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Research Article

Implementation of Good Hospital Governance Policies at the Undata Regional General Hospital, Central Sulawesi Province, Indonesia

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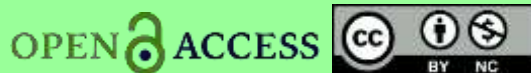
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Abstract

The concept of Good Hospital Governance (GHG) is a concept of corporate governance in general, but its application is adapted to the type of business such as health services. As a health facility engaged in advanced health services (referral), hospitals seek to provide excellent and quality health services. This study aims to describe the Good Hospital Governance policy's implementation at the Undata Regional General Hospital, Central Sulawesi Province. This research is qualitative, using a descriptive method. This research was conducted at Undata Hospital, Central Sulawesi Province, in 2020. The determination of informants as the source of data on the interviewee was carried out purposively. The results of this study found that the implementation of Good Hospital Governance policies at Undata Hospital, Central Sulawesi Province, has not performed well; this is an indication that there are still supporting aspects of policy implementation that are not running correctly.

Keywords: Good Hospital Governance Policies, Implementation, Regional General Hospital

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Introduction

Health development must be carried out with broad community involvement and carried out in a spirit of partnership across sectors, between the government and the private sector, and between the central and regional governments. (de Leeuw, 2017). Health development is implemented through the following improvements: 1). Health efforts, 2) Health technology and technology products, 3) health financing, 4) health human resources (HR), 5) pharmaceutical preparations, health equipment,

and food, 6) management, health information and regulations, and 7) community empowerment (R Hapsara Habib Rachmat, 2018).

To accelerate the achievement of health development targets, a systematic tool is needed in the form of regulations, facilities, infrastructure, and adequate infrastructure (Tjandrarini *et al.*, 2018). Building health facilities that are evenly distributed and affordable, and the provision of health workers that are evenly distributed

becomes a reference point in the accelerated health development program (Ensha, 2018).

Increasing the development of health facilities, both at the first level (Public health center) or the advanced level (hospital), supported by an increase and equal distribution of the number of health workers is the government's responsibility, both central and local governments. In particular, the construction and improvement of hospitals are vital because it supports the need for advanced care and treatment and makes the health costs borne by the community efficient. (Ridwan and Saftarina, 2015).

Hospitals, as one of the health service facilities, is part of health resources that are indispensable in supporting the implementation of the referral or advanced health efforts. The delivery of health services in hospitals has very complex characteristics and organizations. Different types of health workers with their respective scientific devices interact with each other. Medical science and technology are developing very rapidly, which must be followed by health workers to provide quality services, making the problems more complex in hospitals (Trisnantoro, 2018).

Therefore, hospitals and all professionals in them as business actors in the health system need proper regulations. There are three essential things to note: 1) The regulatory system in the health sector; 2) Regulatory system in hospital institutions; and 3) The method of rules for professional groups, especially doctors in hospitals (Rotar *et al.*, 2016)

Good Hospital Governance (GHG) in the explanation of Law Number 44 Year 2009 Article 33 Paragraph (1), that the hospital organization is structured with the aim of achieving the hospital's vision and mission by implementing good corporate governance and good clinical governance.

The concept of Good Hospital Governance (GHG) is the same as the concept of corporate governance in general. Still, its application is adjusted to the type of business, namely health services. (Labadessa *et al.*, 2020). Hospitals, as a health facility engaged in advanced health services (referral), seek to provide excellent and quality health services. Unique and quality service will automatically bring comfort, patient satisfaction, and at the same time, will give excellent image benefits for the hospital and the government. In practice, this system must be implemented in every part of the hospital to serve public health needs.

