



# PHASE 2 EXPLANATION MEETING (AANWIJZING)

Inche Abdoel Moeis District Hospital  
| Public - Private Partnership (PPP) Project Development

May 14<sup>th</sup> – 15<sup>th</sup> 2025

## Rundown *Aanwijzing* Phase 2

### Day 1, Wednesday, May 14th 2025

Time	Object Discussion
08.45 - 09.00	Safety Briefing and Singing of the Indonesian National Anthem
09.00 - 09.15	Opening
09.15 - 09.25	General Health Services
09.25 - 09.40	Center of Excellence – Cardiac Health Services
09.40 - 10.00	Center of Excellence – Cancer Health Services
10.00 - 10.30	Hospital Management Information System (SIMRS)
10.35 - 12.00	Q & A Session
12.00 - 13.00	Break
13.00 - 13.30	Calculation of Cooperation Termination Payment
13.30 - 14.30	Q & A Session
14.30 - 14.40	Closing

***Disclaimer: The schedule and rundown are tentative and may be adjusted based on discussion needs, with a maximum end time of 17:30 Central Indonesia Time (WITA).***

**Medical Services**

**Medical Support Services**

**Non-Medical Support Services**

**BLUD – GCA**

- Emergency Installation (IGD)
- Specialist Outpatient Clinic
- Inpatient Installation (standard care, intensive care, isolation, perinatal)
- Central Surgery Installation – Operating Room
- Maternity Room

- Physiotherapy Unit
- Pharmacy Installation

**IBE**

1

- | Cardiac Center   | Cancer Center |
|--|---------------|
| <ul style="list-style-type: none"> <li>• Polyclinic</li> <li>• Inpatient Installation (standard care, intensive care, isolation, perinatal)</li> <li>• Operating Room</li> <li>• Radiotherapy</li> </ul> |               |

2

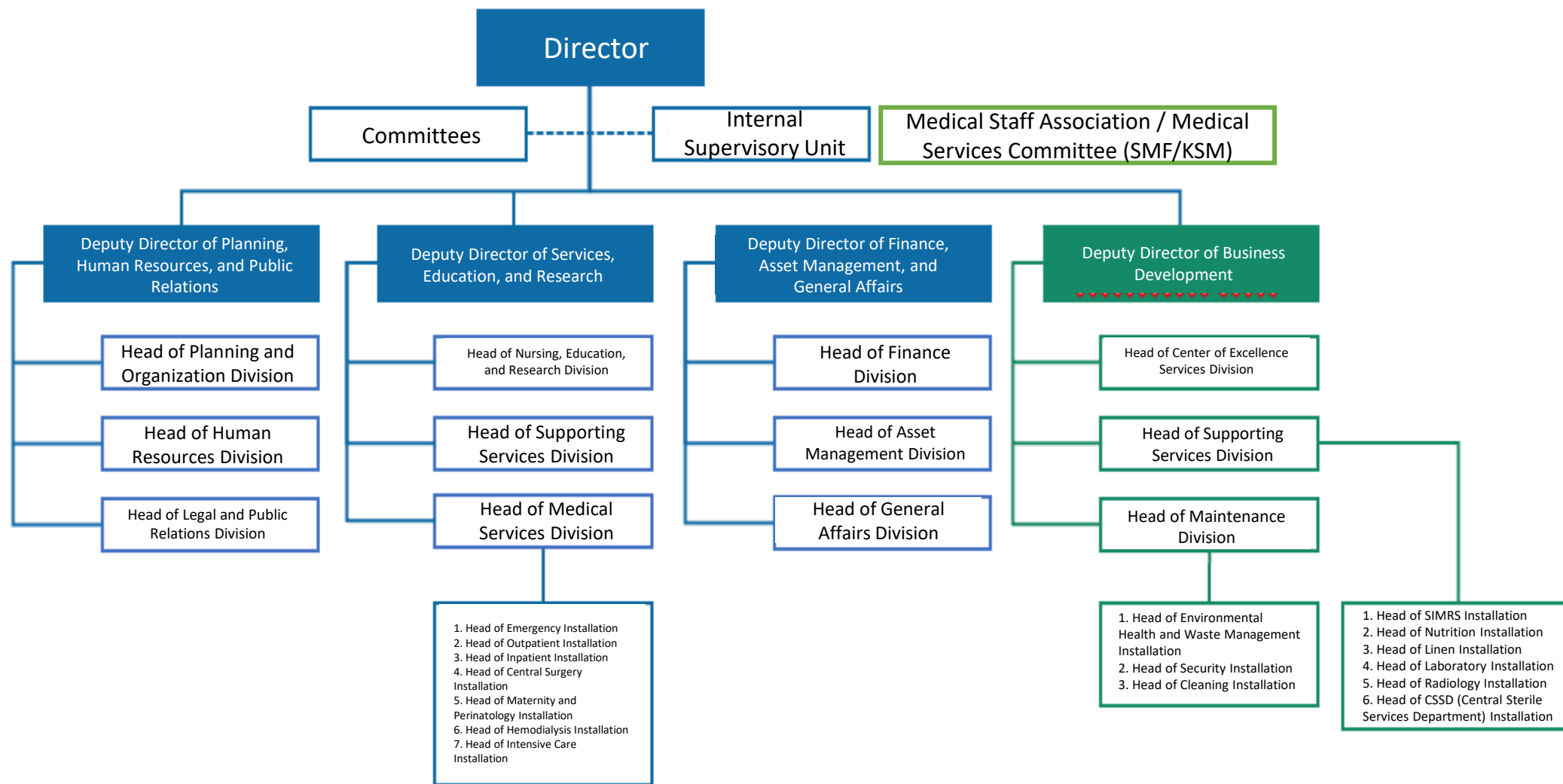
- Radiology Installation
- Laboratory Installation
- Nutrition Installation

3

- Sterilization Unit
- Environmental Health & Waste Management Unit
- Hospital IT / Hospital Management System
- Facilities & Building Maintenance Unit
- Security Unit
- Cleaning Unit

1. User Payment
2. Volume Payment
3. Fix Payment

# Organizational Structure of I. A. Moeis District Hospital



Disclaimer :

\*) The job titles in this organizational structure are for reference purposes only.

## Service Standards

1. Provide assurance of both clinical and non-clinical services in accordance with or exceeding patient expectations (good patient experience)
2. IBE must select and assign qualified personnel in the right place
3. Support the fulfillment of Minimum Service Standards (SPM) of hospitals in accordance with applicable regulations
4. Implement Service Quality Improvement Programs and fulfill accreditation standards

## Service Concept

- Prioritize customer satisfaction
- Emphasize a culture of patient safety
- Apply the principle of effective communication
- Fulfill the rights of patients and their families

## Output Specification Reference

OS 5.A. table I.A



MENTERI KESEHATAN  
REPUBLIK INDONESIA

**MENTERI KESEHATAN REPUBLIK INDONESIA  
NOMOR : 129/Menkes/SK/II/2008**

**TENTANG**

**STANDAR PELAYANAN MINIMAL RUMAH SAKIT**



11.	Nutrition	<ol style="list-style-type: none"><li>1. Timeliness in food delivery to patients</li><li>2. Amount of leftover food not consumed by patients</li><li>3. No incidents of errors in dietary provision</li></ol>	<ol style="list-style-type: none"><li>1. </li><li>2. </li><li>3. 100 %</li></ol>
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15.	Waste Management	<ol style="list-style-type: none"><li>1. Compliance with liquid waste quality standards</li><li>2. Infectious solid waste managed according to regulations</li></ol>	<ol style="list-style-type: none"><li>1. a. BOD &lt; 30 mg/l b. COD &lt; 80 mg/l c. TSS &lt; 30 mg/l d. PH 6-9</li><li>2. 100 %</li></ol>
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MENTERI KESEHATAN  
REPUBLIK INDONESIA

PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA

NOMOR 80 TAHUN 2020

TENTANG

KOMITE MUTU RUMAH SAKIT





KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA  
 NOMOR HK.01.07/MENKES/1596/2024  
 TENTANG  
 STANDAR AKREDITASI RUMAH SAKIT



KEPUTUSAN DIREKTUR JENDERAL PELAYANAN KESEHATAN  
 NOMOR HK.02.02/D/47104/2024  
 TENTANG  
 INSTRUMEN SURVEI AKREDITASI RUMAH SAKIT



## 6) TKRS 5 Assessment Elements

Assessment Element	Evidence Requirement	Scoring
a) Hospital leadership uses available data (data-based) to establish hospital priority indicators whose improvements would have a broad and comprehensive impact, covering points a)–f) in the intent and purpose.	D	10 5 0
	W	Hospital leadership
b) In selecting improvement priorities at the hospital level, leadership uses priority-setting criteria covering points a)–i) in the intent and purpose.	D	10 5 0
		Evidence that criteria a)–i) in the intent and purpose were used in the process of selecting and determining hospital priority indicators
c) Hospital leadership reviews the impact of both primary and secondary improvements on priority indicators set at both hospital and unit levels.	D	10 5 0
	W	- Hospital leadership - Unit heads

