

INHIBITING FACTORS AND SUPPORTING FACTORS IN THE IMPLEMENTATION OF FINANCIAL MANAGEMENT POLICY IN POSO REGIONAL GENERAL HOSPITAL BLUD

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ABSTRACT: This study aims to describe and analyze the supporting factors and inhibiting factors for the implementation of BLUD financial management policies at Poso Hospital and the implementation model of BLUD financial management policies at Poso Hospitals. In implementing the vision and mission, it was found that in improving the quality of health services through the provision of medical personnel (specialist doctors, special nurses) by building cooperation with universities. Provision of infrastructure for. Improving the welfare of Poso Hospital employees. However, several problems were found in the form of improving employee welfare in the form of medical services that do not yet have standard rules in the governance process so that they are prone to irregularities. In addition, the Poso Hospital infrastructure, especially the availability of rooms and some medical equipment, is still limited so that patients affect community services.

One of the supporting factors is the availability of the Poso Regional Hospital Development Location and the availability of pediatric surgeons that are not owned by other hospitals in the Central Sulawesi region. The inhibiting factor that makes it difficult to implement the BLUD RSUD Poso policy is the weakness of the budget supervisor, which is proven by the corruption of Medical Devices in the 2013 fiscal year. In addition, the evaluation of the local government towards the officials managing the BLUD RSUD Poso is very weak, even especially in the quality assurance of health service activities.

Adjusting the need for medical medical devices that support the implementation of health services so as to maximize human resources with health infrastructure. Evaluation of service performance (medical personnel) and officials managing the Poso Regional Hospital on a regular basis so that from the results of the evaluation by the local government action can be taken to determine budget needs and service quality

KEYWORDS: *policy, management, supporters, barriers, hospital*

I. INTRODUCTION

In providing services to the community, especially in the health sector, the government and local governments have implemented policies to all levels of society from the center to rural areas. One of the efforts made by the government of the Unitary State of the Republic of Indonesia is to enact Law Number 23 of 2014 as a replacement for Law Number 32 of 2004 concerning Regional Government which has been refined 2 (two) times, namely the issuance of a Government Regulation in lieu of Law No. . 2 of 2014 concerning amendments to Law 23 of 2014 and the issuance of Law No. 9 of 2015 concerning the second amendment to Law No. 23 of 2014 concerning regional government, has spurred regions to improve regional governance aimed at accelerating the realization of community welfare through improving services, empowerment, and community participation, as well as increasing regional competitiveness by taking into account the principles of democracy, equity, justice, and the uniqueness of a country. regions within the system of the Unitary State of the Republic of Indonesia; This is because, the direction of the basic policy of implementing a decentralized government emphasizes more on the realization of community welfare through improving services and empowering the community.

Changes in health policy, stating that health services are a basic right of a citizen, where this right is stated in the constitution of the 1945 Constitution article 28 H paragraph 1 and article 34 paragraph 3, which places health status and health services as a human right. . With these provisions, of course, requires the government to carry out health service efforts in a structured, comprehensive, and evenly distributed manner to all levels of society. Health development is an integral part of national development. The purpose of health development is to

increase awareness, willingness and ability to live a healthy life for everyone in order to realize an optimal level of public health. Health care is a human right that must be accepted by citizens and health is also one of the elements of welfare.

In this regional autonomy, there is a paradigm shift from what was previously centralized to decentralized. Where the central government gives broad authority to local governments to organize governance and development, including health development. The main objective of implementing decentralization in development programs is to create conditions that are efficient, effective and fair. The health decentralization paradigm reflects the transfer of some central administrative powers to the regions and managerial responsibility for health development to local governments, in order to create effectiveness, efficiency, and justice. Therefore, it can be said that the effectiveness of health development management is highly dependent on the relevance of regional policies to national policies. Therefore, there is a need for consistency of national health development policies with regional health development policies. The success of development in the health sector is strongly influenced by policies, namely policies related to budget allocation for health and policies for setting minimum service standards (MSS) in the health sector, therefore, the discussion of policy changes in the context of institutional reform is focused on these two policies.

