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Business Strategy Planning For Yowari Regional General Hospital

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Abstract

Regional hospitals in Papua face complex challenges related to limited human resources, geographical barriers, service quality, and financial sustainability. This study aimed to develop an implementable business strategy for RSUD Yowari for 2025–2029. A qualitative instrumental case study using a Participatory Action Research approach was conducted at RSUD Yowari, Jayapura Regency, Papua, from August to November 2025. Data were collected through interviews, focus group discussions, observation, and document analysis, and analyzed thematically using NVivo 12. Strategic analysis employed VRIO, PESTEL, Porter's Five Forces, SWOT, and Balanced Scorecard frameworks. The findings showed that RSUD Yowari has competitive advantages through BLUD financial flexibility, advanced medical equipment, strategic referral status, and cultural responsiveness, but faces challenges in specialist availability, drug supply, digitalization, and accreditation. The SWOT analysis generated 15 strategic alternatives, with five priority strategies: KJSU-KIA specialist service development, integrated SIM-RS digital transformation, Paripurna accreditation, multi-district partnership expansion, and operational efficiency. These strategies were translated into 16 strategic objectives and 45 measurable KPIs through a five-year roadmap. The proposed strategy provides an integrated framework to strengthen service quality, accessibility, operational efficiency, and financial sustainability while supporting RSUD Yowari's role as a regional referral hospital in Papua.

Keywords: Business Strategy, Strategic Planning, Regional Hospital, Balanced Scorecard, SWOT, Papua.

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INTRODUCTION

Over the past decade, changes in global healthcare governance have encouraged medical institutions to adopt increasingly strategic and measurable management approaches. Demographic pressures, advances in medical technology, and limited resources have created complex and competitive operational environments. A meta-analysis of 87 studies by George et al. (2019) found that strategic planning significantly influences organizational performance, particularly when effectiveness is measured and planning is conducted systematically. Thus, strategic planning is not merely a governance requirement but a fundamental management instrument for achieving organizational excellence in healthcare.

In Indonesia, hospital management has been transformed by the implementation of the National Health Insurance (Jaminan Kesehatan Nasional/JKN) and the adoption of Regional Public Service Agency (Badan Layanan Umum Daerah/BLUD) status. This creates a paradox in which regional hospitals must operate efficiently while maintaining their social mission as public healthcare providers. Denis et al. (1991) noted that formal strategic planning in public professional service organizations is more challenging than in private businesses due to complex decision-making environments. This challenge is intensified by hospitals as professional bureaucracies, where the interests of physicians and other medical professionals may conflict with managerial rationality.

The implementation of BLUD status, which reached 77.5% of regional public hospitals in Indonesia in 2024, demonstrates the government's recognition of financial management in improving hospital performance. BLUD provides greater financial flexibility while requiring stronger accountability through strategic and operational plans, annual work and budget plans, and minimum service standards. Kaissi and Begun (2008), studying 138 hospital CEOs in Texas, found that having a strategic plan, assigning CEO responsibility, and involving the board were positively associated with prior financial performance. Therefore, formal strategic planning is not merely an administrative requirement but a critical determinant of organizational performance.

Hospitals in Eastern Indonesia, particularly Papua, face distinctive challenges arising from remote geography, limited transportation and communication infrastructure, and unequal distribution of healthcare professionals. Papua has only 8.4 specialist physicians per 100,000 population, compared with 32.5 per 100,000 in Western Indonesia. Dharyanti et al. (2019) identified ineffective communication, limited facilities, weak implementer commitment, and inflexible leadership as barriers to strategic planning in regional hospitals. Mosadeghrad and Isfahani (2020) similarly identified limited resources, inadequate expertise, and restricted communication among managers as major challenges. These conditions are particularly difficult in remote areas with limited access to expertise and best management practices.