# 1 General Health Services by the IBE (3/3)

I. IBE Services in General			Information		Terms/References
A. Basic Provisions	Aspect	Output Specifications			
	1 Expected Service Standards	<ol style="list-style-type: none"> <li>1 Providing certainty that clinical and non-clinical services provided by IBE are in accordance with patient expectations or even exceed patient expectations (good patient experience)</li> <li>2 IBE is obliged to select and place qualified people in the right places.</li> <li>3 Supporting the fulfillment of minimum service standards for regional public hospitals in accordance with applicable regulations as follows:               <ol style="list-style-type: none"> <li>a) Outpatient Service Time Without Supporting Examination ≤120 minutes</li> <li>b) Laboratory Examination Time ≤ 60 minutes</li> <li>c) Radiology Service Waiting Time ≤ 60 minutes</li> <li>d) Cancellation of Elective Surgery</li> <li>e) Patient Service Time in the Emergency Room ≤ 4 Hours</li> <li>f) Inpatient Admission Time ≤60 minutes</li> <li>g) Realization of Patients Planned to Go Home H-1</li> </ol> </li> </ol>	<p>An example of qualifications can be seen in Appendix IX.</p> <p><b>Target</b></p> <p>&gt;80%</p> <p>&gt;80%</p> <p>&gt;80%</p> <p>&lt;3%</p> <p>&gt;80%</p> <p>&gt;90%</p> <p>&gt;90%</p>	<p>Law 17 2023</p>	<p>Mandatory Requirements</p> <p>Mandatory Requirements</p> <p>Minimum Requirements</p>
	2 Service Concept	<p>The service concept must be prepared in accordance with the RSUD Service Values as stated in Project Outline no. 4. Based on this, the IBE is obliged to contribute to improving the quality of patient services as follows:</p> <ol style="list-style-type: none"> <li>1 Provision of Services to ensure patient satisfaction</li> <li>2 Top priority is given to patient safety in the provision of services.               <ol style="list-style-type: none"> <li>a) In providing services. Patient safety must be the first priority.</li> <li>b) All staff have the right and responsibility to report any incidents that have the potential to threaten patient safety through the Patient Safety Incident reporting communication media provided by IAM Regional Hospital.</li> </ol> </li> <li>3 All hospital staff apply the principles of Effective Communication in accordance with the provisions of the IAM Hospital management in providing information and interacting with Patients, Patient Families and Hospital Visitors, as well as maintaining a good appearance and body language in order to maintain and preserve patient satisfaction.               <ol style="list-style-type: none"> <li>a) Prioritize a friendly and professional attitude in providing services to patients, patient families and visitors to the Regional Public Hospital</li> <li>b) Have an attitude <i>open minded</i> and be able to respond positively and proactively to any input provided by patients and their families to improve the quality of service and maintain patient and family satisfaction.</li> <li>c) RSUD is a smoke-free area so smoking behavior needs to be responded to adequately but still prioritizes education for patients and their families.</li> </ol> </li> <li>4 Provide information regarding service delays and postponements to patients and their families to maintain patient comfort.</li> <li>5 Providing an adequate and proactive response and involving all relevant hospital staff (including professional care providers) in responding to patient complaints while maintaining patient privacy and the hospital's reputation.</li> <li>6 Communication with patients and their families in outpatient and inpatient services must use language that is easily understood by the patient, taking into account the age, cultural background and beliefs of the patient/patient's family.</li> <li>7 Patients' rights must be respected, their privacy must be protected and confidentiality must be maintained;               <ol style="list-style-type: none"> <li>a) The Hospital's privacy policy and confidentiality policy must be observed properly.</li> <li>b) The privacy of patients and others visiting the Hospital must be respected.</li> <li>c) Confidentiality and security of information via electronic means must be protected.</li> <li>d) When receiving criticism, it is mandatory to handle it to ensure that the patient who complained is served and not harmed.</li> <li>e) Leakage of personal information must be avoided, and when the information is to be communicated to a third party, the owner of the information must be contacted and must first obtain his/her consent.</li> <li>f) The "patient's right to know" must be respected, and where necessary, appropriate explanation and guidance must be provided.</li> <li>g) Data files and documents containing patient personal information, such as medical records and medical reports, must be handled with care.</li> <li>h) Each patient's privacy area regarding space and time must be respected, based on the significant understanding of the Hospital as a living space for inpatients.</li> <li>i) The privacy of inpatients and their families during visiting hours must be respected.</li> <li>j) All educational activities that are collaborated in all COE services and other supporting services are the responsibility of BLUD. IBE can facilitate space and time as needed based on coordination with BLUD.</li> <li>k) and other provisions related to patient privacy in accordance with applicable regulations</li> </ol> </li> </ol>	<p>Law 17 2023, Government Regulation 47 2021</p>	<p>Mandatory Requirements</p>	

# Task Allocation (1/3)

B. Task Allocation	Category	Information	GCA	IBE	Terms/References						
General	1 Energy Management Plan	1 Develop and report to relevant authorities	✓		Mandatory Requirements						
		2 Providing suggestions, advice and support		✓							
		3 Management and payment of water, electricity, telephone and internet utilities.	✓	✓		GCA makes payments for the use of BLUD utilities and IBE makes payments for the use of utilities within the scope of the IBE service area.					
	2 Operation of Facilities, Means and Infrastructure	1 Facility operating plan	✓	✓		GCA provides suggestions and input					
		2 Medium and long term improvement plans		✓							
		3 Approval of plan	✓								
	3 MEP Facility Maintenance	1 Performance monitoring plan		✓		Mandatory Requirements					
		2 Daily Inspection Plan		✓							
		3 Routine Inspection Plan		✓							
		4 Approval of plan	✓								
	4 Maintenance and inspection of medical gas supply equipment	1 Daily Inspection Plan		✓			Mandatory Requirements				
		2 Routine Inspection Plan		✓							
		3 Approval of plan	✓								
	5 Monitoring	1 Centralized monitoring for all RSUD facilities		✓				Mandatory Requirements			
		2 Minor operations (such as turning on and off) of MEP facilities (AC facilities, electricity, water supply and sanitation drainage facilities, elevator facilities (lifts and escalators), etc.)		✓							
	6 Inspection and maintenance (HVAC system facilities, Electrical Facilities, Telecommunication and Information Facilities, (Local Area Communication System, Security Camera Equipment, Emergency Call Devices, etc.). Crime prevention and disaster prevention facilities. Sanitation equipment for water supply and drainage, Cleaning Facilities (incinerators, etc.). Elevator Facilities (lifts, escalators, etc.), Medical gas facilities, etc.)	1 Inspection		✓					Mandatory Requirements		
		2 Maintenance		✓							
	7 Repair	1 Regular repairs* (damage repairs, management of general purpose equipment/furniture and consumables, etc.)		✓						Mandatory Requirements	
		2 Planned repairs (overhaul)		✓							
	8 Training for emergencies (power outages, fires, earthquakes, etc.)	1 Planning	✓	✓							IBE provides suggestions and input
		2 Implementation	✓								
	9 Environmental Measurements (radiation, microbiology, medical gases, electromagnetic waves, odor, water, etc.)			✓							Mandatory Requirements
	10 Record and Report (inspection, maintenance, repair, environmental measurement, training, etc.)			✓							
11 Agreement and acceptance	1 Report Approval	✓		Mandatory Requirements							
	2 Inspection and acceptance of repaired areas	✓									
12 Accreditation Fulfillment	1 Hospital accreditation fulfillment planning	✓	✓		IBE provides suggestions and input						
	2 Implementation of hospital accreditation fulfillment plan	✓	✓								
13 Service Management Quality Improvement Program (PPMMP)	1 IBE assists BLUD public services in implementing international consensus standards, such as the International Patient Safety Goals.		✓		Mandatory Requirements						
	2 IBE assists BLUD Public Services in implementing a closed loop administration process for managing medicines and blood products.		✓								
	3 IBE assists BLUD public services in continuously improving individual competencies		✓								
	4 IBE assists BLUD Public Services in implementing a strong work ethic and code of ethics that must be adhered to by all RSUD employees. Collaboration with other parties		✓								
	5 IBE helps BLUD Public Services collaborate with relevant parties to improve service quality and patient satisfaction.		✓								
	6 IBE helps BLUD Public Services collaborate with partners who support changes in the health system		✓								
	7 IBE assists BLUD Public Services in implementing a non-blaming culture in collaboration with relevant parties to improve the quality of service and patient satisfaction.		✓								
	8 IBE helps BLUD Public Services implement open communication to explain patient rights, doctor rights, service standards, and patient care costs.		✓								

