



Analysis of HIV / AIDS Patients Service Management in Paniai Hospital, Paniai, Papua

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Abstract

Clinical Voluntary Counseling Testing (VCT) was established in 2009 in hospitals Paniai Papua. VCT Clinic Hospital Papua Paniai aims to prevent and break the chain of transmission of HIV, screening and early diagnosis, ongoing counseling, as well as preventing the transmission of HIV infection from mother to child. VCT is also becoming more access to management for people with HIV, either the antiretroviral drugs, prevention and treatment of opportunistic infections, and the treatment of HIV infection holistically. Objective: The identification of patient care management of HIV / AIDS in patient wards of hospitals Paniai Papua Province. Mixed Methods ie qualitative and quantitative research. The quantitative data obtained from medical records of 287 patients with HIV-AIDS hospitalizations in 2014-2016. The qualitative data obtained from interviews with key informants were 13 people selected by purposive sampling and analyzed descriptively. Characteristics of patients with HIV / AIDS are the patients most aged 25-49 years (54%), female gender (56%), high school (26%), not working (54%), risk factors for heterosexual (74%), tuberculosis coinfection (46%), duration of treatment ARV therapy for less than 1 year (57%), non-compliance with taking medication (61.1%), length of stay of 1-5 days (48%), stage III (65%), CD4 <200 mg (55%), the difference in the payment of fees at the rate parties BPJS RS Rp. 764 715 036.

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Inputs include human resources, facilities, infrastructure in the service of HIV / AIDS patients in hospitals Paniai accordance Hospital classification type D. Sources of funds from DAU (General Allocation Fund), DAK (Special Allocation Fund), Papua Health Card (KPS) as well as the Public Service Board (BLUD). Optimal service process is already running with the service flow and SOP examination and treatment of HIV. Output inpatient care including HIV / AIDS patients were optimal given by SPM (Minimum Service Standards) Hospital Health Ministerial Decree No. 129 of 2008, but the level of customer satisfaction has not yet reached the target set at only 70%.

Keywords: Management; HIV / AIDS; Hospitalization.

1. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms caused by the Human Immunodeficiency Virus (HIV). HIV is found in body fluids, especially blood, semen, vaginal fluids and breast milk. This virus damages the human immune system and lead to the decline or loss of endurance, so to infection and illness [1]. Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) AIDS is a frightening disease today and got the attention of the world through international health agencies (world health organization). The number of people living with HIV / AIDS up in August 2016 as many as 78 million people infected with HIV / AIDS and the death of about 35 million inhabitants. The discovery of HIV / AIDS cases as many as 2.1 million people in August 2016 and obtain anti-retroviral therapy virus (ARV) as many as 17 million people [2,3]. Number of people living with HIV in Indonesia in 2015 as many as 98 390 people and Papua ranks third as many as 22 123 (22.36%), consisted of 8310 HIV patients and 13 813 declared cases of AIDS. This figure is certainly much improved the last five years in 2010, as many as 21 591 people living with HIV and AIDS as many as 6845 people [4-6]. Increased HIV and AIDS are effective and comprehensive in Indonesia requires a strategic approach, which handles structural factors involving the active participation of all sectors. The challenges faced by large indeed viewed geographically and socio-economic. Indonesia the fourth most populous in the world and consists of 17,000 islands, with a decentralized governance system covers more than 400 counties and cities and 33 provinces. HIV AIDS cases had been reported by 400 counties and cities in 33 provinces in Indonesia. Given the HIV epidemic is a global challenge and one of the most complex problems today [7].

