

IMPLEMENTATION OF OCCUPATIONAL THERAPY PATIENT SERVICES IN ACCORDANCE WITH MINISTER OF HEALTH REGULATION NUMBER 76 OF 2014 CONCERNING OCCUPATIONAL THERAPY SERVICE STANDARDS

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Abstract: There are problems in implementing occupational therapy services for patients at RSD Gunung Jati, Cirebon city. The aim of this research is to examine the implementation of occupational therapy patient services in accordance with Minister of Health Regulation (Permenkes) Number 76 of 2014 concerning Occupational Therapy Service Standards. The research method used was document analysis using a normative juridical approach to Minister of Health Regulation Number 76 of 2014 and direct observation of occupational therapy service practices at RSD Gunung Jati. The results of the research show that there is a discrepancy between Minister of Health Regulation Number 76 of 2014 and the implementation of occupational therapy patient service policies at RSD Gunung Jati still needs to be improved to meet the standards that have been set. These findings emphasize the importance of better understanding existing regulations and the need to improve the quality of occupational therapy services in daily practice. It is hoped that this research can contribute to improving the quality of occupational therapy health services in Indonesia in accordance with applicable regulations.

Keywords: Patient Services, Occupational Therapy, Policy

I. INTRODUCTION

In Indonesia, health is a human right and one element of prosperity that must be realized in accordance with the ideals of the nation as intended in Pancasila and the Preamble to the 1945 Constitution. Every activity is an effort to maintain and improve the highest level of public health. implemented based on non-discriminatory, participatory and sustainable principles in the context of forming Indonesia's human resources, as well as increasing the nation's resilience and competitiveness for national development (Soekidjo Notoatmodjo, 2010). Everyone has the right to health, as stated in article 4 point (1) letter a of Law no. 17 of 2023 concerning Health which states: "Everyone has the right to live a healthy life physically, mentally and socially".

Every citizen who wants his body and soul to be in good health must be fulfilled by the state. Meeting health needs is certainly not easy, it is necessary to develop large and evenly distributed facilities and infrastructure for health services considering that Indonesia's population is more than 270 million people spread from Sabang to Rote Island.

The number and distribution of health facilities is considered adequate, seen from the availability of hospitals in various cities and provinces in Indonesia. However, if we look at it from the aspect of service quality, it turns out that it is still felt to be inadequate or even unfulfilled according to the community. The existence of discrimination in services, the use of generic and patent medicines, long waiting queues to get services, long administrative procedures, the unfriendly attitude of staff in providing services are problems that often become the main complaints in the provision of health services in hospitals. In fact, in article 189 number (1) letter b of Law of the Republic of Indonesia Number 17 of 2023 concerning Health which states: "Every hospital has the obligation to provide safe, high-quality, anti-discriminatory and effective health services by prioritizing the interests of patients in accordance with service standards. Hospital."

Apart from that, the increasing level of education and legal awareness of society, where people are more aware of their rights along with the emergence of human rights issues throughout the world, is another cause of conflict in the health sector (M. Jusuf Hanafiah and Amri Amir, 1999). Society is becoming more critical besides being materialistic. Everything is measured by materials which are starting to become the main benchmark in people's lives. Money is the main benchmark, a person's success is only seen in terms of the material possessions. Human life seems to be in a race to collect as much material as possible. And this also affects professional fields which are also members of society. For a while, it seemed as if all means were permitted just to be able to achieve their goals (J. Guwandi, 2007).

In the Minister of Health Decree number 496/MENKES/SK/IV/2005 concerning Guidelines for Medical Audits in Hospitals, it is explained that in the past hospitals were often considered social institutions that were above the law based on the "doctrine of charitable immunity", because they punished hospitals to pay compensation equally. meaning by reducing its assets, which in turn will reduce its ability to help society. However, with the change in the hospital paradigm in the world, where hospitals are capital-intensive, technology-intensive and labor-intensive institutions, the management of hospitals cannot be solely as a social unit. So from that moment on, hospitals began to be used as legal subjects and as targets of lawsuits for their behavior which was considered detrimental.

When both interests meet and all solutions are no longer possible to be taken as problem solvers, the final alternative is through the applicable legal mechanism. Feelings of dissatisfaction, disadvantage and unfair treatment are always the basis for using the law as a solution. Laws are rules, regulations and provisions that have been agreed upon by the community and law enforcers which must be implemented as well as possible (Wawan Muhwan Hariri, 2012).

