



The Implementation of Healthy Papuan Card in the Public Health Services at RSUD Dok II Jayapura, Papua Province

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Abstract

Background: The National Health Insurance is a comprehensive health insurance scheme that covers promotive, preventive, curative, and rehabilitative services for all Indonesians. The major goal of this health insurance is for participants to profit from health care and protection in fulfilling basic health needs by expanding access and quality of health services, with the understanding that a country may carry out its development successfully if all parties support it. **Objectives:** The study's objective was to investigate how Jayapura Public Hospital implemented the Healthy Papuan Card (KPS) guarantees. The problem being study is the extent to which patient referrals for the Healthy Papuan Card are guaranteed. **Methods:** This type of research is descriptive qualitative by conducting in-depth interviews and secondary data in January till February 2023. The research informants consisted of all officers responsible for managing the Healthy Papuan Card, namely the head of the Hedam Abepura Health Center, the Director of the Jayapura Public Hospital, the person in charge of managing the Healthy Papuan Card and the Partner Hospitals who work together with the Jayapura Public Hospital as the highest referral in Papua. **Result:** The results of the study showed that communication, the attitude of the implementers, the size and objectives of the policy were not running optimally. This was known through the results of in-depth interviews with the Jayapura Public Hospital.

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The implementation of the referral for the Healthy Papuan Card in the Jayapura Hospital has not been maximized and there are many shortcomings in terms of implementation, so it is hoped that the management of the Jayapura Public Hospital will have good coordination and involve all stakeholders and then adjust it to the Governor Regulation 6 and 7 of 2014 and the Technical Guidelines on the Healthy Papuan Card for Indigenous Papuans, with the aim of the underprivileged community, get access to proper services.

Keywords: Implementation; Healthy Papuan Card; Financing.

1. Introduction

The National Health Insurance (JKN) is a health insurance program managed by the Indonesian government. This program aims to provide comprehensive health protection to all Indonesian people, with services that cover promotive, preventive, curative and rehabilitative aspects. The main objective of JKN is to increase access to and quality of health services, so that program participants can benefit from health care and protection in meeting their basic health needs. With JKN, it is hoped that all Indonesian people, both those who can afford it and those who cannot afford it, can get affordable and quality health services. In addition, JKN also aims to increase efficiency and fairness in the management of health resources, so that it can provide maximum benefits for the community. The JKN program also involves the active participation of all related parties, including the government, health service providers, and the community as program participants [1].

The form of the government's commitment to guaranteeing public access to health insurance as a form of social security program that guarantees the basic rights of the population is a government program which by nature must accommodate all people, rich or poor, healthy or sick, who have a job or are unemployed, in rich or poor areas that are impossible to work on by the private sector.

The government has provided health service guarantees for Indigenous Papuans (OAP) and non-Papuan people who meet the requirements, through the Healthy Papuan Card (KPS) which is regulated in Governor Regulation Number 6 of 2014 concerning Health Service Financing Guarantees for the Papuan People [2], as well as a Service Referral System Health is regulated in the Governor of Papua Regulation Number 7 of 2014 [3].

The health services provided by the government of the Papua Province through the support of Medical Personnel, Support for Facilities and Infrastructure and Health Fund support vary greatly for each Public Health Center (Puskesmas) and Hospital in the districts/cities in the Province of Papua, as stipulated in the Governor of Papua Regulation Number 8 of 2014 Concerning the Technical Guidelines for the Use of Special Autonomy Funds for the Health Sector (DOK-BK) of 15% for Regencies / Cities throughout the Province of Papua [4].

The administration of government and the implementation of development in the Province of Papua so far have not fully fulfilled the sense of justice, have not fully enabled the achievement of people's welfare, have not fully supported the realization of law enforcement, and have not fully demonstrated respect for human rights in the Province of Papua.

Government apparatus public services in the health sector are not much different from the public services of

other sector apparatus. The Provincial Government has the obligation to set quality standards and provide health services for the population, but up to 14 years the Special Autonomy Law has not been implemented evenly and optimally. This fact is marked by three main indicators that determine the merits of the health care system, namely: 1). Including the high maternal mortality rate (AKI); 2) The high infant mortality rate (IMR); 3) The incidence of malnutrition and the spread of infectious diseases and decreased life expectancy (AHH).

