



Analysis of Public Services in Health Innovation through Pamekasan Call Care (PCC) 119

Kiki Firsty Videlitha^{1*}, Rachmawati Novaria²

Program Studi Magister Ilmu Administrasi Publik, Fakultas Ilmu Sosial dan Ilmu Politik, Universitas 17 Agustus 1945 Surabaya, Indonesia

Corresponding Author: Kiki Firsty Videlitha kfvidelitha@gmail.com

ARTICLE INFO

Keywords: Public Services, PCC 119, Emergency Handling

Received : 12, February

Revised : 26, February

Accepted: 26, March

©2025 Videlitha, Novaria: This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



ABSTRACT

Quality public service is one of the important indicators in assessing government performance, especially in the health sector. Public health is a top priority for local and central governments in order to improve people's welfare. The "Pamekasan Call Care" program is one of the priority programs of the Pamekasan Regency Government in expanding the reach of health services for Pamekasan residents. Based on the background above, the problems to be studied are: 1) How is the analysis of public services in health innovation through Pamekasan Call Care (PCC) 119? 2) What are the obstacles to public services in health innovation through Pamekasan Call Care (PCC) 119? This research method is empirical juridical. The data used in this study are primary data and secondary data. The research techniques are library research and field research. Based on the research that has been conducted, it was found that the implementation of public services in the integrated emergency response system through PSC 119 in Pamekasan Regency has implemented the principles of good service which include indicators of responsiveness, responsibility, and accountability.

INTRODUCTION

In Indonesia, the implementation of public services has become an increasingly strategic and intriguing policy topic to research because improvement of public services in this country tends to stay stagnant. While their ramifications are well understood, they encompass all public areas in economic, social, political, cultural, and other aspects of life (Mahsyar, 2011). The characteristics of the static and rigid service system in the public sector must be able to be dissolved through the dogma of innovation culture. This innovation culture must be able to be developed and maintained in order to provide maximum service from the government to its people.

The Minister of Empowerment of State Civil Apparatus and Bureaucratic Reform Regulation Number 30 of 2014 concerning Guidelines for Public Service Innovation states that public service innovation is required for both the central and regional governments in order to implement decentralization, specifically to improve welfare, prosperity, and independence for the community and its regions. Innovation in public services is critical for enhancing the quality and efficacy of services offered to the community. This innovation not only includes the use of new technology, but also involves improvements in processes, policies, and approaches to address existing challenges.

One of the most needed forms of service by the community is health services in addition to food and education. This is inseparable from the need for the community to continue to have a healthy life. Thus, adequate health services are needed to support this pattern. However, there are still many obstacles faced in the implementation of health services, especially in terms of accessibility and responsiveness to the emergency needs of the community. Innovation in public services in the health sector has a vital role in improving the accessibility, quality, and efficiency of health services to the community. In facing global challenges such as increasing population, climate change, and pandemics, innovation in health services is an urgent need. Some forms of this innovation include the application of digital technology, the development of new service models, and interdisciplinary approaches that integrate various sectors.

One of the breakthroughs of the Ministry of Health of the Republic of Indonesia is the introduction of the Public Safety Center (PSC) 119 program, which is an emergency response service. This program was launched in 2016 and collaborates with the Ministry of Transportation to support the management of people involved in accidents and critical situations in accordance with the Regulation of the Minister of Health Number 19 of 2016 concerning the establishment of an integrated emergency response system. The PSC 119 innovation in health services so that the public can contact the 119 call center to immediately get health services, especially in emergency conditions.

Pamekasan Regency is one of the regions that implements an innovative health service system through the Public Safety Center (PSC) 119 to facilitate health services for the people of Pamekasan. One of the public health service programs that has been initiated by the Regional Government is the "Pamekasan Call Care" Program. Public services in the health and safety sector formed by the Pamekasan Regent are one of the priority programs of the Pamekasan Regency

Government in expanding the reach of health services for Pamekasan residents in expanding the reach of health services for Pamekasan residents through the provision of SIGAP cars in 178 villages spread across 13 sub-districts in Pamekasan Regency.

