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Analysis Of The Implementation Of Government Regulation Number 47 Of 2021 Concerning The Organizer Of The Hospitalization Sector At The Jimmy Medika Mother And Child Hospital Borneo Samarinda

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ABSTRACT / ABSTRAK

A hospital is a health service institution that provides plenary individual health services that provide inpatient, outpatient, and emergency services. The purpose of this study is to analyze the implementation of Government Regulation Number 47 of 2021 concerning the Operator of the Hospitality Sector at RSIA JMB Samarinda. This study uses a qualitative research design to implement Government Regulation Number 47 of 2021 concerning the Organizer of the Hospitality Sector at RSIA Jimmy Medika Borneo. Based on the results of research and discussion, it is concluded that the services that have not been fulfilled are medical rehabilitation services, buildings and infrastructure that have not been met are the High Care Unit (ICU) inpatient room and radiology room, the availability of unfulfilled beds is ICU equipment, isolation room equipment, and radiology room equipment, Human resources that have not been met are radiographers. The recommendations offered by this aspect of management policy, especially related to policy commitments in order to emphasize the policies that have been implemented in PP No. 47 of 2021 concerning the implementation of the hospitality sector, for health facilities and supporting facilities to be fulfilled immediately so that performance can be effective, related to human resources are expected to be added as soon as possible so that training can be carried out for all officers related to performance and critical thinking.

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1. INTRODUCTION

A hospital is a health service institution that provides plenary individual health services that provide inpatient, outpatient, and emergency services (Permenkes RI No.3 of 2020). The management of hospital business units also has its own uniqueness because apart from being a business unit, hospitals also have an obligation to carry out social functions (Law No. 44 of 2009).

The hospital as an Individual Health Unit (UKP) of the second strata is the spearhead of health services. The success of hospitals in providing holistic services consisting of health improvement services (*promotive*), disease prevention (*preventive*), healing (*curative*) and recovery (*rehabilitative*) is one of the important supporting factors in realizing comprehensive, integrated and sustainable public health. However, in practice hospitals place more emphasis on healing and recovery services and often rule out efforts to improve health promotion.

Therefore, in the management of hospitals, it is prone to conflicts of interest from various parties. These conflicts of interest from various parties can stem from hospital classifications. The classification of hospital organizations can be divided into two, namely business or profit organizations and non-business or non-profit organizations (Vianey, 2020). Actually, this is a classic debate in various countries regarding the nature of hospitals as for-profit institutions or non-profit institutions (Laksono, 2005). For example, at the beginning of 2005 there was a controversy regarding the form of a government hospital. At that time the DKI government changed the status of several regional hospitals (RSD) to Limited Liability Companies (PT). This policy triggers opinions that are pro and con. Nevertheless, in practice the classification of hospitals remains an issue. The classification of other hospitals is based on their management according to government regulation No. 47 of 2021 concerning the implementation of the hospital sector (Permenkes RI No.47 of 2021).

According to WHO, hospitals must be integrated in the health system where they are located. Its function is as a resource center for improving public health in the region concerned. Hospital reform in Indonesia is very necessary considering that there are still many hospitals that only emphasize curative and rehabilitative aspects of health services. Even though this situation causes the hospital to become an 'elite' health facility and regardless of the health system where it is located.

The organization of the hospital is very complicated, because it regulates all policies and activities consisting of work units that differ in their duties, roles and responsibilities, but must cooperate in carrying out comprehensive health service activities. Hospitals and doctors act as providers of health services, while patients as recipients of health services. The implementation of the relationship between doctors, hospitals and patients is always regulated by certain regulations so that there is harmony in carrying out the relationship. These regulations are set forth in the rules of the game which are formed in special hospitals for the benefit of the hospital concerned (Sofwan, 2005).

The most essential purpose of the existence of legislation is to create legal certainty (C.S.T Kansil, 2010). This legal certainty includes all efforts under the law to protect hospitals as health providers and protection of patients (Point, Quarter, 2010). Hospitals are recognized as very complex and *high-risk* institutions, especially in the conditions of a regional and global environment that is very dynamic. One of the pillars of medical services is *clinical governance*, with the dominant element of medical staff. The hospital director is

responsible for everything that happens in the hospital as referred to in article 27 concerning hospital obligations (Permenkes RI No. 47 of 2021).