Occupational Therapists are one of the Health Workers who are included in the group of physical therapy workers according to Article 199 Number (9) of the Law of the Republic of Indonesia Number 17 of 2023 concerning Health which reads:

"The types of Health Personnel included in the group of physical therapy personnel as referred to in paragraph (1) letter h consist of physiotherapists, occupational therapists, speech therapists and acupuncturists"

Has the authority to provide therapy services which include development, maintenance and restoration of daily activities, productivity, use of free time, functioning of adaptive equipment and functional aids in accordance with Article 17 Number (2) Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2013 concerning the Implementation of Occupational Therapist Work and Practice which reads:

"Occupational Therapists in carrying out Occupational Therapy services are authorized to provide Occupational Therapy services which include development, maintenance and restoration of daily activities, productivity, use of free time, functioning of adaptive equipment and functional aids."

Gunung Jati Regional Hospital, Cirebon city, has been contributing health services to the people of Cirebon city and its surroundings. The Cirebon city government-owned hospital is one of the facilities providing health services as a concrete manifestation of the implementation of the government's obligations in fulfilling statutory provisions regarding health. However, along the way, quite a few conflicts occurred between hospitals and patients, especially regarding the health services provided.

Health service problems occur almost every day in all health service sections at the Gunung Jati Regional Hospital, Cirebon City, including the occupational therapy section. Starting from the time the patient comes for treatment until he goes home, the problems with the health services provided are very real. Personally, the author has been practicing as an occupational therapist for approximately 17 years and often finds that the health services provided to patients are not in accordance with the patient's rights that should be provided by the hospital. Apart from that, the author also asked about the patient's knowledge of their rights in obtaining health services in accordance with the law and answered that they did not know anything about it. And what is most impressive is that there is a stigma that is firmly stuck in the minds of patients who visit the Gunung Jati Regional Hospital, Cirebon City, that from the administrative staff to the health service staff, they are bitchy and indifferent.

The availability of occupational therapy health workers does not match the number of patients served. In attachment number II letter B Regulation of the Minister of Health of the Republic of Indonesia Number 76 of 2014 concerning Occupational Therapy Service Standards which reads:

"Meeting the need for human resources in providing occupational therapy services in health service facilities is calculated based on the workload, namely 1 (one) occupational therapist carrying out procedures on 6 (six) clients per session per day."

That occupational therapy services in health service facilities are calculated based on the workload, namely 1 (one) occupational therapist carrying out procedures on 6 (six) clients per session per day. Meanwhile, in the occupational therapy service at RSD Gunung Jati, Cirebon city, 1 (one) occupational therapist performs procedures on 8 (eight) clients per session per day, recorded in the occupational therapy patient visit register book.

Procurement of equipment for occupational therapy services is not in accordance with minimum service standards. To improve the quality of occupational therapy services in accordance with attachment number IV letter C number 3 Regulation of the Minister of Health of the Republic of Indonesia Number 76 of 2014 concerning Occupational Therapy Service Standards which reads:

"In order to improve the quality of services, the leadership of health service facilities fulfills the facilities, infrastructure and equipment for occupational therapy services."

That the leadership of health facility services is required to fulfill the facilities, infrastructure and equipment for occupational therapy services. Equipment for occupational therapy services according to the minimum standards for health services can be found in attached table number 3-3 letter IV Decree of the Minister of Health of the Republic of Indonesia Number: 378/Menkes/SK/IV/2008 concerning Guidelines for Medical Rehabilitation Services in Hospitals. Meanwhile, the availability of equipment for occupational therapy services at RSD Gunung Jati, Cirebon city, when compared with that contained in Kepmekes Number: 378/Menkes/SK/IV/2008, has not been met, for example, Sensory Integration stimulation tools from 1 set only have 3 pieces, other tools There are already some but there are not enough of them, some are not even available at all, which can be seen from the Room Inventory Card (KIR) code for occupational therapy rooms.

Judging from the condition and suitability of using occupational therapy equipment, attention must also be paid considering that the use of therapy equipment is more than 10 years old and physically damaged. As an occupational therapy practitioner on duty, he has submitted a request for the procurement of therapy equipment through the Head of the Medical Rehabilitation Installation since 2010 but until now has not received a good response from the hospital management with several considerations, namely:

1. Availability of budget for purchasing medical equipment
2. There is a priority in purchasing medical equipment
3. The types of occupational therapy health equipment are the same as game equipment

If you look at the attached table number 3-3 letter IV Decree of the Minister of Health of the Republic of Indonesia Number: 378/Menkes/SK/IV/2008 concerning Guidelines for Medical Rehabilitation Services in Hospitals as a basis for equipment procurement, the procurement of occupational therapy equipment should be realized. As an alternative, because occupational therapy equipment consists of materials that can be repaired, it was proposed by the Head of the Medical Rehabilitation Installation to be repaired by the Hospital Facilities and Infrastructure Maintenance Installation (IPRS), but there are several obstacles, namely:

1. Long processing time;
2. Procurement of repair materials takes a long time;
3. The number of therapy tools is limited; and
4. The use of therapeutic tools cannot be replaced.

