

Implementation of The Remuneration System for Service Services at The Regional General Hospital of Central Kalimantan Province as a Regional Public Service Agency in The *Ina-Cbg Era*

Tagor Sibarani¹, Purwadhi², Agus Hadian Rahim³

^{1,2}Master of Management, Adhirajasa Reswara Sanjaya University, Indonesia

³Orthopedic Surgery, Padjadjaran University, Indonesia

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ABSTRACT

Remuneration is a demand of health workers (nakes) who work in regional hospitals, in fact, it is not uncommon to result in demonstration activities in the form of peaceful actions from health workers in government hospitals who demand especially against the hospital director that there is clarity and realization of the payment of remuneration and remuneration for these services. The purpose of this study is to identify the implementation of the Service Remuneration system, especially in the Central Kalimantan Provincial Hospital in the INA-CBG era. The method of this research is qualitative descriptive. The informants involved in this study were the Director of the Hospital, the Deputy Director of General and Finance, the Head of the Section, the Head of SMF, the Staff, certain functionalities and contract doctors. The results of the study were analyzed by the triangulation method. The results obtained in this study are planning the implementation of the remuneration system in the form of comparative studies with other hospitals, a remuneration team has not been formed and a pattern of service delivery based on position, professionalism, responsibility, and the principle of togetherness, has not used a purely performance-based remuneration system.

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Corresponding Author:

Tagor Sibarani,
Master of Management
Adhirajasa Reswara Sanjaya University,
Jl. Sekolah Internasional no. 1-2 Bandung, Indonesia
Email: sibaranitagor1@gmail.com

1. INTRODUCTION

Health is a human right that must be realized in accordance with the ideals of the Indonesia nation, as stated in Pancasila and the 1945 Constitution. According to Article 1 number 1 of Law Number 36 of 2009 concerning Health, health includes physical, mental, spiritual, and social aspects, and is a shared responsibility of the government, regions, and communities. In government reform, budgeting changed from traditional to performance-based, which was also applied to Regional Government Work Units (SKPD), including Regional General Hospitals (RSUD). The BLUD (Regional Public Service Agency) system is implemented in hospitals to provide flexibility in financial management, in accordance with Law Number 44 of 2009 concerning Hospitals. BLUD is expected to increase professionalism, transparency, and accountability.

However, the implementation of remuneration for health workers in hospitals in the form of BLUD still faces obstacles. The service reward system that was previously based on *fee for service* changed to a package system through INA-Casemix Based Groups (INA-CBG). Although Permendagri Number 19 of 2018 regulates BLUD remuneration, many hospitals do not have

standard guidelines, so there is often dissatisfaction among health workers. Examples include the protests of medical personnel at Besuki Hospital (2018), Jayapura (2019), and Rengat (2020), which demanded better payment for medical services and welfare.

Various hospitals that have implemented BLUD remuneration have different rules, as seen in Moewardi Hospital, Tulungagung Hospital, and Parikesit Hospital. This difference adds to the burden on the director of the hospital who is responsible for adjusting regulations and meeting the demands of medical personnel in the midst of many regulations that must be complied with.

Seeing the events related to the distribution of this service where the service as part of the remuneration is a burden and responsibility of the hospital director as the hospital leader in implementing the system. This burden and responsibility seems to be getting bigger because of the demands of doctors and other health workers and the increasingly dense regulations that must be synchronized, integrated and complied with in making decisions. Based on this background description, it is necessary to study and research further how regional hospitals, especially provincial areas, as government organs in the form of BLUD in the implementation of the Service Remuneration system, especially in the INA-CBG era.

2. METHOD

This research approach uses qualitative research where this approach looks at the reality of hospital management in organizations to plan, organize, and implement policies/regulations on the service remuneration system as an effort to fulfill employee rights. In line with this approach, the method used is a descriptive method. This method is used to describe and recognize the actual state of the research object and as it is in accordance with its duties and responsibilities as a government organization in carrying out policies/regulations/decisions. (Ibrahim, 2018).