In the current era, where information and technology are developing rapidly so that all people can easily and quickly access services, including information and health service systems in hospitals. So that hospitals are currently required to run the system in a transparent manner (Duran *et al.*, 2019). Where according to Sinambela *et al.* (2008), that the purpose of public service is basically to satisfy the community so that to achieve that satisfaction, excellent

service quality is required which is reflected in one of which is transparency, namely services that are open easily and can be accessed by all parties who need them. And provided adequately and easy to understand. In the context of government hospitals, to implement GHG, a solution is offered to turn the hospital into a public service agency (BLU) to create an agency that has broad autonomy in managing all income from its activities or grants that can be used directly to finance operational activities—concerned with the principles of efficiency and productivity without prioritizing seeking profit (non-profit). With this concept, it gives a hospital an independent attitude in running its organization. According to Djanegara (2008), the position of independence is a condition where the hospital is managed professionally without a conflict of interest and influence from any party that does not follow the applicable laws and regulations.

At the Regional Government level, it is known as the Regional Public Service Agency (BLUD) following the Regulation of the Minister of Home Affairs Number 79 of 2018 concerning Regional Public Service Bodies; it is stated that BLUD is a system implemented by the technical implementation units of regional offices/agencies in providing services to people who have flexibility in financial management patterns as an exception to the provisions of local management in general.

Regional General Hospital (RSUD) as the regional technical implementation unit whose status is mostly changed to BLUD. Turning the hospital into a BLUD can be interpreted as a form of professionalism of public services in local government. The characteristics of the RSUD are indeed very compatible with the BLUD status, among them; 1) Providing direct services to the community; 2) Withdrawing payment for services rendered; 3) Has a different competitive environment from the Regional Work Units; 4) The income obtained from the services it provides is quite significant, and 5) Specialization in terms of employee expertise. However, not a few complaints have been directed at the quality of hospital services, which are still considered low. This condition is addressed to government hospitals, including Regional General Hospitals. The cause is very classic; namely, the problem of limited funds owned by regional public hospitals and the process of its utilization which seems very bureaucratic and not independent, making it challenging to develop and fulfill the needs for quality services, both in the procurement of medical devices and medicines and restorative materials. Consumables that tend to be slow and limited and sometimes not by needs. Likewise, in terms of improving the capacity of human resources, which is still low, and the recruitment and distribution system is not transparent. Including in Undata Hospital, Central Sulawesi Province.

This is supported by the results of research conducted by Nur Ariny (2017) that the overall quality of service at Undata General Hospital, Central Sulawesi has been going well. However, several recommendations from the research results reflect that there are still several things that need to be repaired and improved, including 1) Several medical support facilities and infrastructure; 2) Medical equipment and medicines; 3) Competence and professionalism of Human Resources and 4) Budget support from the Government.

To explain this, the researcher uses the Van Metter and Van Horn policy implementation model approach which states that the implementation of a policy is influenced by six factors that affect policy performance, namely: (1) Policy standards and objectives, (2) Resources, (3) Agent Characteristics Implementers, (4) Attitudes/tendencies (disposition) of the implementers, (5) Interorganizational Communication and Activities of Implementers, (6) Economic, Social, and Political Environment. (Van Meter and Van Horn, 1975). Of the six factors, this study focuses on the standards and objectives of policies and the Economic, Social, and Political Environment. Based on this, this study aims to describe the implementation of the Good Hospital Governance policy at the Undata Regional General Hospital, Central Sulawesi Province.

Materials and Methods

Types of research

This research is qualitative, using a descriptive method. This research method is used to examine the condition of natural objects where the researcher is a vital instrument. The data collection technique is done by triangulation (combined), the data analysis is inductive/qualitative, and the results of qualitative research emphasize the meaning rather than generalization.

Research Location

This research was conducted at the Undata Regional General Hospital, Central Sulawesi Province, located at Jalan RE. Martadinata, Tondo Village, Palu City. The basis for the consideration of taking the location is as follows: Undata Regional General Hospital, Central Sulawesi Province is an institution appointed by the government to become a Regional Public Service Agency based on the Decree of the Governor of Central Sulawesi Number: 445/498 / RSUD-GST / 2010 dated 10 August 2010. Undata Hospital of Central Sulawesi Province is an institution that is authorized to manage finances independently based on the Decree of the Governor of Central Sulawesi Number: 445/31 / RSUD Undata-GST / 2011 concerning the Determination of Financial Management Patterns at Undata Hospital, Central Sulawesi Province as BLUD with Full Status. The time used in this research starts with data collection, data processing, and data analysis to writing the

research results. It is estimated that it will take six months starting from the end of January to July 2020.