# Task Allocation (2/3)

C. Task Allocation	Service Area		Activity Details	GCA	IBE		Terms/References
Governance of Non-Clinical Support Services IBE	Non-Clinical Governance of Non-Medical Support Services IBE	1	Preparation of socialization and implementation of Organizational Guidelines for each non-clinical service unit/installation		✓	The Quality Improvement and Patient Safety Program (PMKP) at CoE must be integrated with the PMKP Program at IAM Hospital	Mandatory Requirements
		2	Preparation, socialization and implementation of Standard Operating Procedures for Services, SOPs and other provisions		✓		
		3	Monitoring and evaluation of the quality of non-clinical services	✓	✓		
		4	Continuous Quality Improvement non-clinical services		✓		
D. Task Allocation	Types of HR		Activity Details	GCA	IBE		Terms/References
Human Resources Operations	IBE Clinical Human Resources (Doctors, Nurses, Pharmacists, Radiographers, Medical Physicists, Nutritionists, Medical Technicians, Health Experts) and IBE Non-Clinical (Management Staff, Other Non-Medical Support Staff)	1	Preparation and Approval of Manpower Patterns (HR needs plans) Routinely every year		✓	The Professional Committee is part of the IAM Hospital Organizational Structure which is directly responsible to the Hospital Director.	Mandatory Requirements
		2	IBE HR Recruitment		✓		
		3	Credentialing and Re-credentialing of IBE Clinical HR by the Professional Committee for clinical staff	✓	✓		
		4	Performance Assessment of Probationary Period		✓		
		5	Preparation of employment contracts, work placement letters, Clinical Assignment Letters and Clinical Authorization Letters (if applicable)		✓		
		6	Monthly routine performance assessment		✓		
		7	Clinical Performance Assessment by the Professional Committee (for Clinical HR)	✓	✓		
		8	Payment of salaries and medical services/service fees		✓		
		9	Rewards & Punishments HR	✓	✓		
		10	Coaching and Training	✓	✓		
		11	Termination of employment and retirement	✓	✓		

# Task Allocation (3/3)

E. Task Allocation	Service	Activity Details		GCA	IBE		Terms/References	
Pharmaceutical Logistics Management IBE (drugs and disposable medical materials)	CoE Services and IBE Support	1	Selection of types of IBE pharmaceutical supplies		✓		Mandatory Requirements	
		2	Preparation of Hospital Formulary	✓	✓	Preparation and approval of the Hospital Formulary is carried out by the Pharmacy and Therapeutics Committee.		
		2	Preparation of the annual routine Drug Requirements Plan (RKO) for IBE	✓	✓	RKO IBE is approved and ratified by the Hospital Director		
		3	Procurement					
			1	Purchase	✓	✓		The pharmaceutical supply chain must go through a one-stop shop system based on Minister of Health Regulation 72 of 2016.
			2	Production of pharmaceutical preparations		✓		
		4	Procurement financing		✓			
		5	Reception		✓			
		6	Distribution		✓			
		7	Destruction and withdrawal	✓	✓	The pharmaceutical supply chain must go through a one-stop shop system based on Minister of Health Regulation 72 of 2016.		
8	Control	✓	✓					
9	<i>Administration</i>		✓					
F. Task Allocation	Service	Activity Details		GCA	IBE		Terms/References	
Commercial Area Management		1	Preparation of commercial area management plans		✓		Mandatory Requirements	
		2	Implementation of commercial area management in accordance with statutory regulations		✓			

**Service Standards**

1. Refers to the regulations of the Government of the Republic of Indonesia
2. Refers to and follows best medical practices that are current and evolving in the field of medicine

**Service Concept**

- The IBE prepares service guidelines, clinical practice guidelines, standard operating procedures (SOP), Clinical Pathways, and internal clinical regulations aligned with best clinical and medical practices
- The IBE manages other resources (medical equipment and pharmaceutical supplies) under its authority based on the task allocation agreed upon with the GCA (BLUD)
- The IBE manages human resources under its authority according to the task allocation agreed upon with the GCA (BLUD)
- The IBE manages all clinical risks in accordance with applicable regulations

**Output Specification Reference**

OS 5.B. table I.A dan table I.B



# 2 Cardiac Center of Excellence Services (2/3)

Cardiac Center															
A. Basic Provisions	Aspect	Output Specifications	Related Standards/Regulations		Terms/References										
	1	Organization	[filled in with the relevant RSUD directorate representative]												
	2	Operational Hours	12 hours/day, 6 days/week, 285 days/year												
	3	Purpose of COE	1	Treating heart and blood vessel diseases with special technology and services. This service offers a variety of diagnoses, treatments, and advanced procedures to treat heart disease holistically.											
			2	CoE services are available which are able to provide comprehensive (complete) services that meet international standards and meet...good patient experience											
	4	Expected Service Standards	Meet the minimum service standards according to applicable regulations as follows			<table border="1"> <thead> <tr> <th colspan="2">Target</th> </tr> </thead> <tbody> <tr> <td>&gt;80%</td> <td rowspan="4">Law 17 2023</td> </tr> <tr> <td>&gt;80%</td> </tr> <tr> <td>&lt;10%</td> </tr> <tr> <td>&gt;95%</td> </tr> <tr> <td>≤ 45 minutes</td> <td>Minister of Health Regulation 129/2008 regulates &lt; 60 minutes</td> </tr> </tbody> </table>	Target		>80%	Law 17 2023	>80%	<10%	>95%	≤ 45 minutes	Minister of Health Regulation 129/2008 regulates < 60 minutes
			Target												
			>80%	Law 17 2023											
			>80%												
			<10%												
			>95%												
	≤ 45 minutes	Minister of Health Regulation 129/2008 regulates < 60 minutes													
	a)	"Door to Balloon" Time ≤ 90 minutes in STEMI cases													
	b)	Fibrinolytic Therapy: "door to needle" ≤ 30 minutes in STEMI patients													
	c)	Mortality of CABG/Coronary artery bypass surgery severity 1													
	d)	Length of stay ≤ 5 days in cases with STEMI KILLIP classification 1													
e)	Providing services with shorter patient waiting times (starting from patient registration in the department)admission until getting a consultation with a Polyclinic doctor)														
5	Types of Services Provided	1	Interventional Cardiologist Sub-specialist												
		1	Cardiac Catheterization												
		2	Coronary Angiography												
		3	Angioplasty and Stent Installation												
		4	Peripheral Artery Intervention												
		5	Valvuloplasty												
		6	Pacemaker and Defibrillator Implantation												
		7	Ablation Interventions for Arrhythmias												
		8	Installation of Circulatory Assist Device (Intra-Aortic Balloon Pump / IABP)												
		9	and other services that can be proposed by IBE in accordance with applicable standards and regulations												
		2	Anesthesia Specialist Sub-specialist Cardiovascular												
		1	Anesthesia for Open Heart Surgery												
		2	Anesthesia for Invasive Cardiovascular Procedures												
		3	Intensive Hemodynamic Monitoring												
		4	Anesthesia for Arrhythmia and Ablation Procedures												
		5	Anesthetic Care of Patients with Heart Failure or Cardiovascular Comorbidities												
		6	Intraoperative Transesophageal Echocardiography (TEE).												
		7	Post Cardiac Surgery Pain Management												
		8	and other services that can be proposed by IBE in accordance with applicable standards and regulations												
		3	Cardio Thoracic Vascular Surgery Specialist (BTKV)												
		1	Cardiothoracic Surgery Consultation and Evaluation												
		2	Coronary Artery Bypass Surgery (CABG)												
		3	Heart Valve Installation and Replacement												
		4	Operation on the Aorta												
		5	Congenital Heart Disease Surgery												
		6	Thoracic Surgery for Lung and Mediastinal Diseases												
		7	Endovascular and Hybrid Surgery												
		8	and other services that can be proposed by IBE in accordance with applicable standards and regulations												
		4	Inpatient and Cardiovascular Intensive Care Unit (ICCU)												
		5	Cardiac Rehabilitation												
		6	Consultation and Education												
1	Patient and Family Education about prevention, treatment, and recovery from heart disease.														
2	Multidisciplinary Consultation which provides consultation services with various specialists such as nutritionists, physiotherapists, and psychologists for more comprehensive heart care.														
7	and other services that can be proposed by IBE in accordance with applicable standards and regulations, best health sector industry practices and market needs agreed between IBE and GCA														