Health Sector Budget Allocation Policy, in supporting the health sector development policy, the government has stipulated Law No. 36 of 2009 on health which states that each region is required to allocate 10 percent of its budget in its APBD for the health sector. This policy is actually quite significant to be able to support development policies in the health sector. However, in its implementation, not many regions have actually implemented this policy. The enactment of Law Number 23 of 2014 concerning regional government, has stipulated that the health sector is a mandatory business that must be carried out by districts/cities. Thus, the implementation of mandatory regional affairs is a manifestation of responsible autonomy which in essence is the recognition or granting of regional rights and authorities in the form of duties and obligations that must be carried out by the regions. However, the central government remains nationally responsible for the successful implementation of autonomy, even though the operational implementation is left to the government and local communities. Government Regulation No. 38 of 2008 concerning the division of government affairs between provincial and district/municipal governments has formulated a government role that is more in the nature of setting macro policies, norms, standardization, guidelines, criteria, as well as implementing supervision, monitoring, evaluation, supervision and empowerment to the regions, so that autonomy can run optimally.

To equalize the actualization of mandatory health affairs in regencies/cities in accordance with government regulation Number 65 of 2005 concerning Guidelines for Compiling and Establishing Minimum Service Standards (SPM) and Minister of Home Affairs Regulation Number 6 of 2007 concerning Technical Guidelines for Compiling and Establishing Minimum Service Standards (SPM), then in order to provide guidelines for the implementation of basic services in the health sector, the Decree of the Minister of Health Number 741/MENKES/PER/VII/2008 concerning Minimum Service Standards (SPM) in the Health sector in the Regency/City has been stipulated and the Decree of the Minister of Health of the Republic of Indonesia Number 823/MENKES /SK/IX/2008 concerning Minimum Service Standards Technical Guidelines (SPM) in the health sector in districts/cities. Basically the determination of Minimum Service Standards (MSS) in the health sector refers to the decentralization policies and strategies in the health sector, namely; first, the establishment of a commitment between the government, the legislature, the community and other stakeholders for the sustainability of health development. Second, the protection of public health, especially the poor, vulnerable groups, and poor areas. Third, the realization of national and global commitments in health programs.

Minimum Service Standards (MSS) policies in the health sector and their implementation must be consistent between policies at the national level to the puskesmas level. Besides consistency in the implementation of Minimum Service Standards (SPM) policies, the health sector at the micro level must be able to carry out activities in accordance with standard operating procedures (SOPs). As an institution in charge of providing health services to the community, the Health Office has units that are in direct contact with the community, which are actually technical implementing units that provide direct health services to the community. Hospitals or puskesmas are technical service units from the Health Service that are in direct contact with the general public. Along with the spirit of reform and regional autonomy, there has been a shift in the health development paradigm to a healthy paradigm.

Meanwhile, the regional autonomy policy with the main target of creating good government or good public governance has become a central theme in each region in this country. Various ideal concepts in good government and good public governance are used as basic values to form a new formula and foundation for all efforts to improve public services. But in reality, the community as stakeholders who must be served by the government bureaucracy, still gets inadequate services. Public dissatisfaction with this public service is mostly shown by direct expressions to officers, sending letters of complaint, through mass media such as radio or newspapers, as well as simply gossiping between them, which eventually spreads to various members of the

community who feel disappointed by the service model that does not work. in favor of the little people. This kind of phenomenon can illustrate that public services to the community do not meet public service standards.

Good governance is realizing real performance based on the principles of participation, efficiency and effectiveness, fairness, accountability, transparency, responsiveness, equality and legal certainty (Dwiyanto, 2003:6). Furthermore, Dwiyanto said that good governance and able to reduce operational costs requires efforts in various ways, namely: reducing the size and number of government institutions, programs and staff (downsizing), simplifying procedures (streamlining), structurally reforming institutions. in order to carry out its mission properly (re-structuring), delegate functions to the private sector (privatizing). All these efforts are made so that the duties of service and government can be carried out in an effective, efficient, transparent and accountable manner. Along with developments and dynamics in society, the provision of good services is a challenge for the government in running a government that does not just provide regular services, but also serves the community with high quality services. The consequence of the demands of the community is the emergence of various efforts to improve service performance standards in order to meet or even exceed the expectations of the community. In addition, to improve the quality of health services to the community more effectively and efficiently as well as ensure flexibility, it is necessary to implement several public policies which are important aspects of the entire policy process, which at this level lies in the actualization of the various good intentions of the government which are focused on dealing with various public problems.

