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Strategic Plan of Pku Muhammadiyah Karanganyar Hospital With Swot Analysis

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Abstract: A hospital has a core business of providing medical services which is a capital intensive, labor intensive, profession intensive and problem intensive business. Regulations in the service sector, an increasing demand from the public for health services, cooperation with third parties, and both medical and non-medical staff affect the direction of hospital policy. Furthermore, the influence of the globalization era pushing towards a market economy causes competition between institutions unavoidable causing the health sector to become competitive. Therefore, it is necessary to establish a strategic plan as a reference for management and related parties in determining policies to be more targeted so that a hospital's objectives can be achieved. In order to implement an optimal strategic plan, it is necessary to carry out an internal analysis of the strengths and weaknesses and an external analysis of the opportunities and threats. Finally, an optimal strategy can be obtained that will take advantage of the strengths and opportunities and overcome weaknesses and threats.

Keywords: Strengths, Weaknesses, Opportunities, Threats, SWOT, Strategic Plan

I. INTRODUCTION

Business competition nowadays is increasing, including health services. It cannot be denied that the rise of health services that are developing encourages these health services to always create new innovations in facing competitors with the hope that people who need health services will make their choice on the health services they have. This is the case of PKU Muhammadiyah Karanganyar Hospital. To maintain its presence, PKU Muhammadiyah Karanganyar Hospital must not depend on inefficient working methods. PKU Muhammadiyah Karanganyar Hospital must manage its business by utilizing good management by utilizing technology that has developed quite rapidly in the current digital era in order for the hospital to survive and grow in the future.

A hospital has a main core business to provide medical service which is a capital intensive, labor intensive, profession intensive, and problem intensive business. Regulations in the service sector, an increasing demand from the public for health services, cooperation with third parties, and both medical and non-medical staff affect the direction of hospital policy. Furthermore, the influence of the globalization era pushing towards a market economy causes competition between institutions unavoidable causing the health sector to become competitive. PKU Muhammadiyah Karanganyar Hospital with all its advantages and disadvantages of its building, environment, and limited medical tools are an encouragement to continue to strive better to provide the best service to the public. Improving a hospital is the main task and challenge in improving the quality of business in the health service sector to be able to fulfill the expectations of the public and their families, and being able to contribute to the development of the Muhammadiyah organization in executing its mission as a medium for preaching *amar makruf nahi munkar*.

During its development, PKU Muhammadiyah Karanganyar Hospital experienced difficult times when there were very few patient visits and it had quite large loans. To prevent unpleasant experiences from the past from recurring, a five-year strategic plan needs to be prepared using a SWOT analysis.

The Strength, Weakness, Opportunities, and Threats (SWOT) analysis analyzes a company's strengths and weaknesses as well as the opportunities and threats a company could face. Strengths are resources, skills, or other advantages related to competitors and market needs. Weaknesses are limitations or deficiencies in resources, skills and capabilities that hinder hospital performance. Opportunities are situations where a hospital could be positioned

very favorably in its environment, the identification of previously neglected market segments, changes in the competitive situation, or regulations and changes in technology. A threat for a hospital is a very unfavorable situation in a competitive environment. Threats are something that is very disturbing and hinders hospital goals.

The SWOT analysis is a systematic identification of various factors to formulate company strategy. This analysis is based on the relationship or interaction between internal and external elements, namely:

1. Strength

Strength is defined as an advantage in resources, skills, and other abilities related to competitors and the needs of the market served by a company. An example of this are the technology and the facilities they have.

2 Weakness

Weakness is defined as resources, skills and abilities that can seriously hinder the effective performance of a company. An example of this are the employees' skill level and the small allocation for promotion.

3. Opportunity

Opportunity is defined as the main favorable situations in a company's environment, for example policies issued by a government and relatively high levels of economic growth.

4. Threat

Threat is defined as the main unfavorable situation in a company's environment. An example of this is the rapid competition in health service providers.