Public service innovation by the Pamekasan Regency Government through the Call Care (PCC) service is one of the efforts to improve the quality of public health services, especially in handling emergencies. Public Safety Center (PSC) 119 Pamekasan Call Care (PCC) is an emergency service that can be accessed with an emergency number via WhatsApp. This service aims to provide a quick response to health emergencies in the Pamekasan area. The Pamekasan Police Resort (Polres), East Java recorded 260 traffic accidents throughout 2020. As a result of these accidents, 107 lives were lost in vain. The PCC service is a real example of how innovation in the field of public health can improve people's welfare through better accessibility and faster response to emergency needs. The Pamekasan Regency Government, through this service, is trying to answer challenges in health services and provide proactive and innovative solutions. However, the author found an interesting fact, reported by the online media Kompas, that in 2022 Pamekasan Regency received a yellow card or was included in the yellow zone area in terms of public services. This is interesting to discuss considering the difficulties Pamekasan Regency has in developing innovation in the scope of public services.

LITERATURE REVIEW

Public Service

Public service refers to the term "public," which is more closely associated with society or the general public. However, the public's perception of public service is not completely consistent with society's perception. Nurcholis (2005:178) describes the public as a group of individuals who share a common style of thinking, feeling, hoping, behaving, and acting that is proper and good based on the values of their norms. Providing services or meeting the needs of individuals or the community, as well as other organizations with an interest in the organization, in line with the basic norms and procedures established and designed to satisfy the service receiver (Kartini et al, 2023:185).

Public service is a result of public bureaucracy that is accepted by residents and the larger community. As a result, public service can be defined as a set of operations carried out by the public bureaucracy to address citizens' requirements (Dwiyanto 2016:136).

Furthermore, Oxford (2000) explains the definition of public service as "a service such as transport or health care that a government or an official organization provides for people in general in a particular society". From the several definitions above, the author concludes that public service is all forms of service, both in the form of public goods and public services which in principle are the responsibility and are implemented by government agencies in order to fulfill the needs of the community or in order to implement statutory provisions.

According to Levine et al. (1990), public service goods in democratic countries must meet at least three criteria: responsiveness, responsibility, and accountability.

1. Responsiveness refers to service providers' ability to meet the needs and expectations of their customers.
2. Responsibility refers to the extent to which public services are provided in conformity with specified administrative and organizational standards.
3. Accountability measures whether service delivery aligns with stakeholder interests and societal values.

The quality of public service is a metric used to assess how well a public service provider institution delivers public services. According to Pasolong (2013, 128), quality is a word with a relative meaning that is abstract. Quality can be used to assess or determine the level of adjustment of something. If the requirements or specifications are met, the quality of something in question can be said to be good; conversely, if the requirements are not met, the quality can be said to be bad. In theory, the goal of public service is to meet the needs of the community.

Minimum Service Standards (SPM) are provisions governing the type and quality of fundamental services that are mandatory regional affairs and that every person is entitled to at the very least (Zaenal & Muhibudin 2015:120). The word SPM refers to the minimal quality of service that a region can deliver to the community in terms of mandated regional issues. As a result, SPM includes all mandatory regional government affairs, not just those within service units. Meanwhile, Standard Operating Procedures (SOPs) are a set of standardized written instructions for managing various organizational operations, including how and when to do them, where to do them, and who should do them.

Technology is now inextricably linked to the delivery of services. The application of internet technology in government is referred to as electronic government or e-government. Simply put, e-government, also known as digital government, is an activity in which the government uses information technology to provide public services. The importance of E-government is partly based on the need for transparent government and the demands of increasingly advanced changes in the era. One of its goals is to improve public services through the use of information and communication technology. E-Government or digital government is essentially an activity carried out by the government using information and communication technology support, primarily in order to provide services to the public more effectively.

