

**THE IMPLEMENTATION OF PPK-BLUD POLICY
AT PUBLIC HOSPITALS OF BANDA ACEH**

Abstract

This study aimed to learn the portrayals of PPK-BLUD implementation and its obstacles at the Public Hospitals of Banda Aceh. The study employed the qualitative analysis method with the descriptive design. Primary data were used in this study. The analysis results show that all flexibilities of BLUD have been well implemented. The public perceived the post PPK-BLUD implementation service as satisfying, and good perception was also observed amid the hospital staffs. The obstacles faced in implementing PPK-BLUD were the inability of the human resources at Meuraxa Public Hospital to utilize existing business opportunities, cost inefficiency, cost differences between RSUD Meuraxa Public Hospital and INA CBG's BPJS which resulted in a decrease in the hospital income.

Andri

*Master in Economics
Faculty of Economics and Business
University of Syiah Kuala Banda Aceh
E-mail: abimeuraxa@gmail.com*

Said Musnadi

*Lecturer at Faculty of Economics and
Business
University of Syiah Kuala Banda Aceh
E-mail: nadi_alifa@yahoo.com*

Chenny Seftarita

*Lecturer at Faculty of Economics and
Business
University of Syiah Kuala Banda Aceh
E-mail: chenny@unsyiah.ac.id*

Keywords:

*Implementation of PPK-BLUD, BLUD,
Meuraxa Public Hospital.*

INTRODUCTION

Hospitals have become one of public service institutions playing a role to improve the quality of public health. They are expected to give good service, develop independently and compete in providing high quality yet affordable services for the public.

As the demand for hospitals to develop and improve their services increases, many issues have arisen over the lack of operational costs available. The complex and bureaucratic financial administration, minimum facilities and limited human resources (HR) have become a complex barrier to find a way out.

Therefore, the Government established Public Service Agency (BLU) for governmental agencies referring to Government Regulation (PP) No. 23 of 2005 on Financial Management of Public Service Agencies which aims to improve the public service to promote the general prosperity and develop the intellectual life of the nation by providing flexibilities in financial management based on economic and productivity principles and the application of proper business practices.

Through the concept of BLUD's financial management system, hospitals are expected to improve professionalism, encourage entrepreneurship, transparency and accountability in the framework of public services, in line with the three pillars expected from the implementation of BLUD financial management system to promote public service performance, flexible financial management and good governance.

RSUD Meuraxa is a local hospital owned by Banda Aceh Government which has applied the Financial Management System of Public Service Agency (PPK-BLUD) since 2009 with full status. It is highly flexible in terms of financial management, especially in the direct use of income, the management of investment, debt, and procurement of goods and services that are mainly used to improve the community services.

Through PPK-BLUD, Meuraxa Public Hospital is expected to improve its service performance to the public in order to improve the general prosperity and develop the nation's intellectual life which is in line with the Minister of Home Affairs Regulation No. 61 of 2007 on Technical Guidelines of Financial Management of Regional Public Service Agencies by providing flexibilities in financial management based on the principles of economy and productivity, along with the implementation of good business practices without prioritizing profitability. Based on the above description and the facts needed to be studied and observed more deeply, the researcher did the study entitled "The Implementation of Financial Management System of Regional Public Service Agency (PPK-BLUD) Policy at Public Hospitals in Banda Aceh".

THEORITICAL REVIEW

Definition and Purpose of BLU / BLUD

BLU is defined in Article 1 Number 1 of Government Regulation Number 23 Year 2005 regarding Financial Management of Public Service Agency:

“The Financial Management System of the Public Service Agency, called KDP-BLU, is a financial management system that provides flexibilities in the form of the freedom to apply proper business practices, improving public services so that promote the general prosperity and intellectual life of the nation as regulated in the Government Regulation, as an exception to the general provisions of public financial management”.

