

Analisa Kesiapsiagaan Bencana Di RSUD Salatiga

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Abstrak

RSUD Salatiga is a public service institution that must still be able to provide health services to the public even in the event of a disaster emergency. Therefore RSUD Salatiga must organize preparedness management system and emergency response in facing disaster both because of internal and external disaster. The purpose of this research is to know the readiness and ability of RSUD Salatiga in handling disaster, so that all members or employees of hospital can understand about disaster, how to overcome it and how its application in hospital. Types and design of this study are qualitative, with data collection techniques performed by participative observation (Bungin, 2007: 115), structured interviews by Focus Group Discussion (FGD), collecting existing documentary materials, and combined Of the three. While the technique of data analysis using case study approach. The population of staff or employees of the hospital, with the number of respondents 4 people, data analysis is done by case study. RSUD Salatiga already has a book Disaster Preparedness Planning for Hospital, but it is outdated. So it needs to be evaluated and revised. No organizational structure of Disaster Preparedness Team has been established in RSUD Salatiga. Both the medical service and the managerial side of RSUD Salatiga support the implementation of disaster preparedness, but not ready as a whole. These include preparedness on preparing triage areas, labels and signs, preparing human resources with capability in accordance with service standards and competency standards, preparing specific procedures or SOP (Standard Operating Procedures) in carrying out medical support, preparing Command Post, preparing backup human resources, preparing logistics needs, preparing decontamination areas, preparing facilities for communication facilities (especially procurement of Handy Talky communication tools). RSUD Salatiga in terms of building a communications system and coordination in an integrated manner in order to deal with disaster emergency has installed an internal communication network using Aiphone, but does not yet have a wireless communication tool that is Handy Talky to make it easier, efficient and effective in communicating and coordinating between personnel and inter-room without interruption in case of cable break due to disaster. In establishing cooperation on communication and coordination with related parties (Fire Bureau, Indonesian Red Cross, Public Safety Center - 119, Police, City Health Office, and surrounding hospitals) have not been established. RSUD Salatiga has not yet established an implementation program of contingency plans (disaster management). Currently RSUD Salatiga in case of emergency situations and conditions of disaster will occur confusion in the case of disaster management and error information about the victims and the condition of physical damage, facilities and infrastructure due to the lack of organizational structure of Disaster Preparedness Team, although from the findings of research and discussion that RSUD Salatiga already has a book on Disaster Preparedness Planning for Hospitals, but it has also been outdated. So that will make it difficult for management, especially the director as the head of the hospital in terms of policy making for emergency disaster management. Then if there is distribution of aid and logistics distribution will also be difficult to be monitored properly, due to lack of good coordination system, so that emergency response activities become less measurable, objective and objective priority. In other words, RSUD Salatiga as a whole is not ready yet in facing disaster emergency situation.

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Keywords *Keywords : disaster preparedness, disaster response, disaster management.*

PRELIMINARY

Indonesia as an archipelago with a geographical location between two continents and two oceans, and located between the confluence of the three major tectonic plates, namely the Euro-Asia, Australia, Pacific and Philippine plates is an area prone to disasters. (1). In general, natural disasters can be caused by several factors, including geological factors such as volcanic eruptions, earthquakes and tsunamis. Then that is caused by hydrometeorology factors such as floods, landslides, and typhoons. Disasters caused by biological factors, for example, are epidemics of diseases that attack humans, livestock, and plants. Disasters due to factors of technological failure, for example, are accidents that occur in the industry causing pollution of hazardous chemicals or can cause nuclear radiation, and mass accidents on traffic transportation. While disasters caused by human factors such as the occurrence of conflict or even war between groups or groups in order to fight for limited resources, or the existence of ideological, religious and political conflicts. (2).

All of the aforementioned incidents can lead to a health crisis, which includes, among others, the paralysis of health services, the number of victims dead, and injuries, the large number of people being refugees to find a safe place, the problem of food availability, the problem of malnutrition, the problem of lack of clean water availability, the problem of poor environmental sanitation, the number of infectious diseases is increasing,

many experience psychiatric disorders and constraints on reproductive health services (3).

The meaning of the disaster itself is the occurrence of an event or series of events caused by both nature, technological or human failure so that it can cause many victims suffered by humans, resulting in property losses, damage to the environment and infrastructure, and damage to public facilities. So that as a whole can cause a variety of disturbances to the life and livelihood of the community (4). Whereas according to (5) disaster is an extraordinary event that occurs suddenly so that it can bring great damage, loss, destruction and injury to people and the surrounding environment.

The hospital is a public service institution that must still be able to provide health services to the wider community even in a disaster emergency (6). The hospital plays an important role in the preparedness of handling victims of everyday emergencies and disaster emergencies, so that health facilities must always be prepared in any situation and conditions in terms of emergency and disaster management (7).