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As the main referral facility in Jayapura Regency, Regional General Hospital (RSUD) Yowari faces multidimensional challenges. As a Class C BLUD hospital serving approximately 300,000 people, RSUD Yowari holds an important position in Papua's regional healthcare system. However, its 2024 Government Agency Performance Report (LKjIP) reveals a performance paradox requiring strategic intervention. The hospital experienced extreme over-utilization, with a Bed Occupancy Rate (BOR) of 91%, exceeding the 60–85% standard for general hospitals, and a Turn Over Interval (TOI) of zero days, indicating sustained operational pressure. This high utilization was not accompanied by adequately planned capacity expansion or sufficient revenue diversification.

RSUD Yowari's human resource structure also shows significant imbalances. Of 444 employees, only 27 (6%) are specialist physicians, creating a substantial constraint in providing specialized services to approximately 300,000 people. Specialist distribution is uneven, with critical shortages in specialties such as clinical pathology. Financially, 89.4% of total revenue depends on BPJS Kesehatan, creating high concentration risk and exposure to policy and reimbursement changes. Bintang et al. (2021) emphasized the importance of strategic planning for hospital information systems and information technology by integrating financial considerations through the Ward and Peppard approach and Cost-Benefit Analysis. The 2024 LKjIP identified strategic issues including gaps between public expectations and referral capacity, demands for improved service quality without proportional resource expansion, information system modernization, patient safety and comfort standards, and environmental health and cleanliness. Ekiz Kavukoğlu and İşci (2023) found that organizational innovation increases strategic planning awareness and contributes to business advantage, while Parsakia (2023) showed that strategic planning improves hospital performance through managerial commitment, employee empowerment, communication transparency, and conflict management.

Despite growing literature on strategic planning, research on regional hospitals in remote areas with distinctive geographical and demographic characteristics, such as Papua, remains limited. Vandersmissen and George (2023), synthesizing 35 years of strategic planning research in public organizations, identified gaps in its application to healthcare organizations. Existing studies largely focus on urban hospitals in developed regions, while rural and remote hospitals with resource limitations and cultural complexity remain underexplored. Although Smith et al. (1992) and Mosadeghrad et al. (2018) demonstrated strong relationships between strategic planning and hospital performance, research specifically addressing BLUD hospitals in remote areas with Papua's sociocultural characteristics remains limited. This gap highlights the need for adaptive

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strategic planning that considers geographical, demographic, social, and resource conditions.

The urgency of this study is reinforced by RSUD Yowari's extreme over-utilization, which indicates a strategic crisis requiring immediate intervention. Without comprehensive strategic planning, the hospital may face declining service quality, staff fatigue, financial sustainability risks, infrastructure overload, and increasing competition from private hospitals. Gathmyr et al. (2024) found that strategic planning involving employees, stakeholders, and patients positively affects service quality, patient satisfaction, operational efficiency, cost-effectiveness, and profitability. Martynyuk et al. (2024) proposed a strategic development framework supporting SWOT analysis, while Ali (2025) emphasized the effectiveness of strategic planning and management in addressing the complex and uncertain nature of healthcare services.

Therefore, based on the conditions of RSUD Yowari and the identified research gap, this study, entitled *Business Strategic Planning for Regional General Hospital (RSUD) Yowari*, aims to develop an implementable strategic business plan for 2025–2029. The study employs an advanced SWOT methodology integrated with the Balanced Scorecard framework to formulate evidence-based strategies for sustainable capacity expansion, revenue diversification, service quality improvement, and organizational excellence. The expected outcome is to strengthen RSUD Yowari's position as a leading referral hospital in Papua while maintaining its social mission as a public healthcare provider. Wilkerson (2020) emphasized that strategic planning remains a foundation for successful hospitals and healthcare systems under uncertainty by providing a framework for achieving long-term objectives. This study is expected to contribute to strategic management literature by providing a framework for remote healthcare settings that may be adapted by other regional hospitals in Eastern Indonesia.

