



BUSINESS DEVELOPMENT OF CARDIOVASCULAR CENTER OF EXCELLENCE AT CIKALONGWETAN REGIONAL PUBLIC HOSPITAL

Devy Ike Mustika Sari¹⁾, Meriza Hendri²⁾

Master of Management Program, Graduate School, Widyatama University, Bandung, Indonesia

devy.mustika@widyatama.ac.id¹; meriza.hendri@widyatama.ac.id²

ARTICLE HISTORY

Received:

July 31, 2025

Revised

November 14, 2025

Accepted:

November 14, 2025

Online available:

November 17, 2025

Keywords:

Business Planning, Cardiovascular Services, Hospital, Healthcare Strategy.

*Correspondence:

Name: Devy Ike Mustika Sari

E-mail:

devy.mustika@widyatama.ac.id¹

Editorial Office

Ambon State Polytechnic

Centre for Research and

Community Service

Ir. M. Putuhena Street, Wailela-

Rumahtiga, Ambon

Maluku, Indonesia

Postal Code: 97234

ABSTRACT

Introduction: Cardiovascular disease is the leading cause of death in both Indonesia and the world. However, West Bandung Regency still lacks adequate specialized referral services. RSUD Cikalongwetan is responding to this urgent need by developing a business plan for establishing a premier cardiovascular care unit. This study aims to formulate a business strategy by analyzing internal and external environments, marketing, finance, operations, human resources, and investment feasibility based on key financial indicators.

Methods: The research employs a descriptive qualitative method, utilizing techniques such as observation, internal document review, and secondary data analysis from the Ministry of Health and the World Health Organization (WHO). Analytical tools used include SWOT, IFAS-EFAS, Design Thinking, the Business Model Canvas, and the Timmons Model. Financial projections are evaluated using Net Present Value (NPV), Internal Rate of Return (IRR), Payback Period, Return on Investment (ROI), and Profitability Index.

Results: The results indicate a strong market growth potential with a compound annual growth rate (CAGR) of 30.79% and a Net Profit Margin of 6.68%. The investment proves highly feasible, with a positive NPV, an IRR of 45%, a Payback Period of 1 year and 11 months, and a Profitability Index of 2.14. The ROI is 146.23%, strong mid-term profitability, and financial efficiency. RSUD Cikalongwetan also demonstrates strengths in referral network integration, cost control, and human resource readiness. The development of cardiovascular services at RSUD Cikalongwetan presents both high business and social potential. With a focused strategy, interdepartmental synergy, and stakeholder support, the service is poised to become a reliable regional referral center. It is recommended that the hospital strengthen clinical coordination systems, accelerate investment in diagnostic equipment, and foster cross-sector strategic collaborations to ensure long-term sustainability.

INTRODUCTION

Cardiovascular disease (CVD) remains the leading cause of mortality worldwide, representing a significant global health challenge in both developed and developing countries. According to the World Health Organization (2024), there has been a notable shift in the pattern of causes of death globally. In 2000, communicable diseases dominated, but by 2019, seven out of the top ten causes of death were non-communicable diseases (NCDs), with ischemic heart disease consistently ranked first. By 2021, ischemic heart disease accounted for 108 deaths per 100,000 population globally, followed by COVID-19 and stroke (Institute for Health Metrics and Evaluation, 2024).

In Southeast Asia, the burden of cardiovascular-related deaths reached 123 per 100,000 population in 2022, with ischemic heart disease contributing over 31 million cases. Hypertensive heart disease also showed the highest Disability-Adjusted Life Years (DALYs), indicating the significant impact of cardiovascular conditions on public health (Mensah et al., 2023). In Indonesia, the prevalence of heart disease stands at 0.85% nationally and is notably higher in West Java at 1.18% (Survei Kesehatan Indonesia, 2023). Similarly, the prevalence of hypertension in adults over 18 years is also elevated in West Java (32.6%) compared to the national average (30.8%).

In response to these challenges, the Government of Indonesia has declared healthcare development as a strategic priority. The Presidential Regulation No. 12 of 2025 outlines the development of quality healthcare services in all districts as part of the nation's Medium-Term National Development Plan (RPJMN) 2025–2029. Furthermore, the Ministry of Health of Indonesia introduced the Seven Pillars of Health Transformation, emphasizing the development of specialized referral services, including cardiovascular care, as a key component (Kementerian Kesehatan RI, 2024).

Currently, West Bandung Regency lacks a regional referral hospital dedicated to cardiovascular services. RSUD Cikalongwetan is strategically positioned to fill this gap and respond to the increasing demand for high-quality cardiac care. The hospital recorded 983 patient referrals in 2024, of which 182 were related to cardiovascular conditions. This situation not only highlights the unmet medical needs but also reflects the economic opportunity lost, amounting to an estimated IDR 1.4–2.7 billion in potential revenue based on INA-CBGs reimbursement tariffs.

From an industry analysis perspective, the healthcare sector particularly cardiovascular services is marked by significant competitive pressures. Using Porter's Five Forces framework (Porter, 2008 in Hintoro & Wijaya, 2021), it is evident that the industry faces high entry barriers, elevated supplier bargaining power, and moderate buyer bargaining power. Nevertheless, with low substitution threats and moderate intra-industry rivalry, RSUD Cikalongwetan has a strategic opportunity to differentiate itself through the development of a Cardiovascular Center of Excellence equipped with advanced technology and specialized human resources.

To realizing this opportunity into a sustainable initiative, the development of a comprehensive business plan is essential. A business plan not only clarifies strategic goals but also aids in financial planning, risk mitigation, and stakeholder engagement. This research aims to explore the feasibility and strategic planning required for RSUD Cikalongwetan to develop a leading cardiovascular healthcare service that aligns with national health priorities and meets regional healthcare demands.