Salatiga District Hospital as a public service institution in the health sector which, if at this time in a disaster emergency situation and condition, there will be confusion in handling and misinformation of victim data and physical damage conditions, facilities and infrastructure. So that it will complicate policy making for handling emergency disasters. The poor coordination system is not well

developed, so that distribution of aid and logistical distribution is also difficult to monitor properly, thus emergency response management activities are less objectively measured, directed and prioritized. Situations and conditions like this, special planning and strategies are needed which of course this is inseparable from the clear policies of the head of the hospital in terms of emergency and disaster management programmed and well coordinated, structured and systematic in the form of "Guidelines for Disaster Preparedness Planning for Hospital" in writing, on the other hand also for hospital accreditation. So that awareness and preparedness in dealing with all forms of disaster can be continuously improved. But the existence of written planning does not mean that the hospital is ready to deal with disasters, because preparedness requires training and simulation, so there is no "the paper plan syndrome" (8). The readiness of the new hospital can be realized if the plan is followed up with the formation of a disaster management team in the hospital. In its realization there must also be established cooperation with agencies or work units outside the hospital (City Health Office, PMI, PSC-119, Fire Department, and surrounding hospitals), as well as periodic training of hospital staff so that hospital staff know and familiar with the plans that have been compiled so that they can be applied. Some opinions say that hospitals that are accustomed to daily emergencies are only enough to add capacity such as beds, equipment, staff, wards, medical and non-medical

logistics, but from the results of analysis or observation in the field, disasters are actually

RESEARCH METHODS

The type and design of this study is qualitative, with data collection techniques have been done by observation (20), interviews with key informants and stopped until the respondent who is unimpaired as a source who has not provided new information anymore, and has been structured interviews in a way "Focus Group Discussion" (FGD) or focus group discussions, has collected existing documentary material, and a combination of the three. While the data analysis technique uses a case study approach.

A qualitative approach is a process of research and understanding based on methodology that investigates a social phenomenon and human problems. In this approach, researchers have made a complex picture, examined words, detailed reports from the views of respondents, and conducted studies in natural situations (21). The qualitative approach means that the data collected is not in the form of numbers, but rather that the data comes from interview scripts, field notes, personal documents, notes, memos, and other official documents, so the qualitative methodology is a research procedure that produces descriptive data in the form of words written (22).

Based on this thought, the researcher has obtained a set of data that can be analyzed to answer or explain the research problem.

The subject of research is something that is studied both people (informants), objects, or institutions (organizations). The research subjects are basically those who will be subject to the conclusions of the research results. In this research subject there are objects of research. The research subjects were disaster preparedness in Salatiga Regional Hospital, both in terms of human resources and facilities and infrastructure.

While the object of research is the nature of the state of an object, the person or the center of attention and research objectives. The nature of the condition in question can be in the form of nature, quantity, and quality that can be in the form of behavior, activities, opinions, views of judgment, attitudes of pros and cons, sympathy-antipathy, inner state and can also be a process. The research objects include:

1. Guidelines and Planning for Hospital Disaster Preparedness (P3B-RS).
2. Organization Structure of Hospital Disaster Management Team.
3. Medical support and management support.
4. Communication and coordination.
5. Implementation of contingency plans.

In terms of the technique of obtaining the number of respondents ("sample") the qualitative approach of the number of respondents is known when data collection experiences saturation. The data collection begins with interviewing the initial informant

or key-informant and stops arriving at the respondent who is umpteenth as a source who no longer provides new information. The intention is to stop arriving at the informant who is umpteenth when the information is no longer qualified through the snow-ball snowball technique, because the information provided is the same or does not vary anymore with the previous informants. So qualitative research on the number of respondents or informants is based on a process of achieving information quality (23).

In connection with this data collection, in this qualitative research the presence of researchers is very important in its position, and because qualitative research uses case studies, everything will depend on the position of the researcher (24). Thus the researcher is positioned as the main research instrument (25). So important and the necessity of the involvement of researchers and appreciation of the problems and subject of research, it can be said that researchers are closely attached to the subject of research. In this case the position of the researcher is as the secretary of the MFK Committee (Facility and Safety Management) in Salatiga Regional General Hospital. So the purpose of this methodology is not a generalization but an in-depth understanding of a problem. Qualitative research functions provide the substantive categories and qualitative research hypotheses. In terms of perspective, qualitative research uses an "emic" perspective. Researchers in this case collected data in the form of detailed stories from the informants and expressed as they were

in accordance with the language and views of the informants.

In terms of instruments, qualitative research has instruments in the form of researchers themselves. Because researchers as humans can adapt to their respondents and activities. That is very necessary so that the respondent as a data source becomes more open in providing information. Then other instruments used are notebooks, voice recording devices and cameras (26).

The qualitative data analysis study was carried out with a case study approach. Step Analysis of the data in the case study are:

1. Organizing information.
2. Read the entire information and give the code.
3. Make a detailed description of the case and its context.
4. The researcher establishes patterns and looks for relationships between several categories.
5. Then the researcher interpreted and developed a natural generalization of the case both for the researcher and for its application in other cases.
6. Presenting narratively.

The initial stage, the researcher immediately entered the field / object of research. After entering the object of research at an early stage, the researcher (qualitative) has seen everything in the place, which is still general.

Only when in the second stage of the research process is called the reduction / focus stage, researchers have chosen which data that is

interesting, important, and useful in accordance with the initial objectives of the study. Furthermore, it is grouped into various categories that are determined as research focus.

The next stage or the third stage in qualitative research is the selection stage. At this stage researchers have described the focus to be more detailed. Then the researcher has carried out in-depth analysis of the data and information obtained.

