HEALTHY SERVICE INNOVATION MODEL
TAKE THE SICK HOME HEALTHY IN BENGKULU CITY, INDONESIA

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ABSTRACT

The health service innovation known as Pick-up Hospital Health (JSPS) in Bengkulu City was launched in order to improve the quality of public services in the health sector for the underprivileged. The purpose of this research is to find out the implementation of Healthy Return Hospital Pick-up that is accepted by the people of Bengkulu City, and to formulate a health service innovation strategy that is in accordance with the conditions of Bengkulu City which is also a novelty in this study. The approach in this research is descriptive qualitative. The research data sources are primary and secondary data. Data collection techniques used are in-depth interviews, observation and documentation. The results of this study indicate that the Health Pick-up Hospital innovation provides emergency services to the people of Bengkulu City or who are currently in Bengkulu City. This service is very helpful for the community, especially for the poor. In addition, this service has the advantage that the service model has been prepared, namely the existence of tabumas (community savings) and dasomas (community social funds) to provide easy access to services and the process of providing services and are free of charge and according to needs and taking into account public complaints. However, there are still some shortcomings in the implementation in the field, such as the lack of facilities and infrastructure and the lack of maximum socialization in the community.

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INTRODUCTION

Today, innovation has become a real practice that makes governments everywhere the most rational to prevent a country from various forms of failure. In fact, innovation is no longer an option, but an obligation and need for government officials at all levels and at all levels. It is no exaggeration to say that innovation is the answer to every problem faced by the public sector (Behn, 2008). In general, the notion of innovation is to carry out a process of renewal / utilization / development by creating new things that are different from before. Damanpour (1991) explains that an innovation can be in the form of a new product or service, a new production process technology, a new structural and administrative system or a new plan for organizational members.

In line with that, according to Rogers (1983), one of the leading innovation book authors, explains that an innovation is an idea, practice, or object that is perceived as new by individuals or other units of adopter. So innovation is an idea, practice, or object that is considered new by individuals from one unit of adoption to another. The understanding of Damanpour (1991) and Rogers (1983) shows that innovation can be something tangible (tangible) or something intangible (intangible). So the dimensions of innovation are very broad. Interpreting innovation as appropriate which is only synonymous with technology will narrow the actual innovation context which is equivalent to the capacity of its citizens.

The reason for the public sector to innovate is more because of the demands for accountability, transparency and various principles of good governance that lead to higher performing public organizations (Eko, 2007). In the context of national development, innovation in the public sector is absolute because our country requires acceleration or acceleration in advancing the economy and people's welfare. Our competitiveness with other countries, even though only at the regional level, is still quite concerning (Global Innovation Index 2021 rankings). The following is GII data for Indonesia for the period 2019-2021:

Table. 1 Global Innovation Index Table for 2019-2021

	GII	Innovation inputs	Innovation outputs
2021	87	87	84
2020	85	91	76
2019	85	87	78

Table 1. shows Indonesia's ranking over the past three years, noting that data availability and changes in the GII model framework affect the comparison of GII ratings from year to year. The statistical confidence interval for Indonesia's ranking in GII 2021 is between 80 and 87. This position is far below neighboring Malaysia, which is in 36th position.

Based on the Global Innovation Index data for 2021, Indonesia still has shortcomings in several fields compared to other countries, including in terms of institutions, human capital and research, infrastructure, market sophistication, business sophistication, knowledge and technology outputs and creative output. This deficiency causes Indonesia to be far from neighboring countries such as Malaysia. Innovation in Indonesia still needs to improve and catch up with neighboring countries that have implemented innovations better than cities in Indonesia. The following is the data for GII 2021 rankings in Asia (excluding Western Asia) which shows Indonesia's position with other countries in Asia:

Table 2 Global Innovation Index 2021 rankings data in Asia

Rank	Top 15	Rank	Top 50	Rank	Top 60	Rank	Top 100	Rank	Top 130
5	Republic of Korea	36	Malaysia	51	Philippines	79	Kazakhstan	103	Tajikistan
8	Singapore	43	Thailand	58	Mongolia	82	Brunei Darussalam	109	Cambodia
12	China	44	Viet Nam	60	Iran (Islamic Republic of)	86	Uzbekistan	111	Nepal
13	Japan	46	India			87	Indonesia	116	Bangladesh
14	Hong Kong, China					95	Sri Lanka	117	Lao People's Democratic

