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THE INNOVATION OF INTEGRATED EMERGENCY SERVICE POLICY (STUDY ON PUBLIC SAFETY CENTER PROGRAM, TULUNGAGUNG)

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ABSTRACT

This study aims to know, understand, and describe the process of formulation, the success rate of implementation, and the empirical factors that can be learned from the innovation of Public Safety Center (PSC) Program of Tulungagung district. This research uses qualitative approach with descriptive method. Source of data obtained from primary data and secondary data. Technique of collecting data is done by interview, observation, and documentation. The data analysis uses interactive model analysis proposed by Miles and Huberman. The result of the research shows that the process of innovation formulation of PSC program policy in Tulungagung district started from the analysis of various problems, mainly from TEMS program since the end of November 2015. TEMS program was originally initiated by Doctor Bobi Prabowo, as the head of IGD dr. Iskak Tulungagung. Some time later, the program changed to PSC which is the initiation of Tulungagung district, Syahri Mulyo. This PSC program is formulated by the dr. Iskak Tulungagung through the formulation stage of the policy up to be ratified and stipulated in the form of Regent Regulation. The success rate of the PSC program is seen from the strategy factors pursued, including the type of program strategy, and the resource support strategy. Empirical factors that can be learned from the PSC program is very diverse, ranging from the process of formulation, response time, coordination, to budgeting.

Keyword: Innovation; Formulation; Implementation; Integrated Emergency Service Policy; and Public Safety Center Program

1. INTRODUCTION

In the ASEAN Post-2015 Health Development Agenda Program, one of the goals to be achieved by 2020 is "to respond to environmental health threats, hazards and disasters, and to ensure effective preparedness for disaster health management in the region." In line with the program, the government as a leading sector, through the Ministry of Health RI is planning the establishment of National Command Center (NCC) which will be implemented in 2019.

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The NCC is a medical emergency service through a 119 dialed number that can be accessed via cell phone or home phone. This NCC service is a collaboration between the Central Government and Local Government as the implementation of Presidential Instruction of the Republic of Indonesia Number 4 Year 2013 on the Road Safety Action Decade Program.

Following up the matter, the Tulungagung District Government innovates by establishing a Public Safety Center (PSC) centered at the Regional General Hospital (RSUD) dr. Iskak Tulungagung. PSC is a program of integrated handling of medical emergency services and nonmedical in synergy with other agencies in Tulungagung district. The program adopts the American 911 emergency service.

PSC program starts from Emergency Medical Service (TEMS) program which has been run by Regional General Hospital (RSUD) dr. Iskak Tulungagung with the District Health Office of Tulungagung since November 2015. This program only provides emergency medical services. Tulungagung Regent, Syahri Mulyo, initiated to establish PCS, which was then stipulated by Regent Regulation No. 29 of 2015 on Emergency Management System in Tulungagung Regency as legal umbrella. PSC is realized in accordance with the vision and mission of cheap and quality public services based on local wisdom, namely "Ayem Tentrem, Mulyo Lan Tinoto". All financial allocations of the PSC program are sourced from the Regional Budget (APBD) of Tulungagung Regency.

Thus, there are some interesting things to note about the implementation of the PSC program in Tulungagung district, namely: (1) the process of innovation of program policy formulation; (2) the success rate of implementation of program policy innovation; and (3) empirical factors that can be learned from PSC program policy innovations. The third thing is the formulation of the problem to be answered by researchers. The purpose of this study is to know, understand, and describe the implementation of PSC program as three research problem formulation. This research is expected to contribute in the provision of information objectively for the development of public administration science related to innovation of local government policy. Practically, the results of this study are expected to act as objective evaluators for the basic considerations of local government bureaucracy in the effort to develop policy innovations and public services.