Informant Determination Techniques

The determination of informants as the source of data for the interviewee was carried out by purposive sampling, which was selected with specific considerations and goals. This means that the researcher deliberately chooses informants who are considered to know the problem to be studied.

Based on the explanation above, the researcher determined the number of informants as many as 13 (thirteen) people, namely:

1. Director of Undata Hospital, Central Sulawesi Province
2. Owner of 1 (one) Undata Regional Hospital
3. Management of Undata Hospital 2 (two) people
4. 2 (two) medical personnel (doctors) of Undata Hospital
5. Paramedics (nurses) Undata Hospital 3 (three) people
6. Patients at Undata Hospital 3 (three) people
7. Patient's family of 1 (one) person in Undata Hospital.

Result and Discussions

Performance of Good Hospital Governance Policy

According to Van Meter and Van Horn (1975), the policy implementation model is a model that assumes that policy implementation runs linearly from public policy, implementor, and public policy performance.

According to Purwanto (2012), to correctly measure the implementation of policy implementation, it is necessary to understand what policy performance is as a result of the policy's implementation. Policy performance is a description of the level of implementation achievement in realizing the system's goals and objectives, both in the form of policy outputs and policy outcomes. To determine the level of performance of the implementation of a policy, performance assessment is extraordinary. Evaluation of production is the application of methods used by researchers to answer the central questions in implementation studies, namely: What is the content and objectives of the policy? What steps must be taken to achieve these goals? Whether after these stages were carried out, the implementation carried out was able to realize the policy objectives or not.

According to Sadjarto (2000), government accountability in a country that adheres to democracy is inseparable from the basic principle of democracy. Namely, sovereignty is in the hands of the people. A democratic government runs and regulates the life of the people in the state by issuing several regulations and taking and using public sources of funds. The government is obliged to give responsibility for all its activities to the community.

As government activities increase in regulating trade and industry, protecting human rights and property, and providing social services, there is a broad awareness of creating a more comprehensive government accountability system. These systems include, among others, the budget system for revenue and expenditure, government service organizations, professional regional management, and the development of accounting and financial reporting practices.

Policy Standards and Objectives

According to Nugroho (2009), policy implementation is, in principle, a way for a policy to achieve its goals. Nothing more and nothing less. There are two choices of steps to implement the public policy: directly implementing it in the form of programs or through the formulation of derivative policies or derivatives of the public administration.

From this explanation, that policy must have clear targets and objectives and are easily understood by each implementing agency. In the sense that each policy objective must be realistic so as not to give ambiguity in its implementation.

The principles of Good Hospital Governance aim to create effective and efficient organizational management to measure the performance of a good organization (Ditzel et al., 2006). The intended application is to generate information transparency, accountability of the leadership, fair treatment for each employee in carrying out their obligations, and accepting their rights as employees and the involvement of all employees in developing a better hospital organization.

Based on the results of interviews with the Head of Program and Evaluation, Mr. AB, regarding the involvement of each sector in the hospital in the programming and planning of the Undata Hospital are as follows:

"That the planning process at this hospital is like that, we carry out, so before being deliberated at Bappeda we summoned the related technical teams about the planning needs. What are the basic requirements in service, so what is the main thing, because there are mandatory needs and needs for such sunnah. From here, it can be seen which priority needs. Although, based on this proposal, not all of them can be covered, from the planning side, we try to accommodate all the projects, from the smallest to the largest, to provide all of them. Later we will see the priority needs and the capacity of existing funds. So we will make all of our suggestions into the current budget."