METODE

This study employed a qualitative approach within an interpretivist-constructivist paradigm, incorporating Participatory Action Research (PAR) to understand stakeholder perspectives and develop an implementable strategic plan (Denzin & Lincoln, 2018; Reason & Bradbury, 2008). An instrumental single-case study design was applied to RSUD Yowari as a bounded system, with an emergent and longitudinal design that allowed methodological adaptation throughout the research process (Stake, 2005; Yin, 2018; Maxwell, 2013).

The study was conducted at RSUD Yowari, Jayapura Regency, Papua, from August to November 2025. Data were obtained through semi-structured in-depth interviews, focus group discussions, participant observation, and document analysis.

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Secondary data included strategic plans, performance reports, audit reports, regulations, health statistics, and other relevant documents.

Informants were selected purposively using maximum variation sampling based on strategic position, minimum two years of involvement, relevant knowledge, and willingness to participate (Patton, 2015). Stakeholders included hospital management, clinical leaders, staff, patients, community representatives, government representatives, strategic partners, and other relevant actors. The final number of informants was determined through theoretical saturation (Glaser & Strauss, 1967).

Data were analyzed iteratively using thematic analysis, supported by framework and narrative analysis (Braun & Clarke, 2006; Ritchie & Spencer, 1994; Polkinghorne, 1995). NVivo 12 was used for data management and coding. Data credibility was established through triangulation, member checking, prolonged engagement, and persistent observation, while transferability, dependability, and confirmability were supported through thick description and an audit trail (Lincoln & Guba, 1985). Researcher reflexivity was maintained throughout data collection and analysis (Finlay, 2002).

RESULTS AND DISCUSSION

Overview of the Research Setting

Regional General Hospital Yowari (RSUD Yowari) is the only government-owned hospital in Jayapura Regency, located in Doyo Baru Village, Waibu District. Established in 2003 and inaugurated in 2007, it occupies 100,000 m² with 30,125 m² of building area. As a Class C hospital operating under BLUD status, RSUD Yowari serves as the primary referral hospital for Jayapura Regency and surrounding areas.

In 2024, RSUD Yowari recorded 95,897 patient visits, comprising 59% Papuan patients and 41% non-Papuan patients. Patients included Indigenous Papuans from Jayapura Regency and other regions, demonstrating the hospital's role as a regional referral and healthcare transit point. Its disease profile reflects a dual burden of communicable and non-communicable diseases, with dental pulp/periapical diseases, dorsopathy, upper respiratory infections, diabetes mellitus, and hypertension among the most common conditions (Supriyatiningsih & Aini, 2016).

In 2024, RSUD Yowari was designated as a Network Hospital for Mentoring Services in cancer, cardiovascular disease, stroke, uronephrology, and maternal and child health. This designation increases the need for specialized service capacity, competent human resources, and adequate infrastructure.

Overall, RSUD Yowari occupies a strategically important position within Papua's healthcare system, with diverse patient demands, a dual disease burden, and expanding referral responsibilities that necessitate comprehensive strategic planning.

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Internal and External Environmental Analysis of RSUD Yowari

The VRIO analysis indicates that RSUD Yowari possesses sustained competitive advantages in BLUD financial flexibility, advanced medical equipment, its position as a referral and KJSU-KIA network hospital, cultural sensitivity to Papua, and its strategic position as the only government hospital in Jayapura Regency. Advanced facilities, including a 64-slice AI-enabled CT Scan, laparoscopy, PCR, and TCM, provide important differentiation, while understanding local Papuan culture strengthens community-oriented services. However, shortages of specialist physicians, 89% drug availability, incomplete hospital information system implementation, and suboptimal pharmaceutical services remain key weaknesses. These findings support Barney's (1991) and Lin et al.'s (2012) view that valuable, rare, difficult-to-imitate, and well-organized resources can generate competitive advantage.

The PESTEL analysis shows a relatively supportive external environment, particularly through OTSUS funding, Regional Regulation No. 7/2024 for non-BPJS healthcare services for Indigenous Papuans, health-sector Special Allocation Funds, and RSUD Yowari's designation as a KJSU-KIA network hospital. Increasing public trust and demand for specialist services also create opportunities for development. Conversely, geographical barriers, limited transportation and logistics, cultural and linguistic diversity, the dual burden of disease, digital gaps, and increasing public expectations remain major challenges. Therefore, RSUD Yowari requires adaptive strategies that reflect Papua's geographical and social conditions while maximizing available policy support (Matović, 2020).