Table 2 shows that Indonesia's competitiveness for innovation is still far behind compared to its closest neighboring countries. Indonesia is in 87th position, far behind Singapore which is in 8th position. Malaysia is in 36th position, Thailand is in 43rd position, followed by Vietnam in 44th position and the Philippines in 51st position. Indonesia is even under Uzbeskistan which is in 86th position. This is certainly a problem. a big challenge for Indonesia to be able to increase competitiveness in innovation more broadly. In terms of increasing the competitiveness of the Indonesian state, it will of course be related to the work program of the Indonesian government directly or indirectly.

Health service is a concept used in providing health services to the community, the main purpose of which is preventive (prevention) and promotive (health improvement) services aimed at the general public and every effort carried out alone or jointly in an organization to maintain and improve health. improve health, prevent and cure disease and restore the health of individuals, families, groups, and or communities. And health services are welfare of body, soul, and society that enables everyone to live socially and economically productive lives. Health services are largely determined by the condition of human resources and supporting service facilities. Equitable distribution of health workers is a problem in several districts and cities in Indonesia that has not yet been resolved. The number of health workers in Puskesmas in the archipelago is very less than in urban Puskesmas. The ratio of the types of health workers (doctors, dentists, midwives, nurses, and others) to the 100,000 population that must be served is still lacking and is still far below the national average ratio. On the other hand, the uneven placement of personnel has resulted in the low quality of health services in remote areas (Herman and Hasan Basri, 2008).

One of the health development problems in Indonesia is health disparity, although nationally the quality of health has increased, the disparity between regions, between economic levels and between urban and rural areas is still quite high (Adisasmito, 2007). In 2020, the average number of new residents can be served by 3.5 Puskesmas which are less in number, the quality and equity and affordability of health services at the Puskesmas is still an obstacle.

The meaning of the disparity of inequality and injustice that causes disparities in health services, including health facilities in cities and districts, the low performance of the health system and other related matters, has made Indonesia in these three decades still far behind when compared to various neighboring countries, namely Thailand, the Philippines. , Sri Lanka and Malaysia. This is considered to have a strong correlation with health funding (Thabrany, 2005).

Rogers (1983) conveyed the theory of diffusion of innovation, in this theory there are five stages in innovation including Knowledge (knowledge), Persuasion (belief), Decision (decision), Implementation (application) and Confirmation (confirmation) in relation to disparities in health services. In the last 10 years, many regions have shown an increase in performance triggered by innovative innovation practices based on the spirit to improve public services which so far have interpreted "bureaucracies that can be slowed down, what can be accelerated". This situation is not in accordance with Rogers' theory of diffusion, which wants a decision that is fast and as soon as possible to be carried out.

This is where the regional authority begins to make improvements and breakthroughs related to problems that exist in the region. With the complexity of the problems and several regions being able to make breakthroughs through various innovations, there is awareness to make improvements to regulations related to innovation. Awareness of the importance of innovation is currently marked by the issuance of Law no. 23 of 2014 concerning Regional Government which provides opportunities for local governments to innovate.

Health service innovation is an important part in raising and aligning Indonesia's position with neighboring countries, apart from the economic sector. By creating various forms of innovation in health services, it will certainly increase the level of quality of health services itself. Creating various types of health service innovations is very urgent and a must to create better conditions, people who are healthy and happy in their lives.

The pick-up and return health innovation (JSPS) is a breakthrough that was taken by the Bengkulu city government in 2013. This innovation was initiated by the Mayor of Bengkulu Helmi Hasan, who saw that there were still many people who allowed their illness because they had no money and complicated administration. With this innovation, local governments can prioritize health services to make it easier for the community by preparing free ambulances and picking up patients directly.

Figure. 1 Picking up patients with innovation to pick up sick and go home healthy

(mediakom, 2017)

The city nicknamed The Land of Rafflesia, namely Bengkulu, has a number of achievements in the health sector. Not just a Healthy City for the Swasti Saba Wiwerda category in 2015, the City of Bengkulu was also named the winner of the Manggala Karya Bakti Husada award and in 2017 it passed the verification for the implementation of a healthy Swasti Saba Wistara city. Head of Bengkulu Province Health Office (Dinkes) dr. Herwan Antoni, M.Kes. explained, Bengkulu City is the only region in Bengkulu Province that has won an award for the most successful region in its commitment to implementing health sector programs (Mediakom, 2017). This is one of the reasons for researchers to choose the city of Bengkulu as the research area that researchers will visit.

