

Service Patient Papua Health Card (KPS) In Abepura, Jayapura Papua Provincial Hospital

Yuliance Alexanderina Burdam, H. Sulaiman Asang, Muh. Nur Sadik, Hamsinah

Abstract: This research is a qualitative research, because researchers want to be able to reveal the events riel field and also want to be able to express the values hidden (hidden value) from this study. The location study authors take as the area population is Jayapura city Papua province, while the research conducted at the site Jayapura Abepura Hospital. Which became the focus in accordance with the formulation of the problems identified in this study as follows: Papua Health Card Services (KPS) in Abepura, Jayapura Papua Provincial Hospital. Papua Health Card Services (KPS) in hospitals, Abepura, Jayapura Papua Province through the ministry of outpatients, inpatients, the patient died, SDM Medical and Para medical and care facilities have been carried out but is still less in line with the standards of health (MOH-2005).

Keywords: healthcare, patients, facilities

1. INTRODUCTION

Today the new paradigm in the discharge of public service that is more democratic and transparent services that are oriented towards citizens / communities. That is the government's policy in the field of public services must be tailored to the interests, desires, expectations and demands of society in order to meet all the rights and responsibilities of the public. In the public service need to consider several things related to a focus on services, the first is how to prepare a public service that is desired or needed by the public and the second is how to say the right to the public about the needs, options, and ways to access it, planned and provided by public servants (government). Many formed negative views about public organizations arise because community dissatisfaction with the quality of service received from public organizations. In today's public development among the poor and the business world often complain about poor public services. Though the government has been working to provide a boost in the supply of public services optimally. Besides the KEPMENPAN 63/ KEP/ M.PAN / 7/2003 which includes: (1). Simplicity, (2) Clarity (3) Certainty of time (4) Accuracy (5) Security (6) Responsibility (7) Completeness Infrastructures, (8) Ease of access, (9) discipline, (10) Convenience. The principles of these services must be accommodated in the provision of public services. Law No.25 of 2009 concerning public service states that health services, including public goods categories listed in Article 5, paragraph 1 and 2, namely (paragraph 1) the scope of public service includes the service of public goods and public services as well as administrative services set out in legislation; (Paragraph 2) the scope referred to in paragraph (1) include education, teaching, work and effort, shelter, communication and information, environment, health, social security, energy, banking, transportation, natural resources, tourism and sectors more strategic.

Act No. 36 of 2009 on Health states that every person has the same right to gain access to resources in the areas of health, has the right to obtain health services safe, quality and affordable and is entitled independently and are responsible for determining their own health care required for himself. The government is obliged to guarantee the fulfillment of the right to a healthy life for every citizen, that responsibility includes the financing of health care for all citizens. Form of government commitment to guarantee people's access to health insurance as a form of social insurance programs that guarantee the basic rights of the population is a government program that is because it is a natural monopoly, the force and must hold all people, rich or poor, healthy or sick, who have a job or are unemployed, in an area rich or poor that is not possible was done by the private sector. Act 24 of 2011 on the Social Security Agency (BPJS) is the implementing regulations of Law No. 40 of 2004 on National Social Security System (Social Security Act). On January 1, 2014, Indonesia has two institutions of social security, namely BPJS Health and BPJS Employment as a public legal entity who is assigned the state to administer a social security program. BPJS early start critical operations that had been established on January 1, 2014. Papua province has an area of approximately 316,553.07 km² or 16.70% of the area of Indonesia, and the topography is varied, ranging from swampy lowland up to the snow-capped mountain peak. Papua Province is bordered on the north by the Pacific Ocean, to the south with the province of Maluku and the Arafura Sea, on the west by the Province of Maluku and North Maluku, and on the east by the State of Papua New Guinea. Data estimation of Data and Information Center of Ministry of Health of Indonesia in 2014, Papua's population numbered 3,486,432. soul. Data last projection in 2015 from the Central Statistics Agency (BPS) of Papua Province, that the number of indigenous Papuans until June 2014 as many as 2,314,597 people, about 75% to about 80% live in the villages. Papua provincial administration is divided into 29 regions comprising 28 districts and one city. Special Jayapura city number of indigenous Papuans per June 2014 as many as 95 758 people. Along with the implementation of the Special Autonomy for Papua Province is intended to accelerate the realization of people's welfare through service improvement, empowerment and community participation. Four (4) development priorities in the Special Autonomy for Papua Province is 1) Education; 2) Health; 3) Development of

- Yuliance Alexanderina Burdam: Graduate Student PhD, Study Program: Science Of Public Administration. Hasanuddin University, Makassar, Indonesia Email: yuliancealexanderina@gmail.com
- H. Sulaiman Asang: Faculty of Social and Political Sciences, University of Hasanuddin, Makassar
- Muh. Nur Sadik: Faculty of Social and Political Sciences, University of Hasanuddin, Makassar
- Hamsinah: Faculty of Social and Political Sciences, University of Hasanuddin, Makassar.

