ANALYSIS OF THE FINANCIAL PERFORMANCE OF RSUD ANUTAPURA PALU BEFORE AND DURING *COVID* 19

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ABSTRACT

This type of research is descriptive quantitative research with the *trend analysis* method */ time series analysis* which focuses on knowing and analyzing the financial performance of the Regional Public Service Agency of the Anutapura Palu Regional General Hospital before and during the *Covid* 19 pandemic from the aspects of liquidity, activity aspects, profitability aspects, and aspects of PNBP income to operational costs. The research method using descriptive is a research method carried out to focus on the main objective of objectively describing and describing the situation. This research describes the calculation of financial ratios and uses the analysis of liquidity ratios, activity ratios, profitability ratios and PNBP revenue ratios at Anutapura Palu Hospital for the period 2017-2022. The financial reporting period in 2017 until 2019 was chosen because this year the condition of Anutapura Palu Hospital has not been affected by the *Covid* 19 pandemic. The financial report for 2020 to 2022 was chosen because this year Anutapura Palu Hospital has been affected by the *Covid* 19 Pandemic. Financial ratio analysis shows that during the *Covid* 19 pandemic, management performance to generate surplus to the hospital has decreased compared to before the *Covid* 19 pandemic. Continuous performance evaluation is essential to ensure the continuity of sustainability and improvement in the quality of hospital services.

Keywords: Financial Ratio, BLUD, *Covid* 19

INTRODUCTION

The changes taking place in Indonesia have led to several developments in each component of hospital management. The foundation of provincial independence that gave birth to the decentralization of emergency hospitals, the idea of UNDP to organize a large administration for each public organization, the foundation of execution-based financial plans for government organizations, the change in the structure of emergency clinics to General Assistance Bodies (BLU, etc., will have very important administrative consequences for the old worldview, especially f or medical clinics owned by public authorities. Monetary administration in this situation was seen as only an unimportant aid in the framework of thinking in emergency clinics. With the advent of this administrative worldview, considering the financial aspect becomes crucial, as it is important f or a hierarchical system of capabilities. Hospitals are utilized to be supervised in a business component that must be capable, yet not forgetting to remember its function (Armen, Azwar, & Mars, 2013).

Hospitals are one of the important health care facilities for health assets and are very important to help the implementation of health services in general. The organization of health services in hospitals has very complex qualities and associations. There are several groups of welfare workers with different types of information communicating with each other. Science and clinical innovations are developing rapidly and must be followed by wellness workers to offer the appropriate type of assistance, making the problems in the clinic even more confusing. In terms of financial costs, hospitals require huge functional and investment costs to complete their operations, so they must be supported by the availability of adequate and affordable resources. BLUD Monetary Administrat ion Example (PPK-BLUD) is a presentation-based monetary administration design that is expected to be

Worked on the exhibition of government organizations. BLUD is implemented by government agencies to directly provide assistance to local areas, where so far government organizations that directly manage the area are considered not to have good performance. One model is the

administrative emergency clinic. Government emergency hospitals are notorious among the general public for their poor quality of assistance, slow help, very poor tidiness, and so on compared to private emergency clinics. Despite the fact that the emergency clinic administration has spent a certain amount of assets on tasks and interests within the structure/hardware of the government clinic . Whether performance is good or bad is very relative, depending on where we look at it, but f inancial performance is usually able to reflect almost the entire performance of the organization.

Guidance for local governments in the financial management of BLUD, has been issued Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 79 of 2018 where the regulation reads that BLUD aims to provide public services effectively, efficiently, economically, transparently and responsibly in observing the principles of justice, compliance and benefits, in lin e with sound business practices in helping to achieve a local government goal where management begins based on the authority mandated by the Regional Head. Mandate Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 79 of 2018 regarding Regional Public Service Agency, it is necessary to carry out performance evaluation for each year in terms of covering f inancial and non- financial aspects. The Supervisory Board is formed for the implementation of financial performance assessments and non-financial performance, and the Hospital Director is willing to improve f inancial performance and non-financial performance. assessing the results of financial work can be assessed at least on how to obtain business results or performance results from the services that have been provided (*profitability)*, fulfill its short-term performance time obligations (*liquidity),* f ulfill all its obligations (*solvency*) and the capability of revenue from services in terms of financing expenses. assessing financial work performance in hospitals that have used the Regional Public Service Agency Financial Management Pattern (PPK BLUD).

Anutapura Palu Hospital based on the type of service is categorized as an RSUD that provides health services for all kinds and types of diseases, and according to its management includes hospitals managed by the local government. In order to improve the quality of services, Anutapura Palu Hospital has been running a way of managing finances (PPK BLUD) is a system applied in providing services to the community that has flexibility in financial management patterns as an exception to the provisions of regional financial management in general. RSUD Anutapura Palu has been running the financial management system (PPK BLUD) in stages since 2009 as stipulated by the Decree of the Mayor of Palu Number 445/906/SETDA/2008 dated December 31, 2008, and full BLUD status since 2012 in accordance with the Decree of the Mayor of Palu Number 900/186/RSU/2012 dated February 27, 2012, and has compiled financial reports consisting of Operational Reports as well as recording of Financial Statements, Budget Realization Reports, Cash Flow Reports, Balance Sheets. The financial statements are prepared to provide periodic reports on the progress achieved by management as well as a means of accountability for investment and expenditure decisions, as well as the results obtained from these policies during a certain period.