The birth of Government Regulation Number 47 concerning the Operator of the Hospitality Field as a derivative of PMK Number 3 of 2020 concerning the Classification and Licensing of Hospitals, caused a polemic in the midst of the community, this is a change in legal construction which in Permenkes Number 3 of 2020 challenges the classification and licensing of hospitals more emphasized on the number of beds aimed at the approach of the medical service system, His orientation to the hospital-class approach is dotted with medical services. The increase tends to be on service access. Meanwhile, in Government Regulation Number 47 of 2021 concerning the Operator of the Hospitalization Sector, more emphasis is placed on the classification of hospitals that emphasize the services provided, health facilities and supporting facilities, human resources, and service capabilities.

Jimmy Medika Borneo Mother and Child Hospital (RSIA JMB) is a class C hospital specifically for mothers and children of Samarinda which was established in 2021. Services at RSIA JMB include *curative, rehabilitative, promotive and preventive*. This study analyzes the implementation of Government Regulation Number 47 of 2021 concerning the Organizer of the Hospitality Sector at RSIA Jimmy Medika Borneo. The purpose of this study is to analyze the implementation of Government Regulation Number 47 of 2021 concerning the Operator of the Hospitality Sector at RSIA JMB Samarinda.

2. MATERIALS AND METHOD

This study uses a qualitative research design to implement Government Regulation Number 47 of 2021 concerning the Organizer of the Hospitality Sector at RSIA Jimmy Medika Borneo. This research was conducted at RSIA Jimmy Medika Borneo Samarinda. Researchers are interested in conducting research at RSIA JMB because it is a new hospital located in the city of Samarinda and is also one of the special hospitals. The research informants were:

1. Director of RSIA JMB
2. Marketing and Development Coordinator
3. Administrative and IT Coordinator
4. Nursing Officer
5. Clerk of Justice

3. RESULTS AND DISCUSSION

RSIA Jimmy Medika Borneo is a type "C" maternal and child health service unit in accordance with the Decree of the Mayor of Samarinda City 2021. RSIA Jimmy Medika Borneo is located on Jl. Pangeran Hidayatullah No. 11, Port, Samarinda City District, Samarinda City, East Kalimantan 75242. Inpatient and outpatient health services are supported by experienced medical providers with various specialties such as Obstetrician, Oral, Dental and Pediatric Surgeons. The medical equipment provided is adequate to provide the best service for the community.

RSIA Jimmy Medika Borneo also collaborates in the use of several medical supporting facilities, namely blood services, radiology and medical solid and liquid waste treatment. Another support owned by RSIA Jimmy Medika Borneo is the Hospital

Information System application which is integrated between work units and can be accessed online. According to the classification of Jimmy Medika Borneo Samarinda mother and child hospitals according to PP No. 47 of 2021 concerning Hospital Organizers.

a. Service

Matrix 1. Service

Informant	Statement
1	<i>"dari pelayanan di RSIA JMB 80% sudah terpenuhi menurut PP No. 47 th 2021 tentang penyelenggara bidang perumah sakitan. Yang masih onprogres adalah pelayanan rehap medik"</i>
2	<i>"yang tidak ada dipelayanan RSIA JMB adalah subspesialis atau konsultan spesialis, dikarenakan disamarinda belum adanya dokter konsultan subspesialis".</i>
3	<i>"80% sudah terpenuhi pelayanan di RSIA JMB, yang masih onprogress adalah pelayanan rehap medik".</i>
4	<i>"di RSIA JMB belum ada ruang untuk pemulasaraan jenazah dikarenakan kapasitas ruangan belum ada, mungkin kedepannya harus diadakan ruangan ini"</i>
5	<i>"kebanyakan sudah ada untuk pelayanan di RSIA JMB ini, yang belum ada ruang pemulasaraan jenazah, dan pada saat visitasi izin operasional sudah dipertanyakan oleh dinas kesehatan kota".</i>

Based on the results of the interview above, the five informasn stated that the availability of services at RSIA JMB, the services available at RSIA JMB are 80% available. According to Wahab (2011) states that: the bureaucratic structure is a body that is most often involved in the implementation of overall policies. The organizational structure in charge of implementing policies has a great influence on the implementation of policies. Within the bureaucratic structure there is the implementation of policies. In the bureaucratic structure, there are two important things that affect it, one of which is the important aspect of the bureaucratic structure of each organization, namely the existence of standard operating procedures (SOPs). This SOP is a guideline for policy implementers in acting or carrying out their duties. In addition to SOPs that affect the bureaucratic structure is fragmentation that comes from outside the organization.