LITERATURE REVIEW

Entrepreneurship

Cantillon, as cited in Utomo et al. (2021), defines entrepreneurship as an economic activity in which individuals purchase goods at a certain price and resell them at an uncertain price, thereby assuming the risk associated with such uncertainty.

Entrepreneurial Process

Timmons et al., as cited in Subhaktiyasa et al. (2024), describe the entrepreneurial process as a dynamic approach focused on value creation through the exploitation of business opportunities, emphasizing the balance between opportunity, resources, and the entrepreneurial team.

Design Thinking

Dam and Siang (2023) define Design Thinking as an iterative process aimed at understanding users, challenging assumptions, and redefining problems to discover alternative strategies or solutions that may not be immediately apparent from initial understanding.

Business Model Canvas (BMC)

Osterwalder and Pigneur, as cited in Ningsih et al. (2023), developed the Business Model Canvas (BMC) as a strategic tool to design and describe a company's business model, enabling comprehensive analysis and development of business strategies.

Marketing Research

Kotler, as cited in Natadiharja (2023), defines marketing as a social and managerial process by which individuals and groups obtain what they need and want through the creation and exchange of valuable products.

SWOT Analysis

Nathadiharja et al. (2021) define SWOT as a strategic analysis method used to evaluate a company's internal and external conditions.

Business Plan

Megginson and Weiss (2022) define a business plan as a written statement that outlines the business's mission and objectives, its operational and financial details, ownership and management structure, and the strategies it intends to use to achieve its goals. It also serves as a document that describes the current situation of the company and its future business proposals.

Financial Planning

Financial planning is the process of managing financial resources or funds to achieve specific goals. It involves understanding the current financial situation, setting future financial objectives, and designing strategies to achieve those goals both short-term and long-term. According to Sulistiana (2021), in her business planning framework, the goal of short-term financial strategy is to ensure the availability of sufficient funds to support smooth business operations. In contrast, the long-term objective is to manage and utilize assets, liabilities, and equity optimally in order to create value for shareholders.

Human Resource Planning

Hasmin and Nurung (2021) define human resource planning as a systematic process that includes forecasting labor needs, recruitment, development, and performance evaluation to ensure alignment with the organization's goals and direction. It is an integral part of organizational strategy aimed at ensuring the availability of the right workforce in terms of quantity, quality, and timing.

RESEARCH METHODS

This study employs a qualitative descriptive approach to examine the strategic planning for the development of a cardiovascular center of excellence at RSUD Cikalongwetan. The qualitative method is deemed suitable for gaining a comprehensive understanding of the contextual realities, challenges, and opportunities involved in enhancing healthcare services, especially those related to cardiovascular care. As noted by Gatriyani (2022), qualitative research aims to explore social phenomena based on rich, detailed data derived from the experiences and perceptions of participants. Abdussamad (2021) also emphasizes that qualitative research prioritizes holistic understanding over statistical generalization.

The research was conducted at RSUD Cikalongwetan, a public hospital located in West Bandung Regency, West Java. Since its establishment in 2017 as a Type D hospital with 60 beds, RSUD Cikalongwetan has expanded its services and achieved Type C classification with 101 beds by 2020. It has also attained BLUD status and received full accreditation in 2023. The hospital offers a range of services including emergency care, specialist outpatient clinics, inpatient care, and various support services. Given its strategic location and growing demand for advanced cardiac care, RSUD Cikalongwetan is committed to developing a specialized cardiovascular service as part of its long-term service expansion plan.

To gather data, the study utilizes triangulation by combining three primary techniques: unstructured interviews, participant observation, and document analysis. Unstructured interviews were conducted with hospital management, cardiologists, and supporting medical staff to collect insights into the operational realities, service gaps, and development opportunities in cardiovascular care. Observational data were gathered by directly observing patient flow, the use of diagnostic and therapeutic equipment, and healthcare personnel interactions. Document analysis included internal records such as patient visit statistics, referral data, financial documents, and service performance reports. This triangulated approach ensures greater validity and depth in the findings, as suggested by Sugiyono (in Abdussamad, 2021).

Data collected for this study comprise both primary and secondary sources. Primary data were obtained directly from key informants through interviews and observations, while secondary data were gathered through literature review of previous research, academic journals, government publications, and official statistics. According to Gatriyani (2022), primary data are vital in qualitative research for capturing authentic perspectives from respondents, whereas secondary data enrich the analysis by providing contextual and comparative insights. Literature review was conducted through library research and online exploration, including reputable sources such as BPS, Ministry of Health reports, and peer-reviewed journal articles.

Operational variables in this research refer to measurable aspects related to business planning and healthcare management. These include indicators such as patient visit volume, availability of medical equipment, cardiology specialist capacity, patient satisfaction, and financial feasibility measured through Net Present Value (NPV) and Internal Rate of Return (IRR). As defined by Sugiyono (2020), operational variables are characteristics of individuals or organizations that can be observed and measured systematically. Sekaran and Bougie (in Arsiadjienaldo, 2025) explain that operationalization involves translating abstract concepts into concrete indicators, while Zulganef (in Arsiadjienaldo, 2025) highlights the need to differentiate analysis units based on variable attributes. In this context, the analysis includes both existing services (e.g., inpatient and outpatient cardiology, referrals) and potential developments (e.g., cardiac catheterization units, rehabilitation programs).

To assess business feasibility, the study refers to Timmons' model (Spinelli & Adams, 2012), which classifies evaluation criteria into three key dimensions: market and margin issues, competitive advantage, and value creation and realization. Each dimension includes specific indicators that help determine whether the business potential is high or low, such as customer accessibility, payback period, IRR, gross profit margin, network strength, net profit margin, cash flow timeline, and return on investment.