The research design uses informants to obtain information in a real and objective manner. This study selects informants on the basis of knowledge about what is being researched, understanding of what is being researched, related involvement of what is being researched, and even the form of responsibility and authority about what is being researched. So that the informants become a source of information and a place to ask questions in providing the picture being researched. The informants can be divided into key informants, main informants, and supporting informants. (Heriana, 2018).

3. RESULT AND DISCUSSION

Planning of Service Remuneration System at Central Kalimantan Provincial Hospital as BLUD in the INA-CBG Era

Dr. Doris Sylvanus Hospital has planned a remuneration system. The first step taken is to conduct a comparative study to other hospitals. The hospital has not yet formed a remuneration team. There is no Governor's Regulation that regulates remuneration within dr. Doris Sylvanus Hospital. It has been 13 years since Dr. Doris Sylvanus Hospital became a Regional Public Service Agency, but has not implemented a remuneration system. The implementation of the remuneration system at dr. Doris Sylvanus Hospital needs to be realized immediately so that employees or motivated employees have a high commitment to work. In addition, with the remuneration system, employee welfare will increase. To implement the remuneration system, things that need to be considered or used as considerations are proportionality, equality, propriety and operational performance.

Remuneration is a value for the services that a person has given to others. In other words, remuneration for medical services is a form of compensation for services (medical services) that have been provided / performed by medical personnel to their patients, and to facilitate distribution, remuneration is concretized in nominal form. Meanwhile, the purpose of remuneration is to obtain quality human resources, maintain good and outstanding employees, gain a competitive advantage, motivate employees to obtain desired behavior, ensure fairness between one employee and another based on performance and work performance, control hospital costs and as a means to achieve the hospital's strategic goals (Atika Hendryani, 2017).

The remuneration system is closely related to the employee performance evaluation or assessment system. Performance appraisal is necessary to monitor the performance of employees, especially health workers. The roles and responsibilities of the compensation committee in a hospital can be expanded to include performance evaluation and planning to ensure compensation has been provided reasonably and justifiably (Lizarondo et al., 2014). There is a significant influence on the improvement of employee performance after the implementation of the remuneration system, a study

conducted by (Bertone et al., 2016) whose research results in Sierra Leone showed an improvement in the performance of health practitioners after the implementation of the Performance Base Financial (PBF) or remuneration system. Research (Abelsen and Olsen, 2012) the implementation of the remuneration system in Norway is an attraction for newly graduated doctors to practice generally. Research conducted by (Van Dijk et al., 2013) concluded that there was a change in the type of service and an increase in the length of consultation time by health practitioners after the implementation of the remuneration system in Netherlands. Based on the Remuneration Team for Health Efforts Development (BUK) of the Ministry of Health, the steps for preparing remuneration in hospitals are described as follows:

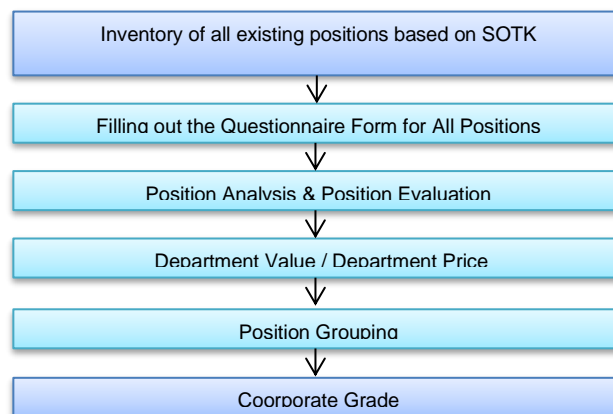


Figure 1. Flow of steps for preparing hospital remuneration

Parties Involved in Organizing the Service Remuneration System at the Central Kalimantan Provincial Hospital as BLUD in the INA-CBG Era

There has not been an organization of a service remuneration system at dr. Doris Sylvanus Hospital. This was stated by 7 informants that there was no Decree and the remuneration team at dr. Doris Sylvanus Hospital. Even though it has not been implemented, there should be a Remuneration Decree and a Remuneration Team as one of the first steps for hospitals in implementing the remuneration system. The formulation of a remuneration team will be able to accelerate the realization of the remuneration system at the hospital, so that the organization can be implemented.