Thus, based on the results of the research and theory mentioned above, it can be seen that there is a discrepancy in policy implementation when viewed from the aspect of organizational structure, this is due to the lack of attitude of the implementers in carrying out their duties and responsibilities because policy implementers have not been based on a disciplinary attitude. This even though it can affect the success of policy implementation, besides that each policy implementing agency / agency lacks an understanding of their respective duties based on predetermined plans.

b. Health Facilities and Supporting Facilities

Matriks 2. Bangunan

Informant	Statement
1	<i>“alhamdulillah untuk ruang perawatan di RSIA JMB sudah terpenuhi menurut standar yaitu 25 TT, dan di RSIA JMB jumlah TT 27 bed, ini belum termasuk VK dan bayi, yang masih kami kerjakan adalah ruang ICU dan HCU”</i>
2	<i>“di RSIA JMB belum ada ruang ICU dan HCU, tapi kedepannya memang harus ada dikarenakan disini ada kamar operasi, salah satunya sebagai fungsi ruang observasi”.</i>
3	<i>“ruang radiologi di RSIA JMB belum ada, dikarenakan juga disini belum tersedia untuk alat-alat radiologi seperti RO Thorax dll”.</i>
4	<i>“untuk laundry dan pengolahan makanan di RSIA JMB kita menggunakan pihak ke tiga dengan MOU atau perjanjian, dikarenakan kita belum mempunyai ruangan khusus buat mengolah makanan”</i>
5	<i>“ruang ICU yang belum ada disini”.</i>

From the results of the interview above, it can be seen that many building facilities at RSIA JMB are still inadequate, and inadequate cooperation with third parties with certain agreements. Physical facilities are an important factor in policy implementation. Implementors may have sufficient, capable and competent staff, but without supporting facilities (budget and infrastructure) the implementation of the policy will not be successful.

RSIA JMB has a building on an area of 1,148 m² with a capacity of 3 others. In the building, all health service activities are carried out and have an adequate parker area. The available rooms include pharmacy units, laboratories, WWTP, comfortable and safe parking areas, toilets, prayer rooms, treatment rooms and outpatient rooms

Matrix 3. Availability of inpatient beds and equipment

Informant	Statement
1	<i>“di RSIA JMB sudah mengikuti kebijakan yang ada, yaitu kelas 3 harus 30% dari jumlah tempat tidur, soalnya kedepannya kita akan bekerja sama dengan BPJS Kesehatan”</i>
2	<i>“peralatan radiologi kita belum punya dan peralatan untuk diruang ICU juga belum tersedia”.</i>
3	<i>“peralatan laundry sengaja tidak kami sediakan dikarenakan kita menggunakan pihak ketiga, tapi nantinya kami akan menyediakan 2 mesin cuci buat kebutuhan internal”.</i>
4	<i>“untuk peralatan ruang isolasi kami masih onprogress, ruang isolasi sendiri kami sediakan di lantai 3, ini untuk sementara aja”</i>
5	<i>“peralatan HCU juga belum tersedia, tapi kalua untuk PICU alhamdulillah di RSIA JMB sudah tersedia, mungkin</i>

kedepannya tinggal menambah alat-alat emergency yang belum tersedia disini”.

From the results of the interview above, it can be seen that the availability of beds at RSIA JMB has met the standards of PP No. 47 concerning the organizers of the hospitality sector. The number of beds in RSIA JMB is 27 beds, this does not include babies and VK. From the results of research on services at RSIA JMB Samarinda, it is known that currently services at RSIA JMB have been 80% fulfilled according to PP No. 47 of 2021 concerning the operator of the hospitality sector.

If the number of available beds exceeds the need, it is feared that it will become *over-loaded* or unused. This can result in a waste of costs if the utility level of the beds provided is very low, if they are never used. In addition, it can be a threat to the efficiency of medical services because there are costs that are lost without producing something.

For the availability of beds at RSIA JMB there are 27 beds with the provision of VVIP class there are 4 beds, VIP class 6 beds, Class 1 there are 4 beds, class 2 there are 3 beds, and class 3 there are 10 beds. For supporting equipment at RSIA JMB, 75% has been fulfilled From the RSIA JMB self-assessment based on PP No. 47 of 2021, the availability of beds is appropriate, namely 27 beds. Outpatient equipment.