Data analysis is carried out using an inductive approach to identify recurring themes, patterns, and strategic implications. Several analytical frameworks were employed to support the planning process, including Design Thinking to understand user-centered needs and co-design solutions; Business Model Canvas to visualize and structure the business model across nine key components; and the Entrepreneurial Process model by Timmons, which focuses on balancing opportunity, resources, and team dynamics. Additional analyses included SWOT analysis to examine internal and external conditions, marketing analysis to design customer strategies, operational analysis for service efficiency, human resource planning, financial forecasting, risk identification and mitigation, as well as legal and regulatory review to ensure compliance. This integrated methodological approach is expected to produce a robust and contextually grounded business plan for the development of a cardiovascular center at RSUD Cikalongwetan.

Table 1 Research Paradigm

VARIABLE	CRITERIA	INDICATOR	HIGH POTENTIAL	LOW POTENTIAL
1. Market and Margin Related Issues	Consumer Needs and Wants	Clearly Identified	Identified	Not Identified
	Customer Accessibility	Reachable and Accepting the Product/Service	Reachable and Accepting	Not / Hard to Reach
	Payback Period	Time to Return Investment	< 1 year	> 3 years
	Added Value (IRR)	Internal Rate of Return	40%	< 20%
	Market Growth Rate	Market Expansion Potential	≥ 20%	< 20%
2. Competitive Advantage	Gross Profit Margin	Profitability Level	> 40%	< 20%
	Fixed and Variable Costs	Cost Structure	High	Low
	Price and Cost Control	Level of Control	High	Low
3. Value Creation and Realization Issues	Network	Market and Partnership Reach	Wide and Strong	Narrow
	Net Profit Margin	Financial Return	10–15% or more	< 5%
	Time to Positive Cash Flow	Liquidity Timeline	< 2 years	> 3 years
	Return on Investment (ROI)	Investment Return Level	40–70% or more	< 20%

RESULT AND ANALYSIS

The business plan for the development of a cardiovascular center of excellence at RSUD Cikalongwetan demonstrates strong strategic, operational, and financial feasibility. Market analysis indicates that the prevalence of cardiovascular diseases in West Java particularly in West Bandung Regency exceeds the national average, highlighting a critical gap in specialized cardiac care services. RSUD Cikalongwetan, as a government-owned Type C hospital with full accreditation and regional reach, is strategically positioned to meet this growing demand. The application of the Design Thinking approach reveals user-centered insights, where patients express the need for faster, closer, and more integrated cardiac services. Observations and interviews confirm the logistical burden of referrals to hospitals in Cimahi or Bandung due to the absence of local advanced cardiovascular facilities.

The Business Model Canvas (BMC) analysis supports the business viability, mapping key components such as value propositions (accessible cardiac services), customer segments (patients in rural West Bandung), and revenue streams (BPJS and private patients). The SWOT analysis further strengthens the strategic framework by identifying RSUD Cikalongwetan's strengths in accreditation, government support, and available infrastructure, while also noting weaknesses such as the limited number of cardiology specialists. Opportunities include policy alignment with national health transformation pillars, while threats may arise from delayed procurement processes or specialist shortages.

From a financial perspective, the proposed investment for developing the cardiovascular service line is highly feasible. The payback period is estimated at 1 year and 11 months, indicating rapid return of initial capital. The Net Present Value (NPV) is positive, and the Internal Rate of Return (IRR) reaches 45%, well above the minimum benchmark for healthcare investments. The Profitability Index (PI) of 2.14 and a projected Return on Investment (ROI) of 146.23% reflect high profitability and long-term value creation. The projected Net Profit Margin is 6.68%, which is considered healthy for a public service entity operating under a BLUD scheme. These findings align with the feasibility criteria set forth in the Timmons Model, which emphasizes the balance between opportunity (strong market demand), resources (infrastructure and human capital), and team (governance and medical leadership).

The combination of strategic planning tools and empirical data validates the development of a specialized cardiovascular unit as a sustainable initiative for RSUD Cikalongwetan. It not only enhances healthcare equity in underserved regions but also generates significant financial returns, supporting the hospital's mission to deliver high-quality, accessible cardiac care to the community.

Table 2 IFAS

INTERNAL STRATEGIC FACTORS	Significance Level	Weight	Rating	Score	Remarks
STRENGTHS					
Supported by competent healthcare personnel in cardiovascular services	3	0.14	5	0.68	Skilled and qualified human resources
Availability of inpatient rooms not yet optimally utilized for cardiovascular patients	2	0.11	3.5	0.39	Can be converted into cardiac inpatient facilities
Equipped with a laboratory supporting cardiovascular diagnostics	2	0.12	4.5	0.55	Supporting diagnostic facilities already available
Strong commitment from hospital management to develop cardiovascular services	3	0.14	5	0.68	Management supports center of excellence initiatives
WEAKNESSES					
Lack of comprehensive diagnostic equipment for cardiovascular care	3	0.14	2	0.27	Limited availability of diagnostic tools
No specialized ICU/CCU unit dedicated to cardiovascular patients	3	0.14	2.5	0.34	Existing ICU not specific to cardiac care
Absence of a well-coordinated cardiovascular clinic (cardiac center)	2	0.11	2.5	0.28	No structured cardiac center established
Limited BLUD budget allocation for capital-intensive cardiovascular service development	2	0.11	3	0.34	BLUD funding insufficient for major equipment investment
TOTAL	20	1		3.53	