The end result of qualitative research that is developed based on the results of the field research directly from the data source / respondent, not only produces meaningful information in the form of documents, both documents from the researcher, field notes, speeches and actions of the respondents. But then the researcher has also been able to find a theme by constructing the data obtained into a new knowledge, hypothesis or science.

Results and Discussion

The results or descriptions of findings obtained by the researcher are the results of active observations from researchers, the results of interviews with respondents, the results of focus group discussions (FGD), and the results of study documentation obtained.

a. Active observation results.

Data obtained from observations include :

- 1) Ambulance Car :
 - a) Ambulance transport (3 unit)
 - b) Emergency Ambulance 118 (1 unit)
 - c) ambulance bodies (2 unit)

- 2) The official car used for employee transportation or logistics, namely 2 units of the Toyota Kijang Grand
- 3) The official car used for employee transportation or logistics, namely 2 units of the Toyota Kijang Grand.
- 4) Genset, RSUD Salatiga has 2 Genset units with a capacity of @ 450 KVA.
- 5) There is only 1 unit of hydrant installed that is ready to use in the inpatient building, namely in the Wijaya Kusuma Pavilion building

Water reservoirs as alternative water sources consist of Water reservoirs as alternative water sources consist of :

- 1) *"Ground Tank" (a reservoir of water in the ground), Salatiga Regional Hospital has 7 tank ground sites, namely with a capacity of 46 m³ there are 5 places, then with a capacity of 90 m³ there is 1 place, and with a capacity of 145 m³ there is one place.*
- 2) *"Roof tanks" (water reservoirs on the roof), Salatiga Regional Hospital has a roof tank that has 5 roof tank places, namely with a capacity of 46 m³ there is 1 place, with a capacity of 25 m³ there are 2 places, then with a capacity of 10 m³ there is 1 place, and with a capacity of 40 m³ there is one place.*

- 3) APAR (Light Fire Extinguishers) in Salatiga Regional Hospital has 136 pieces of APAR (containing Powder) and 25 pieces of APAR (containing CO gas).

The Gathering Area there are several alternatives that can be used as a place for the efficiency of the Salatiga Regional Hospital :

- a) Parking area north and west of the Wijaya Kusuma Pavilion building.
 - b) Parking area north of the ER.
 - c) The parking area west of the Outpatient Polyclinic building.
 - d) Parking area west of the financial building.
 - e) Parking area south of the Jasmine Room inpatient building.
 - f) Parking area south of the laboratory building.
 - g) Empty area east of employee parking.
- 4) There is a special line of internal communication (aiphone) that is used for "Code Red" (red code) in all rooms in each building as many as 23 units.
 - 5) Do not have wireless radio communication equipment (for example "Handy Talky").
 - 6) Not having building facilities for separate Command Posts with service buildings and offices.

Results of interviews with respondents.

Interview with key-informants and stop until the respondent who is umpteenth is the source who no longer provides new information, or the information is no longer qualified through the snow-ball snowball technique. Interview with

key-informants and stop until the respondent who is umpteenth is the source who no longer provides new information, or the information is no longer qualified through the snow-ball snowball technique.

Tabel 4. 1 Coding the results of interviews with respondents and the results of field observations

RESEARCH QUESTION	CODING	AXIAL CODING	SELECTIVE CODING
	<p>Head of Quality Sub-Department of YanMed (Mr. Agus Jasmani): "There is no Guidebook and Planning for Hospital Disaster Preparedness"</p> <p>Head of Quality Sub-Department of YanMed (Mr. Agus Jasmani): "There is no Guidebook and Planning for Hospital Disaster Preparedness"</p>	<p>There are no or not yet have a Guidebook and Planning for Disaster Preparedness for Hospitals</p>	
	<p>Ka SubBid SarPras Penukung (Mr. Andi): "We don't have a Hospital Disaster Preparedness Guidance Guide and Planning Book"</p>		
<p>Has Salatiga City Hospital had a Guidebook and Planning for Hospital Disaster Preparedness (P3B-RS)</p>	<p>Head of General Sub-Department of Public Relation, Household and Equipment (Mr. Nikon): "The Hospital Disaster Preparedness Guidebook and Planning already exists but it has been around 5 or 6 years ago and has not been revised until now"</p> <p>Bro. Nursing Committee (Mr. Edy Wasana): "It's been around 5 years ago, but there has never been any socialization and has never been revised"</p>	<p>The Hospital Disaster Preparedness Guidelines and Planning Book has been in existence for the past 5 or 6 years but has never been socialized and has never been revised</p> <p>The Hospital Disaster Preparedness Guidelines and Planning Book has been in existence for the past 5 or 6 years but has never been socialized and has never been revised</p>	<p>Salatiga City Hospital already has a P3B-RS book or a "Hospital Disaster Plan", but it has expired. So that it needs evaluation and revision.</p>
	<p>Findings from field observations: That Salatiga City Hospital already has a "Hospital Disaster Plan" or P3B-RS, but for approximately 20 years since July 1997 until now there has never been an evaluation and revision</p> <p>Findings from field observations: That Salatiga City Hospital already a</p>	<p>Hospital Disaster Plan or P3B-RS has been around since July 1997 which is about 20 years ago, but until now there has never been evaluation and revision</p>	