Number of people living with HIV in Indonesia in 2015 as many as 98 390 people and Papua ranks third as many as 22 123 (22.36%), consisted of 8310 HIV patients and 13 813 declared cases of AIDS. This figure is certainly much improved the last five years in 2010, as many as 21 591 people living with HIV and AIDS as many as 6845 people [8]. Current condition of HIV and AIDS in Papua showed that Papua Province occupied the highest HIV prevalence in Indonesia, where the prevalence of indigenous Papuans is 2.9%. While the basic health services in the villages is still very alarming. Therefore, the health program in Papua focused on Papua Sehat Sejahtera Mandiri to Rise in 2013 - 2018. Pursuant to Presidential Decree No: 72 of 2012 on the National Health System then drafted 15 priority programs, including programs focused ATM Infectious Disease Control. In 2009, clinics, voluntary counseling testing (VCT) was established in hospitals Paniai Papua. VCT Clinic Hospital Papua Paniai aims to prevent and break the chain of transmission of HIV, screening and early

diagnosis, ongoing counseling, as well as preventing the transmission of HIV infection from mother to child. VCT is also becoming more access to management for people with HIV, either the antiretroviral drugs, prevention and treatment of opportunistic infections, as well as a holistic treatment of HIV infection.

Paniai Regent father Dr. Hengki Kayame, SH, MH. in August 2013, announced and inaugurated for the exercise of a policy breakthrough in the fight against HIV, TB, STI. Regent create a policy that all people in Paniai have the right to access HIV testing along with lifelong treatment. These policies increase public enthusiasm for an examination to determine the HIV status and obtain access to treatment for the detected positive. By screening a population expected to HIV infection can be detected as early as possible so that mortality, morbidity and infection rates or new infections can be suppressed. Case data from January 2014 - December 2016 in Paniai, totaling 655 cases consisting of 197 HIV cases and 415 AIDS cases were recorded by the cumulative mortality by 43 (6.5%), while obtaining Antiretroviral (ARV) new only 388 people or 60% of the total cases of HIV AIDS in Paniai. The above data is interpreted 40%, yet accessible ARV, low PLWHA receiving ARV services in hospitals and health centers can be a great opportunity to lower the quality of life of people living with HIV [9].

Number Bed Of Rest (BOR) Paniai Hospital in 2014 amounted to 46.14% and in 2015 increased by 55.77%. By 2015, the number of visits and the number of visitors who were diagnosed as new cases of HIV increased. In 2013, obtained 72 847 visits and visitors who are HIV positive (new infections). HIV / AIDS patients hospitalized from 2014 to 2016 a total of 287 patients with HIV / AIDS. Regional General Hospital Paniai until now has not been assessed pasein inpatient management of HIV-AIDS is based on minimum service standards (SPM) according Kepmenkes Hospital No. 129 in 2008. Given the importance for hospitals to assess and meet minimum service standards (SPM) Hospital, the researchers are interested in knowing the implementation of the service management of HIV-AIDS patients in the inpatient unit District General Hospital Paniai by examining patient characteristics, the indicators input (input), process and output (output). The purpose of this study was to analyze Patient Care Management of HIV / AIDS in patient wards of hospitals Paniai [10,11].

2. Materials and Methods

Mixed Methods Research is a type that is quantitative and qualitative research [12,13]. The quantitative data obtained from medical records of 287 HIV-AIDS patients hospitalized in 2014 to 2016 were calculated using frequency tables tabulated in percentage. The qualitative data obtained from interviews with key informants were 13 people selected by purposive sampling and analyzed deskriptif. Penelitian implemented in hospitals Paniai, January 2017.

3. Results and Discussion

A. Characteristics of patients with HIV / AIDS are being treated in hospitals Paniai 2014, 2015 and 2016 can be seen in the table below.

1. Age

Table 1: The age of HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Age	2014		2015		2016	
		N	%	N	%	N	%
1	< 1 year	0	0	0	0	0	0
2	1 – 14 year	3	3,3	4	3,2	0	0
3	15 – 19 year	15	16,7	26	20,8	10	13,9
4	20 – 24 year	21	23,3	23	18,4	24	33,3
5	25 – 49 v	49	54,4	68	54,4	37	51,4
6	≥ 50 year	2	2,2	4	3,2	1	1,4
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on Table 1 shows the flutkuasi patients based on age where in 2014 and 2016, the highest number of patients aged 25-49 years. in 2014 as many as 49 people (54.4%) and an increase in 2015 of 68 people (54.4%) and decreased in 2016 with 37 people (51.4%).