The structure of the Revenue and Expenditure Budget of RSUD Anutapura Palu is in accordance with Regulation of the Minister of Home Affairs No. 13/2006 related to guidelines for managing regional finances, consists of Financing, Expenditure and Revenue. Revenues include balancing funds and others, legitimate income Regional Original Income (PAD). Expenditures include direct and indirect expenditures. Direct expenditures are budgeted expenditures covering and implementation of projects and exercises, consisting of faculty consumption, use of labor and products, and use of capital. Incidental consumption is planned use that is not directly related to the movement program, consisting of staff consumption, interest, sponsorship, awards, social assistance, benefit sharing use, financial assistance, and incidental use. Funding includes both supporting receipts and use of expenses. The difference between supporting receipts and the use of funds is the net support to cover the shortfall and use the surplus. Increased revenue is expected to illustrate improved overall financial performance. Comparison of Revenue Realization of BLUD RSUD Anutapura Palu Year 2017-2021 , in the table below.

Tabel 1. Realisasi Pendapatan RSUD Anutapura Palu Tahun 2017-2021

No.	Tahun	Realisasi Pendapatan	Perubahan (Naik/Turun)	Persentase Perubahan
1	2017	Rp.126.857.283.840,00		
2	2018	Rp.118.474.190.898,00	- Rp.8.383.092.942,00	-6,61%
3	2019	Rp.81.213.230.098,00	- Rp.37.260.960.800,00	-31,45%
4	2020	Rp.96.578.865.381,00	Rp.15.365.635.283,00	18,92%
5	2021	Rp.160.697.555.912,00	Rp.64.118.690.531,00	66,39%

Sumber: Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu 2017-2021

Horizontal financial statement analysis examines the percentage change in total revenue. For BLUD RSUD Anutapura Palu, revenue before the COVID-19 pandemic showed a decrease of -6.61% in 2018 and -31.45% in 2019. This decline was due to the destruction of several facilities and infrastructure at the Anutapura Palu Regional General Hospital caused by the earthquake and liquefaction disaster in Palu City and its surroundings on September 28, 2018. In March 2020, Palu City experienced the COVID-19 pandemic, which impacted nearly all sectors of hospital management, including financial, service, and HR management. RSUD Anutapura Palu was designated as a referral hospital for COVID-19 patients in Central Sulawesi, according to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07 / MENKES / 169/2020. As a result, the hospital saw a revenue increase of 18.92% in 2020 and 66.39% in 2021. The hospital's financial condition is dynamic, with rapid fluctuations in both declines and increases. This variability underscores the need for continuous performance improvement. Hospitals can employ various analyses, such as vertical financial statement analysis, to compare different aspects of their finances using financial ratios to maintain service stability and continuity.

Research conducted by Nurliah et al. (2021) suggests that improving financial performance requires streamlining cash usage and optimizing current assets. Enhancing the effectiveness of financial operations can lead to increased future performance. This approach aligns with Tria's research (2021), which emphasizes the need to boost hospital profits by increasing revenue and reducing operating costs to improve financial performance. Additionally, Candrasari et al. (2018) found a strong and significant relationship between the cost recovery rate and the level of hospital independence. Based on this context, the problem formulation for this study includes:

1. How is the financial performance of the Anutapura Palu Regional General Hospital before and during the COVID-19 pandemic in terms of liquidity?
2. How is the financial performance of the Anutapura Palu Regional General Hospital before and during the COVID-19 pandemic in terms of activity?
3. How is the financial performance of the Anutapura Palu Regional General Hospital before and during the COVID-19 pandemic in terms of profitability?
4. How is the financial performance of the Anutapura Palu Regional General Hospital before and during the COVID-19 pandemic in terms of non-tax revenue against operating costs?

This research aims to analyze and understand the financial performance of the Anutapura Palu Regional General Hospital across these dimensions before and during the COVID-19 pandemic.