	"Hospital Disaster Plan" or P3B-RS, but for approximately 20 years since July 1997 until now there has never been an evaluation and revision		
	<p>KaBubid of Quality YanMed (Mr. Agus Jasmani):</p> <p>"The Organization Structure of the Disaster Management Team in Salatiga Regional General Hospital has not been established and established"</p> <hr/> <p>Ka SubBid SarPras Penukung (Mr. Andi):</p> <p>"Not yet established and established the Organization Structure of the Hospital Disaster Management Team".</p>	<p>The Organization Structure of the Disaster Management Team in the hospital has not been established and established</p>	
Has the Organization Structure of Disaster Management Team been established and established in Salatiga City HospitalHas the Organization Structure of Disaster Management Team been established and established in Salatiga City Hospital	<p>Head of General Affairs Sub-Department, Household and Equipment (Mr. Nikon): "The organizational structure of the Disaster Management Team should have been established and established, but because the guidebook has never been revised, it is likely that the organizational structure is certainly old so that it is not in accordance with the current conditions"</p> <hr/> <p>Bro. Nursing Committee (Mr. Edy Wasana):</p> <p>"I think it has been formed, but because it has never been socialized, of course the people in the team also do not know the main tasks and functions"</p>	<p>Already formed and established Organizational Structure of Disaster Management Teams (hesitant statements)</p>	<p>The organizational structure of the Disaster Management Team has not yet been established and established in Salatiga City Hospital</p>
	<p>Findings from field observations:</p> <p>The organizational structure of the Disaster Management Team has not been established.</p>	<p>Not yet formed the Organizational Structure of the Disaster Management TeamNot yet formed the Organizational Structure of the Disaster Management Team</p>	
Is there a readiness	KaBubid of Quality YanMed (Mr. Agus	In principle, both the	The medical service and

<p>for medical service support and managerial support in the context of implementing disaster management in Salatiga City Hospital</p>	<p>Jasmani):</p> <ul style="list-style-type: none"> • Medical Services Support: "In principle, the medical service must be prepared to support the implementation of disaster management in Salatiga City Hospital" • Managerial Support: "The management will definitely support and that is very necessary or needed as hospital managerial responsibilities and responsibilities regarding hospital safety and starting as a health institution" <hr/> <p>Ka SubBid SarPras Penukung (Mr. Andi):</p> <ul style="list-style-type: none"> • Medical Services Support: "Both medical and paramedics are ready to provide services in the context of implementing disaster management in hospitals" • Managerial Support: "The managerial party will support the implementation of disaster management, for example, is related to funding or budgeting, provision of infrastructure, conducting trainings on the use of APAR or simulating fire, all must be prepared as well as possible" <hr/> <p>Head of General Affairs Agency, Household and Equipment (Mr. Nikon):</p> <ul style="list-style-type: none"> • Medical Services Support: "Principally it is definitely ready" • Managerial Support: "Actually the managerial side supports or supports, but there is still little budget allocated in the context of implementing disaster management, and there are no trainings held that are intended for human resources in all hospitals related to disaster management planning, for example the use of APAR, only a small percentage can already use the APAR " <hr/> <p>Bro. Nursing Committee (Mr. Edy</p>	<p>medical and managerial services are ready and supportive in the context of implementing disaster management in Salatiga City Hospital</p>	<p>managerial services of Salatiga City Hospital support the implementation of disaster management, but are not yet ready in its entirety. That is, among others, readiness about:</p> <ul style="list-style-type: none"> • Prepare triage areas, labels and signs • Preparing HR with capabilities in accordance with service standards and competency standards • Prepare special procedures or SPO (Standard Operating Procedures) in carrying out medical support • Preparing Command Post • Prepare backup HR • Prepare logistical needs • Prepare the decontamination area • Preparing communication facilities (especially procurement of HT communication equipment)
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Wasana):

- **Medical Services Support:** "We, from the nursing side, are ready to provide support related to disaster management, in the form of support, among others, by conducting trainings which include BHD (Basic Life Assistance) training"

- **Managerial Support:** "In my view that the managerial party must support the implementation of disaster management, because these activities are part of an activity that will be assessed in hospital accreditation"

Findings from field observations:

- **Medical Services Support:**

- ☒ **Has not prepared a triage area in the IGD in accordance with the applicable rules, there are already labels and signs but are not complete and comprehensive**

- ☒ **Has prepared rescue equipment, ranging from life saving equipment to definitive therapy equipment**

- ☒ **Not yet prepared HR with the capability in accordance with service standards and competency standards**

- ☒ **Not yet prepared in full specific procedures or SPO (Standard Operating Procedures) in carrying out medical support**

- **Managerial Support:**

- ☒ **Not yet set up Command Post**

- ☒ **Has not prepared a backup HR**

- ☒ **Has not prepared logistical needs**

- ☒ **Has prepared the evacuation**

Both the medical service and managerial parties support the implementation of disaster management in the Salatiga Regional General Hospital, but not yet prepared as a whole