And this information was confirmed by the MG doctor who was one of the doctors at Undata Hospital and also the head of the Oral Surgery Installation; the MG doctor stated that:

"Planning for the need for medical devices in the RSUD has been going well. What is needed by doctors to support services can be fulfilled by the hospital. However, the obstacle faced is the incompatibility of medical device facility planning with human resources, in this case medical personnel using the equipment. Sometimes medical equipment is available, but there is no one using the tool".

The opinion of the MG doctor explained that the planning process had gone well. However, there were still obstacles between the availability of existing facilities and the human resources as operators in providing these services, which were still limited.

The involvement of all sectors in Undata Hospital in the program preparation and planning process is an indicator of the implementation of transparency in management at Undata Hospital, which is one of the principles of good hospital governance.

From the accountability side of Undata Hospital management, based on the results of an interview with Mr. HL in his capacity as the owner of the Undata Hospital representing the Governor of Central Sulawesi stated that:

"Obviously we are monitoring, firstly, hospitals are not targeted for revenue revenue because we must realize that the hospital's function is a service function and hospitals are legally obliged to be subsidized by the government, because we are not working like private hospitals. So if hospital admissions that have been evaluated are in accordance with their target acceptance, an evaluation is carried out from the inspectorate, BPKAD in order to see the accountability that has been reported, because each hospital wants to disburse its budget, an evaluation is carried out again and at the same time to see that there are no leaks in the use of the budget, but thank God based on the results of the BPK's examination did not find any fatal financial mismanagement at Undata Hospital, all were still under controllable conditions".

The statement explains that in terms of accountability, Undata Hospital management is still in the right corridor based on the results of the examination by the Supreme Audit Agency (BPK) and the Inspectorate of the Central Sulawesi Provincial Government.

In terms of independence, the Undata Hospital BLUD's status was determined based on the Governor's Decree Number: 445/498 / RSUD-GST / 2010, concerning the Establishment of the Undata Regional Hospital as the Regional Public Service Agency of Central Sulawesi Province. Furthermore, based on the assessment of the

administrative documents of Undata Hospital, according to the Governor's Decree Number: 445/31 / RSUD Undata-GST / 2011 concerning the Determination of the Financial Management Pattern of the Undata Hospital, Central Sulawesi Province as a BLUD with Full Status. So the management of Undata Hospital with the BLUD management system gives full authority to Undata Hospital management to independently carry out financial management.

This was conveyed by Mr. KAS, the director of Undata Hospital, about the hospital's independence in financial management, as in the interview excerpt below.:

"With the implementation of the BLUD governance pattern, it has contributed significantly to the application of the principles of good hospital governance, especially in terms of the independence of financial management in hospitals. With this BLUD hospital, autonomy is given in the utilization of the existing budget. So as to make it easy for hospitals to spend their needs that are included in the hospital's business budget planning (RBA). Likewise, in terms of spending urgent hospital needs, such as shortages of drugs, BMHP and maintenance of medical equipment".

This is by the purpose of establishing BLU in hospitals based on the Decree of the Minister of Health Number: 1981 / Menkes / SK / XII / 2010, which is to improve health services to the community to advance the general welfare and also to educate the nation's life by providing flexibility in financial management based on the principles efficiency as well as productivity as well as the application of ethical and sound business practices not solely for profit.

And also confirmed through the results of interviews by Mr. AB as the head of the Program, Planning and Evaluation Division, that:

"As a program, we actually prefer the APBD assistance. However, this hospital must be independent, like it or not, this hospital must be competitive like private hospitals or other hospitals, apart from the income from the BPJS but we must also implement it with a "money-oriented" system but not "profit-oriented". Slowly how we can support this hospital, we know that the biggest operation in this hospital is payment of salary and electricity, it is still backed up by the APBD so how can we slowly be able to finance these activities and slowly we can be independent"

From the above statement, the management of Undata Hospital has made efforts to manage this hospital independently. However, it is still constrained by the amount of income obtained, which still requires subsidies

from the government to support some of the hospital's operational and capital expenditures.