The development of hospital management, both from the management and operational aspects, is strongly influenced by various demands from the environment, namely that hospitals are required to provide quality health services, and control health care costs so that it will lead to patient satisfaction. Another demand is cost control. Cost control is a complex problem because it is influenced by various parties, namely market mechanisms, economic actions, human resources (professionalism) and no less important is the development of technology from the hospital itself. Government hospitals located at the central and regional levels cannot be separated from the influence of the development of these demands. Viewed from the segmentation of community groups, in general, government hospitals are services that provide services for the lower middle class, while private hospitals serve the upper middle class community. Health costs tend to continue to rise, and hospitals are required to independently address these problems. The increase in health costs has caused a separate phenomenon for government hospitals because government hospitals have a segment of health services for the lower middle class. As a result, government hospitals are expected to be cheap and quality hospitals. Public demands in activities to improve the quality of health services are expected to be carried out based on the principles of efficiency and productivity which of course will have an impact on the quality of health services as there are opportunities for government hospitals to become public service agencies. However, in reality until now there are still many hospitals with BLUD status that have not been able to improve the quality of their services and seem to be still running in place, so many complaints from patients/patient families are found in the field against the implementation of the policy. Not handled properly and unprofessional hospital management, can be caused by various factors that influence it as expressed by Edward III (1980) the success or failure of implementing government policies can be influenced by 4 (four) variables, namely Communication Factors (Communication), Resource Factors (Resources), Disposition (Disposition), Bureaucratic Structure (Bureaucratic Structure). To get an actual and factual picture of the phenomena related to the implementation of the BLUD financial management policy at the Poso Hospital, this can be done through field research.

II. RESEARCH METHODOLOGY

This research is a descriptive research type. A study aims to find, understand, explain and obtain an overview of the phenomena studied, therefore this study uses a qualitative research approach. According to Strauss and Corboin (2013:4) "qualitative research cannot be achieved by using statistical procedures or by other means of quantification (measurement)". Because this research was carried out specifically, in detail and in depth. Therefore, qualitative research can be used to look at existing phenomena and problems in the Implementation of Financial Management Policy for the Public Service Agency at the Poso Regional General Hospital, by obtaining an overview of the phenomena related to the components that affect the health service strategy in the community. as the fulfillment of the community's right to health.

This type of qualitative research can be used to study organizations, groups and individuals, so that this type of research is very appropriate to answer problems related to the Implementation of Financial Management Policies at the Public Service Agency at the Regional General Hospital (RSUD) Poso. Strengthened by the opinion of Strauss and Corbin (1980) in order to reveal a phenomenon that forms the basis of a qualitative research approach, there are three main components, namely: 1. Availability of data that can come from various sources, interviews and observations; 2. Different analysis or procedures to obtain findings or theories, and 3. Writing verbal reports data. Qualitative research not only reveals real events, but the results can reveal hidden values. This research provides an overview of the implementation of policy formulation services in the health sector through the Public Service Agency of the Poso Hospital. And more specifically this research describes

and analyzes; Inhibiting factors and supporting factors in the implementation of the financial management policy of the BLUD RSUD Poso.

III. RESULTS AND DISCUSSION

1. Supporting Factors for Implementing the Financial Management Policy of the BLUD RSUD Poso

a. Location of Poso Hospital Development

The hospital is one of the public facilities that are needed by the population. The faster the development of the population in an area indicates the increasing need for hospitals for each resident. The location of the hospital must also be in a suitable location in order to meet the needs of the population. The Poso Regional General Hospital is currently unrepresentative due to various influencing factors, one of which is that there are several additions to the Poso Regional Hospital which are forced and do not match the material plan resulting in cramped and chaotic conditions, green open spaces have turned into several buildings, so it is necessary wider area development. Development of the new RSUD location based on Regional Regulation No. 8/2012 concerning the Regional Spatial Planning of Poso Regency for 2012-2032. This spatial planning development refers to: 1) Law No. 26 of 2007 concerning spatial planning in Article 26 paragraph 5, it is stated that the District Spatial Plan can be reviewed 1 (one) time in 5 (five) years. 2) Law Number 11 of 2020 concerning work creation, article 26. 3) Government regulation Number 21 of 2021 concerning the implementation of Spatial Planning.