II. METHOD

The technical analysis used to determine the portrait of PKU Muhammadiyah Karanganyar Hospital regarding its strengths, weaknesses, opportunities and threats are through several steps (Fred R David 2007):

- 1. IFAS and EFAS Matrix
- 2. IE Matrix
- 3. SWOT Matrix
- 4. QSPM Table

What strategies will be taken to overcome strengths and weaknesses. opportunities and threats can be concluded based on the steps mentioned..

The stages are as follows:

1. Identify internal and external factors.

This identification is needed to determine the factors that affect the progress or development of the hospital.

- a. Internal factors are factors within PKU Muhammadiyah Karanganyar Hospital which include strength and weakness factors which greatly affect the development of PKU Muhammadiyah Karanganyar Hospital
- b. External Factors are factors outside PKU Muhammadiyah Karanganyar Hospital which include opportunity and threat factors which greatly affect the development of PKU Muhammadiyah Karanganyar Hospital
- 2. The formulation of the IFAS Matrix and the EFAS Matrix

This stage involves distributing questionnaires to several respondents to assess the scaling and scoring of each external and internal factor with the following criteria:

- 1. The scale ranges from 1.0 (very important) to 0.0 (not important) and the total score must not exceed 1.00
- 2. The ranking shows how effective a hospital's current strategy is by providing an assessment of:
 - 4 = superior answer
 - 3 = above average answer
 - 2 = average answer
 - 1 = bad answer
- 3. The scores and rankings have to be multiplied to provide a score for each factor in terms of strengths, weaknesses, opportunities and threats
- 4. The IFAS and EFAS Matrixes are then added up
- 3. Based on the IFAS and EFAS scores, an IE Matrix is found. The IE Matrix is based on two key dimensions, namely IFAS on the X-axis and EFAS on the Y-axis.

For the X-axis, there are 3 scores, namely:

4,0 - 3,0 = strong internal position

2,99 – 2,0 = average internal position

1,99 – 1,0 = weak internal position

For the Y-axis, there are 3 scores, namely:

4.0 - 3.0 = strong external position

2,99 – 2,0 = average external position

1,99 – 1,0 = weak external position

Create a SWOT Matrix

With the SWOT matrix, hospitals can determine 4 alternative strategies:

1. SO Strategy (Strength-Opportunity)

This strategy uses the company's internal strengths to take advantage of external opportunities. The SO strategy can be achieved by implementing the ST, WO, and WT strategies. If a company has a major weakness, the company can try to alter that weakness into a strength. If a company faces a major threat, the company can try to avoid the threat if it focuses on existing opportunities.

2. WO Strategy (Weakness-Opportunity)

This strategy aims to improve the company's internal weaknesses by taking advantage of existing external opportunities.

3. ST Strategy (Strength-Threats)

This strategy is implemented by utilizing the company's strengths to avoid threats if circumstances allow or minimize the external threats faced. This external threat does not always have to be faced by the company itself, it depends on the threat faced, such as economic factors, government regulations, natural phenomena, etc..

4. WT Strategy (Weakness-Threats)

This position is very difficult for companies, but it does not rule out the possibility for companies to overcome this difficult position. Companies must minimize weaknesses or eliminate internal weaknesses and avoid existing external threats in order to achieve company goals whenever possible.

5. A QSPM strategy (Quantitative Strategy Planning Matrix) must be formulated using input from the IFAS and EFAS Matrix analysis and the calibration from the IE and SWOT analysis.