Based on the results of observations made by researchers directly and the results of interviews with respondents and studying existing documents related to the standard factors and objectives of Good Hospital Governance policies at Undata Hospital, Central Sulawesi Province, it shows that it has been running according to the standards and rules that have been established and supported Undata Hospital management system to carry out the principles of good hospital governance. This can be seen from the hospital owners' commitment, in this case, the Provincial Government, to continue to evaluate the management of Undata Hospital.

Although in terms of hospital independence in budget management it is still constrained by the revenue of Undata Hospital which is still unable to finance hospital expenses independently, so it still requires subsidies from the government, this is not a problem in implementing good hospital governance because so far the management is capable manage well in a transparent and accountable manner based on the results of evaluations conducted by authorized institutions.

Economic, Social and Political Environmental Factors

According to Mulyadi (2016), implementation refers to actions to achieve goals that have been set in a decision. This action seeks to transform these decisions into operational patterns and aims to make big or small changes as previously decided. In essence, implementation is also an effort to understand what should happen after the program is implemented. Policy implementation does not only involve the agencies responsible for the policy but also includes political, economic, and social power networks.

An external factor that often becomes the ground for political intervention in central and local government-owned hospitals is the appointment of structural officials at the hospital. In the government hospital structure, there is a colonization structure, and this is the evaluation material for Government hospitals throughout Indonesia because based on case reports and phenomena that occur in regional hospitals, that there is still political intervention from the owner, in this case, the government, in the context of promotion and appointment of structural officials at the hospital. There are still several government hospitals that do not meet the existing statutory provisions, for example, there are still hospitals in areas where the hospital director is not led by medical staff (doctor/dentist) while the law regulates these provisions. To confirm this, the researcher interviewed the Regional Secretary of Central Sulawesi Province representing the Governor of Central Sulawesi as the Undata Hospital owner as in the following interview excerpt:

"We (the provincial government) do not fall into the category above because we appoint and appoint officials at the hospital according to the competence of each of these officials' fields of expertise, such as the appointment of a director and the appointment of a deputy director. Competencies of each ASN who are deemed eligible to work in that position, especially in technical areas, for example, medical service providers, those appointed are people who have an understanding in that field, who are in the field of administration and planning. Appointed are people who have understanding and experience in that field. So, according to my knowledge, of course, it is very far from this political intervention. Indeed, under the command of the Governor, he is very rational, because he used to come from the bureaucracy, he understands very well so that in appointing these officials he is very professional, especially in the field of service to the community".

Based on the explanation above, it shows that structural positions at Undata Hospital are far from political interests and intervention. The appointment process is based on competence and professionalism according to the needs of the available jobs.

However, based on the observations of researchers, that with the full authority given by the Governor in the context of appointing or assigning structural positions at the hospital without an open selection process, it indicates that the appointment or appointment of hospital structural officials has excellent potential for political intervention, due to the position The regional head is a political position, of course, any authority that is exercised cannot be separated from the existing political elements.

In-Law Number 44 of 2009 concerning Hospitals, it has provided visible boundaries in terms of criteria and the appointment of structural officers in hospitals, which has been regulated in article 34, namely, (1) the head of the hospital must be a medical staff who has the ability and expertise in the hospital field. (2) Structural personnel who occupy positions as leaders must be Indonesian citizens. (3) Hospital owners may not concurrently be the head of the hospital.

Based on the rules above, that a hospital head or hospital director as the highest leader in the hospital organizational structure must be medical staff, namely, a doctor or dentist who has the ability or expertise in managing the hospital as evidenced by educational qualifications or having experience in leading the hospital. Furthermore, hospital structural officials must be Indonesian citizens, meaning that foreign nationals cannot become structural officials in government-owned hospitals. Finally, hospital owners cannot concurrently be the hospital's head, meaning that the hospital must be managed professionally away from

conflicts of interest, as the owner of the hospital in his attention as the head of the hospital. This shows that the law has formulated that hospital management must be far from political interests or political intervention from hospital owners, in this case, the government, both central and local governments.