Innovation

The term innovation is always interpreted differently by several experts. According to Suryani (2008:304), Innovation in a broad concept is actually not only limited to products. Innovation can be in the form of ideas, methods or objects that are perceived by someone as something new. Innovation is also often used to refer to changes that are perceived as something new by the community that experiences them. However, in the context of marketing and the context of consumer behavior, innovation is associated with products or services that are

new in nature. New, to refer to products that have never existed before in the market, and new, in the sense that there is something different that is an improvement or refinement of previous products that consumers have encountered in the market.

The term "innovation" can be defined as a "process" or "result" of acquiring, employing, or mobilizing information, skills (including technology abilities), and experience in order to produce or improve products and processes that deliver greater meaningful value. According to Rosenfeld in Sutarno (2012:132), innovation is the transition of information into new products, processes, and services, or the act of employing something new. Meanwhile, Mitra defines innovation as the successful implementation of a new idea, or the mobilization of knowledge, technology skills, and experience to develop new goods, processes, and services. However, according to Fontana (2009:20), innovation is economic and social success as a result of the introduction of new ways or new combinations of old ways of transforming inputs into outputs that cause significant changes in the relationship between utility and price provided to consumers and/or users, communities, societies, and the environment.

Pamekasan Call Care

Pamekasan Call Care (PCC) is part of the Integrated Emergency Response System (SPGDT) provision and management program at the Pamekasan District Health Office. Through the Pamekasan Call Care (PCC) program, it is hoped that it can guarantee the needs of the community in matters related to emergencies and health crises in the Pamekasan area. With the aim of increasing access to quality services and getting a quick response. In addition to using local service numbers, the public can also utilize services through the Emergency Button application which can be downloaded from the Play Store. The general objective of Pamekasan Call Care is to bring health service access closer, and accelerate health services to the community for free which is carried out in an integrated and integrated manner by involving various parties.

METHODOLOGY

Research methods are basically scientific ways to obtain data with specific purposes and uses. Based on this, there are four keys that need to be considered, namely, scientific methods, data, objectives, and uses. Scientific methods mean that research activities are based on scientific characteristics, namely: rational, empirical, and systematic. Rational means that research activities are carried out in reasonable ways, so that they are accessible to human reasoning. Empirical means that the methods used can be observed by human senses, so that others can observe and know the methods used. Systematic means that the process used in the research uses certain logical steps. In this study, the researcher used a type of qualitative research that aims to provide an analysis of public services in health innovation through the Pamekasan Call Care program.

In this study, the author uses qualitative research with descriptive methods. Descriptive research is often also called taxonomic research. It is called so because this research is intended to explore or clarify a symptom, phenomenon or existing

social reality. Descriptive research attempts to describe a number of variables related to the problem and the unit being studied.(Samsu, 2017).

In this study, the researcher used three data collection methods, namely, Participatory Observation, Interviews, and Documentation. This study uses an interactive data analysis model, namely data collection, data reduction, data presentation, and drawing conclusions.(Sugiyono, 2017).

RESULTS AND DISCUSSION

Responsiveness

According to the Head of the Pamekasan District Health Office, PCC 119 in Pamekasan District is responsive to community needs in emergency situations, with utility levels recorded daily and monthly, as well as data on the types of services that the community is interested in and that can be provided. The PCC service mechanism begins with the community calling two service numbers, being responded to by the operator, and if necessary, being referred to the nearest health center or hospital. The caller's location is also monitored via GPS to ensure referral to the nearest health facility. Thus, although PCC 119 has made great efforts to improve responsiveness to community needs in emergencies through well-organized mechanisms, such as the use of the "Button Emergency" application and 24-hour on-time service, there are still challenges related to the lack of public awareness to immediately report emergency incidents.

This, along with limited facilities and infrastructure, sometimes hampers the handling of late cases. Therefore, the solution implemented is to continue to conduct effective socialization and communication to the community so that they are more aware of the role of PCC in handling emergencies, as well as optimizing the communication flow so that it is better coordinated.