Taking into account the facts regarding health service policies and innovations that have been carried out in the city of Bengkulu mentioned above, it shows that this region has exercised its authority in regulating and managing regional affairs in the health sector. However, this does not mean that behind the success and various awards he has received, the problem of health services no longer exists.

In its implementation, the innovation to pick up sick and go home must follow the data collection process first. Namely, people who need a sick pick-up service to go home from the hospital must visit the local neighborhood association (RT) and then contact the local village office for further data and processing of services. This process takes quite some time, so the researcher assesses the need for a strategy to cut service flow to make it more concise and faster.

Another problem is that not all people are aware of this innovation to pick up sick and go home healthy. Only people who are pro-active, most of them know about it. As for the people who are less responsive, insensitive, of course they don't know about this innovation. Sometimes people also know about this ambulance innovation, but don't know who to contact to get the service (Lestari at.al, 2021).

Based on the results of research by Lestari at.al (2021) regarding the Implementation of the Healthy Returning Hospital (JSPS) Program in Bengkulu City, the results obtained: the first aspect is that the preparation of services has not been carried out optimally, because there are still people who do not contact the JSPS team through the call center. The second aspect is that the implementation of the program is carried out by the Bengkulu City Health Office and Puskesmas, the Health Office has the responsibility for monitoring the course of the JSPS program which is carried out in every Puskesmas in Bengkulu City, and there are two people in charge and implementers in each Puskesmas. The third aspect of the schedule of activities has not been carried out optimally where the JSPS team did not first collect data on vulnerable families to the community. The unit car used is an ambulance from the Puskesmas and JSPS services in the form of service accommodation, as well as the lack of contributions from related parties. The fourth aspect is the evaluation of the implementation of activities that have not been running optimally because there are still delays in making reports that can hinder the course of activities and not carrying out monitoring and technical guidance every quarter, and not holding regular evaluation meetings according to the specified schedule.

Seeing this phenomenon, Roger (1983) in his innovation diffusion theory emphasizes the knowledge aspect. Namely, the knowledge of the community as a patient who needs a pick-up service from the sick home, knowledge of the procedures and working hours that can serve the community. In the aspect of trust, of course the community must be made to have a sense of comfort and trust so that they want to seek treatment, want to use this innovation to pick up sick and go home healthy. If the community already has the will to seek treatment, then the decision aspect is an important part so that it can be decided immediately where to seek treatment and what facilities to use. In the aspect of implementation and confirmation, people who have used this innovation will feel good impacts and benefits and make it easier or even more complicated and make them lazy to seek treatment. Furthermore, it is necessary to be informed and socialized about these innovations to the public as users of

health services.

Based on the previous research, that there is a relationship between innovation and the success of health services in the city of Bengkulu. Therefore, the author wants to analyze the application of the sick pick-up and return health innovation in the city of Bengkulu whether it can improve health services in the city of Bengkulu. Furthermore, the authors want to find a model of a health innovation strategy that is appropriate and can improve health services in the city of Bengkulu. This is in line with the diffusion theory of Rogers (1983) who wants the right and quick decisions in responding to health services, providing a sense of comfort and trust for the community to want to use innovation services, with a good, precise service system and superior strategy in implementing innovation so that the goal of providing satisfaction to the community can be realized.

LITERATURE REVIEW

Various studies on health innovation in public administration have been carried out in the city of Bengkulu, including the research conducted by Deni (2019) regarding the Analysis of the Application of Electronic Health (E-Kes) at the Bengkulu City Inpatient Health Center. not maximized, such as socialization support for the implementation of e-Kes is not carried out continuously, the capacity available at the Puskesmas is not maximized to support the application of e-Kes to the maximum, the value or benefits felt by the government are greatly helped. By implementing this E-Kes, the relevant agencies can analyze the resource needs of the Puskesmas. The inhibiting factors for the implementation of E-Kes at the Bengkulu City Health Center are: Human resources, infrastructure and cooperation between stakeholders. The conclusion is that the implementation of E-Kes at the Bengkulu City Health Center is not optimal because there are still problems with human resources, facilities and infrastructure and weak cooperation between stakeholders.