2. Gender

Table 2: Gender HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Sex	2014		2015		2016	
		N	%	N	%	N	%
1	Male	38	42,2	56	44,8	32	44,4
2	Female	52	57,8	69	55,2	40	55,6
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on Table 2 shows that patients with HIV / AIDS in the year 2014 to 2016 was dominated by women. In 2014 as many as 52 people (57.8%), in 2015 as many as 69 people (55.2%) and in 2016 as many as 40 people (55.6%).

3. Level of Education

Table 3: Education level of HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Education level	2014		2015		2016	
		N	%	N	%	N	%
1	No school	16	17,8	36	28,8	14	19,4
2	Basic school	18	20	35	28	9	12,5
3	Junior h.s	25	27,8	34	27,2	20	27,8
4	Senior h. s	28	31,1	20	16	27	37,5
5	Higher education	3	3,3	0	0	2	2,8
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on table 3 shows that the education of HIV / AIDS in 2014, most of the SMA as many as 28 people (31.1%), in 2015 the school was not as many as 36 people (28.8%) and 2016 is the high school by 27 people (37.5%).

4. Employment

Table 4: Work HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Occupation	2014		2015		2016	
		N	%	N	%	N	%
1	No work	54	60	66	52,8	36	50
2	Farmer	33	36,7	59	47,2	33	45,8
3	Civil servant	3	3,3	0	0	2	2,8
4	Businessman	0	0	0	0	1	1,4
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on Table 4 shows that the work of HIV / AIDS patients is dominated not working. In 2014 as many as 54 people (60%), 2015 66 (52.8%) and in 2016 as many as 36 people (50%).

5. Relationship Status

Table 5: Marital status of HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Marriage	2014		2015		2016	
		N	%	N	%	N	%
1	No marriage	21	23,3	76	60,8	47	65,3
2	Marriage	64	71,1	37	29,6	21	29,2
3	Widow / widower	5	5,6	12	9,6	4	5,6
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on Table 5 shows that in 2014 most marital status who marry as many as 64 people (71.1%), 2015 Most unmarried as many as 76 people (60.8%) and 2016 most unmarried as many as 47 people (65, 3%).

6. Risk Factors

Table 6: Risk Factors for HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Risk Factors	2014		2015		2016	
		N	%	N	%	N	%
1	Heteroseksual	69	76,7	89	71,2	55	76,4
2	Homoseksual	0	0	0	0	0	0
3	Mother to child	4	4,4	4	3,2	0	0
4	IDU	0	0	0	0	0	0
5	Transfussion	0	0	0	0	0	0
6	Hemofilia	0	0	0	0	0	0
7	Unknown	17	18,9	32	25,6	17	23,6
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on table 6 shows that risk factors for HIV / AIDS patients according to how it is transmitted from 2014 to 2016 didominasi with hereosesksual, where tahaun 2014 as many as 69 people (76.7%), in 2015 as many as 89

people (71.2 %) and in 2016 as many as 55 people (76.4%).

7. Co-infection

Table 7: Patients coinfectd with HIV / AIDS are being treated in hospitals Paniai 2014, 2015 and 2016

No	Coinfection	2014		2015		2016	
		N	%	N	%	N	%
1	TB	50	55,6	54	43,2	29	40,3
2	Hepatitis B	9	10	12	9,6	8	11,1
3	Hepatitis C	0	0	1	8	2	2,8
4	Other IMS	14	15,6	15	12	13	18,1
5	Malaria	32	35,6	42	33,6	21	29,2
6	Anemia	23	25,6	15	12	13	18,1
7	Kandidiasis	16	17,8	28	22,4	12	16,7
8	Diarrhea	30	33,3	49	39,2	14	19,4
9	Urinary tract infection Pneumonia	3	3,3	5	4	1	1,4
10		10	11,1	25	20	10	13,9
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on Table 7 show that the co opportunistic infections or infections of patients in 2014 to 2016 was dominated by Tubercullsis, namely the year 2014 as many as 50 people (55.6%), in 2015 as many as 54 people (43.2%) and in 2016 as many as 29 people (40.3%).