The purpose of the preparation of the Regional Spatial Plan (RTRW) normatively is to create a district space that meets development needs by always being environmentally friendly, efficient in investment allocation, synergizing and can be used as a reference in the preparation of development programs to achieve community welfare. Evaluation and analysis (RTRW) is guided by the Ministerial regulations and legislation above, the Poso district government reviewed the Poso district RTRW for 2012-2032 through study, evaluation and assessment. The strategic area development of Poso district from the point of view of economic interests, areas that have strategic value from the point of view of economic importance consist of: Bada hydropower and Tuare hydropower development plans and plans for the development of new hospitals in the Lage district area. in more detail in the revised Regional Regulation No.1/2015-2035 the direction of space utilization for the development of new hospitals is included in the prioritized part of the Poso urban area. Some facilities such as incinerators cannot be used because they have not received an operational permit since 2013 from the Ministry of the Environment, do not meet the requirements to operate because of their narrow location and can disturb the surrounding environment and various considerations so that the regional government has agreed to move the location of the Poso Hospital which is in Maliwuko village.

For the development of the new RSUD location requires a wider area of about 7 ha. 3 Ha belongs to the Central Sulawesi provincial government and 4 Ha belongs to the community which must be released. With the development of this location, it is expected to provide a health service facility for the community in Poso district. Health service facilities in the form of inpatient buildings and supporting facilities such as pharmacies, cafeterias, canteens, ATM centers and physiotherapy as well as green open spaces that can function as waiting areas for patients' families and outdoor physiotherapy facilities. The development of the Poso Hospital also aims to increase the number of inpatient beds to meet the needs according to standards, improve hospital services so that they can reach all levels of society, which is done by expanding the hospital area and adding several facilities without having to borrow patient beds at the Kodim 1307. poso.

According to Alkadri, (2001) Development is an ability that comes from what can be done based on the resources you have with the aim of increasing the quality of life, so it can be said that development is a desire to improve conditions and abilities possessed to achieve a better quality of life. . Departing from the opinion of Alkadri (2001) that the Poso Hospital has a desire to improve the situation for better quality red, in this case the development of the Poso Regional Hospital location is expected to improve the quality of health services in a better direction. With the development of the Poso Regional Hospital location, it is possible that if facilities and infrastructure can be developed, Poso Regional Hospital can raise the status to a type B hospital. demographic studies, socio-economic studies, morbidity and mortality studies, policy and regulatory studies, environmental studies and land, building and resource requirements studies.

Research conducted by Maria Guglielmin, Carles Muntaner, Patricia O'Campo, Ketan Shankardass (2017) entitled A scoping review of the implementation of health in all policies at the local level. The results of this study show that there are similarities between this study and the research conducted by Maria Guglielmin et al, namely a review of the implementation of health in all policies at the regional level. This research investigates policy (HiAP) is "an approach to public policy in sectors that systematically takes into account health policy decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity". By addressing the main factors affecting health in the non-health and health sectors, HiAP is a viable option for governments looking to improve health disparities and rising chronic diseases, and improve population health and health equity, particularly in Canada. The land development of Poso Regional Hospital when viewed from an economic point of view, is generally oriented towards increasing or decreasing

regional productivity with the indicators being population, income, employment opportunities, and additional value from the manufacturing sector. Meanwhile, when viewed from a social point of view, land development focuses on the goal of making changes from less developed conditions to developing or advanced ones that occur gradually and are expected to help the development of the surrounding area.