# 2 Cardiac Center of Excellence Services (3/3)

B. Task Allocation	Category	Task	GCA	IBE	Information	Terms/References				
1	Clinical Governance of Cardiac Center Services	1 Preparation, socialization and implementation of Cardiac Center CoE Service Guidelines		✓		Mandatory Requirements				
		2 Preparation of socialization and implementation of the Cardiac Center CoE Organization Guidelines		✓						
		3 Preparation, socialization and implementation of Standard Operating Procedures for Services, SOPs and other clinical provisions		✓						
		4 Preparation, socialization and implementation of Clinical Pathways (CP) for Cardiac Center CoE services		✓						
		5 Monitoring and evaluation of the quality of clinical services at the Cardiac Center CoE	✓	✓			The Quality Improvement and Patient Safety Program (PMKP) at CoE must be integrated with the PMKP Program at IAM Hospital			
	2	Procurement and Maintenance of Medical Equipment at the Cardiac Center	6 Continuous Quality Improvement of clinical services at CoE Cardiac Center		✓		Mandatory Requirements			
			1 Planning to fulfill CoE medical device needs		✓					
			2 Approval of the Cardiac Center's medical equipment needs fulfillment plan		✓					
			3 Procurement/Purchase: vendor selection, tender process for Cardiac Center medical equipment procurement, vendor determination		✓					
			4 Approval for determining Cardiac Center medical device procurement vendor & purchase price		✓					
			5 Financing for purchasing medical devices		✓					
			6 Receipt of medical devices from medical device vendors to the hospital		✓					
			7 Cardiac Center Medical Devices Permit Management (for devices that require special permits)	✓	✓			Medical device licensing documents are legal documents for hospitals, so GCA is involved in the submission process until the permit is issued by the Authorized Party.		
			8 Implementation of functional tests of medical devices before first use		✓					
			9 Promotional, preventive, curative and overhaul maintenance (in accordance with Minister of Health Regulation No. 15 of 2023)		✓					
			10 Repair and purchase of spare parts		✓					
			11 Routine calibration tests as per regulations		✓					
	12 Tool replacement (if damaged)		✓							
	3	Cardiac Center HR Governance	1 Preparation and Approval of Manpower Patterns (HR needs plans) Routinely every year		✓		Mandatory Requirements			
			3 HR recruitment taking into account the ASN available at GCA		✓					
4 Implementation of credentialing of Cardiac Center health workers (doctors, nurses/midwives, other health workers) by the Professional Committee			✓	✓	The Professional Committee is part of the IAM Hospital Organizational Structure which is directly responsible to the Hospital Director.					
5 Performance Assessment of Probationary Period				✓						
6 Preparation of employment contracts, work placement letters, Clinical Assignment Letters and Clinical Authorization Letters				✓						
7 Monthly routine performance assessment				✓						
8 Clinical Performance Assessment by the Professional Committee			✓	✓	The Professional Committee is part of the IAM Hospital Organizational Structure which is directly responsible to the Hospital Director.					
10 Payment of salaries & medical services/service fees				✓						
11 HR Reward & Punishment			✓	✓	The Deputy Director in charge of HR governance at IAM Regional Hospital must be actively involved in this process because of the legal impacts that may arise in its implementation.					
12 Human Resources Development & Training			✓	✓	The IBE HR Development and Training Program must be integrated with the Development and Training Program in the HR Department of IAM Regional Hospital.					
13 HR termination and retirement			✓	✓	The Deputy Director in charge of HR governance at IAM Regional Hospital must be actively involved in this process because of the legal impacts that may arise in its implementation.					
4			BMHP Special Cardiac Center Inventory Management	1 Stent Procurement & Purchase				✓		Mandatory Requirements
				2 Procurement & purchase of balloon catheters				✓		
5	Clinical Risk Management	1 Quality Assurance of patient clinical services		✓		Mandatory Requirements				
		2 Patient Safety Guarantee in accordance with applicable statutory standards		✓						
		3 Ensuring excellent patient experience which has an impact on increasing patient loyalty		✓						

**Standar Pelayanan**

1. Refers to the regulations of the Government of the Republic of Indonesia
2. Refers to and follows best medical practices that are current and evolving in the field of medicine

**Service Concept**

- The IBE prepares service guidelines, clinical practice guidelines, standard operating procedures (SOP), Clinical Pathways, and internal clinical regulations aligned with best clinical and medical practices
- The IBE manages other resources (medical equipment and pharmaceutical supplies) under its authority based on the task allocation agreed upon with the GCA (BLUD)
- The IBE manages human resources under its authority according to the task allocation agreed upon with the GCA (BLUD)
- The IBE manages all clinical risks in accordance with applicable regulations

**Output Specification Reference**

OS 5.B. table II.A dan table II.B

# 3 Cancer Center of Excellence Services (2/3)

II Cancer Center									
A. Basic Provisions	Aspect	Output Specifications	Related Standards/Regulations		Terms/References				
	1	Organization	[filled in with the relevant RSUD directorate representative]						
	2	Operational Hours	12 hours/day, 6 days/week, 285 days/year				Minimum Requirements		
	3	Purpose of COE	1	providing comprehensive and high standard cancer services to improve patients' quality of life through accurate diagnosis, effective treatment, and holistic support in prevention, recovery and palliative care.				Mandatory Requirements	
			2	CoE services are available which are able to provide comprehensive (complete) services that meet international standards and meet...good patient experience					
	4	Expected Service Standards	Meet the minimum service standards according to applicable regulations as follows		Target		Law 17 2023	Minimum Requirements	
			a)	Length of Hospitalization for Breast Cancer Patients with Chemotherapy 3 Days	>80%				
			b)	Suitability of Breast Cancer Patient Services with Chemotherapy in Outpatient Care (One Day Care) with CP	>80%				
			c)	Length of Stay for Breast Cancer Patients with Uncomplicated Mastectomy 5 Days	>80%				
			d)	Overall Treatment Time for Post-Mastectomy Breast Cancer with External Radiation (without Booster) 40 days	>80%				
			e)	Providing services with shorter patient waiting times (starting from patient registration in the department) admission until getting a consultation with a Polyclinic doctor)	≤ 45 minutes	Minister of Health Regulation 129/2008 regulates < 60 minutes			
	5	Types of Services Provided	1	Hematology Oncology Subspecialty				Minimum Requirements (IBE may propose additional types of services provided, but the types of services proposed must not eliminate or change the objectives of the COE)	
				1	Hematology Diagnostics				
				2	Hematology Chemotherapy				
				3	Bone Marrow Transplant				
				4	Targeted Therapy and Immunotherapy				
				5	Genetic Counseling Examination				
			6	and other services that can be proposed by IBE in accordance with applicable standards and regulations					
			2	Gynecologic Oncology Specialist					
				1	Gynecologic Cancer Screening				
				2	Gynecological Cancer Treatment				
3				Post Cancer Fertility Therapy					
4				Palliative Care and Gynecologic Rehabilitation					
5			and other services that can be proposed by IBE in accordance with applicable standards and regulations						
3			Pulmonary Specialist Sub-Specialist Thoracic Oncology						
			1	Lung Cancer Screening					
			2	Lung and Thorax Cancer Treatment					
			3	Patient Counseling and Support					
			4	Pulmonary Palliative Care					
5			and other services that can be proposed by IBE in accordance with applicable standards and regulations						
4			Radiology Oncology Specialist						
			1	External and Internal Radiotherapy					
			2	Diagnostic Imaging					
			3	Intraoperative Radiotherapy					
4			and other services that can be proposed by IBE in accordance with applicable standards and regulations						
5			Internal Medicine Specialist Sub-Specialist Oncology						
			1	Diagnostic Action: Bone Marrow Aspiration					
			2	Chemotherapy Action					
3			and other services that can be proposed by IBE in accordance with applicable standards and regulations						
6	Inpatient & Intensive Care								
7	Consultation and Education								
	1	Patient and Family Education about cancer prevention, treatment, and recovery							
2	Multidisciplinary Consultation which provides consultation services with various specialists such as nutritionists, physiotherapists, and psychologists for more comprehensive cancer care.								
8	and other services that can be proposed by IBE in accordance with applicable standards and regulations, best health sector industry practices and market needs agreed between IBE and GCA								