Another study, entitled The Satisfaction of Patient and Interest to Re-Using Health Services in Kandang Public Health Center Bengkulu by Susilo at.al (2020) with the results of his research that Puskesmas as the government's first-level health service provider must prioritize the implementation of quality health services. , affordable, fair and equitable. Good quality health services will create patient satisfaction and loyalty. The purpose of the study was to study the relationship between patient satisfaction and interest in using health services at the Kandang Health Center in Bengkulu City. The results of the study From 54 patients who came to the Kandang Health Center there were 34 patients who were satisfied with the health services at the Kandang Health Center in Bengkulu City (63.0%), 38 patients who were interested in reusing health services at the Kandang Health Center in Bengkulu City patients (70.4%). There is a significant relationship between patient satisfaction and interest in reusing health services at the Kandang Health Center in Bengkulu City with a moderate category.

Another study by Deni at.al (2021) regarding Collaborative Governance in Optimizing the Application of Electronic Health Care (E-Kes) in the Industrial Revolution 4.0 Era in Bengkulu City, with the result that the Bengkulu City Government through the Bengkulu City Health Office has implemented E-Kes through an application issued by the Bengkulu Provincial Health Office. However, the results have not been maximized by cooperation between DPRD, Provincial Health Office, City, Hospital, Community Health Center, NGOs and the Community, so that the implementation of E-Kes itself is not optimal.

Another study with the title Analysis of Health Service Quality Descriptive Study of Medical Services at the Lingkar Barat Health Center, Gading Cempaka District, Bengkulu City by Rian (2020), with the results of research that in the process of treatment services carried out by the Lingkar Barat Health Center, Gading Cempaka District, Bengkulu City, the first aspect The method used is responsiveness, which is related to the ability and willingness of health workers to provide fast service and respond to complaints and requests from the people who seek treatment. The next aspect is attention, which is defined by the care and attention of health workers to people who seek treatment in providing maximum service. In addition to responsiveness and attention, other aspects are physical appearance, which relates to facilities, the appearance of health workers at the puskesmas, and the form or state of personal relationships. And the last aspect is guarantee, which is related to the kindness or manners shown by doctors, nurses, and other staff. And also their ability to foster patient trust and confidence in providing maximum treatment services. From the results of this study and analysis showed that the quality of treatment services at the Lingkar Barat Health Center, Gading Cempaka District, Bengkulu City in carrying out medical services for people who seek treatment is very good.

Innovation Concept

Sangkala (2013) states that innovation in public sector management can also be defined as the development of new policy designs and new operating standards produced by organizations aimed at public policy problems. An innovation in public administration is effectiveness and creativity, and unique answers to new problems or answers. new to old problems. An innovation does not have to be a perfect solution or a final solution, but an open solution that can be transformed by those who adopt it.

Historically, actually, the concept of innovation (innovation) as a strategy to increase competitive advantage, there has been a long study that began since the establishment of administration as a science. This has been revealed by Muluk (2008:41), that the 1990-2000s era was marked by the development of knowledge management studies that put forward knowledge management as the basis for the formation of core competencies so that organizations can develop their innovation power which is difficult to imitate by other organizations. If this happens, it can be ascertained that the organization has a competitive advantage. The main figures in this movement are Peter M. Senge (1990) with his book (the fifth discipline), Ikujiro Nonaka and Hirotaka Takeuchi (1995) with his book (knowledge creating company) and many others.

The concept of innovation can generally be understood in the context of behavior change. Innovation is usually closely related to an environment that is characterized by dynamic and developing. The definition of innovation itself is very diverse, and from many perspectives. According to Rogers (2003:12), one of the leading authors of innovation books explains that innovation is an idea, practice, or object that is considered new by a particular individual (one unit) and adopted by another.