Community Economy and 4) Infrastructure. This is an opportunity to develop public services and targeted accessible, need serious attention. This step was taken to capture the philosophy of local autonomy, one of which is the service closer to the community. This is because the problems concerning public services at provincial and district levels, and the city which is the lowest administrative autonomy authorities need to be implemented with a clear and well. From the survey conducted by the University of Gadjah Mada, in general stakeholders considered that the quality of public services has improved after the introduction of regional autonomy, but in terms of efficiency and effectiveness, responsiveness, equality of treatment is still far from the expected and still has many weaknesses. The same thing was stated by Mohammad (2008), mentions the existence of some weaknesses in the public service, among others: less responsive, less informative, less accessible, less coordination, bureaucratic, less willing to hear complaints, and inefficiency. The health sector as one of the priority sectors of development in the era of special autonomy has not obtained positive results. In Article 59 paragraph 1 of Law No.21 of 2001 on Special Autonomy for Papua Province stated that the Provincial Government is obliged set quality standards and provide health services to the population, but up to 14 years Special Autonomy Law unmet implemented evenly and maximum. This fact is characterized by three main indicators of deciding the merits of the health care system, namely: 1). This included high maternal mortality rate (MMR); 2) the high child mortality rate (IMR); 3) The incidence of malnutrition and the spread of infectious diseases and the decrease in life expectancy (AHH). Another fact is that the health sector has a direct correlation with the level of social welfare are not yet fully impacted the development of the Human Development Index (HDI). IPM Papua still ranked last (33rd) in Indonesia become a benchmark for the real breakdown of health development in Papua (Giayai, 2014). In the evaluation report by the agency Papua Special Autonomy Papua People's Assembly (MRP), a description of the implementation of the Law on Special Autonomy in the health sector show that:

- 1) The health status of mothers and children are still low.
- 2) Status of public nutrition is low.
- 3) Morbidity of infectious diseases, especially HIV / high HAIDS, malaria, pulmonary tuberculosis, dengue fever, and diarrhea. Moreover diseases like filariasis, leprosy and yaws also increase.
- 4) Facilities and infrastructure are limited health services and public access to the facilities and health services are of low quality.
- 5) Competence, the number and distribution of human resources health workers is low.
- 6) Not optimal community empowerment in the promotion and disease prevention.
- 7) Lack of managerial ability District Health Office / City well as hospitals.
- 8) The low allocation of Special Autonomy funds for the health sector

Papua health status improvements can be implemented when the parties regard as environmental determinants of physical and social environment, behavior, health facilities,

genetics or heredity, tradition and health services. In addition, the availability of human resources quality healthcare, and the availability of significant health budget. This was followed by the attitude of the government in making strategic moves and happen in political policies. To accelerate the development of health in the province of Papua, the Papuan governor formed a non-structural unit within the scope of the Provincial Government of Papua named Papua Health Development Acceleration Unit (UP2KP), which carried out its tasks directly responsible to the Governor of Papua. Acceleration of Development of Papua Health Unit (UP2KP) was formed by the Governor Regulation No. 16 Year 2013 dated July 25, 2013 on the Establishment of the Acceleration of Health Development Unit Papua. While the organizational structure and membership of the Unit for the Acceleration of Health Development Papua (UP2KP) established by the Decree (SK) Governor Number 176 Year 2013 dated August 14, 2013. The establishment of the Papua Health Development Acceleration Unit (UP2KP) motivated by concerns Papua Governor and Deputy Governor of Papua, on poor health status in Papua, which is marked with some health issues are still a concern. Starting from the low status of maternal and child health and nutritional status of the community, the high morbidity rate of infectious diseases, especially malaria, tuberculosis and HIV / AIDS is high. In addition, this policy is triggered by limited facilities and infrastructure of health services and poor people's access to facilities and quality health services, competence, amount and distribution of human resources health workers is very low, not optimal community empowerment in the promotion and prevention of illness, and limited public health Office managerial capabilities districts / cities at the same hospital. According Dwiyanto (2010), the implementation of regional autonomy are often perceived by stakeholders as giving space area for the region to explore the sources of local revenue. Therefore morbidly surprising that many areas trying to develop new sources of revenue. One of the new sources of revenue that are easy for them to get it is to apply the new rate levy of service organized by areas such as health services (health centers and hospitals), education, drinking water, provision of licenses, and so on. Area efficient devices are functioning as "front line management", because the work is based on the mission and the real potential of existing region. Device local governments are better oriented to public services will lead to empowerment (empowerment) and not the dependence of society. In the implementation of the acceleration of the health service in the era of special autonomy for Papua Province, a model of appropriate services is the mobile clinic or health care fly, health services afloat and health services bare feet can reach the villages which is a region of the district / city (The head of the provincial health department Papua), The government has provided guarantees health care for indigenous Papuans through Papua Health Card (KPS) are arranged in the Governor Regulation No. 6 of 2014 on Financing Guarantee Papua Public Health Service, and Decree of the Head of the health department 440/5051/2014 No. 2014 on Technical Guidelines Papua Cards healthy (KPS). Healthy Papua Card Services came into effect in Papua Province On January 1, 2014 in conjunction with the implementation of BPJS throughout Indonesia. Services through Healthy Papua cards can be

accepted by indigenous Papuans through the services provided by health centers and public hospitals and private hospitals that partner with the Papua provincial government and the national referral hospitals that are outside the province of Papua. Service health insurance through Healthy Papua Card (KPS) is one form of protection of health services received during the period of special autonomy. Protection of health services provided by the government through the support of Medical Specialists, Support Infrastructures and support health funds vary widely for individual health centers and hospitals in the district / city in the province of Papua, as set in Regulation Papua Governor No. 8 of 2014 On technical instructions Use of Special Autonomy Fund for Health (DOK-BK) As much as 15% for Regency / City in the province of Papua. Jayapura City is a city of services for several districts of expansion, so that the public service be a barometer for the province of Papua. Protection of public services in health, known as Papua Health Card Services (KPS) in the era of New Public Service (NPS), a reference for the public in receiving health services. This prompted the authors to examine further about health care through Healthy Papua Card (KPS) in the Regional General Hospital (Hospital), Abepura, Jayapura. The author chose Jayapura Abepura Hospital as a locus of research for Abepura, Jayapura District Hospital is the referral hospital of several health centers and hospitals in several districts in the province of Papua. For patient referral has been set in Papua Governor Regulation No. 7 of 2014 About Health Care Referral System in Papua province and the cost of health insurance has been set in the Governor Regulation No. 6 2014 About the Public Health Services Financing Guarantee Papua. The main problem of this research is encapsulated in the following research questions: How Healthy Papua Card Services (KPS) in Abepura, Jayapura Papua Provincial Hospital?