The occupational therapy equipment that experienced physical damage can be seen in the pictures in attachments number 1 to 10.

If we look at the existing reality, it is compared to other conflicts in the medical field, such as negligence or errors in handling health problems, such as surgical procedures that do not comply with procedures, resulting in disability or death in patients and patients taking legal action, problems regarding occupational therapy services. given to patients as described above can influence aspects of the quality of health services which are closely related to patient safety in hospitals. The development of increasingly critical aspects of public thought and education, as well as materialistic cultural influences from outside, means that one day a conflict will arise. in the field of health law which is massive and disrupts the running of the organization.

An example of a case that has become unforgettable to date is the case of Prita Mulya Sari with the Omni International Hospital which is located at Jl. Alam Sutra Boulevard kav 25-Serpong, Tangerang Banten around mid-2009. In general, this case started with Prita's complaint written via electronic mail to social media about unsatisfactory hospital services due to her request to obtain medical records and initial laboratory results. hospitals cannot fulfill them. The letter spread widely, causing the hospital to feel compelled to refute the accusations

made by Prita and file a civil and criminal lawsuit alleging defamation. This case was ultimately won by the hospital, but succeeded in attracting the attention of various parties, from ordinary people who raised funds in the form of Rp. 1,000 coins, until the president intervened and ordered the National Police Chief to resolve it (Moh. Hatta, 2013).

If we look at the beginning of the Prita case, the fulfillment of the patient's rights in obtaining clear information regarding health conditions and costs during treatment at the hospital was not fulfilled for reasons that were not clear, giving rise to a feeling of dissatisfaction and ultimately conflict in the field. law, both criminal and civil. In fact, patients' rights to obtain health services at hospitals are regulated in Article 4 of Law No. 17 of 2023 concerning Health.

With the existence of various problems in implementing patients' rights to obtain health services provided by hospitals which can give rise to disputes in the legal realm, this makes the author interested in conducting research, remembering that similar cases should not happen again and if they do, we can handle them appropriately.

This research was conducted to determine the implementation of occupational therapy services for patients in accordance with Minister of Health Regulation number 76 of 2014 concerning Occupational Therapy Service Standards. Can provide occupational therapy services to patients in accordance with Minister of Health Regulation number 76 of 2014 concerning Occupational Therapy Service Standards at the Gunung Jati Regional Hospital, Cirebon City.

II. RESEARCH METHODS

This research uses a positivism paradigm. Demanding that every methodology considered to find the truth must treat reality as something that exists, as an object, which must be released from all kinds of metaphysical pre-conceptions which are subjective in nature. Every legal norm must exist in its objective nature as positive norms, confirmed as a form of concrete contractual agreement between community members (their representatives) (Otje Salman S. and Anton F. Susanto, 2010). This is in line with research conducted by the author regarding the implementation of occupational therapy services for patients in accordance with Minister of Health Regulation number 76 of 2014 concerning Occupational Therapy Service Standards at RSD Gunung Jati, Cirebon city.

The type of research carried out by the author is qualitative research because the data used is related to categorization, characteristics in the form of questions or in the form of words (Riduwan, 2010). In relation to legal research, there are two types of data, namely primary data is data obtained mainly from the results of empirical research and secondary data is data obtained from the results of literature reviews or reviews of various literature or library materials related to problems or research materials which are often referred to as legal materials (Mukti Fajar and Yuliato Achmad, 2010). In this research the author uses secondary data or library data or known as legal materials.

This research uses a normative juridical approach which positions law as a building system of norms. The norm system in question is about principles, norms, rules of laws and regulations, court decisions, agreements and doctrines. The research that the author conducted was Minister of Health Regulation number 76 of 2014 concerning Occupational Therapy Service Standards in providing services to patients at Gunung Jati Regional Hospital, Cirebon City, who were suspected of ignoring the applicable norm system, giving rise to the potential for a violation which could result in sanctions.

Data collection instruments are tools selected and used by researchers in their data collection activities so that these activities become systematic and made easier by them (Riduwan, 2010). In this research, the author used a research instrument in the form of

documentation aimed at obtaining data directly from the research site, including legislation, text books, non-legal literature as long as it is related or related, photographs and other data. This legal research uses legal materials or library data which are grouped into:

- a. Primary legal materials consist of statutory regulations, jurisprudence or court decisions (especially for research in the form of case studies) and international agreements (treaties).
- b. Secondary legal materials, namely legal materials that can provide explanations of primary legal materials, which can be draft legislation, research results in textbooks, scientific journals, newspapers, pamphlets, leaflets, brochures and internet news.
- c. Tertiary legal materials, namely in the form of dictionaries, encyclopedias, bibliographies, and others as long as they are related to the research carried out (Mukti Fajar and Yulianto Achmad, 2010).

