the FGD concluded that this happened because there was no strategic plan regarding chemotherapy services at Bangil Hospital.

Figure 1. Fishbone decreased the number of visits to chemotherapy services



DISCUSSION

From the results of determining the root of the problem through FGD and the Fish Bone method, it was found that the problem was the absence of a strategic plan for developing chemotherapy service units. This is following the strategic plan data of Bangil Hospital, which does not include chemotherapy services in the strategic plan for the next five years.

The strategic plan for developing chemotherapy services has not yet been designed. It will make it difficult for the service unit concerned to develop because there is no planning from the existing resources and infrastructure to serve as the basis for service development. It is proven by the number of basic problems in Chemotherapy services.

As explained in Permendagri No. 86 of 2017 concerning Procedures for Planning, Controlling and Evaluation of Regional Development, Procedures for Evaluation of Draft Regional Regulations concerning Regional Long-Term Development Plans and Regional Medium-Term Development Plans, as well as Procedures for Amendment to Regional Long-Term Development Plans, Regional Medium-Term Development Plans, and Regional Government Work Plan, which Regional Apparatus Strategic Plan means is a Regional Apparatus planning document for a period of 5 (five) years. RSUD Bangil is the UPT of the Pasuruan District Health Office which has become a BLUD (Kementrian Dalam Negeri, 2017).

In the hospital management process, strategic

planning is needed by every organization in carrying out its activities—the planning as an organizational reference to achieve organizational goals (Rodríguez Perera & Peiró, 2012). In addition, it can also help hospitals carry out periodic evaluations to ensure the achievement of goals. Hospitals must have a good strategic business plan to achieve the organization's goals of efficiency, independence, and development (Munsyarikha, 2016). The autonomy given to hospitals provides an opportunity to develop a visible business plan in the form of a strategic business plan. Strategic planning makes organizations more proactive in determining the future of the organization. Strategic plans help organizations formulate better strategies through a more systematic, logical, and rational approach (Elbanna et al., 2016). In addition to the purposes of efficiency, independence, and development, good planning will improve the hospital's overall performance. This is in line with research conducted by Nurhapna (2014), which states that business strategy planning affects hospital performance (Lasyera et al., 2018).

Strategic planning allows companies to anticipate constantly changing conditions, providing a road map and direction to go and how to achieve it. A strategic plan is an important management tool that can help organizations do their jobs better, facilitate strategy development and implementation, and make organizations more sensitive to customer and market needs (Kabeyi, 2019). Strategic planning (strategic planning) is

vital for the organization to maintain its survival (Sintaasih et al., 2011).

As discussed above, it is appropriate for Bangil Hospital to make or include the development of chemotherapy services in the strategic plan of the Bangil Hospital for the next five years, for the period 2019 to 2023. In the table of the proposed 5-year strategic plan in Table 2, strategic steps have been described for the development of Chemotherapy services that can be started immediately. It is possible that this can be used as a phased plan over the next five years to make Bangil Hospital a center for chemotherapy and oncology services in Pasuruan and surrounding areas (Pasuruan City, Probolinggo, Mojokerto, and Sidoarjo), considering that there is still no chemotherapy service in Pasuruan. The region.

The problem that is quite complicated today is that the competence of medical and paramedical personnel can be solved by recruiting consultants from outside and sending doctors for education or training on chemotherapy, as well as for paramedics to increase competence regarding competency issues (Monden et al., 2016), the KKI Decree No. 28 of 2016 concerning the ratification of the chemotherapy competence white paper in different fields of medical specialization, which has explained the competence of medical personnel. And according to the strategic plan proposal, the fulfillment of these competencies will be carried out in stages over the next five years to make Bangil Hospital a Center for Chemotherapy services or even Oncology services.

Figure 2. The proposed strategic plan for the Chemotherapy Service Unit for 2019 to 2023

2019	2020	2021	2022	2023
1. Development of Chemotherapy services is included in the Strategic Plan of the Bangil Hospital 2.1 Oncology consultant who has a Practice License (SpPD-KHONK) 3. Sending SpPD to join the Chemotherapy Program Fellow Ship 4. Complementing chemotherapy drugs for malignancies in internal medicine 5. Setting up financial support 6. Develop and implement a branding strategy for the service network 7. The chemotherapy unit is a superior service	1. Chemotherapy service building development 2. Oncology consultants who have a practice permit are increased by two people (surgical oncology and gynecological oncology) 3. Sending SpB and SpOG to join the Chemotherapy Program Fellow Ship 4. Sending nurses to participate in education about chemotherapy 5. Development of laboratory and inpatient support services as well as Pain Center 6. Increase the number of beds	1. Oncology consultants who have a practice permit increase by one person 2. Sending SpA to join the Chemotherapy Program Fellow Ship 3. Sending nurses to participate in education about chemotherapy 4. Development of palliative services for oncology 5. Development of physiotherapy services for oncology	1. Development of radiotherapy services 2. Sending SpA to join Fellow Ship on Radiotherapy Oncology 3. Sending nurses to participate in education about chemotherapy 4. Maintenance and increase of the capacity of chemotherapy/oncology support services	1. Development of chemotherapy/oncology center services 2. Development of complementary oncology clinic

CONCLUSION

The result of this research is that the root of the main problem of decreasing chemotherapy service visits at Bangil Hospital is the absence of a strategic plan for developing chemotherapy service units at Bangil Hospital. To overcome the decrease in chemotherapy service visits at the Bangil Hospital, Bangil Hospital is recommended to include the development of chemotherapy services in the strategic plan of the Bangil Hospital for the next five years, the period 2019 to 2023

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