# 3 Cancer Center of Excellence Services (3/3)

B.	Task Allocation	Category	Task	GCA	IBE	Information	Terms/References						
1	Clinical Governance of Cancer Center Services		1	Preparation, socialization and implementation of the Cancer Center CoE Service Guidelines		✓		Mandatory Requirements					
			2	Preparation of socialization and implementation of the Cancer Center CoE Organization Guidelines		✓							
			3	Preparation, socialization and implementation of Standard Operating Procedures for Services, SOPs and other clinical provisions		✓							
			4	Preparation, socialization and implementation of Clinical Pathways (CP) for CoE Cancer Center services		✓							
			5	Monitoring and evaluation of the quality of clinical services at the CoE Cancer Center	✓	✓			The Quality Improvement and Patient Safety Program (PMKP) at CoE must be integrated with the PMKP Program at IAM Hospital				
			6	Continuous Quality Improvement of clinical services at CoE Cancer Center		✓							
	2	Procurement and Maintenance of Medical Equipment at the Cancer Center		1	Planning to fulfill CoE medical device needs		✓		Mandatory Requirements				
				2	Approval of the plan to fulfill the needs of the Cancer Center Medical Devices		✓						
				3	Procurement/Purchase: vendor selection, tender process for procurement of Cancer Center medical devices, vendor determination		✓						
				4	Approval of determination of vendor for procurement of Cancer Center medical devices & purchase price		✓						
				5	Financing for purchasing medical devices		✓						
				6	Receipt of medical devices from medical device vendors to the hospital		✓						
				7	Cancer Center Medical Devices Permit Management (for devices that require special permits)	✓	✓			Medical device licensing documents are legal documents for hospitals, so GCA is involved in the submission process until the permit is issued by the Authorized Party.			
				8	Implementation of functional tests of medical devices before first use		✓						
				9	Promotional, preventive, curative and overhaul maintenance (in accordance with Minister of Health Regulation No. 15 of 2023)		✓						
				10	Repair and purchase of spare parts		✓						
				11	Routine calibration tests as per regulations		✓						
				12	Tool replacement (if damaged)		✓						
	3	Fulfillment of Medical Device Needs for MES Radiotherapy		1	Planning to fulfill the needs of cancer center medical devices for the benefit of radiotherapy services in the Radiology Installation		✓		Mandatory Requirements				
				2	Approval of the plan to fulfill the needs of the Cancer Center Medical Devices	✓							
				3	Selection of partners providing radiotherapy equipment		✓						
				4	Determination of partners providing radiotherapy equipment		✓						
				5	Establishment of management contracts with selected Radiotherapy equipment provider partners	✓	✓			All Management Contracts are under the responsibility of the Hospital Director.			
				6	Partner performance assessment	✓	✓						
				7	Termination of performance contract	✓	✓						
	4	Cancer Center Human Resources Management		1	Preparation and Approval of Manpower Patterns (HR needs plans) Routinely every year		✓		Mandatory Requirements				
				3	HR recruitment taking into account the ASN available at GCA		✓						
4				Implementation of credentialing of Cancer Center Health Workers (doctors, nurses/midwives, other health workers) by the Professional Committee	✓	✓	The Professional Committee is part of the IAM Hospital Organizational Structure which is directly responsible to the Hospital Director.						
5				Performance Assessment of Probationary Period		✓							
6				Preparation of employment contracts, work placement letters, Clinical Assignment Letters and Clinical Authorization Letters		✓							
7				Monthly routine performance assessment		✓							
8				Clinical Performance Assessment by the Professional Committee	✓	✓	The Professional Committee is part of the IAM Hospital Organizational Structure which is directly responsible to the Hospital Director.						
10				Payment of salaries & medical services/service fees		✓							
11				HR Reward & Punishment	✓	✓	The Deputy Director in charge of HR governance at IAM Regional Hospital must be actively involved in this process because of the legal impacts that may arise in its implementation.						
12				Human Resources Development & Training	✓	✓							
13				HR termination and retirement	✓	✓	The Deputy Director in charge of HR governance at IAM Regional Hospital must be actively involved in this process because of the legal impacts that may arise in its implementation.						
5				BMHP Special Cancer Center Inventory Management		1	Stent Procurement & Purchase				✓		Mandatory Requirements
						2	Procurement & purchase of balloon catheters				✓		
6	Clinical Risk Management		1	Quality Assurance of patient clinical services		✓		Mandatory Requirements					
			2	Patient Safety Guarantee in accordance with applicable statutory standards		✓							
			3	Ensuring excellent patient experience which has an impact on increasing patient loyalty		✓							

**Operational Definition**

The Hospital Information System (SIMRS) is a communication and information technology system that processes and integrates the entire workflow of hospital services in the form of coordination networks, reporting, and administrative procedures to obtain accurate and timely information. It is part of the broader Health Information System.

A Health Information System is a set of arrangements that includes data, information, indicators, procedures, technologies, tools, and human resources that are interconnected and integrated to guide actions or decisions that are beneficial to support health development.

**Provision**

Achieve a minimum of Level 5 in the EMRAM (Electronic Medical Record Adoption Model), which includes full EMR data integration across all departments and implementation of telemedicine.

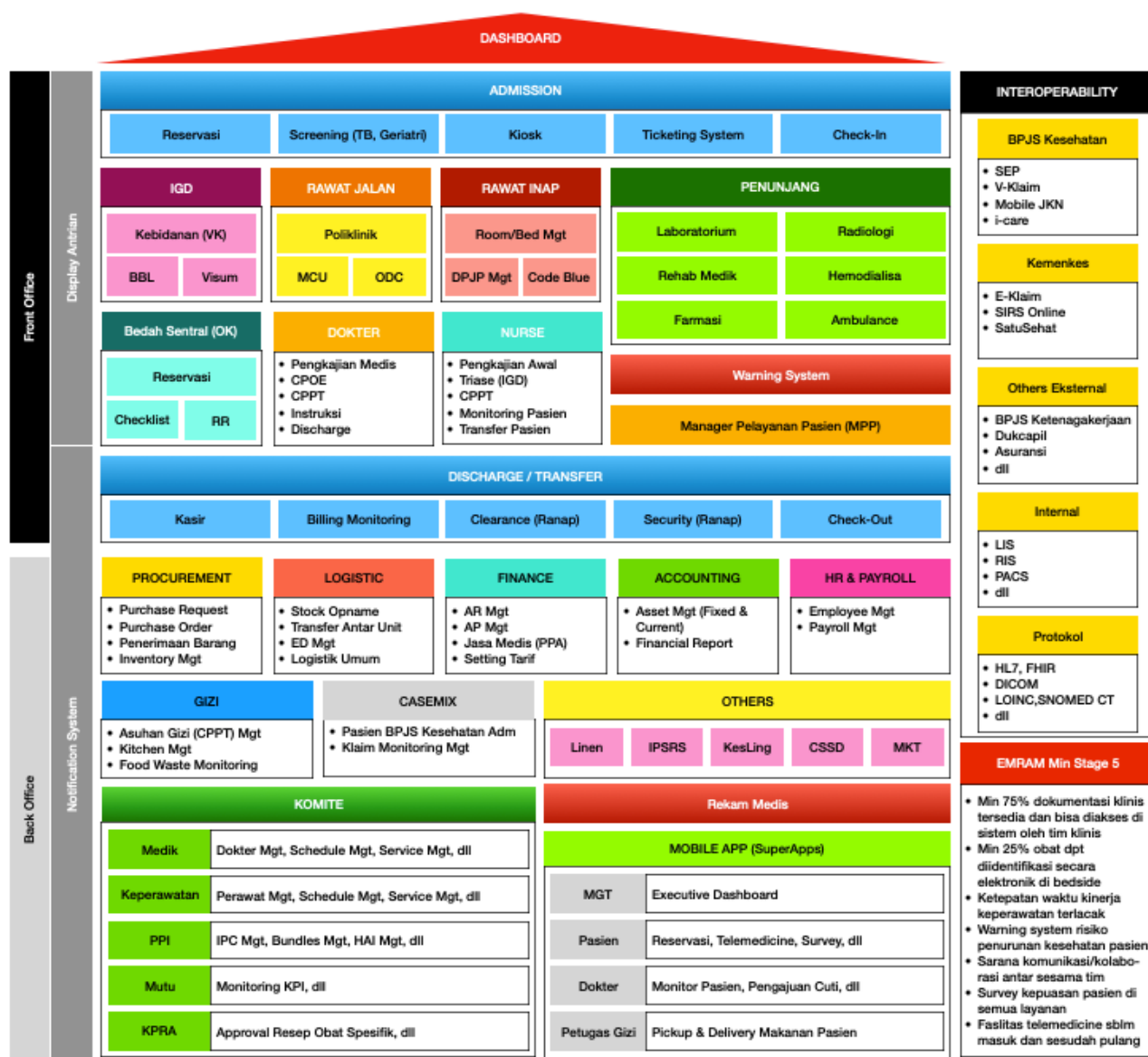
**Reference**

- Ministry of Health Regulation No. 82 of 2013 concerning SIMRS
- Healthcare Information and Management Systems Society, Inc. (HIMSS)  
<https://www.himss.org/maturity-models/emram/>

**Output Specification Reference**

OS 6 SIMRS Requirements

## Reference OS 6 SIMRS Requirements



STAGE

0



### Department systems not installed

The absence of department-specific systems can hinder the seamless integration of clinical workflows and data management.

STAGE

1



### Ancillary systems installed

Establish the foundation for an electronic medical record and accessible health information tailored to the individual patient.

**Minimum**



STAGE

2



### Clinical data repositories

Create centralized databases that store vast amounts of patient information, facilitating improved healthcare delivery and research.

STAGE

3



### Electronic documentation and enhanced security

Patient data is captured electronically in a standardized format and used by appropriate providers for diagnosis and treatment leveraging basic clinical decision support.

STAGE

4



### Governance and electronic orders

Strengthen governance and electronic records standardization to enhance efficiency and reduce operational costs.

STAGE

5



### Data integration

Effective data integration ensures patient information is seamlessly shared across platforms, supporting remote consultations and continuous care.

STAGE

6



### Advanced data exchange

Leverage health tech for advanced data exchange and interoperability for improved patient engagement, clinical efficiency, and departmental insights.