The primary legal materials from this legal research are:

- 1) The 1945 Constitution of the Republic of Indonesia;
 - 2) Law of the Republic of Indonesia Number 17 of 2023 concerning Health;
 - 3) Republic of Indonesia Government Regulation Number 47 of 2021 concerning the Administration of the Hospital Sector;
 - 4) Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2013 concerning the Implementation of Occupational Therapist Work and Practice;
 - 5) Regulation of the Minister of Health of the Republic of Indonesia Number 76 of 2014 concerning Occupational Therapy Service Standards;
 - 6) Minister of Health Regulation Number 3 of 2020 concerning Hospital Classification and Licensing;
 - 7) Minister of Health Regulation Number 40 of 2022 concerning Technical Requirements for Hospital Buildings, Infrastructure and Health Equipment;
 - 8) Decree of the Minister of Health of the Republic of Indonesia Number: 378/Menkes/SK/IV/2008 concerning Guidelines for Medical Rehabilitation Services in Hospitals;
6. Legal Material Collection Techniques

The technique for collecting normative juridical legal materials is carried out by library study of legal materials, both primary legal materials, secondary legal materials and tertiary legal materials and/or non-legal materials. Searching for legal materials can be done by reading, viewing, listening, or now many searches are carried out using the internet. In the research carried out, the author collected legal materials using literature studies obtained directly from the Gunung Jati RSD, Cirebon city, occupational therapy section, the master's program library at Gunung Jati University, Cirebon, purchased independently and accessed from the internet.

III. RESULTS AND DISCUSSION

A. Implementation of Occupational Therapy Services for Patients at RSD Gunung Jati, Cirebon City in accordance with Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards

In implementing services for patients at RSD Gunung Jati, Cirebon City, occupational therapy has several problems related to the potential to cause violations because it is not in accordance with Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards. Some of these problems relate to services, facilities, infrastructure and Human Resources, namely:

1. Occupational therapy services to patients exceed workload.

Occupational therapy services began on August 1 2006, serving patients from treatment centers based on insurance coverage in the form of Askes health insurance for civil servants, Askeskin health insurance for the poor, Jamkesda regional health insurance for the poor from

the regional government, Jamsostek for workers private sector and in general for people who do not have health insurance. However, after the publication of BPJS Health on January 1 2014, there was a surge in patient services, from an average of 5 people per day to over 10 per day. In fact, more than 20 patients per day are recorded in the occupational therapy patient service book.

The number of patients who can be served by occupational therapy based on workload is regulated in the Roman numeral II attachment letter B Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards. 1 (one) occupational therapist serves 6 (six) patients per therapy session per day. There is a discrepancy between *das sollen*, namely the written law regarding occupational therapy services in accordance with the workload contained in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards and *das sein*, namely the law which has become a fact in the field in the form of occupational therapy services that exceed the workload as the basis for this matter.

2. Number of Occupational Therapist Human Resources

The occupational therapy service at RSD Gunung Jati, Cirebon city has 2 (two) occupational therapists with a service target of 8 (eight) patients per day per therapy session and they are not allowed to refuse to provide services if a patient comes even though the target has been achieved. Based on the workload calculations contained in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards, there should be 3 (three) occupational therapists. There is a discrepancy between *das sollen*, namely the written law regarding the number of human resources for occupational therapists contained in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards of 3 (three) people and *das sein*, namely the law which has become a fact in the field in the form of the number of human resources for occupational therapy as many as 2 (two) people make the basis in this matter.

3. Occupational Therapy Service Room Facilities

In order to improve the quality of service, hospital facilities are one of the indicators that must be available, as shown in the Roman numeral IV, letter C, number 3, Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards, which reads: "Fulfillment of service facilities, infrastructure and equipment. occupational therapy."

The Minister of Health Regulation above mentions in general terms the facilities for occupational therapy service rooms, while the details are in Attachment to CHAPTER III number 13 letters B and C. Minister of Health Regulation Number 40 of 2022 concerning Technical Requirements for Hospital Buildings, Infrastructure and Health Equipment, occupational therapy rooms consist of 3 (three)) rooms, namely children's occupational and vocational therapy rooms, adult occupational therapy and Activities of Daily Living (AKS) rooms, and children's Sensory Integration (SI) therapy rooms. At this point, we take the legal principle of *lex specialis derogat legi generali*, namely that more specific regulations override more general regulations.

The occupational therapy department at RSD Gunung Jati, Cirebon city only has 2 rooms which are used for examining adult patients, examining pediatric patients, a therapy room for adult patients, a therapy room for child patients, and an occupational therapy administration room. This room was previously a room belonging to the obstetrics and gynecology (gynecology) polyclinic as well as the oncology surgery polyclinic which has moved to the new outpatient building.