Central Kalimantan Governor Regulation number 11 of 2023 concerning the Formation, Position, Organizational Structure, Duties, Functions and Work Procedures of the Regional General Hospital dr. Doris Sylvanus article 51 Coordination of the preparation of the employee remuneration system is the task of the General and Personnel Section. The existence of the governor's regulation has not been realized in the formation of a remuneration team at dr. Doris Sylvanus Hospital.

Other research in educational institutions concluded that the existence of a remuneration team to organize the remuneration system at Barwijaya University proves that the system stage process is better and closer to ideal because the implementation of the remuneration system manager has good performance so that policy makers need to equalize the perception of the remuneration system (Rusul and Noermijati, 2022).

Every organization must realize how important the right remuneration policy is to project and improve employee performance. In conclusion, there is a real correlation between remuneration and employee performance, which means that the right remuneration policies and practices are responsible for the formation and improvement of employee performance. It is also reinforced by additional findings showing that compensation policies encourage employees to stay at the company. According to the results of this study, organizations must ensure that there is a harmonious and positive relationship between their superiors and employees. Management is responsible for creating a good and pleasant work environment that will improve employee performance. Organizations must ensure that they provide a good wellbeing package and compensation policy that will encourage and improve employee performance. To maintain a productive and high-quality workforce, every company must have a comprehensive remuneration policy and a pleasant work environment, so it is necessary to provide good working conditions and a strong work package to help retain productive employees (Darmawan, et al. 2021).

Implementation Process Applied in the Service Remuneration System at the Central Kalimantan Provincial Hospital as BLUD in the INA-CBG Era

Doris Sylvanus Hospital has not implemented a pure remuneration system. In accordance with the results of the interview with the deputy general director and finance, the pattern of service delivery based on position, professionalism, responsibility, and the principle of togetherness, has not used a pure performance-based remuneration system. According to the researcher, the implementation as mentioned above, can be considered unfair to employees who work to provide services. Because the provision of services or compensation is not based on employee performance. In addition, the remuneration system implemented can create gaps.

Hospitals, as institutions that provide health services to the community, require a lot of capital. Human resources (HR), as well as the complexity of science and technology that must be managed so that they can carry out their duties effectively. According to the Regulation of the Minister of Health No. 625 of 2010, Guidelines for the Implementation of the Remuneration System for Regional Public Service Agency (BLU) Hospitals, especially for the Pandeglang Blessing Hospital, government hospitals must implement a remuneration system. Prices for Positions, Prices for Achievements, and Prices for People are components of the compensation system (Ministry of Health of the Republic of Indonesia, 2010).

The principle of service distribution is equitable and fair. This means that each worker receives a responsible and fair amount of service, which means that the results or compensation are given in accordance with the job responsibilities. This is considered to be achievable through a compensation system that combines fees for position, fee for performance and fee for people (position, achievement, and people) (Tambunan, 2020). The implementation of the remuneration system at the hospital is still not implemented like the compensation system.

Before implementing the remuneration system, there should be a guidebook that has been prepared. So that the implementation of the remuneration system can run well. Broadly speaking, the process of making guidelines can be made through the following methods:

Job Analysis; As a basis for making guidelines, initial data in the form of specific job information for each profession is needed. The data was obtained through the work analysis process, which technically involved all PICs of professional associations.

Job Evaluation ; The work evaluation process is a technical activity that is carried out after the work analysis is completed. The job evaluation stage is carried out using weighing factors specific to the health profession. The result of a job evaluation is the value of the work for each profession that describes its complexity.

Employment Remuneration Survey; This survey is intended to determine the feasible value for each job, which is then used as comparative data for the value of the work as a result of the work evaluation process. The survey was conducted together with the association PIC with technical instructions from the Remuneration Guidelines Preparation Team.