Low is konfeksi hepatitis C, which in 2015 counted 1 people (8%) and in 2016 with2 (2.8%). Based on Table 8 shows that opportunistic infections or co-infected patients during the years 2014-2016, there were 41 people (14.3%), a co-infection, 73 people (25.4%), two co-infected as many as 87 people (30.3% 0, the three co-infected as many as 57 people (19.9%) and five co-infection by 2 people (0.7%).

More details can be seen in table 9 below.

Table 8: Number of Patients coinfecting with HIV / AIDS are being treated in hospitals Paniai 2014, 2015 and 2016

No	Number Coinfection year of 2014-2016	N	%
1	None	41	14,3
2	One Coinfection	73	25,4
3	Two Coinfection	87	30,3
4	Three Coinfection	57	19,9
5	Four Coinfection	27	9,4
6	Five Coinfection	2	0,7
Number			

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

8. ARV Therapy Treatment duration

Table 10: Duration of Treatment ARV therapy HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Duration of Treatment ARV therapy	2014		2015		2016	
		N	%	N	%	N	%
1	< 1 year	60	66,7	62	49,6	44	61,1
2	1 – 5 year	28	31,1	63	50,4	24	33,3
3	6 – 10 year	2	2,2	0	0	4	5,6
4	> 10 year	0	0	0	0	0	0
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

According to the table 10 show that the length of treatment ARV therapy in 2014 until 2016 was dominated dengan lama treatment <1 year, in 2014 as many as 60 people (66.7%), in 2015 as many as 62 people (49.6%) and tahun 2016 many as 44 people (61.1%).

Table 9: Types of Patients coinfectd with HIV / AIDS are being treated in hospitals Paniai 2014, 2015 and 2016

No	Coinfection year of 2014-2016	N	%
1	Anemmia		
2	Anemia, Diare		
3	Anemia, Kandidiasis	1	0,3
4	Diare	3	1
5	Diare, ISK	2	0,7
6	Diare, Pneumonia	10	3,5
7	HBV	1	0,3
8	HBV, Diare	5	1,7
9	HBV, Diare, Pneumonia	2	0,7
10	HBV, Kandidiasis	1	0,3
11	HBV, Kandidiasis, Diare	1	0,3
12	HBV, Malaria, Anemia, Diare	2	0,7
13	HBV, Malaria, Diare	2	0,7
14	HBV, Pneumonia	1	0,3
15	HBV, Sifilis/IMS	2	0,7
16	HCV, Diare	1	0,3
17	ISK	1	0,3
18	Kandidiasis	1	0,3
19	Kandidiasis, Diare	1	0,3
20	Kandidiasis, Diare, Pneumonia	4	1,4
20	Kandidiasis, ISK, Pneumonia	5	1,7
22	Kandidiasis, Pneumonia	1	0,3
23	Malaria	1	0,3
24	Malaria, Anemia	3	1,0
25	Malaria, Anemia, Diare	13	4,5
26	Malaria, Anemia, Kandidiasis, Diare	1	0,3
27	Malaria, Anemia, Kandidiasis, Pneumonia	1	0,3
28	Malaria, Diare	1	0,3
29	Malaria, Diare, ISK	1	0,3
30	Malaria, Diare, Pneumonia	8	2,8
31	Malaria, ISK, Pneumonia	1	0,3
32	Malaria, Kandidiasis, Diare	2	0,7
33	Malaria, Pneumonia	1	0,3
34	Pneumonia	3	1
35	Sifilis/IMS	8	2,8
36	Sifilis/IMS, Anemia, Kandidiasis, Diare	5	1,7
37	Sifilis/IMS, Anemia, Pneumonia	7	2,4
38	Sifilis/IMS, Diare	1	0,3
39	Sifilis/IMS, Kandidiasis	1	0,3
40	Sifilis/IMS, Kandidiasis, Diare	2	0,7
41	Sifilis/IMS, Kandidiasis, Diare, Pneumonia	1	0,3
42	Sifilis/IMS, Kandidiasis, Pneumonia	1	0,3
43	Sifilis/IMS, Malaria	1	0,3
		2	0,7
		1	0,3