So it needs to be used as a material for future evaluation so that government hospitals are given different treatment from institutions or agencies under the regional government structure. Hospitals, starting from the process of appointing officials, recruiting sempai staff to manage hospital finances, are given full authority in terms of hospital independence to maintain the operation of professionalism in the hospital, considering that hospitals are their main task to provide services for the fundamental rights of the community, namely health services. And also, the hospital is an institution that is managed by professional practitioners in it.

This is in line with Thabrany (2011) opinion that in the field of hospitals, what is needed is management autonomy in the hospital, which ensures that the hospital runs its business and efforts in line with its vision and mission. Broad autonomy, both personnel management, finance, procurement, and so on, so that the hospital is managed like a corporation is indeed an ideal form at this time.

To further examine the phenomenon of political intervention in government hospitals, researchers researched the hospital planning and budgeting process. Because one of the hospital indicators is competent, efficient, and accountable based on the mandate of Law Number 44 of 2009 concerning Hospitals in article 33 paragraph (1) that every hospital must have a valid, efficient and accountable organization, the hospital must have independence in the hospital planning and budgeting process, in the sense that it must be free from interests outside of the hospital's needs, including being far from the benefits of the hospital owners and leaders. To study this, the researcher interviewed with the Head of Program Service, Planning and Evaluation of Undata Hospital as in the interview excerpt as follows:

"This depends on the perception, sir, because from the planning evaluation, usually when we bring it to the leadership level, there is a correction, for example, we want to spend A, but the leadership considers that for instance it is inefficient or the value is too large, so usually we follow the leadership's direction with the following reasons: a reason like that. But the process is all done openly. It is the same as I explained earlier, that the leadership is more directing what is beneficial in the hospital and its proper use for the community. Even if the direction is also above, it stimulates us and welcomes us. He meant that he encouraged what else

the hospital needed, let's suggest. So he accommodated the hospital's needs and backed up the proposal. Because as a regional leader, he has to fully back up three main sectors, namely health, education, and infrastructure. Like that sir".

This explanation illustrates that the intervention carried out by hospital leaders at Undata is more of a direction to use an effective and efficient budget. And the planning system is carried out openly to minimize all current political interests, including intervention from hospital owners and solely to improve health services to the community.

This is by the researchers' observations that the hospital planning process compiled in the Undata Hospital Budget Business Plan document has been running according to existing regulations. Starting from the process of inputting the proposed needs of all sectors in the hospital, it is continued with the assistance process at BAPPEDA until the issuance of the budget documents and everything is carried out in an open system and also some of the input processes is carried out using an online order.

According to Ambar Sulistiyani (2004) that the concept of good governance has indicators intended to ensure openness (transparency), accountability, and control in the economy and politics.

There is information related to services at Undata Hospital, where some community complaints feel a difference in service to patients in terms of social status. As a case in point, for officials and families of officials within the Central Sulawesi provincial government, both the executive and legislative bodies get exceptional services that are sometimes above the right to service that should be received. For example, the reason for the service that should be obtained using the BPJS Health card is class I but asks for assistance in the VIP class without paying a difference. One of the specialist doctors at Undata Hospital confirmed this information with the initials MG as a quote from the following interview:

"Yes, there is, it happened at Undata Hospital. We know and respect the rights of everyone, including officials. But please make clear rules so that neither party will be harmed. How come all the patients at Undata Hospital pay the difference, it's the turn of the family of officials. That is wrong. My parents alone, if they are treated in this hospital, they also pay the difference if they go to class. These are my parents, where I am a doctor who has served in this hospital for a long time. So let's not make other people happy but make it difficult for others. People say this is a problematic position for hospital directors or management, because of political intervention, but that is not healthy for this hospital organization. In contrast, we want to create good

hospital governance or GHG; if the stakeholders themselves do not support it, it will be difficult. So the officials or policymakers in this area should support the director and management to create the GHG".