According to Mutasowifin (2014: 5), financial performance is crucial for assessing how effectively an organization has adhered to and utilized monetary implementation guidelines. Hayat et al. (2017: 24) describe financial reports as the final product of the accounting cycle, which involves recording, collecting, detailing, and analyzing verifiable information from the organization. This information is used both internally and externally to make informed decisions. Cashmere (2017: 104) explains that financial ratio analysis involves examining numbers in financial reports by comparing one number to another within a single period or across multiple periods. The PNBP Revenue Ratio for operational financing measures the increase in consumer revenue derived from non-cost sources relative to the costs incurred in operational activities (Winarso, 2018). Based on this explanation, the framework of this research is illustrated in the following figure.
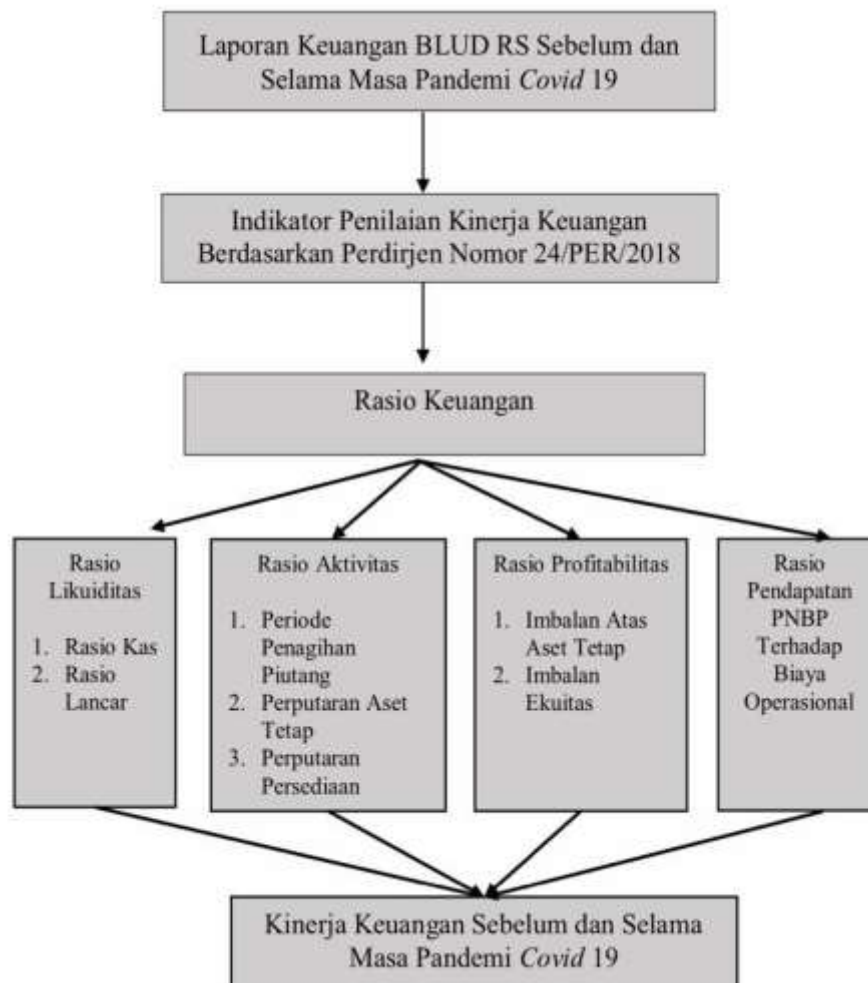
Figure 1. Kerangka Pemikiran

RESEARCH METHODS

This study uses quantitative descriptive research methods to analyze the financial performance of the Anutapura Palu Regional General Hospital's Regional Public Service Agency by processing and examining financial reports. The research was conducted at the Anutapura Palu Regional General Hospital, located at Jalan Kangkung Number 1, Palu City, Central Sulawesi Province. The study spanned two months, from June to July 2023.

The data for this study is quantitative in nature. It consists of continuous data or measurement results, classified as ratio data. This means it has distinct, sortable levels with a measurable distance between them, and an absolute zero that indicates a complete absence of the attribute being measured (Sugiyono, 2022: 28). The data source includes secondary data from the financial statements of the Anutapura Palu Regional General Hospital's Regional Public Service Agency, covering the years 2017 to 2022.

Data collection methods for this study included documentation of the hospital's financial statements from 2017 to 2022, a literature review to gather relevant information related to the financial performance of public service agencies, and interviews with relevant sources. Information obtained from these interviews will be analyzed and incorporated into the research.

The analysis method involves examining data over time to describe the development of activities and performing time series or trend analysis. Financial ratio analysis will be conducted in accordance with the Regulation of the Director General of Treasury Number PER-24 / PB / 2018, which amends the Regulation Number PER-36 / PB / 2016. This regulation provides guidelines for assessing the

performance of public service entities in the health sector.

a. Liquidity Ratio

1. Rasio Kas (*Cash Ratio*)
Rumus/Equation:

$$Cash\ Ratio = Cash\ and\ Cash\ Equivalent\ /\ Current\ Liability\ X\ 100\% \qquad (1)$$

Explanation:
1. Cash represents money and bank adjustments and can be used at any time to support the implementation of BLU, and does not exclude bank adjustments for council reserve accounts (Jamkesda/BPJS) that have not become BLU freedom.
2. Cash equivalent is a group of current resources that are highly liquid, so that they can be converted into cash for a period of several months to 90 days without facing the risk of large price changes, except for receivables and inventory. The cash equivalent model, in particular, stores in less than 90 days and checks maturing in less than 90 days.

Short-term liabilities i.e. commitments can be expected to be paid and settled or due no later than one year after the specified time

2. Rasio Lancar (*Current Ratio*)
Rumus/Equation:

$$Current\ Ratio = Current\ Asset/\ Current\ Liabilities\ X\ 100\% \qquad (2)$$

Explanation:
1. Current Assets: These are assets expected to be converted into cash or used up within one year, including cash, accounts receivable, inventory, and other short-term assets.\
2. Current Liabilities: These are obligations that need to be settled within one year, such as accounts payable, short-term debt, and other short-term obligations.