b. Availability of Pediatric Surgeon

Hospital human resources are hospital assets that are very valuable because humans control all activities in the hospital. The main activity of the hospital, namely health services, is carried out by health workers. Health workers work in teams consisting of various professions, namely doctors, specialists, nurses, laboratory assistants, nutritionists, pharmacists or pharmacist assistants and so on. The success of health services if the patient who has received the service recovers or recovers to be healthy, and is getting healthier, the patient's understanding of his health increases due to the provision of education during his treatment in the hospital. Type C hospitals require that they must have medical service facilities and capabilities at least 4 (four) Basic Specialist Medical Services and 4 (four) Medical Supporting Specialist Services. The criteria, facilities and capabilities of Class C General Hospital include General Medical Services, Emergency Services, Basic Specialist Medical Services, Medical Support Specialist Services, Oral Dental Specialist Medical Services, Nursing and Midwifery Services, Clinical Support Services and Non-Clinical Support Services. General Medical Services type C general hospital consists of Basic Medical Services, Dental Oral Medical Services and Maternal/Child/Family Planning Health Services. Emergency Services must be able to provide emergency services 24 (twenty) hours and 7 (seven) days a week with the ability to carry out initial examinations of emergency cases, carry out resuscitation and stabilization according to standards.

This is an advantage for the Regional General Hospital (RSUD) of Poso Regency because it currently has a pediatric surgeon, because other hospitals in the Central Sulawesi Province do not yet have a pediatric surgeon, even patients from Palu were referred to Poso for treatment by a pediatric surgeon. In Indonesia, pediatric surgeons until 2021 only number 149 people with the number of Indonesian people reaching 270 million people. The number of these doctors (SpBA) is certainly not enough to provide health services for the people of Indonesia. Moreover, the distribution process for pediatric surgeons is also uneven. There are still many provinces that do not have pediatric surgeons. In addition, institutions that provide education for pediatric surgeons are only available in Badung, Yogyakarta and Surabaya, which of course affects the ratio of the number of specialist graduates which is only 4-6 people per year. The lack of pediatric surgeons like this is actually more appropriate to work in a Type B Hospital, but this pediatric surgeon is a civil servant in the Poso Regency Government so he has to work at the Poso Regional Hospital even though it is Type C. The Deputy Regent of Poso TS admits that the pediatric surgeon This Poso has been asked several times by the Governor of Central Sulawesi to work at the Palu Undata Hospital.

According to Winarno (2007: 181-182) that the most important source in implementing policies is Human Resources). One thing to remember is that numbers do not always have a positive effect on policy implementation. This means that a large number of doctors does not automatically encourage successful implementation. This is due to the lack of skills needed in a government organization, but on the other hand the lack of human resources will also cause complicated problems regarding the implementation of effective policies. The superiority of Human Resources owned by RSUD Poso has become a separate strategy for RSUD Poso, which is better known from the quality of available human resources, especially in the field of handling pediatric surgical patients, which other hospitals in Central Sulawesi do not have. Furthermore, if this is related to a previous study conducted by Panchapakesan Padma (2014) entitled "Strategic action grids: a study in Indian hospitals" which emphasized the strategic importance for Indian hospital administrators to improve service quality by analyzing the dimensions of performance and the importance of the relationship between patients, and officers.

The results of this study indicate that patients and staff have different perceptions. Different patients have different needs and staff must be aware to serve patients better. Enables hospital administrators to develop appropriate strategies to improve their structure and function by analyzing performance strengths and weaknesses. This illustrates that this study and previous research conducted by Panchapakesan Padma (2014) found the same problem in providing health services in hospitals, namely how important human resources are in supporting health services in hospitals. In this context, it shows that human resources, both health and non-health workers, are one of the important elements in improving the quality of health services, especially in hospitals and are expected to have a very significant impact on health services that will be received by people who use these services. Poso Hospital.