There is, inpatient equipment exists, emergency equipment exists, high care unit equipment does not exist (this is in accordance with the self-assessment in PP No. 47 of 2021 related to special hospitals), what is still on progress is the ICU room and isolation room. And radiology room equipment is also still in progress, for laundry equipment and food processing equipment at RSIA JMB in collaboration with third parties by appointment, this is because there is no special room for food processing, therefore, the services provided by the hospital must be based on optimizing existing facilities, such as bed relocation and bed placement in each class must be considered properly. The policy of adding beds needs to be based on the forecasting of bed needs. So it is hoped that the available beds can be utilized optimally, so that the efficiency of service at RSIA JMB can be improved.

Matrix 4. Human Resources

Informant	Statement
1	<i>“untuk SDM di RSIA JMB yang belum tersedia tenaga radiographer, kalua untuk dokternya alhamdulillah kami sudah tersedia semua”</i>
2	<i>“tenaga manajemen RS di RSIA JMB ada 5 orang untuk sementara ini, bidan 12 dan perawat 12 orang”.</i>
3	<i>“kami belum mempunyai petugas radiographer dikarenakan kita belum mempunyai ruangang dan alat-alat radiografer”.</i>
4	<i>“petugas apoteker kami masih 1 orang, ini masih tahap pencarian untuk menambah 1 orang apoteker pendamping”</i>

5 *“perawat ada 12 orang dan bidan 12 orang, dokter umum ada 4 orang”.*

From the results of the interview above, it can be seen that in RSIA JMB the human resources have not been fulfilled. Because there are still not many patients and the room capacity is also not well controlled. Resources play an important role in supporting the implementation of government regulations on hospitalization, because human resources will fill the willingness to be served.

From the results of research on services at RSIA JMB Samarinda, it is known that currently services at RSIA JMB have been 80% fulfilled according to PP No. 47 of 2021 concerning the operator of the hospitality sector. According to Subarsono (20210) states that: resources are one of the factors that affect the implementation of success in an implementation, even though the content of the policy has been communicated clearly and consistently, but if the implementor lacks the resources to implement the policy, it will not run effectively. Resources that can support the implementation of policies can be tangible, such as human resources, and budget resources, equipment resources, information resources and authorities.

In RSIA JMB, there are 22 medical personnel, for nurses 12 people and midwives 12 people, pharmaceutical personnel there are 4 people, other health workers at RSIA JMB who have not been fulfilled are blood service personnel, temporarily transferred to laboratory officers, and for radiographers at RSIA JMB also do not exist because radiology equipment and rooms are not yet available.

From the RSIA JMB self-assessment based on PP No. 47 of 2021 that has not been fulfilled is radiographers, this is still in the recruitment process stage and waiting for the equipment that is still being ordered. For blood service technicians at RSIA JMB there is none, we follow from PP No. 47 of 2021 which includes -/+ meaning that it is not mandatory to exist.

4. CONCLUSION

Based on the results of research and discussion, it is concluded that the services that have not been fulfilled are medical rehabilitation services, buildings and infrastructure that have not been met are the High Care Unit (ICU) inpatient room and radiology room, the availability of unfulfilled beds is ICU equipment, isolation room equipment, and radiology room equipment, Human resources that have not been met are radiographers. The recommendations offered by this aspect of management policy, especially related to policy commitments in order to emphasize the policies that have been implemented in PP No. 47 of 2021 concerning the implementation of the hospitality sector, for health facilities and supporting facilities to be fulfilled immediately so that performance can be effective, related to human resources are expected to be added as soon as possible so that training can be carried out for all officers related to performance and critical thinking. Based on the results of research and discussion, it is concluded that the services that have not been fulfilled are medical rehabilitation services, buildings and infrastructure that have not been met are the High Care Unit (ICU) inpatient room and radiology room, the availability of unfulfilled beds is ICU equipment, isolation room equipment, and radiology room equipment, Human resources that have not been met are radiographers.

The recommendations offered by this aspect of management policy, especially related to policy commitments in order to emphasize the policies that have been implemented in PP No. 47 of 2021 concerning the implementation of the hospitality sector, for health facilities and supporting facilities to be fulfilled immediately so that performance can be effective, related to human resources are expected to be added as soon as possible so that training can be carried out for all officers related to performance and critical thinking.

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