2. RESEARCH METHODS

Types of research

The research is a qualitative research, because researchers want to be able to reveal the events riel field and also want to be able to express the hidden values (hidden value) from this study. According Sugiono (2010), qualitative research methods are research methods used to examine the condition of natural object in which the researcher is the key instrument, data collection techniques as triangulation (combined), data analysis is inductive, and qualitative research results further emphasize the significance of generalization. According Moleong (2002), a qualitative research method is a procedure that produces descriptive data in the form of words written or spoken of people and behaviors that can be observed. To support the qualitative approach in this research, supported by quantitative data in the form of figures in the form of a frequency table to see an increasing trend of Papua Health Card Services (KPS).

Research sites

The location study authors take as the area population is Kota Jayapura Papua province, while the research conducted at the site Jayapura Abepura Hospital. Researchers determine Jayapura city area as the population and the site is located in Abepura Hospital

because it is a central health care and as a referral hospital in the city of Jayapura.

Research focus

Details of the problem in qualitative research is usually called the focus, which is the focus in accordance with the formulation of the problems identified in this study as follows: Papua Health Card Services (KPS) in Abepura, Jayapura Papua Provincial Hospital?

3. RESULTS AND DISCUSSION

Outpatient services - Papua Health Card (KPS)

The hospital is a health facility that provides services in both the medical and non medical field in order to improve community health status. World Health Organization (WHO) in Armen (2013: 35) gives the definition: "Hospitals are an integral part of the organization of social and health with the function of providing health care plenary, curative, and preventive to the community, as well as outpatient services are provided in order to reach a family at home. Hospitals also a center of education and training of health personnel as well as bio-medical research center". The function of public hospitals as stated in the Regulation of the Minister of Health of the Republic of Indonesia No. 51 Minister of Health I post 17/2005 is as follows, (Armen, 2013: 35) :

1. The treatment (medical care) for patients with outpatient or for patients who are hospitalized.
2. The research and development of science and technology in the health sector.
3. Place science education and training of medical and medical personnel
4. The prevention and health improvement

The hospital as a facilitator final referral health services must perform a number of services that should be implemented by the health center, this suggests that not wrong if someone says that hospitals in Papua as a health center giants. The population growth in particular Papua native is increasing and thus require financial guarantees adequate health care and effective in all health facilities, particularly primary health care and referral health services. Health Care Financing Assurance is the liberation of all health care costs in referral health facilities and basic health for all indigenous people of Papua by the indigenous people of Papua. First person is a person who comes from clumps Melanesia consisting of native tribes in Papua and / or the accepted and recognized as First person is Papua by Papua. Papua Indigenous health card, hereinafter Referred to as PPP is proof guarantee of health care financing if the Provincial Government of Papua to the beneficiaries / participant receiving financial guarantees health. Participants is the recipient of health care financing guarantee Provincial Government of Papua, as well as other residents items, namely everyone who is not a Papuan native who is a resident in the province of Papua were poor and did not afford as well as registered for the guarantee of health care PPP financing. Holder guarantees the provision of health care financing aims to improve the certainty of health services to the community in basic health care facilities and health services Referral. Regional General Hospital Abepura is owned regional hospital city government Jayapura Papua Province, which receives

public / patient referrals from health centers in the region of the city administration Jayapura, but also received a public / patient referrals from a regional hospital that is outside the territory Jayapura city government as a referral from Jayapura Hospital, Hospital Sarmi, Mamberamo Raya

Hospital, Hospital Kerom, hospitals Jayawijaya, Yahukimo Hospital, Hospital Bintang Mountains, and some hospitals in the Central Highlands of Papua. The resident / patient referral outpatient served by Abepura Hospital in 2014 and 2015, can be seen in the following table:

Table 1. Outpatient Visits Papua Cards Healthy 2014

No	Polyclinic 2014	Payment method												
		Papua Cards Healthy (KPS)												
		Jan	Feb	March	April	May	June	July	August	Sept	Okt	Nov	Dec	Total
1.	Internal disease	1088	830	641	481	612	842	581	991	1205	1335	949	650	10205
2.	Surgery	614	452	508	399	333	404	426	608	544	787	634	428	6137
3.	Kulkel	326	190	228	256	223	253	241	305	225	253	314	223	3037
4.	Nerve	73	52	41	83	79	67	97	71	84	93	67	60	867
5.	Physio	87	82	51	42	46	48	97	68	77	80	98	96	872
6.	THT	116	115	113	113	135	146	170	165	163	192	169	130	1727
7.	Eye	96	92	104	83	68	134	112	144	117	138	89	52	1229
8.	Lung	562	336	386	307	370	461	498	496	438	453	458	305	5070
9.	Tooth	297	233	217	297	248	221	234	293	310	312	338	219	3219
10.	Midwifery	502	298	279	389	325	420	405	455	549	499	501	438	5060
11.	Acupuncture	0	0	0	0	0	0	0	0	170	255	226	160	811
12.	Child	1262	923	816	690	767	820	725	947	1002	1188	1061	858	11059
13.	UGD	2719	1627	1711	1634	2072	2094	2368	2537	2141	2253	2175	2354	25685
Total		7742	5230	5095	4774	5278	5910	5954	7080	7025	7838	7079	5973	74978