III. RESULTS AND DISCUSSION

The result for the SWOT analysis of PKU Muhammadiyah Karanganyar Hospital are as follows:

1. IFAS Matrix

INTERNAL			Sca	ale						Sco	ore				
STRATEGY							AVERAG	R				R	R	AVERAG	SCOR
FACTORS	R1	R2	R3	R4	R5	R6	E	1	R2	R3	R4	5	6	E	E
Strengths															
1. A good Hospital															
Management															
Information															
System (SIMRS)	0.0		0.0			0.0									
technology	5	0.2	6	0.1	0.1	2	0.1	3	3	4	4	4	4	3.7	0.3
2. A good service	0.0	0.0		0.0											
(PRIMA)	8	1	0.1	9	0.1	0.1	0.1	3	3	3	4	2	4	3.2	0.3
3. The location of															
the hospital is in															
the center of the	0.0	0.0	0.0	0.0		0.0									
city	5	2	2	6	0.1	5	0.1	3	4	3	3	4	4	3.5	0.2
4. 85% of patients															
made repeat															
visits to PKU															
Muhammadiyah															
Karanganyar		0.0	0.0	0.0		0.0									
Hospital	0.1	2	5	6	0.1	5	0.1	4	4	3	3	3	2	3.2	0.2

INTERNAL			Sca	ale						Sco					
STRATEGY FACTORS	R1	R2	R3	R4	R5	R6	AVERAG E	R 1	R2	R3	R4	R 5	R 6	AVERAG E	SCOR E
5.PKU													-		
Muhammadiyah															
Karanganyar															
Hospital has															
been fully		0.0		0.0	0.0										
accredited	0.1	2	0.1	7	1	0.1	0.1	4	4	4	3	3	4	3.7	0.2
6.Professional	0.1		0.1	,		0.1	0.1	-	-	_		9	_	5.7	0.2
health															
workers are															
productive,															
highly	0.0	0.0		0.0	0.0										
committed and	8	1	0.1	6	1	0.1	0.1	3	4	3	4	3	2	3.2	0.2
7. There has been	0	1	0.1	0	1	0.1	0.1	3	4	3	4	3		3.2	0.2
an increase in															
	0.0	0.0	0.0	0.0	0.0	0.0									
visits from year	0.0	0.0	0.0 5	3	0.0	0.0	0.0	3	3	2	3	2	1	2.3	0.1
to year							0.0	3	3	2	3		1	2.3	0.1
8. Adequate public facilities.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3	3	3	3	2	2	2.7	0.1
	3	1	3	3	1	1	0.0	3	3	3	3			2.7	0.1
9. Large owned		0.0	0.0	0.0	0.0	0.0									
land for hospital	0.1	0.0	0.0	0.0	0.0	0.0	0.4				2		_	2.7	0.2
development.	0.1	3	1	6	5	5	0.1	4	4	4	3	4	3	3.7	0.2
Weaknesses															
1. There are still a															
lack of full-time	0.0	0.0	0.0	0.0	0.0										
specialist doctors	5	1	5	6	2	0.1	0.0	4	3	4	4	1	3	3.2	0.2
2. Old buildings															
that are not adeq															
uate for patient															
comfort and	0.0	0.0	0.0	0.0	0.0	0.0									
safety	4	5	2	5	5	5	0.0	4	3	4	3	1	3	3.0	0.1
2 I ama	0.0	0.0	0.1	0.0	0.0	0.0									
3. Long waiting		5		0.0 5		5	0.1	3	3	4	1	1	3	2.0	0.2
time	8	5	2	5	2	5	0.1	3	3	4	4	1	3	3.0	0.2
4.															
The management															
of the Hospital															
has not fully	0.0	0.0	0.0	0.0	0.0	0.0									
implemented	0.0	0.0	0.0	0.0	0.0	0.0	0.0		_		_	4		2.5	0.1
Lean Hospital	2	2	4	3	5	5	0.0	3	2	3	3	1	3	2.5	0.1
5. New patient															
visits are still	0.0		0.0	0.0		0.0									
relatively low (15	0.0	0.0	0.0	0.0	0.4	0.0	2.3	_	_	_	_		_		0.4
%)	6	1	5	5	0.1	5	0.1	3	2	2	3	-	3	2.3	0.1
6. The culture of															
quality and	0.0	0.0	0.0	0.0											
patient safety is	0.0	0.0	0.0	0.0	0.1	0.1	0.1	2	_	2	4	~	4	2.0	0.2
less consistent	3	2	5	6	0.1	0.1	0.1	3	2	3	4	2	4	3.0	0.2