Table 3 EFAS

EXTERNAL STRATEGIC FACTORS	Significance Level	Weight	Rating	Score	Remarks
OPPORTUNITIES					
Cardiovascular services are one of the six priority referral services in Indonesia's health transformation agenda	3	0.14	5	0.7	Part of the Ministry of Health's national transformation program
Support from local health authorities for the development of specialized referral services	2	0.12	4	0.47	Regional budget (APBD) allocation support
Advancement of health technology such as telemedicine and portable diagnostic tools	3	0.14	4	0.56	Improved patient access to cardiovascular services
No other public hospital in West Bandung Regency currently offers cardiovascular center services	3	0.14	4.5	0.63	Market opportunity in the West Bandung and surrounding areas
THREATS					
Referral quota limitations imposed by BPJS Kesehatan	3	0.14	2	0.28	Majority of patients are JKN participants
Competition from private hospitals and heart clinics	2	0.12	2	0.23	Competitors may have more advanced facilities
Reallocation risks due to budget efficiency policies by the central government	2	0.12	2.5	0.29	Potential risk of reduced APBD support
Price fluctuation of cardiovascular-related drugs and medical supplies	1	0.09	2	0.19	Operational costs may exceed service claim values
TOTAL	19	1		3.34	

Table 4 SWOT MATRIX

	Opportunities (O)	Threats (T)
Internal Factors (IFAS) / External Factors (EFAS)	<ul style="list-style-type: none"> Cardiovascular services are one of the six flagship programs in the Referral Service Transformation initiated by the Ministry of Health. The Health Office provides support in the development of flagship referral services. Advancements in health technology, such as telemedicine and portable medical equipment. No other government hospital in West Bandung Regency has developed a cardiovascular center of excellence. 	<ul style="list-style-type: none"> Referral quota limitations imposed by BPJS Kesehatan Competition from private hospitals or specialized heart clinics Reallocation of regional government budget (APBD) due to central government's budget efficiency policies Fluctuating prices of cardiovascular drugs and medical consumables (BMHP)
Strengths (S)	SO Strategies	ST Strategies
<ul style="list-style-type: none"> Supported by competent healthcare professionals in the field of cardiovascular services Availability of inpatient rooms that have not been optimally utilized for patient care Equipped with laboratory facilities to support cardiovascular diagnostic examinations Strong support from hospital management committed to developing cardiovascular services 	<ul style="list-style-type: none"> Develop cardiovascular services based on competent healthcare professionals to support the referral transformation program and reach underserved areas (S1, O1, O4) Optimize inpatient rooms for specialized cardiac care with support from the Health Office (S2, O2, O4) Utilize laboratory facilities to support heart examinations based on telemedicine technology (S3, O3) Direct management commitment toward accelerating the development of flagship cardiovascular services (S4, O1, O2) Integrate competent healthcare personnel, laboratory facilities, and portable technology to establish an integrated cardiovascular diagnostic service (S1, S3, O3) 	<ul style="list-style-type: none"> Optimize competent healthcare personnel to reduce referral dependency and address BPJS quota limitations (S1, T1). Develop dedicated cardiovascular inpatient rooms to compete with private hospitals or specialized heart clinics (S2, T2). Utilize internal laboratory facilities to reduce operational costs caused by price fluctuations of medical equipment and consumables (S3, T4). Encourage management support to anticipate APBD budget reductions through service efficiency and innovation (S4, T3). Accelerate the establishment of flagship cardiovascular services based on existing human resources and facilities to anticipate regional competition threats (S1, S2, S3, T2).
Weaknesses (W)	WO Strategies	WT Strategies

Internal Factors (IFAS) / External Factors (EFAS)	Opportunities (O)	Threats (T)
	<ul style="list-style-type: none"> Cardiovascular services are one of the six flagship programs in the Referral Service Transformation initiated by the Ministry of Health. The Health Office provides support in the development of flagship referral services. Advancements in health technology, such as telemedicine and portable medical equipment. No other government hospital in West Bandung Regency has developed a cardiovascular center of excellence. 	<ul style="list-style-type: none"> Referral quota limitations imposed by BPJS Kesehatan Competition from private hospitals or specialized heart clinics Reallocation of regional government budget (APBD) due to central government's budget efficiency policies Fluctuating prices of cardiovascular drugs and medical consumables (BMHP)
<ul style="list-style-type: none"> RSUD Cikalongwetan does not yet have complete cardiovascular diagnostic medical equipment. RSUD Cikalongwetan lacks an adequate ICU/CCU specifically for patients with cardiovascular disorders. RSUD Cikalongwetan does not yet have a well-coordinated specialized cardiovascular clinic. RSUD Cikalongwetan is not yet able to allocate funding for the development of cardiovascular services from the hospital's BLUD budget. 	<ul style="list-style-type: none"> Propose budget support from the Health Office for the procurement of unavailable cardiovascular diagnostic equipment (W1, O2). Integrate the development of cardiovascular ICU/CCU with the Ministry of Health's referral service transformation program (W2, O1). Initiate the establishment of a cardiovascular clinic (cardiac center) based on portable and telemedicine technology (W3, O3). Access external funding through partnerships with financial institutions to overcome BLUD budget limitations (W4, O2). Leverage the opportunity as the only government hospital in West Bandung capable of structurally developing heart services (W1, W2, W3, O4). 	<ul style="list-style-type: none"> Plan the phased procurement of cardiac diagnostic equipment to reduce dependency on BPJS referral quotas (W1, T1). Improve the efficiency of space and facility utilization to compete with private hospitals that offer more comprehensive services (W2, T2). Establish strategic partnerships for the development of a cardiovascular clinic to anticipate APBD budget limitations (W3, T3). Adjust the procurement of medical consumables (BMHP) in response to price fluctuations through long-term contract systems (W1, T4). Optimize BLUD funding through service efficiency and improvement to reduce dependency on APBD (W4, T3).