It was then reaffirmed in Article 2 of Government Regulation Number 23 Year 2005 about the Financial Management of Public Service Agency stating that “BLU aims to improve the public service to the public in order to promote the general prosperity and intellectual life of the nation by providing flexible financial management based on the principles of economics and productivity, and the implementation of proper business practices”.

RSUD, a governmental institution providing health services to the public, can be defined as BLUD with reference to the provisions of the Minister of Home Affairs Regulation No. 61 of 2007 on Technical Guidelines for Financial Management of Regional Public Service Agency.

BLUD Financial Management

The governmental working unit (satker) chosen to apply the full status of PPK BLUD was given the flexibilities which are in line with the Government Regulation Number 23 Year 2005 on Financial Management of Public Service Agency, especially for the local government working unit regulated in the Minister of Home Affairs Regulation Number 61 Year 2007 on the Technical Guidelines for Financial Management of Regional Public Service Agency.

The flexibilities described above are only given to the working units chosen to apply the PPK BLU/BLUD. The following are further explanations of BLUD flexibilities:

1) Income Flexibility

Income can be used directly, without previous deposit into local accounts.

2) Expenditure Flexibility

Expenditures may exceed the budget ceiling as long as it is still within the Boundary Threshold (percentage) listed in the RBA. Expenditures beyond the Limit Threshold may be made with the permission of the Regional Head.

3) Debt/Receivable Flexibility

Debts/Receivables can be made, but the long-term debt/receivables must be under the permission of the Head of Region.

4) Investment Flexibility

Short-term investments can be made, but the long-term investments must be under the permission of the Head of Region.

5) Goods and Services Procurement Flexibility

The BLUD's procurement of goods and services gradually follows the provisions of the government's goods and services procurement. Meanwhile, the full BLUD's goods and services procurement can not follow the provisions stated in the regulation of Head of Region.

6) Asset Management Flexibility

Removing assets under the authorized officer's permit is possible.

7) Employee Flexibility

BLUD's employees consist of civil servants and non-civil servants. The recruitment of Non-Civil Servants is regulated in the regulations of the Head of Region.

8) Supervisory Board Flexibility

It is possible to have a supervisory board as long as the omzet and asset value are in line with the standards provided by the Minister of Finance.

9) Remuneration Flexibility

Remuneration is performance-based which is proposed by the head of SKPD and has been stated in regulation of Head of Region.

10) Tariff Flexibility

The tariff is stated in the regulation of the Regional Head (Regulation of the Minister of Home Affairs Number 61 Year 2007).

RESEARCH METHODOLOGY

Research Scope

The scope of this study is limited to the Implementation of the Financial Management System of Regional Public Service Agency (PPK-BLUD) Policy at Public Hospitals in Banda Aceh based on the flexibilities stated in the Minister of Home Affairs Regulation No. 61 of 2007 on Technical Guidelines for Financial Management of Regional Public Service Agency, they are: income, expenditure, debt/receivables, investment, goods/services, asset management, employee recruitment,

supervisory board, remuneration, and tariff flexibility. This study aims to get an overview of the implementation of KPP-BLUD at Public Hospitals in Banda Aceh and the constraints faced during its implementation.

Location and Time of Study

This study was conducted at the Regional Public Hospital (RSUD) Meuraxa of Banda Aceh.

Data and Data Sources

This study used primary data by providing a set of questions in the questionnaires to be filled by stakeholders, employees and patients of RSUD Meuraxa. Besides, the researchers conducted observations, documentation, and interviews to obtain in-depth information. The questionnaire used in this research was the one developed by Pramono and Raharja (2012). It used Likert scale with 5 choices of answers, they are: Strongly Disagree (STS), given the value of 1; Disagree (TS), given the value of 2; Neutral, given the value of 3; Agree, given the value of 4; Strongly Agree, given the value of 5.