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2. LITERATURE REVIEW

2.1 Public Policy, Formulation, and Implementation Strategy

According to Dye (in Anggara, 2014, p.35), "Public Policy is whatever the government wants to do or not to do". Stages of public policy include the preparation of the agenda, policy formulation, adoption or legitimacy of the policy, and the assessment or evaluation of the policy (Winarno in Anggara, 2014, p 120-121). Furthermore, Anderson (in Anggara, 2014, p.55-56) classifies the types of public policies, as follows: (a) Substantive and Procedural Policies; (b) Distributive, Redistributive, and Regulatory Policies; (c) Material Policy; and (d) Public Goods and Private Goods Policies. Meanwhile, Edward III (in Anggara, 2014, p. 149-151) categorizes policies based on the nature or characteristics of the policy, namely: (a) New Policies; (b) Decentralized Policies; (c) Controversial Policies; (d) Complex Policies; (e) Crisis Policies; (f) Judicial Policies; (g) Combination of Characteristics.

Tjokroamidjojo (in Islamy, 1991, p.24) says that policy formulation is "a series of alternate, perpetual, and never-ending choice of alternatives, in which case it includes decision making". Policy formulation is a daunting task because it requires assessment and seriousness among actors involved in policy formulation. Errors or mistakes in policy formulation will have an impact on the implementation process. Islamy (in Anggara, 2014, p.189-194) shares the process of policy formulation in the formulation of policy issues, the preparation of the government agenda, the formulation of policy proposals, policy approval, policy implementation, and policy assessment. According to Anderson and Lindblom (in Winarno, 2007, p. 123), there are two groups of actors involved in the policy-making process, namely the official actors and unofficial actors.

Supriono (in Amirullah, 2015, p. 4) defines strategy as a "unity of a comprehensive or integrated corporate or organizational plan that is required in every organizational activity". Jack Koteen (in Salusu, 2006: 104-105) reveals that in strategy there are several types of strategies, including: (a) Corporate Strategy; (b) Strategy Program; (c) Resource Support Strategy; and (d) Institutional Strategy.

2.2 Public Sector Innovation, Typology, Levels, and Categorization

According to the Regulation of the Minister of State Apparatus Empowerment and Bureaucracy Reform No. 30 of 2014 on Guidelines for Public Service Innovation, "innovation is the creative process of creating knowledge in the discovery of new and different or modifications of existing ones." Innovative policies and programs are used to respond the problems that exist in society, both at the regional and central levels. Public



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service innovation is the idea or breakthroughs made by public service providers to achieve goals and meet the needs of service recipients, and contribute to service users, especially in terms of service quality.

If examined, then innovation is a process that at least includes four things. These four are as explained by Sebastian (2014, p.41), namely: (a) identification of problems, needs, or opportunities; (b) the creation of ideas for solving problems, needs, or opportunities; (c) the selection and embodiment of ideas considered good; and (d) generate the value of the idea.

Baker (in Sangkala, 2013, p.6) sets out three types of innovation. Three types of innovation are then added by IdeA into 5 types of innovation. The five types according to Baker and IdeA are innovations related to: (a) strategy / policy; (b) policies and forms of service / product organization; (c) service delivery; (d) process; and (e) interaction systems.

Next, the level of innovation described by Mulgan and Albury (in Muluk, 2008, p.46-47) ranged from incremental, radical, to transformative. Incremental means innovation that takes place to bring about small changes to an existing process or service. Radical innovation is a fundamental shift in public service or the introduction of entirely new ways of organizing and servicing processes. Transformative or systematic innovations bring about changes in the structure of the workforce and organizational, transforming all sectors, and dramatically altering the organization.

According to Christensen and Laergreid (in Muluk, 2008, p.48), in terms of process, innovation can be divided into two categories, namely sustaining innovation and discontinues innovation. Sustaining innovation is a process of innovation that brings new changes, but still bases itself on conditions of service and systems that are running or existing products. Discontinues innovation is a process of innovation that brings about changes that are completely new and no longer based on pre-existing conditions.

3. RESEARCH METHODOLOGY

This study uses a qualitative approach to determine how to find, collect, know, understand, and describe the results of research. Qualitative research according to Sugiyono (in Pasolong, p. 2012) is a research method used to examine the condition of natural objects and researchers are as a key instrument. This research uses descriptive research method. Descriptive research describes events or phenomena that occur at the time of the study, not testing the hypothesis, but only describe the information objectively.