The current ratio helps assess whether a company has enough short-term assets to cover its short-term liabilities. A current ratio greater than 1 indicates that the company has more current assets than current liabilities, suggesting better liquidity. Conversely, a ratio less than 1 may indicate potential liquidity problems.

b. Activity Ratio

1. The *Collection Period*
Rumus/Equation:

$$Collection\ Period = Accounts\ Receivable\ /\ Daily\ credit\ sales\ X\ 100\% \qquad (3)$$

Explanation:
1. Accounts receivable arise from the provision of labor and products in connection with the implementation of the functions of the Public Service Agency (BLU).
2. Daily credit sales, namely the Non-Tax State Revenue (PNBP) of the Public Service Agency (BLU), can be obtained in the form of goods or services provided to the local area.

2. *Fixed Asset Turnover*
Rumus/Equation:

$$Fixed\ Asset\ Turnover = Net\ Sales\ /\ Average\ Net\ Fixed\ Assets\ X\ 100\% \qquad (4)$$

Explanation:
1. Net Sales is the total revenue from sales of goods or services, excluding returns, allowances, and discounts.
2. Average Net Fixed Assets is the average value of the company's fixed assets, minus accumulated depreciation, over a specific period.

3. Perputaran Persediaan
   Rumus:

   $$Perputaran\ Persediaan = Total\ Persediaan \times 365\ /\ Pendapatan\ BLU \times 1\ Hari \qquad (5)$$

   Penjelasan:
   1. Total persediaan merupakan seluruh barang persediaan dimiliki oleh rumah sakit sebagaimana diatur pada PSAP No.05 Paragraf 05.
   2. Pendapatan BLU yaitu pembayaran BLU terdiri dari pembayaran yang diterima sebagai imbalan atas barang/administrasi yang diserahkan kepada daerah setempat, termasuk pembayaran yang berasal dari penghargaan, hasil kerjasama dengan berbagai pihak, sewa, administrasi lembaga keuangan, dan pembayaran lainnya yang tidak berhubungan langsung dengan BLU. administrasi, termasuk gaji yang dimulai dari APBN.

c. Rasio Profitabilitas
   1. Imbalan Atas Aset Tetap (*Return on Fixed Asset*)

      Rumus:

      $$Imbalan\ Atas\ Aset\ Tetap = Surplus\ atau\ Defisit\ /\ Aset\ Tetap \times 100\% \qquad (6)$$

      Penjelasan:
      1. Surplus/defisit pada awal pos keuntungan/ kerugian yaitu surplus/ defisit sebelum pos keuntungan/ kerugian, tiada memperhitungkan pendapatan investasi pada bersumber dari APBN dan biaya penyusutan.
      2. Aset tetap merupakan nilai perolehan aset tetap tidak memperhitungkan konstruksi untuk pengerjaan.

   2. Imbalan Ekuitas (*Return on Equity*)
      Rumus:

      $$Imbalan\ Ekuitas = Surplus\ atau\ Defisit\ /\ Ekuitas - Surplus\ atau\ Defisit \times 100\% \qquad (7)$$

      Penjelasan:
      1. Surplus/defisit sebelum pos keuntungan/kerugian merupakan surplus/defisit sebelum pos keuntungan/kerugian, tanpa memperhitungkan pendapatan investasi pada bersumber dari APBN dan biaya penyusutan.
      2. *Equitas* merupakan selisih antara hak *residual* BLU atas aset dengan seluruh kewajiban dimiliki.

d. Rasio Pendapatan PNBP terhadap Biaya Operasional
   Rumus:

   $$Rasio\ Pendapatan\ PNBP = Pendapatan\ PNBP\ /\ Biaya\ Operasional \times 100\% \qquad (8)$$

   Penjelasan:
   1. Pendapatan PNBP yaitu Gaji yang diterima sebagai ketidakmerataan barang/administrasi yang diserahkan ke daerah, antara lain gaji yang bermula dari penghargaan, hasil kerja sama dengan berbagai pihak, sewa, administrasi yayasan keuangan, dan pembayaran lain yang tidak jelas kaitannya dengan administrasi BLU, tidak termasuk gaji yang berasal dari APBN.
   2. Biaya operasional yaitu seluruh biaya yang diharapkan untuk memberikan bantuan kepada daerah, terdiri dari konsumsi pegawai dan penggunaan produk, serta sumber dana berasal dari pendapatan anggaran APBN dan pendapatan PNBP BLU, dan tidak termasuk biaya kerusakan.

Hasil Penilaian kerja BLUD ditentukan berdasarkan total skor (TS) yang diperoleh Badan Layanan

Umum Daerah. Hasil penilian performa kerja Keuangan BLUD diperoleh dengan rumus sebagai berikut:

$$\text{Kinerja Keuangan} = TS\ \text{Kinerja Keuagan} / TS\ \text{Rasio Maksimal X 100\%} \qquad (9)$$

Hasil Penilaian Kinerja Keuangan BLUD dibagi dalam kriteria baik, sedang, dan buruk, sebagai berikut:

(1) Kriteria baik, terdiri atas:
   a. AAA, apabila TS > 95;
   b. AA, apabila 80 < TS ≤ 95; dan
   c. A, apabila 68 < TS ≤ 80.
(2) Kriteria sedang, terdiri atas:
   a. BBB, apabila 56 < TS ≤ 67;
   b. BB, apabila 45 < TS ≤ 56; dan
   c. B, apabila 35 < TS ≤ 45.
(3) Kriteria buruk, terdiri atas:
   a. CC, apabila 15 ≤ TS ≤ 35; dan
   b. C, apabila TS pada hasil penilaian aspek kinerja keuangan yang dicapai oleh Badan Layanan Umum Daerah (BLUD) kurang dari 15% (lima belas persen).