Another fact is that the health sector, which has a direct correlation with the level of people's welfare, has not fully impacted the development of the Human Development Index (IPM). Papua's HDI is still in the last rank (33rd) in Indonesia, which is a real benchmark for the stagnation of health development in Papua. In implementing the acceleration of health services in the era of special autonomy for the Papua Province, the development of health services follows the division of five development areas [5].

Today's public developments among the poor and the business world often complain about poor public services. Even though the government has tried to provide encouragement in providing optimal public service delivery. Apart from that, there is Kepmenpan No.63/Kep/M.Pan/7/2003 which includes: (1). Simplicity, (2). Clarity (3). Time certainty (4). Accuracy (5). Security (6). Responsibility (7). Completeness of Facilities and Infrastructure, (8). Ease of access, (9). Discipline, (10). Comfort. These service principles must be accommodated in the provision of public services [6].

This KPS is used as cost sharing for components that are not covered or lacking in the National Health Insurance (JKN). It also functions to support the implementation of the National Health Insurance. Apart from being implemented in government hospitals, KPS is also implemented in several private hospitals in Jayapura City, including Dian Harapan Hospital, Bhayangkara Hospital, Naval Hospital and Marthen Indey Hospital and Air Force Clinic.

The team found problems related to KPS referral patients, due to ineffective and efficient communication of referral patient services at partner hospitals, which would result in a loss of patient expectations. In order to build commitment to health services, to solved the problems related to patient referrals from three partner hospitals. Patients treated at Wahidin General Hospital from 1 May 2017 to 2 May 2020 as many as 94 people. In terms of financing, it was found that there were arrears in paying bills which must be completed by the guarantee team in 2017 (in this case the Papua Provincial Health Office) amounting to IDR 88,619,008, - (Eighty Eight Million Six Hundred Nineteen Thousand Eight Rupiah) and in 2020 amounting to IDR 9,125,500, - (Nine Million One Hundred Twenty Five Thousand Five Hundred Rupiah) to the Wahidin General Hospital. Referral patients and their accompanying families experience temporary accommodation difficulties because the Wahidin General Hospital does not provide a halfway house.

All referred patients were not picked up from the airport by Dr Soetomo Hospital because it was not stated in the MoU clause. Very satisfying service quality supported by very complete and quality facilities. Communication between hospital staff at RSUP Soetomo with patients and their families is going well. Coordination between hospital directors/management and the cooperation agreement management team and sector went well. The number of referral patients treated at Soetomo General Hospital from 9 July 2017 to 20

February 2020 was 36 people. In terms of financing, it was found that there were arrears in payment of bills that had to be resolved by the guarantee team in 2017 (in this case the Papua Provincial Health Office) amounting to IDR 1,085,400 (One Million Eighty Five Thousand Four Hundred Rupiah) and in 2020 amounting to IDR 19,081.800,- (Nineteen Million Eighty One Thousand Eight Hundred Rupiah) to Dr Soetomo General Hospital. Referral patients and their accompanying families experience temporary accommodation difficulties because the Dr Soetomo General Hospital does not provide a halfway house.

All referred patients were not picked up from the airport by the Cipto Mangunkusumo General Hospital because it was not stated in the MoU clause. The number of referral patients treated at Cipto Mangunkusumo General Hospital from 1 January to 31 December 2017 was 23 patients. In terms of financing, it was found that there were arrears in payment of bills that had to be resolved by the guarantor team in 2020 (In this case the Papua Provincial Health Office) amounting to IDR 11,591,300, - (Eleven Million Five Hundred Ninety One Thousand Three Hundred Rupiah) and in 2020 it was Rp. 109,339,100.- (One Hundred Nine Million Three Hundred Thirty Nine Thousand One Hundred Rupiah) to the Cipto Mangunkusumo General Hospital. Referral patients and their accompanying families experience temporary accommodation difficulties because the Cipto Mangunkusumo General Hospital does not provide a halfway house.