INTERNAL			Sc	ale						Sco	ore				
STRATEGY FACTORS	R1	R2	R3	R4	R5	R6	AVERAG E	R 1	R2	R3	R4	R 5	R 6	AVERAG E	SCOR E
7. Less optimal use of IT.	0.0	0.1 5	0.0 5	0.0	0.0	0.0 5	0.1	2	1	2	4	2	2	2.2	0.1
8. The number of hospital beds cannot meet	0.0		0.0	0.0	0.0	0.0									
patient demand. 9. Facilities and	3	0.2	6	3	5	3	0.1	3	2	3	3	2	2	2.5	0.2
infrastructure are not optimal.	0.0	0.1 5	0.0 4	0.0	0.0	0.0	0.1	3	2	3	3	1	1	2.2	0.1
	1	1	1	1	0.9 5	1									3.0

2. EFAS Matrix

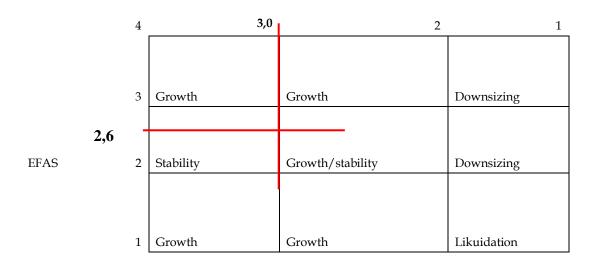
					2.	EFAS I	νιαιτιλ								
EXTERNAL			Sca	ale						Sco	ore				
STRATEGY							AVERAG	R	R	R	R	R	R	AVERAG	SCOR
FACTORS	R1	R2	R3	R4	R5	R6	E	1	2	3	4	5	6	E	E
Opportunities															
1.The number of people who ar e insured	0.0	0.0	0.0	0.0	0.1	0.0	0.1	3	3	3	4	3	3	3.2	0.2
2. The improvemen t of Information Technology	0.0	0.0	0.0	0.0	0.1	0.1	0.1	3	3	3	4	3	4	3.3	0.3
3. The emergence of health groups.	0.0 4	0.0 4	0.0 5	0.0	0.1	0.0	0.1	2	4	2	2	2	1	2.2	0.1
4. A partnership with health service facilities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	3	2	4	3	2	2.7	0.1
5 Support from various government elements	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3	3	3	3	2	1	2.5	0.1
6. High level of public trust in hospital services	0.0	0.1	0.0	0.0	0.0	0.0	0.1	4	4	4	4	2	3	3.5	0.3
7. Support from the owner for hospital development.	0.0	0.0	0.0	0.0	0.0	0.0	0.1	4	3	4	4	4	3	3.7	0.2
8. Large population.	0.0	0.1 5	0.0	0.0 5	0.0	0.0 5	0.1	2	4	2	2	2	3	2.5	0.2
9. Located an industrial environment	0.0	0.0	0.0	0.0 7	0.0 5	0.0	0.0	2	3	2	3	2	3	2.5	0.1