1. **Making Work Performance Indicators;** At this stage, every work identified from the previous process is determined by its performance indicators. The concept of indicators refers to SMART, namely Specific (must have a standard and indicators that are specific to each job), Measurable (must be objectively measurable), Achievable (standard indicators must be achievable and achievable), Realistic standards must be in accordance with work conditions), and Timely (must have a time reference).
2. **Job Performance Simulation;** The simulation process is a stage of testing the results of the previous stages. The simulation was carried out using data on professional working conditions in several workplaces. In some jobs with working conditions that are not yet available, simulations cannot be carried out. So for conditions like this, a sampling of working conditions is selected first by the remuneration team and then the remuneration team conducts a simulation.
3. **Socialization of Remuneration Guidelines;** Socialization efforts as a form of providing an explanation of the work remuneration guidelines. As the target of this socialization are doctors, especially and related stakeholders who play a very important role in policy decisions.
4. **Evaluation of Guidelines;** The evaluation of the guidelines that have been formed has been carried out since the remuneration guidelines were ratified in the policy decision. This process includes evaluation of the implementation of the guidelines and technical evaluation of the guidelines. Implementation evaluation is secured as an effort to obtain information about problems in the implementation of the guidelines. Meanwhile, the technical evaluation of the guidelines is to

improve the technical matters in the guidelines. As a guide to activities in evaluating the guidelines, starting from the work analysis followed by the work evaluation stage, then the remuneration survey then followed by the creation of work performance indicators, the work performance simulation continued again with the socialization of the results of the guideline evaluation. These efforts and activities are a cycle that must be carried out continuously every year which is attached to the Budget Needs Plan (RKA) for Revenue, Expenditure, and Financing Activities.

This method is illustrated in a flow chart that can be seen in the following diagram:

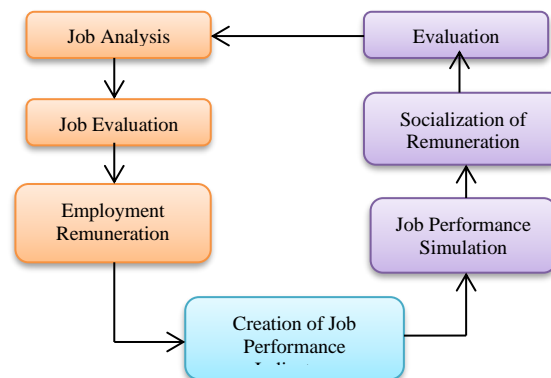


Figure 2 Flow Chart for Document Creation (Source: IDI, 2023)

Control Process Applied in the Service Remuneration System at the Central Kalimantan Provincial Hospital as BLUD in the INA-CBG Era

The Central Kalimantan Provincial Hospital has not planned a remuneration system referring to three remuneration components, namely pay for position, pay for performance and pay for people. However, the Central Kalimantan Provincial Hospital has planned who will be involved in controlling the remuneration system if implemented. In contrast to Dr. H. Abdul Moeloek Hospital which has implemented a remuneration system since 2016, in planning its remuneration system, Dr. H. Abdul Moeloek Hospital uses the services of consultants and forms a team, namely a remuneration team consisting of various sectors but without involving management. The implementation of the remuneration system refers to the Lampung Governor's Regulation Number 23 of 2016. In the governor's regulation, the funds allocated for remuneration come from the payment for patient services received by Dr. H. Abdul Moeloek Hospital. This fund is a percentage of 42 percent of the total income of the hospital. Dr. H. Abdul Moeloek Hospital makes a reference or standard for provision to control how remuneration is distributed. This is done to avoid service workers who can demand more. This monitoring and evaluation team immediately addresses issues related to the recovery system. The team also helps the managing director handle complaints and feedback from service employees. A performance-based compensation system created by Dr. H. Abdul Moeloek Hospital. Therefore, performance is an important way to provide recovery. To prevent an increase in claims, Dr. H. Abdul Moeloek Hospital has set limits on certain medical actions or activities. If not restricted, the service workforce can act fraudulently to improve their welfare. The monitoring and evaluation team ensures that improvements continue to occur in the next period and continuously, and are carried out periodically (Sari and Nahartyo, 2018).