Informants in this study were selected by using the purposive sampling technique. Purposive sampling is a technique of determining the sample with certain considerations (Sugiyono, 2009: 85). There informants consist of 8 (eight) stakeholders, 50 (fifty) patients, and 30 (thirty) employees.

This research used qualitative method with descriptive design which gives a detailed picture about certain individual or group about what happened (Koentjaraningrat, 1993: 89). Qualitative research aims to understand the phenomenon of what subjects experience holistically such as behavior, perception, motivation, action, etc., and to give a description in the form of words and languages naturally in a specific context using various natural methods (Moleong, 2007: 6).

Data analysis method

Qualitative data analysis, according to Bogdan & Biklen (1982), is conducted by working with the data, organizing the data, sorting them into manageable units, synthesizing, finding the patterns, finding what is important and to be learned, and deciding what can be told to others. Based on the above definition, it can be concluded that the initial step of data analysis is to collect the existing data, arrange them systematically, then present the results of the research to others.

In the next stage, the data obtained from the questionnaires, field notes, documents and interviews were systematically organized then analyzed with the following techniques:

1) Data reduction

The data obtained from the field were carefully recorded and summarized. Main points were selected by

focusing on the important things in order to find the themes and patterns. The collected data provided a clearer picture, therefore facilitated the researchers in finding the necessary data.

2) Presentation of data

After the data were reduced, the next step was to present them. In qualitative research, the data presentation can be done in the form of brief descriptions, charts, relationships between categories, flowcharts and so on.

3) Verification

The third step in qualitative data analysis was the conclusion and verification. The conclusion in qualitative research is new findings. The findings can be a description or a clear picture of an object that was previously still blurred.

Likert Scale Test

The researcher also conducted a Likert Scale Test of the data collected from the questionnaires with the following steps:

- 1) Giving a certain score on each answers, for example, Strongly Disagree was given the value of 1, Disagree was given the value of 2, Neutral was given the value of 3, Agree was given the value of 4, Strongly Agree was given the value of 5.
- 2) Next, calculating the total score for each respondent by summing up the score for all answers:
 - a. Total of highest score x total respondent (maximum limit)
 - b. Number of lowest scores x total respondents (minimum limit)
- 3) Assessing the cohesiveness among questions. The trick was to compare answers between two respondents who had very different total scores, yet gave the same answer for particular questions.
- 4) Summing up the compact questions to form new variables. Likert scale is the most widely attitude measurement technique used in research. The measured research variables were elaborated in indicators of variables that may be used as a starting point for the depreciation of the instrument items, which can be in the form of questions and demonstrations.

RESULTS AND DISCUSSION

The implementation of PPK-BLUD Policy

To investigate the implementation of BLUD flexibilities in RSUD Meuraxa, the researcher distributed questionnaires to the stakeholders, containing questions about the implementation of BLUD flexibilities. The researcher also conducted observation and collected documents and

regulations related to BLUD Meuraxa Public Hospital. The following is further explanation on the implementation of PPK-BLUD at Meuraxa Public Hospital.

The Implementation of Income Flexibility

Stakeholders' perceptions on the implementation of income flexibility scored an average of 4.65 from a score of 1 to 5 in Likert scale. In other words, the informants perceived that income flexibility is implemented well.

From the data found, income continues to increase year by year. The income data can be seen in the following table:

Table 1
The Income of Meuraxa Public Hospital
Period 2009-2016

Description	Before BLUD (Rp)	After BLUD (Rp)						
	2009	2010	2011	2012	2013	2014	2015	2016
BLUD Income	-	26.589.179.982	42.401.062.217	45.998.136.968	56.281.275.021	82.504.095.805	100.889.499.555	129.743.804.671
Service Income	-	9.427.471.769	17.562.585.550	15.339.663.370	32.027.455.600	41.868.040.030	61.023.494.401	97.629.621.914
Grant Income					48.980.000			
Income as the result from the corporation with other parties								494.515.000
APBK Income		17.060.422.238	20.765.838.536	24.766.921.013	23.839.053.739	32.373.371.964	28.804.042.891	31.225.834.638
APBN Income								
Others								
Valid BLUD Income	-	101.285.975	4.072.638.131	5.891.552.585	365.785.682	8.262.683.811	11.061.962.263	393.833.119
Health Service Charges	750.514.056							
TOTAL	750.514.056	26.589.179.982	42.401.062.217	45.998.136.968	56.281.275.021	82.504.095.805	100.889.499.555	129.743.804.671