EXTERNAL			Sca	ale				Score							
STRATEGY FACTORS	R1	R2	R3	R4	R5	R6	AVERAG E	R 1	R 2	R 3	R 4	R 5	R 6	AVERAG E	SCOR E
meroks	KI	IXZ	KS	ICT	100	Ro	L			3	1			-	L
Threats															
1 111015.5	0.0	0.0	0.0	0.0	0.0	0.0									
1. Health policies often change	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4	2	4	2	2	3	2.8	0.1
2. Dependence on							0.0		_		_	_			0.1
IT that is	0.0	0.0	0.0	0.0	0.0										
not protected	3	1	4	6	1	0.1	0.0	3	2	2	3	4	3	2.8	0.1
3. Lack of															
public awarenes s for health			0.0	0.0	0.0	0.0									
groups	0.1	0.1	6	3	5	1	0.1	3	1	2	3	2	1	2.0	0.1
4. Increasing															
number of		0.1		0.0	0.0	0.0							_		
competitors	0.1	5	0.1	6	5	5	0.1	3	1	3	3	3	3	2.7	0.2
5. Tax policies that are burdensome	0.0	0.0	0.0	0.0	0.0	0.0									
for hospitals.	6	9	9	2	5	1	0.1	3	2	3	2	4	1	2.5	0.1
6. Restrictions on															
civil servant															
doctors to															
practice during working hours	0.0	0.0	0.1	0.0	0.0	0.1	0.1	4	2	3	2	2	4	2.8	0.2
7. The public	0	1		3	1	0.1	0.1	4		3			4	2.0	0.2
being increasingl															
y critical in the															
era of rapid															
information	0.0	0.0	0.1	0.0	0.0	0.0	0.1	4	1	4	3	3	4	3.2	0.2
technology. 8. Unstable	0	1	0.1	6	1	3	0.1	4	1	4	3	3	4	3.2	0.2
economic															
conditions that															
affect	0.0	0.0	0.0	0.0	0.0	0.0									
health insurance.	8	1	2	4	3	1	0.0	2	2	2	3	2	3	2.3	0.1
9. There are still many of those in															
the upper															
middle class															
who seek															
treatment at	0.0	0.0	0.0	0.0	0.0	0.2	0.1	2	2	2	2	1	2	2.8	0.2
hospitals in Solo.	5	5	1	6	1	0.2	0.1	3	2	2	3	4	3	2.8	0.2
	1	1	1	1	1	1									2.6

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3. IE Matrix

IFAS



4. SWOT matrix

4. SWO1 matri	Strength (S)	Weakness (W)
EFAS	1. A good Hospital Management Information System (SIMRS) technology.	There is still a lack of full-time pecialist doctors Old buildings are not adequate
	2. A good service (PRIMA)	or patient comfort and safety
	3. The location of the hospital is in the center of the city.	3. Long waiting time 4. Management of hospital management
	4. There has been an increase in visits from year to year	as not fully implemented Lean Hospital
	5. PKU Muhammadiyah Karanganyar Hospital has been fully accredited	5. New patient visits are still relatively mall (15%)
	6. Health workers are productive, highly committed and professional .	6. The culture of quality and patient afety is less consistent
	7. Having home care and PKU care services	7. Less optimal use of IT. 8. The number of hospital beds cannot
	8. Adequate public facilities. 9. Large owned land for hospital	neet patient demand. 9. Facilities and infrastructure are not
	development.	ptimal.
Opportunities(O)	S-O Strategy	W-O strategy
1. The number	1. Improving the quality of human	1. Increasing the number of full-
of people who have health	resources and facilities in the IT sector in	time specialist doctors to
insurance	order to keep up with technological	increase public trust and
2. The improvement of	developments.	health facilities.
Information Technology	2. Hospital development by increasing the	2. Improving the quality of
3. The emergence of health	number of hospital beds and services such	human resources by
groups	as hemodialysis.	participating in training both
4. A partnership with	3. Health groups providing health	online and offline.
	education and social services to the public.	3. Renovating old buildings in

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health service facilities

- 5 Support from various government elements
- 6. High level of public trust in hospital services
- 7. Support from the owner for hospital development.
- 8. Large population.
- 9. Located in an industrial and sports environment.
- 4. Development of Primary Clinic (*Klinik Pratama*) of PKU Muhammadiyah Jatipuro and an addition of Primary Clinic of PKU Muhammadiyah in their branches.
- 5. Expanding the parking area and adding a comfortable and representative food court.
- 6. Improving cooperation with health facilities, including primary clinics, community health centers and company clinics so that they consistently pass their patients to PKU Muhammadiyah Karanganyar Hospital.
- 7. Adding Pain Polyclinic (*Poliklinik Nyeri*) services.
- 8. Facilitating health groups more in the community by holding health exercises.
- 9. Increase facilitation for the community in the social and religious sector.
- 10. Improved Home Care and PKU Care services.