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Qualitative research results more emphasis on the meaning of generalization (Sugiyono, in Pasolong, 2012).

The focus of this research is to cover three things, namely the formulation process of policy innovation program, the success rate of the implementation of program policy innovation, and the empirical factors that can be learned from the innovation of PSC program policy of Tulungagung regency. Sources of research data obtained from primary data and secondary data. Data collection is done by interview, observation, and documentation. Data analysis using Interactive Model of Analysis was proposed by Miles, Huberman (in Saldana, 2014, p.31-33) through three activity lines, data condensation, display data, and conclusion drawing / verifications.

4. RESULTS AND DISCUSSION

4.1 The process of formulating PSC program policy innovation

The program of Tulungagung Regency PSC is an innovation program in the form of new services for people who have never been before. Innovation comes from the word to innovate which means making a change or introducing something new, which adds value (Sebastian, 2014, p 12). PSC in Tulungagung Regency is intended to realize the service, prevention and handling of emergency, medical and non-medical conditions, as well as rehabilitation of impacts that may arise due to emergency situation by calling the call center (0355) 320119 centered at RSUD dr. Iskak Tulungagung.

The Tulungagung District Government has taken a decision by establishing an emergency service policy through the PSC by 2015. As Dye points out (in Anggara, 2014, p.35), "Public Policy is whatever the government wants to do or not to do". According to Dye, if the government chooses to do something, there is a purpose, because public policy is the 'action' of the government. If the government chooses not to do something, it is also an existing public policy aim.

4.1.1 Initiation of policy innovation program of PSC Tulungagung regency

Problems related to security and safety have been the government's concern with the issuance of Presidential Instruction Number 4 of 2013 on the Road Safety Action Decade Program. Just as Edward III (in Anggara, 2014, p. 149) has categorized policies based on their nature or characteristics, one of which is decentralized Policies. This policy is a policy made by the central government, but the implementation program is submitted to every region. Different interpretations between regions and the readiness of each unequal region make implementation and the outcomes vary from the main



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objectives of the policy. In this case, Tulungagung regency is the most ready area to implement PSC program, let alone program of Tulungagung Regency PSC is one form of policy innovation and public service in emergency and first field in Indonesia. Tulungagung District successfully implemented this PSC program with a very comprehensive integrated cross-sectoral, and even received praise from the Minister of Health of the Republic of Indonesia.

The PSC in Kabupaten Tulungagung includes a type of substantive policy. As Anderson's opinion in Anggara (2014: 55) reveals that the policy's substantive policy is seen from the substance of the problems faced by the government. The background of the emergence of PSC program in Tulungagung Regency is not only in order to carry out the mandate of the Presidential Instruction, but also there are various problems that are considered urgent in Tulungagung Regency.

Data from Tulungagung Regency BPS for the last 5 years - 2009 to 2013 - shows that the death rate caused by traffic accidents in Tulungagung District tends to increase from year to year. Some of the things that aggravate the condition are medical officers and security personnel difficult to reach the location of the incident and the delay of information obtained by the security apparatus and medical officers.

In accordance with the results of interviews with the head of IGD dr. Iskak Tulungagung, Head of Service Control Division dr. Iskak Tulungagung, and team leader of TEMS (Tulungagung Emergency Mediacal Service) RSUD dr. Iskak Tulungagung that when the accident occurred, the victim came directly by himself or brought by the community to the nearest hospital, regardless of the correct method of handling due to the lack of public knowledge. So, often found cases of casualties that have lost their lives after arriving at the hospital. The high mortality rates of pre-hospital and referral, the high death on arrival and death on road has become the attention of the Government of Tulungagung Regency.

In addition, the geographical condition of Tulungagung district in the form of hills to the coast, and including the vulnerable areas of natural disasters is a challenge for the government in providing responsive and comprehensive services for all its people. Tulungagung District Government assessed the need for a number that is easy to remember the people when occasionally occurrence of emergency events, whether the accident, fire, disaster, disease, and so forth.