Source: Data processed from Meuraxa Public Hospital of Banda Aceh

This flexibility also benefits the hospital in the form of new funding sources, where previously depended merely on APBKs.

The Implementation of Expenditure Flexibility

Stakeholders' perceptions on the implementation of expenditure flexibility got an average score of 4.48 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the expenditure flexibility has been implemented well.

The expenditures gradually increase year by year along with the implementation of PPK-BLUD. The increasing expenditure can be seen in the following table:

Table 2
The Expenditure of RSUD Meuraxa
Period 2009-2016

Description	Before BLUD (Rp)	After BLUD (Rp)						
	2009	2010	2011	2012	2013	2014	2015	2016
1	2	3	4	5	6	7	8	9
BLUD Expenditure from APBK	20.120.615.609	17.060.422.238	20.765.838.536	24.766.921.013	23.839.053.739	32.373.371.964	28.804.042.891	31.225.834.638
Employee Expenditure	13.990.736.250	15.457.416.258	16.133.135.284	16.490.115.549	16.972.712.050	17.141.976.664	16.843.785.688	18.152.664.824
Good and Service Expenditure	3.718.548.209	1.260.002.490	2.267.643.252	2.088.073.464	3.263.481.689	49.170.000	-	-
1	2	3	4	5	6	7	8	9
Modal Expenditure	2.411.331.150	343.003.490	2.365.060.000	6.188.732.000	3.602.860.000	15.182.225.300	11.960.257.203	13.073.169.814
BLUD Expenditure		7.131.258.876	17.807.025.685	24.707.110.705	31.967.845.742	46.301.570.031	78.990.505.309	97.210.510.714
BLUD Employee Expenditure		106.658.550	9.504.597.360	12.574.943.343	20.642.214.223	6.005.745.931	8.745.278.160	12.802.064.721
BLUD Good and Service Expenditure		7.024.600.326	7.397.860.885	10.635.739.151	10.021.748.739	35.138.623.400	58.129.219.525	74.133.085.889
BLUD Modal Expenditure			904.567.440	1.496.428.211	1.303.882.780	5.157.200.700	12.116.007.624	10.275.360.104
TOTAL EXPENDITURE	20.120.615.609	24.191.681.114	38.572.864.221	49.474.031.718	55.806.899.481	78.674.941.995	107.794.548.200	128.436.345.352

Source: Data processed from Meuraxa Public Hospital of Banda Aceh

This flexibility benefits the hospital, for instance, the income can be used directly without pre-deposit requirement into the regional account; the budget is flexible and not bounded in detail; and the expenditure can exceed the ceiling without exceeding the availability of funds.

The Implementation of Debt/Receivable Flexibility

Stakeholders' perceptions on the implementation of debt/receivable flexibility obtained an average score of 4.11 from a score of 1 to 5 in Likert scale. In other words, the informants perceived that debt/receivable flexibility has been implemented well.

The current receivables are fluent, such as the receivable from BPJS *Kesehatan*, BPJS Employment, and Jasa Raharja. Regarding the debt, it is limited only to the short-term which is given to the providers and employees, meanwhile the long-term one has never been done, yet the regulation has been prepared.