Source: The Medical Records Unit Kps Abepura Hospital, April 2016

Table 2. Outpatient Visits Papua Cards Healthy 2015

No.	Polyclinic 2015	Payment method												
		Papua Cards Healthy (KPS)												
		Jan	Feb	March	April	May	June	July	August	Sept	Okt	Nov	Dec	Total
1.	Internal disease	1079	1002	935	943	833	1089	1109	1304	1175	1133	1088	729	12419
2.	Surgery	688	564	586	678	556	630	607	701	689	568	530	392	7189
3.	Kulkel	344	263	283	351	262	305	226	252	284	221	209	115	3115
4.	Nerve	76	126	108	111	68	74	93	97	111	96	63	0	1023
5.	Physio	99	113	136	127	81	410	371	385	359	381	368	221	3051
6.	THT	190	151	193	183	157	205	195	159	168	165	148	109	2023
7.	Eye	124	120	110	156	98	118	100	90	102	83	100	71	1272
8.	Lung	461	493	495	469	464	360	458	494	475	435	364	323	5291
9.	Tooth	437	385	420	479	463	468	521	429	326	354	297	209	4788
10.	Midwifery	499	421	519	498	441	571	459	468	491	336	269	199	5171
11.	Acupuncture	145	194	385	232	164	144	62	123	80	104	69	62	1764
12.	Child	1382	1057	1374	1082	1023	1175	880	1028	1094	1086	811	805	12797
13.	UGD	3146	3100	3167	2955	3146	3000	4032	3617	3924	2850	1349	1745	36031
Total		8670	7989	8711	8264	7756	8549	9113	9147	9278	7812	5665	4980	5934

Sumber: Bagian Rekam Medik Unit Kps Rsud Abepura, April 2016

Table 3. Summary of Patient Outpatient KPS Security 2014-2015

No.	Polyclinic	Payment Method: Papua Healthy Card (KPS)					
		2014	2015	Total 2014 - 2015	Difference Visits	Average	%
1.	Internal disease	10.205	12.419	22.624	2.214	11.312	13
2.	Surgery	6.137	7.189	13.326	1.052	6.663	8
3.	Kulkel	3.037	3.115	6.152	78	3.076	4
4.	Nerve	867	1.023	1.890	156	945	1
5.	Physio	872	3.051	3.923	2.179	1.962	2
6.	THT	1.727	2.023	3.750	296	1.875	2
7.	Eye	1.229	1.272	2.501	43	1.251	1

8.	Lung	5.070	5.291	10.361	221	5.181	6
9.	Tooth	3.219	4.788	8.007	1.569	4.004	5
10	Midwifery	5.060	5.171	10.231	111	5.116	6
11.	Acupuncture	811	1.764	2.575	953	1.288	2
12.	Child	11.059	12.797	23.856	1.738	11.928	14
13.	UGD	25.685	36.031	61.716	10.346	30.858	36
	Total	74.978	95.934	170.912	20.956	85.456	100

Results of data processed outpatients in 2014 and 2015 in Table 3, it appears that the total lord outpatients of 2014 s / d in 2015 amounted to 170 912 patients, with an average of outpatient visits amounted to 85 456 patients. The number of outpatient visits of 2014 s / d in 2015 were highest in the emergency room services amounted 61.716patient with average visits totaled 30 858 (36%) patients. The second Reviews largest number of outpatient visits in children polical amounted to 23 856 Patients with an average patient visits roads totaled 11 928 (14%) Patients. Most all three outpatient visits in polical the disease amounted to 22 624 Patients with an average outpatient visit amounted to 11.312 (13%) Patients. Lowest visit in outpatients are at polical nervous services totaling 1,890 Patients with an average visit amounted to 945 (1%) Patients. With a Data assurance KPS outpatient visits in Abepura Hospital in 2014 shows that the patient visits amounted to 74 978 Patients and patient visits in 2015 amounted to 95 934 Patients. Outpatient visits in 2014 s / d in 2015 amounted to 170 912 Patients, this shows the increase is in the number of outpatient visits patients KPS guarantee as much as 20 956 (12%) Patients. An increase in the number of outpatients at

Abepura Hospital when classified based on the form of his ministry, in the category of public hospitals. According to Armen (2013: 44) General Hospital is a hospital that provides health care of all kinds of diseases, from those that are basic to the sub-specialties. Abepura Hospital provides health care services for all kinds of diseases that are basic to the sub-specialists, so that people who feel health problems or illness, choose directly come to the Abepura hospital with a referral or a referral. It looks at the number of outpatient visits were highest in parts of the emergency room (ER) amounted to 61 716 patients.