2. Obstacles to the Implementation of the Financial Management Policy of the BLUD RSUD Poso

a. Medical Device Corruption

One of the reasons why health services are not optimal at Poso Hospital is corruption. Corruption according to the Indonesian Dictionary is the misappropriation or misuse of state money (companies, organizations,

foundations and so on) for personal gain or others. Completeness of facilities and infrastructure is very important to support the smooth running of the patient's health service process. There are still many public complaints about the inadequate facilities and services of the Poso Hospital, so that it affects patient care. The local government's efforts to improve the facilities of the Poso Regional Hospital continue to be carried out, but there are several Poso Regional Hospital officials who abuse their authority to corrupt the procurement of medical equipment, health and motor vehicles for Poso Regional Hospital for Fiscal Year 2013 with a contract value of Rp. 16,472,819,000.- (Sixteen billion four hundred seventy-two million eight hundred nineteen thousand rupiah) resulting in a State Financial Loss of Rp. 4,814,232,150,- (four billion eight hundred fourteen million two hundred thirty-two thousand one hundred and fifty rupiah). Corruption has been described in 13 articles in Law no. 31 of 1999 jo. UU no. 20 of 2001. From a legal point of view, criminal acts of corruption generally fulfill elements such as unlawful acts, abuse of authority, opportunities, or facilities, enriching oneself, other people, or corporations, and harming state finances or the state economy.

The causes of corruption can vary, depending on the context. Usually the media often publish cases of corruption related to power in the government. In fact, corruption has actually occurred from the simplest things to more complex things. Corruption in the procurement of medical devices in the 2013 budget year greatly affects current health services because it involves medical devices that are directly needed in patient care, namely the Procurement Project for Nursing Installations, ICU Installations and Medical Support Installations. As a result, the service quality of the Poso Hospital did not increase significantly. As for the medical devices that were corrupted by way of mark-up in the form of 1 ambulance, 1 unit of CT Scan photo equipment, several medicine cabinets, iron beds for patients, incinerators, etc. Of the several types of medical devices that were corrupted the most, namely medicine cabinets and iron beds and others.

In the view of Robert Klitgaard (2001) that corruption exists when a person does not have the right to put personal interests above the interests of the people, and the ideals that according to the oath he will serve. Furthermore, in the blacks' law dictionary Henry Campbell (in Marwan 2013) positions corruption as "an act carried out with the intent to provide an advantage that is not in accordance with the official obligations and rights of other parties wrongly using his position or character to gain an advantage for himself". themselves or for others, together with their obligations and rights of other parties". In addition, due to acts of corruption in Poso Hospital medical devices, the service to patients is not optimal, even such as CT Scan Medical devices not functioning because they are damaged, this damage can be caused by equipment purchased at low prices through the 2013 budget which was marked up by hospital officials at the time. that. As a result of this corruption, the patient had to be referred to the Anuntaloko Hospital in the neighboring district of Parigi Mautong or to the RSU in Palu, Central Sulawesi Province. Medical devices, blood pressure meters, medicine cabinets, iron beds for patients, some of which are invisible. Incinerators purchased to treat medical waste cannot be operated because they do not get a permit from the Ministry of the Environment, this of course causes state losses because the purchased equipment is just parked at the back of the Poso Hospital, in addition to causing substantial new costs for the treatment of medical waste. which is done by PT. Calm Jaya Prosperous in Karawang, West Java.

b. No Local Government

Evaluation is a complicated and complex process, this process involves various interests of the individuals involved in the evaluation processes. The complexity of the evaluation process is also because it involves the criteria that are intended to carry out the evaluation. A policy that has been implemented by the government should be evaluated. Evaluation is carried out because not all public policies can get the results or impacts desired by policy makers. According to Lester and Stewart (in Winarno (2007: 226) reveal that in general policy evaluation can be said as an activity involving the estimation or assessment of policies that include substance, implementation and impact. In this case, policy evaluation is seen as a functional activity. That is, Policy evaluation is not only carried out at the final stage, but is carried out throughout the policy process.

Winarno (2007: 226) reveals that "policy evaluation can include the formulation stage of policy problems, proposed programs to solve policy problems, implementation, and the policy impact stage". Dunn (1998: 608), suggests that "the term evaluation can be equated with appraisal, rating, and assessment, words that express efforts to analyze policy outcomes in terms of their unit of value". Furthermore, Dunn (1998: 608) suggests that in a more specific sense, evaluation is concerned with the production of information about the value or benefits of policy outcomes. Policy evaluation aims to determine four aspects, as stated by Wibawa (1994: 9-10), namely: aspects of the policy-making process, aspects of the implementation process, aspects of policy consequences and aspects of the effectiveness of policy impacts. These four aspects of observation can encourage an evaluator to specifically evaluate the content of the policy, both in the legal dimension and especially the logic in achieving the objectives, as well as the policy context, environmental conditions that affect the entire policy process. Furthermore, evaluation of the second aspect is referred to as implementation evaluation, while evaluation of the third and fourth aspects is called policy impact evaluation.