RESULT AND DISCUSSION

Analysis of the Financial Performance of BLUD RSUD Anutapura Palu before and during the Covid 19 pandemic in this study is a process of assessing the financial performance of BLUD RSUD Anutapura Palu with a sample period of 2017-2022 as measured through financial ratios, namely debt collection period, current ratio, cash ratio, fixed asset turnover, inventory turnover, return on fixed assets, return on equity and the ratio of PNBP revenue to operational financing, which refers to the Regulation of the Director General of Treasury Number PER-24 / PB / 2018 concerning Amendments to the Regulation of the Director General of Treasury Number PER-36 / PB / 2016 concerning Guidelines for Performance Assessment of Public Service Entities in the Health Sector.

Financial reporting can be used in order to calculate these ratios through budget realization reports, Balance Sheets, and operational reports during the 2017-2022 period. The 2017-2019 financial reporting period shows the condition of Anutapura Palu Hospital before the Covid 19 pandemic occurred, and in the 2020-2022 financial reporting period during the Covid 19 pandemic. The results of examining the financial performance that has been carried out on Anutapura Palu Hospital in 2017-2022, previously and during the Covid 19 pandemic will be described for each financial ratio criteria to be evaluated as follows:

Kinerja Keuangan dari Aspek Rasio Likuiditas

Rasio likuiditas dipakai melihat kemampuan RSUD Anutapura Palu untuk memenuhi kewajiban jangka pendeknya, meliputi *Cash Ratio* serta *Current Ratio*.

1. Rasio Kas (*Cash Ratio*)

Hasil perhitungan Rasio Kas RSUD Anutapura Palu sebelum pandemi *Covid* 19 cenderung mengalami peningkatan mendekati skor maksimal, namun selama waktu *Covid* 19 rasio kas berfluktuasi, di tampilkan pada tabel berikut ini.

Tabel 2. Rasio Kas

Tahun	Kas dan Setara Kas	Kewajiban Jangka Pendek	Rasio (RK)	Skor	Skor Max	Capaian
2017	Rp. 10.333.735.797,51	Rp. 9.263.571.488,00	111,55%	0,75	2,25	33,33%
2018	Rp. 15.516.066.848,91	Rp. 8.972.849.322,53	172,93%	1,25	2,25	55,56%
2019	Rp. 8.857.308.943,91	Rp. 4.230.454.275,08	209,37%	1,75	2,25	77,78%

2020	Rp. 22.114.963.181,91	Rp. 1.903.801.613,80	1161,62%	0,50	2,25	22,22%
2021	Rp. 72.515.200.628,91	Rp. 25.823.622.867,00	280,81%	2,25	2,25	100,00%
2022	Rp. 44.533.091.742,91	Rp. 9.299.880.027,00	478,86%	0,75	2,25	33,33%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

2. Rasio Lancar (*Current Ratio*)

Rasio Lancar dipakai agar mengetahui perbedaan antar aset yang lancar dan utang yang lancar. Rasio ini dipakai melihat kemampuan BLUD untuk bayar kewajibannya waktu jangka yang pendek dan memakai aktiva yang lancar yang dipunyai. Semakin besar nilai rasio lancar semakin bagus skornya yaitu > 600 dengan skor maksimal 2,75. Hasil perhitungan Rasio Lancar RSUD Anutapura Palu sebelumnya pada waktu pandemi *Covid* 19 pada Tabel 3.

Tabel 3. Rasio Lancar

Tahun	Aset Lancar	Kewajiban Jangka Pendek	Rasio (RL)	Skor	Skor Max	Capaian
2017	Rp. 34.917.232.480,00	Rp. 9.263.571.488,00	376,93%	1,75	2,75	63,64%
2018	Rp. 38.641.283.757,53	Rp. 8.972.849.322,53	430,65%	1,75	2,75	63,64%
2019	Rp. 37.538.515.302,12	Rp. 4.230.454.275,08	887,34%	2,75	2,75	100%
2020	Rp. 38.018.893.388,07	Rp. 1.903.801.613,80	1997,00%	2,75	2,75	100%
2021	Rp. 83.644.323.206,95	Rp. 25.823.622.867,00	323,91%	1,25	2,75	45,45%
2022	Rp. 60.522.030.706,46	Rp. 9.299.880.027,00	650,78%	2,75	2,75	100%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

Kinerja Keuangan dari Aspek Rasio Aktivitas

1. Periode Penagihan Piutang

Periode penagihan piutang dipakai agar ukuran berapa waktu rata-rata penagihan dalam piutang selama suatu periode tertentu untuk berapa kali dana telah tersimpan pada piutang ini berputar untuk satu periode. Semakin kecil nilai rasio PPP (<30 hari) semakin bagus skornya dengan skor maksimal 2,25. Hasil menghitung periode tagihan piutang rumah sakit Anutapura Palu sebelumnya pada waktu pandemi *Covid* 19 dapat dilihat pada Tabel 4.