The IFAS and EFAS matrices produced scores of 2.66 and 2.91, respectively. The IFAS score indicates a relatively strong internal position, driven mainly by financial flexibility and advanced medical equipment, although specialist shortages remain the most critical weakness. The EFAS score indicates that external opportunities outweigh threats, particularly OTSUS funding, KJSU-KIA program support, and high demand for specialist services.

Table 1. IFAS Matrix of RSUD Yowari

Internal Factors	Weight	Rating	Score
STRENGTHS			
BLUD financial flexibility through diversified funding (Special Autonomy Fund, Regional Budget, Special Allocation Fund, BPJS)	0,10	4	0,40
Advanced medical equipment (AI CT Scan, laparoscopy, PCR) not yet possessed by other hospitals in Jayapura	0,09	4	0,36

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KJSU-KIA (Cardiovascular, Cancer, Stroke, Kidney, and Maternal/Child Health) network hospital status based on Health Minister Decree, supported by national programs	0,08	3	0,24
Sensitivity to Papuan culture, with an understanding of ethnic diversity and local wisdom	0,07	3	0,21
Geographical monopoly position as the only hospital in Jayapura Regency	0,08	4	0,32
High public trust, with 59% of patients being Indigenous Papuans (OAP) and an upward trend in visits	0,07	3	0,21
WEAKNESSES			
Shortage of medical specialists, with recruitment difficulties due to the remote location	0,10	1	0,10
Low medication availability (89%), leading to patient complaints about having to purchase drugs outside the hospital	0,08	2	0,16
Hospital Information System (SIM-RS) not yet fully implemented, despite being part of the organizational mission	0,07	2	0,14
Accreditation level is only Madya (Intermediate) rather than Paripurna (Comprehensive/Full) for competitive differentiation	0,06	2	0,12
Service quality not yet optimal; complaints regarding staff being unfriendly and uninformative	0,08	2	0,16
Inadequate environmental security; lack of CCTV and unprofessional security personnel	0,06	2	0,12

Table 2. EFAS Matrix of RSUD Yowari

Internal Factors	Weight	Rating	Score
OPPORTUNITIES			
Substantial Special Autonomy (OTSUS) funds for health, supported by strong local government policies	0,12	4	0,48
Regent Regulation No. 7/2024 regarding health services for Indigenous Papuans (OAP) not covered by BPJS, with guaranteed funding	0,10	3	0,30

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Minister of Health Decree designating the hospital as part of the KJSU-KIA (Cardiovascular, Cancer, Stroke, Uro-Nephrology, and Maternal-Child Health) network, supported by national programs	0,09	4	0,36
Special Allocation Fund (DAK) for Health for medical equipment procurement and infrastructure development	0,08	3	0,24
Increasing public trust and expectations for comprehensive services at Yowari Regional General Hospital (RSUD)	0,07	3	0,21
High demand for KJSU-KIA specialist services, with thousands of cases annually in Papua	0,09	4	0,36
THREATS			
Papua's extreme geography (mountainous terrain, dense forests) hinders access and logistics	0,10	2	0,20
Cultural and linguistic diversity across hundreds of tribes creates communication challenges	0,08	2	0,16
Double burden of disease: communicable (TB, Malaria, HIV) and non-communicable (Diabetes, Hypertension, Stroke)	0,08	2	0,16
Competition from Dok II Jayapura Hospital and private hospitals for specific market segments	0,06	3	0,18
Increasing public demands for service quality	0,07	2	0,14
High population mobility increases the risk of disease transmission from outside the region	0,06	2	0,12
TOTAL	**1,00**		**2,91**

Based on these scores, RSUD Yowari is positioned in Cell V of the Internal-External (IE) Matrix, indicating an average internal position and moderate external conditions. Accordingly, a *hold and maintain* strategy is appropriate, focusing on market penetration, service development, and network expansion (David & David, 2017).