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4.1.2 Involvement of Actors in the PSC Program Policy Innovation Formulation

Actors involved directly in the process of TEMS program policy formulation to become PSC is the official actor, dr. Iskak Tulungagung. Although the Regent initially issued a decree on SPGDT, RSUD dr. Iskak Tulungagung is the sole actor who formulates and designs the TEMS program to become a PSC. Starting from the TEMS program where the concept of this program is fully formulated by RSUD dr. Iskak Tulungagung because this idea comes from the hospital. After the concept of the program about 60% so, the RSUD involving other agencies who are incorporated in this program in an agenda of discussion and internal discussion for the improvement of the concept of TEMS program. Each agency provides input, suggestions, improvements, opinions related to the concept of the PSC until finally reached a mutual agreement. After the conception of the TEMS program, the following Team of Trustees, Technical Team, and Rapid Emergency Management Team are discussed together across sectors.

All of these PSC teams have an influence and attention to the smooth implementation of the PSC program. As Crosby (in Iqbal, 2007) points out, stakeholders can be differentiated into three groups, one of which is key stakeholders, those with strong or important influences related to issues, needs and concerns for the smoothness of activities. The key stakeholders in question are the executive element according to the level, the legislature, the agency. In this case, the program of the Tulungagung Regency PSC does not involve legislative elements from the formulation stage of policy to policy evaluation.

4.1.3 Legality Process Innovation Process of PSC Program

Policy approval is a process of mutual adaptation and acceptance of recognized and accepted principles. The preparation of the Regent's Regulation was made after the equality of perception, approach, and mutual understanding, and all the preparation of human resources up to the preparation of infrastructure facilities PSC program has run about 90 percent.

In accordance with the results of research that the typology policy of Tulungagung District PSC included in New Policies typology. As stated by Edward III (in Anggara, 2014, p. 149) that this policy is not only a newly enacted policy but a policy that has never existed before, as it is a pioneer and national pilot of an integrated community safety system is being pioneered by the central government through the NCC (National Command Center), which will be deployed to autonomous regions by 2019.



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The policy process of the program of Tulungagung Regency PSC is done through various stages. As Dunn (in Anggara, 2014, p. 120-121) stages of public policy, includes:

1) *Preparation of Agenda*

Government of Tulungagung Regency through dr. Iskak Tulungagung and Tulungagung Regent took the initiative to make innovative policies on integrated emergency services in the form of PSC program as a form of implementation of Presidential Instruction No. 4 of 2013 on the Road Safety Action Decade Program, as well as the realization of the priority scale of the vision of cheap and quality public services based on "Ayem Tentrem Mulyo lan Tinoto".

2) *Policy Formulation*

Government of Tulungagung Regency through dr. Iskak Tulungagung and Tulungagung Regent took the initiative to make innovation of integrated emergency services policy in the form of PSC program based on problems that happened in Tulungagung regency where the problem got serious attention based on data and facts that happened in the field to be followed up and processed into new policy in Tulungagung regency. After the idea of establishing the PSC in Tulungagung District, dr. Iskak Tulungagung as the initiator of the TEMS program immediately conducted a study and conducted a comparative study with related institutions to Kuala Lumpur Hospital, Malaysia.

3) *Policy Adoption / Legitimacy*

Legitimacy aims to authorize the basic process of government. Before the emergency service policy in Tulungagung Regency that has been formulated in the formulation process implemented, firstly legitimized. In this case Tulungagung Regent has given authorization to RSUD dr. Iskak Tulungagung to design the concept of PSC as well as implement it by involving cross sectors incorporated in the team of the Tulungagung Regency PSC, so that those given the authority or authority have responsibility for the implementation of the PSC program. In addition, the legitimacy of the policy is through the validation of PSC Program has been approved by the issuance of Regulation No. 29 of 2015 Regent Regarding Integrated Emergency Management System in Tulungagung District, so that legitimacy does not involve the legislature. Legitimacy plays a role to recognize that any policy decided upon is best for the benefit of the community in which the policy is passed. In this case, the people of Tulungagung



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have responded positively and received new program from Tulungagung District Government which is PSC program well because this program has benefited society.