From the user's perspective by (Kusuma, 2024) User experience shows that PCC 119 is responsive in emergency situations, with fast response times and clear communication. Officers provide easy-to-understand first aid instructions, and coordinate medical assistance in a short time, which has a positive impact on the outcome of treatment. Users rate PCC's performance as very good, despite challenges such as signal constraints and dense reports. They also appreciate PCC's responsiveness in handling complaints, although follow-up times need to be improved. In addition, many people still do not fully understand the scope of PCC services, so more education and socialization are needed.

Responsibility

To ensure that all parties understand their roles and responsibilities, the PCC team and the Health Office conduct outreach to various elements of society, including the government, the general public, and schools, and collaborate with other sectors such as the police in traffic safety. The policies governing these responsibilities are stated in the Regent Regulation on PCC, which includes components of facilities, infrastructure, human resources, and service flow. In addition, officers are expected to work according to their duties and have special competencies that provide authority in handling emergency cases, with the assurance of competencies that are truly possessed by each officer.

The main responsibility of PCC 119 in handling emergency situations is to improve access and quality of services to reduce mortality and the impact of emergency events. To ensure a clear understanding of the roles of each party, the PCC team and the Health Office conduct extensive socialization to the community, government, and related institutions, and prioritize cross-sector collaboration. PCC 119 collaborates with various cross-sector parties, including the government and related institutions, to clarify their respective roles and responsibilities. The socialization carried out aims to strengthen understanding and collaboration in the integrated emergency response system, which is regulated in policies such as the Regulation of the Minister of Health Number 19 of 2016 and the Regent Regulation Number 24 of 2020. With this policy, PCC 119 is expected to provide emergency services that are SIGAP (Siaga, Tanggap, and Peduli), operating 24 hours, and paying attention to response time and fairness in service without discrimination. The performance of the PCC 119 team was considered very good because they not only responded quickly, but also ensured that the patient's condition was stable before referring to further health facilities. In addition, the community was also satisfied with this service, which was reflected in the lack of complaints and the high level of trust in the PCC 119 service.

The increasing number of incoming calls to Pamekasan Call Care (PCC 119) every year reflects a high level of responsibility in emergency services. This can be seen from consistent efforts to increase public awareness through socialization and education, which makes more people know and trust the PCC 119 service. The fast and precise response of the PCC 119 team, equipped with continuous training and the use of adequate technology, shows a high dedication in providing professional assistance in every emergency situation. Pamekasan Call Care (PCC 119) has shown positive results in terms of responsibility, a measure that shows how far the process of providing public services is carried out in accordance with the principles or provisions of correct and established administration and organization. The high level of responsibility is reflected in various factors, such as the increase in the number of incoming calls to the PCC 119 service each year, which indicates increasing public awareness and trust in this emergency service.

Accountability

The Head of the Health Office measures the accountability of emergency services through monitoring and evaluation that covers various aspects such as the adequacy of infrastructure, human resources, equipment suitability, and existing service processes. Although evaluations are conducted annually, there is still a desire to increase the frequency of evaluations to be more structured and responsive to service needs. PCC 119 collects feedback from the public through various social media platforms such as WhatsApp and Instagram, which open up space for complaints, reports, and input.

The suggestions and criticisms received greatly influence the improvement of policies and procedures, helping PCC 119 in improving the quality of emergency services. Supported by the views of health workers, PCC 119 measures

accountability in emergency services through response time targets and compliance with SOPs, including handling steps before referring patients to the hospital.

Community satisfaction was measured through surveys, and on average showed a high level of satisfaction. Performance evaluations were conducted monthly through internal meetings involving the Health Office to discuss obstacles and solutions in service. Feedback was collected through observation sheets, referral approvals, and post-treatment surveys. Although feedback tended to be satisfactory, policies and procedures did not change much because they were in accordance with the references set by the Health Office and applicable regulations.

PCC 119's emergency service accountability is reflected in its fast response, clear communication, and adherence to SOPs. Users are satisfied with the speed of the PCC team in responding to emergencies, as well as easy-to-understand instructions. Despite challenges such as signal constraints and dense reports, PCC 119 continues to strive to provide the best service. The response to public complaints is also quite good, although follow-up to technical problems could be improved.