There is a discrepancy between *das sollen*, namely the written law regarding the number of occupational therapy rooms contained in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards, which is more detailed in Attachment to

CHAPTER III number 13 letters B and C of Minister of Health Regulation Number 40 of 2022 concerning Building Technical Requirements , Hospital Health Infrastructure and Equipment that the occupational therapy room consists of 3 (three) rooms and *das sein* , namely the law which is a fact in the field in the form of the number of occupational therapy rooms being 2 (two) rooms, is the basis for this.

4. Availability of Minimum Standard Number of Occupational Therapy Equipment

Equipment is a means to make it easier and faster for health workers to provide services to patients. Likewise, occupational therapy at RSD Gunung Jati, Cirebon city, has various equipment for carrying out therapeutic procedures on patients. There is a discrepancy between *das sollen* , namely the written law regarding the availability of minimum standard quantities of occupational therapy equipment contained in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards, which in more detail can be found in attachment 3-3 of the Decree of the Minister of Health of the Republic of Indonesia Number 378/Menkes/SK /IV/2008 concerning Guidelines for Medical Rehabilitation Services in Hospitals and *das sein* , namely the law which is a fact in the field in the form of the number of occupational therapy equipment which can be seen on the Room Inventory Card (KIR) of the sub-occupational therapy RSD Gunung Jati, Cirebon city, which is the basis for this matter.

5. Use of Occupational Therapy Service Equipment that is No longer Fit for Use

Currently, the occupational therapy section of Gunung Jati Hospital, Cirebon City , is still using therapy equipment that is more than 10 years old and physically damaged. Some of them are part of a set of sensory integration tools and hand function or fine motor training therapy tools. There is a discrepancy between *das sollen* , namely the written law regarding the use of occupational therapy equipment in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards, which is more detailed in Article 21 of the Government Regulation of the Republic of Indonesia Number 47 of 2021 concerning the Implementation of the Hospital Sector and *das sein* , namely the law that It is a fact in the field that occupational therapy equipment is still being used which has experienced physical damage and is not suitable for occupational therapy services at RSD Gunung Jati, Cirebon city, which is the basis for this.

B. Gunung Jati RSD Cirebon City Policy in Implementing Good Occupational Therapy Services

In order to implement good occupational therapy services as well as implement occupational therapy services to patients in accordance with Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards, RSD Gunung Jati Cirebon city has made a policy namely:

1. Policy for Adjusting the Number of Occupational Therapy Patient Services

In providing health services, the number of occupational therapy patients is calculated based on workload. The workload referred to is 1 (one) occupational therapist carrying out health service procedures for 6 (six) patients per day as stated in the attachment to Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards.

The calculation of occupational therapy workload is carried out jointly by the occupational therapy section together with the Personnel Unit and the results are submitted to the management of RSD Gunung Jati, Cirebon city . The analysis made is in accordance with applicable legal regulations, but in the policy making process management has other perceptions with considerations, as follows:

- a. Hospitals are prohibited from refusing to provide services to patients who come for treatment;
- b. Increase Hospital income; And

c. Overcoming budget deficits.

The management of Gunung Jati Hospital, Cirebon City, made a policy through the Head of the Medical Rehabilitation Installation to increase the number of patients treated each day to 1 (one) occupational therapist providing services to 10 (ten) people per therapy session per day.

As a legal certainty, Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards is a form of regulation that must be implemented by RSD Gunung Jati in regulating the number of patients served by occupational therapy. Although this will cause losses in order to fulfill legal purposes that bring happiness to hospitals, namely increasing sources of income due to the increasing number of patients served by occupational therapy. However, returning to the basic aim of creating law is to bring justice to all parties involved in it, in this case justice that can be felt by all parties (distributed justice). Fair for patients because they receive optimal occupational therapy services in accordance with quality and excellent service. Fair for occupational therapists because they have worked according to the workload they should have. It is also fair for RSD Gunung Jati because it has provided services to patients in accordance with applicable laws and regulations.

In making this policy, the law provides legitimacy for implementers of public policy, presenting their figure as a tool for implementing policy. The Head of the Medical Rehabilitation Installation, who is the representative of the Director of RSD Gunung Jati, which is overseen by the owner of the RSD, namely the Cirebon city government, issued a final policy in the form of occupational therapy services at RSD Gunung Jati, namely 8 (eight) patients per therapy session per day for 1 (person) occupational therapist .

There is tension between the three values contained in the law above, but this is in accordance with the discretion that can be taken by bureaucrats who adjust to the situation and the availability of financial resources at their disposal, especially if the elite model is taken as the style of policy.