Inpatient Care - Papua Health Card (KPS)

The nursing care is an integral part of health care in hospitals, which must maintain the quality of health services in general. The nursing care is often used as a benchmark the service image of a hospital in the public eye. Care services, the number of inpatients with a guarantee of Papua Health Card (KPS) in Abepura Hospital in 2014 and 2015 can be seen in the following table:

Table 4. Visits Inpatient Papua Health Cards 2014

No	Room	Payment Method												
		2014	Papua Health Cards (KPS)											
			Jan	Feb	March	April	May	June	July	August	Sept	Okt	Nov	Dec
1.	RPW	58	57	65	64	72	69	29	25	83	60	64	65	711
2.	RPP	46	52	51	53	52	49	52	48	54	64	39	51	611
3.	Surgery	24	36	49	11	13	0	32	54	74	74	56	42	465
4.	Child	189	117	170	174	148	91	185	148	109	110	102	99	1642
5.	Perina	109	95	157	169	164	112	75	111	100	115	104	95	1406
6.	Maternity	59	170	207	196	201	223	174	243	211	225	234	246	2489
7.	UGD Ranap	0	0	0	0	0	0	0	1	69	76	54	95	295
8.	ICU	3	8	4	7	1	3	5	6	7	10	6	10	70
	Total	588	535	703	674	651	547	552	636	707	734	659	703	7689

Source: The Medical Records Unit KPS Abepura Hospital, April 2016

Data in Table 4 show that the total patients treated in 2014, in the treatment room RPW, RPP, Surgery, Children, Perina, Maternity. Ranap ER and ICU patients as much as 7689.

Table 5. Inpatient Stay Healthy Papua Cards 2015

No	Room	Payment Method												
		2015	Healthy Papua Cards (KPS)											
			Jan	Feb	March	April	May	June	July	August	Sept	Okt	Nov	Dec
1.	RPW	43	47	75	50	69	54	71	57	65	60	48	36	675
2.	RPP	46	45	61	58	69	55	48	63	67	55	40	47	654
3.	Surgery	85	35	39	80	54	63	62	56	58	73	32	59	696
4.	Child	110	106	124	86	98	97	104	100	104	95	129	131	1284
5.	Perina	106	66	77	77	89	83	80	77	81	58	50	65	909
6.	Maternity	190	177	185	201	219	198	199	175	151	145	140	110	2090

7.	JGD Ranap	186	165	223	144	212	65	150	225	392	77	226	106	2171
8.	ICU	6	5	1	8	9	12	9	9	10	11	11	1	92
	Total	772	646	785	704	819	627	723	762	928	574	676	555	8571

Source: The Medical Records Unit KPS Abepura Hospital, April 2016

The data in Table 5, shows that the total patients treated in 2015, in the treatment room RPW, RPP, Surgery, Children, Perina, Maternity. Ranap ER and ICU as much as 8,571

patients. Thus, the number of patients hospitalized from 2014 to 2015 can be seen in the following table:

Table 6. Summary of Inpatient Security KPS 2014-2015

No.	Room	Payment Method: Healthy Papua Cards (KPS)					
		2014	2015	Total 2014-2015	Difference Inpatient	Average	%
1.	RPW	711	675	1.386	- 36	693	9
2.	RPP	611	654	1.265	43	633	8
3.	Surgery	465	696	1.161	231	581	7
4.	Child	1.642	1.284	2.926	- 358	1.463	18
5.	Perina	1.406	909	2.315	- 497	1.158	14
6.	Maternity	2.489	2.090	4.579	- 399	2.290	28
7.	JGD Ranap	295	2.171	2.466	1.876	1.233	15
8.	ICU	70	92	162	22	81	1
	Total	7.689	8.571	16.260	882	8.130	100

Data in Table 6 shows the number of inpatients guarantee KPS 2014 s / d in 2015 amounted to 16 260 Patients. Inpatients most in maternity care space totaling 4.579 (28%) patients. The number of inpatients at the maternity ward has Decreased the number of Patients Patients as many as 399, the second from 2014 to 2015. Most how the child's room with the number of hospitalized Patients hospitalized 2,926 (18%) Patients. The number of inpatients guarantee KPS in 2014 to 2015 has Decreased the number as many as 358 Patients. The third highest was in the emergency room RANAP many as 2,466 (15%) Patients. The number of inpatients guarantee KPS has Increased as much as 1,876 Patients in 2015. In addition to the number

of patients hospitalized, the number of days open patient care has also become an important part that must be considered by the hospital is the length of day in-patient treatment for a patient. The number of days of care of patients in 2014 and 2015, as the result of a joint interview Section Chief Medical Records and Information, mother Sumarti., SKM, revealed that: data from 2014, the number of days open treatment of a specific patient with a guarantee Papua Health Card (KPS) totaled 50 831 days and in 2015, the number of days open patient care amounted to 46 649 a day. (Interview, 12 April 2016). Based on the results of these interviews was visualized in tabular form as follows:

Table 7. Total Length of Day Care in 2014 and 2015

No.	Year	Total Inpatient Care Day	Presentation	Difference in Total Day Care Confinement
1.	2014	50.831	52%	-
2.	2015	46.649	48%	-4.182
	Total	97.480	100%	-4.182

Data in Table 7, shows the number of days open inpatient care KPS guarantee as much as 50 831 days in 2014 and 2015, the number of the number of days open inpatient care KPS guarantee as much as 46 649 a day. Decrease the number of days duration of hospitalization from 2014 to 2015 as much as 4,182 days, or from 52% down to 48%. Total length of inpatient care days of 2014 s / d in 2015, as many as 97 480 a day. Increasing the number of patients who come for treatment, according to OM, Medical Officer that : The community is happy to come to the hospital for treatment for close / easy reach and fast service. (Interview, July 12, 2016). Additionally disclosed that: People are very easy to access the service at this hospital. And the officers tried to provide optimum service to the community. (Interview, July 12, 2016). Hospital as the

leading government organization that provides health services in accordance with its function. As described by the MOH (1982) in Toatubun (2012: 69) that the hospital is a unified functional health organization which is central to the development of health also fostering community participation, in addition to providing comprehensive services and integrated to the community in the areas they , in the form of principal activity. Thus health care by the hospital has a strategic significance in order to accomplish its mission as a health care institution, namely: provide quality health services, guarantee services at the time of his illness, and is responsible for public health, especially in the area of coverage. The coverage area of the hospital is the administrative regions into administrative authority in carrying out its duties with the districts / cities.