Factors Inhibiting Public Services

After knowing the public service of Pamekasan Call Care (PCC) 119 Pamekasan Regency through the indicators of responsiveness, responsibility, and accountability, the author concluded the factors inhibiting public services at Pamekasan Call Care (PCC) 119.

- a. Inhibiting factors seen from the responsiveness indicator; the author sees that many people are not fully aware of the importance of using the PCC 119 system in emergency situations, including a lack of understanding of the scope of PCC 119 services. Where ordinary people still contact the village head or village head to help in emergencies. In addition, limited facilities and infrastructure, such as ambulances, medical equipment, and accessibility in remote areas, are obstacles in handling emergency cases. The reason for the inefficiency of service is also due to the ineffective coordination between the PCC 119 Team and the nearest health facility, such as in terms of inefficient service flows and slow response to patient needs. The PCC 119 Team also acknowledged that the heavy burden of reports and the lack of proactivity in socialization are some of the challenges for the Health Service that must be resolved
- b. Inhibiting factors are seen from the responsibility indicator; this indicator shows how PCC 119 still seems to have difficulty in conditioning public awareness of PCC services themselves. In line with that, PCC 119 also acknowledges the limitations of socialization and education caused by the lack of human resources, limited facilities and infrastructure, and support from the community itself. In addition, signal interference and lack of updated technology are also one of the challenges for the Health Office and PCC 119.

- c. Inhibiting factors are seen from the accountability indicator; in the accountability indicator, PCC 119 also finds challenges to continue carrying out tasks with the interests of the community and norms in society. The limited number of trained health workers can also slow down the response and handling process, especially in areas far from the city center. Although there is a coordination flow with local governments and other sectors, inadequate infrastructure can limit the effectiveness of services in emergency situations. The author also believes that there needs to be an update in the communication flow and reporting procedures that are more integrated and coordinated between related parties. Although PCC 119 has tried to respond to complaints and input from the public through various channels, such as WhatsApp and social media, not all complaints have been followed up quickly. In some cases, follow-up to technical problems, such as delayed responses or system disruptions, is also still inadequate.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In analyzing public services in health sector innovation through Pamekasan Call Care (PCC) 119, researchers used 3 public service indicators, namely: responsiveness, responsibility, and accountability:

- a. PCC 119 has made great efforts to improve responsiveness to community needs in emergencies through well-organized mechanisms, such as the use of the "Button Emergency" application and 24-hour on-time service, there are still challenges related to the lack of public concern to immediately report emergency incidents. The most striking problem from various parties related to the PCC 119 service is the socialization of the application of the service
- b. Pamekasan Call Care (PCC 119) has shown positive results in terms of responsibility, a measure that shows how far the process of providing public services is carried out in accordance with the principles or provisions of correct and established administration and organization. The high level of responsibility is reflected in various factors, such as the increase in the number of incoming calls to the PCC 119 service each year, which indicates increasing public awareness and trust in this emergency service.
- c. PCC 119's emergency service accountability is reflected in its fast response, clear communication, and adherence to SOPs. Users are satisfied with the speed of the PCC team in responding to emergencies, as well as easy-to-understand instructions. Despite challenges such as signal constraints and dense reports, PCC 119 continues to strive to provide the best service

Various inhibiting factors of public services at PCC 119 as seen from the responsiveness indicator include the lack of public awareness of the use of official services, limited infrastructure and accessibility in the region, ineffective coordination between the PCC 119 team and health facilities, and lack of

understanding of service coverage. The author's responsibility indicator found inhibiting factors including the lack of public awareness of PCC 119 services, signal and technology interference, and limited infrastructure and socialization and education. While in the accountability indicator, the inhibiting factors are misalignment of reporting flow, challenges in cross-sector collaboration, and lack of follow-up to public input and complaints.