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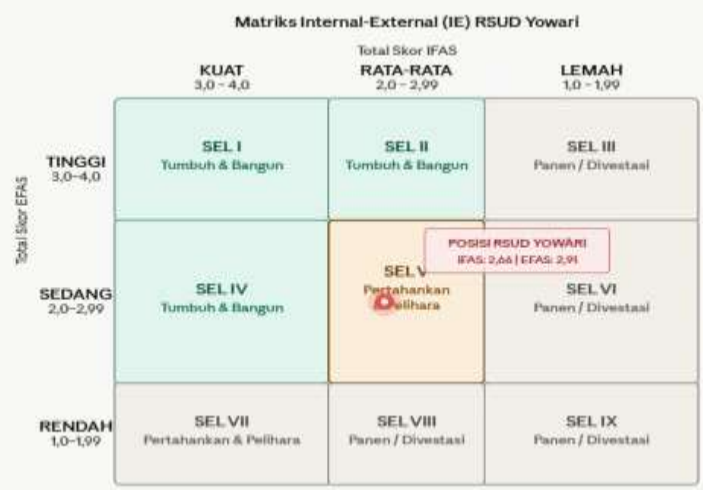


Figure 1. IE Matrix of RSUD Yowari

Position of RSUD Yowari: Cell V (Average Internal Strength, Medium External Condition).

For RSUD Yowari, these strategies can be implemented through strengthening KJSU-KIA services, optimizing existing medical facilities, improving specialist recruitment and retention, accelerating digital transformation, and expanding cooperation with surrounding districts.

From the perspective of Porter's Five Forces, RSUD Yowari has a relatively strong competitive position. The threat of new entrants is low due to high investment requirements, complex licensing, and limited specialist availability in Papua. Supplier power is moderate because of limited suppliers and logistical constraints, while buyer power is higher among general patients who have alternatives in Jayapura City. The threat of substitutes is low to moderate, mainly because limited specialist services encourage some patients to seek treatment outside the region. Competitive rivalry is also low to moderate because RSUD Yowari has no direct government-hospital competitor in Jayapura Regency, although it faces indirect competition from hospitals in Jayapura City. Its strategic location, OTSUS support, cultural sensitivity, and inter-district partnerships strengthen its position. Therefore, improving service quality, specialist service capacity, drug availability, and operational efficiency is essential to maintaining its competitive advantage.

Strategic Formulation and Priority Strategies

The formulation of RSUD Yowari's strategy integrated the findings of VRIO and PESTEL analyses into a comprehensive SWOT analysis. Key strengths included BLUD financial flexibility, diversified funding sources, advanced medical equipment, strategic regional positioning, increasing public trust, extensive partnerships, cultural sensitivity,

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and a clear organizational vision. Major weaknesses included shortages of specialist staff, service quality issues, incomplete implementation of the hospital information system, moderate accreditation status, limited supporting facilities, operational budget constraints, and a high disease burden. Key opportunities included OTSUS and DAK funding, national health programs, multi-sector partnerships, increasing public demand, and growing demand for specialist services. Meanwhile, major threats included geographical barriers, cultural and linguistic diversity, infectious and non-communicable disease burdens, security issues, regulatory changes, competition, and population mobility. These factors generated SO, WO, ST, and WT strategies focusing on service expansion, human resource development, digital transformation, accreditation improvement, culturally responsive services, referral strengthening, disease prevention, and operational efficiency.

The 15 alternative strategies were prioritized based on urgency, impact, and feasibility and grouped into four implementation priorities. Quick-win strategies included improving drug and medical equipment availability, strengthening hospital security and comfort, developing staff competencies, and implementing internal consolidation and change management. High-impact strategies included KJSU-KIA specialist service development, Paripurna accreditation, and culturally based service differentiation, while medium- and long-term strategies focused on digital transformation, OTSUS network expansion, health promotion, education and research collaboration, infrastructure development, referral strengthening, and operational efficiency. The total estimated investment for 2025–2029 was IDR 54.8 billion.