2. Policy on Increasing the Number of Occupational Therapist Human Resources

With the calculation of the workload above, the procurement of occupational therapy human resources must also increase. Through the moratorium on the procurement of Civil Servants which was lifted in 2013 by Vice President Budiono in order to reorganize the position formation and orderly administration of the Indonesian Civil Servants which had undergone corrections and improvements, RSD Gunung Jati, Cirebon City proposed the formation of Civil Servant Candidates to the Civil Service Agency. and Cirebon City Human Resources Development (BKPSDM) and the proposal was approved with the publication of CPNS selection for 1 occupational therapy worker who has been practicing since 2020. With the addition of new occupational therapists, the workload is in accordance with Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards.

However, this policy again gave rise to differences in perception regarding its implementation. The workload calculation in the procurement of human resources for occupational therapists aims to break down the workload so that it is in accordance with the workload possessed by each individual occupational therapist in accordance with Minister of Health Regulation Number 76 of 2014, but the management of RSD Gunung Jati, Cirebon city through the Head of the Medical Rehabilitation Installation with the addition Occupational therapists want to improve patient services so that 2 occupational therapists provide services to 20 patients per therapy session per day.

Providing answers to the policies taken by the management of RSD Gunung Jati, Cirebon city, the Occupational Therapy section conducted a review of objections including :

- a. The types of patients treated by Occupational Therapy are almost 90% of children with growth and development disorders who are characterized by hyperactivity, *denial* ,

impulsiveness, *destructiveness* and loss of focus, thereby ignoring interactions with the social environment and their noble functions. It requires a lot of energy to handle it, so the service provided is not optimal if this policy is implemented.

- b. With no restrictions on the number of patients treated, the health status of occupational therapists decreases due to *fatigue*.
- c. Vulnerable to the occurrence of "*fraud*" (fraud) which causes inflated claims for health costs against health insurance providers such as BPJS.
- d. Violating Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards.

As a legal certainty, Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards is a form of regulation that must be implemented by RSD Gunung Jati in procuring the number of occupational therapy Human Resources. Although this will cause losses in order to fulfill legal purposes which bring happiness to the Hospital, namely the efficiency of funding sources because it increases the number of occupational therapy Human Resources. However, returning to the basic aim of creating law is to bring justice to all parties involved in it, in this case justice that can be felt by all parties (distributed justice). Fair for patients because they receive optimal occupational therapy services in accordance with quality and excellent service. Fair for occupational therapists because they have worked according to the workload they should have. It is also fair for RSD Gunung Jati because it has provided services to patients in accordance with applicable laws and regulations.

In making this policy, the law provides legitimacy for implementers of public policy, presenting their figure as a tool for implementing policy. The Head of the Medical Rehabilitation Installation, who is the representative of the Director of RSD Gunung Jati, which is overseen by the owner of the RSD, namely the Cirebon city government, issued a final policy in the form of occupational therapy services at RSD Gunung Jati, namely 8 (eight) patients per therapy session per day for 1 (person) occupational therapist.

Even though this policy still leaves new problems, namely that it still violates the certainty of regulations that have been stipulated in writing, the use of law for occupational therapy is due to excessive workload and if one of the 2 human resources is not present in the service and there should be additional human resources for Occupational Therapists.

There is tension between the three values contained in the law above, but this is in accordance with the discretion that can be taken by bureaucrats who adjust to the situation and the availability of financial resources at their disposal, especially if the elite model is taken as the style of policy.

3. Gunung Jati RSD Policy in Fulfilling Occupational Therapy Rooms

The existence of an occupational therapy service room is one of the improvements in the quality of health services that must be fulfilled by the leadership of health service facilities as stated in attachment Roman numeral IV letter C number 1 Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards. More details about the arrangement of the occupational therapy room are in the attachment to CHAPTER III number 13 letters B and C of Minister of Health Regulation Number 40 of 2022 concerning Technical Requirements for Hospital Buildings, Infrastructure and Health Equipment. The occupational therapy room consists of 3 (three) rooms, namely:

- a. Children's occupational and vocational therapy rooms;
- b. Adult occupational therapy and Activities of Daily Living (ADL) rooms; And
- c. Children's Sensory Integration (SI) therapy room.

Gunung Jati RSD's policy in providing occupational therapy rooms was disrupted because the Covid-19 pandemic meant that the budget used for the construction of the new Outpatient

building experienced very high corrections where the building was finished but the completeness of the interior of the building had not been met. The budget for the interior of the new building was used to overcome the pandemic. Until now, several outpatient service departments still use old buildings, including the occupational therapy department, which only has 2 local rooms that are used to provide services to patients.