Tabel 4. Periode Penagihan Piutang

Tahun	Piutang Usaha x 360	Pendapatan Usaha	Rasio (PPP)	Skor	Skor Max	Capaian
2017	Rp. 7.691.449.798.080,00	Rp.139.806.911.064,34	55 hari	1,25	2,25	55,56%
2018	Rp. 7.688.212.607.160,00	Rp.117.434.892.062,67	65 hari	0,75	2,25	33,33%
2019	Rp.12.947.243.937.120,00	Rp. 96.334.525.898,36	134 hari	0,00	2,25	0,00%
2020	Rp. 4.665.951.304.020,00	Rp. 84.962.406.303,38	55 hari	1,25	2,25	55,56%
2021	Rp. 3.403.797.683.400,00	Rp.157.625.349.224,61	22 hari	2,25	2,25	100,00%
2022	Rp. 3.859.395.371.289,00	Rp. 92.917.528.209,34	42 hari	1,25	2,25	55,56%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

2. Perputaran Aset Tetap

Rasio perputaran aset tetap yaitu model pembuktian pembedaan sumber daya tetap BLUD yang digunakan untuk menghasilkan pembayaran digunakan. Semakin besar nilai proporsi perputaran sumber daya yang layak, maka semakin ideal pula kinerja BLUD dalam memanfaatkan sumber daya yang dimilikinya. Hasil perhitungan perputaran aset tetap RSUD Anutapura Palu sebelumnya serta pada waktu pandemi *Covid* 19 Tabel 5.

Tabel 5. Rasio Perputaran Aset Tetap

Tahun	Pendapatan Operasional	Aset Tetap	Rasio (PAT)	Skor	Skor Max	Capaian
2017	Rp.142.935.380.389,34	Rp.150.740.791.164,28	94,82%	2,25	2,25	100,00%

Tahun	Pendapatan Operasional	Aset Tetap	Rasio (PAT)	Skor	Skor Max	Capaian
2018	Rp.120.963.508.668,34	Rp. 80.126.440.952,16	150,97%	2,25	2,25	100,00%
2019	Rp. 99.904.787.716,36	Rp. 88.182.156.961,25	113,29%	2,25	2,25	100,00%
2020	Rp. 85.544.917.373,71	Rp. 93.413.737.378,11	91,58%	2,25	2,25	100,00%
2021	Rp.158.705.088.200,61	Rp. 93.867.020.871,91	169,07%	2,25	2,25	100,00%
2022	Rp. 93.977.291.782,34	Rp. 87.696.368.136,95	107,16%	2,25	2,25	100,00%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

3. Perputaran Persediaan

Rasio Perputaran Persediaan dipakai untuk melihat seberapa lama waktu dibutuhkan dalam menjual persediaan. Hasil perhitungan Rasio Perputaran Persediaan RSUD Anutapura Palu sebelum dan selamanya hingga pada waktu pandemi *Covid* 19 Tabel 6.

Tabel 6. Rasio Perputaran Persediaan

Tahun	Total Persediaan x 365	Pendapatan BLU	Rasio (PP)	Skor	Skor Max	Capaian
2017	Rp.2.157.788.562.025,00	Rp.183.683.055.615,34	12 hari	0,75	2,25	33,33%
2018	Rp.1.429.074.478.585,55	Rp.159.087.410.028,33	9 hari	0,75	2,25	33,33%
2019	Rp.1.913.309.747.610,00	Rp.163.501.108.598,36	12 hari	0,75	2,25	33,33%
2020	Rp.1.974.672.789.505,00	Rp.148.578.288.637,72	13 hari	0,75	2,25	33,33%
2021	Rp.2.234.346.497.316,53	Rp.210.984.107.591,61	11 hari	0,75	2,25	33,33%
2022	Rp.2.662.024.816.010,00	Rp.136.713.715.355,34	19 hari	1,25	2,25	55,56%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

Kinerja Keuangan dari Aspek Rasio Profitabilitas

1. Imbalan Atas Aset Tetap

Rasio imbalan atas aset tetap menunjukan total dari hasil aset untuk digunakan terhadap perusahaan. Imbalan Atas Aset Tetap menunjukan terkait kemampuan rumah sakit ketika menggunakan aset tetap pada kegiatan operasional dalam menghasilkan pendapatan. Pada Tabel 7 Hasil perhitungan imbalan terhadap aset tetap RSUD Anutapura Palu sebelum dan selama waktu pandemi *Covid* 19

