

ICU-BPJS Patients' Satisfaction on Administration Services and Facilities of Type A Hospital in Jakarta

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ABSTRACT

BPJS is a type of insurance that helps the community, especially the poor. Nonetheless, complaints from patients participating in the BPJS often arise, especially towards administrative services and hospital facilities. These complaints need to be considered especially for complaints that come from patients who need intensive care. Each hospital has different administrative services and facilities. In this research, hospital that provides the highest satisfaction for ICU patients who are participating in BPJS, on administrative services and facilities among eight type A hospitals in Jakarta will be searched. The hospital that are included in this research are Hospital B, C, F, G, H, P, S and T. The hospital found can be used as an example for other hospitals. Therefore ICU-BPJS patient complaints can be reduced. Respondents from this study consist of 124 families of ICU-BPJS patients who were treated at the eight hospitals above, taken by purposive sampling method during October to December 2018. Data analysis methods used are the Kruskal Wallis and Least Significant Difference (LSD) methods. The findings of this study are: hospital S has the highest level of satisfaction on facilities for ICU-BPJS patients. The satisfaction on administration between the eight-hospital included in this research is the same.

Keywords: hospital administration, hospital facilities, ICU-BPJS patients, satisfaction

INTRODUCTION

The incident to be hospitalized is an event that certainly is not wanted by everyone but cannot be avoided if it comes. The cost of treatment in hospitals is very expensive, especially if the patient needs to be treated in the Intensive Care Unit (ICU). Care in the ICU is needed for the survival of patients who are in critical condition and require intensive care. The very expensive cost is often an obstacle for the patient's family to enter patients into the ICU, especially for patients who are less able.

In Indonesia, the government provides a health facility called the Health Social Security Administration Agency (BPJS). BPJS has a vision of "The realization of quality and sustainable Health Insurance (JKN-KIS) for all Indonesian citizens in 2019 based on mutual cooperation with justice through BPJS that is reliable, superior, and trustworthy" (Program Management Report and Financial Statements for Social Health Insurance, 2017).

According to Law Number 24 Year 2011 and Presidential Regulation Number 19 Year 2016 BPJS Health participants cover Health Insurance Contribution Recipients (PBI): poor and disadvantaged people, with the determination of participants in accordance with statutory provisions, not Recipients of Guarantee Contribution Assistance Health (Non-PBI), Wage Recipient Workers and their family members, Civil Servants, Members of the Armed Forces, Members of the National Police, State Officials, Leaders and Members of the Regional People's Representative Council, Non-Civil Servants, Private Employees, Other Workers who receive wages including foreign nationals who work in Indonesia for a minimum of 6 months and are registered by each employer. BPJS provides very low fees and for patients who cannot afford the payment of contributions given by the government.

The broad scope of recipients of BPJS assistance gives hope to the community, especially to poor communities. Unfortunately, in the implementation of BPJS services there are complaints from the community because they feel they receive different services from patients who do not use BPJS, especially in the administrative process and in facilities provided by hospitals. This causes dissatisfaction especially for the families of patients who need care in the ICU.

In Jakarta there are several type A hospitals that receive BPJS services for ICU care, call hospitals B, C, F, G, H, P, S and T. Type A hospitals are designated as the highest referral places by the government or commonly referred to as Central Hospital. It is appropriate that type A

hospitals continue to improve the quality of services including speed, responsiveness, and especially intensive care for the ICU patients (Denura, 2018). In this case, the Intensive Care Unit (ICU) as one of the most important services in hospitals is the main focus. ICU in type A hospitals are able to provide specialist medical services and extensive sub-specialists and special equipment aimed at the observation, treatment and therapy of patients suffering from critical illness, or life-threatening matters (Sjafii, 2009). Each hospital will have different behaviors towards the services provided to patients, especially in administrative services and facilities. The inconvenience of hospital services for BPJS users brings dissatisfaction from patients and their families, especially for patients treated in ICU. They expect their families to be served well, quickly and intensively because it involves a critical patient situation.