This information from the MG doctor provides an overview of the accommodation services for patients with family backgrounds of officials. There is a tendency to offer unique services that have a social impact on hospital services due to differences in services based on existing social status. It also has an economic impact. The hospital does not receive income according to the services provided because the BPJS will pay claims according to the class that is the right of the BPJS participants. This indicates that Good Hospital Governance (GHG) principles are not being implemented, especially the principles of equality and fairness. Where the principle of justice is that every patient gets good care without any discrimination, while the principle of justice is that every patient receives services according to their rights.

To follow up the information above, the researcher confirmed to the Undata Hospital management in this case represented by the Head of the Undata Hospital Service and Referral Section which is contained in the following interview excerpt :

"There may be one or two doc cases, but so far we are still collecting them".

This brief information explains that Mrs. LC's conditions are recognized as Head of the Service and Referral Section of the Undata Hospital. Although the information conveyed was in only one or two cases, it provided information that the provision of specialized services for patients with a background of social status as officials or officials' family was right. This condition certainly does not support the implementation of Good Hospital Governance (GHG) principles in Undata Hospital.

As a material for reports and evaluations to hospital owners, in this case, the Central Sulawesi Provincial Government, the researcher asked for a response from the Secretary of the Central Sulawesi Province on behalf of the Governor. The following is an excerpt from the interview:

"I don't see that, huh. If, for example, the family of officials continues to use BPJS class I rights and continues to ask for VIPs, he is obliged to pay the difference because the hospital can't be willing to pay for the difference. I also proved that my mother was admitted to Undata Hospital; her class was class. We then upgraded her to VIP. Consequently, we paid the difference, as evidenced by a cash deposit to the hospital. I don't know if anything happens that if he is an official or a member of the board then when he goes to the hospital service class, he doesn't pay the difference I don't think there

is any, even if there is I ask the hospital to report it and I ask my friends of officials and board members when Enter the hospital and ask to go to class, you have to pay the difference because that will be a burden on the hospital, later the hospital will be told to bear it again”.

The Regional Secretary's response gave a signal to the board of directors and management of Undata Hospital not to provide individual facilities to specific patients because all patients must be adequately served regardless of the social status they carry. Likewise, he hopes that all officials or families of Central Sulawesi Provincial Government officials use hospital services by their right to assistance. Even if they ask for accommodation services above the class, they are entitled to be responsible for paying the difference from their rights. This is to support creating a healthy financial condition at Undata Hospital, instead of making the hospital suffer losses by bearing the cost of these services.

Therefore, the solution offered by one of the Heads of SMF at Undata Hospital can be useful input regarding the above problems to support the implementation of good hospital governance at Undata Hospital. The following are the results of the interview with the MG doctor :

“In my opinion, it is the consistency and commitment of the owner, in this case, the Regional Government of Central Sulawesi Province and the Management of Undata Hospital. Because this hospital belongs to the people of Central Sulawesi as the highest referral center in Central Sulawesi province. What we serve is the public, not the officials. I am critical of the hospital's policy, don't think that Undata Hospital belongs to the Provincial Government as if there are "special" facilities that this hospital has given to Provincial Government officials including DPRD members and their families. The service class in the hospital, the official "family" service right, is, for example, type III but is upgraded to class I without paying a difference. This is detrimental to the hospital, especially since this hospital is already a BLUD, so it will become a problem when that happens. So it is better if an MoU is made and included in the planning, that there is a right that is given once a year to provincial officials, both the regional government and members of the DPRD in the province of Central Sulawesi and that is clear about the funding, do not demand free and in the end, suffer the loss of hospital. Poor this hospital, this hospital was built with public money so it must be managed properly”.

According to Santosa (2009) that the socio-cultural aspects, both in the bureaucracy and those that cover the administration, also play a role in influencing the

bureaucratic reform process. Without socio-cultural support, the reform process will be challenging to carry out. The failure to implement Western systems adopted by developing countries is caused by being out of sync or not paying attention to socio-cultural aspects.