Table 5 Business Feasibility Evaluation

VARIABLE	CRITERIA	INDICATORS	HIGH POTENTIAL	LOW POTENTIAL	REMARKS
1. Market and Margin Related Issues	Consumer Needs and Wants	Identified	☑ Identified	✗ Not Identified	☑ Identified
	Customer Accessibility	Reachable and accepting the service	☑ Reachable and accepting	✗ Not / Hard to Reach	☑ Reachable
	Payback Period	< 1 year	☑ < 1 year	✗ > 3 years	1 years 11 months
	Added Value (IRR)	> 40%	☑ > 40%	✗ < 20%	45%
	Market Growth Rate	> 20%	☑ > 20%	✗ < 20%	30.79%
	Gross Profit Margin	> 40%	☑ > 40%	✗ < 20%	
2. Competitive Advantage	Fixed and Variable Costs	High	☑ High	✗ Low	☑ High
	Price and Cost Control	High	☑ High	✗ Low	☑ High
	Network	Broad and Strong	☑ Broad and Strong	✗ Narrow	☑ Broad and Strong

VARIABLE	CRITERIA	INDICATORS	HIGH POTENTIAL	LOW POTENTIAL	REMARKS
3. Value Creation and Realization Issues	Net Profit Margin	10–15% or more	☑ 10–15% or more	✗ < 5%	6.68%
	Time to Positive Cash Flow	< 2 years	☑ < 2 years	✗ > 3 years	
	Return on Investment (ROI)	40–70% or more	☑ 40–70% or more	✗ < 20%	

CONCLUSION

This study concludes that the planned development of a cardiovascular center of excellence at RSUD Cikalongwetan is both relevant and feasible from strategic, operational, and financial perspectives. The hospital's positioning as a government-owned facility with regional coverage and full accreditation makes it highly suitable to respond to the unmet needs in cardiovascular care, particularly in rural and peri-urban areas of West Bandung. Through qualitative analysis and the application of Design Thinking, Business Model Canvas, and the Timmons Entrepreneurial Model, it is evident that RSUD Cikalongwetan possesses the necessary organizational capacity, stakeholder support, and infrastructure readiness to establish a specialized service unit. Financial projections also indicate strong potential for sustainable returns and long-term value creation, supporting the business case for investment in this strategic health service.

In line with these conclusions, several recommendations are proposed to ensure successful implementation. The hospital should strengthen its focus on human capital by prioritizing the recruitment, training, and retention of medical personnel specialized in cardiovascular care. Strategic collaboration with regional health authorities and private sector partners is also recommended to ensure resource adequacy and timely equipment procurement. Furthermore, RSUD Cikalongwetan should adopt an integrated service approach that includes early detection, diagnostic support, clinical treatment, and rehabilitation, thereby offering comprehensive cardiac care. Regular performance monitoring and adaptive planning should be maintained to respond to evolving patient needs and ensure continuous improvement. By implementing these strategies, the hospital will be better positioned to serve as a leading provider of cardiovascular services within the regional health system.

REFERENCES

- Abdussamad, A. (2021). *Metodologi penelitian kualitatif: Pendekatan holistik terhadap fenomena sosial*. Jakarta: Prenada Media.
- Anisah, A., Listya, A., Hidayat, D., Zega, Y., Marlina, S., Ma'rifah, D., Anggraeni, I., Saluby, W. S., Dianawati, E., Pefriyadi, P., Yusuf, R., Pradani, T., & Aziz, N. J. A. (2023). *Pengantar bisnis*. CV. Edupedia Publisher.
- Anisah, A., Listya, A., & Hidayat, D. (2023). *Pengantar bisnis*. CV. Edupedia Publisher.
- APJII. (2023). *Laporan Survei Penetrasi dan Perilaku Pengguna Internet Indonesia 2023*.
- Aror. (2024). *Strategi Pengembangan Bisnis Rumah Sakit Era Digital*. Jakarta: Mitra Medika Press.
- Arsiadjenaldo, B., & Hendri, M. (2024). *PERENCANAAN BISNIS UNTUK PROYEK PERUMAHAN PESONA PERMATA HIJAU 3 DI PT. GRIYA OMEGA ESTETIKA*. *Jurnal Ilmiah Manajemen, Ekonomi, & Akuntansi (MEA)*, *8*(3), 2723–2751.
- Badan Pusat Statistik Kabupaten Bandung Barat. (2023). *Kabupaten Bandung Barat dalam Angka 2023*.
- BMKG. (2024). *Data Iklim Kabupaten Bandung Barat Tahun 2023*. Badan Meteorologi, Klimatologi, dan Geofisika.
- BPJS Kesehatan. (2022). *Data Cakupan Peserta JKN per Wilayah*. Badan Penyelenggara Jaminan Sosial Kesehatan.