4) Policy Assessment / Evaluation

Each agency involved in this PSC program regularly evaluates since the beginning of the formation of the PSC to date, the form of daily, weekly, monthly and yearly reports. The evaluation is conducted in a coordination meeting every one month, three months, six months, and once a year by the development team and technical team of the PSC program for future program improvement and improvement. Evaluation is also conducted with cross-sectoral related in accordance with the problems that occur in the field. Coordination meetings are also conducted through the WhatsApp (WA) group. However, in practice there are still many shortcomings in the implementation of the PSC program, especially in the aspect of cross sectoral coordination and sectoral ego which is still high in each agency.

Regulation of Tulungagung Regent Number 29 Year 2015 on Emergency Management System in Tulungagung Regency was enforced since August 11, 2015. Then reinforced by the Decree of Regent Number 188.45 / 221/013/2015 About Team Pembina and Technical Team Emergency Management Emergency Tulungagung District. Once the TEMS has been developed into a PSC, it is necessary to coordinate across agencies / agencies so that it is necessary to add members of the Fostering Team and the Integrated Emergency Management Team. Tulungagung Regent has issued the Decree of Tulungagung Regent No. 188.45 / 98/013/2016 on the Amendment to the Decree of the Regent Number 188.45 / 221/013/2015 on the Guidance Team and the Integrated Emergency Management Team of Tulungagung Regency.

4.2 Success Level of PSC Program Policy Innovation Implementation

As stated by Supriono (in Amirullah, 2015, p.4), strategy is a unity of a comprehensive and integrated corporate or organizational plan that is required in every organizational activity. The successful implementation of PSC policy innovation is not only seen from the policy formulation process, but also strategic factors that have been prepared comprehensively to be implemented in the future.

Starting from PSC program implementation strategy, preparation of policy implementation process so that the desired goal can be realized must be passed. Therefore, the optimal use of resources should be undertaken, a group of people from



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various disciplines and skills in the framework of policy implementation need to be present, correct policy interpretation is absolutely necessary, programs implemented should be planned with good management, and the provision of services and benefits of - great for society needs to be pursued (Dewi, 2016, p. 155). Here are some things that can be observed from the findings of field data of researchers related strategies applied for the implementation of the PSC program.

The first strategy undertaken is the review of proposed programs and comparative studies for the PSC program. At that time, in Indonesia, there is no single agency that adopts the integrated service of American 911, so RSUD dr. Tulungagung Iskak and related institutions to conduct a comparative study to the nearest neighboring countries, namely Malaysia as one country that has adopted 911 services. As a country that has a socio-cultural system and the use of technology similar to Indonesia.

The second strategy is the preparation of infrastructure facilities (software and hardware) PSC program. RSUD dr. Iskak Tulungagung decided to design its own software for the PSC program - starting from the TEMS program - by forming a software design team. PSC software consists of software taker caller, dispatch, and Android tablet. Then, RSUD dr. Iskak Tulungagung made a working visit to the November 10th Institute of Technology (ITS) Surabaya to follow up on the team's design software. Meanwhile, for the hardware, the team from RSUD dr. Iskak Tulungagung bought it specifically from ITS. All operational facilities and infrastructure of the PSC call center come from Dr. Iskak, despite the addition of several ambulances from the Regional Government. Associated with the provision of technical and operational equipment in the implementation of the action directly in the field, provided by each agency concerned.

The third strategy is to conduct Emergency Medical Service (EMS) training on HR who served as a team of Pre Hospital Care (PHC) TEMS in Malaysia for one month. The human resources that were sent for training were medical staff, consisting of nine nurses and one doctor. Armed with training from Malaysia, the ten medical teams along with other colleagues conducted protocol preparation, Puskesmas human resources training and the use of TEMS application at all community health centers in Tulungagung district, to joint cross-sector simulation.

The fourth strategy is to set the budget of the PSC program. The budget for the PSC program comes from two sources, namely: (1) APBD of Tulungagung Regency Budget Year 2014, worth Rp 3.5 billion for TEMS system; and (2) BLUD (Regional Public



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Service Board) RSUD dr. Iskak Tulungagung Budget Year 2015, worth Rp 900 Million for the procurement of TEMS software and operating costs.