There was a policy change from the Ministry of Health regarding the rules for imposing tariffs for class III referral hospitals nationally having to use INA-CBGs had an impact on the amount of payment because previously in the MoU the agreed rate used the Cipto Mangunkusumo General Hospital rate.

2. Methods

This study uses a qualitative type of research, namely conducting in-depth interviews, which then the results of the interviews are processed and will be obtained from the Van Meter and Van Horn data sources using the phenomenological approach method and the describe the reality on the ground.

Informants in this study, all officers responsible for managing the Healthy Papuan Card consisted of the head of the Hedam Abepura Health Center, the Director of the Jayapura Public Hospital, the person in charge of managing the Healthy Papuan Card and the partner Hospital who collaborated with Jayapura Public Hospital as the highest referral in Papua.

This research was conducted in January 2023 – February 2023 in the Jayapura Public Hospital that received the Healthy Papuan Card funds, and the partner hospitals of the Abepura and Bhayangkara Public Hospitals, and the Hedam Health Center in Papua Province.

Data collection was carried out through questions and answers and dialogue or discussions with informants who were considered to know a lot about the implementation of the Healthy Papuan Card and the problems that were often encountered. Secondary data, namely complementary data obtained from reports during monitoring and evaluation at several partner hospitals from Papua such as Jayapura Dok II Hospital, Abepura Mental Hospital, Bayangkara Hospital as well as from outside Papua and Hedam Health Center, documents, textbooks, which are in UP2KP, a library related to the research issues discussed.

Table 1: The characteristics of Informants based on Age, and Position.

No.	Informants	Initial	Age (years)	Position
1.	Informant 1	AP	40	Deputy Director of Medicine and Nursing
2.	Informant 2	AK	50	Healthy Papua Card (KPS) Manager
3.	Informant 3	MB	45	Head of Planning Section
4.	Informant 4	PK	47	KPS Management Team
5.	Informant 5	SH	56	Abepura Public Health Center civil servants
6.	Informant 6	DE	50	Director of the Abepura Mental Hospital (RSJ)
7.	Informant 7	DI	46	KPS manager at Abepura Mental Hospital
8.	Informant 8	MS	36	KPS Management Member
9.	Informant 9	SP	53	Patient

Informants in this study amounted to 9 people consisting of the Deputy Director of Medical and Nursing (1 person), the Healthy Papuan Card Manager (1 person), the Head of Planning (1 person), the Management Team (2 people), Partner Hospitals (2 people), Patient (1 person), Informant from Mental Hospital (3 person).

3. Results and Discussions

The research findings were obtained through interviews, observations, and document inspection.

3.1. Implementation and communication in the Healthy Papuan Card program

3.1.1. How about the implementation of the Healthy Papuan Card (KPS) for Indigenous Papuans and Non-Indigenous Papuans so far?

"...I see, the KPS service in the future will not run optimally. Jayapura Hospital is a Papuan referral hospital that will accommodate patients from various regions. The Healthy Papua Card or KPS is the flagship program of the Governor of Papua, Lukas Enembe, which was initiated by drg. Hello then. Alo is the head of the Papua Provincial Health Office. Especially for Papuans who are still using Special Autonomy funds, in early 2014 - 2019 the budget volume support was sufficient, it is still going well with the existence of supporting funds for Papua's highest referral hospital. Since then the Jayapura Dok II Hospital has collaborated with several hospitals outside Papua, such as the Jakarta Cipto Magongkusumo Hospital, Wahidin Makassar and the Surabaya Hospital..."(Informant 1), AP

"Jayapura Hospital, Abepura Hospital, Abepura Psychiatric Hospital and several regional hospitals such as the Nabire Hospital, Wamena Hospital, Biak Hospital, Paniai Hospital and others are running well because there is sufficient budget, and services are also running optimally, making it possible for health services is fine." (Informant 2) AK

3.1.2. What about financing for Indigenous Papuans and Non-Indigenous Papuans using KPS so far?

"All funding is free until 2019. The provincial hospital is still safe, but the problem is the volume of the budget for community services, because we don't receive KPS funds, the consequences have an impact on services. Initially the budget was large, the entire KPS program for the hospital could reach a budget of Rp. 200, 300 billion, that's a first, right? Since then the Jayapura Hospital can reach Rp. 40 billion to Rp. 50 billion is early.