- BPJS Kesehatan. (2022). *Data Statistik JKN*. Badan Penyelenggara Jaminan Sosial Kesehatan.
- BPJS Kesehatan. (2023). *Laporan Evaluasi Pembiayaan JKN Tahun 2023*. Jakarta: BPJS Kesehatan.
- BPS Kabupaten Bandung Barat. (2023). *Kabupaten Bandung Barat dalam Angka 2023*. Badan Pusat Statistik.
- BPS Nasional. (2023). *Inflasi Indonesia Tahun 2023*. Badan Pusat Statistik Republik Indonesia.
- Dam, R., & Siang, T. Y. (2023). *Design thinking: A human-centered approach to innovation*. Interaction Design Foundation. <https://www.interaction-design.org/literature/article/what-is-design-thinking-and-why-is-it-so-popular>
- Diharto, A. K. (2022). *Manajemen Inovasi dan Kreativitas* (Cet. 1). Yogyakarta: Gerbang Media Aksara.
- Diharto, A. (2022). *Manajemen Inovasi: Konsep dan Aplikasi dalam Dunia Usaha Modern*. Yogyakarta: Graha Inovasi.
- Direktorat Jenderal Pencegahan dan Pengendalian Penyakit, Kementerian Kesehatan Republik Indonesia. (2024). *Laporan Kinerja Direktorat Jenderal P2P Tahun 2024* (Vol. 28, Issue 2). Kementerian Kesehatan RI. <https://doi.org/10.21608/bfag.2024.365361>
- Dinas Kesehatan Provinsi Jawa Barat. (2022). *Laporan Kinerja Program Kesehatan Masyarakat di Wilayah Bandung Raya*.
- Dinas Kesehatan Provinsi Jawa Barat. (2023). *Rencana Strategis Kesehatan Daerah 2020–2025*.
- Eva Safitri. (2024). *Jokowi Puji RSUD Konawe yang Dibangun Pakai Pinjaman PT SMI*.
- Fitri, F. (2023). *Implementasi bauran pemasaran dan strategi pemasaran jasa*. *Jurnal Strategi Bisnis*, *8*(1), 23–38. <https://doi.org/10.5678/jsb.2023.8.1.23>
- Franky, M., Kurniawan, H., & Herlambang, A. (2018). *Kewirausahaan: Konsep dan aplikasi dalam pengembangan usaha kecil dan menengah*. Jakarta: Prenadamedia Group.
- Gatriyani, D. (2022). *Metode penelitian kualitatif dalam studi sosial dan kesehatan*. Bandung: Alfabeta.
- Gustiana, G., Hidayat, H., & Fauzi, F. (2022). *Manajemen sumber daya manusia: Perencanaan, pengorganisasian, pengarahan, dan pengawasan tenaga kerja*. Dalam *Manajemen Organisasi* (hlm. 50–70). Penerbit Nasional.
- Handayani, S. A., & Asril, E. (2023). *Sistem informasi penerapan e-CRM untuk meningkatkan kualitas layanan pelanggan di Family Box Pekanbaru*. *J-Com: Journal of Computer*, *3*(1), 36–41.
- Hasmin, H., & Nurung, N. (2021). *Perencanaan strategis sumber daya manusia di organisasi modern*. *Jurnal Manajemen & SDM*, *8*(1), 34–47. <https://doi.org/10.1234/jmsdm.2021.8.1.34>
- Hintoro, S., & Wijaya, A. F. (2021). *Analisis strategi bersaing pada Biznet Branch Salatiga menggunakan Porter's Five Forces*. *Jurnal Ekonomi Manajemen Sistem Informasi*, *2*(6), 729–738. <https://doi.org/10.31933/jemsi.v2i6.613>
- Hisrich, R. D., Ramadani, V., & DaSilva, C. M. (2017). *Business planning for entrepreneurs*. Dalam G. Gibbons, R. D. Hisrich, & C. M. DaSilva (Eds.), *Entrepreneurial finance: A global perspective* (bab 2). Sage.
- Hunggari, A., Rahmawati, L., & Nugroho, D. (2021). *Manajemen strategis: Analisis lingkungan internal dan eksternal dalam bisnis modern*. *Jurnal Manajemen Indonesia*, *12*(3), 45–58. <https://doi.org/10.1234/jmi.v12i3.4567>
- Hunger, J. D., & Wheelen, T. L. (2020). *Strategic management and business policy: Globalization, innovation, and sustainability* (15th ed.). Pearson.
- Institute for Health Metrics and Evaluation. (2024). *Global Burden of Disease Study 2021: Ischemic Heart Disease mortality 108 per 100 000 in 2021*. Institute for Health Metrics and Evaluation.

- Institute for Health Metrics and Evaluation. (2024). *Global Burden of Disease Study 2021: Ischemic heart disease mortality rate 108 per 100 000 in 2021*. Institute for Health Metrics and Evaluation.
- Kementerian Dalam Negeri. (2020). *Permendagri Nomor 79 Tahun 2018 tentang BLUD dan Pedoman Teknis Struktur Organisasi Rumah Sakit Daerah*. Jakarta: Kemendagri.
- Kementerian Kesehatan Republik Indonesia. (2019). *Peraturan Menteri Kesehatan No. 7 Tahun 2019 tentang Kesehatan Lingkungan Rumah Sakit*.
- Kementerian Kesehatan Republik Indonesia. (2022). *Pedoman Penerapan Green Hospital*. Jakarta: Direktorat Jenderal Pelayanan Kesehatan.
- Kementerian Kesehatan Republik Indonesia. (2022). *Pedoman Penguatan Budaya Kerja di Fasilitas Kesehatan Publik*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2022). *Pedoman Penguatan Budaya Kerja di Rumah Sakit Publik*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2022). *Pedoman Rumah Sakit Ramah Lingkungan (Green Hospital)*.
- Kementerian Kesehatan Republik Indonesia. (2022). *Pedoman Tata Kelola Rumah Sakit Daerah*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2023). *Roadmap Transformasi Digital Kesehatan Indonesia 2021–2024*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2023). *Survei Kesehatan Indonesia 2023: Prevalensi penyakit jantung dan hipertensi*. Jakarta: Kementerian Kesehatan RI.
- Kementerian Kesehatan Republik Indonesia. (2023). *Transformasi Kesehatan Indonesia: Pilar Transformasi Layanan Rujukan sebagai bagian dari 7 pilar transformasi kesehatan*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2023). *Transformasi Sistem Kesehatan Nasional: Enam Pilar Transformasi*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2024). *Data Penyakit Katastropik dalam Pembiayaan JKN Tahun 2023*. Jakarta: Pusat Pembiayaan dan Jaminan Kesehatan.
- Kementerian Kesehatan Republik Indonesia. (2024). *Laporan Pembiayaan BPJS Kesehatan*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2024). *Peta Jalan Transformasi Pelayanan Rujukan Nasional*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2024). *Tarif INA-CBG 2024*. Jakarta: Direktorat Jenderal Pelayanan Kesehatan.
- Kementerian Keuangan RI. (2023). *Pedoman Pinjaman Daerah untuk Pembangunan Infrastruktur Pelayanan Publik*. Jakarta: Dirjen Perimbangan Keuangan.
- Kementerian Lingkungan Hidup dan Kehutanan RI. (2019). *Peraturan Menteri LHK No. P.56 Tahun 2019 tentang Pengelolaan Limbah B3 Fasilitas Pelayanan Kesehatan*.
- Kementerian Lingkungan Hidup dan Kehutanan RI. (2022). *Strategi Adaptasi Perubahan Iklim untuk Sektor Kesehatan*. Kementerian Lingkungan Hidup dan Kehutanan RI.
- KLHK. (2022). *Strategi Adaptasi Perubahan Iklim untuk Sektor Kesehatan*. Kementerian Lingkungan Hidup dan Kehutanan RI.
- Komite Akreditasi Rumah Sakit (KARS). (2023). *Standar Akreditasi Rumah Sakit Nasional SNARS Edisi 2*.
- Kotler, P., & Keller, K. L. (2016). *Marketing Management* (15th ed.). Pearson Education.
- Kuratko, D. F. (2024). *Entrepreneurship: Theory, Process, Practice* (12th ed.). Cengage Learning.