Administrative coverage area of service coverage which is a region of Abepura Hospital is a referral from the health center region of the city of Jayapura, as follows:

1. Community Health centers Abepura
2. Health Center West Koya
3. PHC Skouw Mabo
4. PHC Abe beach
5. PHC Waena
6. Community Health centers Yoka
7. Community Health centers Kota Raja
8. Community Health centers Elly Uyo
9. Community Health centers Hamadi
10. Imbi Health Center
11. Health Center of North Jayapura
12. PHC Tanjung Ria

Abepura Hospital also received referrals of patients from outside Jayapura region, such as patient referral hospitals district of Jayapura; Hospital Sarmi; Kerom Hospital; Hospital Dekai Yakuimo; Wamena General Hospital; Noble Hospital; Peak District Regional Referral Health Center, and several area hospitals or health centers outside the city of Jayapura. From the results, the emergency room seems crowded with patients and their families, medical personnel so nimble in dealing with any patient who presents with a medical condition that needs immediate medical attention.

This is as expressed by ER officers (HA) Abepura Hospital, as follows:

Mother, hospitalized patients in the emergency room, there are some that referrals from Wamena Hospital, Hospital Yakuimo, Tolikara Hospital, Hospital Sarmi and there were 2 of community Health centers in Puncak Jaya. We can not be rejected because it came from very poor hospital care facilities and specialists they are in between the nurse, after getting in here ER nurse back to their areas. They are still in the ER here because there is no empty space for them to move to the sal. (Interview, October 14, 2015).

It also expressed by ER officers (OM) Abepura Hospital, as follows:

Patients came for treatment in the emergency room is not only the urban community Jayapura fine but no reply came from outside the city of Jayapura. They were escorted by a nurse because due to limitations of equipment and specialists as well as the geographical conditions of the place of origin which is rather difficult in 50% of patients. Almost references below to the ER here do not have the

PPP, they Papua native so administratively included in the list of patient records as patients with KPS. (Interview, 12 April 2016). Also seen in the observations There are patients who come with a referral but there also came not to bring a referral letter. For patients who did not bring a letter of referral remains charged as a private patient. It has become a rule in Abepura Hospital, private patient status information has also been informed through the press, pamphlets, also attached to the front entrance of the emergency room, in front of the Main Hospital and Counters registration card. In Papua Province Governor Regulation No.7 of 2014 concerning Health Care Referral System In Papua Province, in point D mentions that the patient will be referred should have been checked and it deserves to be referred. Criteria for eligible patients to be referred is as follows:

- a. The physical examination has certainly not able to overcome;
- b. The results of the physical examination and the results of medical investigations proved unable to overcome;
- c. Requires medical investigation is more complete, but checks must be accompanied by the patient concerned, and / or
- d. If it has been treated and cared for turned out to require examination, treatment and care at health care facilities who are more capable.

People have started to be disciplined with a referral to the service system, so that it no longer looks that hospital with a health center giants perform basic health services that should be at the health center level. Marten Mokai, friendly patient, saying that: Experience a terminally ill brother usher in the ER was rejected because there was no bed (interview, February 12, 2016). Hospital bed facility in Abepura also determine the number of patients admitted to hospital for more intensive. Number of beds in 2014 and 2015, as the result of a joint interview Section chief Medical Records and Information, expressed as follows: Section chief Medical Records & Information, mother Sumarti., SKM, from the data in 2014, we have beds for inpatient care totaled 170 fruit and in 2015, for facilities totaling 195 beds fruit. (Interview, 12 April 2016). From interviews about bed facility and is very influential in determining the decision of a patient can be treated in Abepura Hospital hospitalization or be moved to another hospital. The number of bed facility owned Abepura Hospital in 2015, which is scattered in several inpatient space as follows:

Table 8. Distribution of Inpatient Beds and IGD Regional General Hospital Abepura

No	Room	Type Class Room						Total TT
		V VIP	VIP	Class I	Class II	Class III	Special	
1.	Child			6	8	26	4 (Observation)	44
2.	Woman				6	12		18
3.	Man				4	8	6 (Special), 1 (Isolation)	19
4.	Surgery			4	0	27	0	31
5.	Maternity				4	17	4 (VK)	25
6.	Perina Merge			0	0	0	0	0
7.	Perinatology						13 Box, 2 Incub, 5 Infant Warmer	20
8.	I C U						5	5
9.	VIP	2	8	4				14
	Total	2	8	14	22	90	40	176
10	IGD					17	2 Isolation	19
	Total	2	8	14	22	107	42	195

Source: Abepura Hospital Medical Record, April 2016

In Table 8 shows that the Abepura hospital has 10 inpatient room with a bed facility number as many as 195 pieces, and in the ER only has 17 beds and two beds in the isolation room. Abepura Hospital is a government hospital of the province of Papua in the area of the administrative city of Jayapura. Abepura Hospital has been 19 years, since 1997 health service with honors class / type C. The hospital class / type C is a public hospital that has the facilities and capabilities of specialist medical services in the four branches, namely: 1) internal medicine; 2) surgery; 3) The

content of obstetrics or disease; and 4) the health of children. The fourth branch of specialist medical services is already 4 years, since the year 2012, Abepura Hospital has been certified by the Accreditation Base Hospital, as well as the classification of the bed is between 100 and 199 where the Abepura hospital has 195 beds. With the results of a joint interview Section chief Medical Records and Information obtained number of beds, which can be seen in this table:

Table 9. Data Number of beds in 2014 and 2015

No	Years	Number of Beds
1.	2014	170
2.	2015	195

Deceased Patient Services - Papua Health Card (KPS).