(Informant 1) AP

3.1.3. Specifically for the Jayapura Regional Hospital, how much budget have you received this year, 2022?

"...At the beginning of the year it was only 5 billion, then added 30 billion at the end of the year to make a total of 35 billion for the Papua Healthy Card program for services. For Jayapura Hospital, this can reach Rp. 40 to 50 billion for services for Indigenous Papuans and Non-Indigenous Papuans who are financed from the special autonomy fund.. ..." (Informant 1) AP

Based on the results of the interviews, it was known that according to informant 1, specifically for the Jayapura Hospital at the beginning of the year, they only received 5 billion, and then added at the end of the year a transfer of 30 billion, so a total of Rp. 35 billion for Jayapura Hospital.

3.1.4. What about the budget sourced from Special Autonomy from Papua Province for Jayapura Hospital this year 2023?

"Especially for 2023, there is no budget for KPS, it is possible that KPS financing will not run optimally, the budget is zero percent as of today, this interview, or you could say the budget doesn't exist yet. So what are the consequences, the implementation of services to our community is not optimal, it doesn't go well in the future, it's a shame for KPS holders, if the local government doesn't pay attention to its people to get proper health services, it will have an impact on health.

"...If patients holding KPS come, buying medicine, equipment and others is a problem, what do you use if you want to buy medicine, while there is no KPS money, tools for surgery, infusion tools and others. If we compare KPS with BPJS, BPJS KIS is much better in terms of flow and service to KPS, so that the people themselves are affected by this, because the KPS budget is actually a good program..." (Informants 1, 2) AP, AB.

Based on the results of the interviews, it is known that according to informants 1 and informants 2 said that specifically for the Jayapura Hospital for this year, there is no funding, and so far 0% for the Jayapura Hospital, this might have happened due to the addition of new autonomous regions, so there were no KPS patients.

3.1.5. What about health services for our community in the future at Jayapura Hospital?

"... due to changes to the new Special Autonomy Law or Special Autonomy Number 2 of 2021, this year's budget has shifted to the districts/cities, so it doesn't go well. If OAP and non-OAP patients come for treatment at a health service, it would be nice to be sponsored by the district head, DPRD, head of the Health Service, that's welcome, in order to facilitate their health services, they have to prepare a budget and then refer here, the local government will also prepare funds soon and send it here. .."(Informant 1) AP

3.1.6. Why is it that there is no KPS fund for Jayapura Hospital this year?

.." Yes.. this happened because it started with the shifts in the new autonomous regions that occurred, so the

volume of the budget for health services was sacrificed... (Informant 1) AP

3.1.7. What policies will be implemented if KPS is abolished this year?

" ... I agree if the local government prepares other guarantees such as the Nabire Sehat card, or the Wamena Sehat card, in what form the guarantee is welcome, that's better. It's also a pity, the implementation of the KPS guarantee is not optimal because there are shifts in the new autonomous regions, we are currently serving, until the decision from the Director is clear. So, just a suggestion, please bring them money to get services, there is no budget for the Jayapura Hospital to this day for interviews. ... " (Informant 1) AP

3.1.8. What about future referrals for patients outside Papua?

"... There are no patient referrals for this year and of course in the future too, unless the local government cooperates with RSUD Dok II in terms of budget, they must deposit it with Jayapura Hospital as the highest referral in Papua, for referral services. Never mind referring to leaving Papua except for full support from the region, there are certain diseases that cannot be treated by the hospital, they can be treated there. Please have a good talk with the local government, the DPRD, or the new head of the health service, please come here, put the money here first for the people, people are not allowed to come but have no money, poor thing ... " (Informant 1) AP.