Sumber: Data Sekunder RSUD Paniai, 2014, 2015 dan 2016

No	Koinfeksi Tahun 2014-2016	N	%
44	Sifilis/IMS, Pneumonia		
45	TB		
46	TB, Anemia, Diare, ISK	3	1
47	TB, Diare	25	8,7
48	TB, Anemia	1	0,3
49	TB, Anemia, Diare	1	0,3
50	TB, Anemia, ISK	7	2,4
51	TB, Anemia, Kandidiasis	2	0,7
52	TB, Diare	1	0,3
53	TB, HBV	3	1
54	TB, HBV, Anemia	5	1,7
55	TB, HBV, Anemia, Kandidiasis	3	1
56	TB, HBV, Diare	3	1
57	TB, HBV, HCV, Anemia	1	0,3
58	TB, HBV, Kandidiasis	2	0,7
59	TB, HBV, Kandidiasis, Diare	1	0,3
60	TB, HBV, Malaria	1	0,3
61	TB, HBV, Malaria, Anemia	1	0,3
62	TB, HBV, Malaria, Pneumonia	1	0,3
63	TB, HBV, Sifilis/IMS, Diare	2	0,7
64	TB, HCV	1	0,3
65	TB, Kandidiasis	1	0,3
66	TB, Kandidiasis, Diare	1	0,3
67	TB, Kandidiasis, Diare, Pneumonia	4	1,4
68	TB, Malairia, Diare	3	1
69	TB, Malaria	1	0,3
70	TB, Malaria, Anemia	1	0,3
71	TB, Malaria, Anemia, Diare	16	5,6
72	TB, Malaria, Anemia, Kandidiasis	6	2,1
73	TB, Malaria, Anemia, Kandidiasis, Diare	3	1
74	TB, Malaria, Dia, ISK	4	1,4
75	TB, Malaria, Diare	1	0,3
76	TB, Malaria, Diare, ISK	1	0,3
77	TB, Malaria, Kandidiasis	5	1,7
78	TB, Pneumonia	1	0,3
79	TB, Sifilis/IMS	2	0,7
80	TB, Sifilis/IMS, Anemia, Kandidiasis	3	1
81	TB, Sifilis/IMS, Anemiia	5	1,7
82	TB, Sifilis/IMS, Diare	1	0,3
83	TB, Sifilis/IMS, Kandidiasis	1	0,3
84	TB, Sifilis/IMS, Malaria	3	1
85	TB, Sifilis/IMS, Malaria, Diare	3	1
86	TB, Sifilis/IMS, Malaria, Kandidiasis, Diare	1	0,3
87	Tidak ada	4	1,4
		1	0,3
		38	13,2
Total		287	100.0

Based on Table 9 shows that patients with the highest coinfection is tuberculosis many as 25 people (8.7%), the two most coinfected TB + malaria adalaah many as 16 people (5.6%), the three co-infection is the most TB + Malaria + Anemia as 6 people (2.1%).

9. Compliance Drink Drugs

Table 11: Obidience of medicine Drinking Therapy ARV adherence HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Obidience of medicine Drinking	2014		2015		2016	
		N	%	N	%	N	%
1	Obey	58	64,4	79	63,2	44	38,9
2	Not obey	32	35,6	46	36,8	48	61,1
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on the table 11 shows hospitalized patients in the year 2014 is the most adherent patients taking anti-HIV drugs as many as 58 people (64.4%) and in 2015 as many as 79 people (63.2%). Whereas in 2016 most was wayward as many as 48 people (61.1%). 10. Hospitalization duration