- accordance with existing regulations.
- 4. Optimizing work systems with supporting facilities in all units.
- 5. Proportional increase in the number of hospital beds.
- Fulfillment and utilization of facilities and infrastructure in accordance with ASPAK standards.
- Increasing promotional services and insurance partners at PKU Muhammadiyah Kranganyar Hospital.
- 8. Increasing cooperation with insurance service providers.
- Optimize the implementation of SOP to improve quality culture and patient safety.
- Improving structured monitoring of all employees to utilize resources effectively and efficiently.

Threats (T)

- 1. Health policies often change
- 2. Dependence on IT that is not protected
- 3. Lack of public awareness for health groups
- 4. Increasing number of competitors
- 5. Tax policies that burden hospitals.
- 6. Restrictions on civil servant doctors to practice during working hours
- 7. The public being increasingly critical in the era of rapid information technology.
- 8. Unstable economic conditions that affect health insurance.
- 9. There are still many of those in the upper middle class who seek treatment at hospitals in Solo.

S-T Strategy

- Appointing an employee who is always updated on government policies in the health sector.
- Improving the quality of IT human resources who are always updated with developments in information technology.
- Health groups providing health education and social services to the public.
- 4. Cooperation between hospitals and other health services as competitors to become partners.
- 5. Collaborating with tax consultants.
- 6. Increasing the number of full time specialist doctors.
- 7. Improving the quality of human resources by participating in training both online and offline.
- 8. Empowering the role of

W-T strategy

- Increasing the number of full-time specialist doctors to increase public trust and health facilities network.
- Increasing outreach to the public about hospital quality and services.
- 3. Improving structured monitoring of all employees to utilize resources effectively and efficiently.
- 4. Increasing promotional services and insurance partners at PKU Muhammadiyah Kranganyar Hospital.
- 5. Increasing cooperation with insurance service providers.
- Improving the quality of human resources and facilities in the IT sector in order to keep up with technological developments.
- 7. Proportional increase in the number of hospital beds.
- 8. Fulfillment and utilization of facilities and infrastructure in accordance with ASPAK standards.

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		LazisMu service offices in branches. 9. Increasing outreach to the public regarding hospita l quality and services.	9. Renovating old buildings in accordance with existing regulations.
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Based on the SWOT Matrix, the strategy to be taken are:

- 1. Adding more specialist doctors from additional types of services and facilities.
- 2. Optimizing the empowerment of SIM RS.
- 3. Renovating old buildings in accordance with existing regulations to support patient comfort and safety.
- 4. Implementing Lean Hospital
- 5. Familiarization with Islamic work culture in accordance with SOP in all service units.
- 6. Optimizing hospital promotions.
- 7. Improving the quality of human resources.
- 8. Increasing collaboration.
- 9. Establishing and developing Pratama Clinics.
- 10. Optimizing the implementation of a culture of quality and patient safety.