Innovation Process

Innovation is not always new (completely new), both in terms of physical and features that complement it. Innovation can occur because of a process known as re-invention. This re-invention process is not an original innovation discovery process, but is more cosmetic in nature or known as pseudo-innovation. In a public service, it is also possible to carry out a re-invention process, with the intention that public services will be more easily accepted by the local community. One of the most easily observed examples of the results of a re-invention process is the development of a yahoo site that introduces various services in local languages (yahoo dot co, yahoo dot co dot id, dot co dot jp, etc.) which are basically the same.

As it is widely known that an innovation can be in the range from the most complex and transformative innovations to those that are only adaptive and only incremental. The public sector must be able to take the opportunity to be at the forefront and only then continuously focus on achievement. In this context, there are 4 (four) key stages in the public sector innovation process, which may overlap or touch each other and of varying duration. In simple terms, these processes or stages can be referred to as the stages of developing, implementing, checking, and adjusting.

Innovation Type

Creating innovations must be able to determine what kind of innovation should be done in improving public services, so that these innovations can be useful and run as they should. The types of innovations are expected to provide positive input in creating public service innovations (Robertson in Nugroho & Siahaan, 2005), including:

a. Continuous innovation

   Is a modification of an existing product and not a completely new product. These innovations have the effect of at least disrupting established patterns of behavior. For example, introducing a new model change, adding menthol to cigarettes or changing the length of the cigarette.

b. Continuous innovation dynamically

   It may involve the creation of new products or changes to existing products, but generally does not change established patterns of customer spending habits and product usage. Examples include electric toothbrushes, compact disks, natural foods and very large tennis rackets.

c. Interrupted innovation

   Involves the introduction of an entirely new product that causes buyers to significantly change their behavior patterns. For example, computers, videocassette recorders.

RESEARCH METHODS

This research was conducted in Bengkulu City. The focus of this study is the application of innovation to pick up sick and go home healthy in the city of Bengkulu. To find out how the policy direction of the Bengkulu City Government in overcoming health problem in Bengkulu City can be seen with the following research stages.
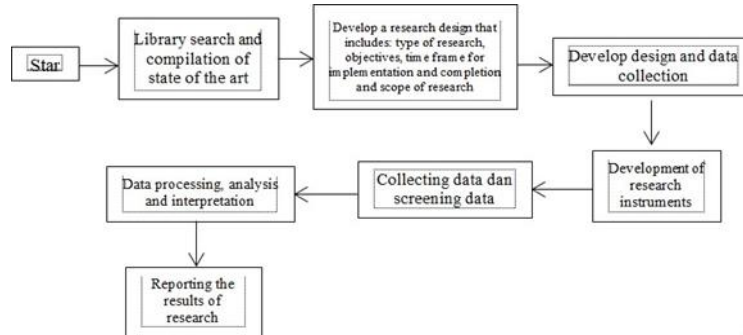

Figure 2. Research stages

The source of this research data comes from primary data and secondary data. Primary data through interviews with several people who were in the research location which happened to be met during the study. In addition, the interview with ka. The relevant health office and local government, in this case the Bengkulu City Government, have programs and policies on health issues in Bengkulu City. Secondary data is sourced from reports, records, laws and regulations. Informants in this study amounted to 15 people, the determination of research information using purposive sampling method. Researchers classify 2 characteristics of informants. The first characteristic is the State Civil Apparatus (ASN) which has the authority to implement policies for implementing health innovations in Bengkulu City.

Data analysis by compiling, namely: 1) classifying data both secondary and primary data; 2) compress the performance of sorting, sorting, sorting, and analyzing data; 3) the researcher presents the data and confirms the data and deepens the data analysis; 4) the researcher draws conclusions by analyzing the data according to the development of the research discussion.