Table 12: Inpatient HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Hospitalization duration	2014		2015		2016	
		N	%	N	%	N	%
1	1 – 5 days	48	53,3	56	44,8	33	45,8
2	6 – 10 days	27	30	43	34,4	24	33,3
3	11 – 20 days	12	13,3	19	15,2	12	16,7
4	21 – 30 days	3	3,3	6	4,8	1	1,4
5	> 1 month	0	0	1	0,8	2	2,8
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on Table 12 shows hospitalized patients with long hospitalization dominated 1-5 days, namely the year 2014 as many as 48 people (53.3%), in 2015 as many as 56 people (44.8%) and in 2016 as many as 33 people (45, 8%). Furthermore, length of stay 6-10 days in 2014 as many as 27 people (30%), in 2015 as many as 43 people (34.4%) and 2016 as many as 24 people (33.3%).

11. Stage of HIV / AIDS

Table 13: Stadium of HIV / AIDS HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	Stadium of HIV/AIDS	2014		2015		2016	
		N	%	N	%	N	%
1	Stadium I	4	4,4	6	4,8	5	6,9
2	Stadium II	1	1,1	5	4	3	4,2
3	Stadium III	61	67,8	85	68	42	58,3
4	Stadium IV	24	26,7	29	23,2	22	30,6
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

Based on the table 13 show hospitalized patients in the year 2014 to 2016 was dominated HIV / AIDS patients with stage III, namely the year 2014 as many as 61 people (67.8%), in 2015 as many as 85 people (68%) and in 2016 as many as 42 people (58.3%). Subsequently in 2014 stadiumIV as many as 24 people 26.7%), in 2015 as many as 29 people (23.2%) and in 2016 with 22 people (30.6%).

12. CD4

Table 14: CD4 HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	CD4	2014		2015		2016	
		N	%	N	%	N	%
1	< 200 mg	11	12,2	94	75,2	53	73,6
2	200 – 499 mg	56	62,2	28	22,4	16	22,2
3	> 500 mg	23	25,6	3	2,4	3	4,2
Number		90	100	125	100	72	100

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

According to the table 14 show that patients hospitalized in 2014 with the highest CD4 between 200-499 mg as many as 56 people, in 2015 with CD4 <200 mg as many as 94 people (75.2%) and 2016 with CD4 <200 mg sebanyak 53 people (73.6%).

13. Medical Costs

The price difference of remuneration paid by the BPJS through CBGs INA and tariff calculation hospitals Paniai high price difference occurs in pasienyang long hospitalization can be seen in Table 15

Table 15: Total Cost of Treatment INA RS meet Rates CBGs and HIV / AIDS patients were being treated in hospitals Paniai 2014, 2015 and 2016

No	year	Total Cost of fare		Paniai Hospital	difference in cost
		Treatment of CBGs	of INA		
1	2014	Rp. 290.889.311	Rp. 330.981.147	Rp. 40.091.836	
2	2015	Rp. 388.938.200	Rp. 1.016.815.300	Rp. 627.877.100	
3	2016	Rp. 243.993.000	Rp. 340.739.100	Rp. 96.746.100	
Number		Rp. 923.820.511	Rp. 1.688.535.547	Rp. 764.715.036	

Source: Data Secondary Hospital Paniai, 2014, 2015 and 2016

According to the table above shows that the difference in price in 2014 as much as Rp. 40,091,836, in 2015 as much as Rp. 627 877 100 and by 2016 as much as 96.7461 million. total medical expenses paid party BPJS during the 2014 - 2016 amounted to 923 820 511 and the rate received by the calculation hospitals Paniai Rp. 1688535547 with the difference in the payment of Rp. 764 715 036.