3.1.9. What are the input suggestions regarding our meeting at this time?

"...My suggestion is that the regional government prepares its budget in three places, namely, it has its own area, namely hospitals, referral hospitals for Papua, and services referring to outside Papua. You as a representative of all people can convey this interview to your community as a witness and pass it on to others. So far, RSUD Dok II has not cooperated with three hospitals outside Papua, bearing in mind that there is no budget for this year, yes, for the previous year, we have continued to build good cooperation " (Informant 1) AP

In terms of KPS financing to the community, it has been very helpful, the benefits have been put into effect since 2014 – 2022. The Jayapura Hospital management coordinated well with the local government, the health office, every hospital and every health center in 29 districts/cities. However, since 2023 there will be no more financing for KPS from special autonomy funds.

3.1.10. What about financing for people who come using the KPS at Jayapura Hospital?

"...Since 2014 - 2022, KPS is guaranteed, OAP who seeks treatment is fully guaranteed, KPS is very helpful to OAP and non-OAP who are less fortunate, because KPS guarantees patient discharge. This year, KPS is not served, because it started with the spread of new autonomous regions. There is no funding for the Jayapura Hospital, if a patient comes for treatment, please coordinate with the local government, DPRD and local health office, so related to that, patients come for treatment and prepare their own money to be served, it's better to take care of BPJS health insurance. ... " (Informants 1,2)

"...Running well, in accordance with the ability of the region in the availability of the budget...". (Informant 2)

In terms of financing, KPS holders have been helped since it was implemented until 2014-2022. People who wish to receive treatment at the Jayapura Hospital are fully guaranteed, they are free of charge until the cost of sending the patient home. However, since 2023 the Jayapura Hospital has not received KPS funds from the Special Autonomy source.

3.1.11. How about this year, especially the problem of referring patients out of Papua who are working with the Jayapura Hospital?

"...Indeed, for this year 2023 in the future there will be no KPS funds, what will they be paid for? related to that, the point is, how do our people have to build good communication with the district/city to lobby for deposit funds first, other approaches that must be taken to get services. The people who are also seeking treatment, they coordinate well with the local regional government so that the advanced level is still served as needed, be it the DPRD, the head of the health office, so that service is guaranteed ..." (Informant 1) AP .

3.1.12. How many KPS patients have been served in 2021 and 2022?

"Approximately 40-45 thousand patient visits. ..." (Informant 2) AK

The KPS guarantee program, which the government has adopted, intends to assist and reduce the burden on the community in paying health care. The most significant aspect of this program's functioning is that the community experiences the advantages of being serviced or in other health institutions, where the government introduced the KPS guarantee for access to services. However, in practice, the problem of referrals from Jayapura hospitals to refer people outside Papua does not foster cooperation; patients who will be referred outside Papua are also obstacles; and the implementation of KPS guarantees has been regulated in technical guidelines but is constrained, so that, in the end, three hospitals are committed to the MoU with the Jayapura Regional Hospital, the debt is growing, and the claims are not paid. Furthermore, referrals from the areas to the Jayapura Hospital, which has the highest referral rate in Eastern Indonesia, remain a financial issue until the local government prepares or allocates appropriate funding for its people.

3.2. Policy size and purpose

The scale and aims of the policy have a large impact on the effectiveness of implementing the Papua health card guarantee, particularly at the Jayapura Dok II hospital. Implementation will be effective if the policy's scale and aims are consistent with the prevailing socio-cultural context. Understanding the basic aim of a standard as well as policy objectives is critical. When policy implementers (officials) are not completely informed of the policy's criteria and objectives, policy execution may fail (be dissatisfied). The disposition of implementers is closely related to standards and policy objectives. However, other examples appear to be challenging to detect and quantify performance. Van Meter and Van Horn provide two explanations: first, it might be due to the program area being too large and the nature of the goals being complex. Second, uncertainty and disagreement in the statement of fundamental measurements and aims. Decision makers may use ambiguity in measures to secure a

favorable reaction from those with implementation responsibilities at various levels of the organization or policy delivery system. The disposition of implementers toward standards and policy objectives is also a "crucial" issue. Implementation may fail in carrying out the policy because they reject or do not grasp what the purpose of a policy is, as well as the goal of the Papua healthy card guarantee program, which is:

" ... Referring to the technical guidelines and governor regulations "Communicating with officials in the regions so that patients referred must be guaranteed to be paid, one thing that can be done is the existence of a MOU between related agencies and the intended referral hospital. ... " (Informants 1, 2) AP, AK.