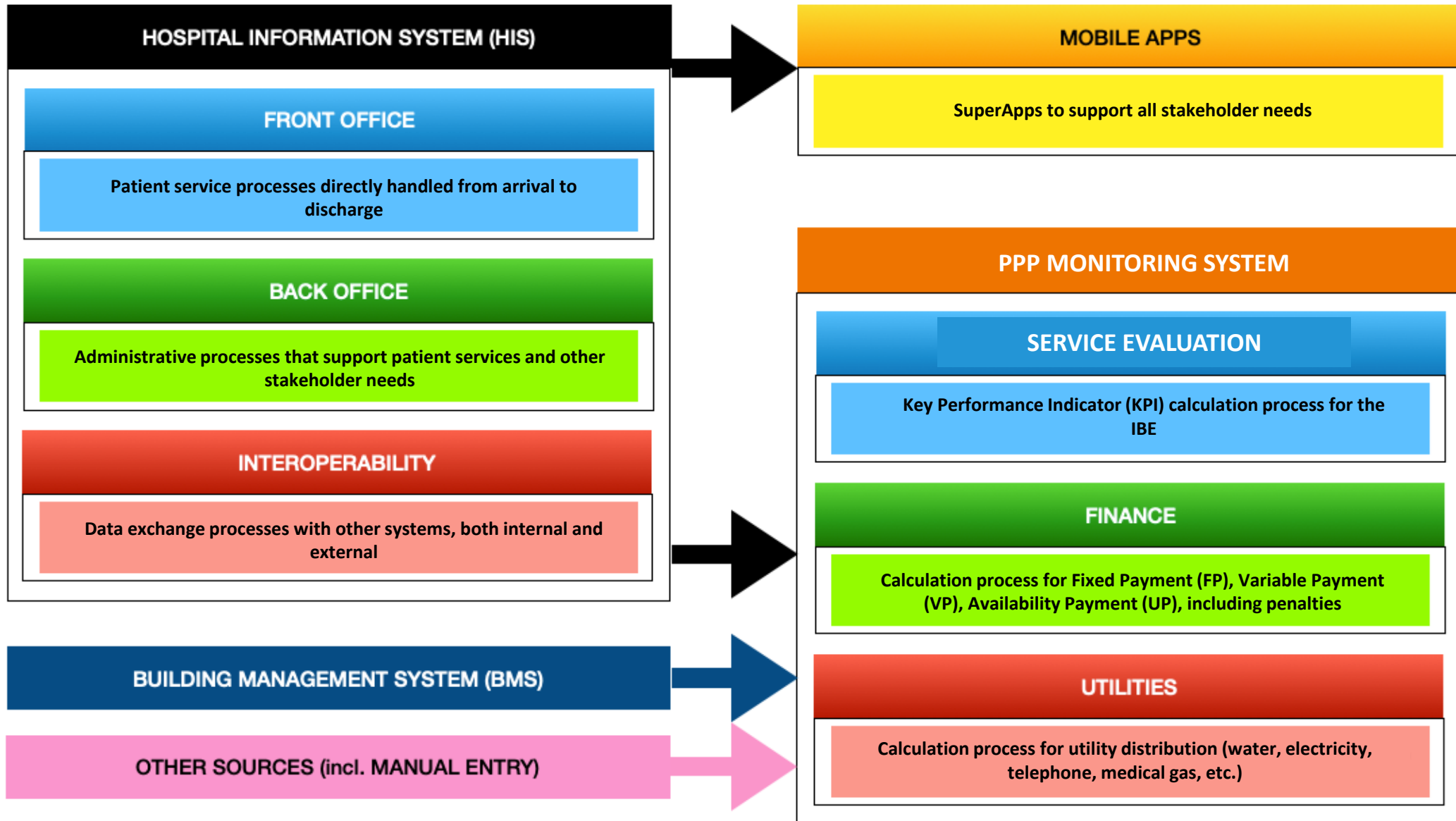
STAGE

7



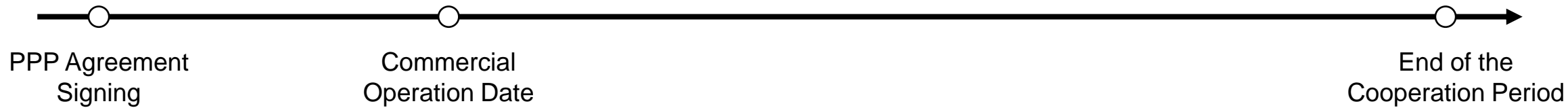
### Dynamic health record

Utilize dynamic tools to foster an engaging healthcare environment that leverages analytics insights for strategic health management initiatives.

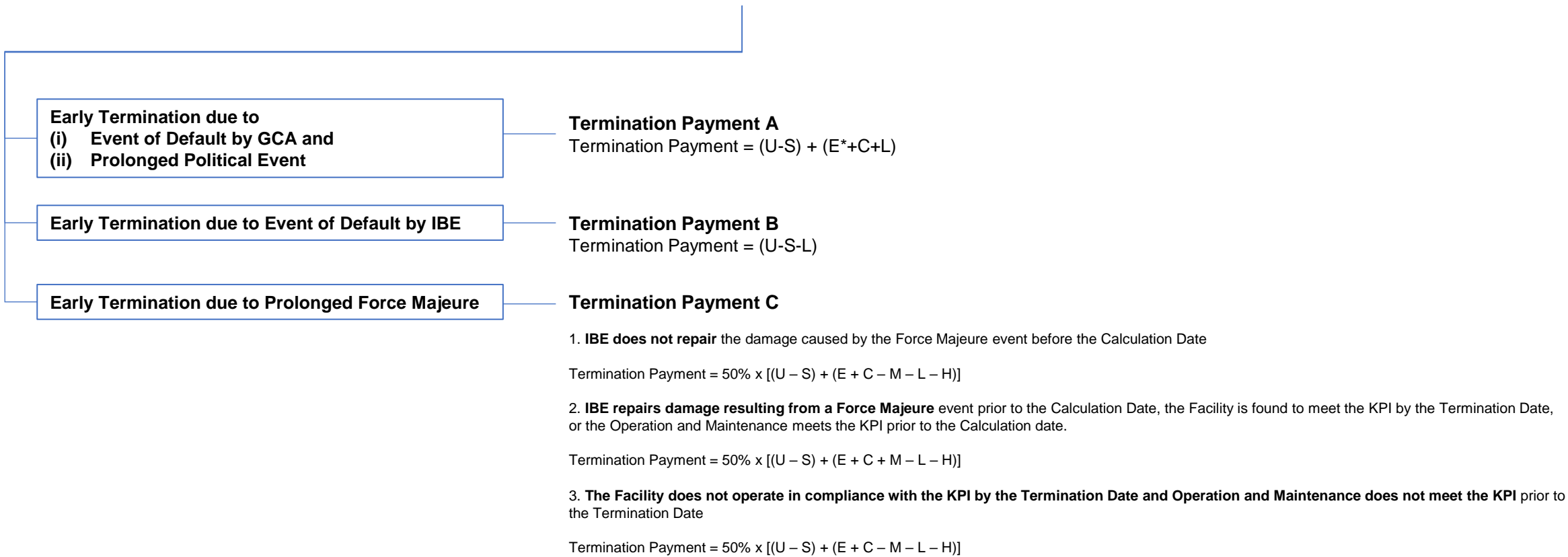


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# 5 Calculation of Cooperation Termination Payment



← Type of Early Termination during Cooperation Period →



\*) there is a difference in the definition of E before and after the Commercial Operation Date

With regard to Appendix 19, Termination Payment is calculated with the following formula:

**Termination Payment A**

Early Termination due to

- Event of Default by GCA and
- Prolonged Political Event

**Termination Payment = (U – S) + (E + C – L)**

Provided that “U - S” cannot be less than zero

**Termination Payment B**

Early Termination due to

- Event of Default by IBE

**Termination Payment = (U – S – L)**

Provided that “U - S” cannot be less than zero

**Termination Payment C**

Early Termination due to

- a Force Majeure event (other than a Force Majeure event affecting the GCA)

1. If the IBE does not repair the damage caused by the Force Majeure event before the Calculation Date,

**Termination Payment = 50% x [(U – S) + (E + C – M – L – H)]**

Provided that “U - S” and “E + C – M – H” cannot be less than zero.

2. If IBE repairs damage resulting from a Force Majeure event prior to the Calculation Date, and; if the condition of the Facility is found to meet the Key Performance Indicators by the Termination Date; or BUP successfully performs Operation and Maintenance meeting the Key Performance Indicators (to the extent that the Operation and Maintenance conditions falling below the Key Performance Indicators occurred as a result of a Force Majeure event) prior to the Calculation Date,

**Termination Payment = 50% x [(U – S) + (E + C + M – L – H)]**

Provided that “U - S” and “E + C + M – H” cannot be less than zero.

3. If the Facility does not operate in compliance with the Key Performance Indicators by the Termination Date and the Business Entity does not successfully perform Operation and Maintenance in compliance with the Key Performance Indicators prior to the Termination Date

**Termination Payment = 50% x [(U – S) + (E + C – M – L – H)]**

Provided that “U - S” and “E + C - M – H” cannot be less than zero.