Hospitals involved in the study are hospitals B, C, F, G, H, P, S and T which are type A hospitals in Jakarta that receive BPJS services for ICU care. The hospital which has the highest level of satisfaction from the patient's family can be an example for other hospitals so that the benefits of BPJS services for ICU patients can be increased.

Purpose of this study

This study will examine which hospital has the highest level of satisfaction in administration and facilities for ICU-BPJS patient families in Jakarta.

Literature Review

1. ICU-BPJS patients

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1778 / MENKES / SK / XII / 2010 concerning Guidelines for the Implementation of Intensive Care Unit (ICU) in hospitals mention that ICU is a part of an independent hospital (installation under the director of service), with staff special and special equipment intended for observation, treatment and therapy of patients suffering from life-threatening illnesses or injuries or potentially life-threatening with prognosis dubia 1 (Intan PS., 2017). Based on the information above, the ICU care equipment must be complete, well-maintained, with doctors who are always ready to handle everything that happens to the patients and with reliable nurses. This is what causes the cost of care in the ICU is very expensive.

According to the Indonesian Minister of Health, Nila Juwita F Moeloek (UI news portal, 2017) almost all health problems in Indonesia originate from economic problems. Efforts made by the Ministry of Health are creating programs that aim to overcome these problems, one of which is the National Health Insurance Program (JKN) organized by BPJS (Denura, 2018). "Seputar BPJS" states that BPJS is a State Program that aims to provide certainty of protection and social welfare for all people. The BPJS program began in 2014. For the poor, BPJS contributions are paid by the government. This is a very hopeful thing for the community, especially the poor people when they need health services, especially ICU care. In this study ICU patients who use BPJS are called ICU-BPJS patients.

2. Hospital ICU facilities

The ICU is a place to treat patients in a critical condition. Hospital facilities are hospital service facilities that are used to carry out individual health service efforts, both promotive, preventive, curative and rehabilitative (Nedchi, 2014). Hospital facilities in this study, including the ICU room, ICU patient family waiting room, restrooms and eating places. Satisfaction to hospital facilities is measured by an indicator which are reflections of satisfaction with hospital facilities as follows.

- a. The ICU is clean.
- b. The waiting room is spacious enough to accommodate a family.
- c. The waiting room feels comfortable.
- d. The waiting room is "free" from mosquitoes.
- e. Toilet is quite clean.
- f. The toilet feels comfortable.
- g. Water is available in the toilet.
- h. Families of patients easily get food.

3. Hospital administration

Administrative services are the planning, direction, coordination of procedures and capabilities available at the Hospital (Azrul, 2010). Administrative services in each hospital are

not the same. This is where BPJS-ICU patients feel treated differently from non BPJS patients. They have to queue up all day while patients need ICU space. Moreover, to get a room in the ICU for BPJS patients is often not easy. They have to go through a long administration process. Administrative service satisfaction for ICU-BPJS patients is measured by indicators that are reflections of satisfaction with administrative services as follows.

- a. The clerk provides a polite and friendly service.
- b. The clerk runs the job optimally and in accordance with the set working hours.
- c. The clerk provides a clear and easy flow explanation for administrative settlement understood.
- d. The flow of administration that is not complicated.
- e. Administrative services require a long time.
- f. The queue to get treatment at the ICU is too long.
- g. The maintenance queue sequence has been run correctly.

RESEARCH METHOD

The population in this study was the family of patients treated at ICU type A hospitals in Jakarta. The sample in this study was 124 families of patients treated in ICU from type A hospitals namely hospitals B, C, F, G, H, P, S and T in Jakarta taken in October to December 2018. The data are secondary data from Denura, University of Indonesia.