"... So far it's been good, as long as I am the deputy medical and nursing assistant at Jayapura Hospital, the level of cooperation that has been maintained will continue to be improved in the future. The PPP issue is our collaboration so that in the future we will continue to build a MoU commitment with policy makers, with the aim that our community will continue to be served, specifically for the mayor, he has budgeted funds of Rp. 5 billion for the people themselves, meaning that he budgeted for the people who are domiciled in Jayapura. This is a good policy. If other regional heads want to emulate their cooperation, please. If there is no KPS guarantee this year, what policy will the leader take? If the KPS guarantee is abolished then, what must be done, All OAP who do not yet have health service insurance MUST take care of BPJS guarantees (PBI) so that health services can be guaranteed, Submit an application accompanied by real service data to the Regional Government & DPR-P. ... " (Informant 1) AP.

3.3. Attitude of Executors

In implementing a program, the attitude of policy or program implementers must be strict and strict with the rules and comply with applicable legal sanctions. The performance of implementing KPS will be very much influenced by the exact characteristics that match those of the executing agents. How firm are the program implementers in implementing the KPS at Jayapura Hospital? Based on research conducted by the author, that there are indeed rules regarding the mechanism contained in Governor Regulations 6 and 7 of 2014 concerning health services and referral financing services as expressed by informants who stated that:

"... So far, the KPS management has also provided clear information on implementing governor regulations 6 and 7 of 2014 concerning health services for OAP and referral services..."

3.3.1. How do you see the implementation of the KPS manager?

" ... The person in charge of managing the KPS changes every year, not always just the same people, but always the same policy rules, over time it starts to get overwhelmed, according to the party responsible for the service, this happens starting from financial support which is also not optimal for Jayapura Hospital as the highest referral hospital." (Informants 1, 3) AP, AB.

3.3.2. How to implement the KPS and establish communication with Jayapura Hospital management?

"... The implementation of KPS has been regulated in technical guidelines so that communication to the

leadership is carried out as a report or if a policy is adopted..." (Informant 2) AK

Based on the results of interviews with informants 1, 2 and 3, they said that previously they did not know about the implementation of the KPS because it was changed, while informant 2 said that the implementation of the KPS guarantee was adjusted according to technical guidelines, we only reported it to our leadership, the director. We only report to the leadership.

3.3.3. What is the attitude and reaction to patients holding KPS, coming for treatment, while the hospital has no guarantee of KPS from Special Autonomy

"... Hospitals as a rule must provide humanitarian services, especially in emergencies, patients become BPJS guarantee participants, if there are patients who are economically capable, they can pay ..." (Informant 2) AP

Looking at the conditions on the ground in terms of policy implementers' attitudes toward implementing the KPS guarantee, it is clear that they are finding it difficult to implement the Governor Regulations 6 and 7 of 2014 at the Jayapura Hospital, owing to a lack of special funding support for the KPS guarantee. The attitude of the Jayapura Hospital employees toward serving the community is also an indicator of whether or not the community is content with the health services provided by the government. As a consequence of the author's discussion with one of the patients being treated at the Jayapura hospital at the time, Sir. Saul, he revealed:

"The director who serves as a doctor at the Jayapura Hospital is good for service, we are free of charge with the KPS guarantees, the benefits we have felt are right, we don't spend our own money for expenses anymore, everything is covered by the KPS guarantee."