As a legal certainty, Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards is a form of regulation that must be implemented by RSD Gunung Jati in procuring the number of rooms for occupational therapy services. Although this will cause losses in order to fulfill legal purposes that bring happiness to hospitals, namely the efficiency of funding sources by increasing the number of occupational therapy service rooms. However, returning to the basic aim of creating law is to bring justice to all parties involved in it, in this case justice that can be felt by all parties (justice that is channeled/distributed). Fair for patients because they receive optimal occupational therapy services in accordance with quality and excellent service. Fair for occupational therapists because they work according to the availability of service rooms. It is also fair for RSD Gunung Jati because it has provided services to patients in accordance with applicable laws and regulations.

There is tension between the three values contained in the law above, but this is in accordance with the discretion that can be taken by bureaucrats who adjust to the situation and the availability of financial resources at their disposal, especially if the elite model is taken as the style of policy. Even though the policy for providing occupational therapy rooms has been delayed due to funds for the construction of a new outpatient building being used to handle the *COVID-19 outbreak*, this does not prevent the construction of a third (3) room for occupational therapy services.

4. Gunung Jati RSD Cirebon City Policy in Procuring Occupational Therapy Equipment Facilities

In procuring the number of equipment used by occupational therapists when providing services, refer to the Roman numeral attachment IV letter C number 3 Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards. More detailed types and standard quantities of occupational therapy equipment can be found in attachment 3-3 of the Decree of the Minister of Health of the Republic of Indonesia Number 378/Menkes/SK/IV/2008 concerning Guidelines for Medical Rehabilitation Services in Hospitals, which can be seen in table 4.1 above.

Currently, the provision of occupational therapy services uses equipment as shown in table 4.2 Room Inventory Card (KIR) for the occupational therapy section. The limited number of occupational therapy equipment does not hinder the provision of services to patients, but in terms of service quality it can have a negative influence. Especially in pediatric patients with growth and development disorders, which are the most common types of patients treated by the occupational therapy department. The limited therapeutic equipment causes boredom for the pediatric patient. As is known, children basically like to explore, look for something new, use imagination in living their lives while in the course of the service process in order to improve their health, facilitated by therapeutic tools which are limited in number.

To overcome this problem, the management of Gunung Jati Regional Hospital, Cirebon City, annually proposes the procurement of medical equipment and consumable medical equipment (Aspak) for all sections directly related to health services for patients through the respective Heads of Installations. Including the occupational therapy section submitting proposals for the procurement of therapy equipment which is in short supply or not yet available. Proposals for the procurement of occupational therapy equipment were submitted to the management of RSD Gunung Jati, Cirebon city from 2010 until now through the Head of

the Medical Rehabilitation Installation. This program aims to "green" the number and availability of health equipment. Including the Occupational Therapy section reporting the number and availability of medical equipment along with requests for the procurement of new equipment. And every year the Occupational Therapy section gets the same answer from the Management of RSD Gunung Jati, Cirebon city through the Head of the Medical Rehabilitation Installation, namely:

- a. Availability of budget for purchasing medical equipment is limited;
- b. Limited space at RSD Gunung Jati, Cirebon city;
- c. There is a priority for purchasing medical equipment; And
- d. The types of Occupational Therapy medical equipment are the same as gaming equipment, making it difficult to process reporting data.

As a legal certainty, Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards is a form of regulation that must be implemented by RSD Gunung Jati in procuring occupational therapy equipment facilities. Although this will cause losses in order to fulfill legal purposes that bring happiness to the Hospital, namely the efficiency of funding sources due to purchasing occupational therapy equipment. However, returning to the basic aim of creating law is to bring justice to all parties involved in it, in this case justice that can be felt by all parties (distributed justice). Fair for patients because they receive optimal occupational therapy services in accordance with quality and excellent service. It is fair for occupational therapists because they have worked using proper therapy equipment. It is also fair for RSD Gunung Jati because it has provided services to patients in accordance with applicable laws and regulations.

In making this policy, the law provides legitimacy for implementers of public policy, presenting their figure as a tool for implementing policy. The Head of the Medical Rehabilitation Installation, who is the representative of the Director of RSD Gunung Jati, which is overseen by the owner of the RSD, namely the Cirebon city government, issued a policy to accommodate the proposed provision of occupational therapy service equipment every year in the Expenditure Budget Plan (RBA) at the beginning of each year and the Expenditure Budget Plan (RBA).) Changes to the Gunung Jati Regional Hospital in Cirebon city towards the end of each year, however, the priority problem of procuring health equipment is the main thing in its implementation.

There is tension between the three values contained in the law above, but this is in accordance with the discretion that can be taken by bureaucrats who adjust to the situation and the availability of financial resources at their disposal, especially if the elite model is taken as the style of policy.