	<p>flow and the safety of the shelter area</p> <p>☒ Not yet prepared the decontamination area</p> <p>☒ Has prepared communication facilities inside and outside the hospital, except HT communication devices</p> <p>☒ Only prepare land transportation facilities for officers and victims</p>	
<p>Is there readiness in terms of building an integrated communication and coordination system in order to deal with disaster emergencies</p>	<p>Head of Quality Sub-Department of YanMed (Mr. Agus Jasmani): "There must be a link between the MoU and the relevant external parties, for example with the DAMKAR, PMI, and others. But in this case we have not had a link between the MoU. Then internally we must build an integrated communication network system, for example a communication network that can connect between Disaster Teams and managerial parties, for example can use mobile or HT communication devices.</p> <hr/> <p>Ka SubBid SarPras Supporting (Mr. Andi): "we already have an internal communication network that is used specifically in order to deal with disasters, namely using aiphone and by sounding sirens. Whereas for relations with external parties such as DAMKAR, PMI and other related parties is to use a cable telephone and there should be an MoU with them, but the MoU does not yet exist".</p> <hr/> <p>KaSubBag Umum, Rumah Tangga Dan Perlengkapan (Bp. Nikon) : "Sistem komunikasi antar ruangan sudah ada yaitu menggunakan aiphone, sedangkan system koordinasi dengan pihak luar rumah sakit belum ada, sehingga kita harus membangun kerjasama dengan pihak terkait misal dengan cara misalnya membuat MoU"</p>	<p>Salatiga Regional Hospital in terms of building an integrated communication and coordination system in the context of dealing with disaster emergencies has installed an internal communication network using Aiphone, but does not have a wireless communication device, HT, so that it is easier, more efficient and effective in communicating and coordinating between personnel and room without interference if there is a cable break due to a disaster. In building communication and coordination cooperation with related parties (DAMKAR, PMI, PSC-119, Police, and DKK) have not been formed.</p> <p>Salatiga Hospital has an internal communication network ("Aiphone"), but does not have a wireless communication device, namely "Handy Talky" (HT). and there is no collaboration with related parties (DAMKAR, PMI, Police, PSC-119, DKK) in the form of an MOU</p>

Bro. Nursing Committee (Mr. Edy Wasana):

"Internally in the nursing committee, because the form is functional, we in terms of communicating and coordinating involve linkages with the managerial structural parties, then the communication facilities that should be equipped are HT even though" aiphone "already exists, because HT is more effective and can be used without interference. if a communication cable network breaks due to a disaster. Then the form of communication and coordination with outside parties is that there must be an MoU, for example with the DAMKAR, the Police, the Health Service, PEMKOT. But this MoU doesn't exist yet "

Findings from field observations:

Salatiga Regional Hospital has installed a special line of internal communication in every building and ward or inpatient ward using the "aiphone" communication tool, which is used for "Code Red" (red code), namely the code for a fire disaster. The tool has been tested, but simulation activities have not been carried out. At present the Salatiga Regional Hospital does not have a "Handy Talky" (HT) wireless communication device and also has not cooperated with related parties (DAMKAR, Police, Health Service, PSC-119, PMI) who are bound in the form of agreements (MoU).

Salatiga Regional Hospital has installed a special line of internal communication using Aiphone but does not have Handy Talky (HT) wireless communication equipment, nor has the collaboration with related parties (DAMKAR, Police, DHO, PSC-119, PMI) been in the form of an agreement (MoU)

Has Salatiga City Hospital made a contingency plan implementation program (disaster management)

Head of YanBed Quality Sub-Department (Mr. Agus Jasmani): "There is no implementation program for disaster management plan".

Head of General Affairs Sub-Department, Household and

There is no implementation program for disaster management plans

Salatiga Regional Hospital has not made a contingency plan implementation program (disaster management)

Equipment (Mr. Nikon): "there is no implementation program for disaster management plan"

Bro. Nursing Committee (Mr. Edy Wasana): "There are plans for implementing simulations with third parties in the context of handling disasters"

There are already plans for implementing disaster management simulations

Ka SubBid SarPras Penukung (Mr. Andi): "Not making a program, still in the form of discourse"

Not yet making a contingency implementation plan (disaster management), only limited to discourse

Findings from field observations: In this case Salatiga District Hospital has not made a contingency implementation plan (disaster management), only limited to discourse.

a. Presentation of research findings

Salatiga City Hospital which has 21 service buildings and office buildings that stand on a land of ± 33,600 m², with 27 units of service facilities owned, and with a maximum number of beds with a capacity of 339 beds and 17 baby boxes. With a total of 574 employees, consisting of 12 general practitioners and 35 specialist doctors and sub-specialists, 270 nursing staff, 98 other health workers, 159 non-health workers. Then Salatiga Regional General Hospital also has several facilities that complete it, including the presence of 3 units of ambulance transport, 1 unit of emergency ambulance car, and 2 units of body ambulance. Then, 2 units of MPV cars were used for employee or logistics transportation.

To meet the needs of electricity reserves, Salatiga Regional Hospital has 2 Genset units with a capacity of @ 450 KVA. While to meet the need for clean water apart from the PDAM is a water reservoir as an alternative water source, which consists of 7 places "ground tanks" (water reservoirs in the ground) and 5 places "roof tanks" (water reservoirs on the roof).