In protab or SOP hospitalization owned by Abepura Hospital, has a standard set of services performed by medical and paramedic for the patients who died were as follows :

- 1) Once a patient is declared dead by doctors, nurses prepare a death certificate is subsequently filled and signed by the doctor.

- 2) Nurses care then corpse was placed in a special room (if possible) for at least 2 (two) hours.
- 3) At the foot of the bodies, paired labels that include the name, registration number, date and time of death.

Special inpatients who died and guaranteed by KPS in Abepura Hospital in 2015 are as follows:

Table 10. Summary of Guarantee Inpatient Patient Died Healthy Papua cards (KPS) Jayapura Abepura Hospital 2015

No	Room	Month												Amount Patient
		Jan	Feb	March	April	May	June	July	August	Sept	Okt	Nov	Dec	
1	Maternity	-	-	-	1	-	-	-	-	-	-	-	-	1
2	Perina	9	4	10	10	8	5	7	8	7	6	1	4	79
3	Child	2	2	1	-	1	3	3	-	2	2	2	2	20
4	Man	5	3	5	5	8	4	5	5	7	6	5	6	64
5	Woman	4	11	5	4	4	6	4	3	3	-	-	-	44
6	Surgery	-	1	-	-	-	-	-	-	-	-	-	-	1
7	Vip	-	-	-	-	-	-	-	-	-	-	-	-	-
8	Icu	1	2	3	2	3	5	2	3	3	7	2	-	33
	Total	21	23	24	22	24	23	21	19	22	21	10	12	242

Source: The PPP Unit of Hospital Medical Records Abepura, April 2016

Table 11. Summary of Patient Died Inpatient Guarantee Papua Healthy cards (KPS) Jayapura Abepura Hospital 2015

No.	Room	Number of Patients	%
1	Maternity	1	0
2	Perina	79	33
3	Child	20	8
4	Man	64	26
5	Woman	44	18
6	Surgery	1	0
7	Vip	-	0
8	Icu	33	14
	Total	242	100

The data in Table 10 it appears that in 2015, the number of patients treated guarantees PPP and as many as 242 people died. The highest number of deaths is on Perina space of 79 infants (33%). The second highest number of deaths is in the treatment room as many as 64 men (26%). The highest numbers of deaths to three exists in the care of women with as many as 44 people (18%). Total mortality of inpatients in 2014, as revealed by the passage of medical records and information through an interview said: Section chief Medical Records & Information, mother Sumarti.,

SKM, in 2014, KPS guarantee patients who are hospitalized and died as many as 270 patients. We continue to reform and improvement of medical care services so that in 2015 has decreased the number of hospitalized patients died. (Interview, 12 April 2016). From the data in Table 11, as well as the transcript of an interview with Section chief medical records and information can then be made Abepura Hospital data recap patients died in 2014 and 2015 as follows:

Table 12. Data Patient Died In 2014 and 2015 under the Papua Health Security Card (KPS)

No	Years	Total Patient Died	Percentage	Difference (%)
1.	2014	270	53 %	-
2.	2015	242	47 %	-28 (5%)
	Total	512	100 %	-28 (5%)

Data patient died on the table 12; shows that in 2015 has experienced an increase in the mortality rate to 47% from 2014 (53%). So a decrease of 5% (-28) deaths in 2015. With regard to the data in Table 11 and Table 12, specifically the year 2015 the number of patients hospitalized many as 8,571 people and who died as many as 242 people, as a percentage (47%) experienced a

reduction in mortality indicates that the quality / quality of inpatient care in hospitals Abepura've started well. But NDR analysis results indicate that there is still classified as less well as the results of the analysis of Net Death Rate (NDR) indicates 28 250 / 00. Hasil NDR is not in accordance with the service quality standards set by MOH (2005) .this can be seen in the following table:

Table 13. Analysis of Medical Services Based Indicators NDR 2015

Years	Number of Patients Living + Dead	Number of Patients death	NDR		Analysis of Quality of Medical Care
			Angka NDR	Standards Department of Health	
2014	7.689	270	35,12 ⁰ / ₁₀₀	< 25 ⁰ / ₁₀₀	Not good
2015	8.571	242	28,25 ⁰ / ₁₀₀	< 25 ⁰ / ₁₀₀	Not good

According to the MOH (2005) in Armen (2013: 127) that the NDR (Net Death Rate) is a mortality rate 48 hours after being treated for every 1000 patients out. This indicator gives a picture quality of care in hospitals.