Based on the above definitions regarding public policy evaluation, it can be understood that policy evaluation is an assessment of programs carried out by the government. Public policy evaluation needs to be carried out to see whether the program has achieved the desired results and has achieved the stated goals or not.

One of the inhibiting factors for the implementation of the Poso Regional Public Hospital's BLUD management policy is the absence of an evaluation by the Poso Regency local government, towards the Poso Regional Public Hospital's BLUD status which has 9 (nine) years of gradual BLUD status. If within that period the administrative requirements are still not satisfactory, then the BLU/D status will be gradually revoked/cancelled. On the other hand, if the BLU/D satisfactorily fulfills the administrative requirements, the BLU/D status will gradually be set to full BLU/D status. Weak local government evaluations of BLUD management officials, namely BLUD leaders and technical officials, are still identical with the organizational structure of Poso Hospital. Formally the determination of the financial officer is the secretary of the Poso Regional Hospital based on the Regent's Decree Number: 188.45/1871/2015. Furthermore, the Supervisory Board was appointed by the Regent based on Regent Decree No: 188.45/1865/2015 which consisted of the Regional Secretary of Poso Regency as Chair, Inspector of the Poso Regency Inspectorate as secretary, Head of Financial and Asset Management of Poso Regency as members, some of whom have retired and some have even died.

The factors causing the failure of policy implementation according to Triana (2011: 61-63) in general, failure in an implementation process (Unimplemented Policy & Poorly Implemented Policy) is caused by:

1). Unimplemented Policy

a. Policies are only political and are not really meant to be implemented. Policies like this are generally only to accommodate the demands of oppositional interest groups; b. Difficulty interpreting policies in the form of operational activities, whether policy objectives are too utopian, not in accordance with field conditions, or because of obstacles in the field that limit alternative actions.

2). Poorly Implemented Policy

Weak implementation capacity of its implementation. This can happen because: a. The implementation structure is not structured effectively; b. Conflicting interpretations of program objectives between actors, both implementers, field officers, and target groups; c. Conflicts of interest between actors, both administrators, field officers, and target groups; d. Lack of implementation capacity and capability (the required human resources are not appropriate/appropriate); e. Lack of organizational capacity and capability of implementing institutions; f. Weak implementation management; g. Lack of risk (budget, tools, time, etc.)

From what was explained by Triana (2011) above that the implementation structure was not arranged neatly and management was weak, in this case the weak implementation structure that was not arranged neatly and the weak management of the Poso district government towards Poso Hospital resulted in the objectives of policy implementation being difficult to achieve.

III. CONCLUSION

The supporting and inhibiting factors for implementing the BLUD management policy at RSUD Poso are: a. One of the supporting factors is the availability of the Poso Regional Hospital development location and the availability of pediatric surgeons that are not owned by other hospitals in the Central Sulawesi region. b. The inhibiting factor that makes it difficult to implement the BLUD RSUD Poso policy is the weakness of the budget supervisor, which is proven by the corruption of Medical Devices in the 2013 fiscal year. In addition, the evaluation of the local government towards the officials managing the BLUD RSUD Poso is very weak, even especially in the quality assurance of health service activities.

Referring to the findings in the field, this study strengthens the recommendations of Van Meter and Van Horn (1975) which emphasizes that policy resources are important in policy implementation. This statement is in accordance with the results of the study that resources in research on the implementation of health service policies must also be available in order to facilitate the administration of implementing a policy. These resources consist of funds or other incentives that can facilitate the implementation of policies. Then the success of implementing a policy is very dependent on the ability to utilize available resources, especially human resources which are the resources that become the driving force in health services, especially in hospitals. In addition, the critical success factor is quality control from external parties (NGOs, civil society).

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