Then in order to overcome the fire disaster, the hospital only prepared 1 unit of hydrant installed next to the inpatient building of the Pavilion Wijaya Kusuma. But the hydrant has also not been tested for its readiness. Apart from installing hydrants. The hospital has also provided 136 pieces of APAR (Light Fire Extinguishers) containing powder and 25 pieces containing CO gas. But not all Salatiga Hospital employees know how to use it, because there is no training, simulation and

socialization of the use of APAR. Then in the framework of rescue and transfer of victims of disasters, both people and patients, documents and assets, there are 8 gathering points in the Salatiga Hospital that can be used as evacuation sites in the event of a disaster.

Salatiga Regional Hospital has installed a special line of internal communication in every building and ward or inpatient ward using the "aiphone" communication tool, used for "Code Red" (red code), namely the code for the fire disaster. The tool has been tested, but simulation activities have not been carried out in relation to plans to deal with the occurrence of fire disasters in hospitals. And in order to communicate or coordinate more quickly, easily and efficiently, not disturbed or break up due to cable damage, a wireless communication device is needed, for example HT ("handy talky"). Both communication and coordination among personnel incorporated in the organizational structure of the disaster management team, as well as external communication and coordination of the organization in order to request assistance with related parties, for example with the City Health Office, DAMKAR, Police, PMI, PSC ("Public Safety Center ") 119, and other hospitals around the city. At present the Salatiga Regional General Hospital does not have such wireless communication equipment and

also has not cooperated with related parties bound in the form of agreements or memoranda of understanding and agreements both orally and in writing, which is often known as the "Memorandum of Understanding" or abbreviated as MoU (29) All institutions now recognize that the response to all types of emergencies requires an inter-agency, interdisciplinary response, and that almost all emergencies have potential health consequences (30).

To facilitate coordination and integration of all components in the hospital command system, a separate room or building is needed that is separated from the service building and offices and is estimated to be far from the internal disaster center that is used as a command center. This command center is used as a communication center with outsiders, the center of information delivery to the public. Identification of existing capacity and resources and at the same time as an integrated integrated coordination center of the hospital disaster management system. However, in this case Salatiga District Hospital does not have a building or special room that is used as a command center called the Command Post.

The hospital has the function of providing health services to the wider community, which is also a link of the Integrated Emergency Management System (SPGDT) both in everyday situations and in

disaster situations. So that a hospital is required to always be ready to deal with disasters that can occur at any time. For this reason, a form of disaster preparedness planning is needed for hospitals in the form of written guidelines, namely "Hospital Disaster Plan" (Guidelines for Planning Disaster Preparedness for Hospitals), hereinafter referred to as P3B-RS. Of course, with the creation of a manual for disaster preparedness planning for hospitals, it must be realized by following up on the formation of a Disaster Management Team a. Presentation of research findings

Salatiga City Hospital which has 21 service buildings and office buildings that stand on a land of ± 33,600 m², with 27 units of service facilities owned, and with a maximum number of beds with a capacity of 339 beds and 17 baby boxes. With a total of 574 employees, consisting of 12 general practitioners and 35 specialist doctors and sub-specialists, 270 nursing staff, 98 other health workers, 159 non-health workers. Then Salatiga Regional General Hospital also has several facilities that complete it, including the presence of 3 units of ambulance transport, 1 unit of emergency ambulance car, and 2 units of body ambulance. Then, 2 units of MPV cars were used for employee or logistics transportation.

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of @ 450 KVA. While to meet the need for clean water apart from the PDAM is a water reservoir as an alternative water source, which consists of 7 places "ground tanks" (water reservoirs in the ground) and 5 places "roof tanks" (water reservoirs on the roof).

Then in order to overcome the fire disaster, the hospital only prepared 1 unit of hydrant installed next to the inpatient building of the Pavilion Wijaya Kusuma. But the hydrant has also not been tested for its readiness. Apart from installing hydrants. The hospital has also provided 136 pieces of APAR (Light Fire Extinguishers) containing powder and 25 pieces containing CO gas. But not all Salatiga Hospital employees know how to use it, because there is no training, simulation and socialization of the use of APAR. Then in the framework of rescue and transfer of victims of disasters, both people and patients, documents and assets, there are 8 gathering points in the Salatiga Hospital that can be used as evacuation sites in the event of a disaster.

Salatiga Regional Hospital has installed a special line of internal communication in every building and ward or inpatient ward using the "aiphone" communication tool, used for "Code Red" (red code), namely the code for the fire disaster. The tool has been tested, but simulation activities have not been carried out in relation to plans to deal with the occurrence of fire

disasters in hospitals. And in order to communicate or coordinate more quickly, easily and efficiently, not disturbed or break up due to cable damage, a wireless communication device is needed, for example HT ("handy talky"). Both communication and coordination among personnel incorporated in the organizational structure of the disaster management team, as well as external communication and coordination of the organization in order to request assistance with related parties, for example with the City Health Office, DAMKAR, Police, PMI, PSC ("Public Safety Center ") 119, and other hospitals around the city. At present the Salatiga Regional General Hospital does not have such wireless communication equipment and also has not cooperated with related parties bound in the form of agreements or memoranda of understanding and agreements both orally and in writing, which is often known as the "Memorandum of Understanding" or abbreviated as MoU (29) All institutions now recognize that the response to all types of emergencies requires an inter-agency, interdisciplinary response, and that almost all emergencies have potential health consequences (30).