The debt of RSUD Meuraxa has recently occurred in the last three years. The debt data can be seen in the following table:

Table 3
The Debt of RSUD Meuraxa
Period 2009-2016

Description	Before BLUD (Rp)	Setelah BLUD (Rp)						
	2009	2010	2011	2012	2013	2014	2015	2016
Debt from Third Party Calculation Others						4.329.962.051		
Debt from BLUD Employee Expenditures							816.197.903	1.335.002.128
Debt from BLUD Goods and Services Expenditures							17.793.140.717	38.232.731.529
Debt from BLUD Modal Expenditure								8.091.652.660
TOTAL DEBT	-	-	-	-	-	4.329.962.051	18.609.338.620	47.659.386.317

Source: Data processed from Meuraxa Public Hospital of Banda Aceh

From the above data, the debt in 2016 is the highest compared to the previous years. This debt is used to finance the provision of medicines, consumables, and other operational needs, as well as some investment expenditures. This debt has still been an unresolved problem for Meuraxa Public Hospital until now, and even impacting on the cash management for the following year. However, if the flexibility of the debt is well managed, the hospital will gain many advantages such as the opportunity to meet the needs of the hospital when purchases can not be made in cash.

The Implementation of Investment Flexibility

Stakeholders' perceptions on the implementation of investment flexibility obtained an average value of 4.38 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the flexibility of investment has been implemented well.

Meuraxa Public hospital is allowed to make short-term and long-term investments. Until now, only short-term investments were made. Short-term investments are in the form of short-term deposits by utilizing cash surplus. Deposits are made in the form of several scripts with a maximum value of one billion rupiahs per document, one month deposit period and can be renewed automatically if no fund disbursement is made. The proceeds from this investment then becomes the hospital income. The following are the income of Meuraxa Public Hospital from the short-term investments:

Table 4
The Income of Meuraxa Public Hospital from Short-term Investments
Period 2009-2016

Description	Before BLUD (Rp)	After BLUD (Rp)						
	2009	2010	2011	2012	2013	2014	2015	2016
Income from Interest (Short-term Investment)	-	-	-	37.500.000	56.250.000	82.000.000	138.333.333	-

Source: Data proceeded from Meuraxa Public Hospital of Banda Aceh

The Implementation of Good and Service Procurement Flexibility

Stakeholders' perceptions on the implementation of the flexibility of goods and services obtained an average value of 4.38 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the flexibility of good and service procurement has properly been implemented.

The procurement of goods and services of BLUD from APBK is implemented in line with the provisions of good and service procurement in general. Meanwhile, the procurement of goods and services of BLUD from the sources other than APBK should be implemented based on the Regulation of Banda Aceh Mayor Number 22 Year 2015 about the Guidance on the Implementation of Goods/Service Procurement of the Regional Public Service Agency at Meuraxa Public Hospital with its derivative rules of the Decision of Director of Meuraxa Public Hospital of Banda Aceh Number: 027/193/2015 on the Technical Guidance of Good/Service Procurement at Meuraxa Public Hospital Banda Aceh.

This significant difference to the rules on the procurement of goods and services reaches the value up to one billion rupiahs, implementing the process of direct procurement method. This flexibility provides the advantage of a simple, fast, and inexpensive procurement process in order to meet the operational needs.

The Implementation of Asset Management Flexibility

Stakeholders' perceptions on the implementation of asset management flexibility gave an average value of 4.33 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the flexibility of asset management has been implemented properly.

Asset management is directly conducted on assets owned by Meuraxa Public Hospital, and the result become the hospital's income. The abolition of assets that has ever done so far is by granting them to the public. With this kind of abolition, of course, Meuraxa Public hospitals does not gain any financial advantage compared to the abolition of assets through selling.

The Implementation of Employee Flexibility

Stakeholders' perceptions on the implementation of employee flexibility obtained an average value of 4.38 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the flexibility of employees has been implemented properly.