Based on this prioritization, five business strategies were identified as the main strategic priorities: KJSU-KIA specialist service development, integrated SIM-RS digital transformation, achievement of Paripurna accreditation, expansion of multi-district PKS networks, and operational efficiency. These strategies were selected because of their strong alignment with the hospital's vision, competitive advantages, and external opportunities, while supporting both its public-service mission and financial sustainability.

KJSU-KIA development focuses on cancer, cardiology, chemotherapy, and maternal and child health services. Implementation is planned progressively through specialist recruitment, staff training, medical equipment procurement, and infrastructure development during 2025–2029, with the long-term goal of establishing RSUD Yowari as a regional KJSU-KIA center in Papua.

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Table 3. KJSU-KIA Implementation Stages

Year	Phase	Key Program	Funding Source
2025	Foundation Building	Recruitment of 2 specialists (Oncology, Cardiology); Training of 20 nurses; Procurement of chemotherapy and echocardiography equipment	Health DAK (Special Allocation Fund)
2026	Capacity Expansion	Recruitment of 2 additional specialists (Neurology, OB-GYN); Procurement of NICU facilities; Initial clinic opening	DAK + APBD
2027	Full Operations	Recruitment of the final 2 specialists (second OB-GYN, Pediatrics); Clinic inauguration; Groundbreaking for the new building	APBD + OTSUS
2028-2029	Optimization	Completion of 100-bed building; Development of sub-specialties	DAK + CSR

Digital transformation through an integrated SIM-RS is intended to improve operational efficiency and service quality. Current problems include medication preparation times exceeding standards, drug availability of only 89%, long outpatient waiting times, and reliance on manual documentation. The system is expected to increase drug availability to at least 95%, reduce medication preparation and outpatient waiting times, and improve clinical and administrative accuracy through electronic medical records, automated billing, inventory management, and digital queuing.

Table 4. Benefits of Integrated SIM-RS

Aspect	Current Status	Target After SIM-RS	Improvement Mechanism
Preparation time for compounded medication	78 minutes	≤60 minutes	Barcode scanning, alert system
Preparation time for non-compounded medication	34 minutes	≤30 minutes	Automated identification and retrieval

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Medication availability	89%	≥95%	Automatic reorder point alerts
Outpatient clinic waiting time	~60 minutes	≤40 minutes	Digital queuing system, electronic medical records
Medical errors	Not measured	Significant reduction	Drug interaction and contraindication alerts

Achievement of Paripurna accreditation is targeted for 2027 through a three-stage roadmap covering gap closure, standardization, and certification. The strategy is expected to strengthen service quality, patient safety, organizational reputation, and competitive positioning.

Table 5. Paripurna Accreditation Roadmap 2025–2027

Year	Phase	Activity Focus	Target Achievement	Fund Allocation
2025	Gap Closure	Comprehensive gap analysis; Formation of Accreditation Team; Awareness training for staff	Close 50% of the gap	IDR 800 million
2026	Standardization	SOP development; Infrastructure improvements; 2 survey simulations	Close 90% of the gap; Simulation score >85%	IDR 1 billion
2027	Certification	Final preparation; KARS survey; Post-certification improvements	Achieve "Paripurna" (Comprehensive) status with score >90%	IDR 700 million

Expansion of multi-district PKS aims to increase regional access and patient referrals by expanding formal partnerships from the existing districts to 13 districts by 2029. Mobile clinics, telemedicine, and transportation support will complement this expansion, particularly for patients from remote areas.