To facilitate coordination and integration of all components in the hospital command system, a separate room or building is needed that is separated from the service building and offices and is

estimated to be far from the internal disaster center that is used as a command center. This command center is used as a communication center with outsiders, the center of information delivery to the public. Identification of existing capacity and resources and at the same time as an integrated integrated coordination center of the hospital disaster management system. However, in this case Salatiga District Hospital does not have a building or special room that is used as a command center called the Command Post.

The hospital has the function of providing health services to the wider community, which is also a link of the Integrated Emergency Management System (SPGDT) both in everyday situations and in disaster situations. So that a hospital is required to always be ready to deal with disasters that can occur at any time. For this reason, a form of disaster preparedness planning is needed for hospitals in the form of written guidelines, namely "Hospital Disaster Plan" (Guidelines for Planning Disaster Preparedness for Hospitals), hereinafter referred to as P3B-RS. Of course, with the creation of a manual for disaster preparedness planning for hospitals, it must be realized by following up on the formation of a Disaster Management Team berdasarkan pada landasan teori yang ada, sehingga didapatkan komparasi sebagai berikut :

- 1) Sebuah rumah sakit harus memiliki "*Hospital Disaster Plan*" secara tertulis (Pedoman Perencanaan Penyiagaan Bencana bagi Rumah Sakit) yang selanjutnya disingkat dengan P3B-RS. Pada RSUD Salatiga sudah memiliki "*Hospital Disaster Plan*" atau P3B-RS, namun selama kurang lebih 20 tahun lamanya sejak Juli 1997 sampai dengan sekarang belum pernah dilakukan evaluasi dan revisi.
- 2) Harus terbentuk struktur organisasi tim penanganan bencana di rumah sakit atau yang disebut dengan Tim Manajemen Insiden Rumah Sakit (TMIRS). Namun dalam hal ini di RSUD Salatiga walaupun telah memiliki P3B-RS ternyata belum terbentuk struktur organisasi TMIRS.
- 3) Perbandingan antara landasan teori dengan temuan penelitian pada dukungan medis dan dukungan manajemen :

Tabel 4. 2 Comparison between theoretical basis and research findings

THEORETICAL BASIS	RESEARCH FINDINGS
<p>Medical support:</p> <ul style="list-style-type: none"> • Prepare triage areas, labels and signs • Preparing relief equipment, ranging from "life saving" equipment to devinitive therapy equipment • Preparing HR with capabilities in accordance with service standards and competency standards • • Prepare special procedures or SPO (Standard Operating Procedures) in carrying out medical support 	<p>Medical support:</p> <ul style="list-style-type: none"> • Has not prepared a triage area in the IGD in accordance with the applicable rules, there are already labels and signs but are not complete and comprehensive • Has prepared rescue equipment, ranging from "life saving" equipment to devinitive therapy equipment • Not all of them have prepared HR with the capability in accordance with service standards and competency standards • Not yet prepared in full specific procedures or SPO (Standard Operating Procedures) in carrying out medical support
<p>Management Support:</p> <ul style="list-style-type: none"> • Preparing Command Post • Prepare backup HR • Prepare logistical needs • Prepare the evacuation flow and the safety of the shelter area • Prepare the decontamination area • Prepare communication facilities inside and outside the hospital • • Prepare transportation facilities (land, sea, air) for officers and victims 	<p>Management Support:</p> <ul style="list-style-type: none"> • Not prepared a Command Post • Has not prepared a backup HR • Not prepared logistics needs • Has prepared an evacuation flow and the safety of the shelter area • Not prepared a decontamination area • Has prepared communication facilities inside and outside the hospital, except HT communication devices • • Only prepare land transportation facilities for officers and victims

In order to build a system of communication and coordination in an integrated manner when dealing with disaster emergencies, a special communication path is needed, both communication that is carried out internally and externally, both communication is information, communication is coordination and control communication. As a comparison, the Salatiga Regional General Hospital has had a special internal communication device, which uses a "aiphone" communication device, but does not have a wireless communication device, HT. And there has not been any cooperation with related parties bound in the form of agreements (MoU) in the context of coordination and requests for assistance.

A hospital must make a disaster contingency implementation plan, which is one of the planning instruments to ensure a better future in dealing with various disaster risks, namely contingency planning. Contingency planning is one of the various plans used in the risk management cycle (disaster management), namely in the form of disaster simulations. The implementation requires third parties who have the competence and experience in the field of disaster management to provide internal education and training in hospitals. As well as inviting related parties to participate in the internal training, for example is from the DAMKAR (Fire Department) which also provides training on the use of APAR (Light Fire Extinguishers), PMI (Indonesian Red

Cross), PSC-119 ("Public Safety Center"), and the Police. In this case Salatiga District Hospital has not made a contingency implementation plan (disaster management), only limited to discourse.

a. Assess or "Evaluate"

1) "Hospital Disaster Plan" or P3B-RS in Salatiga Regional Hospital has been made, but for a period of 20 years it has never been evaluated and revised. Then the "Hospital Disaster Plan" or P3B-RS in Salatiga Regional Hospital is no longer in accordance with the situation, science and technology, as well as current developments.