5. QSPM Matrix

							ALTERNATIVE STRATEGY																							
	S	TRATEG	Y 1	ST	RATEGY	ľ 2	ST	RATEGY	3	STRATEGY 4		4 STRATEGY		STRATEGY 6		STRATEGY 7		7	STRA		RATEGY 8		RATEGY	79	ST	RATEGY	10			
	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS	WEIGHT	AS	TAS
OPPORTUNITY																														
1. The number of people who have health insur	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	3	0.6	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8
2. The improvement of Information Technolog	0.3	3	0.9	0.3	4	1.2	0.3	4	1.2	0.3	3	0.9	0.3	3	0.9	0.3	4	1.2	0.3	4	1.2	0.3	3	0.9	0.3	2	0.6	0.3	4	1.2
3. The emergence of health groups	0.1	4	0.4	0.1	2	0.2	0.1	2	0.2	0.1	2	0.2	0.1	3	0.3	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4
4. A partnership with health service facilities	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	2	0.2	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3	0.1	4	0.4
5. Support from various government elements	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	2	0.2	0.1	2	0.2	0.1	4	0.4	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3
6. High level of public trust in hospital services	0.3	4	1.2	0.3	3	0.9	0.3	3	0.9	0.3	2	0.6	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2
Support from the owner for hospital develop.	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8
8. Large population	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	2	0.4	0.2	3	0.6	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	2	0.4
Located in an industrial and sports environm	0.1	4	0.4	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3
THREAT									0			0			0			0			0			0			0			0
Health policies often change	0.1	3	0.3	0.1	3	0.3	0.1	3	0.3	0.1	3	0.3	0.1	2	0.2	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4	0.1	2	0.2
2. Dependence on IT that is not protected	0.1	3	0.3	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	2	0.2	0.1	4	0.4	0.1	4	0.4	0.1	2	0.2	0.1	2	0.2	0.1	3	0.3
3. Lack of public awareness for health groups	0.1	3	0.3	0.1	2	0.2	0.1	3	0.3	0.1	2	0.2	0.1	2	0.2	0.1	4	0.4	0.1	2	0.2	0.1	4	0.4	0.1	2	0.2	0.1	2	0.2
4. Increasing number of competitors	0.2	4	0.8	0.2	2	0.4	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8
Tax policies that burden hospitals	0.1	4	0.4	0.1	2	0.2	0.1	4	0.4	0.1	4	0.4	0.1	2	0.2	0.1	3	0.3	0.1	2	0.2	0.1	2	0.2	0.1	2	0.2	0.1	2	0.2
Restrictions on civil servant doctors to practi	_	4	0.8	0.2	2	0.4	0.2	3	0.6	0.2	3	0.6	0.2	2	0.4	0.2	2	0.4	0.2	3	0.6	0.2	3	0.6	0.2	2	0.4	0.2	4	0.8
The public being increasingly critical in the c		4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	3	0.6	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8
8. Unstable economic conditions that affect hea		4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4	0.1	2	0.2	0.1	3	0.3	0.1	3	0.3	0.1	3	0.3	0.1	3	0.3	0.1	2	0.2
There are still many of those in the upper mi	0.2	4	0.8	0.2	2	0.4	0.2	3	0.6	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8
STRENGTH			0						0			0			0			0			0			0			0			0
1. A good Hospital Management Information S	0.3	4	1.2	0.3	4	1.2	0.3	2	0.6	0.3	3	0.9	0.3	3	0.9	0.3	4	1.2	0.3	4	1.2	0.3	3	0.9	0.3	3	0.9	0.3	4	1.2
2. A good service (PRIMA)	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2	0.3	4	1.2
3. The location of the hospital is in the center o	0.2	3	0.6	0.2	3	0.6	0.2	2	0.4	0.2	2	0.4	0.2	2	0.4	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	2	0.4
4. 85 % of patient revisit RS PKU Muhammadi	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	3	0.6	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	3	0.6	0.2	3	0.6