NDR is calculated using the formula:

$$\text{NDR} = \frac{\sum \text{patient death} > 48 \text{ hour}}{\sum \text{out patient (live + dead)}} \times 1000 \text{ permil}$$

NDR (Net Death Rate) standard: <250/00). The lower the NDR a hospital means getting better service quality. (MOH, 2005). BTO (Bed Turnover) or figure Turnover Beds by MOH (2005), is the frequency of use of the bed at one period, several times the bed is used in a certain time, and ideally within one year of the beds on average in use 40-50 kali. BTO obtained by using the formula:

$$\text{BTO} = \text{Number of Patients out (live + dead)} / \text{Number of beds}$$

Table 14. Analysis of Medical Services Based Indicators BTO in 2014-2015

Years	Number of Patients Living + Dead	Number of Beds	BTO		Analysis of Service Quality Beds
			Figures BTO	Standards Department of Health	
2014	7.689	170	45	40 – 50	Good
2015	8.571	195	44	40 – 50	Good

Having regard to the analysis of the data in Table 14, that figure BTO 2014 (45 times) and 2015 (44 times) showed a turnover of use of beds for inpatient care in hospitals Abepura. Results Bed Turnover (BTO) is still in the use of the ideal standard beds were set by MOH (2005). Proposition research findings that can be made based on the verification service of Papua Health Card (KPS) in Abepura Hospital Jayapura Papua province is as follows: Proposition minor: Services Card Papua Health (KPS) in hospitals, Abepura, Jayapura Papua Province through the ministry of outpatients, inpatients, the patient died, SDM Medical and Para medical and care facilities have been carried out but is still less in line with the standards of health (MOH RI-2005).

4. CONCLUSION

1. Service Road assurance ambulatory patients KPS in Abepura Hospital in 2014 shows that the patient visits amounted to 74 978 patients and 2015 patient visits amounted to 95 934 patients. Outpatient visits in 2014 s / d in 2015 amounted to 170 912 patients, this shows

the increase in the number of outpatient visits KPS guarantee as much as 20 956 (12%) patients.

2. In 2014 it appears that the visit inpatients totaled 7.689 patient, patient in 2015 visits totaled 8.571 patient. Visit inpatients 2014 s / d in 2015 amounted to 16.260 patient, this shows the increase in the number of inpatient visits KPS guarantee as much as 882 (5 %) patients. Based on data from the research and discussion tables no.4.16, showed that in 2014 it appears that the patient died amounted to 270 (53%) patients and 2015 patients died amounted to 242 (47%) patient. Patient died in 2014 s / d in 2015 amounted to 512 patient, This shows that there is a decrease in the number of patients died guarantee KPS in 2015 by 5% (-28) patients.

3. Service KPS patients hospitalized on the analysis NDR (Net Death Rate) is a mortality rate 48 hours after being treated for every 1000 patients out, indicating that the still relatively poorly because the results of the analysis of Net Death Rate (NDR) showed 28.25 0 / 00. Results NDR does not comply with the service

- quality standards set by MOH (2005) ie <25 0/00. This indicator gives a picture quality of care in hospitals.
4. The number of outpatient visits and inpatient care increased each year, but the mortality rate is still relatively high, service quality Abepura Hospital is still not good, they must be addressed his ministry so that the mortality rate can be minimized.

- [14] Undang-Undang Nomor 25 Tahun 2009 Tentang Pelayanan Publik
- [15] Undang-undang Nomor 21 tahun 2001 Tentang Otonomi Khusus Bagi Provinsi Papua

REFERENCES

- [1] Armen Fakhni dan Viviyanti Azwar, 2013, Dasar-Dasar Manajemen Keuangan Rumah Sakit, Pn. Gosyen Publishing, Yogyakarta
- [2] Dwiyanto, Agus, dkk. 2003. Reformasi Tata Pemerintahan dan Otonomi Daerah, Pusat Studi Kependudukan dan Kebijakan Universitas Gajah Mada, Yogyakarta.
- [3] Giayai Aloysius, drg., 2015. Melawan Badai Kepunahan – Gebrakan Papua Sehat Menuju Papua Bangkit Mandiri dan Sejahtera, Pn. Papua Pustaka Raya (PAKAR), Jayapura.
- [4] Kepmenpan No.63 tahun 2003 tentang prinsip-prinsip dalam pelayanan publik
- [5] Majelis Rakyat Papua, 2013, Implementasi Otonomi Khusus Papua dan Papua Barat Dalam Pengalaman Empirik Orang Asli Papua – Laporan Hasil Evaluasi Otonomi Khusus Papua dan Papua Barat.
- [6] Moleong, Lexy. J., 2002. Metodologi Penelitian Kualitatif. Penerbit Remaja Rosdakarya, Bandung
- [7] Peraturan Gubernur No. 5 Tahun 2013 Tentang Pengalokasian Dana Otsus Kabupaten/Kota Se-Provinsi TA.2014
- [8] Peraturan Gubernur No. 6 Tahun 2014 Tentang Jaminan Pembiayaan Pelayanan Kesehatan Masyarakat Papua
- [9] Peraturan Gubernur No. 7 Tahun 2014 Tentang Sistem Rujukan Pelayanan Kesehatan di Provinsi Papua
- [10] Peraturan Gubernur No. 8 Tahun 2014 Tentang Petunjuk Teknis Penggunaan Dana Otsus Bidang Kesehatan Sebesar 15% Untuk Kabupaten/Kota
- [11] SK Direktur RSUD Abepura No. 188.4/BG-1/SK/RSUD-ABE/IV/2014 Tentang Pembentukan Tim Pengelola Jaminan Pembiayaan Pelayanan Kesehatan Masyarakat Papua RSUD Abepura Tahun 2014
- [12] SK Kadinkes No. 440/5051/2014 Tahun 2014 Tentang Petunjuk Teknis Pelaksanaan Kartu Papua sehat
- [13] Sugiyono, 1999. Metode Penelitian Administrasi, CV. Alfabeta Cetakan keenam, Bandung.