2) The organizational structure of the disaster management team or the Hospital Incident Management Team (TMIRS) has not been formed. The organizational structure is very important in its existence, because in it there is a group of people who occupy certain positions, who have their main duties and functions to carry out various activities in accordance with the objectives to be achieved from the organization. Thus, even though the P3B-RS has been created, but the organizational structure has not been formed, of course there is no activity carried out, and there is no future goal for P3B-RS to be achieved clearly.

3) From the research findings obtained related to the implementation of disaster management, that there is support from the medical service ("medical support") and support from management ("support management"), but still not able to fully support the implementation of disaster management in the hospital.

4) Salatiga Regional General Hospital has a special network of internal communications using a cable telephone ("aiphone") with the help of an operator that is used as a communication tool in the form of information and related coordination in order to deal with disaster emergencies. That is only limited to communication of notification or information that there has been a disaster emergency from the scene to the head of the hospital through the operator. But it does not have a 2-way direct communication tool that can reach all work units without using a cable that is ("Handy Talky") or often known as HT as a control communication tool. Then there will be difficulties in controlling the operational activities in the field in the event of a disaster emergency. Likewise, Salatiga Regional Hospital has not cooperated in the form of an MoU with related external parties (DAMKAR, PMI, PSC-119, DHO, Police, and Neighborhood Hospitals) as a network in the context of coordination and requests for assistance, Salatiga Regional Hospital will not be able handle yourself against emergency disasters that occur.

5) Salatiga Regional Hospital has not made contingency implementation plans in the form of simulations, this is only limited to discourse. So that the hospital does not yet have the readiness to deal with disasters. Because all hospital personnel have not been trained and are not yet accustomed to dealing with disaster emergency situations that may occur at any time.

b. Interpretation or "Interprestation"

1) Because the "Hospital Disaster Plan" or P3B-RS in Salatiga Regional Hospital is no longer in accordance with the situation, science and technology, as well as current developments. So the "Hospital Disaster Plan" or P3B-RS can no longer be used as guidelines in the context of disaster management, so it is necessary to evaluate and revise to be made and rearranged into a new guideline related to disaster management.

2) Because of the structure

CONCLUSION

At present the Salatiga Regional Hospital in the event of a disaster emergency situation and condition will be confused in handling the disaster and confusion of information on the victim's data and the condition of physical damage, facilities and infrastructure due to the TMIRS Organizational Structure has not been formed, even though the research findings and discussion that Salatiga Hospital has have a P3B-RS book or "Hospital Disaster Plan", but it also has expired. So that it will make it difficult for management especially the director as the head of the hospital in terms of policy making for handling emergency disasters.

Then if there is a distribution of aid and logistics distribution it will also be difficult to monitor properly, due to lack of a good coordination system, so that emergency response management activities become less measurable, purposeful and objectively prioritized. In other words, the Salatiga

General Hospital as a whole was declared unprepared in dealing with disaster emergency situations.

Thus theoretically it is stated that a hospital is said to be ready to face a disaster if :

1. Having a Guideline for Planning Hospital Disaster Preparedness (P3B-RS) which is periodically evaluated and if necessary revised in accordance with the progress of the times and the development of the latest technology.
2. Training and simulations are held regularly and continuously.
3. The establishment of a disaster management team at the hospital or the Hospital Incident Management Team (TMIRS).
4. There is cooperation or MoU with related agencies or work units outside the hospital

Specific planning and strategies are needed in the face of disaster emergency situations and conditions, because disaster is actually a unique situation. In the case of disaster management will involve many different people (across programs and sectors) so that decision-making will also be different between everyday emergencies and disaster emergencies.

So that there needs to be a clear policy from a director as the head of the hospital in terms of programmed and coordinated well-structured and systematic disaster management in the form of P3B-RS (Guidelines for

Planning Disaster Preparedness for Hospitals), which periodic evaluation is carried out and if necessary, revisions are made in accordance with the progress of the times and the latest technology. But the existence of written planning alone does not mean that the hospital is ready to deal with disasters, because preparedness requires regular and continuous training and simulation. New hospital preparedness can be realized if the plan is followed up with the formation of a disaster management team at the hospital or the Hospital Incident Management Team (TMIRS). Then the cooperation or MoU with related institutions or work units outside the hospital is also established, for example with the Health Office, PMI, PSC-119, DAMKAR, and surrounding hospitals. So that vigilance and preparedness in dealing with all forms of disaster can be continuously improved.

Limitations of the study describe things or variables that are actually included in the breadth of the research scope. However, due to certain methodological or procedural difficulties, it cannot be included in the research and beyond the control of the researcher. These limitations include:

1. Impact of variability in the timing of FGD activities which is only carried out in one meeting in one cycle from which there should be at least 2 meetings based on permits given by the Salatiga Regional Hospital as a place of research.
2. Limitations of knowledge from the resource person in giving answers

during the interview, are things that are beyond the reach of researchers to control them.

3. The absence of a check with the supervisor or the leader of the resource person, because the boss or leader of the resource person is indeed difficult to find and there are also speakers who at that time did not have superiors or leaders due to retirement or retirement.

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