Definition of the components of Termination Payment A, Termination Payment B, and Termination Payment C are detailed below.

### Termination Payment A

- U = The Senior Debt Component is the aggregate amount due and payable by IBE as Senior Debt and interest due and payable on the Calculation Date.
- With conditions:*
- The principal amount of Senior Debt and accrued interest included in U shall not exceed a seventy percent to thirty percent (70%:30%), debt (U) to Equity (E) ratio, and if U exceeds such ratio, PJPK shall have the right to determine the debt that should be included in such U calculation
  - For the avoidance of doubt, the U calculation shall not include any amount used in the C calculation.
- S = The Saving Component is
- the credit balance in the Bank account held by or for the benefit of IBE on the Calculation Date; plus
  - insurance claim proceeds paid or payable to IBE (or which would have been payable to IBE if IBE had fulfilled all of its insurance obligations under the policy) at any time between the Termination Date and the Calculation Date but excluding amounts required to be used to repair or restore or rebuild the Facility or for third party obligations; plus
  - receivables and other current assets as at the Calculation Date.
- C =
- Contractor Termination Fee; plus
  - all amounts due and payable by IBE to the EPC Contractor or the Operation and Maintenance Contractor at the termination of the EPC Contract and the Operation and Maintenance Contract in connection with the completion of the work by the EPC Contractor and the Operation and Maintenance Contractor, and such work has not been paid by the Business Entity and for such purpose is not taken from Senior Debt or Equity; plus
  - all income, revenue, sales, value added, transfer, wealth or other taxes and other charges imposed on the Business Entity by any agency as a result of the termination of this Agreement and the payment of the Termination Value; plus
  - interest period termination fees under the Financing Agreements; plus
  - commitment fees incurred, early payment of premiums and early payment of penalties under the Financing Agreements; plus
  - Interest Rate Swap Termination Fee; plus
  - Inflation Rate Forward Termination Fee.

Definition of the components of Termination Payment A, Termination Payment B, and Termination Payment C are detailed below.

**Termination Payment A**

- E =
- if the Termination Date occurs before the date of the establishment of the Cooperation Period as referred to in Article 2.2. (Validity Period) of this Agreement, E is equivalent to the total value of Equity income that has been audited by the Independent Auditor as of the Termination Date (to the extent that it is not higher than the book value of Equity that has been audited by the Independent Auditor as of the Termination Date), excluding Equity entered to finance excess costs or to repair the Facility caused by Event of Default by IBE;
  - if the Termination Date occurs on or after the date of the establishment of the Cooperation Period referred to in Article 2.2. (Validity Period) of this Agreement, E equals the current value of the estimated equity cash flows of the Project, which shall include the current value as of the Termination Date of the estimated dividends and Equity disbursements payable to the Shareholders and principal and interest payments for the Subordinated Shareholders' Debt payable as of the Termination Date for the period commencing on the Calculation Date and ending on the completion of the Cooperation Period net of the estimated equity contributions and fund injections (including additional Subordinated Shareholders' Debt) to be made by the Shareholders during such period. In order to arrive at the current value figures, the estimated equity cash flows shall be reduced using a cost of equity assumption for the business as at the Termination Date to be determined by the Independent Auditors. For the avoidance of doubt, (i) the Subordinated Shareholders' Debt shall be assumed by the Independent Auditor to be repaid by IBE and the Equity shall be assumed by the Independent Auditor to be disbursed by the Shareholders on the last day of the Cooperation Period unless the Financing Agreements and Shareholders' Agreement submitted to GCA prior to the Effective Date specify an earlier repayment date (in which case such earlier date shall be used as the basis for this calculation) and (ii) calculation E shall not include any amounts used in calculation S. In estimating the IBE cash flows, the Independent Auditor (with input from professional consultants, including construction consultants) will consider, and to the extent applicable, use the actual performance, operational and maintenance data of the Project as at the Calculation Date, for example (but not limited to) the capital expenditure program, operational and maintenance costs, working capital, the terms of the Loan Agreement and so on; provided that, if the actual performance and operational data of the Project as at the Calculation Date is adversely affected by a Event of Default by GCA, a policy or extended unilateral action of the Government, the Independent Auditor will determine an alternative date prior to the Calculation Date for such forecast or otherwise eliminate the impact of such Event of Default by GCA, or extended unilateral policy or action of the Government on the actual performance and operational data of the Project used for the forecast.
- L = The Liability Component is
- the amount of indirect compensation that has been incurred prior to the Termination Date in accordance with this Agreement and has not been paid to PJPK; minus
  - the amount of the following components that GCA has not been instructed to use as fulfillment of the Project Investment Return payment (excluding revenue from the management and utilization of Commercial facilities):
    - Funds that GCA has paid prior to the Termination Date in accordance with this Agreement; and/or
    - Interest income there on.

Definition of the components of Termination Payment A, Termination Payment B, and Termination Payment C are detailed below.

**Termination Payment B**

U = The aggregate amount due and payable by IBE to the Project Creditors pursuant to the Financing Agreements as Senior Debt due and payable on the Calculation Date, excluding all interest, penalties and other costs accrued in respect of such Senior Debt, on the Calculation Date.

*With conditions:*

- the principal amount of Senior Debt and accrued interest included in U does not exceed a seventy to thirty percent (70%:30%), ratio (U) to Equity (E), and if U exceeds such ratio, GCA reserves the right to determine the debt that should be included in the calculation of such U; and
- where the Senior Indebtedness includes indebtedness arising from a refinancing, such refinancing shall only be included in the calculation to the extent that there is no increase in the amount of the Termination Payment from the amount that would have been payable had the refinancing not occurred.

S & L are as stated in the definition of the components of Termination Payment A.

**Termination Payment C.1**

U, S, L, and E are as stated in the definition of the components of Termination Payment A.

M = Costs (as reasonably estimated by the Independent Auditor) to be incurred in mitigating the effects of a Force Majeure event in respect of the Facility as applicable.

H = The sum of all resulting Interest Rate Swap Breakage Costs and Forward Inflation Breakage Costs.

**Termination Payment C.2**

U, S, L, E, and C are as stated in the definition of the components of Termination Payment A.

M = Ongkos yang dikeluarkan oleh BUP dalam menanggulangi dampak-dampak dari peristiwa Keadaan Kahar dan menyebabkan Fasilitas dapat beroperasi memenuhi Indikator Kinerja Utama (sepanjang kondisi Pengoperasian dan Pemeliharaan yang berada di bawah Indikator Kinerja Utama terjadi sebagai akibat dari peristiwa Keadaan Kahar) pada Tanggal Kalkulasi dikurangi jumlah yang diterima dari pihak asuransi, semata-mata sepanjang jumlah dari asuransi yang digunakan untuk melakukan perbaikan atas Fasilitas

H = as stated in the definition of the components of Termination Payment C.1

**Termination Payment C.3**

U, S, L, E, and C are as stated in the definition of the components of Termination Payment A.

M = costs (as reasonably estimated by the Independent Auditor) will be incurred in mitigating the effects of the Force Majeure event and causing the Flat Access Roads, Flat Facilities and Flats to be operated in compliance with the Key Performance Indicators (to the extent that Operation and Maintenance below the Key Performance Indicator level occurs as a result of the Force Majeure event).

H = as stated in the definition of the components of Termination Payment C.1

# 5 Calculation of Cooperation Termination Payment

## Termination Payment Simulation

Scenario : Event of Default by GCA  
 Period of Event of Default : Operation Period  
 Termination Date : End of Operation Year-2  
 Remaining Operation Period : 28 years

Termination Payment : Termination Payment A  
 Termination Payment Formula : (U-S) + (E+C-L)

Component	Unit	Amount
Senior Debt	IDR billion (1)	500,0
Credit balance in the Bank account	IDR billion (2)	20,0
Insurance claim proceeds paid or payable to IBE	IDR billion (3)	-
Receivables and other current assets	IDR billion (4)	20,0
NPV of estimated free cash flow to equity	IDR billion (5)	800,0
Contractor Termination Fee	IDR billion (6)	2,0
All amounts due and payable by IBE to the EPC Contractor or the Operation and Maintenance Contractor	IDR billion (7)	50,0
All taxes/charges imposed due to termination of Agreement	IDR billion (8)	5,0
Interest period termination fees under the Financing Agreements	IDR billion (9)	5,0
Commitment fees incurred, early payment of premiums and early payment of penalties under the Financing Agreements	IDR billion (10)	10,0
Interest Rate Swap Termination Fee	IDR billion (11)	2,0
Inflation Rate Forward Termination Fee	IDR billion (12)	2,0
The amount of indirect compensation that has been incurred prior to the Termination Date in accordance with this Agreement and has not been paid to PJPK	IDR billion (13)	2,0
Funds that GCA has paid prior to the Termination Date in accordance with this Agreement and its interest income	IDR billion (14)	1,0

Termination Payment Components	Unit	Amount
U	IDR billion (1)	500,0
S	IDR billion (2) + (3) + (4)	40,0
E	IDR billion (5)	800,0
C	IDR billion (6)+(7)+(8)+(9)+(10)+(11)+(12)	76,0
L	IDR billion (13)-(14)	1,0
<b>Termination Payment</b>	<b>IDR billion (U-S) + (E+C-L)</b>	<b>1.335,0</b>

No	Question	Answer
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**Thank You**



Appendix

## VARIABLE

### AREA DATA ON RSUD IAM SERVICE COVERAGE

- Samarinda City → Subdistricts
- Surrounding Regions → Subdistricts

### HEALTHCARE FACILITY DATA OF SURROUNDING SERVICE COVERAGE AREA

- Hospitals
- Clinics
- Regional Clinics (Puskesmas)
- Etc.