RESEARCH RESULT AND DISCUSSION

Innovation to take the sick home healthy

Forms of Service Innovation

The innovation for picking up sick and returning home is a new thing / new way carried out by the city of Bengkulu in providing better health services to the community, especially families for the underprivileged and the community in emergency conditions. The innovation is intended so that the community gets the best service without thinking about costs and operational vehicles for treatment. The following is a series of innovative pick-up and return services, which are described as follows:
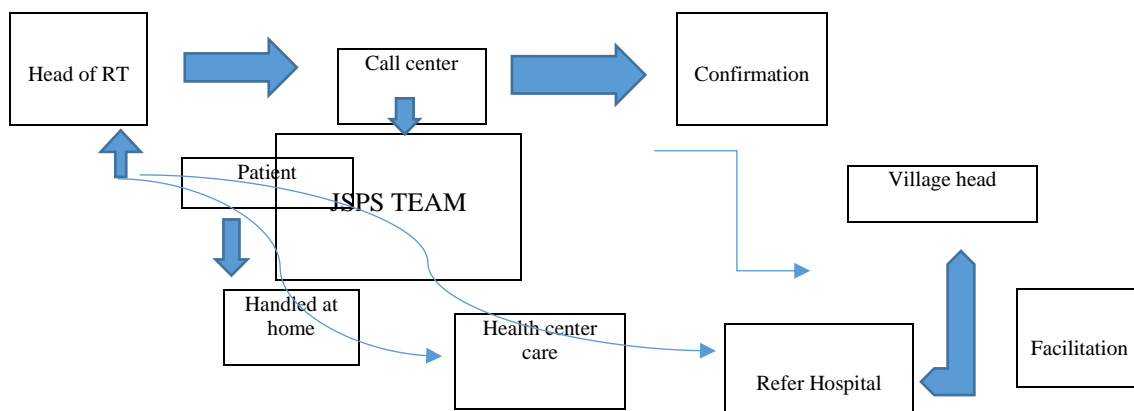

Figure 3. The flow of innovation services to pick up sick go home healthy

In the innovation to pick up sick and go home healthy, not only the family but the community who have a big role and play an active role in helping and preparing as well as being the party that plays a role in helping contact the neighborhood unit and the JSPS call center. In this case, the form of innovation to pick up sick and go home is in accordance with the opinion presented by Muluk (2008:44), which explains that service method innovation is a new thing in providing services, be it a new way of providing services or a new model of interacting. with customers.

Actors in innovation to pick up sick and go home healthy

The pick-up and return health innovation (JSPS) is a breakthrough that was taken by the Bengkulu city government in 2013. This innovation was initiated by the Mayor of Bengkulu Helmi Hasan and in its implementation it is carried out and supervised by the Bengkulu city health office, which sees that there are still many people who let his illness because he had no money and complicated administration. With this innovation, local governments can prioritize health services to make it easier for the community by preparing free ambulances and picking up patients directly. The patients who will receive these services certainly have certain criteria that really need them. In this case, it is a poor patient and an emergency patient. Patients are not only served in the form of shuttle services, but also services at regional hospitals and referrals to Jakarta.

Innovation process for picking up sick home and healthy

Seventy-two thousand Bengkulu residents were recorded in the weak economic group. Even though they have become members of BPJS Health, they need to be facilitated to access health service facilities. The Health and Wellness Pick Up Program (JSPS) is a development of the Bengkulu City Government which refers to these eight City Determinations. Bengkulu facilitates underprivileged patients to get optimal health services. The Head of Disease Prevention and Control at the Bengkulu City Health Office explained that all Bengkulu City residents who wish to have access to public services facilitated must meet several criteria. For the sake of accountability, the determination of criteria is based on the recommendation or confirmation of the local lurah. The criteria are residents who are incapable, unable to walk alone or unconscious and require immediate medical treatment. A fast response is also needed for patient management. As a result, a joint communication forum was formed in the Whatsapp Group consisting of the Mayor, Kapolda, Danramil, ulema, politicians, ormas administrators to RT/RW administrators. Indicators of the success of patient management can also be monitored because the workflow is clear. Beginning with the formation of a program management team formed based on the SK Kadinkes of Bengkulu City, then the JSPS Puskesmas team was formed and stipulated in the Letter of Assignment of the Head of UPTD Puskesmas. The City Government through the Health Office provides a JSPSI unit car and a call center plus a list of contact numbers. All patient actions are reported on a monthly basis from the puskesmas to the City Health Office. Program accountability is also carried out through reports on budget usage. The benefits of community networks in JSPS, apart from increasing awareness, also accelerates the improvement of health services. As the number of beneficiaries of JSPS increased, it was revealed that policy holders in Bengkulu were optimistic about the sustainability of the program, which claimed to be implemented without political embellishments and the interests of certain groups. This process is in accordance with the opinion of Suwarno (2008:22) which states that at least there are several processes/cycles of innovation formation, including; need or problem; basic and applied research; development; commercialization; diffusion/adoption; and consequences.