5. PKU Muhammadiyah Karanganyar Hospital	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8	0.2	4	0.8
6. Health workers are productive, highly comm	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	2	0.4	0.2	4	0.8	0.2	4	0.8
7. There has been an increase in visits from year	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4
Adequate public facilities	0.1	3	0.3	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4	0.1	2	0.2	0.1	3	0.3	0.1	2	0.2	0.1	2	0.2	0.1	2	0.2	0.1	4	0.4
9. Large owned land for hospital development	0.2	4	0.8	0.2	4	0.8	0.2	2	0.4	0.2	3	0.6	0.2	2	0.4	0.2	3	0.6	0.2	2	0.4	0.2	3	0.6	0.2	2	0.4	0.2	2	0.4
WEAKNESS			0						0			0			0			0			0			0			0			0
There is still a lack of full-time specialist doc	0.2	4	0.8	0.2	4	0.8	0.2	2	0.4	0.2	4	0.8	0.2	2	0.4	0.2	2	0.4	0.2	3	0.6	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8
2. Old buildings are not adequate for patient co		4	0.4	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4	0.1	2	0.2	0.1	3	0.3	0.1	2	0.2	0.1	2	0.2	0.1	2	0.2	0.1	4	0.4
Long waiting time	0.2	4	0.8	0.2	4	0.8	0.2	3	0.6	0.2	4	0.8	0.2	3	0.6	0.2	2	0.4	0.2	4	0.8	0.2	2	0.4	0.2	2	0.4	0.2	4	0.8
Management of hospital management has no		4	0.4	0.1	3	0.3	0.1	3	0.3	0.1	4	0.4	0.1	3	0.3	0.1	2	0.2	0.1	4	0.4	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4
New patient visits are still relatively small (1)	0.1	2	0.2	0.1	3	0.3	0.1	2	0.2	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4	0.1	4	0.4	0.1	3	0.3	0.1	4	0.4	0.1	4	0.4
The culture of quality and patient safety is le		2	0.4	0.2	3	0.6	0.2	2	0.4	0.2	4	0.8	0.2	3	0.6	0.2	3	0.6	0.2	4	0.8	0.2	2	0.4	0.2	3	0.6	0.2	4	0.8
The culture of quanty and patient safety is ice Less optimal use of IT	0.1	2	0.2	0.1	4	0.4	0.1	2	0.2	0.1	3	0.3	0.1	2	0.0	0.1	2	0.0	0.1	3	0.3	0.1	2	0.2	0.1	2	0.2	0.1	3	0.3
8. The number of hospital beds cannot meet par	0.1	3	0.2	0.1	3	0.4	0.1	3	0.2	0.1	3	0.5	0.1	2	0.4	0.1	2	0.4	0.1	2	0.3	0.1	2	0.2	0.1	4	0.2	0.1	2	0.3
Facilities and infrastructure are not optimal	0.2	3	0.0	0.2	4	0.4	0.2	3	0.0	0.2	3	0.0	0.2	2	0.4	0.2	2	0.4	0.2	2	0.4	0.2	2	0.4	0.2	2	0.0	0.2	4	0.4
7. r actimics and infrastructure are flot optimal	0.1	3	15.9	0.1	4	14.8	0.1	3	13	0.1	,	14.7	0.1	2	12.6	0.1		14.2	0.1		14.9	0.1	2	13.4	0.1	2	13.8	0.1	,	15.2
	_		15.9																											_
			1			4			9			5			10			6			3			8			7	\Box		2

AS = Attraction Value	TAS = Total Attraction Value							
Attraction Value =								
1 = not interesting								
2 = quite interesting								
3 = interesting								
4 = very interesting								

IV. CONCLUSIONS AND RECOMMENDATIONS

The conclusion from the QSPM table is that the main strategic priorities taken are as follows:

- 1. Adding permanent specialist doctors, additional types of services, and facilities.
- 2. Optimizing the implementation of a culture of quality and patient safety.
- 3. Improving the quality of human resources.
- 4. Optimizing the empowerment of SIM RS.

These four main strategies focus on human resources and optimizing the empowerment of Information Technology in the operational implementation of PKU Muhammadiyah Karanganyar Hospital is expected to lead to achieving the goals of PKU Muhammadiyah Karanganyar Hospital.

The weakness of this research is that the number of respondents is only limited to hospital management officials. Therefore, it does not represent the opinions of hospital staff.

Suggestions for future research are to expand the number of respondents and deepen the questions asked towards the policies that have been implemented by hospital management.

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