Dr. H. Abdul Moeloek Hospital also has a supervisory board. The board consists of four supervisors, three field members, and a chairman of the supervisory board. One of the responsibilities of the board of trustees is to establish hospital policy lines and comply with applicable external and internal policies.

4. CONCLUSION

The planning for the implementation of the service remuneration system at the Central Kalimantan Provincial Hospital as BLUD in the INA-CBG Era is currently still limited to comparative studies with other hospitals. Until now, the team involved in organizing the implementation of the remuneration system has not been formed, and there is no official Decree (SK) or remuneration team. The process of implementing the remuneration system is still carried out in the form of providing service incentives

that are converted based on percentages. In addition, the control over the implementation of the remuneration system in this hospital has not been carried out properly, both normatively and empirically.

REFERENCES

- Ali, Faried. (2011). *Teori Dan Konsep Administrasi*. Jakarta: Raja Grafindo Persada.
- Afifuddin (2014). *Dasar Dasar Manajemen (Cetakan Kedua)*. Bandung : Alfabeta.
- Asosiasi Rumah Sakit Daerah (2017). *Buku Putih Rumah Sakit Daerah*. Jakarta : Arsada.
- Darmawan, D., Iriandha, D., Indrianto, D., Sigita, D. S., & Cahyani, D. (2021). Hubungan Remunerasi, Retensi dan Kinerja Karyawan. *Journal of Trends Economics and Accounting Research*, 1(4), 129-133.
- Dian Kusumawati, Dian. (2018). *Evaluasi Kinerja Rumah Sakit Umum Daerah Setelah Menerapkan Pola Pengelolaan Keuangan Badan Layanan Umum Daerah (Studi pada Rumah Sakit Umum Daerah Bangka Tengah)*, Tesis, Program Studi Magister Akutansi Universitas Gadjah Mada, Yogyakarta.
- Ekowati, Mas Roro Lilik. (2018). *Perencanaan, Implementasi & Evaluasi Kebijakan atau Program (Suatu Kajian Teoritis dan Praktis)* (Cetakan Keenam). Surabaya: Litera Media Center.
- Fahmi, Irham. (2014). *Manajemen Kepemimpinan (Cetakan Ketiga)*. Bandung : Alfabeta.
- Fitra, H. & Agustin, H. (2018). *Potret Pola Penyusunan Remunerasi Pada Badan Layanan Umum Daerah Rumah Sakit Umum Daerah Kabupaten/ Kota Di Sumatera Barat*, JEA Jurnal Eksplorasi Akutansi Universitas Negeri Padang, Vol. 2.
- Heryana, A. (2018). *Informan Dan Pemilihan Informan Dalam Penelitian Kualitatif*, Universitas Esa Unggul, Jakarta.
- Hidayah, N. (2017). Sistem Remunerasi Sebagai Strategi Manajemen Sumber Daya Manusia di Rumah Sakit. *yogyakarta: LP3M Universitas Muhammadiyah Yogyakarta*.
- Ikatan Dokter Indonesia (2018). *Sistem Remunerasi Yang Layak Dan Berkeadilan Bagi Dokter Indonesia Dalam Melaksanakan Universal Coverage Dan Memenangkan Persaingan Di Era Globalisasi*. Jakarta. Pengurus Besar IDI.
- Ikatan Dokter Indonesia (2023). *Pedoman Remunerasi Dokter Indonesia, Apresiasi Atas Integritas Profesi*, Jakarta, Pengurus Besar Ikatan Dokter Indonesia.