### POPULATION DATA

- Total Population
- Population Growth
- Population Morbidity

Distance & Travel  
Time Mapping



Determination of RSUD IAM's  
Market Share for Each  
Subdistrict



Determination and Projection of  
the Number of Outpatients  
Seeking Treatment at RSUD  
IAM

## Methodology

FGD with GCA

DATA from BPS (National  
Statistics Agency)

- Data from BPS
- FGD with GCA

ASSUMPTIONS	VALUE	UNITS	REMARKS	METHOD
Patient Visit Growth to the Hospital	3	kali	3 hospital visits per sick person	Expert judgment
Number of Outpatient Clinic (Polyclinic) Visits	70%	%		Benchmarking
Number of Emergency Department (ED) Visits	30%	%		Benchmarking
Conversion Rate from Outpatient Clinic to Inpatient Care	5%	%		Benchmarking & history RSUD IAM
Conversion Rate from Emergency Department to Inpatient Care	27%	%		Benchmarking & history RSUD IAM

ASSUMPTIONS	VALUE	UNITS	REMARKS	METHOD
<b>CENTER OF EXCELLENCE CARDIAC CENTER</b>				
polyclinic /ED	8,4%		from the total Polyclinic/ED visits at RSUD IAM in 2023	History RSUD IAM
Inpatient	7%		from the total inpatient visits at RSUD IAM in 2023	History RSUD IAM
CARDIAC CENTER in East Kalimantan	3			BPS Data
Assumed Percentage of Visit	40%			Expert Judgment
Severe Myocardial Infarction	1,50%		From total east Kalimantan population	MoH data 2021

Determination and Projection of the Number of Sick People Seeking Outpatient Care at RSUD IAM



Determination and Projection of Outpatient Visits at RSUD IAM



Determination and Projection of Emergency Department (ED) Patient Visits

Determination and Projection of Polyclinic Patient Visits



Determination and Projection of Potential Patient Visits to the Cardiology Polyclinic

ASSUMPTIONS	VALUE	UNITS	REMARKS	METHOD
Patient Visit Growth to the Hospital	3	kali	3 hospital visits per sick person	Expert judgment
Number of Outpatient Clinic (Polyclinic) Visits	70%	%		Benchmarking
Number of Emergency Department (ED) Visits	30%	%		Benchmarking
Conversion Rate from Outpatient Clinic to Inpatient Care	5%	%		Benchmarking & history RSUD IAM
Conversion Rate from Emergency Department to Inpatient Care	27%	%		Benchmarking & history RSUD IAM

Determination and Projection of the Number of Patients Seeking Outpatient Treatment at RSUD IAM



Determination and Projection of Outpatient Visits at RSUD IAM



Determination and Projection of Emergency Department (ED) Patient Visits

Determination and Projection of Polyclinic Patient Visits



Determination and Projection of Potential Inpatient Visits

ASSUMPTIONS	VALUE	UNITS	REMARKS	METHOD
<b>Inpatient</b>				
Ideal BOR Estimate	60-80%			MoH Standard
<b>AvLOS Estimate</b>				
AvLOS PJPk	4	hr		MoH Standard Expert Judgment &
AvLOS BUP	2	hr		FGD with GCA
<b>Bed Demand Estimate</b>				
Existing	139	TT		History RSUD IAM
BOR forming beds of GCA	280	TT		FGD with GCA
BOR forming beds of IBE	53	TT		FGD with GCA
PPP Project Beds	333	TT		FGD with GCA

Number and Projection of  
Potential Inpatient Visits



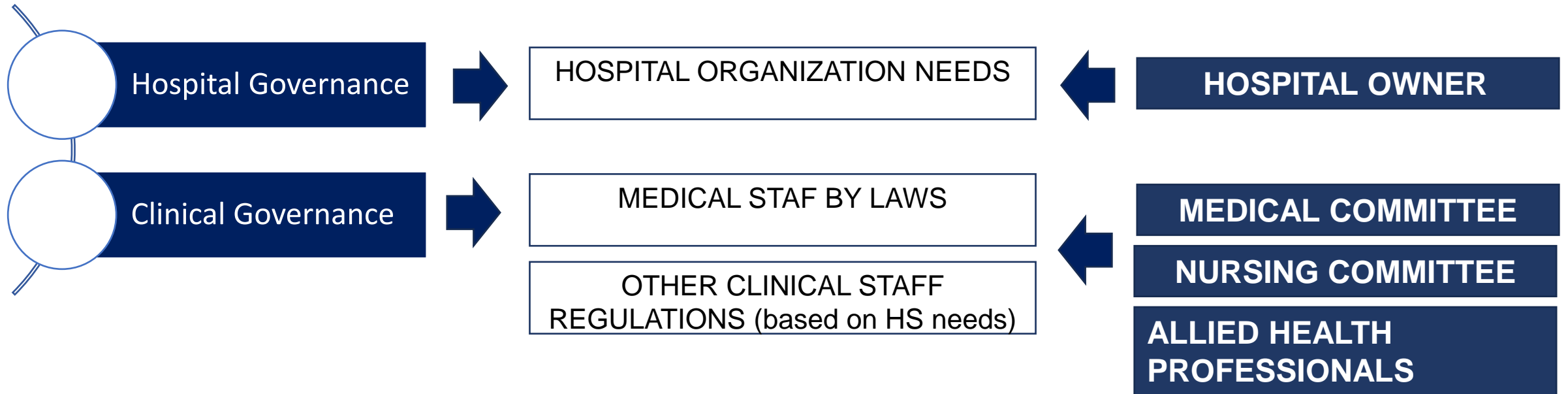
Determination of the Number of  
Inpatient Beds



Determination of GCAs beds  
(TT)

Determination of IBE beds (TT)

## Hospital Governance in Indonesia



**Medical Committee**

**Nursing Committee**

**Allied Health  
Professionals  
Committee**

### **Credentiailling Subcommittee**

- Develop Credentialing & Re-credentialing Guidelines
- Conduct the Credentialing & Re-credentialing Process
- Provide Recommendations for the Issuance of Clinical Privilege Letters (SPK) & Re-credentialing Recommendations (RKK)

### **Professional Quality Subcommittee**

- Develop Clinical Practice Guidelines according to professional specialization
- Develop Clinical Pathways based on professional specialization
- Conduct Professional Performance Assessments
- Conduct Clinical/Medical Audits

### **Professional Ethics Subcommittee**

- Develop Professional Ethics Guidelines
- Provide Coaching and Mentoring for Professionals

## Clinical Governance Task Allocation

No	Governance	Implementor	GCA/IBE
1.	HR Governance (Doctors, Nurses, Analysts, Pharmacysts, Radiographer etc.)	Related Profession Committees (Medical Committee, Nursing Committee, etc.)	
1.1.	Recruitment Process	Hospital HR Department, relevant Medical Staff Units (SMF), relevant Hospital Manageme	GCA + IBE
1.2.	Credential & Re-credentialling -> SPK & RK Issuance	Relevant Credentialing Subcommittee	GCA
1.3.	Routine and Focused Performance Assessment (Ongoing Professional Practice Evaluation & Focused Professional Practice Evaluation)	Relevant Professional Quality Subcommittee	GCA
1.4.	Capacity building and support	Relevant Professional Ethics Subcommittee	GCA
2.	Governance of Clinical Practice		
2.1.	Preparation of Clinical Practice Guidelines (CPG) based on the National Clinical Practice Guidelines (NCPG) or other guidelines aligned with best medical practices	Professional Quality Subcommittee of the Medical Committee and relevant Functional Medical Units (SMF) / Medical Staff Groups (KSM)	GCA + IBE
2.2.	Development of Standard Procedures, including Standard Operating Procedures (SOPs), Management Flowcharts, etc	Head of Medical Services Division & relevant Professional Committees, relevant KSM	
2.3.	Development of Clinical Pathways	All Professional Committees, Vice Director of Medical Services and their team, relevant KSM, Heads of Installations & Heads of Units	
2.4.	Medical Audit and Clinical Audit	Relevant Professional Quality Subcommittee, relevant KSM, Vice Directors and other relevant hospital leadership	