Meuraxa Public Hospital utilizes the employee flexibility to recruit Non-Civil Servants in order to fill vacancies as the result of retired or mutated civil servants and the impact of PNSD munatorium of Banda Aceh Government since 2007. The recruitment process is regulated separately in the regulations established by the Mayor of Banda Aceh. In addition, this flexibility eases the hospital to manage its human resources, especially those with non-civil servant status. For the low-performing and lazy Non-Civil Servants, their next year's working contract will not be renewed; meanwhile the good performers will be recommended for the working contract extension. This situation supports the realization of the maximum service to the community because the available sources are the selected people who have good performance. The following is the number of employees of RSUD Meuraxa:

Table 5
The Number of Employees at RSUD Meuraxa
Period 2009-2016

Description	Before BLUD (person)	After BLUD (person)						
	2009	2010	2011	2012	2013	2014	2015	2016
Civil Servant	270	271	271	276	276	252	263	262
Pegawai Non Civil-servant	85	187	201	251	251	305	428	609
Honorary Employee	7	7	7	6	6	6	6	6
Contract Employee	78	180	194	245	245	299	422	603
TOTAL EMPLOYEE	355	458	472	527	527	557	691	871

Source: Data processed from Meuraxa Public Hospital of Banda Aceh

The Implementation of Supervisory Board Flexibility

Stakeholders' perceptions on the implementation of the supervisory board flexibility the obtained an average value of 4.53 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the flexibility of the supervisory board has been well implemented.

RSUD Meuraxa has three Supervisory Board, they are Mr. M. Nurdin S. Sos as the Chairman as well as a Member, Mr. Drs. Purnama Karya, MM as a member, and Mrs. dr. Media Yulizar, MPH as a Member. In addition, the supervisory board also has one secretary, Mr. Basri, SE, M.Si. This composition is in line with the omzet and assets standards as determined by the Minister of Finance

in Article 3 of Regulation of the Minister of Finance No. 109 / PMK.05 / 2007 about the Supervisory Board of the Public Service Agency. Having this Supervisory Board, Meuraxa Public Hospital has a forum to coordinate and to get some input to improve service quality.

The Implementation of Remuneration Flexibility

Stakeholders' perceptions on the implementation of remuneration flexibility got an average value of 4.50 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the flexibility of the remuneration has been implemented properly.

The remuneration at Meuraxa Public Hospital can be in the form of salary, fixed allowance, honorarium, incentive, bonus on achievement, pension, and other additional income. The implementation of this remuneration is regulated in the Mayor's Regulation of Banda Aceh Number 1 Year 2015 on the Remuneration System of Meuraxa Public Hospital of Banda Aceh and the Decision of Director of Meuraxa Public Hospital of Banda Aceh Number 083 regarding the Provision of Service Incentive, Fixed Incentive, and the Index Score of Meuraxa Public Hospital of Banda Aceh and its changes. The distribution of this remuneration is conducted by quantitating the employees' performance in certain scores so that those who perform well will get higher scores, therefore get higher remuneration. This strategy is expected to provide a sense of justice which then motivates the employees to perform better.

Tariff Flexibility Implementation

Stakeholders' perceptions on the implementation of tariff flexibility got an average value of 4.33 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the tariff flexibility had been implemented properly.

The tariff at Meuraxa Public Hospital is prepared based on unit cost. It was prepared by the Director of Meuraxa Public Hospital and then proposed to the Mayor of Banda Aceh to be established in the form of Banda Aceh Mayor's regulation on health services at Meuraxa Public Hospital. This enables hospitals to make tariff adjustments (if needed) because the process is shorter and simpler than it used to be (in the form of qanun/local regulation).

Perceptions of Customers and Employees of KDP-BLUD

To discover the benefit/impact of PPK BLUD implementation in Meuraxa Public Hospital perceived by customers/patients and employees, the researcher asked several questions in the form of questionnaire to the customers/patients and employees of RSUD Meuraxa which can be explained as follows:

Customers' Perceptions

The customers' perception of the Meuraxa Public Hospital's facilities after BLUD scored an average of 3.79 from the score of 1 to 5 in Likert scale. In other words, the informants perceived that the facilities at RSUD Meuraxa after BLUD were better. This includes well-equipped and complete hospital operational facilities, as well as growing service units over time.