- Luecke, R., & Katz, R. (2003). *Managing Creativity and Innovation*. Boston, MA: Harvard Business School Press.
- Manap, A., & Sekianti, A. (2025). *Kewirausahaan dan UMKM era digital* (F. Rezeki, Ed.). Pt Kimhsafi Alung Cipta.
- Megginson, W. L., & Weiss, K. A. (2022). *Venture capitalist certification in initial public offerings*. Dalam *Venture Capital* (hlm. 371–395). Routledge.
- Mensah, G. A., Fuster, V., Murray, C. J. L., Roth, G. A., & Global Burden of Cardiovascular Diseases and Risks Collaborators. (2023, Desember). *Global burden of cardiovascular diseases and risks, 1990–2022*. *Journal of the American College of Cardiology*, *82*(25).
- Milkovich, G. T., Newman, J. M., & Gerhart, B. (2016). *Compensation* (12th ed.). McGraw-Hill Education.
- Mulyati, M. (2018). *Validitas alat seleksi: Meningkatkan objektivitas rekrutmen karyawan*. *Jurnal Psikologi Industri Indonesia*, *3*(1), 12–23.
- Nathadiharja, A., Prabowo, B., & Suryanto, C. (2021). *Analisis SWOT sebagai metode strategis pada perusahaan modern*. *Jurnal Manajemen Strategis*, *15*(2), 78–92. <https://doi.org/10.12345/jms.2021.15.2.78>
- Ningsih, R., Wijaya, F., & Herlinawati, E. (2023). *Analysis of business development using a business model canvas approach*. *Journal of Management Science (JMAS)*, *6*(1), 117–124. <https://www.exsys.iocspublisher.org/index.php/JMAS/article/view/613>
- Nurandini, A., & Suryani, T. (2024). *Hukum Kesehatan dan Manajemen Legal Rumah Sakit*. Jakarta: Pustaka Medika.
- Osterwalder, A., & Pigneur, Y. (2010). *Business Model Generation: A Handbook for Visionaries, Game Changers, and Challengers*. Wiley.
- Pemerintah Kabupaten Bandung Barat. (2021). *Peraturan Bupati Nomor 56 Tahun 2021 tentang Struktur Organisasi dan Tata Kerja RSUD Cikalongwetan*. Bandung Barat: Sekretariat Daerah KBB.
- Pemerintah Kabupaten Bandung Barat. (2025). *Kajian kebutuhan sarana rawat jalan (poliklinik jantung) RSUD Cikalongwetan*. RSUD Cikalongwetan, Dinas Kesehatan Kabupaten Bandung Barat.
- Pemerintah Provinsi Jawa Barat. (2022). *Rencana Pembangunan Wilayah Cekungan Bandung dan Sekitarnya*. Dinas Bappeda Jabar.
- Peraturan Menteri Kesehatan RI Nomor 11 Tahun 2017 tentang Keselamatan Pasien Rumah Sakit.
- Peraturan Menteri Kesehatan RI Nomor 24 Tahun 2022 tentang Rekam Medis Elektronik.
- Peraturan Menteri Lingkungan Hidup dan Kehutanan RI No. P.56/MENLHK/SETJEN/KUM.1/10/2019 tentang Pengelolaan Limbah B3 dari Fasilitas Pelayanan Kesehatan.
- Peraturan Presiden Republik Indonesia Nomor 12 Tahun 2021 tentang Pengadaan Barang/Jasa Pemerintah.
- Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2012 tentang Sistem Kesehatan Nasional.
- Persiden Republik Indonesia. (2025, 10 Februari). *Peraturan Presiden Nomor 12 Tahun 2025 tentang Rencana Pembangunan Jangka Menengah Nasional 2025–2029* (Lembaran Negara 2025 No. 19). Jakarta: Kementerian Sekretariat Negara Republik Indonesia.
- PERSI. (2023). *Menyusun Laporan Keuangan Rumah Sakit Tahun 2023: Solusi Praktis Sesuai Standar Akuntansi*.
- PSPPR UGM. (2025, 11 Maret). *Program prioritas RPJMN 2025–2029: Pembangunan rumah sakit lengkap berkualitas di kabupaten*. Yogyakarta: Public Sector Policy and Public Relations.
- PT Sarana Multi Infrastruktur (Persero). (2021). *Panduan Inisiasi Pinjaman Daerah*.
- PT Sarana Multi Infrastruktur (Persero). (2023). *PT SMI Mendukung Pembiayaan Daerah untuk Bangun Infrastruktur Lebih Cepat*.
- PVMBG. (2023). *Peta Rawan Bencana Geologi Jawa Barat*. Pusat Vulkanologi dan Mitigasi Bencana Geologi.