Meanwhile, the cost of PSC program services is charged to the community as a service user in accordance with tariffs and conditions set by the Regional Government. Operational costs to support the provision of facilities, infrastructure, maintenance, and team operations are charged to APBD. Meanwhile, the cost of program services is charged to users of the service. The financing budget for the provision of supporting resources in the implementation of the PSC program is only mentioned that operational costs are charged to APBD. Thus, the operational costs of program implementation fall into the budgets of each institution itself.

The fifth strategy is the publication and socialization of the program. Since the beginning of the PSC program, the team has published about PSC programs through various media - print, electronic, and internet - as well as socializing directly to internal organizations - related agencies - and externally - in every village and sub-district. The RSUD dr. Iskak Tulungagung has distributed stickers 320119 to the community and installed billboards of PSC program spread over five dots in Tulungagung district. Socialization is done by all parties involved in PSC program. In addition, provide Basic Life Assistance (BHD) training to lay people, students, students and members of relevant agencies. This PSC program, through call center 320119 can also be a tele-medicine service channel.

The sixth strategy is commitment. All actors involved in the PSC program have committed to jointly run the program in accordance with their main duties and functions (TUPOKSI) respectively as regulated in the Regulation of Tulungagung Regent Number 29 of 2015 on 'Integrated Emergency Management System at Tulungagung Regency'.

Based on these explanations, the strategy that has been implemented by the Tulungagung district team is included in the type of Program Strategy and Resource Support Strategy. This is in line with the opinion of Jack Koteen (in Salusu, 2006, p.109-105) who says that the 'Program Strategy' is concerned more with the strategic implications of a particular program. In the PSC 'Program Strategy', especially socialization to the community has had a positive impact on society. Meanwhile, the 'Resource Support Strategy' focuses on optimizing the utilization of the essential resources available to improve the quality of the organization's performance. In the PSC program has been done strategies related to preparation of human resources, budgeting, modern information technology, and other resources.



4.3 Empirical Factors to Learn from the PSC Program Policy Innovation

The empirical factors that can be learned from the PSC program's policy innovations are particularly evident in pre-program implementation.

First, Response Time. PSC officers - fast-moving teams - prioritize the speed and accuracy of services to victims or patients since they came to the scene and during the trip to the health care facility. Speed and timeliness to arrive at the scene as their Standard Operational Procedure (SOP) is about 10 minutes for effective, efficient and effective service. Thus, people get certainty and follow-up on emergency services because they have got a 'pick up ball' service and do not have to do independent handling that tends to 'take time'.

Second, coordination across sectors. Coordination in the PSC program has been conducted since the formulation stage of the policy by involving cross-sector related, so that the constraints that may occur when the implementation of the program can be minimized by the team in charge. With the PSC program, coordination becomes easier because all the resources in this program are coordinated as a whole, namely the team of Tulungagung Regency PSC. Through intensive coordination, the implementation of this PSC program can run more effectively and efficiently, both in terms of energy, time, and cost.

Third, the different implementation of the organization of PSC with the Regulation of the Minister of Health of the Republic of Indonesia. Based on the findings of the researchers, in addition to regulating matters relating to medical emergency only, the organizational aspect as set forth in Article 18 of Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2016 that other personnel referred to in the PSC program are those who support the implementation of the PSC. Thus, they are only as supporting actors in emergency services. Meanwhile, the PSC of Tulungagung District provides medical and non-medical emergency services that have adopted the American 911 program, so that in the organizational structure it integrates all SKPD or cross-sectoral. Agencies that are not directly related to the health aspect are not only supporting actors, but also as a key component in PSC programs that work together in parallel positions.

Fourth, the program stages comprehensively. The program of Tulungagung Regency PSC is relatively new because it is still one year running, from program planning to field execution - the handling of medical emergency and nonmedical - relatively



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complete and comprehensive, so it is classified as a comprehensive program for the community.