The customers' perception on the comfort and cleanliness of Meuraxa Public Hospital obtained an average score of 3.67 from the score of 1 to 5 in Likert scale. This means that the informants perceived that the comfort and cleanliness of the Meuraxa Public Hospital was good. This includes the cleanliness of the environment and the comfort of the waiting room and the treatment room.

Customers' perception of service given by employees of RSUD Meuraxa to patient got the average value 3,78 from value 1 to 5 in likert scale. It shows that the informants perceived that the service given by employees of RSUD Meuraxa to the patients was good. This includes the appearance of hospital staffs who are neat, friendly, courteous, the staffs serve well and quickly, and provide information with clear inspection and treatment procedures.

Employees' Perceptions

Employees' perceptions of the employee's standard after BLUD got an average score of 4.03 from a score of 1 to 5 in Likert scale. This implies that the informants perceived that the employee's standard after BLUD is very good. This includes changes between before and after the BLUD implementation: The Minimum Service Standards (SPM) after the BLUD gets better, the computerization works well, the hospital workload becomes bigger, and Meuraxa Public Hospital requires the employees to always work professionally.

Employees' perceptions of the remuneration system obtained an average value of 3.38 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the current remuneration system is good. This includes the consolidation between the income earned and the responsibilities taken. The income and remuneration are better after the hospital becomes a Regional Public Service Agency, and the current remuneration system considers the competencies and workload.

Employees' perceptions on the BLUD employee flexibility obtained an average value of 3.51 from the value of 1 to 5 in Likert scale. In other words, the informants perceived that the employee's flexibility which is currently applied is good. This includes the provision of good employee promotion and the efforts to improve employees' competence through education and training.

Constraints faced by Meuraxa Public Hospital during the implementation of PPK-BLUD

- 1) The human resources of Meuraxa Public Hospital are still unable to utilize the maximum business opportunity, such as the potential utilization to increase hospital income, also the marketing strategy that has not been maximized, as the result, the patients currently served are dominated by JKN patients.
- 2) Meuraxa Public Hospital is still unable to make efforts for the maximum efficiency to minimize the production costs. This resulted in a deficit due to high operational costs that are not in a good balance with the increase of income.
- 3) There is a difference in the tariff pattern between the hospital tariff which is based on unit cost and BPJS tariff which is based on INA CBG's. The unit cost tariffs are based on hospital costs for each service provided; meanwhile the INA CBG's is a tariff pattern based on the classification of similar diseases. The current condition of BPJS rates is lower than the hospital rates. The number of BPJS patients reached 96 percent of all patients of Meuraxa Public Hospital. This resulted in the deficit suffered by Meuraxa Public Hospital for subsidizing the BPJS patients.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

1. The PPK-BLUD policy has been implemented in the Meuraxa Public Hospital BLUD; this can be seen from the application of all BLUD flexibilities.
2. In the implementation of PPK-BLUD, Meuraxa Public Hospital faces both internal and external constraints.

Suggestion

The suggestions from the results and discussion of this research are elaborated in the following points and short paragraphs:

1. Meuraxa Public Hospital needs to improve the quality of its human resource, especially to enhance the employees' knowledge and hospital business skills for future development.
2. Meuraxa Public Hospital should prepare the Standard Operational Procedures (SOP) for all operational activities, in order to make effective and efficient services. It should also treat patients efficiently to reduce the production costs. One of the best ways to reach the efficiency, according to the researchers, is to implement the clinical pathway as an internal control in serving patients, the efficiency of drug use and day care.