RESULTS AND DISCUSSION

The purpose of the data analysis in this study is to find which hospital has the highest satisfaction with administration and facilities. The method used is the Kruskal Wallis method and the LSD method. The results obtained are as follows:

Table 1: Kruskal Wallis Test

Test Statistics^{a,b}

| | Administration | Facilities |
|-------------|----------------|------------|
| Chi-Square | 7.540 | 32.691 |
| df | 7 | 7 |
| Asymp. Sig. | .375 | .000 |

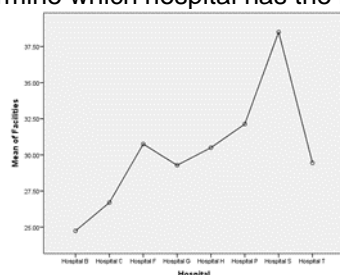
a. Kruskal Wallis Test

b. Grouping Variable: Hospital

From table 1 it can be concluded that for satisfaction to administration it was found that Asymp.Sig = 0.375 > 0.15. It can be concluded that the 8 hospitals above have the same administration satisfaction.

For satisfaction to facilities found that Asymp.Sig = 0,000 < 0.15. It can be concluded that satisfaction to the facilities of the 8 hospitals is different. In this study the significance level 0.15 was used

Because satisfaction to the facilities of the 8 hospitals is different, an LSD test will be conducted to determine which hospital has the highest level of satisfaction with the facilities.



Picture 1: Means Plot for the Satisfaction of facilities

From Picture1 above it can be seen that the hospital which has the greatest satisfaction to the facilities is the S hospital. The LSD test will be used to test whether the level of satisfaction with the facilities from the S hospital is different from the P hospital or not. From the LSD test, it can be concluded:

Table 2: LSD Test

Multiple Comparisons

Dependent Variable: Facilities

LSD

| (I) Hospital | (J) Hospital | Sig. |
|--------------|--------------|------|
| Hospital S | Hospital B | .000 |
| | Hospital C | .004 |
| | Hospital F | .044 |
| | Hospital G | .017 |
| | Hospital H | .045 |
| | Hospital P | .104 |
| | Hospital T | .027 |

From table 2 above it can be concluded that satisfaction between the facilities of S hospitals and P hospitals is different. So, it can be concluded that the highest facilities satisfaction was obtained by S hospital

Discussion

From the findings above, consideration of choosing a hospital with ICU services that are considered "good" can be made. The data shows that the best hospital in the facilities is S Hospital. This could be because S Hospital has an administrative office for BPJS and Non-BPJS users separately, toilet facilities and waiting rooms for patients' families are very comfortable, quite spacious and free mosquito. For administrative satisfaction, the eight hospitals have the same satisfaction. Although S hospital has a different administrative office for BPJS and Non BPJS users, it turns out that the satisfaction of the patient's family in administering administration at S hospital does not feel better than other hospitals. With a different administrative office for BPJS and Non BPJS patients, the patient's family should feel more satisfied than patients in other hospitals but the reality is not like that. Maybe the patient's family has felt psychological fatigue and experiencing tension so that in administering the administration to get services at the ICU they do not feel more comfortable in administrative care than in other hospitals. Another reason is that they have never tried to administer another hospital. Supposedly with the administration office that is separated for the service of BPJS and Non BPJS patients in S hospitals will surely make the administration process in S hospitals better than in other hospitals.

From the results of this study, it appears that satisfaction with the S hospital is located in good toilet facilities, a comfortable family waiting room for the patient, quite spacious and free of mosquitoes. This satisfaction does not distinguish between BPJS or Non BPJS patients. All ICU patient families will enjoy the same facilities. This shows that S hospital has an advantage not found in other hospitals.

CONCLUSION

From this study it can be concluded that type A hospitals in Jakarta that receive BPJS services and get the highest satisfaction to facilities from ICU-BPJS families are S hospitals. The satisfaction for administration is the same for the eight hospitals in this study

Suggestion:

S hospitals need to be role models by other hospitals so that ICU patients/ families of ICU-BPJS patients get comfort while looking after patients treated in the ICU.

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