Recommendations

Based on the conclusions above, the author can provide suggestions or input:

- a. The Health Service and PCC 119 must improve services, especially in terms of education and promotion of services to the Pamekasan community. So that emergency cases are handled late professionally because the community does not know who to contact, it can decrease;
- b. PCC 119 is expected to continue to collaborate across sectors and expand the scope of cooperation, especially with schools/community organizations; and
- c. Public complaints and input that have been submitted directly or via social media should be collected and become consideration material in evaluation meetings that must be held routinely.

ADVANCED RESEARCH

Future research on public service innovation in emergency health response, particularly through Pamekasan Call Care (PCC 119), should explore the integration of advanced digital technologies such as artificial intelligence (AI) and big data analytics to enhance service responsiveness, predictive capabilities, and decision-making efficiency. A multidisciplinary approach involving public administration, health informatics, and behavioral sciences could provide deeper insights into optimizing service delivery and overcoming systemic barriers such as public awareness gaps, technological constraints, and coordination inefficiencies. Moreover, comparative studies with similar emergency response models in other regions or countries could offer valuable benchmarks for best practices, fostering a more adaptive, data-driven, and community-centered emergency health service model.

ACKNOWLEDGEMENT

The authors would like to express their deepest gratitude to all parties involved in this research. Hopefully this research will be useful for future researchers.

REFERENCES

- Dwiyanto, Agus. (2016). *Mewujudkan Good Governance Melalui Pelayanan Publik*. Gajahmada University Press: Yogyakarta.
- Fontana, Avanti. (2009). *Innovate We Can! Manajemen inovasi dan Penciptaan Nilai*. PT. Gramedia Widiasarana Indonesia: Jakarta.
- Kartini, T. D., Novaria, R., & Indah, I. (2023). Pelayanan Prima Pembuatan Akta Kelahiran Melalui Program Sakera Mesem Dan Kepuasan Masyarakat Di Kabupaten Sampang: (Studi Di Kabupaten Sampang Madura Jawa Timur). *PRAJA observer: Jurnal Penelitian Administrasi Publik* (e-ISSN: 2797-0469), 3(06), 179-193.
- Levine, Charles H., et al. (1990). *Public Administration Challenges, Choices, Consequence*. Scott Foreman/Little Brown Higher Education: Glenview, Illionis.
- Mahsyar, A. (2011). Masalah pelayanan publik di Indonesia dalam perspektif administrasi publik. *Otoritas: Jurnal Ilmu Pemerintahan*, 1(2).
- Nurcholis, Hanif. (2005). *Pelayanan Publik*. Grasindo: Jakarta.
- Pasolong, Harbani. (2011). *Teori Administrasi Publik*. Alfabeta: Bandung.
- Samsu, S. M. (2017). *Metode Penelitian: Teori dan Aplikasi Penelitian Kualitatif, Kuantitatif, Mixed Methods, serta Research & Development*. Pusat Studi Agama dan Kemasyarakatan (PUSAKA).
- Sugiyono. (2017). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Alfabeta: Bandung.
- Suryani, Tatik. (2008). *Perilaku Konsumen: Implikasi Pada Strategi Pemasaran*. Yogyakarta: Graha Ilmu.
- Sutarno. (2012). *Serba-Serbi Manajemen Bisnis*. Graha Ilmu: Yogyakarta.
- Verma, S., Wilson, F., Wang, H., Smith, L., & Tak, H. J. (2023). Impact of Community Socioeconomic Characteristics Medical on Service Emergency Delays in Responding to Fatal Vehicle Crashes. *AJPM Focus*, 2(4), 100129. <https://doi.org/10.1016/j.focus.2023.100129>

Yuwono, S. (2021). *Implementasi Pelayanan Kesehatan Berbasis Teknologi Informasi*. Jakarta: PT. RajaGrafindo Persada.

Zaenal, Mukarom H, dan Muhibuddin, Laksana Wijaya. (2015). *Manajemen Pelayanan Publik*. CV. Pustaka Setia: Bandung.