Table 6. PKS Network Expansion Targets 2026–2029

Year	Target Regencies	Cumulative Total	Supporting Programs
2026	Highland Papua, Tolikara	5 regencies	2 4WD ambulances; Mobile clinic 4 times/month

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2027	Central Mamberamo, Yalimo, Lanny Jaya	8 regencies	Mobile clinic 8 times/month; Telemedicine for 20 Community Health Centers (Puskesmas)
2028	Nduga, Puncak, Dogiyai	11 regencies	Mobile clinic 12 times/month; Transport subsidy
2029	2 final regencies	13 regencies	Evaluation; Satellite clinic feasibility study

Finally, operational efficiency aims to increase the operating margin from 6% to 15% over five years through revenue optimization, development of non-BPJS services, workforce and pharmaceutical cost control, energy efficiency, waste reduction, and Lean Hospital Management. The five strategies are mutually reinforcing: specialist service development and accreditation strengthen reputation and patient demand; digital transformation improves efficiency and data quality; PKS expansion increases service volume; and operational efficiency supports sustainable reinvestment. Collectively, these strategies are expected to transform RSUD Yowari into a regional healthcare center with stronger service quality, financial sustainability, and accessibility for the people of Papua.

Integrated Strategic Plan Based on the *Balanced Scorecard*

The 2025–2029 strategic plan of RSUD Yowari was developed using the *Balanced Scorecard* (BSC) approach proposed by Kaplan and Norton (1992), which translates the hospital's vision and mission into four perspectives: financial, customer, internal business processes, and learning and growth. This approach is relevant to RSUD Yowari as a government-owned BLUD hospital that must balance its social service mission with financial sustainability. The four perspectives are interconnected through a cause-and-effect relationship, in which improvements in human resources and technology support internal processes, which subsequently improve patient satisfaction and access and contribute to financial sustainability (Kurniati, 2021; Paramarta et al., 2023).

The financial perspective focuses on increasing financial independence and optimizing budget management. Key targets include increasing total revenue from IDR 18 billion to IDR 35 billion, operating margin from 6% to 15%, IFRS contribution from 34.34% to 45%, and budget realization from 85% to 96% by 2029. Strategies include revenue diversification through executive clinics and corporate medical check-ups, optimization of medical equipment utilization and BPJS reimbursement, cost efficiency, and technology-based financial management.

The customer perspective aims to improve patient satisfaction, loyalty, access, and service coverage. Targets include increasing patient satisfaction from 70% to 90%,

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patient retention from 92.91% to 97%, total visits from 95,897 to 145,000, the proportion of Indigenous Papuan (OAP) patients from 59% to 72%, and district partnerships from 3 to 13 by 2029. Key initiatives include *service excellence*, culturally sensitive communication, digital patient feedback, faster complaint handling, mobile clinics, telemedicine, expanded partnerships, and improved access for patients from remote areas.

The internal business process perspective focuses on improving clinical service quality, operational efficiency, accreditation, and the development of KJSU-KIA flagship services. Major targets include increasing BOR to 80%, reducing ALOS to 4 days, reducing NDR and GDR to below 12‰ and 30‰, respectively, reducing prescription dispensing time to 40 minutes, increasing drug availability to 99%, and achieving full accreditation by 2027. KJSU-KIA services are also targeted to expand through increased cancer, cardiac, and stroke care and reduced maternal and infant mortality. Supporting strategies include *clinical pathways*, clinical audits, staff training, *Lean Hospital* implementation, digital queue and supply-chain systems, accreditation strengthening, specialist recruitment, and procurement of supporting equipment.

The learning and growth perspective serves as the foundation for organizational development through improvements in employee competence and welfare, a high-performance culture, and technological infrastructure. Key targets include increasing employee satisfaction from 65% to 85%, the number of specialists from 10 to 25, training hours from 20 to 70 hours per employee, employee engagement from 60% to 85%, and achieving 100% implementation of the Hospital Management Information System (SIM-RS) and Electronic Medical Records (EMR), with system uptime reaching 99.5% by 2029. Strategies include specialist recruitment, competitive incentives, continuous training, career development, reward programs, internal communication, and integrated digital transformation.