They are related to the community's information about the differences in services provided to general patients and BPJS patients. Sometimes patients who use BPJS cards do not get excellent service compared to public patients. Based on researchers' observations, starting from the registration process at the counter, BPJS patients and general patients are served at different tables. This is due more to administrative issues. BPJS patients must bring a referral letter from the referring hospital and be verified by the referral information system at Undata Hospital, which is carried out online. Meanwhile, general patients do not have to bring a referral letter if they will do an outpatient examination. Because the BPJS era's referral system currently adopts a tiered referral system, unlike general patients, they can go directly to the desired hospital without having to go through a tiered referral system.

Meanwhile, to get an overview and information on medical services to general patients and BPJS patients at Undata Hospital, the researcher conducted interviews with several nurses, one of which was a nurse at the inpatient Undata Hospital, the initials WW, stated :

“For medical services, there is no difference in treatment between general patients and BPJS, which only differs in accommodation service facilities depending on the class the patient chooses. Of course, in terms of accommodation services for quality I, II, and III patients, different facilities are received. Apart from being modified in terms of space and from the facilities provided. Likewise, some patients use BPJS cards; it depends on the class chosen based on their BPJS membership”.

Based on the information above, there is no difference in the treatment between general patients and BPJS. It depends on the class of care that the patient is entitled to. So it is more on the accommodation issue in the hospital, while for medical services, there is no difference. It is by medical treatment and treatment based on the diagnosis of the disease suffered by the patient.

Regarding the attitude of paramedics' responsibility in providing services to patients, according to a nurse at the Undata Hospital, the initials HF stated :

“For us as nurses, we never differentiate the service response we provide to patients who are capable or unable, only what we often get is the demands of patients who feel capable or family officials who sometimes ask for special treatment, even though we as nurses provide excellent service. best to all

patients regardless of the patient's economic background”.

The nurse's side explained no difference in the services provided to patients with different economic backgrounds. Because all patients will be given the same treatment, namely getting excellent service so that patients get satisfaction with the services provided, this was conveyed by one of the patients with the initials HR (female / 67 years) as in the following interview excerpt:

“Okay, good enough. Doctors and nurses are friendly. I often go to the hospital, so I can compare that Undata Hospital has excellent service”.

Information from Ms. HR provides an overview of her satisfaction with the services provided by doctors and nurses at Undata Hospital. According to Sinambella (2012) that the services offered by bureaucrats are interpreted as obligations, not rights because they are appointed by the government to serve the community, therefore a strong commitment must be built to help so that services will be more responsive to community needs and can design creative service models. And more efficient. The purpose of public service is basically to satisfy the community. To achieve that satisfaction, excellent service quality is required.

According to Santosa (2008), by looking at other countries' experiences in carrying out bureaucratic reforms, Indonesia is not left behind in carrying out bureaucratic reforms. To carry out bureaucratic change in Indonesia, a series of steps and actions are needed in determining the strategy to be selected and used.

From the results of information from informants and facts in the field and linked to existing theories, it can be stated that external environmental factors (economic, social and political) have not performed well because social factors still need to be evaluated in terms of using BPJS membership rights to official families. To continue to use their membership rights by applicable regulations. Although political intervention from hospital owners is almost non-existent, both in the context of filling positions at the hospital and in the planning and budgeting program of Undata Hospital, it is by existing regulations. Likewise with economic factors in the absence of discriminatory attitudes in providing services at Undata Hospital to patients with economic backgrounds.

Conclusion

This study concludes that the implementation of the Good Hospital Governance policy at the Undata Regional General Hospital, Central Sulawesi Province has not performed well, this is an indication that there are still supporting aspects of policy implementation that are not running correctly, namely; aspects of the attitude/tendency

(disposition) of the executing agent, aspects of the external environment (economic, social and political). Also, it needs to be supported by the commitment of all parties in the hospital, namely; responsibility of the owners, directors, and management, as well as all hospital staff, so that the implementation of the Good Hospital Governance policy at Undata Hospital, Central Sulawesi Province can run optimally so that the realization of a hospital with effective, efficient and accountable organizational governance by implementing the principles of transparency, accountability, independence, and responsibility, equality, and fairness.

Conflict of Interest

The authors declare that there is no conflict of interest with present publication

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