As Mulgan opinion and Albury (in Muluk, 2008, p. 46-47) categorization berentang levels ranging from incremental innovations, radical, to transformative. The PSC program is included in the category of incremental and radical innovation levels, not yet transformative. Transformative innovation is an innovation that brings changes in the workforce and organizational structure as well as menstranformasi all sectors and dramatically change the organization. This type of innovation takes a longer time to get results according to ideal desires and requires fundamental changes in social, cultural, and organizational structures. Researchers assess that innovation policy in Tulungagung PSC program has not been able to bring great change and transform all sectors, because the program is still just one year running. Thus, there has not been a fundamental change in the social, cultural, and organizational structures caused by the PSC program.

Finally, according to Christensen and Laergreid (in Muluk, 2008, p.48), in terms of process, innovation can be divided into two categories, namely sustaining innovation and discontinues innovation. The innovation of PSC program policies in Tulungagung District is included in the Discontinues Innovation (discontinuous innovation). This means that the innovation process brings about a completely new change and is no longer based on pre-existing conditions.

5.CONCLUSION

Based on the results and discussion above, research on Innovation of Integrated Emergency Policy Policy, Public Safety Center Program (PSC) of Tulungagung Regency can be summarized as follows.

Firstly, the process of formulation of PSC program innovation policy in Tulungagung Regency started from the analysis of various problems and in line with Presidential Instruction No. 4 of 2013, so that the idea of innovation was initiated by the Head of IGD RSUD dr. Iskak Tulungagung by adopting 911 American service. The concept of PSC has been formulated by the dr. Iskak Tulungagung by involving various input and suggestions cross sectoral for the perfection of concept. This formulation process of PSC policy innovation is conducted in accordance with public policy formulation theory. The form of this PSC policy is Regulation of Regent Number 29 Year 2015 on Emergency Emergency Management System in Tulungagung Regency.



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Second, the success rate of the implementation of the policy innovation of the program of Tulungagung Regency is viewed based on the success of the strategy that has been implemented throughout this year. These strategies include the type of program strategy and resource support strategy. Results or achievements of the PSC innovation, namely increasing the number of PSC calls, decreasing mortality rate, and increasing the Satisfaction Index (IKM) towards the program of Tulungagung Regency PSC.

Thirdly, the empirical factors that can be learned from the innovation of PSC program policy of Tulungagung regency, among them is the dual role of RSUD dr. Iskak Tulungagung as the center operator of the PSC system, response time, coordination, organizational structure, policy formulation process, and program budgeting process. It has made other areas, including national ones who want to replicate similar programs and improve them.

Through this research, the researcher's recommendations or recommendations are as follows. First, to ensure the sustainability of the PSC program, the District Government of Tulungagung Regency should involve legislative elements, namely the Regional House of Representatives (DPRD) and the community elements, through the representatives of a number of Tulungagung district communities as users of PSC services, in order to achieve this goal of a more effective program policy policy.

Second, the dr. Iskak Tulungagung needs to increase the quantity and quality of PSC program socialization through various media and communication channels. Media socialization of PSC program can be: (1) electronic media, that is television and local radio; (2) print media, such as pamphlets or leaflets, banners or billboards, and local newspapers and magazines; (3) internet, such as websites of related agencies and social media (sosmed). Meanwhile, the communication channels for PSC program socialization can be in the form of group communication channels in the community, such as arisan and pengajian groups, farmer groups, fishermen groups, market traders groups and public transport, and 'word of mouth' communication channels. This is because, although the socialization of the PSC program has been done by related sectors since the beginning of the program, there are still many people in the Tulungagung area who do not know yet, even understand the PSC program.

Third, the Tulungagung Regency PSC team should often conduct joint and cross-sector exercises to develop human resource competencies in handling emergency medical, both medical and nonmedical. Exercises can be done regularly, regularly, and





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incidentally. Exercises can also involve the cloud community for their knowledge and skills, so as to support the success of the PSC program indirectly. Finally, for the realization of good governance in the PSC program in Tulungagung District, there needs to be a mutual involvement or the role of the private sector in a mutual and real way.

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