Tabel 7. Rasio Imbalan Atas Aset Tetap

Tahun	Surplus/ Defisit sebelum pos keuntungan/ kerugian	Aset Tetap	Rasio (ROFA)	Skor	Skor Max	Capaian
2017	Rp.39.984.191.406,42	Rp.150.740.791.164,28	26,53%	2,25	2,25	100,00%
2018	Rp.11.830.265.556,75	Rp. 80.126.440.952,16	14,76%	2,25	2,25	100,00%
2019	Rp.38.724.181.294,14	Rp. 88.182.156.961,25	43,91%	2,25	2,25	100,00%
2020	Rp.34.078.000.164,29	Rp. 93.413.737.378,11	36,48%	2,25	2,25	100,00%
2021	Rp.47.752.675.356,33	Rp. 93.867.020.871,91	50,87%	2,25	2,25	100,00%
2022	Rp. -365.929.455,90	Rp. 87.696.368.136,95	-0,42%	0	2,25	0,00%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

2. Imbalan Ekuitas

Rasio Imbalan Ekuitas digunakan untuk menunjukkan kemahiran pemanfaatan modal sendiri oleh BLUD. Semakin tinggi proporsinya, semakin baik, dan hal ini berarti posisi permodalan BLUD tidak dapat digoyahkan. Kelebihan/kekurangan pada saat adalah kelebihan/kekurangan sebelum pos manfaat/kemalangan, tidak memperhitungkan bayaran spekulasi yang akan datang dari APBN dan

biaya kerusakan. Nilai adalah perbedaan antara hak istimewa yang tersisa dengan sumber daya untuk seluruh kewajiban yang dimiliki. Hasil perhitungan imbalan ekuitas RSUD Anutapura Palu sebelum dan selama waktu *Covid* tabel 8

Tabel 8. Rasio Imbalan Ekuitas

Tahun	Surplus/ Defisit sebelum pos keuntungan/ kerugian	Ekuitas - Surplus/ Defisit sebelum pos keuntungan/ kerugian	Rasio (ROE)	Skor	Skor Max	Capaian
2017	Rp.39.984.191.406,42	Rp.136.688.485.007,66	29,25%	2,25	2,25	100,00%
2018	Rp.11.830.265.556,75	Rp.157.366.356.282,67	7,52%	2,05	2,25	91,11%
2019	Rp.38.724.181.294,14	Rp.100.466.224.267,34	38,54%	2,25	2,25	100,00%
2020	Rp.34.078.000.164,29	Rp.111.474.090.571,22	30,57%	2,25	2,25	100,00%
2021	Rp.47.752.675.356,33	Rp.121.646.5051.53,32	39,26%	2,25	2,25	100,00%
2022	Rp -365.929.455,90	Rp.160.873.873.405,88	-0,23%	0	2,25	0,00%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

Kinerja Keuangan dari Aspek Rasio Pendapatan PNBP Terhadap Biaya Operasional

Rasio pendapatan PNBP untuk pengeluaran aktivitas dipakai melihat kemampuan pendapatan PNBP pada pengeluaran pengoperasional. Hasil hitung rasio pendapatan PNBP pada pengeluaran aktivitas RSUD Anutapura Palu sebelumnya hingga saat waktu *Covid* 19 tabel di bawah ini.

Tabel 9. Rasio Pendapatan PNBP Terhadap Biaya Operasional

Tahun	Pendapatan PNBP	Biaya Operasional	Rasio (PB)	Skor	Skor Max	Capaian
2017	Rp. 142.935.380.389,34	Rp. 169.222.855.461,39	84,47%	2,75	2,75	100,00%
2018	Rp. 120.963.508.668,34	Rp. 164.272.649.967,41	73,64%	2,75	2,75	100,00%
2019	Rp. 99.904.787.716,36	Rp. 194.148.102.807,34	51,46%	2,25	2,75	81,82%
2020	Rp. 85.544.917.373,71	Rp. 144.727.229.874,54	59,11%	2,50	2,75	90,91%
2021	Rp. 158.705.088.200,61	Rp. 187.337.656.185,82	84,72%	2,75	2,75	100,00%
2022	Rp. 93.977.291.782,34	Rp. 166.286.162.317,09	56,52%	2,25	2,75	81,82%

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

Kinerja Keuangan Sebelum dan Selama Masa Pandemi *Covid* 19

Penilaian kinerja keuangan BLUD RSUD Anutapura Palu dilakukan melalui memberikan skor kepada setiap pada output rasio dihasilkan untuk setiap analisis rasio sehingga bisa diklasifikasikan kriteria kinerjanya berdasar dengan Peraturan Direktur Jenderal Perbendaharaan Nomor PER-24/PB/2018. "Perubahan Atas "Peraturan Direktur Jenderal Perbendaharaan" Nomor PER-36/PB/2016 "Pedoman Penilaian Kinerja Badan Layanan Umum Bidang Kesehatan" pada tabel berikut menunjukan hasil penilaian kinerja keuangan menurut Per-24/PB/2018 sebelumnya hingga waktu *Covid* 19 pada RSUD Anutapura Palu.