- Ibrahim (2018). *Metodologi Penelitian Kualitatif Panduan Penelitian Beserta Contoh Proposal Kualitatif (Cetakan Kedua)*. Bandung: Alfabeta.
- Kartiwa, Asep. (2015). *Metode Penelitian Administrasi*. Bandung : Pustaka Setia.
- Kementerian Kesehatan Republik Indonesia, 2010. *Pembahasan Remunerasi Kemenkes No.625 Tahun 2010*
- Kementerian Kesehatan RI. (2012). *Pedoman Teknis Bangunan Rumah Sakit Ruang Rawat Inap*. Direktorat Bina Pelayanan Penunjang Medik dan Sarana Kesehatan.
- Kementerian Kesehatan RI. (2014). *Indonesia: Klasifikasi Dan Perizinan Rumah Sakit*. Jakarta: Kementrian Kesehatan Republik Indonesia.
- Komara, E. & Rohendi, A. (2018). *Pendekatan Penelitian Kualitatif*. Bandung: Alfabeta.
- Masyhuri & Zainuddin, M. (2011). *Metodologi Penelitian Pendekatan Praktis dan Aplikatif*. Bandung : Refika Aditama.
- Marsis, Ilham Oetama (2012). *Mempersiapkan Laskar Jas Putih : Amanah Profesi Yang Luhur*, Dipersembahkan untuk IDI, Jakarta.
- Nandang Alamsah, Nandang. (2017). *Teori & Praktek Kewenangan Pemerintahan, Universitas Padjajaran*. Bandung : Pandiva.
- Naya, J.B. (2018). *Implementasi Kebijakan Badan Layanan Umum Daerah (BLUD) Di RSUD Manembo-Nembo Kota Bitung Provinsi Sulawesi Utara*, Tesis, Program Studi Magister Ilmu Kesehatan Masyarakat Universitas Gadjah Mada, Yogyakarta.
- Nur Hidayah (2016). *Sistem Remunerasi Sebagai Strategi Manajemen Sumber Daya Manusia di Rumah Sakit*. LP3M Universitas Muhammadiyah Yogyakarta : Yogyakarta.
- Nugroho, Riant. (2013). *Metode Penelitian Kebijakan*. Yogyakarta : Pustaka Pelajar.
- Partakusuma, Lia G. (2014). *Evaluasi Tata Kelola Rumah Sakit Badan Layanan Umum pada 4 Rumah Sakit Vertikal Kelas A di Jawa dan Bali*, Jurnal Administrasi Rumah Sakit Indonesia, Vol. 1.
- Ridwan, H.R. (2011). *Hukum Administrasi Negara (Edisi Revisi)*. Jakarta : PT. RajaGrafindo Persada.
- Riduwan (2015). *Metode & Teknik Menyusun Proposal Penelitian (Cetakan Keenam)*. Bandung : Alfabeta.
- Saebani, Ahmad Beni. (2015). *Filsafat Ilmu Dan Metode Penelitian*. Bandung: Pustaka Setia.
- Saebani, Ahmad Beni. (2012). *Filsafat Manajemen*. Bandung : Pustaka Setia.
- Sari, D. P., & Nahartyo, E. Evaluasi Penerapan Sistem Remunerasi dan Peningkatan Produktivitas Tenaga Kerja Pelayanan (Studi pada RSUD Dr. H. Abdul Moeloek). *ABIS: Accounting and Business Information Systems Journal*, 5(3).
- Sugiyono (2021). *Metode Penelitian Kualitatif Untuk Penelitian Yang Bersifat Eksploratif, Enterpretif, Interaktif, dan Konstruktif (Cetakan keempat)*. Bandung: Alfabeta.
- Sugiyono (2021). *Metode Penelitian Kuantitatif-Kualitatif dan R&D (Cetakan ketiga)*. Bandung. Alfabeta.
- Syaodih, E., Andriani. R., & Purwadhi. (2022). *Teori Dan Praktek Organisasi*. Bandung: Mujahid Grafis.

- Sadjijono, H. (2021). *Bab-Bab Pokok Hukum Administrasi*. (Cetakan Keenam). Yogyakarta: LaksBang Pressindo.
- Tambunan, Y. (2020). *Analisis Pembagian Jasa Pelayanan Medis Terhadap Kinerja Perawat di RSUD Royal Prima Medan* (Doctoral dissertation, Universitas Sumatera Utara).