Overall, the strategic plan demonstrates strong *strategic alignment* across the four BSC perspectives. Strengthening human resources, organizational culture, and technology is expected to improve internal service quality and efficiency, which will subsequently enhance patient satisfaction and access and support revenue growth. Thus, the BSC functions not only as a performance measurement tool but also as a strategic framework for translating organizational objectives into sustainable hospital performance (Rompas et al., 2019; Sari, 2016).

Roadmap Implementation, Monitoring, Evaluation, and Risk Management

The implementation of RSUD Yowari's strategy is designed through a five-year roadmap (2025–2029) implemented in stages to support the vision of becoming a quality hospital of choice for the people of Papua. In 2025, the focus is on *Foundation Building*

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through internal consolidation, strengthening the *Service Excellence* culture, implementing *quick wins*, improving drug availability and security, recruiting specialist doctors, and initiating the SIM-RS development. In 2026, the focus shifts to *Capacity Development* through the development of KJSU-KIA flagship services, full implementation of SIM-RS, accreditation preparation, network expansion, and *mobile clinic* development. The 2027 phase emphasizes consolidation through achieving Paripurna accreditation, implementing *Clinical Pathways*, strengthening research and education, and developing the KJSU-KIA building. In 2028, the focus is *Optimization* through operational efficiency, revenue diversification, strengthening flagship services, and community health programs. Finally, 2029 represents the *Sustainability* phase, focusing on strengthening the KJSU-KIA *Center of Excellence*, maintaining accreditation, expanding services, improving financial independence, and preparing the 2030–2034 Strategic Plan.

The total investment for strategy implementation during 2025–2029 is projected at IDR 57 billion, sourced from the regional budget (APBD), Special Autonomy Funds (OTSUS), Health Special Allocation Funds (DAK), BLUD revenue, and CSR and donor funding. This diversified funding structure is intended to ensure sustainable financing while supporting the hospital's priority programs and service development.

The monitoring and evaluation system is implemented through three levels: *Executive Dashboard*, *Operational Dashboard*, and *Frontline Dashboard*, according to the information needs of each management level. Monitoring is conducted through *daily huddles*, *weekly reviews*, monthly strategic reviews, *quarterly business reviews*, and annual strategic planning. These mechanisms are used to monitor KPI achievement, budget realization, program progress, and corrective actions when deviations occur.

Risk management is conducted proactively by identifying key risks, including difficulties in recruiting specialist doctors, delays in SIM-RS implementation, failure to achieve Paripurna accreditation, *budget overruns*, declining patient satisfaction, infectious disease outbreaks, high employee turnover, security disruptions, changes in BPJS policies, and natural disasters. Mitigation strategies include competitive incentives and employee retention programs, selection of experienced vendors, strengthening the accreditation team, budget control, complaint management systems, disease surveillance, improved security, revenue diversification, and a *Business Continuity Plan*.

To maintain strategic relevance, RSUD Yowari applies a data-driven adaptive management approach through program pilots, periodic evaluations, quarterly strategic adjustments, and annual strategic reviews. Programs may be scaled up, modified, or discontinued based on evaluation results. This approach enables the strategy to remain responsive to environmental changes while supporting the sustainable achievement of the hospital's strategic objectives.

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CONCLUSION

This study concludes that RSUD Yowari has strong competitive potential but still faces critical challenges in human resources, service quality, digitalization, and accreditation. Internal analysis identified key sustainable advantages, including financial flexibility, advanced medical equipment, strategic referral status, and cultural sensitivity to Papua's diverse communities. External analysis using PESTEL and *Five Forces* revealed significant opportunities from government policies and funding, while geographic barriers, cultural diversity, and competition remain important challenges.

The SWOT analysis produced 15 strategic alternatives, prioritized into *quick wins*, *strategic high-impact*, *medium-term*, and *long-term* strategies. These strategies were translated into a *Balanced Scorecard* comprising 16 strategic objectives and 45 measurable KPIs, supported by a five-year roadmap from *Foundation Building* in 2025 to *Sustainability* in 2029, with a total projected investment of IDR 57 billion.

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