5. Gunung Jati Hospital, Cirebon City's Policy on Occupational Therapy Health Service Equipment that is Unfit for Use

The availability of a number of occupational therapy equipment that does not comply with minimum service standards makes occupational therapists maximize the use of therapy equipment with therapy equipment that is more than 10 years old , causing physical damage which can be seen in appendices 1 to 10. Physical damage to this occupational therapy equipment can causing a decline in the quality of health services as stated in Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards.

The policy of Gunung Jati Hospital, Cirebon city , in dealing with this problem is to use the Hospital Facilities and Infrastructure Maintenance Installation (IPRS). As an alternative to service equipment that is physically damaged because it is considered that occupational therapy equipment consists of materials that can be repaired, it is proposed by the Head of the Medical Rehabilitation Installation in the management section to have it repaired by the Hospital

Facilities and Infrastructure Maintenance Installation (IPRS), but there are several obstacles, namely:

- a. Long processing time;
- b. Procurement of repair materials takes a long time;
- c. The number of therapeutic tools is limited; And
- d. The use of therapeutic tools cannot be replaced.

Facing the policy taken by the management of Gunung Jati Hospital, Cirebon City, the occupational therapy section is looking for other alternatives in procuring the type and number of therapeutic equipment used to provide services to patients, including:

- a. Received a therapy equipment grant from Dr. SpKFR;
- b. Obtain therapeutic equipment grants from patients;
- c. Buy independently; And
- d. Get therapy tools from *door prizes* when attending seminars and workshops held by the Indonesian Occupational Therapists Association.

However, all of the above does not necessarily negate the obligations of the Gunung Jati Regional Hospital in the city of Cirebon in fulfilling the availability of equipment and buildings for the occupational therapy department in providing services to patients as stated in Article 1 letter a of the Regulation of the Minister of Health of the Republic of Indonesia Number 40 of 2022 concerning Requirements Technical for Hospital Buildings, Infrastructure and Health Equipment which reads:

"Creating hospital buildings, infrastructure and health equipment that are functional and in accordance with building and infrastructure layouts that are harmonious and in harmony with their environment, and meet service standards, service capabilities and requirements for quality, security, safety and suitability for use."

As a legal certainty, Minister of Health Regulation Number 76 of 2014 concerning Occupational Therapy Service Standards which is strengthened by Article 1 letter a Regulation of the Minister of Health of the Republic of Indonesia Number 40 of 2020 concerning Technical Requirements for Hospital Buildings, Infrastructure and Health Equipment is a form of regulation that must be implemented by RSD Gunung Jati in the use of health equipment for occupational therapy services. Even though this will cause losses in order to fulfill legal purposes that bring happiness to hospitals, namely the efficiency of funding sources by repairing or replacing equipment that is physically damaged and unfit for use for occupational therapy services. However, returning to the basic aim of creating law is to bring justice to all parties involved in it, in this case justice that can be felt by all parties (distributed justice). Fair for patients because they receive optimal occupational therapy services in accordance with quality and excellent service. It is fair for occupational therapists because they work using therapy equipment that is good and suitable for use in their services. It is also fair for RSD Gunung Jati because it has provided services to patients in accordance with applicable laws and regulations.

In making this policy, the law provides legitimacy for implementers of public policy, presenting their figure as a tool for implementing policy. The Head of the Medical Rehabilitation Installation, who is a representative of the Director of RSD Gunung Jati, which is overseen by the owner of the RSD, namely the Cirebon city government, issued a policy namely collaborating with the Hospital Facilities and Infrastructure Maintenance Installation (IPRS) in the context of repairing occupational therapy service equipment that is physically damaged and it is not suitable for use, but the obstacles to procuring repair materials that require long waits, long repair times, and the use of therapy equipment that cannot be replaced in the implementation of services are the main issues in its implementation.

There is tension between the three values contained in the law above, but this is in accordance with the discretion that can be taken by bureaucrats who adjust to the situation and the availability of financial resources at their disposal, especially if the elite model is taken as the style of policy.

IV. CONCLUSION

The implementation of Occupational Therapy services for patients at RSD Gunung Jati, Cirebon City in accordance with Minister of Health Regulation number 76 of 2014 concerning Occupational Therapy Service Standards has experienced discrepancies, namely:

- a. Occupational therapy services to patients exceed the burden;
- b. The number of Occupational Therapist Human Resources is less than it should be;
- c. Insufficient number of occupational therapy service rooms ;
- d. The Minimum Standard Number of Occupational Therapy Equipment is not met; And
- e. Use of occupational therapy service equipment that is no longer suitable for use.

The research results show that there is a discrepancy between Minister of Health Regulation Number 76 of 2014 and the implementation of occupational therapy patient service policies at RSD Gunung Jati still needs to be improved to meet the standards that have been set.

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