Indicators of the success of innovation pick up sick home healthy

Every human being must have been sick, whether mild or severe pain. For families where one of their family members is sick, the main thing to think about is how to get well soon. And during this healing process, not a few costs must be incurred. On the other hand, for people who live in areas where hospital facilities are not yet complete, then being referred to a city or province with better hospital facilities is an option that cannot be refused. And the burden of expenses also increases, not only for medical expenses but also for living expenses for accompanying families while out of town. Departing from these concerns, that it is not only the sick who need money but also their families, the Bengkulu city government launched the Healthy Returning Hospital (JSPS) program. This program is almost similar to the ball pick-up programs for sick residents by local health workers. The thing that distinguishes the JSPS program from similar programs is the movement to help pay for living expenses for the families who accompany the patient.

BPJS does pay for health services, but what about family members who come to the hospital? How to pay for family members while accompanying treatment? Those who have to seek treatment for up to a month or more while their only job is labor. At least everyone contributes by informing sick neighbors (sick residents) and helping people who are sick. After running for more than 5 years, many benefits have been helped by this program. There was even one incident where a mosque guard fell ill and then the information was spread across the ranks of the Bengkulu City Government Work Unit (SKPD) and also the local community. And as a result, people flocked to donate money to help treat the marbot, until finally the marbot was declared

healthy and allowed to go home from the hospital with Rp. 100 million collected by the residents. This JSPS program has helped many residents until then the residents who have been helped voluntarily become JSPS volunteers. They are unpaid volunteers and work sincerely because they feel they have been helped by this JSPS program. Volunteers go around the area every day looking for sick people, if they find sick people they will report to the local health center and to the JSPS WA group. Puskesmas officers who come to the next location will report their progress, if the sick resident needs to be referred, it will be handled further and the referral is prepared by the Bengkulu City Health Office.

The innovation model for picking up sick and going home healthy

After the innovation of health services through the health service pick-up was completed, the implementers, namely the Bengkulu city health office along with cross-sectoral and cross-programme efforts to improve and develop other ideas or innovations, aimed at making the sick-and-healthy pick-up innovation run more efficiently. better in the future. There is a new idea developed by the Bengkulu city health office in the implementation of the innovation to pick up sick and go home healthy. The concept of the idea is tabumas (public savings) and dasomas (social funds). Tabumas is a savings that is prepared by the community, in this case every head of the family is registered in the neighborhood unit far - far away in anticipation if one day they need money for treatment. The savings will be coordinated by JSPS officers through the local kelurahan. In addition to tabumas, there are dasomas or community social funds, where the community, especially patients who are sick and returning home, who are unable or have limitations in providing medical expenses, will be provided with social funds for medical treatment which comes from contributions from all elements of society in the local kelurahan, and is carried out on a regular basis. volunteer. Through this presentation, the Bengkulu City Health Office is considered to have been able to develop innovations in the public sector. In accordance with the opinion of Muluk (2008:49) public organizations must be able to develop a culture of continuous innovation through increasing the ability of every member in the organization. This development is important in order to create a service system that is easy to use and accessible to the community in a sustainable manner.

CONCLUSIONS

Based on the results of the discussion, it was concluded that the innovation of health care services to pick up sick and go home was an innovation in the form of direct patient ball pick-up services; training on the preparation of health service facilities; monitoring of training results through home visits; and services for preparing medical treatment funds voluntarily. The innovation involves cross-sectoral and cross-programme collaboration, as well as carrying out several processes/cycles for the formation of program innovations, including identifying problems where the city of Bengkulu is still listed as a city with a number of people who are less able to obtain health services. Then through basic/applicative research and development efforts to overcome these problems. There are several indicators of the success of the sick return home innovation besides the increasing number of health services, namely the ease of access for the community to participate in innovations, coverage, the level of patient understanding of the innovations that have been provided, and the suitability of innovations with needs. In addition, there are 2 (two) ideas that are on the agenda of the Bengkulu City Health Office along with cross-sectoral and cross-programme involved in the innovation of pick-up sick and healthy to improve and provide optimal service to the community, especially patients who pick up sick and go home healthy through tubumas (savings). community) and dasomas (community social funds).

COMPETING INTERESTS

The Authors have no competing interests to declare.

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