4. Conclusions

1. Characteristics

- a. Most patients of childbearing age aged 25-49 years in 2014 as many as 49 people (54.4%), in 2015 as many as 68 people (54.4%) and in 2016 as many as 37 people (51.4%).
- b. Most female sex is that in 2014 as many as 52 people (57.8%), in 2015 as many as 69 people (55.2%) and in 2016 as many as 40 people (55.6%).
- c. Education of patients with HIV / AIDS in 2014, most of the SMA as many as 28 people (31.1%), in 2015 the school was not as many as 36 people (28.8%) and 2016 is the SMA as many as 27 people (37.5%). Patients with a college education shows the proportion is low.
- d. HIV / AIDS patients who do not work dominated in 2014 as many as 54 people (60%), in 2015 as many as 66 people (52.8%) and in 2016 as many as 36 people (50%). Most are housewives and caused the patients in the age group 20-24 years who have not got a job.
- e. Marital status in 2014. Most were married as many as 64 people (71.1%), 2015 Most unmarried as many as 76 people (60.8%) and 2016 most unmarried as many as 47 people (65.3%).
- f. Risk factors for HIV / AIDS patients by way didominasi with heterosexual transmission, in which the year 2014 as many as 69 people (76.7%), in 2015 as many as 89 people (71.2%) and in 2016 as many as 55 people (76.4%) ,

- g. co opportunistic infections or infections of patients in 2014 to 2016 was dominated by tuberculosis. Patients with the most was tuberculosis coinfection, the two most coinfecting TB + is malaria, the three co-infection is the most TB + Malaria + Anemia many as 6 people (2.1%).
- h. Duration of treatment ARV therapy in 2014 until 2016 was dominated by the old treatment <1 year, in 2014 as many as 60 people (66.7%), in 2015 as many as 62 people (49.6%) and in 2016 as many as 44 people (61, 1%).
- i. Patients who are hospitalized in the year 2014 is the most adherent patients taking anti-HIV drugs as many as 58 people (64.4%) and in 2015 as many as 79 people (63.2%). While in 2016 there was an increase of non-adherent many as 48 people (61.1%).
- j. Hospitalized patients with long hospitalization dominated 1-5 days, namely the year 2014 as many as 48 people (53.3%), in 2015 as many as 56 people (44.8%) and in 2016 as many as 33 people (45.8%). Furthermore, length of stay 6-10 days in 2014 as many as 27 people (30%), in 2015 as many as 43 people (34.4%) and 2016 as many as 24 people (33.3%).
- k. HIV / AIDS is the third stage, ie the year 2014 as many as 61 people (67.8%), in 2015 as many as 85 people (68%) and in 2016 as many as 42 people (58.3%). Subsequently in 2014 stadium IV as many as 24 people (26.7%), in 2015 as many as 29 people (23.2%) and in 2016 as many as 22 people (30.6%).
- l. Patients who are hospitalized in 2014 with the highest CD4 between 200-499 mg as many as 56 people, in 2015 with CD4 <200 mg as many as 94 people (75.2%) and 2016 with CD4 <200 mg sebanyak 53 people (73.6 %).
- m. The cost of treatment occurred in 2014 the price difference as much as Rp. 40,091,836, in 2015 as much as Rp. 627 877 100 and by 2016 as much as 96.7461 million. total medical expenses paid party BPJS during the 2014 - 2016 amounted to 923 820 511 and the rate received by the calculation hospitals Paniai Rp. 1688535547 with the difference in payment losses of Rp. 764 715 036.

2. input

Human resources, facilities, infrastructure in the service of HIV / AIDS patients in hospitals Paniai accordance Hospital Classification Type D is set in the Act No. 44 of 2009 on Hospitals and Permenkes No. 56 of 2014 concerning the classification of the hospital. Sources of funding comes from funds DAU (General Allocation Fund), DAK (Special Allocation Fund), special autonomy for Papua Health Card (KPS) and the Public Service Board (BLUD).

3. Process

Hospital service process in Paniai already run optimally with the service flow and the standard operating procedures of examination and treatment of HIV.

4. Output

Inpatient care including HIV / AIDS patients were optimal given by SPM (Minimum Service Standards) Hospital Health Ministerial Decree No. 129 of 2008, but the level of customer satisfaction has not yet reached

the target set at only 70%.

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