Tabel 10. Kinerja Keuangan Sebelum dan Selama Masa Pandemi *Covid* 19

No.	Rasio Keuangan	Skor Maksimal	Skor Sebelum Pandemi Covid-19			Skor Selama Pandemi Covid-19		
			2017	2018	2019	2020	2021	2022
1	Rasio Kas	2,25	0,75	1,25	1,75	0,50	2,25	0,75
2	Rasio Lancar	2,75	1,75	1,75	2,75	2,75	1,25	2,75
3	Periode Penagihan Piutang	2,25	1,25	0,75	0,00	1,25	2,25	1,25
4	Perputaran Aset Tetap	2,25	2,25	2,25	2,25	2,25	2,25	2,25
5	Perputaran Persediaan	2,25	0,75	0,75	0,75	0,75	0,75	1,25

No.	Rasio Keuangan	Skor Maksimal	Skor Sebelum Pandemi Covid-19			Skor Selama Pandemi Covid-19		
			2017	2018	2019	2020	2021	2022
6	Imbalan atas Aset Tetap	2,25	2,25	2,25	2,25	2,25	2,25	0,00
7	Imbalan Ekuitas	2,25	2,25	2,05	2,25	2,25	2,25	0,00
8	Pendapatan PNBP Terhadap Biaya Operasional.	2,75	2,75	2,75	2,25	2,50	2,75	2,25
	Total Skor	19,00	14,00	13,80	14,25	14,50	16,00	10,50
	Kinerja		73,68 %	72,63 %	75,00 %	76,32%	84,21%	55,26%
	Kategori		A	A	A	A	AA	BB
	Kriteria Kinerja		BAIK	BAIK	BAIK	BAIK	BAIK	SEDANG

Sumber: Data diolah dari Laporan Keuangan Rumah Sakit Umum Daerah Anutapura Palu, 2023

CONCLUSION

The financial performance of Anutapura Palu Hospital before until the Covid-19 period is seen through the liquidity aspect, namely the cash ratio and current ratio, Anutapura Palu Hospital is able to complete its short-term financial obligations. The results of the calculation of the Cash Ratio and Current Ratio before the Covid 19 pandemic tended to increase approaching the maximum score. However, during the Covid 19 pandemic, the cash ratio and current ratio experienced significant fluctuations. The pandemic caused a drastic increase in short-term liabilities, especially in 2021 which caused the cash ratio to achieve a maximum score of 2.25 or 100% of the highest score, and a very drastic decrease in the current ratio with a score of 1.25 or 45.45% of the highest score.

On the other hand, in 2022, the cash ratio increased with a low score of 0.75 or 33.33% of the highest score, while the current ratio increased with a maximum score of 2.75 or 100% of the highest score. However, it should be noted that a high or low cash ratio and current ratio do not always indicate a good or bad overall financial condition, because these ratios only provide an overview of the organization's capacity to meet temporary commitments using endless cash funds, as well as existing resources; The financial presentation of the Anutapura Palu Territorial General Clinic before and during the Corona virus pandemic is reviewed from the perspective of actions, namely Assortment Period, Fixed Resource Turn Over, and Stock Turn Over, the Anutapura Palu Provincial Emergency Clinic, in carrying out its daily practice, has not had the option to really utilize the resources it has.

The impact of determining the proportion of the receivables collection period before and during the corona virus pandemic shows that the average days expected to collect receivables are> 30 days, so that the clinic's financial income is not smooth and the emergency clinic's debt installments are not paid before expected. Meanwhile, the results of the calculation of the fixed asset turnover ratio before and during the Covid 19 pandemic showed that Anutapura Palu Regional Hospital was able to use its assets to generate income, with a maximum score of 2.25 (PAT>20) or 100% of the highest score. Furthermore, the results of the calculation of the inventory turnover ratio before and during the Covid 19 pandemic showed that Anutapura Palu Regional Hospital in managing inventory turnover to obtain income had not been realized optimally, requiring an average time of <30 days to sell the inventory owned, with a score of 0.75 or 33.33% of the highest score of 2.25 (30<PP≤35 days).

The low score was due to the low inventory in one year compared to BLUD income (including APBD/N and grants). This is due to the existence of distributors in the city and easy ordering; The financial performance of Anutapura Palu Regional Hospital before and during the Covid 19 pandemic, reviewed from the profitability value, is Return on Fixed Assets, and Return on Equity, Anutapura Palu Regional Hospital has not been able to use hospital assets and capital to make a profit. The results of the calculation of the return on fixed assets ratio before and during the Covid 19 Pandemic show the hospital's ability to use fixed assets in operational activities to generate income. Except for the results of data analysis in 2022, it shows that Anutapura Palu Regional Hospital has not been able to manage fixed assets in its operational activities.

Then, seen from the results of the calculation of the return on equity ratio, it shows that Anutapura Palu Regional General Hospital is able to generate additional equity for its shareholders with a score of 2.25 or 100% of the highest score. Except in 2022 there was a decrease in the score value. This is due to operational costs being greater than hospital income, there is an operational deficit without depreciation and amortization, and there is a write-off of other assets, thereby increasing the operational burden from other expense accounts; The financial performance of the Anutapura Palu Regional Hospital before until the time of the Covid 19 pandemic is reviewed from the aspect of PNBP income against operational costs, the Anutapura Palu Regional General Hospital is able to manage PNBP and obtain significant income from sources other than taxes to cover operational costs.

With a maximum PB (Non-Tax Income) value limit of 65 with a maximum total score of 2.75. Anutapura Palu Regional Hospital in this category has achieved a maximum score of 2.75 indicating a good ability to manage PNBP against operational costs. Continuous performance evaluation is very important to ensure the sustainability and improvement of the quality of hospital services.

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