3. In order to avoid recurrence of debt problems, we suggest a thoughtful plan to be made before owing any debt by considering the financial ratios and involving the Supervisory Board in making decisions to avoid future problems.
4. The public perception on the service of RSUD Meuraxa to the patients and employees within BLUD implementation is positive, however the in-depth examination shows the average value achieved is still below 4, meaning that the patients/staffs' assesment on the implementation of KDP-BLUD is not yet maximal as it failed to achieve very good perceptions. This should be a motivation for Meuraxa Public Hospital to "work" harder by conducting continuous evaluation of ongoing programs and activities and providing innovative services to improve public satisfaction. Also, efforts should be made by the hospital to improve the quality of the management system to promote the professionalism of employees at work, which ultimately enhancing the working performance of Meuraxa Public Hospital.
5. It is necessary to review the existing unit cost tariff to adjust the hospital's operational costs with the income earned. In addition, the remuneration system must also be re-adjusted, considering the financial condition of Meuraxa Public Hospital is very limited. By reducing the remuneration, the Meuraxa Public Hospital can divert the remuneration for its operating costs to the procurement of drugs and consumables or use its cash to repay debt. With the availability of medicines and consumables and other operational needs, hospital services will be better, therefore, increasing the public trust which results in the increasing number of the patients. If the number of patient increases, the income will also increase which automatically resulted in higher remuneration, because the remuneration of employees of Meuraxa Public Hospital is in a percentage where its increase is directly proportional to the increase of hospital's income.
6. The Government, in this case the Ministry of Health, can continue to evaluate the BPJS tariff, considering that the BPJS patients have dominated the hospital in this JKN era. This is aimed to avoid hospital losses. Similarly, the hospital itself should keep the accounting records because the information presented in the Hospitals' Financial Statement throughout Indonesia became one of the important data used by The Ministry of Health to review the BPJS tariff.

REFERENCES

Banda Aceh, Decision of Director of Meuraxa Public Hospital Number 083 on the Provision of Service Provider Incentives, Permanent Incentives and Index Scores of Meuraxa Public Hospital of Banda Aceh.

Banda Aceh, Decision of Director of Meuraxa Public Number: 027/193/2015 on Technical Guidelines on Goods/Services Procurement at Meuraxa Public Hospital of Banda Aceh.

- Banda Aceh, Decision of Director of Meuraxa Public Hospital Number: 900/304/2015 on Financial Administration Policy of Meuraxa Public Hospital of Banda Aceh.
- Banda Aceh, Mayor Regulation No. 1 of 2015 on Remuneration System of Meuraxa Public Hospital of Banda Aceh.
- Banda Aceh, Mayor Regulation No. 22 of 2015 on Guidelines for Procurement of Goods/Services of Regional Public Service Agency at Meuraxa Public Hospital.
- Banda Aceh, Mayor of Banda Aceh Regulation No. 33 of 2015 on Management System of Meuraxa Public Hospital Banda Aceh.
- Koentjaraningrat. (1993). *Community Research Methods*. Jakarta: PT. Gramedia Pustaka Utama.
- Moleong, Lexy. J. (2007). *Qualitative Research Methods*. Bandung: Teens Rosda Karya.
- Republic of Indonesia, Regulation of the Minister of Home Affairs Number 61 of 2007 about Technical Guidelines for Financial Management of Regional Public Service Agency.
- Republic of Indonesia, Regulation of the Minister of Finance Number: 109 / PMK.05 / 2007 on the Supervisory Board of the Public Service Agency.
- Republic of Indonesia, Government Regulation No. 23/2005 on Financial Management of Public Service Agency.
- Sari, Maylia. Pramono. & Raharja.(2012). The Role of Internal Audit in Efforts to Achieve Good Corporate Governance (GCG) at Public Service Agency (BLU) In Indonesia. *Journal and Proceedings of SNA - National Symposium on Accounting*.
- Sugiyono. (2009). *Understanding Qualitative Research*. Seventh Print. Bandung: Alfabeta.