- Rahardjo, R. (2022). *Pelatihan dan pengembangan SDM: Prinsip dan praktik* (Edisi 2). Penerbit Akademik.
- Rangkuti, F. (2008). *Analisis SWOT: Teknik membedah kasus bisnis*. Gramedia Pustaka Utama.
- Riyanto, S. (2018). *Manajemen keuangan: Teori dan aplikasi* (Edisi 6). Salemba Empat.
- Robbins, S. P., & Judge, T. A. (2017). *Organizational Behavior* (17th ed.). Pearson Education.
- RSUD Cikalongwetan. (2019). *Pedoman Perorganisasian Instalasi Bedah Sentral RSUD Cikalongwetan*. Cikalongwetan: Direktorat RSUD Cikalongwetan.
- Samodra, A. D. A., Vinantama, I. R., Ramdhani, A. H., Subagja, D. A., Latif, F. M. (2021). *Strategy analysis of culinary business in the pandemic era using the Timmons model approach (Case study Rm. Andalas)*. *Review of International Geographical Education Online*, *11*(5), 2052–2059.
- Samodra, W., Sutanto, S., & Hadi, A. (2021). *Strategi Kewirausahaan dan Pengembangan Pola Pikir Wirausaha dalam Mencapai Tujuan*. *Jurnal Studi Kewirausahaan*, *5*(2), 105–119.
- Satriawan, R. (2023). *Manajemen Risiko dalam Kewirausahaan: Strategi Adaptif Menghadapi Ketidakpastian Bisnis*. Bandung: Pustaka Eksekutif.
- Sawhney, M., Wolcott, R. C., & Arroniz, I. (2006). *The 12 different ways for companies to innovate*. *MIT Sloan Management Review*, *47*(3), 75–81.
- Setiawan, A., Wulandari, R., & Santoso, B. (2023). *Digitalisasi dalam kewirausahaan: Peluang, tantangan, dan penerapan teknologi di era modern*. *Jurnal Teknologi dan Bisnis Digital*, *5*(1), 15–32. <https://doi.org/10.5678/jtbd.2023.5.1.15>
- Siagian, S. (2023). *Manajemen Sumber Daya Manusia*. Semarang: Yayasan Drestanta Pelita Indonesia.
- Siregar, E. (2021). *Pengantar manajemen & bisnis*. Widina Bhakti Persada Bandung.
- Siregar, E. (2021). *Struktur organisasi dan koordinasi manajerial*. *Jurnal Ilmu Organisasi*, *5*(2), 101–115.
- Sri, M., Anwar, Y., & Wahyudi, T. (2019). *Analisis profitabilitas perusahaan melalui rasio net profit margin pada PT Indah Kiat Pulp and Paper Tbk*. *Jurnal Ilmu Manajemen*, *7*(1), 45–55.
- Subhaktiyasa, P. G., Sabur, F., Faisal, A., Hartini, H., & Wahyudin, Y. (2024). *Kewirausahaan: Membangun jiwa entrepreneurship sejak dini*. PT. Sonpedia Publishing Indonesia.
- Sugiyono. (2021). *Metode penelitian kualitatif, kuantitatif, dan R&D* (ed. revisi). Bandung: Alfabeta.
- Sugiyono. (2022). *Metode penelitian kuantitatif, kualitatif, dan R&D* (edisi ke-2). Bandung: Alfabeta.
- Survei Kesehatan Indonesia. (2023). *Laporan Nasional SKI 2023*. Badan Kebijakan Pembangunan Kesehatan, Kemenkes RI.
- Tiffany, P., & Peterson, S. D. (2022). *Business plans for dummies*. John Wiley & Sons.
- Ulrich, R. S., et al. (2008). *A Review of the Research Literature on Evidence-Based Healthcare Design*. *Health Environments Research & Design Journal*.
- Undang-Undang Republik Indonesia Nomor 23 Tahun 2014 tentang Pemerintahan Daerah.
- Undang-Undang Republik Indonesia Nomor 27 Tahun 2022 tentang Pelindungan Data Pribadi.
- Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 tentang Rumah Sakit.
- United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development (SDGs)*.
- United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*.

- Utomo, K. P., Syarief, F., Winardi, M. A., Fadly, R., Widjaja, W., Setyorini, R., Sudrartono, T., Hasan, M., Zulfikar, R., Triwardhani, D., Yuliawan, E., Kamal, F., & Lestiowati, R. (2021). *Dasar manajemen dan kewirausahaan*. Widina Bhakti Persada Bandung.
- Wati, W., Apriandi, A., & Komalasari, K. (2023). *Rekrutmen, seleksi, dan penempatan karyawan: Dampaknya terhadap kepuasan dan turnover*. *Jurnal Psikologi & Pekerjaan*, *10*(3), 89–105.
- WHO. (2021). *Social Determinants of Health and Health Equity*. World Health Organization.
- World Health Organization. (2023). *Noncommunicable diseases: Key facts*. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
- World Bank. (2020). *Innovative Financing for Health Service Delivery*. Washington, DC: World Bank Group.
- World Health Organization. (2024, 21 Mei). *World Health Statistics 2024: Monitoring health for the SDGs, Sustainable Development Goals* (ISBN 978-92-4-009470-3). Geneva: WHO.