One of the forms of public complaints about the services available at the Jayapura Hospital, and based on what researchers saw in the field, there should indeed be policies regarding the less fortunate people getting health services, the policy makers, conveying them through lectures so that the information reaches remote areas. The effectiveness of policy implementation is the implementer's attitude. If the implementer agrees with the contents of the policy, they will carry it out with pleasure, but if their views differ from those of the policy makers, then the implementation process will experience many problems in disposition. The disposition or attitude of the executor will cause real obstacles to the implementation of the policy desired by the higher officials. With regard to the appointment of the bureaucracy as implementing apparatus, based on the results of interviews with the author, Wadir Medical and Nursing, the KPS manager said that:

"...So far the implementation in the field has not run optimally related to KPS guarantees and policies for the running of this program, there is no new policy regarding this service, the parties expect sufficient financial support, to run this program..." (Informant 1) AP

"... Referring to the prevailing Governor Regulation and Technical Guidelines..." (Informant 2), AK

3.4. Resource

In a policy, it is possible that the objectives set are clear and logical, but not only have these factors affected the implementation of a program. Resource factors also have a very important influence. Availability of resources in implementing a program is one of the factors that must always be considered. The resources in question are human resources, financial resources, and time resources to support the implementation of the KPS guarantee, especially the Jayapura hospital, partner hospitals and health centers. Resource indicators consist of several elements, namely:

3.4.1. Human Resources

The main resource in program implementation is human resources (staff).

One of the failures that often occur in implementing policies is caused by inadequate, adequate, or incompetent people in their fields. Increasing the number of staff and implementers alone is not sufficient, but sufficient staffs are needed and have the appropriate skills to run the program. With regard to human resources, the results of interviews with the Deputy Director of Medicine and Nursing at Jayapura Hospital, says:

"...If you look at the human resources for the Jayapura Hospital, there are 750 people, they have different responsibilities for carrying out activities. Later, what is clear is that you can ask for the most complete data from the HR section for the number of employees. You can see the full details for the Jayapura Hospital, specifically for the KPS management section, there is a coordinator. , every year there are different people, the KPS management coordinating team works together with the leadership of the Jayapura Hospital regarding coordinating whether patients are referred out or not, on the orders of the doctor, director and the approval of the family to refer out, otherwise they can handle it at Jayapura Hospital..."(Informant 1) AP.

From the results of the author's monitoring in the field, the number of officers at the Jayapura Hospital still needs human resources with the condition of so many patients. Some of the patients I met who wanted to seek treatment were sometimes served by the counter staff for a long time, because the officer assigned to the counter was in another room serving other patients as well.

The results of an interview with the Deputy Director of the Jayapura Hospital revealed that:

"...There is still a need for human resources, in order to facilitate service at the counter and in the radiology department, there must also be sufficient skilled staff in the room, there must be additions, so that patients do not wait too long and there is no congestion, and they are also well trained in comparative studies and research with higher type hospital..."(Informant 3) AK

4. Conclusion

Based on the description of the research results and discussion, conclusions can be drawn with respect to the proposed research problems as follows:

- a. Inter-organizational communication and implementing activities, that there is a need for cooperation

(teamwork) between the management of the Jayapura Hospital and the KPS management team and also partner hospitals in the region as well as three hospitals outside Papua which have also been building a collaborative MoU relationship, namely the Cipto Mangunsumo Jakarta, Wahiddin Makassar Hospital and Surabaya Hospital. Thus a good cooperative relationship is built with other parties so that patient referrals still get health services on an ongoing basis.

- b. Attitude of executors. In terms of implementation, it is adjusted to Governor Regulation 6 of 2014 concerning health services for Indigenous Papuans (OAP) and Non Papuans who meet the requirements for basic health services as needed and Governor Regulation 7 of 2014 concerning referral guarantee financing services and it is adjusted to the Technical Guidelines so that really understand maximizing health services.
- c. Policy size and goals. The objectives of the KPS guarantee program have been achieved, but in terms of achievement it has not been maximized, so there needs to be hard work from all parties. This means that the Jayapura Hospital is coordinating well with other parties, such as the DPRP commission V which is in charge of health so that KPS guarantees continue to exist for Papuans.
- d. Resource. There must be additional resources, in this case human resources that still need to be improved, in order to meet the needs of Jayapura Hospital, then adjusted to Permenkes No. 56 of 2014

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